2249. Impact of Minimum Inhibitory Concentration on Clinical Outcomes of Daptomycin for VRE Bloodstream Infection Among Neutropenic Oncology Patients

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Session: 246. Clinical Outcomes of Infections with Resistant Organisms
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Background. Vancomycin-Resistant Enterococcus (VRE) bloodstream infection (BSI) occurs in a significant cause of morbidity and mortality in immunocompromised patients. This study aimed to assess the impact of daptomycin (DAP) MIC on outcomes of treatment for VRE BSI in neutropenic oncology patients.

Methods. This was a retrospective, observational, single-center, cohort study at an academic medical center, queried to identify inpatient treatment opportunities for Gram-negative active infections. Patients with VRE BSI 2008–2018 were identified using a report from the micro lab. Data were collected by electronic medical record review. The primary outcome of the study was clinical success, defined as culture sterilization, hypotension resolution, defervescence, and no need to change DAP due to persistent signs/symptoms of infection. Patients were analyzed according to DAP MIC ≤ 2 vs. ≥ 4 mg/L. Multivariable logistic regression analysis was performed to identify factors associated with clinical success.

Results. 44 patients met study criteria (MIC ≤ 2, n = 26; MIC ≥ 4, n = 18). Mean age was 58 years, 59% were male, and median ANC was 0. Median Charlson Comorbidity Index Score and Pitt Bacteremia Score were 5 and 1, respectively. 34% required ICU admission. More patients achieved clinical success with MIC ≤ 2 (88% vs. 56%; P = 0.03). Time to success (2.4 vs. 4 days, P = 0.02) and time to culture sterilization (2.2 vs. 2.9 days, P = 0.24) were shorter with MIC ≤ 2. Mortality was similar between groups (31% vs. 33%). Time to culture sterilization (P = 0.008), neutropenia resolution (P = 0.096), and Pitt (P = 0.52) were included in the multivariable model.

Conclusion. DAP MIC should be considered when choosing therapy for VRE BSI among neutropenic oncology patients, particularly those expected to have prolonged neutropenia and those with persistently positive cultures.

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respectively; DTR bloodstream infections displayed the highest crude mortality at 45%. *Enterobacteriaceae* urinary infections dominated the ECR group. Teaching hospitals with ≥100 beds were the most likely to encounter a DTR infection; potential outbreaks contributed to 10.6% of DTR treatment opportunities.

**Conclusion.** The candidate population for new antibacterials directed against highly resistant GN infections with limited treatment options is small but critical, indicating a role for non-revenue-based strategies to develop more effective antibiotics, as well as mechanisms to support trials that address real-world unmet needs.

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2252. Patient Preferences for Triazole Antifungals in the Treatment of Invasive Mold Infection: A Discrete Choice Experiment

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**Background.** Invasive mold infections (IMIs) are an increasing cause of morbidity and mortality worldwide.1 Pharmacological differences among the currently available mold-active triazoles make treatment selection complex.1 To the best of our knowledge, this is the first study to assess patient preferences for mold-active triazoles in IMI treatment.

**Methods.** Patients were included if they were aged ≥18 years with investigator-confirmed invasive aspergillosis or invasive mucormycosis; had received voriconazole, isavuconazonium sulfate or posaconazole within ≤1 week previously; and were outpatients for ≥3 weeks. Participants were presented with 14 choice cards, each with two hypothetical treatments with varying levels of attributes, and asked to select their preferred treatment. Preference weights for attribute levels were analyzed using conditional logit regression and used to calculate the impact of changes in attribute levels on patient choices; relative attribute importance (RAI); and patient willingness to pay (WTP; monthly out-of-pocket cost) for an attribute improvement.

**Results.** Of 50 participants, 52% were female and the mean age was 47.3 years; 40%, 40%, and 28% had used posaconazole, voriconazole and isavuconazonium sulfate, respectively (Figure 1). Route of administration (27% RAI), treatment duration (22% RAI), and chance of symptom relief after treatment (20% RAI) were the most important attributes for patients (Figure 2). The odds ratio for patients choosing oral suspension or tablets/capsules over IV infusion were 5.6 and 4.5, respectively (P < 0.001) (Figure 3); patients were willing to pay an additional $205/month or $180/month out of pocket for these respective routes of administration over IV (Figure 4). The odds ratio for patients choosing a 30-day over a 90-day treatment were 4.1 (P < 0.001) (Figure 3); this decrease in duration was valued by patients at $168/month (Figure 4). For a 50% vs. 30% chance of symptom relief, the odds ratio was 3.5 (P < 0.001) (Figure 3) and WTP was $147.89/month (Figure 4).

**Conclusion.** Patients considered route of administration, treatment duration and chance of symptom relief to be the most important IMI treatment attributes among mold-active triazoles.

1. Jenks JD et al. (2019) Med Mycol 57:S168–S178