Figure 1. Effects of linezolid versus tedizolid during the initial seven weeks of therapy using a mixed-effects ANOVA model, (a) platelet counts, (b) absolute neutrophil counts, and (c) hemoglobin.

Conclusion. Non-significant statistical differences were found comparing the effects of linezolid versus tedizolid for PLT, ANC, and Hgb using mixed-effects ANOVA models. Larger cohort studies are required to compare the hematologic adverse effect profile of the oxazolidinones for the treatment of NTM infections in SOT recipients.

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1097. Microbial Cell Free DNA Sequencing for Prediction of Culture-Negative Infection Events in Children with Cancer
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Session: P-49. Infections in Immunocompromised Individuals

Background. Culture-independent diagnostics may help diagnose or predict infection; microbial cell free DNA sequencing (mcfDNA-seq), can detect a wide range of pathogens directly from plasma. Immunocompromised children who develop febrile neutropenia (FN) without documented bloodstream infection (BSI) may have undiagnosed bacterial infection, but identification of this is difficult, and the proportion of non-bacterial etiologies. We analyzed mcfDNA-seq results in a convenience sample of FN cases without known pathogens directly from plasma. Immunocompromised children who develop febrile neutropenia, mcfDNA-seq identified a bacterial pathogen in 50% of cases. The same organism was identifiable on the day prior to FN in 50% of cases, suggesting that predictive testing might be feasible.

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1098. Norovirus Infection in Cancer Patients Undergoing Chimeric Antigen Receptor T-cell Immunotherapy (CAR-T)
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Session: P-49. Infections in Immunocompromised Individuals

Background. CAR-T is used to treat certain refractory hematological malignancies. B-cell aplasia and immunosuppression used to treat CAR-T side effects increase infection risk. Little data are available describing Norovirus (NoV) infections in CAR-T recipients.

Methods. We reviewed the medical records of 134 patients with NoV diarrhea (identified by nucleic acid amplification test) between 2016-2019. Of these patients, nine received CAR-T prior to developing NoV. Here we describe their demographics, clinical characteristics, treatments, and complications.

Results. The median age was 49 years (Table 1). Patients' underlying malignancies included Non-Hodgkin's Lymphoma (4), Acute Lymphoblastic Leukemia (3), Chronic Lymphocytic Leukemia (1) and metastatic Sarcoma (1). Prior to development of NoV, six patients had undergone hematopoietic stem cell transplant, and 1 had received checkpoint inhibitor therapy. Five patients experienced cytokine release syndrome after CAR-T, and 1 experienced CAR-T-related encephalopathy syndrome (Table 2).

Two patients received interleukin-6 antagonist therapy, and one received high dose steroids. Time to diarrhea onset post-CAR-T cell infusion was variable (median 256 days, IQR 26-523 days). Six had an absolute lymphocyte count < 1000/mm3 at diarrhea onset. Three had diarrhea for >14 days; median diarrhea duration in the other 6 patients was 81-546 days. NoV was genotyped in 6 patients (Table 3) and included GII.2(2), GII.6(1) and GII.12(1). In 2 (50%) of these cases, the same organism was also identified on Day -1, at a lower concentration. One fungal pathogen was identified prior to and at onset of FN. A common bacterial pathogen was found in 3/64 (5%) control samples from the population.

Culture-negative sepsis was the final diagnosis in one episode; Streptococcus mitis, an important cause of neutropenic sepsis, was found in Day 0 and Day -1 samples. In an episode where E. coli was identified by mcfDNA-seq, FN recurred after antibiotic discontinuation.

Conclusion. In this sample of culture-negative FN episodes in pediatric patients leukemia, mcfDNA-seq identified a bacterial pathogen in 50% of cases. The same organism was identifiable on the day prior to FN in 50% of cases, suggesting that predictive testing might be feasible.

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