Due to its unique activity and dosing regimen, daptomycin is particularly useful for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by Gram-positive organisms including Methicillin-resistant Staphylococcus aureus (MRSA). Due to its unique activity and dosing schedule, use in non-FDA approved indications has been increasing. We evaluated the clinical and safety outcomes of patients treated with DAL for various infections.

**Methods.** A multicenter, retrospective observational study was conducted from April 2017 to February 2019. We included adult patients who received ≥1 dose of DAL for any indication. The primary outcome was clinical success defined as 30-day survival from DAL initiation, resolution of signs and symptoms of infection, and absence of therapy escalation/change. Reasons for DAL therapy selection were also investigated.

**Results.** A total of 30 patients were included. The median age was 49 (25–85) years, 50% were female and 93.3% were Caucasian. Median APACHE II score was 9 (5–12). Persons who inject drugs (PWID) comprised 50%. Common DAL indications were bacteremia (53.3%), bone and joint infections (33.3%) and ABSSSI (26.7%). Pathogens were MRSA (43.3%), coagulase-negative Staphylococci (23.3%) and methicillin-susceptible S. aureus (MSSA) (13.3%). Previous antibiotics were administered in 93.3% of patients for a median of 8 (7–15) days. DAL was initiated at a median of 8 days (4–14) after clearance. Clinical success was achieved in 80% of patients and 10% were de-escalated to oral therapy. Rash/pruritus and hypotension occurred in two and one patient, respectively; DAL was selected because of ease of administration (60%), inability to be discharged with another antibiotic therapy (33.3%), poor candidacy for outpatient therapy (36.7%), and/or inadequate adherence (30%).

**Conclusion.** DAL appears to be well tolerated and results in high clinical success. Larger studies with longer follow-up would be valuable to more precisely define the role of DAL in complicated Gram-positive infections, particularly in comparison to other long-acting lipoglycopeptides.

**Disclosures.** All authors: No reported disclosures.

### 201. Safety and Effectiveness of Daily vs. Every Other Day Dosing of Daptomycin in Patients with Renal Insufficiency

**Background.** Daptomycin administered at 48-hour (q48h) intervals is recommended in patients with renal impairment. Our institution utilizes daily dosing (q24h) of daptomycin in patients with renal impairment to theoretically optimize the area under the curve (AUC) in each 24-hour interval. However, the safety and effectiveness of this approach are unknown.

**Methods.** This retrospective descriptive analysis evaluated outcomes of comparable daptomycin dosing schemes administered q24h vs. q48h in patients with renal insufficiency (estimated creatinine clearance < 30 mL/min). Inpatient adults ≥18 years old were included if they had at least one creatinine phosphokinase (CPK) obtained during admission and received either a q24h or q48h renally-adjusted daptomycin dose from May 2014 through December 2018. High-dose daptomycin therapy was defined as >3 mg/kg q24h or >6 mg/kg q48h. The primary outcome was difference in CPK elevations in the q48h vs. q48h dosing groups. Secondary outcomes included clinical and microbiological response, mortality, and hospital length of stay.

**Results.** Thirty-seven patients met inclusion criteria [23 (62%) q24h vs. 14 (38%) q48h]. Median treatment duration was 5 (7 vs. 4) days. Twenty-two (59%) patients have enterococcal infections [17 (73%) q24h vs. 5 (35%) q48h]. Twenty-two (59%) patients had high-dose daptomycin therapy [18 (82%) vs. 4 (18%)]. Nine patients [7 (19%) vs. 2 (5%)] received a statin during daptomycin therapy. One (3%) patient developed CPK elevation (statin and q24h group). No daptomycin dose was discontinued due to CPK elevation, or rhabdomyolysis. Median hospital length of stay was 10 days in both dosing groups. Clinical response [9 (64%) vs. 16 (69%)] and microbiological response [9 (64%) vs. 15 (65%)] were similar between the two dosing groups. Thirty-day mortality [5 (35%) vs. 4 (17%)] and 90-day mortality [6 (42%) vs. 5 (21%)] were higher in the q48h dosing group. The difference in effectiveness outcomes was greatest in the subset of patients with enterococcal infections (Table 1).

**Conclusion.** A daily daptomycin dosing strategy in patients with renal insufficiency was well tolerated and may be associated with improved effectiveness outcomes particularly for enterococcal infections. Additional investigations of this approach are warranted.
203. Correlating Cardiac PET Results with Intra-Operative Findings in Infectious Endocarditis

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**Background.** Care for patients with infectious endocarditis is complicated by delays in diagnosis and relatively low sensitivity of existing diagnostic algorithms, particularly the Duke Criteria. In recent years, cardiac positron emission tomography (PET) has been identified as a useful tool in detecting occult endocardial infections. Multiple retrospective studies have demonstrated that when incorporated with conventional imaging modalities cardiac PET can improve the sensitivity of the Duke Criteria by 27–38 percent. These studies used as their gold standard for diagnosis the consensus opinion of an endocarditis team and were characterized by a relatively low percentage of patients who underwent surgery. We reviewed 4 years of surgically managed IE cases at a tertiary care center where cardiac PET was used to aid diagnosis.

**Methods.** Between July 1, 2014 and December 31, 2018 we retrospectively reviewed 68 surgically managed cases of endocarditis. Cases were identified using ICD-9 and ICD-10 codes of patients who underwent surgical valve replacement for endocarditis as well as all patients who had cardiac PET scans to rule out endocarditis. Variables including PET results, operative findings, valve culture, pathology and PCR testing were recorded.

**Results.** 14 patients were identified who underwent cardiac PET prior to their surgical intervention. 9 cases were classified as possible endocarditis by Duke Criteria and 10 involved prosthetic valves. 12/14 scans were interpreted as suggestive of or consistent with endocarditis. Twelve positive PETs were associated with either operative findings of infection and/or positive PCR testing on the excised valve (positive predictive value: 100%). The 2 patients with negative scans were found to have noninfectious vegetations intra-operatively, negative valve cultures and negative pathology.

**Conclusion.** Cardiac PET correlates closely with intra-operative findings in patients with endocarditis. In patients with suspected endocarditis it may help guide surgical decision making. Cardiac PET should be considered for addition to the Modified Duke’s Criteria similar to the European Society of Cardiology guidelines.

Disclosures. All authors: No reported disclosures.

204. Antagonistic Effect of Colistin on Vancomycin Activity Against Methicillin-Resistant Staphylococcus aureus in in vitro and in vivo Studies

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