time clinical information was gathered from the patient’s physician/guardian. Study was conducted after obtaining exemption from the ethical review committee.

Results. A total of 669 neonates with IC were identified, out of these 162 neonates had EOD while 507 had LOD. Chart 1 shows the year wise distribution and frequency of different C. species. Mean age of neonates with EOD and LOD was 1.7 and 122 days respectively. LOD in neonates was more likely to occur in male patients (COR 2.5, 95% CI 0.6-9.9) was and associated with use of carbapenems (COR 5.1, 95% CI 1.4-17.8). However, LOD had no correlation with non-C. albicans Candida species (COR 0.6, 95% CI 0.1-6.3) as causative agent. EOD was more likely in patients delivered via vaginal delivery (COR 11.3, 95% CI 2.6-48.5).

Chart 1: Year wise distribution of Candida species in neonates with candidemia from 2014-2019

Conclusion. The trends for isolation of C. species in neonates showed a trend with C. tropicalis being more common C. species during the recent years. With the increasing prevalence of C. glabrata and C. krusei among other Candida species in this study, fluconazole may be considered a good empiric choice for neonates with suspected fungal sepsis.

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1182. The Real-World Use of Isavuconazole as Primary or Salvage Therapy of Invasive Fungal Infections in High-Risk Patients with Hematologic Malignancy or Stem Cell Transplant

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Background. Invasive fungal infections (IFIs) are a major cause of morbidity and mortality among immunocompromised patients with hematologic malignancies (HM) and stem cell transplants (SCT). Isavuconazole was approved by FDA as a primary therapy for Invasive Aspergillosis (IA) and Mucormycosis. The aim of this study is to look at the real-world use of Isavuconazole in patients with HM and evaluate their clinical outcomes and safety.

Methods. We conducted a retrospective study of 200 HM patients at MD Anderson Cancer Center who had definite, probable or possible mold infections between February 2016 and January 2020 and were treated with Isavuconazole for a period of at least 7 days. Clinical and radiological findings were assessed at baseline and at 6 and 12 weeks of follow up.

Results. HM patients with IFIs were classified as definite (11), probable (66) and possible (123). IA was the most commonly isolated pathogen followed by mucor and candida. The majority of patients (65%) received prophylaxis with anti-mold therapy, 73% consisted of azoles and 22% of echinocandins. Isavuconazole was used as a primary therapy in 57.5% of patients, and as salvage therapy in 57.5% of the cases and combination in 70% mostly with a polyene (54%). Isavuconazole was used as mono therapy in 30% of the cases and combination in 70% mostly with a polyene (54%). Isavuconazole was driven by failure of the primary therapy in 50% of the cases and secondary therapy in 57.5% of patients, and as salvage therapy in 42.5%. The switch to Isavuconazole consisted of azoles and 22% of echinocandins. Isavuconazole was used as primary therapy in 30% of the cases and combination in 70% mostly with a polyene (54%).

Conclusion. The distributions of QuantiFERON-CMV status were related to treatment response with Isavuconazole in 30% of the cases and combination in 70% mostly with a polyene (54%). Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy. Adverse events possibly related to Isavuconazole were monitored. The most frequent adverse event was transaminases and 1 nausea. All-cause mortality was reported in 46% of patients and 57% at 6 weeks of therapy.