On multivariable logistic regression analysis, only relapsed/refractory malignancy was identified as an independent predictor of global clinical failure (odds ratio, OR, 9.43; 95% confidence interval, CI, 1.17–76.9; P = 0.035). Duration of treatment was not associated with global clinical cure (OR, 2.92; 95% CI, 0.51–16.7; P = 0.23).

**Conclusion.** No differences in clinical outcomes were seen in patients with active hematologic malignancies who received 2 vs. ≥2 therapy escalations for the treatment of U-SAB, although confirmation of our findings in a larger study is warranted.

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

1072. Streamlining to Oral β-Lactam vs. Fluoroquinolone as Definitive Therapy for Enterobacteriaceae Bacteremia
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**Background.** Oral treatment strategies for Enterobacteriaceae bacteremia (EB) with β-lactams (BL) vs. fluoroquinolones (FQ) in clinical practice. FQ may be preferred for their high bioavailability, but other oral antibiotics are needed due to concerns of resistance and adverse effects. As an effort to facilitate antibiotic stewardship, BL should be explored as an additional oral option for EB treatment.

**Methods.** This retrospective study compared clinical characteristics and outcomes in patients with EB treated with BL vs. FQ as definitive oral therapy between January 2013 and July 2017. Adult patients diagnosed with their first incidence of EB and transitioned from IV antibiotics to either study antibiotic class were included. Primary and secondary outcomes assessed included outcomes associated with BL and FQ.

**Results.** A total of 173 patients were included (BL n = 59, FQ n = 114). Median age was 70 years, Pitt bacteremia score was 2 (range 0–7), and Charlson Comorbidity Index was 5 (0–12). All were comparable between groups. Urinary source of infection was most common (57%). The majority of oral BL courses used cefpodoxime (63%). More patients in FQ vs. BL had a prior transplant (9% vs. 0%, P = 0.05), presence of abscess (11% vs. 0%, P = 0.01), and Infectious Diseases consultation (63% vs. 34%, P = 0.0001). Onset of EB in an intensive care unit was more common in BL vs. FQ (24% vs. 10%, P = 0.01). Median duration of IV and oral therapy was 5 vs. 4 days, P = 0.22 and 11 vs. 12 days, P = 0.17 in BL and FQ, respectively. Recurrence within 90 days was 7% in BL and 4% in FQ, P = 0.49 (adjusted OR 1.44, 95% CI 0.31–6.66; P = 0.64). Multivariate analysis identified liver cirrhosis (OR 16.89, 95% CI 1.06–268.32; P = 0.05) as an independent predictor of recurrence within 90 days. All secondary outcomes were similar between patients treated with BL and FQ.

**Conclusion.** We have identified a number of baseline clinical and infection characteristics that should be taken into account for clinicians to predict the likelihood of oral treatment success or escalation in vancomycin treated patients with MRSA BSI. Further studies evaluating the impact of up front alternative therapies in these high risk patients are needed.

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1074. Management and Outcomes of Infective Endocarditis Due to Nutritionally Variant Streptococci
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**Background.** Nutritionally variant streptococci (NVS) are an infrequent cause of infective endocarditis (IE) and management recommendations are based on weak level of evidence largely derived from case reports, small case series, and animal models of experimental endocarditis. Moreover, taxonomic changes have led to some confusion in designation of these organisms.

**Methods.** We retrospectively collected and analyzed data from 33 patients with NVS IE from 1970 to 2017. Only patients who met modified Duke Criteria for IE were included.

**Results.** Mean patient age was 55 years and 61% were males. The most common comorbidities included diabetes mellitus (12%), malignancy (3%), heart failure (16%), coronary artery disease (25%), and chronic liver disease (9%). Predisposing valve abnormalities included rheumatic heart disease (11%), bicuspid aortic valve (22%), transplant valvulopathy (3%), mitral valve prolapse (3%), and congenital heart disease (11%). Cultures were reported as NVS (70%), Gracilicatella species (18%) and Abiotrophia species (12%). Echocardiogram findings included vegetation (66%), new regurgitation (55%), perivalvular abscess (3%), mitral valve prolapse (3%), and ruptured mitral valve chordae (3%). Both prosthetic (26%) and native valve IE (74%) was seen, and the valves involved were aortic (37%), mitral (50%) and both aortic and mitral (13%). Complications were seen in 27% of patients, including heart failure (13%), atrial fibrillation (11%), splenic infarct (11%), stroke (8%), mycotic aneurysm (3%), and glomerulonephritis (2%). In vitro susceptibility to penicillin, ceftriaxone, and vancomycin was 88%, 80%, and 100%, respectively. The majority (77%) of patients were treated with a combination of β-lactam and aminoglycoside. Median duration of treatment was 33 days.