Results. Out of 2,576 articles, 9 clinical studies (8 retrospective case series and 1 prospective single-center trial) met the eligibility criteria. In total, 221 out of 265 (83.4%) evaluated adult patients received a minocycline-based antimicrobial regimen and 44 out of 265 (16.6%) received other antimicrobial agents (most frequently aminoglycosides); 198 out of 216 (91.7%) patients with available data, received minocycline as part of an antimicrobial combination regimen (most frequently colistin and carbapenems). Pneumonia was the most prevalent infection (81.5% with 50.4% ventilator associated pneumonias). Clinical and microbiological success rates in the minocycline group were 72.4% and 59.7%, respectively. Mortality rate was 21.2% among 165 patients with relevant data in the non-minocycline group, clinical and microbiological success rates were 45.5% and 18.2%, respectively.

Conclusion. In this systematic review, minocycline demonstrated promising activity against MDR-AB isolates. This study could set the grounds for further research with large randomized, controlled trials that would explore and relate the role of minocycline in the treatment of MDR-AB-associated infections.

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2414. Real-World Evaluation of Patient Characteristics and Outcomes of Patients Treated With Cefozolano/Tazobactam Across 253 US Hospitals

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Session: 250. Treatment of AMR Infections
Saturday, October 6, 2018: 12:30 PM

Background. Treatment of patients with Gram negative infections is increasingly difficult due to rising resistance to commonly used agents. Cefozolano/tazobactam (C/T) is a potent anti-pseudomonal agent with broad Gram-negative coverage, that is indicated for cUTI and cIAI and currently being studied for ventilated nosocomial pneumonia. This study evaluates C/T in a large database of US hospitals to better understand treatment patterns and associated outcomes.

Methods. This was a retrospective cohort of adult hospitalized patients in the Premier Healthcare Database (PHD) from January 1, 2015 to June 30, 2017, who received ≥2 consecutive days of C/T. The PHD contains demographic, clinical and healthcare resource utilization. Microbiology data are available from a subset of PHD hospitals. Multidrug resistance (MDR) was resistance to intermediate or to 1 or more agents in at least 3 classes. Outcomes included hospital length of stay (LOS), 30-day mortality, and readmissions (all cause and infection-related).

Results. A total of 1490 patients across 253 hospitals met study criteria. Mean age was 59.1 ± 17.5 years, 57% were male, and 65% were Caucasian. The most common comorbidities were chronic pulmonary disease (36%), renal disease (34%), and congestive heart failure (25%). 27% of patients had a prior hospitalization within 30 days. The mean Charlson score was 3 ± 2.4. Over half (55%) of patients were in the ICU, 49% were mechanically ventilated and 15% were on dialysis. Within the 259 patients with microbiology data, the most prevalent pathogen was Pseudomonas aeruginosa (78%). The median (IQR) number of days from admission to first day of C/T was 6 (2–15). Patients received a median (IQR) 7 (4–11) days of C/T. The median (IQR) LOS after the first day of C/T was 10 (6–18) days. The 30-day mortality rate was 9%. All cause and infection related readmissions were 17% and 9%, respectively.

Conclusion. Most of C/T usage was among critically ill, complex patients treated in the intensive care unit with P. aeruginosa. In spite of the complex nature of these patients, the outcomes among patients treated with C/T were positive and provides needed real-world evidence. Further studies with a comparator group will allow further interpretation.

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2415. Comparison of Minocycline MIC’s Obtained by Etest to Those Obtained by Broth Microdilution in a Bank of Isolates of Acinetobacter baumannii Collected in Southeastern Michigan

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Background. Minocycline is an important antibacterial for the management of AB infections. Discordance in tigecycline susceptibilities between BMD and ET has been as high as 43% (a 2log 2 dilution higher MIC by ET). As many automated susceptibility panels do not include minocycline clinicians must rely on ET results. This study compared results using BMD and ET. One doubling dilution difference between methodologies and 4% had >2 double dilution differences. Susceptibility rates to tigecycline and minocycline were both 87%, with 11% of cures. Susceptibility rates to minocycline were both 87%, with 11% of tigecycline non-susceptible isolates susceptible to minocycline and 4% of minocycline nonsusceptible isolates susceptible to tigecycline. Clinicians provide excellent activity against AB. ET provides reliable susceptibility results in comparison to BMD.

Table 1: Minocycline Susceptibility Comparing ET vs. BMD

| MIC (µg/mL) | MIC (µg/mL) |
|------------|------------|
| ET (µg/mL) | BMD (µg/mL) |
| >8         | >8         |
| 2          | 2          |
| 0.5        | 0.5        |
| 0.25       | 0.25       |
| 0.125      | 0.125      |

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