in AKI was detected between patients with MER-VAN and with MER-TEI (table). Mortality at 7 and 30 days and resolution of AKI at discharge were similar in all groups.

Table.Comparison of various antibiotic combinations causing AKI

Variable	Combinations		Unadjusted OR (95% CI)	*P*Value	Adjusted OR (95 % CI)	*P*Value
	TZP-VAN (n=50)	TZP-TEI (n=85)				
AKI	20 (40.0)	17 (20.0)	**2.66** (1.22-5.79)	**.012**	**3.21** (1.36-7.57)	**.008**
Risk	13 (26.0)	12 (14.1)				
Injury	4 (8.0)	3 (3.5)				
Failure	3 (6.0)	2 (2.4)				
	MER-VAN (n=104)	MER-TEI (n=140)				
AKI	25 (24.0)	34 (24.3)	**0.98** (0.54-1.78)	**.96**	**1.20** (0.62-2.32)	**.574**
Risk	13 (12.5)	17 (12.1)				
Injury	8 (7.7)	12 (8.6)				
Failure	4 (3.8)	5 (3.6)				
	TZP-VAN (n=50)	MER-VAN (n=104)				
AKI	20 (40.0)	25 (24.0)	**2.10** (1.02-4.34)	**.041**	**2.28** (1.008-5.18)*	**.048**
Risk	13 (26.0)	13 (12.5)				
Injury	4 (8.0)	8 (7.7)				
Failure	3 (6.0)	4 (3.8)				

Conclusion. TZP causes increased nephrotoxicity when combined with VAN. Combination with TEI may offset this side effect. Additionally, the higher AKI incidence with TZP-VAN than MER-VAN may suggest a particular nephrotoxic synergy between TZP and VAN. Randomized controlled trials should confirm this observation.

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

1412. Caspofungin and Anidulafungin Behave as Fungistatic Agents Against *Candida auris*

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Background. *Candida auris* is an emerging multiresistant nosocomial pathogen responsible for outbreaks around the world. It is associated with therapeutic failure and high mortality rates. Echinocandins are the empiric treatment choice for *C. auris* infections. However, clinical reports show that some patients respond poorly to this therapy. The aim of this study was to determine the in vitro activity of Caspofungin and Anidulafungin against *C. auris* by time–kill curves method.

Methods. Twenty *C. auris* strains were studied. They were isolated from patients with proven invasive fungal infection. Susceptibility testing was performed following the Clinical and Laboratory Standards Institute (CLSI) M27-A3 and S4 documents. Time-killing experiments were conducted for 10 of the 20 isolates (in duplicate on 2 separate days) using RPMI-1640 buffered with MOPS. Caspofungin and anidulafungin tested concentrations were 0.12, 0.25, 0.50, 1.00 and 8.00 µg/mL. The inoculum was adjusted to 1×10^5 CFU/mL using a Neubauer chamber. A 0.05 mL aliquot of each dilution was taken at different time points (0, 2, 4, 6, 8, 10, 24 and 48 hours). These aliquots were serially diluted in sterile water, spread onto Sabouraud plates and incubated at 35°C to determine the numbers of CFU per milliliter. The killing kinetics and the fungicidal activity were analyzed by fitting the mean data at each time point to an exponential equation: $N_t = N_0 \times e^{-}kt$ (N_t viable yeasts at time t; N_0 starting inoculum; K killing rate; t incubation time).

Results. Anidulafungin and caspofungin MICs geometric means were 1.68 µg/mL (range: 0.5–8.0 µg/mL) and 2.55 µg/mL (range 0.25–8.0 µg/mL), respectively. None of the drugs were able to reach fungicidal activity (no 99.9% inhibition). The mean time to reach 50% growth reduction were 1.74 ± 0.45 hours and 5.30 ± 2.81 hours for the MIC values of each strain for anidulafungin and caspofungin, respectively

Conclusion. The tested echinocandins showed no in vitro fungicidal activity against *C. auris* at concentrations reached in serum despite strain's MICs. Caspofungin exhibited a significant lowest killing rate.

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

1413. A Phase IIa Efficacy, Safety, Tolerability and Pharmacokinetic (PK) Study of Encochleated Amphotericin B in Patients with Mucocutaneous (Esophogeal, Oropharyngeal, Vulvovaginal) Candidiasis Who are Refractory or Intolerant to Standard Non-Intravenous Therapies

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Background. Current oral therapeutic options for chronic mucocutaneous candidiasis (CMC) are often associated with resistance and toxicity. Amphotericin B (AMB) has broad fungicidal activity and markedly resists emergence of resistance but requires parenteral administration and monitoring for significant nephrotoxicity, which worsens with chronic treatment. Encochleated amphotericin B (CAMB) is a novel oral formulation of AMB. In animal models, CAMB demonstrates antifungal activity with similar efficacy as intraperitoneal AMB deoxycholate, but without the associated toxicity. This on-going patient volunteer study assesses the efficacy, safety, tolerability and PK of CAMB in patients with CMC who are refractory or intolerant to standard oral azole antifungals.

Methods. Four patients have completed the clinical protocol treatment period: 3 patients with STAT3 deficient Hyper IgE syndrome and CMC, and one patient with chronic esophageal candidiasis. Eligible patients were dose escalated (Figure 1), with option of enrolling in an extension phase. Serial plasma PK samples were collected over 24 hours over the study period, with data available from two patients (Figure 2).

Figure 3: Clinical Response (%) in Oropharyngeal Candidiasis over treatment period (days)

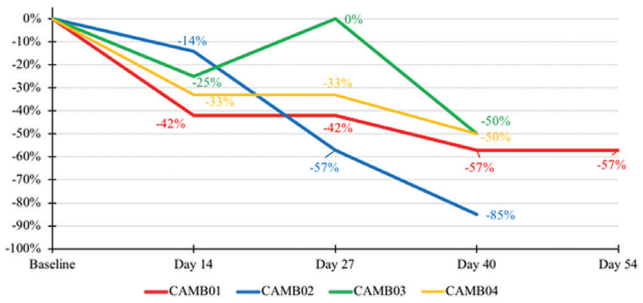
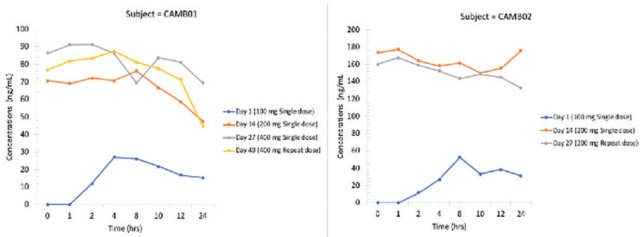


Figure 2: Plasma AMB Concentrations (ng/mL) vs. Time (h)



Results. CAMB was well tolerated by all four patients, and all are currently on the extension phase (Figure 3). There was significant improvement in clinical severity symptom scores of esophageal and oropharyngeal symptoms; CAMB01 achieved reduction in clinical symptoms by 57% (800 mg/day), CAMB02 by 85% (400 mg/day), CAMB03 50% (800 mg/day) and CAMB04 50% (800 mg/day). CAMB02 maintained higher plasma PK exposure throughout the study compared with CAMB01, a possible explanation for clinical response at a lower 400 mg/day dose. Reported adverse events were grade 1, mostly nausea and dizziness. There were no signs of liver, kidney or hematologic toxicity in any of the patients, with CAMB01 and CAMB02 receiving study drug for ~1 year.

Conclusion. CAMB was well tolerated in patient volunteers with long-standing symptomatic azole-resistant CMC. All four patients have met the primary endpoint of achieving ^{3} 50% clinical response. CAMB is a promising oral therapy for patients with history of CMC, with potential use in treatment and prophylaxis of invasive fungal infections.

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1414. Inoculum Effect of Piperacillin/Tazobactam Concentration on Emergence of Resistance in *Klebsiella aerogenes*

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