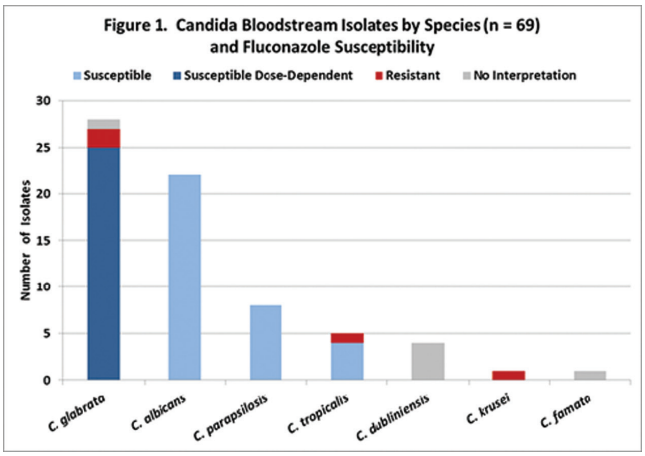
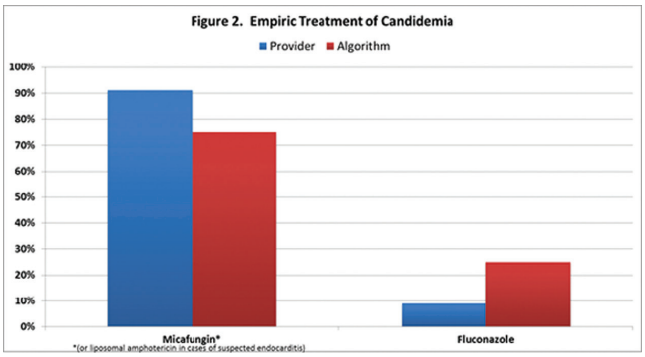
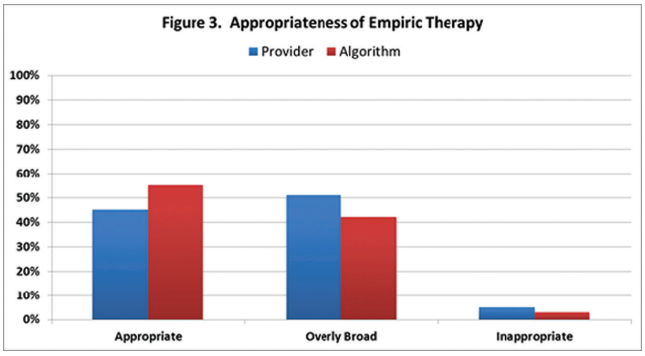
Table 1. Characteristics of candidemia episodes

| Patient characteristics | Frequency | (%) |
|---|---|---|
| Age: mean (SD) | 59.8 | (17.5) |
| Male | 27 | (42) |
| Algorithm risk factors | | |
| Critical illness | 38 | (58) |
| Immunosuppression | 16 | (25) |
| Intravenous drug use | 16 | (25) |
| Recent triazole exposure | 11 | (17) |
| Recent *C. krusei* or *glabrata* | 4 | (6) |
| Complicated bloodstream infection | 8 | (12) |
| ≥1 algorithm risk factor | 49 | (71) |




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

**194. Clinical Experience with Telavancin for the Treatment of Patients with Bone and Joint Infections: Preliminary Results from the Telavancin Observational Use Registry (TOUR™)**

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***Background.*** Telavancin (TLV) is a lipoglycopeptide antibacterial active against a wide range of Gram-positive pathogens, including methicillin-sensitive and -resistant *Staphylococcus aureus* (MSSA and MRSA). Bone and joint infections represent a complex set of diseases requiring prolonged antimicrobial therapy and are commonly caused by Gram-positive pathogens, including *S. aureus*.

***Methods.*** The Telavancin Observational Use Registry (TOUR™) is a multicenter chart review study designed to characterize infection types, pathogens, and outcomes of patients treated with TLV in clinical practice. Data from TOUR were used to characterize a subset of bone and joint patients. Clinical data including patient demographics, pathogens, outcomes, and adverse events (AEs) were analyzed. Clinical outcomes were determined by investigators' assessment.

***Results.*** As of March 31, 2017, data for more than 1000 patients were collected from 46 sites. Of these, 286 patients were treated for bone and joint infections. Among these 286 patients, median age was 57 years (range 18–92 years) and 27% ($n$ = 76) were aged ≥65 years, 66% ($n$ = 189) were male, and 84% ($n$ = 241) were White. The median body mass index was 30.0 kg/m$^2$ (range 19.2–62.7 kg/m$^2$). MRSA was the most commonly isolated pathogen at baseline (38%; n = 108). The median TLV daily dose and duration of treatment were 750 mg (range 300–1500 mg) or 8.3 mg/kg (range 3.7–16.9 mg/kg) and 26.5 days (range 1–119 days), respectively. Telavancin was used as second-line therapy in 71% ($n$ = 202) of patients, and the majority of patients (66%; $n$ = 189) were treated as outpatients. Overall, 71% ($n$ = 203) of patients were cured or improved to step-down therapy, 9% ($n$ = 25) failed treatment, 10% ($n$ = 30) had an indeterminate clinical outcome at end of therapy (EOT), and 10% ($n$ = 28) had missing or undocumented outcomes. Among the patients who had outcome assessment ($n$ = 258) at EOT, 79% were cured or improved to step-down therapy and 10% failed therapy. AEs were reported in 45 patients; six reported a serious AE, and 32 had AEs leading to TLV discontinuation.

***Conclusion.*** In a real-world setting, once-daily TLV produced a positive clinical response in >70% of patients with difficult-to-treat bone and joint infections and may represent an alternative treatment option.

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**195. Low Rate of Microbiologic Relapse in Two-Stage Exchange for Hip Prosthetic Joint Infections**

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***Background.*** Prosthetic joint infection (PJI) is a grave complication of total hip arthroplasty (THA). Historically, two-stage arthroplasty exchange has been considered to be the definitive approach to eradicating infection and preserving joint function. However, patients are increasingly presenting with higher rates of comorbidities traditionally associated with poorer orthopedic surgical outcome, including advanced age, obesity and diabetes. We investigated whether two-stage exchange remains effective for THR PJI at an orthopedic specialty hospital, and what were the microbiologic etiologies in repeat infections.

***Methods.*** A retrospective cohort of THA PJI treated with two-stage exchange was identified by query of hospital coding records from 2009 to 2014. The primary endpoint was defined as 2-year implant retention without further surgery. Failure was defined as a recurrence within in 2 years. Microbiologic failure was defined as a recurrence of the previously treated organism. Descriptive statistics were completed using the Fisher's exact test for categorical variables and the Mann–Whitney $U$-test for continuous variables.

***Results.*** One hundred and forty-four patients meeting Musculoskeletal Infection Society International Consensus criteria for THA PJI were identified. The average age was 65 years and 60% were female. One hundred and twenty-seven (88.2%) were cured at 2 years. Pathogens included *Staphylococcus aureus* (MSSA, 23%; MRSA, 13%), coagulase-negative staphylococci (17%), and streptococci (17%). In univariate analysis, no links were noted between primary outcome and patient age, comorbidities (including diabetes and tobacco), BMI, microbiology, or symptom duration. Of the 17 patients who did not meet criteria for success, 11 (65%) were diagnosed with new, microbiologically distinct infection. The remaining six met our criteria for microbiologic failure; four of the six patients had *S. aureus* infection (three MSSA).

***Conclusion.*** We present 2-year outcomes on a large cohort of THA PJI treated with two-stage exchange arthroplasty. Nearly, two-thirds of the patients who failed were found to have a new infection at the time of relapse. Only 4% of the patients in our cohort failed to achieve cure of the primary infection. Two-stage exchange continues to be an effective approach to PJI treatment with a low rate of microbiologic failure.

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