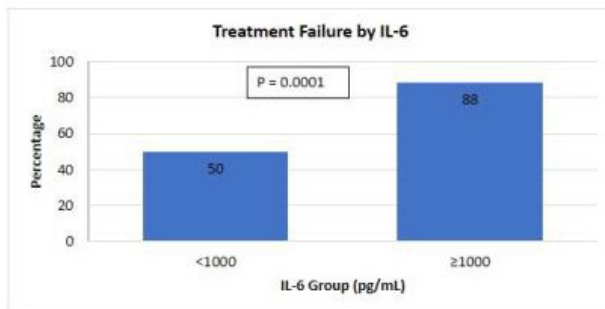


	Total Number	Treatment Failure	P-value
Age			
<65	55	52%	0.06
≥65	29	62%	
Gender			
Male	58	55%	0.54
Female	26	58%	
Ethnicity			
Hispanic	47	57%	0.55
Non-Hispanic	37	54%	
Past medical history			
Diabetes	29	66%	0.003
No diabetes	55	51%	
BMI (kg/m²)			
<30	38	47%	0.001
≥30	46	63%	
IL-6 (pg/mL)			
<1000	70	50%	0.0001
≥1000	8	88%	
CRP (mg/dL)			
<20	25	48%	0.1
≥20	55	56%	

Outcome by Baseline IL-6 Levels



Conclusion: Overall mortality in our patients was 43%; however, our sample size was small and the study did not have a control group to fully assess treatment success or failure. Comorbidities such as diabetes and obesity, and elevated IL-6 levels were associated with significantly higher rates of treatment failure. Randomized control trials are needed to determine the true benefit of tocilizumab in COVID-19.

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566. Tocilizumab: A Friend or a Foe in COVID-19 Management?

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Session: P-21. COVID-19 Treatment

Background: The emergence of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has led to many proposed treatments for COVID-19 induced cytokine release syndrome (CRS). We aimed to investigate the treatment response of Tocilizumab (TZB), an Interleukin-6 (IL-6) inhibitor in this single center study.

Methods: A retrospective chart review in COVID-19 patients was conducted from 03/18/20 - 05/20/20. Patients with PCR confirmed COVID-19 who received TZB were included. Variables included dose and timing of TZB, trend of acute phase reactants, time to improved oxygenation and defervescence, 30-day mortality, and hospital/intensive care unit (ICU) length of stay (LOS). Descriptive statistics were used.

Results: Twelve patients received TZB at least once during the study period. Median patient age was 51.5 years (interquartile range (IQR), 34–87), and mean body weight of 109 kg (SD = 33.8). At time of admission, mean day of illness was 6.6 days (SD = 3.3) into their illness. All patients received a standardized TZB dose of 400 mg,

and 2 patients received a second dose. Nine out of 11 patients (75%) had elevated median IL-6 baseline levels of 38.3 (IQR < 5- 96.22). The average CRS score was elevated at 3.3 at the time of TZB administration.

All patients who received TZB were on supplemental oxygen, and 58% were mechanically ventilated. A decrease in oxygen requirement in 24 hours was seen in mechanically ventilated patients (71%) compared to those not on mechanical ventilation (20%). Median ICU days were 17.5 (IQR, 3–39), and median LOS days were 21.5 (IQR 8–46). All patients had sustained decreases in CRP post-TZB administration.

Almost half of patients (42%) were treated for bacterial pneumonia post TZB and 3 (25%) patients were treated for herpes simplex virus (HSV) reactivation. Majority (92%) of patients received additional COVID-19 therapies such as hydroxychloroquine, convalescent plasma, or remdesivir. During the study period only one patient expired.

Conclusion: Our findings suggest that TZB may have a role in mechanically ventilated patients in decreasing oxygen requirement. However larger randomized studies are needed to understand which patients would benefit the most. Our study also highlights secondary infections and HSV reactivation in TZB patients.

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567. Use of corticosteroids and COVID-19 mortality in patients with pneumonia in a tertiary care center in México City

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Session: P-21. COVID-19 Treatment

Background: The use of corticosteroids, specifically dexamethasone has been associated to low mortality in COVID-19 patients. We present here the mortality related to the use of corticosteroids in the first two months of the SARS-CoV-2 outbreak in México City.

Methods: We conducted a case series of patients with the diagnosis of pneumonia due to SARS-CoV-2 virus admitted to a tertiary care center in Mexico City, between March 14th and May 14th, 2020. Data collected included demographic information, comorbidities, treatment and outcomes including mortality.

Results: We included 109 patients with diagnosis of COVID-19 associated pneumonia with computed tomography; 76(69.7%) were male and 33(30.3%) female with a median age of 52 yo (24–85) and 51 yo (25–81), respectively. Most common comorbidities were overweight (48.6%), obesity (35.8%), hypertension (23.8%), and diabetes (18.3%). Thirty-eight patients received corticosteroids (Methylprednisolone 30, Hydrocortisone 6 and dexamethasone and prednisone in on case). Mortality in those that used corticosteroids was 21% (8/38) and 5.6% for those that did not received (4/71), p=0.014.

Forty cases needed mechanical ventilation from the beginning, and 24 of those received corticosteroids with a mortality of 29% (7/24), while the mortality was 18.7% (3/16) in those with no steroid use, p=0.45.

Conclusion: Mortality in our small cohort with predominantly use of methylprednisolone is not lower in those using steroids. In fact, mortality was significantly higher in those that received corticosteroids, while this significance was not maintained in those that needed immediate mechanical ventilation. Use of corticosteroids for COVID-19 patients with pneumonia, should be further investigated.

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568. Healthcare Cost and Length of Stay for Cytomegalovirus (CMV) Infection-Related Hospitalizations in Allogeneic Hematopoietic Cell Transplant (allo-HCT) recipients: A Multicenter Analysis

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Session: P-22. Care Strategies for Transplant Patients

Background: CMV reactivation is associated with significant morbidity and mortality in allo-HCT recipients and could be a resource intensive condition to manage. Limited data are available on the economic ramification of CMV reactivation in allo-HCT. Therefore, we aimed to examine healthcare cost and length of hospital stay (LOS) among allo-HCT recipients treated for CMV infection.

Methods: We performed a retrospective cohort study that included 56 consecutive allo-HCT recipients who were diagnosed with CMV infection within 100 days post-transplant and admitted to two medical centers, University of Texas MD Anderson Cancer Center and University of Chicago, Department of Infectious Disease between January 2016 and December 2017. CMV-related hospitalization was determined as an inpatient admission with or for CMV reactivation within 100 days post-transplant. Data were limited to only the first CMV-related hospitalization. Descriptive statistics were reported on patient characteristics, first CMV-related hospitalization and costs.

Results: Most patients were 40 years or older (64%), female (55%), Caucasian (66%), CMV seropositive recipients (87%), received a matched unrelated donor HCT (49%) and had a myeloablative or reduced intensity conditioning regimen (65%)