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O1044 Favorable prognosis of *Campylobacter* spp. enteritis in cancer patients: results from a retrospective cohort study

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Background: *Campylobacter* spp. is an important cause of bacterial enteritis. The aim of the study was to describe the characteristics of *Campylobacter* enteritis (CE) in patients (pts) with cancer.

Materials/methods: Retrospective cohort study of all adult pts with active solid cancer, hematological malignancy and hemapoietic stem cell transplant (HSCT) recipients diagnosed with CE between May 2014 and April 2018 in a tertiary hospital. Cases were identified through the Microbiology registries. Demographic, clinical and microbiological data were recorded. Outcome was evaluated at 7 days after initial positive culture; clinical response was defined as resolution of the enteritis, and treatment failure as persistence of symptoms with persistently positive stool cultures.

Results: During the study period in 692 stool cultures *Campylobacter* spp. was detected. One hundred and sixteen samples corresponded to 96 pts who met the inclusion criteria. Median age was 70 years and 58.3% were male. Sixty had a solid cancer and 36 a hematological malignancy or a previous HSCT, none of them with graft-versus-host disease. Median time of symptoms prior to positive stool culture was 2 days (IQR 1-5). Isolated species were *C. jejuni* (69), *C. coli* (14), *C. lari* (1), *C. upsaliensis* and *Campylobacter* spp. (11). Eight pts had *Campylobacter* spp. bacteremia. In 79 samples antimicrobial susceptibility was available; resistance rates were 93.6% to ciprofloxacin, 6.5% to erythromycin and 2.6% to amoxicillin-clavulanate. Sixty-five pts received an adequate antibiotic treatment and 31 an inadequate or no antibiotic treatment. Ninety patients achieved clinical response. Three patients died within a week due to comncomitant conditions. Two pts with *C. coli* enteritis treated with azithromycin experienced treatment failure, with development of resistance to macrolides: one with lung cancer was successfully treated with one week of amoxicillin-clavulanate, and one with HSCT and hypogammaglobulinemia ultimately responded to a long course of oral fosfomycin-tromethamine. Five patients had at least one new episode of CE after a minimum of 1 month.

Conclusions: CE should be excluded in oncohematological pts with diarrhea. The disease is usually mild and resolution of symptoms was prompt, even in absence of treatment. Treatment failure could be related to antibiotic resistance and/or severe immunosuppression.