

P391 RISK FACTORS AND PROGNOSIS OF NOCARDIA INFECTION AFTER ALLOGENEIC H TRANSPLANTATION: AN INFECTIOUS DISEASES WORKING PARTY AND FRANCO-BELGIAN CONTROL STUDY

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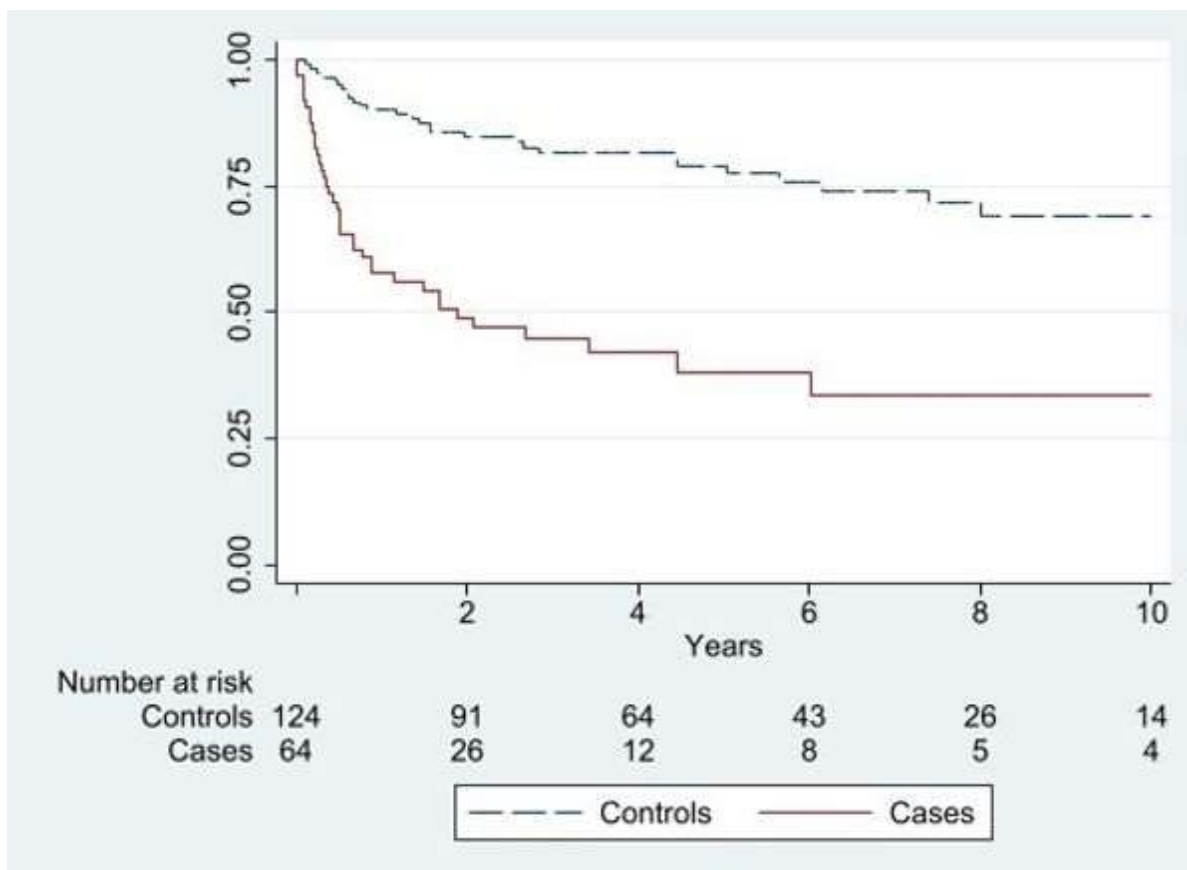
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Background: *Nocardia* is a rare but life-threatening infection in allogeneic hematopoietic s
The objectives of this study were to identify risk factors for occurrence of nocardiosis after a
prognosis.

Methods: We performed a retrospective case-control study of adult and children HSCT reci
between January 2000 and December 2018. To identify cases, European Society for Blood a
HSCT centers were requested to systematically review their local Microbiology and HSCT da
were matched by center, transplant date, and age group. The date of diagnosis of nocardio
first clinical sample (e.g., sputum) yielding *Nocardia spp.* was collected. For control patients
the basis of their matched case's date of diagnosis, in order to obtain a similar period of tim
as possible nocardiosis risk factors were collected in cases and controls, including data on a
hematological malignancies and their management, HSCT characteristics, occurrence and
ongoing treatment and biological data at the time of nocardiosis. To identify risk factors for
analysis, and included all variables with a *P* value <0.25 in a subsequent multivariable analy
To compare survival between cases and controls, we compared Kaplan-Meier survival curve

Results: Sixty-four HSCT recipients with nocardiosis were included, and matched to 128 cor
occurred at a median of 9.3 months (interquartile range: 4.8-18.1) after HSCT. On multivariak



corresponding time since graft (controls). Log-rank: $p < 0.0001$.

Conclusions: Using a case-control study design, we identified six factors independently associated with nocardiosis in HSCT recipients; in particular, the use of trimethoprim-sulfamethoxazole *Pneumocystis carinii* prophylaxis was protective against nocardiosis. We also found HSCT recipients with nocardiosis to have a significantly higher mortality compared with matched patients who did not develop nocardiosis after HSCT.

Disclosure: Nothing to declare.