Siro, respectively, after Feb 2010. ITT CI of aGVHD was 0.32 (95% CI: 0.21, 0.43) and 0.46 (95% CI: 0.37, 0.54) prior to and after Feb 2010, respectively (P = .11). Eighty-six patients (44%) were considered at high risk for IFI pre-HSCT by standard criteria. The rate of IFI post HCT was 9/69 (13%) and 18/127 (14%) prior to and after Feb 2010, respectively. Proven (n = 2) or probable (n = 2) IFI was only observed in 4 patients (2%), with the remaining having possible IFI. Subgroup analysis did not find any statistical difference between the two groups for aGVHD analyzed by stem cell source or IFI analyzed by pre-HSCT risk. In addition, there was no difference in the number of dose modifications required and when patients were analyzed by actual day of azole start.

**Conclusion:** Delaying the start of triazole prophylaxis till 7 days after allo-HSCT does not affect outcomes, including achieving and maintaining therapeutic levels of GVHD prophylaxis, and incidence of aGVHD or IFI.

**543**

**Characterization of Cardiac Arrhythmias Post Allogeneic Transplant**

Ashley Elizabeth Glode 1, Luciano J. Costa 2, 1 Pharmacy, Medical University of South Carolina, Charleston, SC; 2 Medicine, Medical University of South Carolina, Charleston, SC

Cardiac arrhythmias (CA) can be an important complication of cellular therapy. We performed a retrospective, single center, comprehensive analysis to understand the risk factors, outcome and morbidity of cardiac arrhythmias developing in the first 100 days after allogeneic hematopoietic stem cell transplantation in adults. Overall 133 patients received an allogeneic transplant between 01/2008 and 07/2012 and were included in the analysis. Individuals with pre-existing arrhythmias were excluded. Patients and transplant characteristics are detailed in Table 1. At least one episode of cardiac arrhythmia developed in 25 individuals (18.8%, 95% CI. 13.0-26.3%) with 19 individuals developing atrial flutter/fibrillation and 8 individuals developing AV nodal reentrant tachycardia. Median time of onset of the arrhythmia was 27 days (range 1-96) after transplant. Neither underlying disease, conditioning regimen, comorbidities, left ventricular ejection fraction, presence of ventricular diastolic dysfunction, prior use of beta blockers, calcium channel blockers, ACE inhibitors or ARBs were associated with higher risk of developing CA in univariate or multivariate analysis. Patients who developed CA were older (median age 56 years) than patients who did not develop CA (median age 51 years), but this difference was not statistically significant (P = .08). Of the 25 individuals who developed CA, 13 died prior to day 100 (4 from cardiac causes). Among the remaining 12 patients, 8 had restoration of sinus rhythm by day 100. Median survival was 14+/−2 weeks for individuals who developed CA vs. 81+/−35 weeks for patients who did not develop CA prior to 100 days (P < .0001). In multivariate analysis, development of CA prior to 100 days was a strong predictor of mortality (HR = 2.87, 95% CI. 1.67-4.95, P = .001) even when adjusted for age, intensity of the conditioning regimen, comorbidities, chronic medications, left ventricular ejection fraction and presence of ventricular diastolic dysfunction. We concluded that the development of CA after allogeneic transplantation is relatively common, but difficult to predict on the basis of patient and transplant characteristics, representing a strong and independent predictor of post transplant mortality.

**544**

**Evaluation of Blood Pressure Medication Use Associated with Cyclosporine-Induced Hypertension in the Allogeneic Bone Marrow Transplant Population**

Ashley Elizabeth Glode 1, Kathy Hogan Edwards 2, Daniel Cornett 3, Luciano J. Costa 4, 1 Pharmacy, Medical University of South Carolina, Charleston, SC; 2 Pharmacy Services, Hollings Cancer Center, Medical University of SC, Charleston, SC; 3 Pharmacy, King’s Daughters Medical Center, Ashland, KY; 4 Medicine, Medical University of South Carolina, Charleston, SC

Allogeneic bone marrow transplant (BMT) patients with cyclosporine-induced hypertension are at risk of serious complications including intracerebral hemorrhage and seizures. There is little data describing cyclosporine-induced hypertension in the allogeneic BMT population. The aim of this study was to characterize cyclosporine-induced hypertension in the allogeneic BMT population at the Medical University of South Carolina (MUSC), while also investigating what blood pressure (BP) medications currently used may be most efficacious. We conducted a single center, IRB approved, retrospective study of patients receiving an allogeneic BMT from January 1, 2008 to August 31, 2011. Demographic data was collected for all patients. Those patients experiencing cyclosporine-induced hypertension had additional data recorded: number of systolic blood pressure (SBP) readings > 160 mmHg, number of diastolic blood pressure (DBP) readings > 100 mmHg, addition of an antihypertensive medication, and number of doses and dosage administered. Safety was assessed through recording number of SBP readings > 100 mmHg, number of DBP readings < 40 mmHg, and the minimum heart rate (HR) while on cyclosporine. Twenty seven (27) of 78 patients were identified as experiencing...