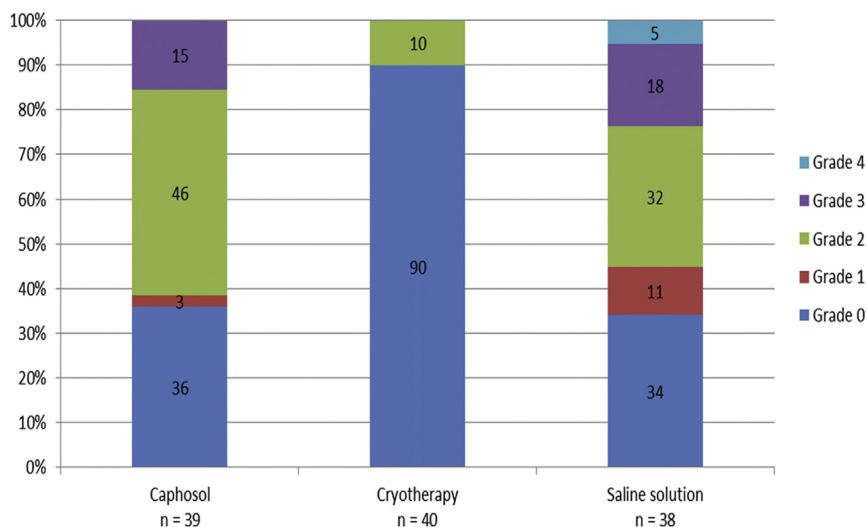


Incidence of Oral mucositis (%)



of OM, degree of oral pain and narcotic requirements were also evaluated.

Results: The study was stopped early due to the superiority of CT. Ninety percent of patients in the CT group did not experienced OM, compared to 36% and 34% in the Caphosol[®] and SS groups, respectively ($P < 0.0001$). None of the CT patients experienced grade 3-4 OM. There was a significant decrement in duration of OM in the CT group compared to the Caphosol[®] group (mean duration [MD] in days 0.8 vs. 4.77; $p < 0.001$) and the SS group (MD 5.55 days; $p < 0.001$). Duration of OM was shorter in the CT group compared to the SS group (MD .9 days vs. 3.38 days; $p = 0.004$) and the Caphosol[®] group (MD 2.97 days; $p = 0.020$). Patients in the CT group required less use of analgesics when compared with the SS group ($p = 0.007$).

Conclusion: CT significantly reduces OM incidence, severity and duration. . Patients who received CT had lower analgesic requirements than patients who received SS.

Memorial Hospital, Chicago, IL; ²Hematology/Oncology, Northwestern University Feinberg School of Medicine, Chicago, IL

Fungal colonization may increase the risk for developing invasive fungal infections (IFI) for patients undergoing stem cell transplants (SCT). At Northwestern Memorial Hospital a protocol was initiated in 2005 to administer amphotericin B decanoate nasal spray to all SCT recipients with fungal nasal colonization.

Amphotericin B 0.5% nasal spray was given twice daily in addition to systemic prophylaxis (fluconazole for auto-SCT's or voriconazole 200 mg for allo-SCT's) to all patients with nasal fungal colonization. Nasal surveillance cultures were repeated within 7- 30 days of Ampho B initiation. An independent expert reviewer was utilized to determine the presence of IFI according to EORTC criteria.

Amongst 1936 patients reviewed, 117 fungal isolates (62 mould and 57 yeast) were identified from the nares of 109 patients (78 auto/31 allo). There was no significant difference in age, gender, diagnosis, transplant or donor type between patients with and without nasal fungal colonization. Eight patients had a prior history of IFI. Nasal surveillance cultures after Ampho B began showed 100% eradication of all isolates. One breakthrough IFI was observed amongst the 109 Ampho B treated patients (*Alternaria ssp.soft* infection in auto-SCT successfully treated with voriconazole). Systemic Antifungal prophylaxis was changed in 25 patients, primarily for febrile neutropenia or liver enzyme abnormalities. Nasal Ampho B was well tolerated and no patient discontinued use during transplantation. Intranasal Ampho B effectively eradicates nasal fungal colonization and appears effective in preventing breakthrough fungal infections in colonized HSCT recipients.

310

Amphotericin B Nasal Spray Appears Effective in Preventing Breakthrough Fungal Infections in Colonized SCT Recipients

Steven Trifilio¹, Ryan Heraty¹, Athanasios Zomas¹, Derek Liu¹, Junyu Zhang¹, Cindy Zhao¹, Jayesh Mehta². ¹Northwestern

Number of colonized patients(%)	109(5.6)
Total Isolates	117
Autologous	78(5.7)
Allogeneic (MDS)	14(5.4)
Allogeneic (MUD)	17(5)
Yeast (Non-specified)	57
<i>Alternaria</i>	20
<i>Penicillium</i>	12
<i>Aspergillus spp</i>	11
Molds (Non-spp)	8
<i>Cladosporium</i>	3
<i>Fusarium</i>	2
Others	6
History of prior IFI	8
Change in systemic antifungal therapy	25
Eradication of nasal colonization(%)	100
Documented breakthrough IFI	1

311

Incidence and Outcomes of Bacteremia with Common Over-the-Counter Probiotic Organisms Among Hematopoietic Cell Transplant Recipients

Maresa Woodfield¹, Nicole Boyle¹, Zach Stednick¹, Michael J. Boeckh^{1,2}, Steven A. Pergam^{1,2,3}. ¹Vaccine and Infectious Disease Division, Fred Hutchinson Cancer Research Center, Seattle, WA; ²Department of Medicine, University of Washington, Seattle, WA; ³Seattle Cancer Care Alliance, Seattle, WA