Solid Organ Transplantation & Data Mining: Bloodstream Infections Have a Significant

Impact on One-Year Survival and qSOFA ≥ 2 Predicts 30-Day Mortality

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Results (continued)

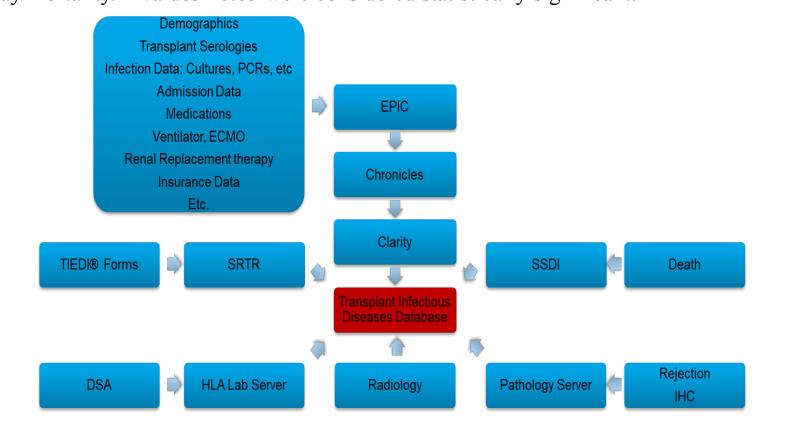
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Introduction

Infection represents one of the most common and serious complications following solid organ transplantation (SOT). In particular, bloodstream infections (BSIs) are associated with considerable morbidity and mortality in transplant patients. Creating a transplant database that characterizes key infectious disease parameters such as risk factors, bacterial etiology, and antibiotic susceptibility could have tremendous implications for reducing the burden of infectious complications in transplant recipients. Our aim in this study is to describe the epidemiology of BSI in SOT recipients at UTSW and identify risk factors associated with infection and mortality.

Methods

The design of the study was a retrospective single center cohort study. Data mining tools were used to extract information from the electronic medical record and merged it with data from the Scientific Registry of Transplant Recipients (SRTR) national database. First SOT from 1/1/2010-12/31/2015 were included. Charts of subjects with positive blood cultures were manually reviewed and adjudicated using CDC/NHSN and SCCM/ESICM criteria. Multidrug resistant organisms (MDRO) were defined using CDC criteria. The 1-year cumulative incidence was calculated using the Kaplan-Meier method. Cox proportional hazards models were used to identify risk factors for BSI acquisition and 1-year mortality. BSI was analyzed as a time-dependent covariate in the mortality model. Fisher's exact test, Chi-Square, and Wilcoxon Rank Sum were used to identify risk factors for 30-day mortality. P values <0.05 were considered statistically significant.



DSA: Donor Specific Antibodies; ECMO: Extracorporeal membrane oxygenation; HLA: Human Leucocyte Antigen; IHC: Immunohistochemistry; PCR: Polymerase chain reaction, SRTR: Scientific Registry of Transplant Recipients; SSDI: Social Security Death Index

Figure 1. Transplant Infectious Disease Database — Data Flow

Results

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Characteristic	All Transplants n=917	Negative BSI n=842 (91.82%)	Positive BSI n=75 (8.91%)	
Sex				
Male	593 (64.67%)	544 (64.61%)	49 (65.33%)	
Female	324 (35.33%)	298 (35.39%)	26 (34.67%)	
Age				
$Mean \pm SD$	54.00 ± 13.04	53.98 ± 12.96	54.23 ± 13.89	
Median (Range)	57 (14-83)	57 (14-80)	57 (16-83)	
Race				
Caucasian	619 (67.50%)	571 (67.81%)	48 (64%)	
African-American	148 (16.14%)	133 (15.80%)	15 (20%)	
Asian	34 (3.71%)	31 (3.68%)	3 (4%)	
Other	73 (7.96%)	67 (7.96%)	6 (8%)	
Unknown	43 (4.69%)	41 (4.75%)	3 (4%)	
Organ				
Heart	167 (18.21%)	149 (17.70%)	18 (24%)	
Kidney	236 (25.74%)	225 (26.72%)	11 (14.67%)	
Liver	163 (17.78%)	145 (17.22%)	18 (24%)	
Lung	324 (35.33%)	300 (35.63%)	24 (32%)	
Multiorgan	27 (2.94%)	23 (2.73%)	4 (5.33%)	
Year of Transplant				
2010	90 (9.81%)	84 (9.98%)	6 (80%)	
2011	124 (13.52%)	117 (13.89%)	7 (9/33%)	
2012	159 (17.34%)	146 (17.34%)	13 (17.33%)	
2013	165 (17.99%)	153 (18.17%)	12 (16%)	
2014	189 (20.61%)	169 (20.07%)	20 (26.67%)	
2015	190 (20.72%)	173 (20.55%)	17 (22.67%)	
Diabetes				
Yes	252 (27.48%)	224 (26.6%)	28 (37.33%)	
No	665 (72.52%)	618 (73.40%)	47 (62.67%)	
Ventilator at transplant				
Yes	42 (4.58%)	35 (4.16%)	7 (9.33%)	
No	874 (95.31%)	806 (95.72%)	68 (90.67%)	
ECMO at transplant				
Yes	15 (1.64%)	13 (1.54%)	2 (2.67%)	
No	901 (98.26%)	828 (98.34%)	73 (97.33%)	
CMV Serostatus				
D-/R-	115 (12.54%)	109 (12.95%)	6 (8%)	
$\mathbf{D}^+/\mathbf{R}^+$, $\mathbf{D}^-/\mathbf{R}^+$	566 (60.63%)	518 (61.52%)	48 (64%)	
D+/R-	236 (25.74%)	215 (25.53%)	21 (28%)	

Table 1. Patient Characteristics

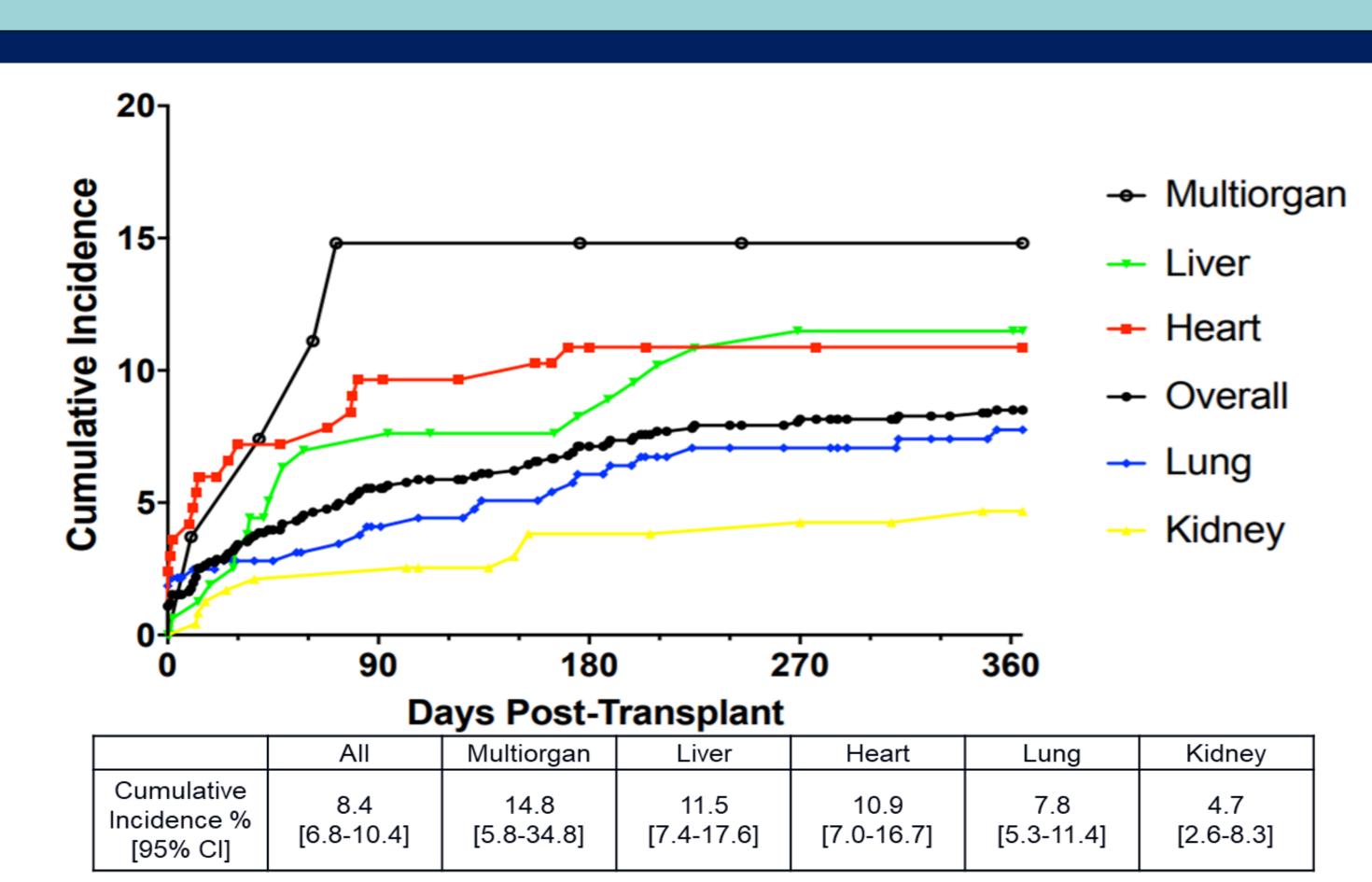
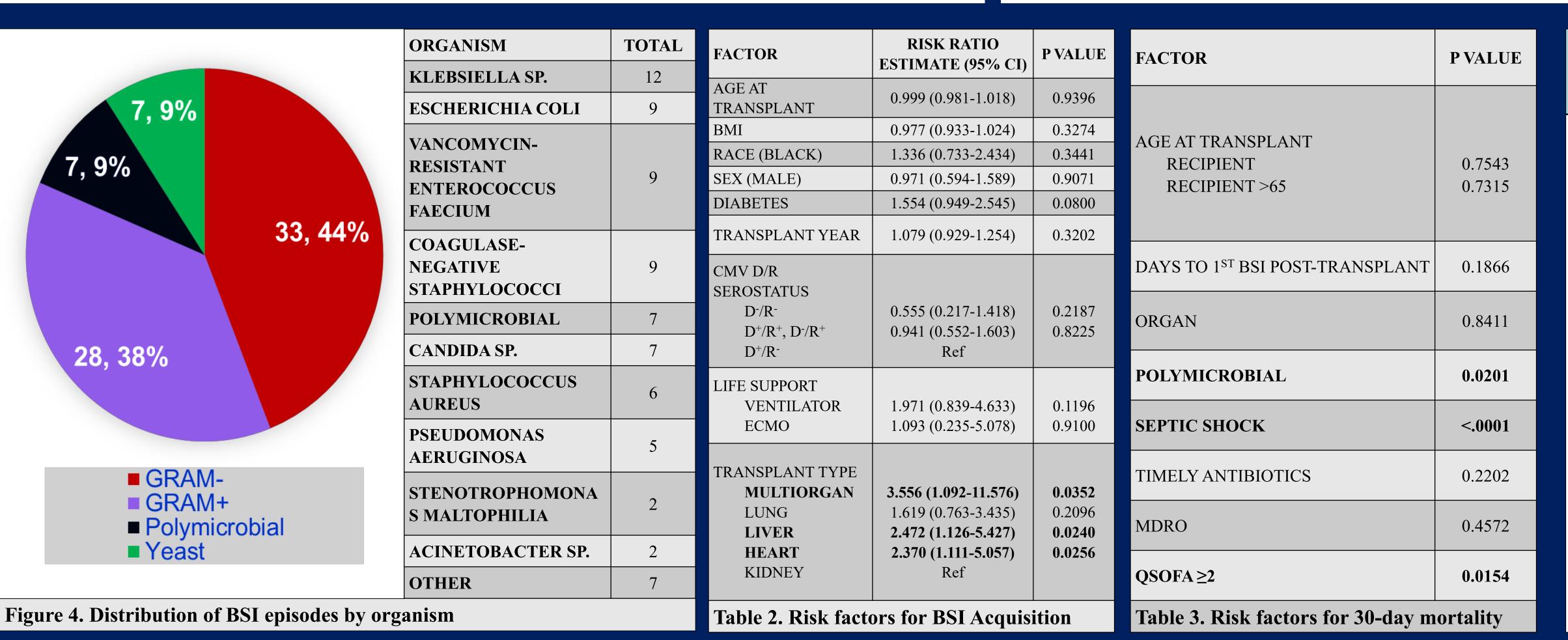


Figure 2. Cumulative Incidence of first BSI at 1 year post-transplant

Bone and Joint 🔳 Cardiovascular 🔳 Central Line 📕 Gastrointestinal 📁 LVAD-specific 🔳 Primary 📘 Respiratory 💻 Skin and Soft Tissue 💻 Surgical Site 💻 Urinary Tract

Figure 3. Distribution of BSI episodes by source of infection and transplanted organ



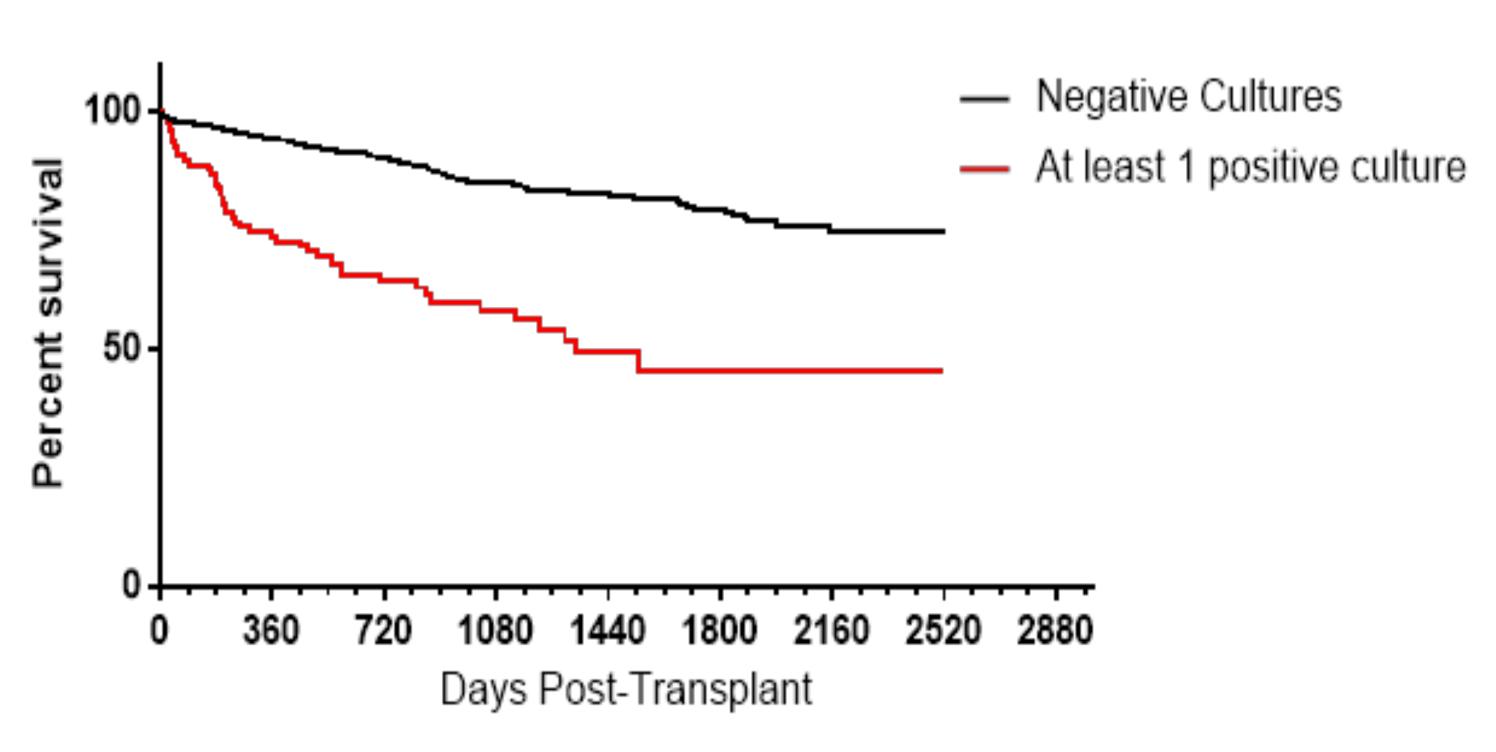


Figure 5. Kaplan Meier survival curve of all-cause mortality among solid organ transplant recipients (SOT) without BSI versus SOT recipients with at least one positive BSI (P < 0.0001 by log-rank)

FACTOR	RISK RATIO ESTIMATE (95% CI)	P VALUE		
AGE AT TRANSPLANT	1.010 (0.992-1.028)	0.2838		
BMI	1.017 (0.972-1.065)	0.4600		
DIABETES	0.853 (0.489-1.489)	0.5755		
TRANSPLANT YEAR	0.987 (0.854-1.140)	0.8569		
CMV SEROSTATUS D-/R- D+/R+, D-/R+ D+/R-	0.590 (0.231-1.507) 0.930 (0.555-1.557) Ref	0.2702 0.7823		
LIFE SUPPORT VENTILATOR ECMO	2.227 (0.979-5.065) 0.000 (0.000-0.000)	0.0562 0.9842		
TRANSPLANT TYPE MULTIORGAN LUNG LIVER HEART KIDNEY	2.362 (0.448-12.452) 4.424 (1.844-10.613) 3.178 (1.221-8.268) 2.265 (0.847-6.058) Ref	0.3110 0.0009 0.0178 0.1035		
BSI POST- TRANSPLANT	8.691 (5.133-14.716)	<.0001		
Table 4. Risk factors for 1-year mortality				

Conclusion

The cumulative incidence of BSI at 1-year post-transplantation for all organs was 8.4%. On multivariable analysis, multiorgan, liver and heart transplantation were risk factors associated with a increased risk of BSI

On multivariable analysis, a BSI episode within 1-year post-transplantation, lung and liver transplantations were risk factors associated with increased 1-year mortality post-transplantation

On univariable analysis, septic shock, polymicrobial infection and a qSOFA score ≥2 were identified to be associated with increased 30-day mortality post-BSI

The rate of MDRO BSIs increased over time and was statistically significant. The overall prevalence of MDRO BSIs was 25.3% during the study period

Creation of the UT Southwestern Transplant Infectious Disease Database serves as proof of concept that the use of data mining tools can be leveraged to translate clinical data into meaningful research and quality improvement projects

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