



Background

- Cancer patients on immune suppressive drugs are at higher risk for systemic and bacterial bloodstream infections (BSIs), associated with significant morbidity and mortality
- Prompt empiric antibiotic therapy is critical for these patients
- Limited guidance exists for managing BSIs in febrile patients with cancer and without neutropenia
- The Esbenshade model was developed to predict BSI risk in febrile, non-neutropenic **pediatric** cancer patients
- This study aimed to validate the Esbenshade model's use in an **adult** population

Methods

Retrospective chart review analyzing management and supportive care in 284 adult oncology patients presenting to the ED (1/1/18 – 7/28/23) with suspected sepsis and obtained a blood culture

Variables Collected: Demographics, Clinical Characteristics, Esbenshade Model Elements (Table 1)

Results

Table 1. Esbenshade Model Variables

	Culture Positive (N=66)	Culture Negative (N=218)	Total Population (N=284)
Age [Median (IQR)]	69 (58-74)	64 (55-71)	63 (55-72)
History of SCT	2	17	19
PICC	2	13	15
Hickman	0	2	2
Hypotension	8	23	31
Chills	34	96	130
URI	14	79	93
Temperature °C [Median (IQR)]	38.9 (38.2-39.3)	38.5 (38.2-39.0)	38.5 (38.2-39.1)
Drug Exposure	0	0	0
ANC [Median (IQR)]	7580 (5350-13570)	6935 (3710-10540)	7130 (4090-11030)

Table 2. Sensitivity Specificity Analysis

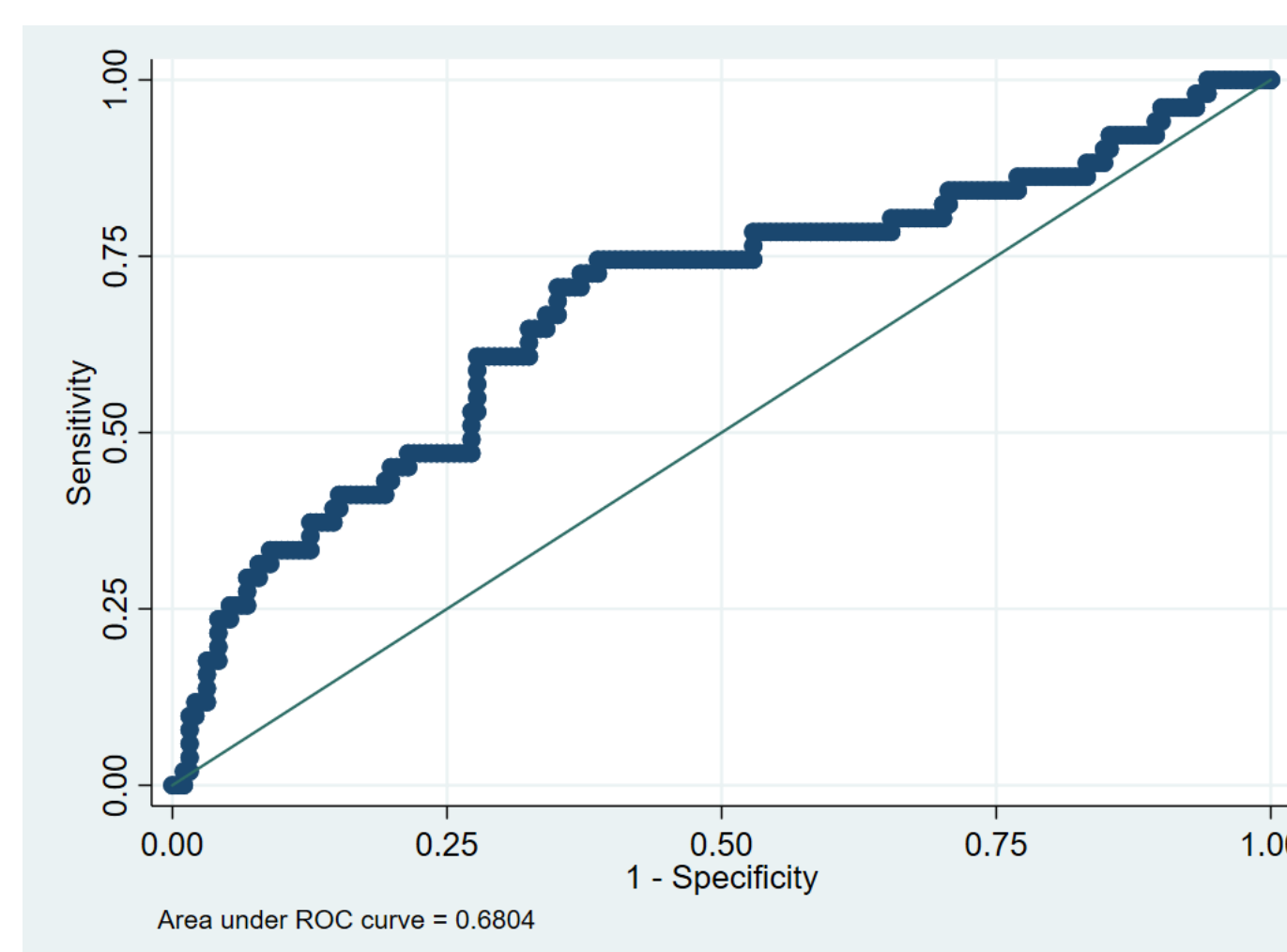


Figure 1. AUC

Conclusions

The Esbenshade model performed **poorly** in predicting BSI risk in adult cancer patients presenting with non-neutropenic fever

Future studies are needed to identify new variables for a clinically useful model in febrile adult patients with cancer and without neutropenia

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References

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