While potentially curative for some life-threatening diseases, allogeneic hematopoietic cell transplantation (allo-HCT) is a high-risk procedure, associated with significant morbidity and mortality. The objectives of this study were to examine the rates of hospital readmissions post allo-HCT and the reasons for the readmissions. Evaluated reasons for hospital readmissions for selected clinically important reasons, based on primary or secondary ICD-9-CM diagnosis codes on hospital discharge records, were evaluated. Evaluated reasons included the Charlson Comorbidity Index (CCI) score and the presence of drug-induced and infection-related neutropenia, respectively. Patients with different initial hospitalization illness severity (1–Minor: 41.6%, 2–Moderate: 47.2%, 3–Major: 10.6%) had similar rates of any cause readmissions, with the least one hospital readmission during the follow-up period. Patients with different initial hospitalization illness severity levels had similar rates of any cause readmissions, with the least one hospital readmission during the follow-up period.

**RESULTS**

**Allo-HCT Patients (N=1617) with One-Year Follow-Up**
- The mean CCI score was 2.3, indicating a relatively low number of comorbid conditions per patient.
- Among patients with readmissions involving opportunistic infections, 40.0% (n=273) were diagnosed with drug-induced and infection-related neutropenia, respectively.

**Opportunistic Infections**
- Rates of readmissions for any cause among adults and children were 60.4% and 55.7%, respectively; rates of readmissions involving opportunistic infections were 46.2% and 42.4%, respectively.

**DISCLOSURES**
- This study was supported by Chimerix, Durham, NC. EM is an employee of Chimerix. JL and ML-S are employees of Co-Diagnostics, UT, and was supported by Chimerix, Durham, NC. JL and JL-L are employees of Caudex, UT.
- The study design was determined by Chimerix, and was supported by Chimerix, Durham, NC.

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