

FUNGAL WORLD NEWS

Time to freshen up.
FungiScope has a new logo:



Item	Score	Score summary
Case discussion in multidisciplinary team (conference)	3	
Respiratory sample (BAL preferred)		
Direct microscopy for hyphae	3	
Fungal culture	3	
Substratum on respiratory sample	2	
Aspergillus specific PCR	1	
Biopsy		
Histology	3	
Fungal culture	2	
Susceptibility testing		
Antifungal susceptibility testing (antifungogram or MIC)	3	
Serology		
Aspergillus specific IgG antibody or precipitin	3	
Aspergillus specific IgE antibody	2	
Substratum on serum	1	
Aspergillus specific IgM / IgA antibody (if IgG not done)	1	
Imaging		
Chest CT scan	3	
Surgery (where indicated)		
Surgical resection	3	3
1st line treatment*		
Isavuconazole 300 mg q12h or voriconazole 200-300 mg q12h	2	
Posaconazole 300 mg q12h delayed release tablets	2	
Posaconazole 400 mg q12h suspension	2	
2nd line treatment† (if progressive disease, acute intolerance or resistance)		
Isavuconazole e.g. isavuconazole 50-70 mg q12h or micafungin 150 mg q12h	2	
Isopropyl amphotericin B 3 mg/kg IV q24h or other lipid-based formulation	2	
Isavuconazole 300 mg q12h tablet or IV	1	
Amphotericin B deoxycholate 0.7-1.0 mg/kg IV q24h	1	
Treatment duration		
At least 6 to 12 months of antifungal treatment	3	
Follow-up		
Initial follow-up at 3 or 6 months of treatment or with change of status	3	
Response assessment via imaging (e.g. CT scan, FDG-PET/CT scans)	3	
Response assessment via culture from respiratory samples	2	
Response assessment via serology	2	
Total		
First-line	49	46
Second-line	51	48

EQUAL CPA Score 2022: A Tool to measure Guideline Adherence for Chronic Pulmonary Aspergillosis:
<https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkac378/6827316?login=true>



Poster by PD Dr. J. Prattes

All-Cause Mortality in Patients with Invasive Candidiasis or Candidemia from an Interim Analysis of a Phase 3 Ibrexafungerp Open-label Study (FURI)

J Prattes, TR King, N Azie, DA Angulo for the FURI Study Investigators
 *Medical University of Graz, Department of Internal Medicine, Division of Infectious Diseases, Excellence Center for Medical Mycology (ECMM), Graz, Austria, *SCINEXS, Inc.

BACKGROUND: There are limited oral treatment options available for patients with fungal infections who fail currently available antifungal or who have an infection caused by resistant organisms. Ibrexafungerp is an investigational triazole antifungal with activity against candida and aspergillus species, includingazole and azole-resistant strains.

FURI STUDY DESIGN: A Phase 3 open-label, single-arm study of ibrexafungerp (IBR) in patients with invasive candidiasis or candidemia (IC/Cd) who were not treated with standard of care (SOC) or with antifungal rescue therapy to standard of care.

RESULTS: 22 patients were included in the interim analysis. The majority of patients were from North America, Europe, Africa, and Asia. The mean time to death after completion of treatment with ibrexafungerp was 13.1 days (95% CI, 10.1-16.1). The mean time to death after completion of treatment with SOC was 10.1 days (95% CI, 7.1-13.1).

CONCLUSIONS: Ibrexafungerp demonstrated a higher survival rate compared to SOC in patients with IC/Cd. This interim analysis suggests that ibrexafungerp may be a promising treatment option for patients with IC/Cd.

Highly Cited Researchers

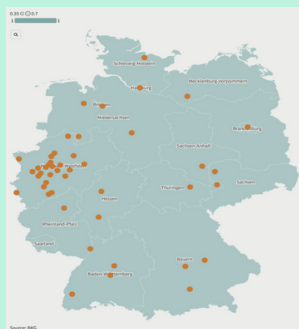
Two representatives of our institute are again represented in the international ranking "Highly Cited Researchers", which is published annually on the basis of information from the publication database "Web of Science". Congratulations to Prof. Dr. Oliver A. Cornely and Dr. Jacques Meis.

FUNGISCOPE NEWSLETTER 12/2022

EXTERNAL CONSULTS 08/21-10/22

Total Number: 125
 Most frequent pathogens:

- Aspergillus spp.
- Mucorales
- Candida spp.



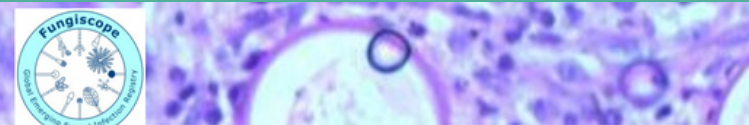
FUNGAL TRIVIA



GERMAN PODCAST

On Batrachochytrium dendrobatidis:
<https://www.podcast.de/episode/586565355/pandemia-im-reich-der-pilze-ein-erreger-fuehrt-zum-massensterben>

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FungiScope - Global Fungal Infection Registry
 Improves patient care by collecting data on epidemiology, pathogen biology & clinical course of IFIs.

FungiScope Chair: Prof. Oliver A. Cornely, **Scientific Lead:** Dr. Danila Seidel (danila.seidel@uk-koeln.de)

