PRESCRIPTION PROFILE OF ISAVUCONAZOLE IN THE REAL WORLD CLINICAL PRACTICE

5PSQ-028

J02 - Antimycotics for systemic use

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Background and importance

Early antifungal therapy for invasive pulmonary aspergillosis has been associated with better survival outcomes in immunocompromised patients. Isavuconazole, as well as caspofungin and liposomal amphotericin B (LAmB), is a recommended alternative to voriconazole when contraindicated due to its toxicity or pharmacokinetic profile.

Aim and objectives

✓ To assess the efficacy and safety of isavuconazole therapy in patients diagnosed with invasive fungal disease (IFD) in clinical practice

Material and methods

A retrospective observational study was performed in a third level hospital.
Patients treated with isavuconazole between December 2017 and October 2019 were included.

- Demographic, clinical and therapeutic variables were collected.
- Diagnostic criteria of IFD were assessed in accordance with the *European Organisation for Research and Treatment of Cancer/Infectious Diseases Mycoses Study Group* (EORCT/MSG).
- These data were obtained from electronic medical records.

Results

Demographic data:
- 15 patients were recruited
- 64% men
- Mean age 50±17 years

Median days of treatment was 47 (IQR 47– 142)

IFDs include:
- Aspergillosis: proven (n=0); probable (n=6) and possible (n=4)
- Possible mucormycosis (n=1)

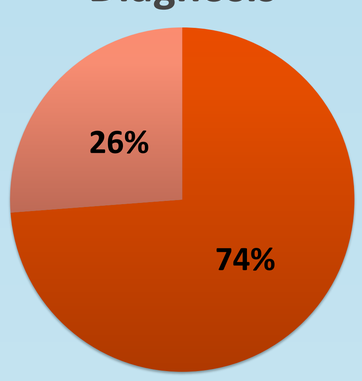
One patient was diagnosed with aspergillus vertebral osteomyelitis

Previous treatment [2]

Voriconazol	53,3%
LAmB	20%
Naive	20%

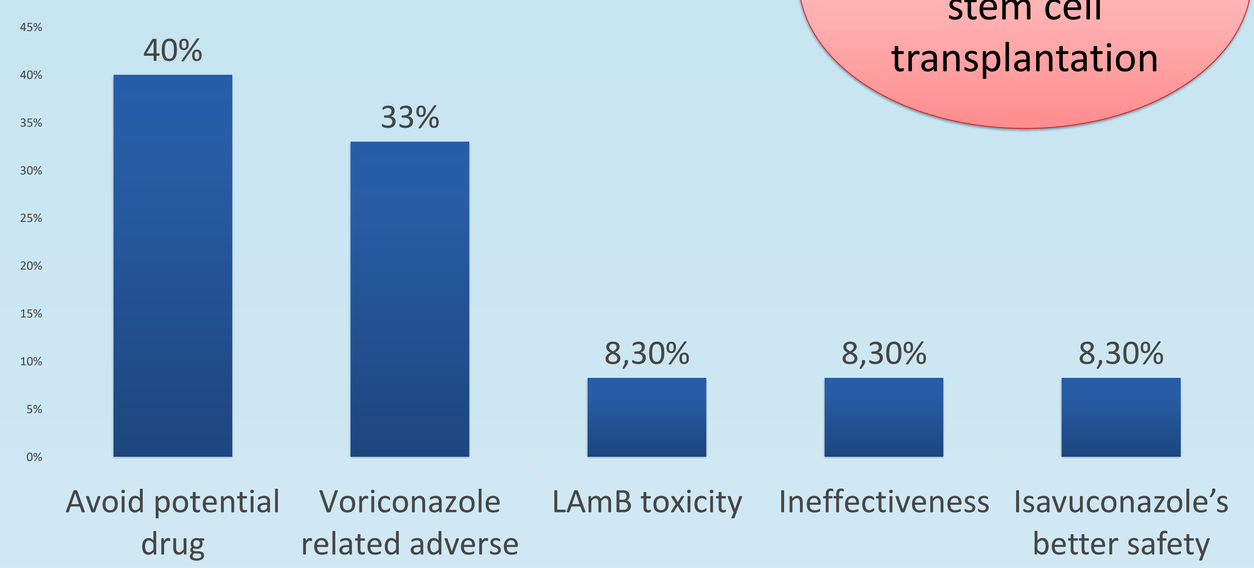
[1] Vertebral osteomielitis n =1

Diagnosis



81,8% haematopoietic stem cell transplantation

Reasons for drugs switching



- Hepatobiliary adverse effects were reported in 26.6% of patients and ocular toxicity in 6.7%.
- Regarding the efficacy of isavuconazole, 26.6% of patients died during treatment and only two patients were considered cured. At the time of data cut-off, only one patient was continuing treatment.

Conclusion and relevance

Among our population, ISA was a relatively effective and safe alternative, without relevant differences compared with VORI in terms of effectiveness, according to the SECURE pivotal study. A larger sample size would be necessary to verify these data.

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