



ESCMID Diagnostic & Management Guideline for Candida Diseases 2011

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Main Coordinator: Andrew J. Ullmann

ESCMID Diagnostic & Management Guideline for Candida Diseases 2011



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ESCMID FUNGAL INFECTION
STUDY GROUP

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Contact with other European Societies

- EORTC
- ESICM
- EBMT
- ECMIM

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EXPERT/AUTHOR-GROUP

Guideline-Coordinator

Coordinator Subgroup

Expert Group:

- Participation in preparation of draft on subtopics
- Will participate in the weekend working meeting
- Review final presentation and manuscript

Chosen by...

Representatives (EORTC; EBMT; ESICM, ECMM)

- Members of societies will review final manuscript
- If considered expert and representative as well, this person would count as "expert"

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ESCMID

Societies



Challenges

- Including diagnostic procedures
- How flexible is the guideline?
- Can it be adapted for local use?
- If the current guideline is making recommendations that differ significantly from those of previous guidelines on the same subject, the differences should be reconciled
- Guidelines should suggest areas for further study
- Independence

Working Modules



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Diagnostic procedures

ICU (medical & surgical)

Other non-immunocompromised
(medical & surgical)

Other immunocompromised
situations

Pediatrics

PICU

Haematology/Oncology

HIV/AIDS

**bringing groups
together**

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Working Modules



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Diagnostic procedures

ICU (medical & surgical), other
non-immunocompromised
(medical & surgical), other
immunocompromised situations

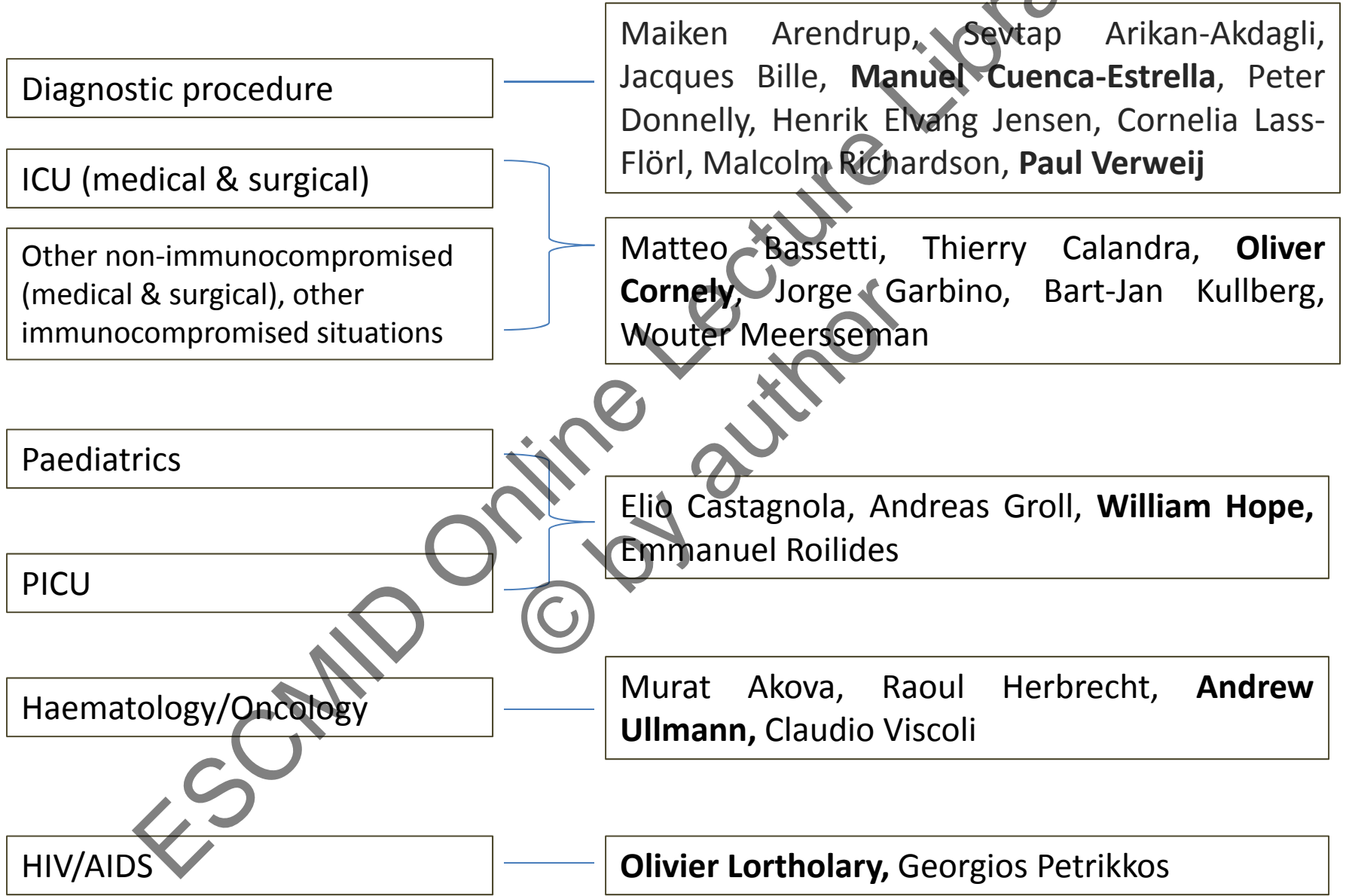
Paediatrics & PICU

Haematology/Oncology

HIV/AIDS

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Working Modules



bold: working module(s) coordinators



Working Module

Diagnostic procedures

Which diagnostic procedures to use and how to interpret the results?

- a) Importance of physical examination including imaging
- b) Sampling issues
 - a. Conventional
 - b. Non-conventional diagnostic procedures:
 - i. Serology (antigen assay)
 - ii. Molecular-based analysis
- c) Interpretation of results
 - a. Role of susceptibility testing for treatment decisions
 - b. Need for species identification & susceptibility: when?
- d) Imaging/bioimaging
- e) Defining disease/failure/success (also a question for the other groups)

Hematology/Oncology	Pediatrics	PICU
ICU (medical & surgical), “normal host”	HIV/AIDS	Other immunocompromised situations

- When is prophylaxis indicated? Which agents?
- When is empiric or pre-emptive therapy indicated? Which agents?
- Which antifungal agent(s) is(are) needed for targeted treatment (treatment duration and various host factors will need special attention)?
 - a) Candidaemia
 - b) Invasive candidiasis
 - Special attention is required on the location of disease
 - c) Chronic disseminated candidiasis (if applicable)
 - d) Mucosal candidiasis
- Consider miscellaneous issues (not exclusive):
 - a) Biofilm formation issues on CVC and other hardware
 - b) Granulocyte transfusions, cytokine treatment
 - c) How to treat during renal failure
 - d) How to treat during hepatic failure

Strength of the EFISG Recommendation by Quality of Evidence

Two Parts:

- Strength of recommendation
- Quality of Evidence

Strength of recommendation

Grade A	ESCMID (fungal infection study group) strongly supports a recommendation for use
Grade B	ESCMID (fungal infection study group) moderately supports a recommendation for use
Grade C	ESCMID (fungal infection study group) marginally supports a recommendation for use
Grade D	ESCMID (fungal infection study group) supports a recommendation against use

Strength of the EFISG Recommendation by Quality of Evidence

Quality of evidence

- Level I Evidence from at least 1 properly designed randomized, controlled trial
- Level II* Evidence from at least 1 well-designed clinical trial, without randomization; from cohort or case-controlled analytic studies (preferably from >1 centre); from multiple time series; or from dramatic results of uncontrolled experiments
- Level III Evidence from opinions of respected authorities, based on clinical experience, descriptive case studies, or reports of expert committees

*: added index:

- r: meta-analysis (or systematic review of RCT);
- t: transferred evidence i.e. results from different patients' cohorts, or similar immune-status situation;
- h: comparator group: historical control;
- u: uncontrolled trials
- a: for published abstract (presented at an international symposium or meeting)



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Consensus

- Meetings in
 - Vienna April 2010 (ECCMID)
 - Mainz December 2010
 - Frankfurt January 2011
- Electronic communication
- FTP-Server
- Telephone Conferences

SUMMARY

- Emerging number of mainly treatment guidelines worldwide.
- Not homogeneous
 - Quality (EBM)
 - Ranking of recommendation
 - Selection/review process
- One umbrella in different regions of the world
 - North America
 - Europe
 - Asia
 - Australia
 - ESCMID: real independent European Guidelines
- Our guidelines:
 - Independence
 - Including diagnostic procedures
 - Including various European experts in the field
 - Different grading system
 - Will be well available (incl. online access)
- Local guidelines (by country) need to be adapted:
 - Costs



ESCMID diagnostic & management guideline for *Candida* diseases 2011

Chairs:

Andrew J. Ullmann/Mainz, Germany, Manuel Cuenca-Estrella/Madrid, Spain

Development of the guideline (5 min)
Diagnostic procedures (25 min)
Manuel Cuenca-Estrella/Madrid, Spain
Treatment in ICU and others (25 min)
Oliver A. Cornely/Köln, Germany
Treatment in Paediatrics (25 min)
Emmanuel Roilides/Thessaloniki Greece
Treatment in HIV/AIDS (10 min)
Olivier Lortholary/Paris, France
Treatment in Haematology/Oncology (20 min)
Andrew J. Ullmann/Mainz, Germany