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Clinical outcomes in patients with chronic pulmonary aspergillosis following discontinuation of therapy

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Background: The sensitivity of the St. George's Respiratory Questionnaire (SGRQ) score to determine improvement or deterioration in chronic pulmonary aspergillosis (CPA) patients has been validated. The aim of this study was to evaluate the clinical outcomes following discontinuation of therapy in patient with CPA

Material/methods: We performed a retrospective audit. We evaluated quality of life, weight, and *Aspergillus*-specific IgG to assess clinical outcome. Assessment was based on the duration the patients were off therapy and indication for discontinuation of therapy. Kaplan-Meier survival models were used for both survival and quality of life change over time on St. George's Respiratory Questionnaire (SGRQ) score (1-100, high = worse).

Results: Forty-eight (48) patients were recruited in this audit, 26 (54%) of whom were males with a median (range) age of 63 (33-89) years. Their end of therapy SGRQ was 60.3 points and *Aspergillus* IgG titre 276mg/L. Twenty-eight (58 %) had to discontinue therapy due to adverse events, 15 (31%) due to antifungal resistance and 5 (10%) had both. Eighteen (38%) of our patients had an increase of $\geq 4/100$ unit in their SGRQ scores over the 12 months, with 7 (15%) of the patients having marked deterioration ($\geq 12/100$ increase) indicative of relapse following discontinuation of therapy. The most severe clinical deteriorations were seen within the first six months in 71% of the patients ($p=0.048$). Nine (20%) of the 45 patients who had their oral triazoles discontinued had at least a trial of an

intravenous antifungal during the 12 months of follow-up. Four (8%) patients died within 6 months after cessation of treatment.

Conclusions: Discontinuation of therapy is associated with reduced quality of life. Clinical deterioration is more common within the first 6 months following discontinuation of therapy