

Session: P083 Antifungal drugs and treatment I

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## Modifications of triazole therapy and clinical outcomes in chronic pulmonary aspergillosis

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**Background:** Long-term oral triazole therapy is the mainstay of medical management of chronic pulmonary aspergillosis (CPA).

**Material/methods:** We retrospectively evaluated the 12-month quality of life, weight and serological outcomes by initial, prior and subsequent antifungal therapy in patients with CPA referred to the National Aspergillosis Centre (NAC), Manchester, UK. Two hundred and twenty three (223) CPA patients referred from April 2013 to March 2015 were recruited, 206 patients had sufficient data for analysis.

**Results:** One hundred and forty two (69%) patients were referred before initiation of any antifungal therapy. Of these 142 patients, 132 were initiated on antifungal therapy at NAC: 104 (79%) on itraconazole and 28 (21%) on voriconazole. Forty-eight (46%) of the 104 patients on itraconazole stayed on therapy for 12 months, 33 (32%) changed therapy and it was discontinued in 23 (22%) patients. Fifteen (54%) of the 28 patients were on voriconazole therapy for 12 months, 7 (25%) patients changed therapy and it was discontinued in 6 (21%) patients.

Patients who discontinued itraconazole or voriconazole had a worsening of St. George's Respiratory Questionnaire (SGRQ) score of +2.4/100 and +0.7/100, compared with those who continued for 12 months, who had a mean improvement of -7.2/100 and -6.9/100 respectively.

Those patients who discontinued itraconazole or voriconazole had a weight gain of 2.1 Kg or loss of 2.7 Kg, compared with those who continued for 12 months, who had a weight gain of 4.4 Kg or loss of 2.2 Kg respectively.

Patients who discontinued itraconazole or voriconazole had a mean fall in Aspergillus IgG titre of 56.8 and 130.5mg/L, compared with those who continued for 12 months, who had a mean fall of 81.0 and 12.6mg/L respectively.

Overall 12 months survival for all patients was 94%. Six (5%) of the 132 patients who were started on therapy died before the end of the 12 months; 3 were on itraconazole and 3 on voriconazole. No statistical difference was noted between patients commenced on itraconazole or voriconazole (log-rank  $p=0.077$ ) and patients who were commenced on treatment from NAC or referred in already on antifungal treatment (log-rank  $p=0.180$ ).

**Conclusions:** Overall better outcomes in those who stayed on itraconazole for 12 months. An acceptable decline in SGRQ score, weight gain, decline in Aspergillus-specific IgG levels. In contrast there was a less satisfactory initial decline in IgG, and weight loss on therapy in the voriconazole group. These findings may be attributed to fewer patients initiated on voriconazole compared to itraconazole, sicker patients in the voriconazole group, or to voriconazole toxicity.