

Introduction

- Disease recurrence is very common in chronic pulmonary aspergillosis (CPA) following discontinuation of treatment.
- A 41% recurrence rate has been reported following discontinuation of itraconazole therapy¹, 17% after discontinuation of voriconazole² and 26% after surgical resections³.
- The sensitivity of the St. George's Respiratory Questionnaire (SGRQ) score to determine improvement or deterioration in CPA patients has been validated⁴.
- The aim of this study was to evaluate the clinical outcomes following discontinuation of therapy in patient with CPA.

Methods

- We performed a retrospective audit evaluating the 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 mean 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 >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.
- 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.

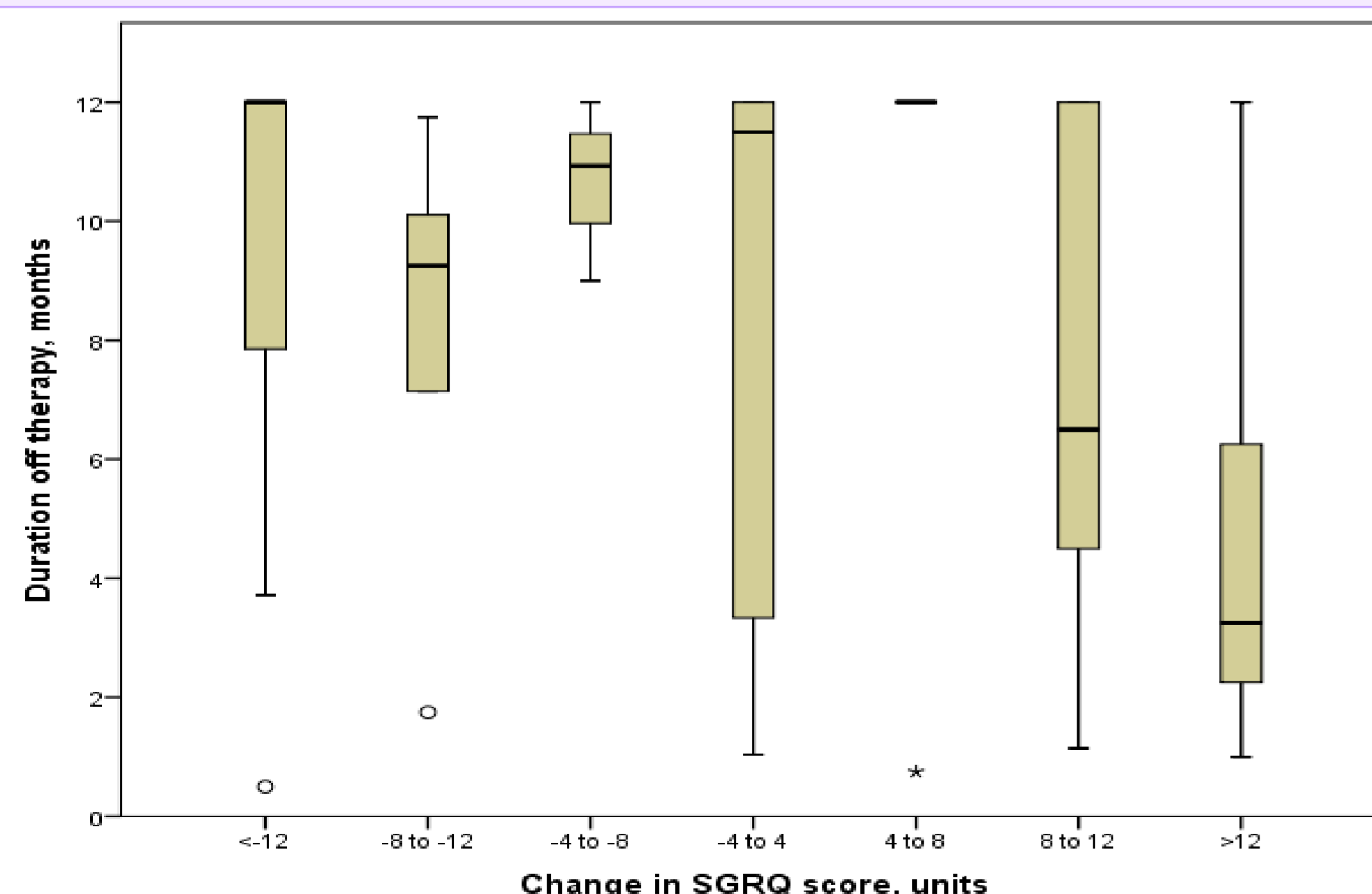


Figure 1: Change in SGRQ quality of life score following discontinuation of therapy.

- The most severe clinical deteriorations were seen within the first six months in 71% of the patients ($p=0.048$).
- Patients with moderate and severe deterioration were re-initiated on therapy at a median duration of 6.5 and 3.3 months respectively, compared to the rest of the patients who were off therapy for more a median duration 10 months or more.

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

References

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4. Al-Shair, K. et al., 2013. Validity and reliability of the St. George's respiratory questionnaire in assessing health status in patients with chronic pulmonary aspergillosis. *Chest*, 144(2), pp.623–631