

Introduction

- Long-term oral triazole therapy is the mainstay of medical management of chronic pulmonary aspergillosis (CPA)¹.
- The aim of this study was to evaluate the 12 month quality of life (QoL), weight and serological (*Aspergillus* IgG) outcomes by initial, prior and subsequent antifungal therapy in patients with CPA over 24 months

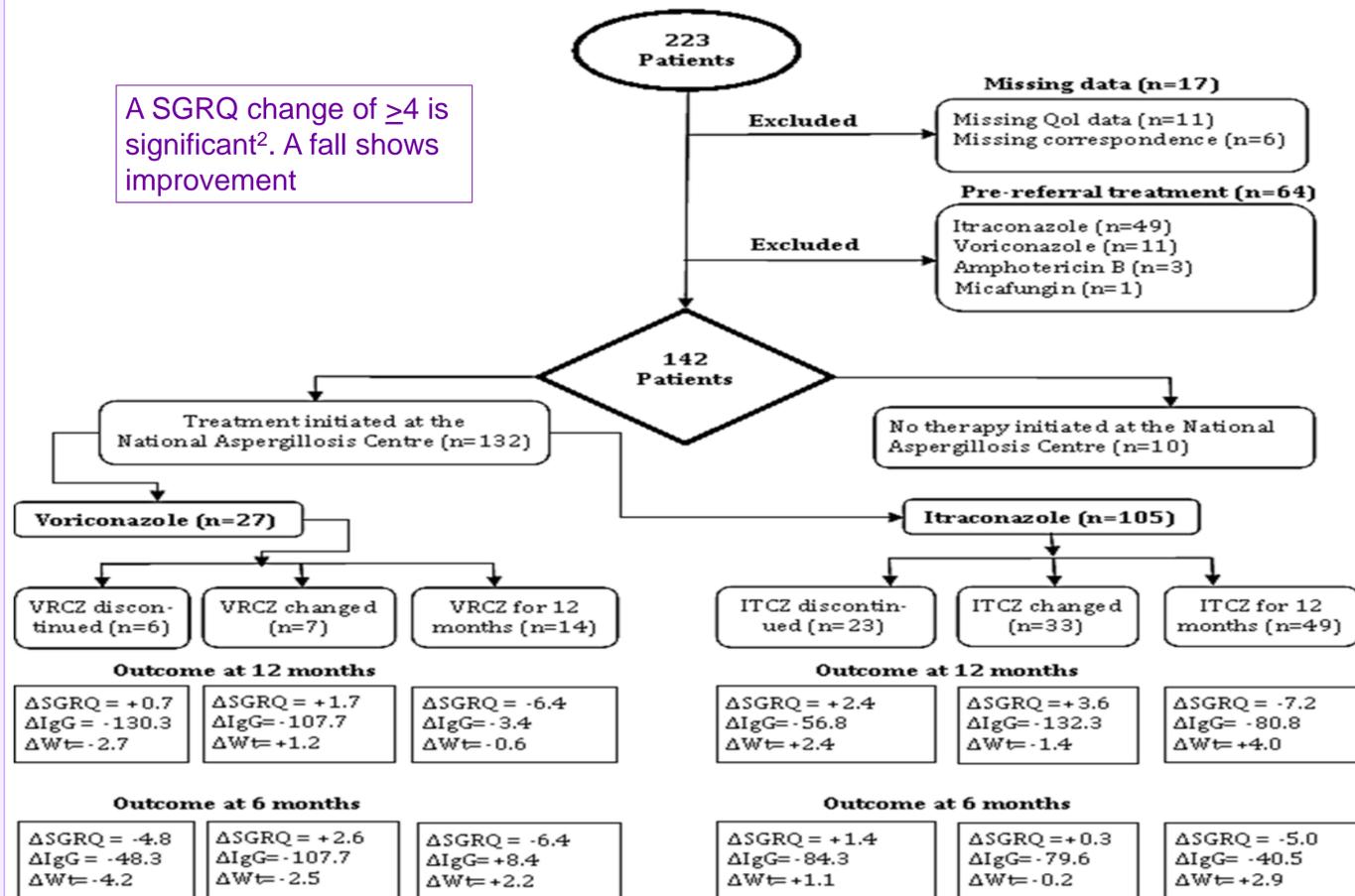


Figure 1: Clinical outcomes of CPA patients at 6 and 12 months.

- 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 after 12 months.
- Those patients who discontinued itraconazole or voriconazole had a weight gain of 2.4 Kg or loss of 2.7 Kg, compared with those who continued for 12 months, who had a weight gain of 4.0 Kg or loss of 0.6 Kg respectively after 12 months.
- Patients who discontinued itraconazole or voriconazole had a mean fall in *Aspergillus* IgG titre of 56.8 and 130.3mg/L, compared with those who continued for 12 months, who had a mean fall of 80.8 and 3.4mg/L respectively

Patients & Methods

- We retrospectively evaluated data of 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.
- 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.

References

- Denning, D.W. et al., 2016. Chronic pulmonary aspergillosis: Rationale and clinical guidelines for diagnosis and management. *European Respiratory Journal*, 47(1), pp.45–68.
- Jones, P.W., 2002. Interpreting thresholds for a clinically significant change in health status in asthma and COPD. *European Respiratory Journal*, 19(3), pp.398–404.