

P0298 **Real life use of isavuconazole**

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**Background:** Isavuconazole (ISV) is approved for treatment of invasive aspergillosis and mucormycosis but there is a lack of post-registration data regarding safety and effectiveness. Due to its favorable pharmacological and adverse effect profile, ISV was specially used in our center in patients with other azoles or amphotericin B intolerance or in recent solid organ transplant patients with anticalcineurins- voriconazole drug-drug interaction. We report our experience using ISV in these specific populations.

**Materials/methods:** From August 2015 to November 2017, ISV was used for treatment of invasive fungal infections (IFI) in 38 patients. The EORTC/MSG criteria were used to classify proven or probable IFI. Therapeutic drug monitoring of ISV was performed by routine laboratory methods.

**Results:** Most patients were males (69%) and the median age was 54 years (4-80 years). ISV was used for treatment of aspergillosis in 30 patients and mucormycosis in 8 patients (21%). Eight patients (21%) had a proven IFI diagnosis. Most patients had hematologic malignancies (n=23, 60%), 6 patients had chronic pulmonary disease (16%) and 4 were transplant recipients (14%). The adverse effects leading to the ISV switch were renal impairment (n=13, 34%), anticalcineurins-other azole drug-drug interaction (n=8, 21%), elevated transaminases (n=4, 10%), dermal photosensitivity (n=3, 11%), neurovisual toxicity (n=2, 5%) and other antifungal toxicity in 4 patients (10%). ISV was associated with liposomal amphotericin B in 2 patients (5%) and used alone after initial liposomal amphotericin B therapy in 2 patients (5%) with mucormycosis. One patient developed transient cytopenia during ISV treatment. ISV was used for a median 8-week duration. The all-cause mortality rate 6 months after diagnosis was 37%.

**Conclusions:** Our early clinical experience indicates that ISV is a well-tolerated and effective antifungal alternative for the treatment of IFI in patients with intolerance to amphotericin B or other broad-spectrum azoles.