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P2364 Evolution of epidemiology, diagnosis, treatment and prognosis of hepatosplenic candidiasis (HSC) in patients with haematological malignancy diagnosed at Saint Louis Hospital, France during the 2000-2007 and 2008-2016 periods

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Background: A previous French study from Saint Louis and Necker hospitals during the 2000-2007 period reported 24 patients with haematological malignancy and HSC; most cases had Acute Myeloid Leukemia (AML) and none were on antifungal prophylaxis (N de Castro et al, CMI 2012). The aim of our study was to compare the epidemiology and evolution of HSC in Saint Louis Hospital between the first period and the 2008-2016 period.

Materials/methods: All patients with a HSC during the 2008-2016 period were included. Data on haematologic disease, HSC diagnosis, treatment, evolution were collected and validated HSC were classified as proven/probable/possible HSC according to the (EORTC/MSG) definitions.

Results: An HSC was diagnosed in 38 patients, with 23% proven, 21% probable, 55% possible HSC. Only 37% had AML, 32% had lymphomas, 21% had Acute Lymphoblastic Leukemia (LAL),10% other. Nine HSC occured after autologous stem cell transplantation. Candida colonization was present in 82% cases (>1 Candida species in 50%, 82% of *C. albicans*, 23 % *C. glabrata),* previous candidemia occurred in 39% of cases. B D glucan was + in 77% cases. Fourty five % of biopsy performed were contributive. Radiologic diagnosis was mostly by CT scan (73%), 23 FDG-PET were available at diagnosis or during follow up. First line antifungal therapy was azoles in 72%, caspofungin in 25%, with steroids association in 50% of cases. Delayed chemotherapy occured in only 7 (19%) patients. Three months response to antifungal therapy was 94%, 27 (70%) were in remission of hematologic diseases at last follow up.

In comparison with the 1st period, there was a significant change in haematologic setting of HSC with a majority of « lymphoid lineage » (p= 0.03). Despite less delayed chemotherapy (p<0.001), overall survival did not differ between the 2 periods.

Conclusions: In our study, epidemiology of CHS changed in the last decade with less cases occuring in AML setting, probably due to antifungal prophylaxis, and more with LAL and lymphomas, and

surprisingly after autologous stem cell transplantation. One year mortality remains over 30%. Better defining group at risks could lead to specific prophylaxis and probably improve prognosis.