**INTRODUCTION**

- Invasive mold infections have increased in recent decades, and those caused by Aspergillus fumigatus are the most common. The mortality rate of these infections is very high and is mainly determined by patient risk factors; however, other issues, such as the infection being caused by a resistant strain, can increase mortality.
- The use of antifungals in prophylaxis and the appearance of azole-resistant Aspergillus fumigatus have conditioned an epidemiological change that, together with the interactions of targeted therapies, has modified the management strategies of onco-hematological patients with invasive fungal infections (IFI).

**OBJECTIVE(S)**

- To know the strategies of clinicians in the management of IFI in onco-hematological patients and the role of guidelines and recommendations in decision-making.

**METHOD(S)**

- Cross-sectional multicenter survey with hematological or infectious diseases specialists, belonging to Spanish hospitals and experienced in treating IFI. Data collection was carried out through an electronic platform in February 2022. The survey questionnaire consisted of 12 questions. Each question had 4 closed answers and in most of them multiple answers were possible (1,2,5,7,12) (Table 1).

**RESULT(S)**

- **55** experts from a total of 131 hospitals completed the survey. Thirty-one out of 17 Spanish regions participated in the survey. Sixty-four percent of the participants were hematologists, and the remaining 36% were infectious disease specialists. Almost 4/5 experts (78%) treated the adult population, compared to 22% who were specialists in the pediatric population. The average experience of the experts’ participants was 21 years.

- **Based on the latest epidemiological studies**, 63.6% of participants indicated that there has been an increase in Aspergillus resistance to antifungal treatments.
- The possible coexistence of mixed infection (resistant/susceptible Aspergillus) was concerned to 100% of experts.
- **For 74.5% of participants** these resistances in onco-hematological patients are mainly clinical manifestations, compared to 25.5% mainly due to the emergence of new antifungals.
- **In the case of suspected resistance** in a patient being treated for aspergillosis, 82% of surveyed professionals would change the antifungal drug family to another broad-spectrum antifungal therapy (with one or two drugs).

- **When the percentage of A. fumigatus against an azole is 20%**
  - An 87% indicated that a change should be made in the choice of early treatment.

- **In case of persistent febrile neutropenia (5 days)**
  - 91% of surveyed professionals indicated that they would perform early treatment (even in presence of non-specific or absence of lung infiltrates in CT-SCAN).

- **Regarding breakthrough IFI**
  - 65% indicated an increase in the incidence of Mycosalces and 65% that proven IFI were usually resistant to previously administered antifungals.
  - For antifungals failing to reach levels during the first days and suspected invasive aspergillosis, the most appropriate strategy for 82% would be to associate it to an antifungal from another family.

**RESULT(S)**

- **Respect a possible interaction of targeted therapy drugs (midostaurin or venetoclax) with antifungal agents, as antifungal prophylaxis**
  - 40% would use broad-spectrum azoles
  - 38% would use echinocandins

- **In the case of using echinocandins as prophylaxis and development of suspected breakthrough IFI**
  - 67% would administer liposomal amphotericin B.

**CONCLUSION(S)**

- The present study shows that a high percentage of clinicians implicated in the management of onco-hematological patients follow the recommendations of the national and international guidelines. Most of the experts agree on:
  - If resistance of Aspergillus to azoles is suspected, switching to another broad-spectrum antifungal would be the best option.
  - Early treatment is the best option in case of persistent febrile neutropenia (even in the presence of non-specific or absence of lung infiltrates in CT-SCAN).
  - For antifungals failing to reach levels during the first days and suspected invasive aspergillosis, the most appropriate strategy would be to associate it to an antifungal from another family.
  - Broad-spectrum azoles and echinocandins would be a choice as prophylaxis in patients receiving new targeted therapies. Liposomal amphotericin B was the preferred option after prophylaxis with echinocandins.

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**REFERENCES**


**CONTACT INFORMATION AND DISCLAIMER**

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