

RGH Pharmacy E-Bulletin

Volume 31 (12): October 13, 2008

A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

Editor: Assoc. Prof. Chris Alderman, University of South Australia – Director of Pharmacy, RGH
© Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia 5041

Guidelines for use of antifungals in haematology/oncology

Invasive fungal infections (IFIs) are important causes of mortality and morbidity among immunosuppressed patients with cancer undergoing chemotherapy and among haematopoietic stem cell transplant recipients. Improvements in diagnostic methods and an increase in awareness and understanding of IFIs have resulted in advances in therapeutics and improvement in patient management.

Antifungal treatment is complex and optimal use of antifungal agents requires guidance from specialised consensus guidelines based on current clinical evidence and expert opinions. The Australian National Antifungal Guidelines were first developed by the Mycoses Interest Group of Australasian Society for Infectious Diseases (ASID) in 2004, in response to the high cost of amphotericin lipid products. The aim was to provide consensus guidelines on therapy selection to optimise management of immunosuppressed patients with invasive fungal infections. The guidelines focused on the most commonly occurring fungal infections due to yeasts and moulds in adult haematology and oncology patients, mainly providing a list of treatment options for various proven invasive fungal infections.

The Australian National Antifungal Guidelines have been widely used and adapted throughout Australasia and have recently undergone major review and updates. The updated guidelines have been published: Internal Medicine Journal 2008; 38: 457-541. The guidelines now incorporate new treatment options and various other information that will be useful for clinicians.

As part of the process of updating the Antifungal Treatment Guidelines (with a view to a more transparent writing process and wider consultation prior to publication) various working groups were formed, and these included representatives from haematology, infectious diseases, microbiology and pharmacy. The groups reviewed literature and formulated evidence-based guidelines on antifungal therapy.

While the previous guidelines focused largely on general treatment of suspected and proven fungal infections, the updated guidelines have included all areas of antifungal therapy including prophylaxis, empirical treatment and treatment of proven fungal infections in difficult sites such as CNS and eye. The guidelines have adopted a specific patient risk stratification tool, helping clinicians to follow various clinical pathways according to the patient's individual risk of fungal infection. Furthermore, issues on infection control, non-culture based diagnostic methods, drug-drug interactions, drug toxicity and the role of therapeutic drug monitoring were also discussed in detail in the updated guidelines.

While the Antifungal Guidelines for immunosuppressed patients provide a general framework for best practice, local fungal epidemiology and the incidence of IFI in different institutions must be taken into account when the guidelines are implemented.

Acknowledgment – This E-Bulletin is based on work by Jody Kwok-Pui Chu, Senior Pharmacist, , RGH

FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
Information in this E-Bulletin is derived from critical analysis of available evidence – individual clinical circumstances should be considered when making treatment decisions. You are welcome to forward this E-bulletin by email to others you might feel would be interested, or to print the E-Bulletin for wider distribution. Reproduction of this material is permissible for purposes of individual study or research.