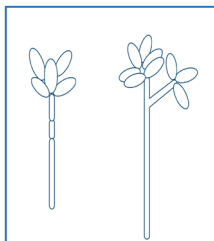


EQUAL Scedosporiosis/Lomentosporiosis Score 2021: An ECMM Score Derived From Current Guidelines to Measure **QUAL**ity of the Clinical Management of Scedosporiosis/Lomentosporiosis

Jannik Stemler^{1,2,3}, Michaela Lackner⁴, Sharon Chen⁵, Martin
Hoeningl^{6,7,8}, Oliver A. Cornely^{1,2,3}

¹University of Cologne, Department I of Internal Medicine, Excellence Center for Medical Mycology (ECMM), Cologne, Germany; ²University of Cologne, Chair Translational Research, Cologne Excellence Cluster on Cellular Stress Responses in Aging-Associated Diseases (CECAD), Cologne, Germany; ³University of Cologne, Clinical Trials Centre Cologne (ZKS Köln), Cologne, Germany; ⁴Department of Hygiene, Medical Microbiology and Public Health, Medical University Innsbruck, Innsbruck, Austria; ⁵Institute of Clinical Pathology and Medical Research, Westmead Hospital and the University of Sydney, Sydney, Australia; ⁶Division of Infectious Diseases and Global Public Health, University of California San Diego, San Diego, USA; ⁷Clinical and Translational Fungal-Working Group, University of California San Diego, San Diego, USA; ⁸Division of Infectious Diseases, Medical University of Graz, Graz, Austria.



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Background

The EQUAL Scedosporiosis/Lomentosporiosis Score weights and aggregates factors for ideal management of scedosporiosis and lomentosporiosis. Scores reflect the strongest guideline recommendations. EQUAL Score Cards are a quick reference to quantify guideline adherence and to support antifungal stewardship.

Maximum Score

	Scedosporiosis	Lomentosporiosis
Diagnosis		18
Treatment		9
If voriconazole is not used		6
First Line Treatment		3
Second Line Treatment / first line not available	1	2
Follow-up		4
Total	34 ¹	34 ²

Comment

- ¹ reduces to 29 points, if voriconazole is not used as first-line treatment
² reduces to 30 or 29 points, respectively, if voriconazole is used as monotherapy in first-line treatment or if other antifungals are used

References

Stemler et al. J Antimicrob Chemother 2021
Hoeningl et al. The Lancet Infect Dis 2021
Shoham et al. Clin Transplant 2019

Blyth et al. Intern Med J 2014
Tortorano et al. Clin Microbiol Infect 2014



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EQUAL Scedosporiosis/Lomentosporiosis Score 2021

Diagnosis¹

- Imaging incl. CNS to document the extent of disease
- ID and/or mycological reference laboratory consultation

2

3

Infected tissue(s) or body fluids:

- Culture from BAL or any other tissue/fluid² (morphology, physiology)
- Direct microscopic examination with calcofluor white staining
- Blood cultures (to rule out hematogenous dissemination)
- Species complex/species identification (morphology, ITS-1/2)
- Further molecular and/or proteomic analysis of clinical specimens or cultures (MALDI-TOF, β -tubulin sequencing, pan-fungal PCRs)
- Histopathological examination of biopsy (Grocott's/PAS stain)
- Antifungal susceptibility testing

3

2

2

1

1

3

1

Treatment

- Immediate treatment initiation
- Surgical debridement of suspected infected sites (if possible)

3

3

Scedosporium (apiospermum):

- Voriconazole-based therapeutic regimen (d1: 2x 6mg/kg/d; from d2: 2x 4mg/kg/d)
- Isavuconazole or posaconazole based treatments
- Amphotericin B (liposomal or lipid complex) monotherapy

3

1

-1

Lomentospora (prolificans):

- Voriconazole + terbinafine 500-1000 mg/d \pm other antifungals
- Voriconazole monotherapy
- Isavuconazole or posaconazole in combination with other antifungals
- Amphotericin B (liposomal or lipid complex) monotherapy

3

2

1

-1

- Therapeutic drug monitoring for voriconazole

3

Follow-up

- Weekly response assessment via imaging of infected body site
- Consider reducing immunosuppression

2

2

¹ Consider mould active antifungal prophylaxis in patients with neutropenia >10d or allo HSCT and recipients of donor lungs colonized with *Scedosporium* spp. or *Lomentospora* spp.

² Respiratory samples from CF patients: SceSel+ medium, incubation time min. 7 days up to 14 days.