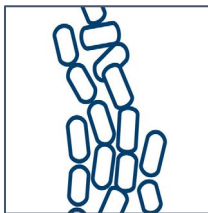


EQUAL *Trichosporon* Score 2022: An ECMM Score to measure **QUAL**ity of the clinical management of invasive *Trichosporon* infections

Rosanne Sprute^{1,2,3}, Ullrich Bethe^{1,2}, Sharon C.-A. Chen^{4,5},
Oliver A. Cornely^{1,2,3,6,7}

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; ³German Centre for Infection Research (DZIF), Partner Site Bonn-Cologne, Cologne, Germany; ⁴Centre for Infectious Diseases and Microbiology Laboratory Services, Institute of Clinical Pathology and Medical Research, New South Wales Health Pathology, Westmead, Sydney, Australia; ⁵Centre for Infectious Diseases and Microbiology, Westmead Hospital, The University of Sydney, Sydney, Australia; ⁶University of Cologne, Faculty of Medicine and University Hospital Cologne, Clinical Trials Centre Cologne (ZKS Köln), Cologne, Germany; ⁷University of Cologne, Faculty of Medicine and University Hospital MC, Cologne, Germany.



DOI: 10.4126/FRL01-006434017
July 2022

Background

The EQUAL *Trichosporon* Score weights and aggregates factors for ideal management of invasive trichosporon infections. Scores reflect the strongest guideline recommendations. EQUAL Score Cards reflect the strongest recommendations from current guidelines. The Score Cards are a quick reference to measure guideline adherence and to support antifungal stewardship.

Maximum Score

	Without organ involvement	With organ involvement
Diagnosis	18	21
Treatment		
First-line Treatment	10	12
Second-line Treatment (if uncontrolled disease)	11	13
Follow-up	3	5
Total	31 ¹	38 ²

Comments

¹ 32 in second-line treatment

² 39 in second-line treatment

References

Chen et al. *Lancet Infect Dis* 2021



EQUAL *Trichosporon* Score 2022

Diagnosis	Imaging incl. CNS to document the extent of disease	2
	ID and/or mycological reference laboratory consultation	3
	Direct microscopy including Gram stain of clinical samples	3
	Culture from blood, other sterile fluid, or tissue + urease test	3
	Identification to species level by PCR (IGS1 sequencing)	3
	Identification to species level by MALDI-TOF MS	2
	Antifungal susceptibility testing	2
	<u>Organ involvement</u>	
Histopathology of affected tissue using fungal stains	3	
Treatment	Immediate treatment initiation	2
	Consider source control, e.g., catheter removal	2
	<u>1st line treatment</u>	
	Triazole monotherapy: Voriconazole, posaconazole in BT-IFI on voriconazole ¹	3
	Echinocandin monotherapy	-1
	Therapeutic drug monitoring, if azole treatment	1
	2-week treatment if fungemia only, ≥4 weeks if organ involvement	2
	<u>Organ involvement</u>	
	Surgical debridement of infected body sites, if applicable	2
	<u>2nd line treatment (if uncontrolled disease)</u>	
Concomitant therapy with triazole and polyene	1	
Follow-up	Blood cultures until negative on 3 consecutive days	3
	<u>Organ involvement</u>	
	Imaging of infected body sites: Weekly in acute disease, monthly in chronic disease	2

¹ 6 mg/kg IV q12h on Day 1; then 4 mg/kg IV q12h for voriconazole OR 300 mg PO q12h on Day 1, then 300 mg PO q24h for posaconazole.