EQUAL Cryptococcosis Score 2018: A <u>E</u>uropean Confederation of Medical Mycology (ECMM) score derived from current guidelines to measure <u>QUAL</u>ity of clinical cryptococcosis management

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Background

The EQUAL Cryptococcosis Score weighs and aggregates factors for ideal management of cryptococcal infection. EQUAL Scores reflect the strongest recommendations from current guidelines. The Score Cards are a quick reference to measure guideline adherence and to support antifungal stewardship.

		Mild-moderate disease, non- CNS or localized			Moderately severe-severe, CNS or disseminated		
		Maximum score	Diagnosis	Therapy	Maximum score	Diagnosis	Therapy
Diagnosis		6			13	-4	-9
Management	Antifungal	3	-3	-2	9		-5
	Immuno- modulation			-5			
	ID consult	2					-7
	Follow-up			-1	2		-5
Total		11	8	0	24	20	0

Comments

 HIV infected individuals with CD4 ≤100 cells/µL should be screened prior to ART initiation or re-initiation with serum CrAg, regardless of clinical manifestations, who live in high prevalence areas with cryptococcal antigenaemia (i.e. >3%).

- All patients with disseminated disease or underlying immunosuppression and positive blood culture, serum CrAg or tissue biopsy) should get LP, even if asymptomatic.
- 3. One week of AmB plus 5-FC is acceptable if no better alternative available.
- 4. Non-transplant, Non-HIV patients and pregnant women may require at least 4 weeks of induction therapy.
- 6 weeks induction therapy in the presence of cryptococcoma, neurological complications (e.g. deterioration, persistent coma or seizures), severe uncorrected immunosuppression or positive fungal CSF culture at the end of 2 weeks of treatment.
- If there is intracranial hypertension ≥25 cmH₂O, decrease until ≤20 cmH₂O or reduction of opening pressure by 50%. Therapeutic lumbar drainage should be repeated daily in the setting of clinical symptoms and persistent pressure elevations ≥25 cm of CSF until stabilized for >2 days There is no data on the maximum volume of CSF that can be safely drained during LP.

References

1. Spec A, Mejia-Chew C, Powderly WG, Cornely OA. EQUAL Cryptococcus Score 2018: A European Confederation of Medical Mycology Score Derived From Current Guidelines to Measure QUALity of Clinical Cryptococcosis Management. *Open Forum Infect Dis.* 2018; 5(11): ofy299.

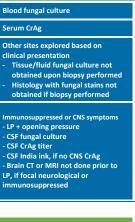


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EQUAL Cryptococcosis Score 2018



Mild-moderate, localized or non-CNS

Treatment

Diagnosis

- 1st line: Fluconazole for 6-12 mo - 2nd Line: Another azole f<u>or 6-12</u>

BAL/biopsy sent for fungal culture

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- Any azole for <6 months

Pulmonary symptoms

- If bronchoscopy done, no



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Freatment

- LFAmB + 5-FC for ≥2 wks OR
- AmBD + 5-FC for ≥2 wks OR
- LFAmB for 4-6 wks OR
- LFAmB + fluconazole for 2 wks OR

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- Fluconazole +/- 5-FC for 6 wks
- 2. Consolidation - Fluconazole for ≥8 wks OR
- Other azole for 10-12 wks
- 3. Maintenance
- Fluconazole for ≥12 months OR
 Itraconazole for ≥12 months OR
- AmBD 1mg/kg IV per wk
- No TDM If itraconazole is used

ICH management (CNS disease)

- No decompression LP OR no lumbar drain or no ventriculostomy OR VP shunt to maintain CSF pressure <20 cm H₂O

- Corticosteroids if no parenchymal edema

Acetazolamide

- Mannitol

