From Principle to Practice: A Case Series Workshop in Clinical Mycology

This CME/CE activity is based on a CME/CE symposium held during the
2009 BMT Tandem Meetings on February 14 in Tampa, Florida.

(Please print legibly)

First Name: _____ Middle: _____ Last Name: _____

Street: _____ City: _____

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Phone: _____ Fax: _____ Email: _____

TITLE: From Principle to Practice: A Case Series Workshop in Clinical Mycology

DATE: _____

To assist us in evaluating the effectiveness of the CNE activity and to make recommendations for future programs, please complete the evaluation form by circling the appropriate rating.

SESSION EVALUATION

KEY: 1 = NOT AT ALL 2 = LOW3 = MEDIUM 4 = HIGH

1. To what degree did you achieve the goal of this activity? 1 2 3 4

   The goal of this program is to further clinicians' knowledge of novel diagnostic techniques and therapeutic strategies for invasive fungal infections in hematopoietic stem cell transplant recipients.

2. To what degree did you achieve the following objectives?

Evaluate Strategies for the prevention and treatment of invasive fungal infections in HSCT patients	1	2	3	4
Discuss the importance of safe, appropriate use of antifungal agents in achieving optimal clinical outcomes.	1	2	3	4

3. How would you rate the teaching effectiveness of each presenter?
   (List each presenter.)

Thomas F Patterson	1	2	3	4
John R. Perfect	1	2	3	4

4. How useful will the information presented be to your practice? 1 2 3 4

   Were you notified of any commercial support, presenter/author financial relationships, and off-label/investigational use of products (if applicable) for this program? Yes No If no, please explain: _____

5. Did the program provide objective, complete, evidence-based information without expressing a professional preference for any one product or service? Yes No
   If no, please explain: _____

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Answer the following Questions to receive credit by circling the correct answer(s).

Aspergillosis: Early Diagnosis Equals Better Outcomes

Case #1

- 45-year-old male
- AML refractory to chemotherapy
- Allogeneic HSCT 2 months prior to presentation
- Complicated by GvHD requiring high-dose steroid therapy
- Presentation: fever, shortness of breath
- Evaluation: serum galactomannan, chest CT
- Chest CT results: nodular lesion with "halo" sign in RLL of lung
- Aspergillosis is suspected

6. What would the best treatment approach be?
   1. Start AmB deoxycholate therapy
   2. Start voriconazole therapy
   3. Start lipid AmB therapy at 10 mg/kg/d
   4. Start caspofungin therapy
   5. Start combination caspofungin + voriconazole therapy
   6. Withhold therapy pending diagnostic procedure

Antifungal Prophylaxis: Identifying Patients at Greatest Risk

Case #2

- 59-year-old male
- H/O MDS
- S/PMUD BMT on 6/08
- Complicated by acute GvHD but marrow resconstitution

– Steroids started 8/08 (prednisone 80 mg bid, slow taper)

- Admitted 11/08 after a routine chest film revealed RLL mass

– CT scan: "RLL nodule and a second 3 cm cavitary lesion adjacent to bronchus"

- Had been on fluconazole prophylaxis

7. What is the best approach to managing the patient?
   1. Start with empiric polyene antifungal therapy
   2. Broaden coverage with antibacterials with specific coverage for *Nocardia*
   3. Continue antifungal prophylaxis with change to posaconazole and obtain serum galactomannan
   4. Patients is completely asymptomatic from pulmonary lesion and thus continue present management
   5. Perform bronchoscopy for biopsy, culture, and BAL galactomannan

8. Preliminary Biopsy Report: Necrotic lung tissue with rare aseptate, ribbon-like fungal hyphae.What would your treatment approach be?
   1. Start AmB deoxycholate
   2. Start lipid formulation of AmB
   3. Start posaconazole
   4. Use combination therapy
   5. Start antifungals and surgically resect abscess cavity in lung

Drug Safety and Monitoring

- 55-year-old man
- 80 days post-allogeneic HSCT
- Extensive GvHD
- Renal failure on dialysis
- 1 month prior: empiric therapy with liposomal AmB
- 7 d prior: restarted on liposomal AmB for fever
- 3 day prior: switched to voriconazole 200 mg po bid

9. What is the most likely diagnosis?
   1. Fusariosis
   2. Zygomycosis (mucormycosis)
   3. Invasive aspergillosis
   4. Phaeohyphomycosis (black mold)
   5. Invasive candidiasis

10. Based on the materials presented, what would the best treatment approach?*
    1. Switch to posaconazole
    2. Switch to lipid AmB
    3. Switch to caspofungin
    4. Add liposomal AmB to voriconazole
    5. Increase does of oral voriconazole

REQUEST FOR CREDIT

To receive credit for this CNE activity, participants must complete the evaluation form and post program test; completed forms must be mailed or faxed to:

Syntaxx Communications, Inc,
Attn: Ross Davidson
305 West Country Drive
Duluth, GA 30097-5906
OR fax to: 1.866.248.9029

☐ Checking this box and signing below certifies that I finished the study: ***From Principle to Practice: A Case Series Workshop in Clinical Mycology,*** and have completed the course and learner evaluation form and am requesting 1.0 nursing contact hours.

Signature_____ **Date**_____

Statements of credit will mailed within 4-6 weeks. For questions/assistance, please contact Syntaxx Communications at: 1.866.248.7005

This continuing nursing education activity was approved by the Oncology Nursing Society, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.