

A Home Study based on the symposium, "From Principle to Practice: A Case Series Workshop in Clinical Mycology"

Presented in conjunction with the BMT Tandem Meetings February 14, 2009; Tampa Convention Center, Florida

First Name: _____ MI: _____ Last Name: _____
 (Please print legibly)

Street: _____	Postal Code: _____	City: _____
State/Province: _____	Country: _____	
Phone: _____	Fax: _____	Email: _____

Pharmacy Evaluation

KEY: 1=Not at all/ Disagree 2=Low/Somewhat disagree 3=Medium/Somewhat agree 4=High/Agree

LEARNING OBJECTIVES

1. Upon completion of this program, participants should be better able to: Disagree \longrightarrow Agree

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

SESSION EVALUATION

To assist us in evaluating the effectiveness of this CPE activity and to make recommendations for future programs, using the provided scale, please answer the following evaluation questions:

2. To what degree did you achieve the goal of this CPE activity? Not at All/Disagree \longrightarrow High/Agree

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.	1	2	3	4
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3. How would you rate the teaching effectiveness of each presenter? Not at all effective \longrightarrow Highly effective

Thomas F. Patterson, MD, FACP, FIDSA				
was an effective author	1	2	3	4
organized the material effectively	1	2	3	4
kept my attention	1	2	3	4
John R. Perfect, MD				
was an effective author	1	2	3	4
organized the material effectively	1	2	3	4
kept my attention	1	2	3	4

4. How useful will the information presented be to your practice? Not at all useful \longrightarrow Very Useful

The content presented will assist me in improving patient care	1	2	3	4
The content covered was useful and relevant	1	2	3	4

5. While participating in this home study, I felt the: Disagree \longrightarrow Agree

materials were clear and concise	1	2	3	4
authors provided information that will be useful in my practice	1	2	3	4
program provided objective, complete, evidence-based information without expressing professional preference for any one product or service	1	2	3	4
<i>(please state any perception of commercial bias, under "Other comments," below)</i>				

6. Other comments: _____

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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

1. 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

4. Patients is completely asymptomatic from pulmonary lesion and thus continue present management
5. Perform bronchoscopy for biopsy, culture, and BAL galactomannan

3. 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

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

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 reconstitution
- 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 cavitory lesion adjacent to bronchus"
- Had been on fluconazole prophylaxis

2. 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

FUTURE ACTIVITIES

1. Do you feel future activities on this subject matter are necessary and/or important to your practice? Yes No
2. Would you recommend this program to a colleague? Yes No
3. Do you feel that the learning assessment of this activity was appropriate? Yes No
4. Please list any other topics that would be of interest to you for future educational activities:

REQUEST FOR CREDIT

This form must be completed and emailed, mailed, or faxed to Syntaxx Communications, Inc for processing.

Syntaxx Communications, Inc,

Attn: Ross Davidson

305 West Country Drive

Duluth, GA 30097-5906

Email: rdavidson@syntaxxcomm.com

OR fax to: 1.866.248.9029

I have completed the home study, "From Principle to Practice: A Case Series: Workshop in Clinical Mycology" (UPN 299-999-09-901-H04-P) and am requesting 1.0 pharmacy contact hours (0.1 CEUs)

Signature _____ Date _____

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



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