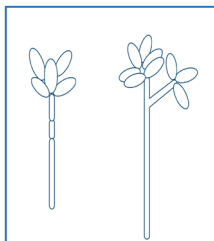


EQUAL Scedosporiosis/Lomentosporiosis Score 2021: An ECMM Score Derived From Current Guidelines to Measure **QUAL**ity of the Clinical Management of Scedosporiosis/Lomentosporiosis

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DOI: 10.4126/FRL01-006430114
November 2021

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 | 35 ² |

Comment

- reduces to 29 points, if voriconazole is not used as first-line treatment
- 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.