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FUNGAL PROPHYLAXIS: AN EVALUATION OF INVASIVE FUNGAL INFECTIONS IN RECIPIENTS OF ALLOGENEIC STEM CELL TRANSPLANT AND PATIENTS WITH ACUTE MYELOGENOUS LEUKEMIA. (A1) Minh dai Nguyen, Andrea Iannucci. UC Davis Health System, Sacramento, CA (minhdai.nguyen@ucdmc.ucdavis.edu) IRB approved

Recent trials suggest prophylaxis with mold-active triazole posaconazole may be superior to fluconazole in reducing incidences of invasive fungal infections for patients with prolonged treatment-induced neutropenia and recipients of hematopoietic stem cell transplant. On June of 2007, our institution switched from fluconazole to posaconazole for fungal prophylaxis for recipients of allogeneic stem cell transplant and patients receiving induction or re-induction chemotherapy for acute myelogenous leukemia. The objective of this study is to evaluate incidences and causative pathogens of invasive fungal infections before and after institutional implementation of posaconazole for fungal prophylaxis. Data was collected retrospectively by accessing electronic and paper medical records from patients admitted from June of 2006 through 2008 for allogeneic stem cell transplants or induction or re-induction chemotherapy for acute myelogenous leukemia. All patients received antifungal prophylaxis. Descriptive statistics, Fisher exact test and student t-tests were utilized in data analysis, where p-values of 0.05 or less were considered statistically significant. Preliminary data for patients who received

fluconazole prophylaxis show a 9% and 14% incidence of invasive fungal infections in acute myelogenous patients and allogeneic stem cell transplant recipients, respectively. Complete data and results will be discussed.