

## **LOW DOSE LIPOSOMAL AMPHOTERICIN IS EFFECTIVE IN FUNGAL PREVENTION IN ALLOGENEIC STEM CELL TRANSPLANT**

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Invasive fungal infections are a significant problem and still a major cause of mortality in the setting of severe neutropenia as seen in allogeneic stem cell transplant (SCT). Empiric use of amphotericin B deoxycholate is associated with as much as 80% nephrotoxicity in the allogeneic SCT setting. These high risk patients may develop fungal infections early in the course of neutropenia or in the setting of severe mucositis and waiting to start empiric broad spectrum may increase the risk of severe breakthrough fungal infections. We report data from 2 institutions using low dose Liposomal amphotericin (LA) (AmBisome™) to prevent fungal infections in these high-risk patients. At one institution, 90 SCT patients were treated with fluconazole as prophylaxis and then switched to LA at 1 mg/kg/day as pre-emptive therapy with the onset of severe mucositis or within the first 1-3 days of neutropenic fever, whichever comes first. In the second institution, LA is started at the beginning of the chemotherapy as a prophylactic agent at 2 mg/kg three times a week and 58 patients have been treated with this approach. These approaches have resulted in less than a 2% incidence of invasive fungal infection. An update of this information and a comparison of the outcomes from these two approaches, including nephrotoxicity and cost will be reported.

Conclusions: Two different approaches using low dose liposomal amphotericin have resulted in a very low incidence of fungal infection in high risk allogeneic stem cell transplant patients. Further analysis comparing a prophylactic and pre-emptive strategy in the prevention of fungal infections will be reported.