Evaluation of Isavuconazole and Posaconazole for the Treatment of Refractory Coccidioidomycosis

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Introduction

- Valley fever, also known as coccidioidomycosis, is a systemic fungal infection endemic to the southwestern United States.
- Since 2000, more than 175,000 people in the United States have been infected by this fungus.
- In 2016, there were an estimated 2,238 cases of coccidioidomycosis in Kern County alone.
- Although most cases are self-limiting and restricted to the lungs, the disease can disseminate to the bone, soft tissue, and central nervous system in severe cases.
- The management of coccidioidomycosis consists of triazole antifungals (i.e. fluconazole, itraconazole) or amphotericin B.
- In severe infections, these options are not always fully efficacious or well tolerated leading to failure.
- Newer triazole antifungals, such as posaconazole, have demonstrated beneficial results in patients who have failed conventional therapy. However, outcomes data is somewhat sparse.
- Isavuconazonium, a prodrug of isavuconazole, has shown favorable side effect profiles and efficacy in vitro. However, there are no studies regarding its efficacy in vivo.
- Any treatment outcomes data with these agents would contribute significantly to the limited scientific body.

Objectives

To evaluate the efficacy and safety of isavuconazole and posaconazole in patients with refractory coccidioidomycosis.

Methods

Study Design:
- Retrospective, single center chart review

Study Period:
- January 1, 2010 to April 18, 2018

Inclusion Criteria:
- Age ≥18 years old
- Patients taking posaconazole or isavuconazole for a minimum of 1 month of therapy

Exclusion Criteria:
- <1 month of therapy or no follow up clinic visit after starting medication
- Immunocompromised patient (transplant, chemotherapy, AIDS/HIV)
- Dual therapy with isavuconazole or posaconazole (i.e. intrathecal/intravenous amphotericin)

Primary Endpoint:

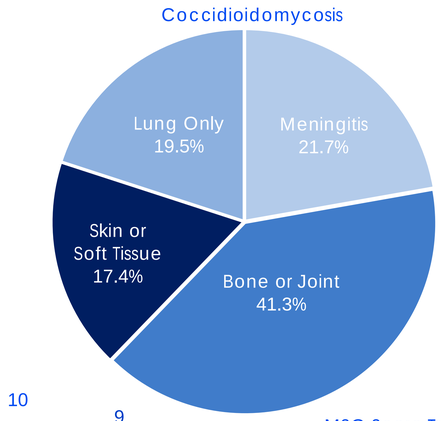
Treatment efficacy using severity score for patients on isavuconazole or posaconazole.
- Outcomes were assessed using the Mycosis Study Group (MSG) score (i.e. a composite score for symptoms, serology, radiographic findings) and the documented impressions of treating medical practitioners.

Secondary endpoint:
- Assessment of efficacy of treatment using overall change in MSG score

Safety endpoint:
- Adverse side effects

Statistical Analysis:
- Wilcoxon Rank Sum Test

Results



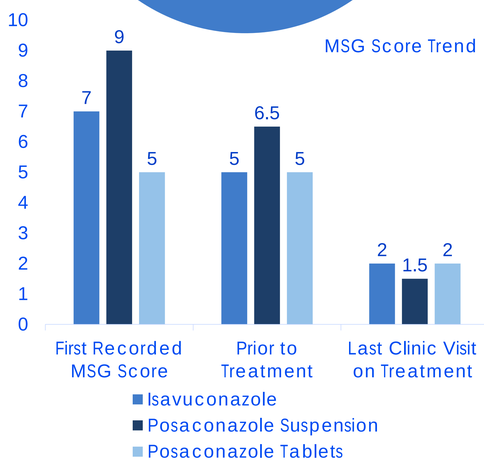


TABLE 1	Isavuconazole (n=15)	Posaconazole Suspension (n=12)	Posaconazole Tablets (n=19)	Posaconazole Total (n=31)	Total (n=46)
Age, Median (Range), Years	44 (38-51.5)	46.5 (36-64.25)	45 (36.5-55)	45 (36.5-59)	45 (36.5-55)
Sex					
Male	10 (66.6)	8 (66.6)	16 (84.2)	24 (77.4)	34 (73.9)
Female	5 (33.3)	4 (33.3)	3 (15.7)	7 (22.5)	12 (26.1)
Race/Ethnicity (%)					
Hispanic	12 (80.0)	4 (33.3)	12 (63.2)	16 (51.6)	28 (60.8)
Non-Hispanic White	0 (00.0)	1 (8.3)	2 (10.5)	3 (9.6)	4 (8.7)
African American	2 (13.3)	5 (41.6)	5 (26.3)	10 (32.2)	12 (26.1)
Other	1 (6.6)	2 (16.6)	0 (00.0)	2 (6.4)	3 (6.5)
Weight, Average, Kg	80.3	81.4	78	79.3	79.6
Height, Average, Inches	64	66.7	65.9	66.2	65.5
Coccidioidomycosis					
Lung Only	3 (20.0)	2 (16.6)	4 (21.0)	6 (19.3)	9 (19.5)
Skin or Soft Tissue	2 (13.3)	2 (16.6)	4 (21.0)	6 (19.3)	8 (17.4)
Bone or Joint	4 (26.6)	6 (50.0)	9 (47.3)	15 (48.3)	19 (41.3)
Meningitis	6 (40.0)	2 (16.6)	2 (10.5)	4 (12.9)	10 (21.7)
Antecedent Treatment					
Fluconazole	1 (6.6)	6 (50.0)	8 (42.1)	14 (45.1)	15 (32.6)
Amphotericin	3 (20.0)	3 (25.0)	7 (36.8)	10 (32.3)	13 (28.3)
Voriconazole	6 (40.0)	2 (16.6)	2 (10.5)	4 (12.9)	10 (21.7)
Itraconazole	0 (00.0)	0 (00.0)	2 (10.5)	2 (6.4)	2 (4.3)
Posaconazole	5 (33.3)	1 (8.3)	0 (00.0)	1 (3.2)	6 (13.0)
Reason for Salvage Tx					
Refractory Infection	5 (33.3)	8 (66.6)	6 (31.6)	14 (45.1)	19 (41.3)
Medication Intolerance	5 (33.3)	2 (16.6)	3 (15.7)	5 (16.1)	10 (21.7)
Refractory and Intolerant	2 (13.3)	0 (00.0)	3 (15.7)	3 (9.6)	5 (10.8)
Not stated in chart	3 (20.0)	2 (16.6)	7 (36.8)	9 (29.1)	12 (26.1)
Duration of Antecedent Tx, Median (IQR), month	23 (8.5-20)	11 (3-30.75)	24 (5-48)	15 (3.5-47)	24 (6-48.5)
Duration of Salvage Tx, Median (IQR), month	10 (4.5-14)	31.5 (24.5-45.5)	23 (12-29.5)	25 (15.5-40)	24.5 (12-44.5)
Outcome of Salvage Tx					
Improved	11 (73.3)	10 (83.3)	15 (78.9)	25 (80.6)	36 (78.3)
Stable	4 (26.6)	2 (16.6)	4 (21.1)	6 (20.0)	10 (21.7)
Unresponsive	0 (00.0)	0 (00.0)	0 (00.0)	0 (00.0)	0 (00.0)
Total Death	0 (00.0)	0 (00.0)	1 (5.3)	1 (3.3)	1 (2.2)
Death due to Cocci	0 (00.0)	0 (00.0)	0 (00.0)	0 (00.0)	0 (00.0)

TABLE 2	Initiation of Refractory Tx MSG Score (Median ,IQR)	Last Visit MSG Score (Median, IQR)	Change	P-value
Isavuconazole	5 (3.5-7.5)	2 (2-3)	3	0.00328
Posaconazole Suspension	6.5 (3.5-8.5)	1.5 (1-3)	5	0.00338
Posaconazole Tablet	5 (3.5-7.5)	2 (1-2.5)	3	0.0002

TABLE 3	First Recorded MSG Score (Median, IQR)	Initiation of Refractory Tx MSG Score (Median, IQR)	Last Visit MSG Score (Median, IQR)	Change	Overall Improved
Lungs					
Isavuconazole	5 (4.5-6)	4 (4,7)	2 (1-2)	2 (2-6)	100%
Posaconazole Suspension	9 (8-10)	6 (4.5-7.5)	2 (2,2)	4 (2.5-5.5)	100%
Posaconazole Tablet	8 (5.75-9.75)	5.5 (2.25-8.75)	1 (0.75-1.5)	3.5 (1.5-6.25)	75%
Skin or Soft Tissue					
Isavuconazole	7.5 (5.75-9.25)	5 (4-6)	2 (2,2)	3 (2-4)	100%
Posaconazole Suspension	6 (6-6)	8 (7-9)	4 (3-5)	4 (4-4)	100%
Posaconazole Tablet	4 (4,4)	4.5 (4-6)	2.5 (2-3)	2.5 (1.75-3.75)	100%
Bone					
Isavuconazole	8.5 (7.75-0.25)	6.5 (5.5-7.25)	2 (2-2)	3.5 (2-5.25)	100%
Posaconazole Suspension	9 (9-10)	7.5 (6.25-8)	1 (1-3.25)	5.5 (2-6)	83.3%
Posaconazole Tablet	7 (5-8)	5 (4-5)	1 (1-2)	2 (2-3)	77.7%
CNS					
Isavuconazole	6 (3.75-7.5)	4.5(2.5-5)	3 (1.25-4.75)	0 (0-2.25)	33.3%
Posaconazole Suspension	1 (1-1)	2 .5 (1.75-3.25)	0.5 (0.25-.75)	2 (1-3)	50%
Posaconazole Tablet	3 (2.5-3.5)	4 (2-6)	1 (0.5,1.5)	3 (1.5-4.5)	50%

Safety Results:

There were five adverse drug reactions seen in this retrospective review.
- Isavuconazole: 1 patient complained of epigastric pain
- Posaconazole suspension: 1 patient complained of severe vomiting; 1 complained of photosensitivity
- Posaconazole tablets: 1 patient complained of dry lips; 1 complained of itchy throat

The patients that complained of epigastric pain and severe vomiting were switched off the offending medication due to the drug reaction. The remaining three patients remained on therapy until treatment failure or success.

Discussion

Overall, favorable outcomes were seen in patients treated with isavuconazole and posaconazole with statistically significant reductions in overall MSG severity scores seen with each agent. Posaconazole showed similar efficacy to a previous study by Vo, et al, in which posaconazole had 78% improved outcome. Overall skin or soft tissue coccidioidomycosis was associated with the best improvement; 100% improved. Pulmonary disease had 8 out of 9 improved and 1 stable patient on posaconazole tablets who started with a MSG of 0. CNS was associated with the least improvement. 6 out of 10 CNS coccidiodomycosis patients were stable. Two patients started with MSG score of 0. The remaining two patients had MSG score of 1 and 2 with CSF titer <1/2. Bone had three patients who were stable. In all three cases, MSG score was elevated on initiation of posaconazole.

Limitations

This study had limitations of being a single center study and being retrospective in nature, making the application of points to arrive at MSG score difficult due to variable documentation of symptoms and timing of laboratory studies. Since there was a lack of medication washout, there is a potential for clinical improvement to be a result of the prior treatment rather than second.

Conclusions

Posaconazole and isavuconazole are reasonable options for treatment of severe coccidioidomycosis refractory to standard treatment. Both medications were tolerable and provided improvement in MSG score and disease symptom control. Prospective comparative trials are required to provide further insights into their efficacy and utility.

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