

Epidemiology, risk factors and treatment of
invasive candidiasis in Intra-abdominal sepsis
patients – a multicentre study

Suggested areas

- Epidemiological data of intra-abdominal sepsis with and without IAC
- Antifungal prescription practice
 - When, Whom, Which, How
 - Outcome analysis based on treatment
- Source control practices
 - PCD - Timing
 - Surgery – Timing
 - Outcome analysis based on source control
- Clinical Course
 - With Shock and Without Shock
 - Outcome analysis based on +ce or –ce of shock
 - Persistent and prolonged fungal peritonitis
 - Definition
 - Outcome analysis in this sub-group

Objectives

Primary:

- To collect epidemiological data and data pertaining to known and potential risk factors for invasive candidiasis in critically ill patients with intra-abdominal sepsis

Objectives

Secondary:

- To collect data and conduct outcome analysis on use of antifungal agents in intra- abdominal sepsis patient
- To collect data and conduct outcome analysis on source control in intra- abdominal sepsis patient with or without IAC

Methodology

- **Study Sites:** The study will be conducted atcenters.
- **Study design:** Prospective cohort study.
- **Sample size:** to be calculated depending upon the incidence of invasive candidiasis in the study population and number of variables being studied.

Methodology

- **Inclusion criteria**

- All consecutive cases of sepsis with suspected or microbiologically confirmed intra-abdominal source of infection

Methodology

Exclusion criteria:

- Neutropenia $<500/\text{cu mm}$
- Pregnancy
- Sepsis from source other than intra-abdominal infection
- Hemato-oncological patients
- Bone marrow transplant patients
- HIV patients
- Patient already on antifungal therapy before the diagnosis of IAS
- Not willing to provide informed consent for participation

Methodology

- Patient characteristics and severity of illness (APACHE II and SOFA score) will be noted at the time of enrollment in the study (i.e at admission/the day of the diagnosis of intra-abdominal sepsis).
- All the currently known risk factors and potential risk factors (as decided the expert committee) for invasive candidiasis will be noted.
- Treatment of the patient will continue as per the treating physician's discretion.

Methodology

- Duration, type and dose of antifungal prescription will be noted.
- Definitions
 - **Intra-abdominal sepsis;** Sepsis in which the source of infection is an intra-abdominal pathology.
 - **Prophylaxis therapy;** Antifungal therapy given in patient with risk factors but no clinical features of invasive candidiasis. *Clin Microbiol Infect.*2012 Dec;18 Suppl 7:19-37

Methodology

- **Empirical therapy;** Antifungal therapy given in patient with risk factors and clinical features suggestive of invasive candidiasis with no microbiological evidence of infection. *Clin Microbiol Infect.*2012 Dec;18 Suppl 7:19-37
- **Targeted therapy;** Antifungal therapy given in patient with microbiological evidence of invasive candidiasis in the form of single or more positive blood culture or tissue culture from sterile body site. *Clin Microbiol Infect.*2012 Dec;18 Suppl 7:19-37

Thank you