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EMPIRICAL USE OF LIPOSOMAL AMPHOTERICIN B IN FEBRILE NEUTROPENIA

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Patients rendered neutropenic following chemotherapy or bone marrow transplantation often become febrile during the course of neutropenia. Many of these patients remain persistently febrile despite treatment with broad spectrum antibacterial drugs. Because many of these patients will develop invasive fungal infection, institution of amphotericin B has been recommended after 3-10 days of continued fever in this setting. While conventional amphotericin B has been the usual antifungal drug used, AmBisome has been studied in comparative trials in Europe and the United States and was found to be at least equivalent to and perhaps better than conventional amphotericin B for this indication. At doses of conventional amphotericin B of 0.6-1.0 mg/kg/d and of AmBisome of 1 or 3 mg/kg/d, overall efficacy (variously defined, but including, resolution of fever and overall survival) is similar between all groups. In the larger USA study, however, AmBisome, 3 mg/kg/d, was found to prevent the emergence of invasive fungal infection, and in this regard was superior to conventional amphotericin B. In all studies, AmBisome was less toxic (infusion related side effects and renal) than conventional amphotericin B. A major concern in making the recommendation to switch from conventional amphotericin B to AmBisome is cost. Further evaluation of the use of AmBisome for the treatment of persistently febrile neutropenic patients is warranted so as to maximize clinical benefits.