Revised ISHAM-ABPA working group clinical practice guidelines for diagnosing, classifying and treating allergic bronchopulmonary aspergillosis/mycoses

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Shareable abstract (@ERSpublications)
The International Society for Human and Animal Mycology working group convened an international expert group that has framed simple guidelines for diagnosing, classifying and treating ABPA/M for patient care and research using a modified Delphi method https://bit.ly/3I2KIGj

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Abstract

Background The International Society for Human and Animal Mycology (ISHAM) working group proposed recommendations for managing allergic bronchopulmonary aspergillosis (ABPA) a decade ago. There is a need to update these recommendations due to advances in diagnostics and therapeutics.

Methods An international expert group was convened to develop guidelines for managing ABPA (caused by *Aspergillus* spp.) and allergic bronchopulmonary mycosis (ABPM; caused by fungi other than *Aspergillus* spp.) in adults and children using a modified Delphi method (two online rounds and one in-person meeting). We defined consensus as ⩾70% agreement or disagreement. The terms "recommend" and "suggest" are used when the consensus was ⩾70% and <70%, respectively.

Results We recommend screening for *A. fumigatus* sensitisation using fungus-specific IgE in all newly diagnosed asthmatic adults at tertiary care but only difficult-to-treat asthmatic children. We recommend diagnosing ABPA in those with predisposing conditions or compatible clinico-radiological presentation, with a mandatory demonstration of fungal sensitisation and serum total IgE ⩾500 $IU \cdot mL^{-1}$ and two of the following: fungal-specific IgG, peripheral blood eosinophilia or suggestive imaging. ABPM is considered in those with an ABPA-like presentation but normal *A. fumigatus*-IgE. Additionally, diagnosing ABPM requires repeated growth of the causative fungus from sputum. We do not routinely recommend treating asymptomatic ABPA patients. We recommend oral prednisolone or itraconazole monotherapy for treating acute ABPA (newly diagnosed or exacerbation), with prednisolone and itraconazole combination only for treating recurrent ABPA exacerbations. We have devised an objective multidimensional criterion to assess treatment response.

Conclusion We have framed consensus guidelines for diagnosing, classifying and treating ABPA/M for patient care and research.