Improving survival of acute-on-chronic liver failure patients complicated with invasive pulmonary aspergillosis

Jie Gao^{1*}, Qing Zhang^{2*}, Yuankui Wu^{3*}, Ying Li^{1,4}, Tingting Qi¹, Congyan Zhu¹, Sijia Liu², Ruoxi Yu³, Qinjun He¹, Weiqun Wen¹, Fuyuan Zhou¹, Yongpeng Chen¹, Jinjun Chen¹, Jinlin Hou¹ ¹Hepatology Unit, Department of Infectious Diseases, Nanfang Hospital, Southern Medical University, Guangzhou, China ²Pharmacy Department, Nanfang Hospital, Southern Medical University, Guangzhou, China ³Department of Medical Imaging, Nanfang Hospital, Southern Medical University, Guangzhou, China ⁴Internal Medicine, Puning People's Hospital, Puning, China *These authors contributed equally to this article

Corresponding author

Dr Jinjun Chen

Hepatology Unit, Department of Infectious Diseases, Nanfang Hospital, Southern Medical University, Guangzhou, China

Phone: 86+18588531001 Fax: 862062787423 Email: <u>chjj@smu.edu.cn</u>

Supplementary tables

Table s1. Demographic, clinical and biochemical characteristics of patients at the time of IPA diagnosis according to CLIF-SOFA lungs core.

Characteristic	Higher lung score (>1)	Lower lung score (<2) (n=13)	<i>p</i> value
	(n=7)		
Age (years)	41 [31, 70]	43 [26, 58]	0.578
Male (n, %)	6 (85.7)	12 (93.2)	1
Time from enrolment to IPA diagnosis (days)	18 [0, 33]	12 [0, 44]	0.780
Time from fever to IPA diagnosis (days)*	6.5 [2.0, 14.0]	4.0 [1.0, 14.0]	0.237
Fever (n, %)	7 (100)	11 (84.6)	0.521
Other infection (n, %)	1 (14.2)	3 (23.1)	1
Voriconazole treatment (n, %)	3 (42.9)	11 (84.6)	0.122
Radiological features $W(u)$ shared nodule (a) with hole size (n $\theta(u)$)	0 (0)	2(22.1)	0.521
Well-shaped nodule(s) with holo sign (n,%) Well-shaped nodule(s) without holo sign (n,%)	0 (0) 5 (71.4)	3 (23.1) 10 (76.9)	0.521
Air-crescent sign $(n,\%)$	0/7	0/13	1
Cavitation (n,%)	1 (14.3)	0 (0)	0.350
Masses/consolidation (n,%)	6 (85.7)	3 (23.1)	0.017
Pleural fluid (n,%)	2 (28.6)	5 (38.5)	0.526
Bilateral lung infection (n,%)	7 (100)	11 (84.6)	0.521
C-reactive protein (mg/L)	30.0 [16.0, 52.6]	35.3 [3.0, 69.4]	1.000
Procalcitonin (ng/mL)	1.3 [0.9, 1.9]	1.0 [0.2, 3.1]	0.524
Leukocyte count (109/L)	16.8 [6.1, 23.0]	15.0 [3.6, 34.7]	0.861
Platelet count (109/L)	57 [27, 100]	54 [24, 199]	0.693
Total bilirubin (mg/dL)	28.8 [9.7, 47.3]	24.9 [16.7, 46.1]	0.285
Aspartate aminotransferase (U/L)	175.9 [35.0, 209.0]	87.5 [32.0, 279.3]	0.108
Alanine aminotransferase (U/L)	75.6 [49.5, 194.0]	74.7 [15.0, 197.2]	0.735
International normalized ratio	2.8 [1.8, 4.6]	2.4 [1.5, 3.5]	0.104
Albumin (mg/L)	25.4 [22.7, 37.4]	34.8 [20.9, 40.3]	0.446
Creatinine (mg/L)	1 [0.5, 2.8]	0.7 [0.4, 2.2]	0.122
Serum sodium (mmol/L)	128 [123, 139]	135 [130, 140]	0.032
PSI ¹⁶	109 [81, 169]	83 [46, 118]	0.005
CURB-65 ¹⁶	1 [0, 3]	1 [0, 2]	0.097
MELD ¹⁵	33.3 [18.4, 40.9]	23.8 [15.4, 37.6]	0.052
MELD-Na ¹⁵	37.7 [25.1, 60.0]	27.6 [15.4, 45.6]	0.008
CLIF-C ACLFs ¹⁵	44.18 [29.4, 57.1]	50.53 [47.0, 72.6]	0.008
CLIF-SOFA ¹	12 [10, 15]	8 [6, 11]	0.002
Cerebral failure (n, %)	3 (42.9)	0 (0)	0.031
Liver failure (n, %)	6 (85.7)	13 (100)	0.350
Lung failure (n, %)	3 (42.9)	0 (0)	0.031
Coagulation failure (n, %)	5 (71.4)	6 (46.2)	0.374
Kidney failure (n, %)	1 (14.3)	1 (7.7)	1
Circulation failure (n, %)	0 (0)	0 (0)	_

Data are expressed as the median [min-max] for continuous variables and counts (percentage) for categorical variables.

MELD: Model for end-stage liver disease.

CLIF-SOFA: Chronic Liver Failure-Sequential Organ Failure Assessment.

*Patients with fever before diagnosis are compared.

Disease	ICD-10 code		
Related to liver failure			
Acute alcoholic hepatic failure	K70.401		
Acute drug induced hepatic failure	K71.102		
Acute hepatic failure	K72.000		
Acute liver function failure	K72.003		
Sub-acute drug-induced hepatic failure	K71.104		
Sub-acute hepatic failure	K72.001		
Chronic hepatic failure	K72.100		
Chronic alcoholic hepatic failure	K70.402		
Hepatic failure, nospecified	K72.900		
Related to lung infections			
Lung infection	J98.414		
Pneumonia	J18.900		
Pulmonary fungal infection	B49. x14		
Pulmonary aspergillosis	B44.100+J99.8*		

Table s2. ICD-10 codes for related diseases for patient screening.

Note: Patients diagnosed with "Acute-on-chronic liver failure" without ICD-10 code records were also screened, since acute-on-chronic liver failure has no related ICD-10 code yet.

Table s3. The adapted diagnostic criteria for IA based on EORTC/MSG and AspICU criteria.

Probable IA (all three criteria must be met)

- Host risk factor: ACLF is considered a risk factor
- Clinical features: radiological features (dense, well-circumscribed lesion (s) with or without a halo sign, aircrescent sign or cavity, mass(es))
- Mycological criteria: direct test (cytology, direct microscopy, or culture) indicating the presence of *Aspergillus* species or galactomannan antigen detected in plasma

• Presence of host factor and radiological features (dense, well-circumscribed lesion (s) with or without a halo sign, aircrescent sign and cavity, masses), but in the absence of mycological criteria