

## Supplemental Materials

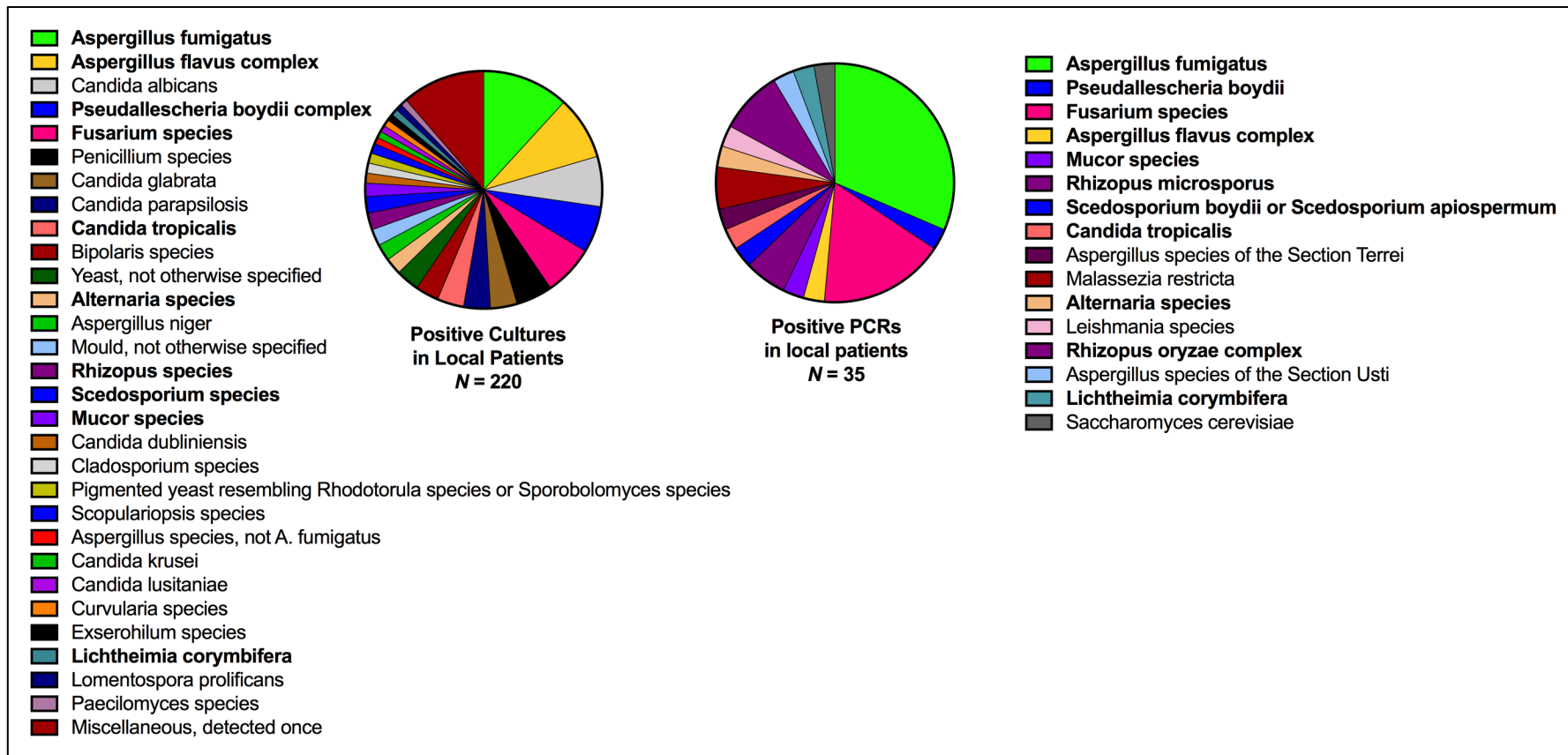
### Supplemental Methods

#### Determination of Organism Prevalence

For all local patients with positive results, unique medical record-date combinations were determined and results by broad-range fungal PCR or fungal culture determined. For each organism identified the percent of total culture or PCR results, respectively, was calculated. For culture, the numbers of isolates for which sequence-based identification was performed and those isolates for which no identification was possible were recorded. Organisms identified only once were grouped into a single category.

### Supplemental Results

There were 15 positive cultures from 15 unique patients identified with preliminary TATs longer than 300 hrs. Fourteen of these came from local patients, only three of whom were inpatients: two collecting in the operating rooms and one in the post-anesthesia care unit. An additional culture was collected in the pre-operative care unit, although this patient was designated an outpatient. None of these patients met inclusion criteria for chart review. The preliminary results from these outlier cultures comprised 6 unidentified organisms that required further incubation or sequence identification, two cultures that were positive for *Bipolaris spp*, and one culture each with *Exophiala spp*, *Exserohilum spp*, presumptive *Fusarium*, *Cladosporium spp*, *Pseudoallecheria boydii*, *Pleurostomophora richardsiae*, and one culture with both *Penicillium* and *Acremonium*. One mould could not be isolated from contaminating bacteria. Of the 9 cultures in which the number of colonies recovered was recorded, 7 had only one colony.



**Supplemental Figure S1:** Relative prevalence of fungal organisms detected by PCR and Culture from Local Patients.

The relative abundance of detected fungal organism by culture (left) and broad-range PCR (right) in all local patients, including those with chart review. Results were deduplicated to include only unique MRN-date combinations. Organisms detected by both methods are in bold with colors consistent across charts. Organisms detected only once by culture are grouped in a single category ( $N = 25 / 220$  isolates). All *Fusarium spp* are grouped into a single category. Culture was unable to determine the identity of an organism for  $N = 3$  isolates and sequence-based identification was required for  $N = 25 / 220$  isolates. Our laboratory has detected *Saccharomyces cerevisiae* DNA by broad-range fungal PCR in multiple lots of Eswabs and report this finding with a disclaimer indicating a possible source of pre-analytical contamination. Parasites like *Leishmania spp* are occasionally detected by broad-range fungal PCR due to homology of the ribosomal gene within eukaryotes and are reported as an incidental finding.

### A

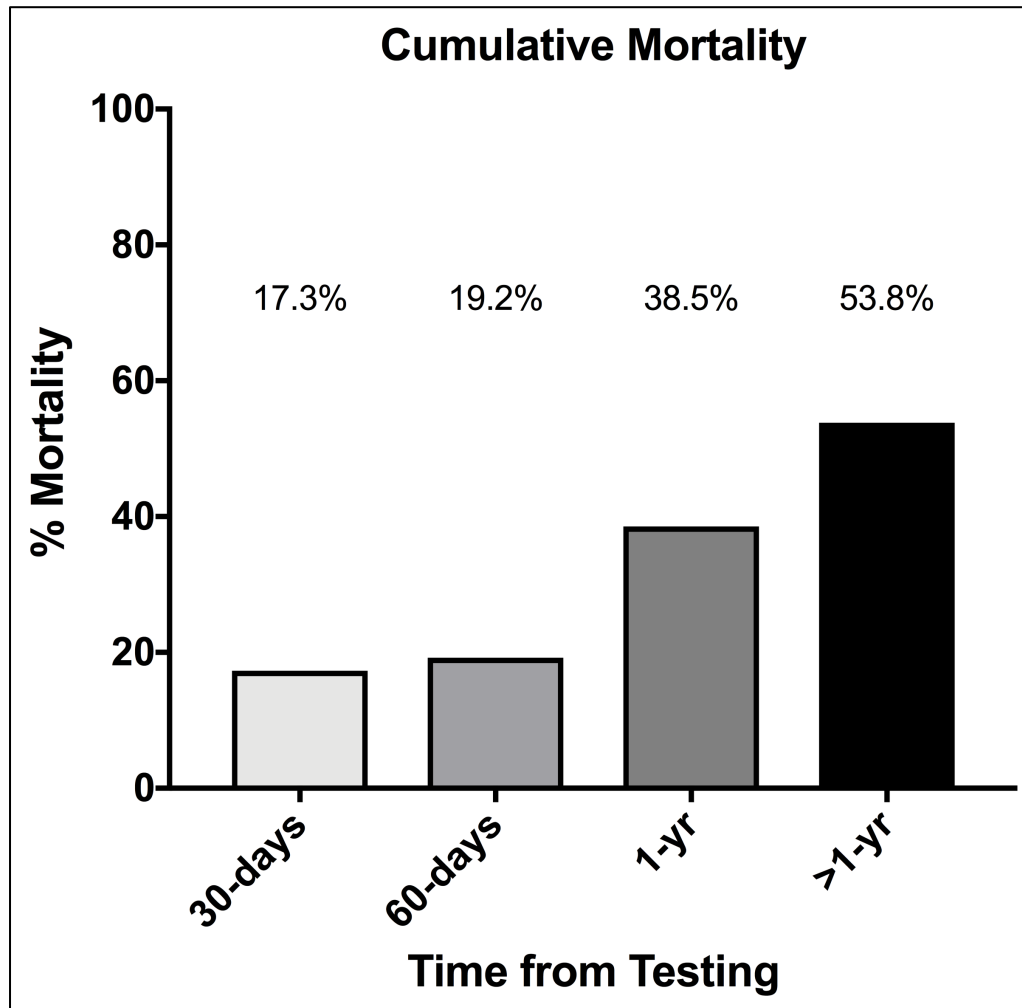
Sensitivity	Culture	PCR	Culture + PCR	Direct Stain	Frozen Section	Both Stains
Culture	-	0.1136	<b>0.0269</b>	<b>0.0486</b>	1.0	0.4136
PCR	0.1136	-	0.7370	<b>0.0002</b>	0.1375	0.5321
Culture + PCR	<b>0.0269</b>	0.7370	-	<b>&lt; 0.0001</b>	<b>0.0302</b>	0.2972
Direct Stain	<b>0.0486</b>	<b>0.0002</b>	<b>&lt; 0.0001</b>	-	0.0872	<b>0.0068</b>
Frozen Section	1.0	0.1375	<b>0.0302</b>	0.0872	-	0.5472
Both Stains	0.4136	0.5321	0.2972	<b>0.0068</b>	0.5472	-

### B

Specificity	Culture	PCR	Culture + PCR	Direct Stain	Frozen Section	Both Stains
Culture	-	1.0	1.0	0.4831	1.0	1.0
PCR	1.0	-	1.0	0.4831	1.0	1.0
Culture + PCR	1.0	1.0	-	0.2246	1.0	1.0
Direct Stain	0.4831	0.4831	0.2246	-	0.4000	0.4000
Frozen Section	1.0	0.1375	0.0302	0.4000	-	1.0
Both Stains	1.0	1.0	1.0	0.4000	1.0	-

**Supplemental Figure S2. Statistical comparison of sensitivities and specificities for each fungal assay.**

Results of Fisher's Exact test are reported as p-values for pairwise comparisons of **A)** sensitivities and **B)** specificities for fungal culture, broad-range fungal PCR, PCR and culture submitted in tandem, direct stain, frozen section, or direct stain and frozen section performed in tandem.



**Supplemental Figure S3: Cumulative mortality for local patients with parallel fungal PCR and cultures.**

Patient status as alive or dead at time of chart review and, if applicable, date of death was determined for the 52 patients included for chart review. Time to death from fungal testing was determined and binned as 0 - 30 days; 31 – 60 days; 61 – 365 days, or greater than 1 year and used to calculate cumulative mortality presented in the figure.

**Supplemental Table S1: Total Specimens and Positivity Rates by Assay, Source Population, and Anatomic Site**

Group	Unique Patients	Culture N (patients)	Culture % pos	PCR N (patients)	PCR % pos	Cx vs PCR p-value <sup>1</sup>
All Sinus	1,459	1446 (949)	13.7%	644 (569)	37.1%	< 2.2e-16
Ref. lab	529	50 (31)	12.0%	543 (498)	35.9%	< 0.0005
Local Patients	930	1396 (918)	13.8%	101 (71)	43.6%	3.73e-12

<sup>1</sup>Fisher's exact test.

**Supplemental Table S2: Chart review data for all included patients with parallel fungal culture and broad-range PCR**

Patient Number	Underlying Diagnosis	Pre-Test EORTC Category	Antifungal Exposure Prior to Specimen Collection	PCR Result	Culture Result	Direct Stain Results	Frozen Section Results	Post-Test Assessment of Fungal Disease	Clinical Interpretation of Results
1	Acute lymphocytic leukemia, relapsed, s/p G-CLAM	Probable	fluconazole prophylaxis; posaconazole treatment	<i>Alternaria sp</i>	NEG	No fungal elements	Hyphal elements, favor septate	Fungal etiology	True Positive
2	Acute myelogenous leukemia, refractory, s/p G-CLAM	Proven	posaconazole prophylaxis; amphotericin B	<i>Fusarium fujikuroi</i> species complex	<i>Fusarium oxysporum</i>	2+ hyphal elements	Tissue invasive fungal hyphae and rare yeast forms	Fungal etiology	True Positive
3	Diabetes mellitus, type II	Proven	posaconazole; amphotericin B	<i>Rhizopus oryzae</i> complex	<i>Rhizopus oryzae</i> complex	Few hyphal elements	Suspicious for fungal organisms	Fungal etiology	True Positive
4	Large B-cell lymphoma; history of proven orbital aspergillosis	Possible	oral antifungals, not specified	NEG	NEG	No fungal elements	Atypical lymphoid cell proliferation	Other etiology	True Negative
5	Diabetes mellitus, type II	Proven	amphotericin B	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	Many hyphal elements	<i>Not performed</i>	Fungal etiology	True Positive
6	aplastic anemia, s/p matched related bone marrow transplant	Probable	isavuconazole, voriconazole	NEG	NEG	No fungal elements	Inflamed granulation tissue	Fungal etiology	False Negative (degraded hyphae seen on final histopathology)
6	aplastic anemia, s/p matched related	Proven	amphotericin B	<i>Aspergillus fumigatus</i>	NEG	moderate hyphae	Tissue invasive fungal hyphae	Fungal etiology	True Positive

	bone marrow transplant								
6	aplastic anemia, chemotherapy prior to matched related bone marrow transplant	Probable	voriconazole	NEG	NEG	No fungal elements	Negative for invasive fungal elements	Fungal etiology	False Negative
7	Acute myelogenous leukemia, relapsed, s/p CLAM	Probable	isavuconazole, amphotericin B	<i>Fusarium solani</i>	Presumptive <i>Fusarium solani</i>	No fungal elements	Positive for fungal elements	Fungal etiology	True Positive
8	chronic myelogenous leukemia with blast crisis	Proven	isavuconazole prophylaxis	<i>Lichtheimia corymbifera</i>	<i>Lichtheimia corymbifera</i>	Many hyphal elements	Fungal hyphae with necrotic debris	Fungal etiology	True Positive
9	Acute myelogenous leukemia, relapsed, s/p G-CLA	Proven	micafungin, amphotericin, isavuconazole prophylaxis	<i>Fusarium fujikuroi</i>	<i>Fusarium fujikuroi</i>	Many hyphal elements	No definite fungal elements	Fungal etiology	True Positive
10	Chronic lymphocytic leukemia	Possible	amphotericin B	NEG	NEG	No fungal elements	No fungal elements identified	Other etiology	True Negative
11	myelofibrosis, s/p PBSCT	Probable	voriconazole	<i>Aspergillus fumigatus</i>	NEG	No fungal elements	Fungal hyphae	Fungal etiology	True Positive
12	Acute lymphocytic leukemia, s/p non-myeloablative HSCT	Proven	none	<i>Rhizopus oryzae</i> complex	<i>Rhizopus sp.</i>	No fungal elements	Positive for fungal elements	Fungal etiology	True Positive
13	History of afrin & intranasal acetaminophen	Not Applicable	none	<i>Candida tropicalis</i>	<i>Candida tropicalis, Scopulariopsis brevicaulis</i>	Moderate fungal elements	Suspicious for invasive fungal hyphae	Other etiology	Bystander/colonizer
14	Sinonasal squamous cell carcinoma, s/p chemotherapy & radiotherapy	Proven	fluconazole	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
15	Acute myelogenous leukemia, s/p G-CLAM	Possible	fluconazole, amphotericin B	NEG	NEG	No fungal elements	<i>Not performed</i>	Other etiology	True Negative
16	Acute myelogenous leukemia, s/p PBSCT	Probable	amphotericin B, micafungin	<i>Aspergillus sp</i> of Section Terrei	<i>Aspergillus terreus</i>	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
17	Intra-abdominal sepsis; History of	Probable	none	NEG	<i>Scedosporium apiospermum</i> complex	No fungal elements	Negative for fungal elements	Fungal etiology	True Positive

	liver and kidney transplant								
18	Acute myelogenous leukemia, receiving chemotherapy	Proven	none	<i>Aspergillus flavus</i> complex	NEG	No fungal elements	Positive, appear [to be] septate hyphae	Fungal etiology	True Positive
19	Acute myelogenous leukemia	Proven	posaconazole	<i>Fusarium solani</i>	<i>Fusarium solani</i>	Many fungal elements	Positive for fungal forms	Fungal etiology	True Positive
20	Acute myelogenous leukemia, s/p MEC; concurrent A. fumigatus pneumonia (antecedent dx)	Proven	Isavuconazole, micafungin	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	Many fungal elements	Necrotic tissue with fungus. Viable tissue suspicious for fungal forms.	Fungal etiology	True Positive
21	Acute lymphocytic leukemia, s/p rituximab and cytarabine	Proven	fluconazole prophylaxis; amphotericin B	<i>Mucor sp</i>	<i>Mucor sp</i>	Many fungal elements	Numerous fungal hyphae	Fungal etiology	True Positive
22	Myelodysplastic syndrome, s/p guadecitabine	Probable	amphotericin B	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	Occasional fungal elements	Negative for fungal elements	Fungal etiology	True Positive
23	Acute myelogenous leukemia, s/p G-CLAM	Proven	voriconazole, amphotericin B	<i>Fusarium fujikuroi</i>	<i>Fusarium sp</i>	Many fungal elements	Positive for fungal organisms, appear angioinvasive	Fungal etiology	True Positive
24	Chronic lymphocytic leukemia, s/p CAR-T cell infusion	Probable	none	<i>A. fumigatus</i>	NEG	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
25	Aplastic anemia s/p haploidentical bone marrow transplant	Probable	voriconazole, micafungin, amphotericin B	<i>Rhizopus microsporus</i> or <i>Rhizopus azygosporus</i>	<i>Rhizopus sp</i>	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
26	Acute myelogenous leukemia, multiple myeloma	Probable	Amphotericin B	Rhizopus oryzae	NEG	No fungal elements	No definite fungal organisms	Fungal etiology	True Positive
27	Acute myelogenous leukemia	Proven	Amphotericin B	<i>Mucor circinelloides</i>	<i>Mucor sp</i>	Many fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
28	Acute myelogenous leukemia	Possible	posaconazole, amphotericin B	NEG	NEG	No fungal elements	No fungal forms identified	Other etiology	True Negative
29	Acute myelogenous leukemia, type 1	Possible	posaconazole	NEG	NEG	No fungal elements	<i>Not performed</i>	Other etiology	True Negative

	DM, IVDU, endocarditis								
30	Acute myelogenous leukemia, relapsed s/p FLAG	Probable	amphotericin B	<i>Rhizopus microsporus</i> or <i>Rhizopus azygosporus</i>	<i>Rhizopus sp</i>	No fungal elements	Fungal hyphae present; at least focally invasive	Fungal etiology	True Positive
31	Acute lymphocytic leukemia, s/p CAR-T infusion	Possible	micafungin	NEG	NEG	No fungal elements	No definite fungal forms	Other etiology	True Negative
32	Acute myelogenous leukemia, relapsed	Proven	amphotericin B	<i>Scedosporium boydii</i> or <i>S. apiospermum</i>	<i>Pseudallescheria boydii</i> complex	No fungal elements	Tissue invasive fungal hyphae seen	Fungal etiology	True Positive
33	Acute myelogenous leukemia, s/p matched PBSCT	Possible	voriconazole prophylaxis	NEG	NEG	No fungal elements	Rare hyphae reported; determined to be diagnostic error; treated as positive result for culture and PCR concordance.	Other etiology	True Negative
34	Acute lymphocytic leukemia	Possible	voriconazole, amphotericin B	<i>Aspergillus flavus</i>	<i>Aspergillus flavus</i>	No fungal elements	Positive for fungal forms with angioinvasion	Fungal etiology	True Positive
35	Acute lymphocytic leukemia, s/p cord blood transplant	Possible	posaconazole prophylaxis	NEG	NEG	No fungal elements	<i>Not performed</i>	Other etiology	True Negative
36	Acute myelogenous leukemia, evolved from myelofibrosis	Possible	posaconazole prophylaxis, amphotericin B	NEG	NEG	No fungal elements	Rare possible fungal hyphae; no tissue, mucus only; bacterial forms	Other etiology	True Negative
37	Cutaneous T-cell lymphoma with HLH	Proven	none	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	Moderate hyphae elements	fungal hyphae	Fungal etiology	True Positive
38	Myelofibrosis	Probable	voriconazole prophylaxis, capsosungin	<i>Pseudallescheria boydii</i>	<i>Pseudallescheria boydii</i> complex	Moderate fungal elements	No evidence of fungal infection	Fungal etiology	True Positive
39	HIV (on HAART)	Not Applicable	None	NFDD	<i>Pencilium sp</i> AND <i>Cephalotheca sulfurea</i> OR	2+ Yeast seen	<i>Not performed</i>	Other etiology	Bystander/colonizer



					<i>Phialemonium inflatum</i>				
40	Acute lymphocytic leukemia, salvage chemotherapy; concurrent fungal pneumonia (A. fumigatus, Fusarium spp)	Proven	posaconazole	<i>Fusarium sp</i>	<i>Fusarium sp</i>	Moderate fungal elements	Tissue invasive fungus present; "size of organisms suggests zygomycetes"	Fungal etiology	True Positive
41	Diabetes mellitus type II, distant history of chraniopharyngioma and CSF leak	Not Applicable	None	NEG	NEG	No fungal elements	<i>Not performed</i>	Other etiology	True Negative
42	Acute myelogenous leukemia, relapsed; history of sinus aspergillosis	Possible	voriconazole prophylaxis, isavuconazole	NEG	NEG	No fungal elements	No definite fungal organisms	Other etiology	True Negative
43	Acute myelogenous leukemia (secondary to DLBCL treatment), sp chemotherapy	Possible	amphotericin B	NEG	<i>Aspergillus fumigatus</i>	No fungal elements	No definitive fungal forms; <i>recent prior positive result</i>	Fungal etiology	True Positive
44	Myelodysplastic syndrome, s/p PBST	Possible	voriconazole	<i>Aspergillus ustus</i> and <i>Scopulariopsis brevicaulis</i>	<i>Aspergillus ustus</i> complex and <i>Scopulariopsis brevicaulis</i>	Moderate hyphal elements	<i>Not performed</i>	Fungal etiology	True Positive
45	Liver transplant, plasma cell hepatitis, concurrent SSTI with <i>Scedosporium</i> spp	Probable	voriconazole	<i>Scedosporium boydii</i> or <i>Scedosporium apiospermum</i>	<i>Pseudallescheria boydii</i> complex	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
46	Acute lymphocytic leukemia, s/p CAR-T infusion; fungal elements on histopathology (PCR on FFPE positive for A. fumigatus months later, no paired culture with that specimen)	Proven	amphotericin B, posaconazole	NEG	NEG	No fungal elements	<i>Not performed</i>	Fungal etiology	False Negative

47	Acute lymphocytic leukemia, s/p chemotherapy	Proven	fluconazole prophylaxis, amphotericin B	<i>Aspergillus fumigatus</i>	<i>Aspergillus fumigatus</i>	Few hyphal elements	<i>Not performed</i>	Fungal etiology	True Positive
48	Acute myelogenous leukemia, secondary	Possible	posaconazole prophylaxis	<i>Aspergillus fumigatus</i>	NEG	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive
49	B-cell lymphoma (limited specimens for both culture & PCR)	Proven	none	NEG	NEG	No fungal elements; only swab submitted	<i>Not performed; recent prior positive for septate hyphae in decalcified specimen</i>	Other etiology	False Negative
50	Intracranial abscess, meningitis, and bacteremia due to <i>Staphylococcus aureus</i> with sinus involvement	Not Applicable	none	<i>Malassezia restricta</i>	NEG	No fungal elements	No apparent fungal organisms	Other etiology	Bystander/colonizer
51	EtOH abuse and ESRD with marked anemia	Proven	none	<i>Rhizopus microsporus</i>	NEG	No fungal elements	No obvious fungal forms or significant inflammation	Fungal etiology	True Positive
52	HIV, AIDS (CD4 14 cells/mcL)	Not Applicable	amphotericin B	<i>Aspergillus fumigatus</i>	NEG	No fungal elements	<i>Not performed</i>	Fungal etiology	True Positive

**Supplemental Table S3:**

Patient Number	Did Fungal PCR Drive Change in Management in True Positive Cases? (yes/no/other)	Clinical Action/Change	Death (time to)	Cause of death if within 2mos?	Autopsy?
1	Yes	Medication Change/Removal	alive		
2	No	confirmed Medication Choice	=< 1 yr	n/a	No
3	No	confirmed Medication Choice	alive		
4	N/A	no changes	alive		

5	No	Medication Change/Removal	alive		
6	N/A	No Changes			
6	Yes	Medication Change	alive		
6	N/A	Medication Change			
7	No	Medication Change/Addition	=< 30 days	Fungal infection significant contribution	No
8	No	confirmed Medication Choice	=< 30 days	Underlying disease	Yes
9	No	Medication Change/Addition	=< 60 days	Fungal infection significant contribution	Yes
10	N/A	No Change	alive		
11	Yes	Medication Change/Addition	alive		
12	No	confirmed Medication Choice	=< 1 yr	n/a	Yes
13	No	Medication Change/Removal	alive		
14	No	Medication Change/	alive		
15	N/A	Medication Change/Removal	alive		
16	Yes	Medication Change/Removal	Any Death (>1yr)	n/a	
17	No	confirmed Medication Choice	alive		
18	Yes	Medication Change/Addition	Any Death (>1yr)	n/a	
19	No	confirmed Medication Choice	alive		
20	No	Medication Change/Removal	Any Death (>1yr)	n/a	
21	No	Medication Change/Removal	alive		
22	No	Medication Change/Addition	alive		
23	No	confirmed Medication Choice	=< 60 days	Fungal infection significant contribution	No
24	Yes	Confirmed Medication Choice	Any Death (>1yr)	n/a	

25	No	Medication Change/Addition	=< 1 yr	n/a	No; no physician death note; d/c to home hospice at 22 days
26	Yes	Medication Change/Addition	=< 1 yr	n/a	No; no physician death note; transitioned to comfort only
27	N/A (patient died prior to result)	other (see notes)	=< 30 days	Other infection significant contribution Fungal infection significant contribution	Yes
28	N/A	No Change	alive	n/a	
29	N/A	Confirmed Medication Choice	alive	n/a	
30	No	Medication Change/Addition	Any Death (>1yr)	n/a	
31	N/A	Medication Change/Removal	alive	n/a	
32	Unable to determine	confirmed amphi & Vori	Any Death (>1yr)	n/a	
33	N/A	medication Change/Removal	alive	n/a	
34	No	Medication Change/Addition	=< 1 yr	n/a	No
35	N/A		alive	n/a	
36	N/A	medication Change/Removal	=< 1 yr	Not documented/Unknown	No
37	No	Medication Change/Addition	alive	n/a	
38	Yes	confirmed Medication Choice	alive	n/a	
39	Yes* (supported interpretation of culture as bystander)	No antifungals given	alive	n/a	
40	Yes	Medication Change/addition	alive	n/a	No

41	N/A	no Change	=< 1 yr	Not documented/Unknown	No
42	N/A	no change	=< 1 yr	n/a	Yes
43	No	medication Change/Removal	Any Death (>1yr)	n/a	
44	No	medication Change/Addition	=< 30 days	Fungal infection significant contribution	No
45	No	Medication Change/addition	=< 30 days	Fungal infection significant contribution	Yes
46	N/A	n/a	Any Death (>1yr)	n/a	
47	First identified by <i>Aspergillus fumigatus</i> - specific PCR, ordered concurrently	Medication Change/Addition	alive		
48	First identified by <i>Aspergillus fumigatus</i> - specific PCR, ordered concurrently	medication change (posa to vori)	=< 1 yr	n/a	No
49	N/A	No Change	alive		
50	No	No Change	=< 30 days	Other infection significant contribution	No
51	First identified by mucormycete-specific PCR, ordered concurrently	Confirmed Medication Choice	=< 30 days	Fungal infection significant contribution	No
52	First identified by <i>Aspergillus fumigatus</i> - specific PCR, ordered concurrently	Medication Change/Addition	=< 30 days	Fungal infection significant contribution	No