

Pneumocystis jirovecii pneumonia (PjP) PROPHYLAXIS

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RISK STRATIFICATION	
<p><i>Pneumocystis jirovecii</i> (formerly <i>Pneumocystis carinii</i>), is a common cause of pneumonia among immunocompromised individuals. Although the efficacy of PjP prophylaxis in hematologic patients has not been assessed in controlled clinical trials, PjP prophylaxis is currently routine in several hematologic diseases and conditions.</p>	
<p>In which haematologic diseases or conditions is prophylaxis of PjP indicated and how long should PjP prophylaxis be continued ?</p>	<p>RECOMMENDED</p> <ul style="list-style-type: none"> • Acute lymphoblastic leukemia, from induction to end of maintenance • Fludarabine, cyclophosphamide, rituximab chemo-immunotherapy for the duration of therapy or until CD4>200/microl • Steroid therapy (≥20 mg prednisone equivalent/day for ≥1 month in adults) for the duration of therapy • Idelalisib (recent provisional recommendation by regulatory agencies) • Ibrutinib (provisional recommendation in view of recent reports) <p>OPTIONAL</p> <p>R-CHOP 14 for the duration of therapy</p> <p>BEACOPP escalated for the duration of therapy</p> <p>Nucleoside analogues for the duration of therapy and until CD4 count is greater than 200/mcL</p> <p>Ofatumumab for the duration of therapy</p> <p>Selected ASCT (including those who have a lympho-proliferative malignancy, have undergone graft manipulations as CD34 selection, or have recently received purine analogous) until 3-6 months from transplant</p>
<p>Which agent should be preferred for PjP prophylaxis?</p>	<p>TMP-SMX is the drug of first choice. All other drugs are inferior to TMP-SXT as first line agents and therefore are not recommended. They can be used, as second line prophylaxis, in patients with demonstrated TMP-SMX intolerance or serious adverse events.</p>
<p>Which dose of TMP/SMX should be used for PjP prophylaxis?</p>	<p>All the following schedules can be used:</p> <ul style="list-style-type: none"> - TMP-SMX 80/400 mg daily - TMP-SMX 160/800 mg daily - TMP-SMX 160/800 mg 3 times /week
<p>Which drug should be used in case of TMP/SMX intolerance?</p>	<p>Oral dapsone (100 mg/day)</p> <p>Aerosolized pentamidine (300 mg every 4 weeks)</p> <p>Oral atovaquone (1500 mg/day)</p>

- ECIL
- AGIHO