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Epidemiology of invasive aspergillosis and invasive mucormycosis in France between 2016 and 2022: an observational cohort study based on the French Hospital Discharge Database (PMSI)

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Conflicts of Interest

M.M-C. and F.S. are employees of Pfizer. S.B. and S.D. are employees of Heva which is a consulting company contracted by Pfizer to conduct the study. The authors declare no other conflicts of interest related to this work.

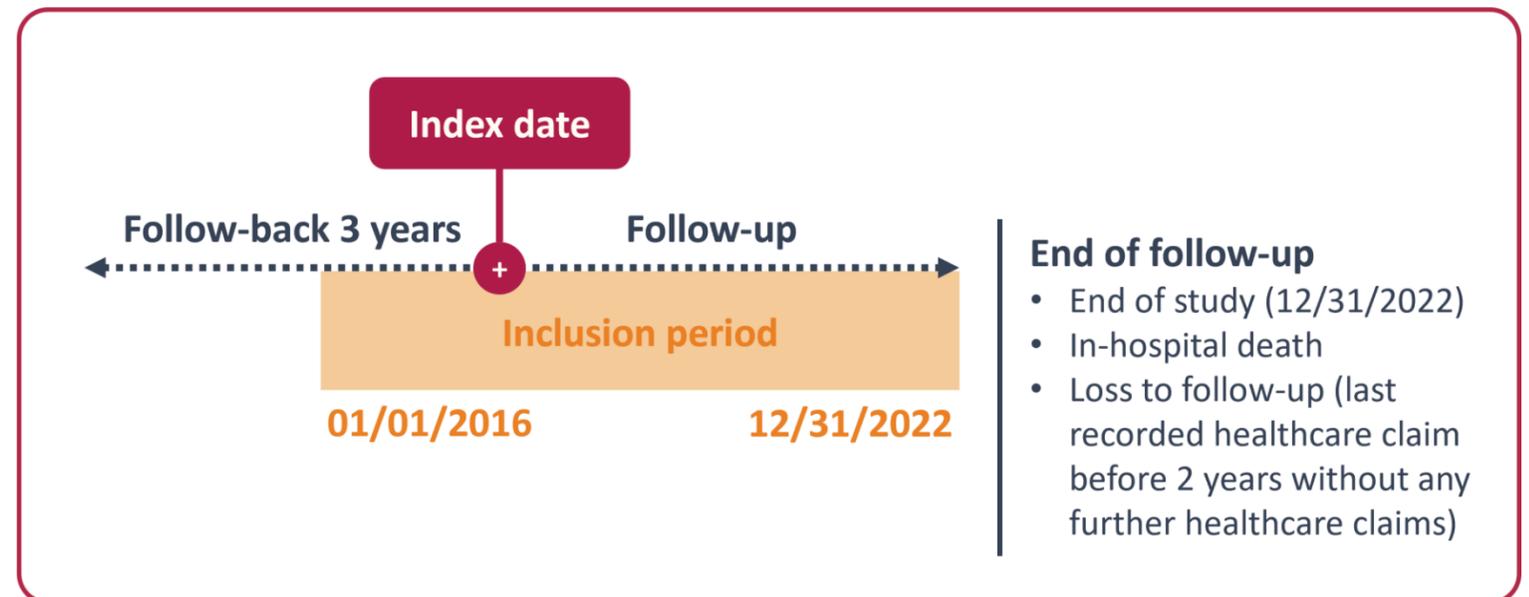
Objectives & Methods

Objectives

- To estimate the incidence of **invasive aspergillosis** and **invasive mucormycosis** among hospitalized patients in France.
- To describe the patients' characteristics, hospital healthcare, treatments, relapse and in-hospital mortality.

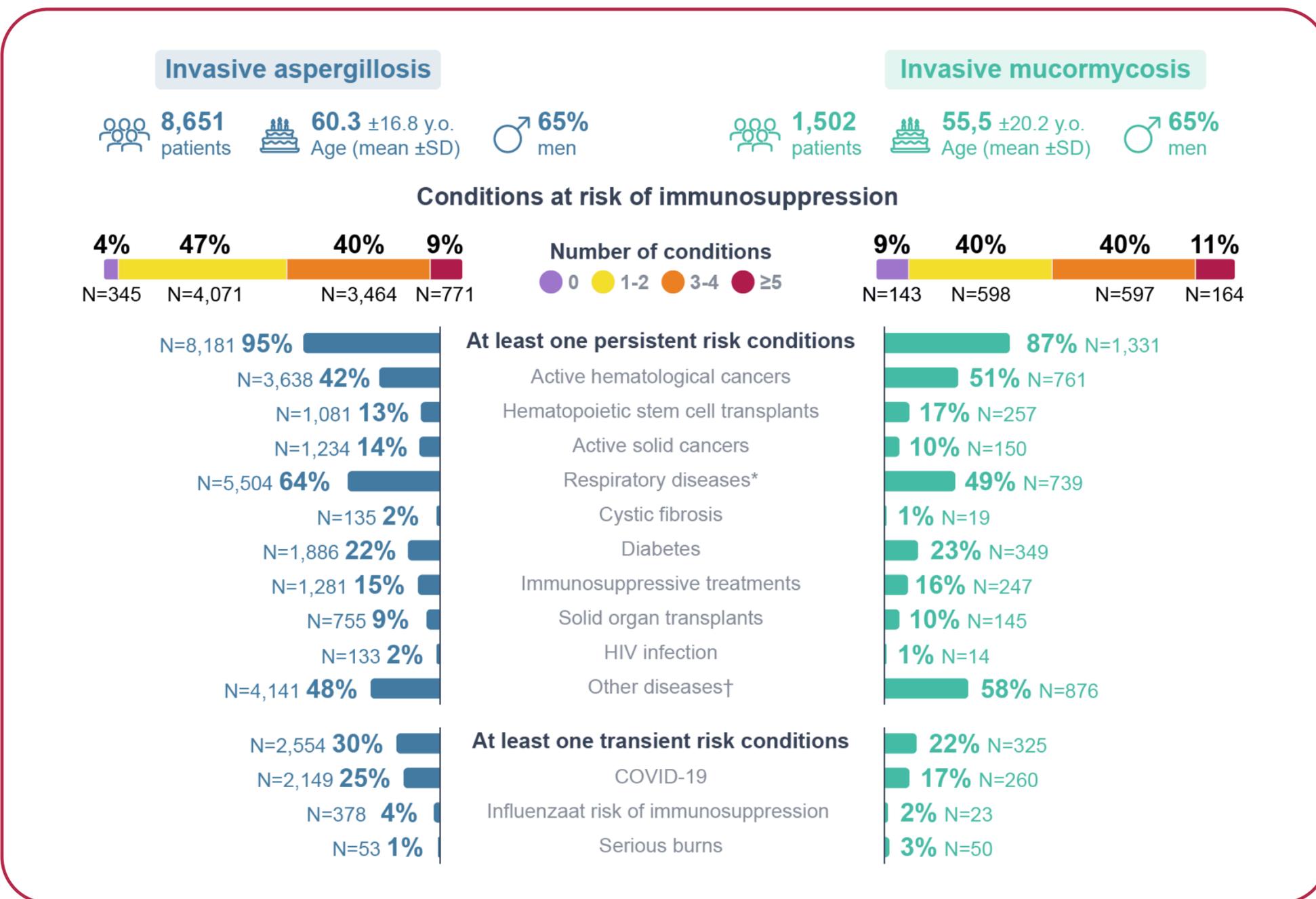
Study design

- Retrospective observational cohort study based on hospital data from the French Hospital Discharge Database (PMSI).



Results (1/2)

Population



*Including COPD, asthma, interstitial diseases; †Including hyposplenism and other bone marrow aplasia)

Annual incidence



Results (2/2) : Follow-up

Hospitalizations, co-infections and mortality

Invasive aspergillosis

 **8,651** patients

5.7 months (1.2; 22.8)

Follow-up duration, median (Q1; Q3)

N=377 **4%**

Loss to follow-up

26.0 days (13.0; 43.0)

Length of stay of the first hospitalization, median (Q1; Q3)

31.0 days (17.0 ; 53.0)

Cumulative length of stay of conventional hospitalizations, median (Q1; Q3)

3,104/13,639 stays **23%**

Admission via emergency room

7,525/13,639 stays **55%**

Admission in an intensive care unit

N=183 **2%**

Co-infection with the other fungal disease

29% [28% - 30%]

Relapse probability at 6 months†, [95% CI]

59% [58% - 60%]

In-hospital mortality during the episode, [95% CI]

Invasive mucormycosis

 **1,502** patients

6.3 months (1.5; 25.4)

5% N=75

25.0 days (11.0; 45.0)

33.0 days (15.0 ; 58.0)

12% 382/3,107 stays

44% 1,373/3,107 stays

24% N=355

32% [30% - 35%]

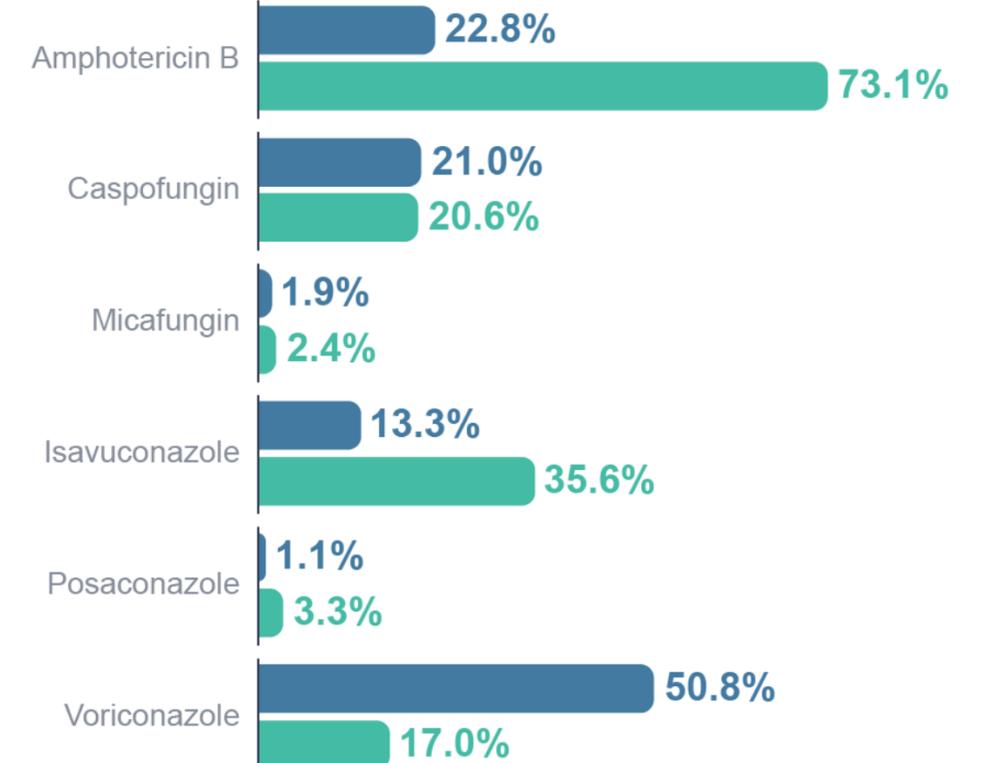
52% [50% - 55%]

Treatment

No administration of identifiable treatments*

No identifiable treatment **29.7%**

At least one administration of identifiable treatments*



† The probability of a rehospitalization for the fungal disease in the 6 months following the first hospitalization, defining a relapse, was estimated by the Kalbfleisch-Prentice method with death as competing risk.

* Only innovative treatments listed by French health authorities for reimbursement outside standard hospital tariffs are identifiable in the PMSI database