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| Launching MSGERC Doctor FungusWe are excited to announce that we are officially launching the updated Doctor Fungus Website (<http://msgercdoctorfungus.com>). With the formation of the new [MSGERC](http://msgerc.org) in 2014, our mission to update and relaunch Doctor Fungus became a critical goal. The compilation of mycology information contained in the site includes combinations of older content from the earlier Doctor Fungus site, and is now paired with emerging updates.  New material is being continuously revised and updated by key opinion leaders in medical mycology and the Doctor Fungus Editorial Team.  We are also featuring Doctor Fungus “Case of the Month”, extensive fungal resources, important research news, information on emerging fungal infections, and features from other medical mycology groups.  We will also provide links to continuing education events and conferences through the site. This is your site. If you are interested in submitting cases of the month, reviewing and updating content, serving on the Editorial Board, please contact me at [grthompson@ucdavis.edu](mailto:grthompson@ucdavis.edu)   * George Thompson, MD | Doctor Fungus Case of the Month **We invite you** . . . .  ….to take the lead in writing up cases using a format adopted from the [Gorgas Course in Tropical Medicine](https://www.uab.edu/medicine/gorgas/). We will feature these monthly on the Doctor Fungus website. The format for submissions will be:   * **History** * **Epidemiology** * **Physical Exam** * **Lab Exams** * **Diagnosis** * **Evidence-based Discussion** * **Photos, Xrays**   This is also an excellent opportunity for fellows-in-training. Please submit cases and images to Peter G. Pappas, MD at [ppappas@uabmc.edu](mailto:ppappas@uabmc.edu)  [msgercdoctorfungus.com](http://msgercdoctorfungus.com)    *Photo from initial DoctorFungus launch during ICAAC in 1990s* |
| Dear Colleagues,  Since 1978, the MSG legacy has endured as the clinical and scientific experts in clinical mycology. Once funded by the NIH, this group re-structured in 2014 as an independent non-profit organization. As we planned our inaugural Biennial Meeting, in 2016, we began our formal membership campaign inclusive of a global cohort of investigators, fellows, government agencies and pharmaceutical companies. We encourage you to continue supporting us with your annual formal membership and with our pre-clinical and clinical efforts. Annual dues are $100 per member ($75 for current ID Fellows).  Official member benefits include:   1. Recognition as a MSGERC member and the historic value of the group. 2. Identification as a key opinion leader in your mycology specialization. 3. Opportunities to serve as a subcontractor on MSGERC CME or research consultations. 4. Recognition as a preferred investigator for mycology clinical research studies. 5. Eligibility to vote on important MSGERC matters that are brought forth to membership. 6. Eligibility to run for MSGERC Board of Directors and hold a leadership position helping to shape the future strategy, goals and mission of our organization. | Time for membership renewals  1. Eligibility to serve as a leader on one of MSGERC’s standing committees. 2. Website presence. 3. Online, searchable Membership Directory and self-management of full profile. 4. Reduced meeting registration rates for the Biennial Meetings. 5. Unparalleled access to a global community network of experts and renowned leaders in the mycology field.  MSGERC.ORG Together, we will champion evidence-based diagnoses, prevention, treatment and management of invasive fungal infection through Education, Research, Scholarship and Advocacy. Our 2016-17 advisory activities included work with T2, Scynexis, Cidara, Mayne, Merck, Viamet and Vical. We have other exciting opportunities in our near future.  Additionally, considerable work has been put into updating and re-launching Doctor Fungus, under the leadership of Drs. George Thompson, Tom Patterson and staff of MSGERC. One feature of this updated website will be MSGERC Case of the Month, whereby members of the MSGERC will submit interesting clinical cases, diagnosis, treatments and outcomes.  We are also beginning to approach another aspect of our mission, **public advocacy**. We recognize the importance of the patient perspective in new drug development and, their stories. Through engagement with patients, we will begin to feature patient stories of invasive fungal infection through **The Face of Fungal Infection** in the near future.  Thank you again for your ongoing support and dedication to our mission.  ***Peter G. Pappas, MD*** |

### msg studies

**MSG-03: Invasive Aspergillosis Combination Study**

**PI:** *Kieren Marr*

**Sponsor:** *Pfizer*

This trial was completed on February 22, 2011 with a total of 459 patients enrolled and 454 patients dosed. A poster was presented at ECCMID in London in April 2012. Marr K *et al*.,*A*nn Intern Med. 2015;162(2):81-89. doi:10.7326/M13-2508

**MSG-05: A re-analysis of the voriconazole versus amphotericin B followed by other licensed antifungal therapy for invasive aspergillosis trial (Herbrecht et al. NEJM 2002; 347: 408-15)**

**PI**: *Raoul Herbrecht*

**Sponsor:** *Pfizer*

The purpose of this project was to reanalyze the existing database from the pivotal study comparing voriconazole to amphotericin B followed by OLAT for primary treatment of invasive aspergillosis. The analysis was presented at ICAAC 2012). Herbrecht R *et al*.,*Clin Infect Dis*. 2015 Mar 1;60(5):713-20. doi: 10.1093/cid/ciu911

**MSG-06:** **The** **Phaeohyphomycosis Registry**

**PIs:** *Sanjay Revanker, John Baddley, Sharon Chen*

**Sponsors:** *Merck, Gilead, Astellas*

Enrollment began on October 31, 2012 and closed on 12/31/2015. A total of 110 cases were enrolled, and 99 were included as part of the final dataset. The registry includes cases diagnosed between January 1, 2009 and December 31, 2015. Sixteen sites participated and enrolled cases. Sites are located in South America (1), Australia (2), and North America (13). This project prospectively identifies 110 patients from these sites and captures all relevant clinical, diagnostic, mycological and treatment/outcome information relating to this uncommon mycosis. These data will ultimately be merged with relevant data from the ongoing *Fungiscope* project led by Oliver Cornely in FRG. An important component of this study is that CDC serves as specimen repository for the project, providing access to these clinical specimens by all MSG investigators. The manuscript has been accepted by OFID. (*Revankar SG, Baddley JW, Chen S, KauffmanCA, SlavinM, VazquezJA, Seas C, Morris MI, Nguyen H, ShohamS, Thompson IIIGR, Alexander B, SimkinsJ, Ostrosky-Zeichner L, Mullane K, Alangaden G, Andes DR, Cornely O, Wahlers K, Lockhart S, Pappas PG. A Mycoses Study Group international prospective study of phaeohyphomycosis: an analysis of 99 proven and probable cases)*

**MSG-07:** **Cryptococcosis Combined Analyses**

**PIs:** *John Baddley, Sharon Chen, Emilio DeBess, Eleni Galanis, Julie Harris, Nicola Marsden-Haug, John Perfect, Peter Phillips, Peter Pappas*

**Sponsor:** *Merck*

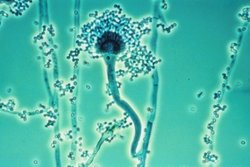
This retrospective study will evaluate archived cases of *C neoformans* and *C gattii* from UAB, Duke, Australia, BC Canada, Washington, and Oregon. Over 800 well-defined cases have been identified. UAB has obtained signed data use agreements with participating sites and has received data from each site. Data merger is complete. The analysis plan is being finalized and potential manuscripts are being discussed. Manuscript writing has begun.

**MSG-08:** **Epidemic Mold Infections in U.S.**

**PIs:** *Carol Kauffman, Tom Chiller, Peter Pappas*

**Sponsors:** *CDC, Gilead, Merck*

MSG received funding from Merck, Gilead, and the CDC to support this project based on capturing the detailed, long-term clinical and therapeutic features of this outbreak. Data points include diagnostic, clinical, radiologic, treatment and outcomes data, and these data have assisted with defining disease management. MSG’s role has included site selection, electronic case report form development, data management and analysis. Nine sites participated with providing case data. Enrollment began in September 2013 and all data collection was complete by February 2016. Final dataset included 456 cases entered in the REDCap electronic database. Data is in the final stages of being cleaned and data analysis will begin this spring. A primary manuscript is being developed by Anu Malani and Carol Kauffman and will be ready for distribution by the end of 2017.



**MSG-11: Cryptococcal Infections in Non–HIV Infected Hosts: A Prospective International Study**

**PI:** *Peter Pappas, MD*

**Sponsor:** *Gilead*

This study is an international observational study, which is similar in design to MSG-09, which was originally proposed as an international study. As an international study, MSG 11 will include sites in Australia, Canada, Taiwan and western Europe. We are also approaching sites in Viet Nam, France, and India. Our goal is to enroll 150 non-HIV infected patients with proven or probable cryptococcosis over a 24-month period. At least 32 patients have been enrolled, it difficult to find sites, and more difficult than expected to find eligible subjects. Data updates in REDCap in progress.

**MSG-12: Retrospective review of candidemia outcomes in a large US cohort utilizing the Premier database**

**PI:** *Brian Fisher, MD, Theo Zaoutis, MD, Luis Ostrosky-Zeichner, MD*

**Sponsor**: *CHOP*

This study was initiated by Drs. Fisher and Zaoutis at CHOP following their purchase of aspects of the Premier database. The purpose of this study is to analyze treatment and outcomes among a large cohort (approximately 2000 patients) across the US with *Candida* BSI. The first analysis was presented at ICAAC 2015, and has subsequently been published (Chiotos K, Vendetti N, Zaoutis T, Baddley J, Ostrosky-Zeichner L; Pappas PG, Fisher, B. Comparative effectiveness of echinocandins versus fluconazole therapy for the treatment of adult candidaemia due to Candida parapsilosis: a retrospective observational cohort study of the Mycoses Study Group (MSG-12) J Antimicrob Chemo 2016; 71: 3536-9.

**MSG-13: A Multi-Center, Case Control Study of a Lateral Flow Assay for the Diagnosis of Histoplasmosis (2R42-AI096945-03)**

**PI**: Pe*ter Pappas, MD, Andrej Spec, MD*

**Sponsor:** *IMMY*

This is a pre-510k case-control study to test the IMMY investigational LFA for the diagnose of histoplasmosis. Fifteen U.S. sites are participating. Enrollment goals are 250 separate cases (50 proven histoplasmosis cases and 50 probable). - Study closes- March 31st 2018. Currently there are 22 confirmed histo cases of targeted 50; 16 probable of targeted 25; 16 of 100 targeted matched controls; 38 of 155 targeted fungal controls. We are exploring alternate methods of procuring controls.

**MSG-09: Prospective study of cryptococcosis among non-HIV infected patients**

**PI:** *Kieren Marr, MD*

**Sponsor:** *NIAID*

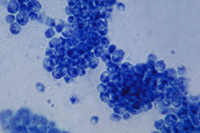
This observational, prospective study started enrollment of patients with cryptococcosis who are HIV negative on March 14, 2014. This study captures all relevant epidemiology, clinical and therapeutic data. In addition, immunologic and genetic studies are being performed on each study participant to explore host response to infection and genetic predispositions to disease expression.

**MSG-10: A Prospective, Multicenter, Open-Label, Randomized, Comparative Study to Estimate the Safety, Tolerability, Pharmacokinetics, and Efficacy of Oral SCY-078 vs. Standard of Care Following Initial Intravenous Echinocandin Therapy in the Treatment of Invasive Candidiasis (Including Candidemia) in Hospitalized Nonneutropenic Adults**

**PI:** *Andrej Spec, MD, Peter Pappas, MD*

**Sponsor:** *Scynexis*

This phase 2 study open-label RCT was completed fall 2016. The primary focus of the trial was safety and PK; efficacy is a secondary endpoint given the small sample size. The trial design focused on a step-down strategy for candidemia. Of 27 enrolled participants, 22 were evaluable. Andrej Spec is writing the primary manuscript. Results were presented at ECCMID 2017.





MSGERC Continuing Education Portal

[funguscme.org](http://funguscme.org)

The MSGERC Education Committee continues to develop live and web-based activities as part of an overall strategic educational plan. We continue to work with Terranova Medica, LLC to develop and manage our CME activity grants. This year, we have enhancing interactivity at our live meetings (through use of IPads) and expanding our web and social media presence as the go-to source for all things mycological. ***#funguscme.*** Opportunities for Jr Faculty and Fellows to be a featured contributor to Mycology MinutesTMexist. Contact Lisa Tushla at [ltushla@terranovamedica.com](mailto:ltushla@terranovamedica.com) for more information.

### Current enduring activities

[**Invasive Mycoses: Emerging Paradigms & Practical Applications with Updates from IDWeek 2016**](http://funguscme.org/ASM2016_Enduring/php/register.php)

* This interactive, enduring multi-media activity is based on content presented at 2016 MSGERC Symposium at ASM Microbe. It includes the companion Mycology MinutesTM activity
* Registration: <http://funguscme.org/ASM2016_Enduring/php/register.php>

[**The New Antifungal Toolkit 2017: The Pharmacopeia and Beyond.**](http://funguscme.org/Toolkit2017/php/register.php)

* Originally launched in 2014 and updated through 2017, this is a web-based CME curriculum.
* Registration: <http://funguscme.org/Toolkit2017/php/register.php>

##### In the pipeline

**Upcoming Studies & Advocacy**

### **The FACE OF FUNGAL INFECTIONS**

Advocacy is a key arm of the MSGERC mission.

We aim to advocate for the education of physicians and scientists in the field of medical mycology.

We also seek to advocate fungal stewardship for appropriate treatment of patients.

An area we have heretofore not fully featured is the voice and experience of our patient populations. They are our heart. Their journeys through invasive fungal infection tell the story of these serious diseases and the treatments used.

We will be featuring **The Face of Fungal** **Infection** through an additional feature on our Website and as Case of the Month submissions are presented in [DoctorFungus](http://msgercdoctorfungus.com).

We are certain that our patients have important stories to tell and insights to bring to us as mycologists, to other care providers, and to our sponsors.

We would like to see photos and even video accounts. You can write up your cases as a “case of the month” and have those both featured simultaneously. Do not forget to consult your institutional policies by obtaining photograph releases from your featured patients and submit your media and write ups and release forms to Alisa Peinhardt ([apeinhardt@uabmc.edu](mailto:apeinhardt@uabmc.edu))

Contact [Alisa](mailto:apeinhardt@uabmc.edu) for more information.

**MSG-14 Safety and Tolerance and Efficacy of Oral Posaconazole in the Treatment of Endemic Mycoses**

**PI**: GR Thompson

**Sponsor:** *MERCK*

The MSGERC and the MSG Coordinating Center at UAB will manage the development and clinical operations for this study. This open-label study is currently in development and will launch by Summer 2018

**MSG-15 SUBA- itraconazole versus conventional itraconazole in the treatment of endemic mycoses: An open-label comparative trial.**

**PIs**: GR Thompson, Andrej Spec, Peter Pappas

**Sponsor:** *MAYNE*

The MSGERC and the MSG Coordinating Center at UAB will manage the development and clinical operations for this study. UAB MSG will hold the IND and is in the process of site selection. We hope to launch this study in sites in the U.S., Central and South America by the beginning of 2018.

**MSG-16- The Natural History of Antifungal Failure in Invasive Candidiasis in the US: A multi-center study (NATURE)**

**PI**: Luis Ostrosky-Zeichner, MD

**Sponsor:** *Scynexis*

The study will be managed primarily by University of Texas Health Sciences Center-Houston with some administrative assistance by the MSGERC and is targeted to launch early 2018.

**We are in active discussions on several projects for the near future:**

* Vical- upcoming Invasive Aspergillosis trial. The MSGERC will participate in DRC activities with this study.
* *Candida auris*- we will be exploring the development of single or multi-sponsored observational clinical trial.

##### The 2nd biennial meeting

**HOLD THE DATE!**

*Encourage Fellow participation!*

*See presentations from Clinical Mycology Today 2016 at*

[*http://msgerc.org/Learning-from-the-MSGERC-2016-Biennial-meeting*](http://msgerc.org/Learning-from-the-MSGERC-2016-Biennial-meeting)

##### contact us

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