

Universal antifungal therapy is not needed in persistent febrile neutropenia: a tailored diagnostic and therapeutic approach

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Online Supplementary Table S1. Evaluation and management of episodes of persistent febrile neutropenia.

Syndrome	Most probable fungal etiology	Diagnostic tests	Antifungal therapy
Non-focused fever			
No signs of severity	Non-fungal	Serum GM ¹ , blood cultures, abdominal US ²	No
Severe sepsis or septic shock	<i>Candida</i> spp.	Blood cultures	Caspofungin [†] Amphotericin [‡]
Focused fever			
Pulmonary	<i>Aspergillus</i> spp.	BAL ³ Thoracic TSCT ⁴	Voriconazole [†] Amphotericin [‡] Caspofungin [‡]
Sinusitis	<i>Aspergillus</i> spp.	Rhinoscopy Sinus CT ⁵	Voriconazole [†] Amphotericin ^{*‡}
Central nervous system	<i>Aspergillus</i> spp.	CNS ⁶ CT	Voriconazole [†] Amphotericin ^{*‡}
Abdominal	<i>Candida</i> spp.	Abdominal US or CT Endoscopy	Caspofungin [†] Amphotericin [‡] Fluconazole ^{&}
Skin	<i>Candida</i> spp.	Skin biopsy	Caspofungin [†] Amphotericin [‡] Fluconazole ^{&}

¹GM: serum galactomannan antigen test; ²US: ultrasound; ³BAL: bronchoalveolar lavage; ⁴TSCT: thin-section computed tomography; ⁵CT: computed tomography; ⁶CNS: central nervous system; ^{*}Amphotericin when *Mucor* spp. infection is suspected; [†]Primary therapy; [‡]Alternative therapy; [&]Primary therapy except for severely ill patients or those who had previously received azole prophylaxis.