

Activity of mold-active azole agents against *Aspergillus fumigatus* clinical isolates nonwildtype to azoles and isolates displaying CYP51 alterations

M Castanheira, JH Kimbrough, LM Deshpande, PR Rhomberg, M Winkler
Element Iowa City (JMI Laboratories), IA, USA

Introduction

- Aspergillus fumigatus* is the leading cause of invasive aspergillosis.
- Triazoles are considered the first-line therapy for invasive aspergillosis; however, azole resistance among *A. fumigatus* has increased in Europe and North America over the past two decades.
- Azole resistance is usually caused by alterations in CYP51A, which is involved in the ergosterol biosynthesis pathway.
- There are recognized discrete changes in the CYP51A from environmental exposure or due to the prolonged clinical use.
 - Additionally, alterations in the homologue CYP51B have been described in association with azole resistance.
- We analyzed 1,262 *A. fumigatus* isolates collected globally from 2017–2024 and reported the rates of azole nonwildtype (NWT) isolates and presence of CYP51 alterations.

Materials and Methods

- A total of 1,262 *A. fumigatus* isolates from respiratory and invasive infections were collected in 56 hospitals from 2017–2024.
- Isolates were identified by MALDI-TOF and/or DNA sequencing methods.
- Antifungal susceptibility testing was performed using the reference broth microdilution method described by CLSI M38 guidelines.
- Breakpoints and epidemiological cutoff values (ECVs) were published on CLSI documents (M38M51S and M57S) or by Pfaller et al. for posaconazole.

Results

- Among 1,262 *A. fumigatus* isolates, 112 (8.9%) were NWT to isavuconazole (n=105; 8.3% overall), itraconazole (n=108; 8.6%) and/or voriconazole (n=65; 5.2%).
 - Four (3.2% overall) isolates were nonwildtype to posaconazole using an ECV of 0.5 mg/L.
- The 116 azole NWT *A. fumigatus* isolates were collected from Europe (n=62), North America (n=39) and Asia-Pacific (n=15) in similar rates (9.7%, 9.8% and 7.4%, respectively).
 - These isolates were not observed in Latin America.
- Among 116 azole NWT *A. fumigatus* isolates, susceptibility to voriconazole and isavuconazole was 44.0% and 37.1% respectively (Figure 2).
- A total of 49 isolates displayed CYP51A alterations (Figure 1), including 20 isolates displaying the TR34/L98H genotype that has been associated with environmental use of azoles.
- All but one isolate displaying the TR34/L98H genotype were collected in Europe (Figure 1).
- Thirteen other CYP51A alterations were detected alone or in combination (Figure 1).
- Voriconazole and isavuconazole susceptibility rates against isolates harboring CYP51A alteration were 20.8% and 24.5%, respectively (Figure 2).
- Isolates carrying the TR34/L98H genotype were resistant to isavuconazole and voriconazole, all were NWT to itraconazole and 20.0% were NWT to posaconazole (Figure 2).
- Non-TR34/L98H isolates and non-CYP51A mutants displayed higher susceptibility rates to azoles (Figure 2).
- CYP51B alterations were noted in 9 isolates, all also having CYP51A alterations.

Conclusions

- The rates of azole-NWT *A. fumigatus* were similar in Asia-Pacific, Europe and North America; however, a large number of European isolates harbored the TR34/L98H genotype that displayed high resistance to all azoles.
- Emerging azole-resistant *A. fumigatus* is worrisome and there is a critical role for antifungal surveillance in tracking emerging resistance since a small number of laboratories test these isolates.

Funding

M Castanheira, JH Kimbrough, LM Deshpande, PR Rhomberg, and M Winkler are employees of Element Materials Technology (JMI Laboratories) at the time of this study, which was a paid consultant to Pfizer in connection with the development of this poster.

Acknowledgments

The authors thank all of the SENTRY Program participants for providing the isolates used in this study.

References

Patterson TF, Thompson GR, 3rd, Denning DW, Fishman JA, Hadley S, Herbrecht R, Kontoyiannis DP, Marr KA, Morrison VA, Nguyen MH, Segal BH, Steinbach WJ, Stevens DA, Walsh TJ, Wingard JR, Young JA, Bennett JE. 2016. Practice Guidelines for the Diagnosis and Management of Aspergillosis: 2016 Update by the Infectious Diseases Society of America. *Clin Infect Dis* 63:e1-e60.

Pfaller MA, Carvalhaes CG, Messer SA, Rhomberg PR, Castanheira M. In vitro activity of posaconazole and comparators versus opportunistic filamentous fungal pathogens globally collected during 8 years. *Diagn Microbiol Infect Dis*. 2021 Nov;101(3):115473.

CLSI. 2017. M38 Ed3. Reference method for broth dilution antifungal susceptibility testing of filamentous fungi. Clinical and Laboratory Standards Institute, Wayne, PA.

CLSI. 2022. M38 M51S Ed3. Performance standards for antifungal susceptibility testing of filamentous fungi. Clinical and Laboratory Standards Institute, Wayne, PA.

Figure 1. Distribution of (A) azole NWT *A. fumigatus* isolates and (B) CYP51A alterations by geographic regions

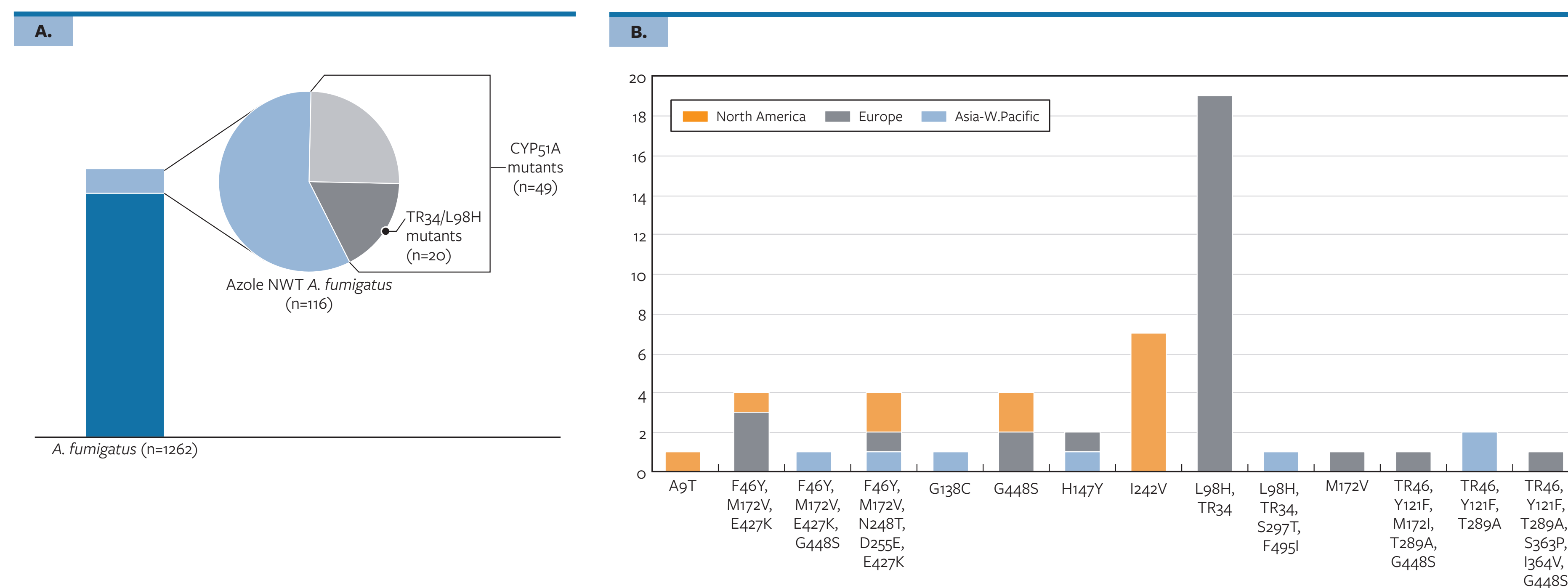
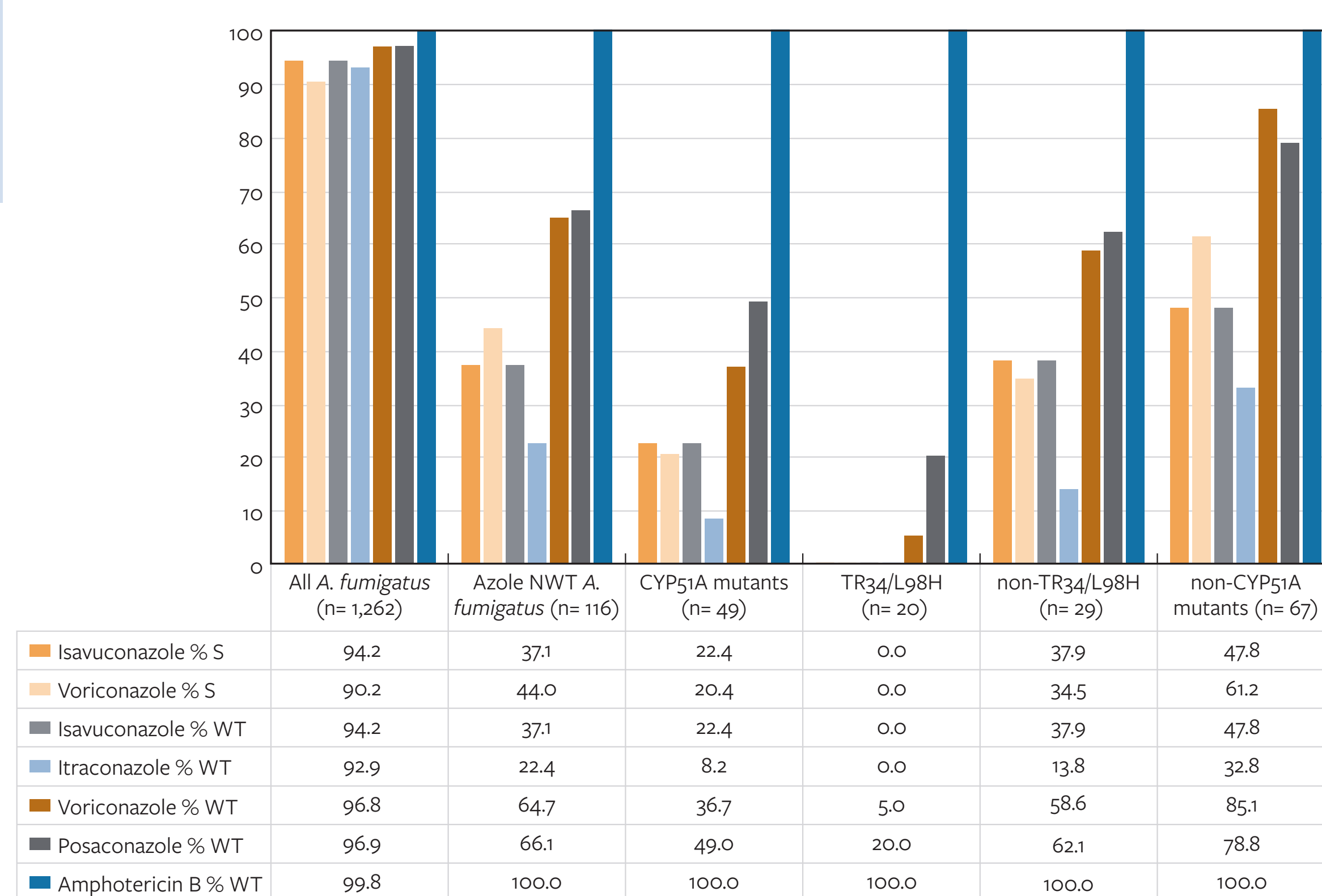


Figure 2. Activity of azole agents against azole NWT *A. fumigatus*



% S = percentage susceptible isolates when applying CLSI M38M51S breakpoints.
% WT = percentage of wildtype isolates when applying CLSI M57S ECVs.

Contact



Scan Me

Mariana Castanheira
Element Iowa City (JMI Laboratories)
345 Beaver Creek Centre, Suite A
North Liberty, IA 52317
Phone: (319) 665-3370
Email: mariana.castanheira@element.com

To obtain a PDF of this poster:
Scan the QR code or visit https://www.jmilabs.com/data/posters/ESCMID2026_25-PZR-03_A3_AFUM_NWT.pdf
Charges may apply. No personal information is stored.