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CHALLENGES AND UPDATE OF OPPORTUNISTIC INFECTIONS IN ONCOLOGICAL POPULATION

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During the past 20 years, there has been a steady increase in the frequency of opportunistic infections in immunocompromised patients. The opportunistic infections are a of the major causes of morbidity and mortality in oncologic patients. However, there is substantial controversy concerning optimal diagnostic criteria for these infections. Practicing physicians approach this uncertainty by treating suspected cases empirically, whereas those who review cases for research purposes tend to accept only cases in which the diagnosis is certain. Strategies to reduce such uncertainties have resulted in movements such as evidence-based medical guidelines. For example, in terms of opportunistic invasive fungal infections (IFIs), there still remains much uncertainty and controversy regarding the best methods for establishing the diagnosis of most IFIs. Therefore, members of the National Institute of Allergy and Infectious Diseases Mycoses Study Group and the European Organization for Research and Treatment of Cancer/Invasive Fungal Infections Cooperative Group and formed a consensus committee to develop standard definitions for IFIs for clinical research, and research-oriented definitions for the IFIs most often seen and studied in immunocompromised patients with cancer is proposed. Three levels of probability are proposed: "possible," "probable," and "proven." The definitions are intended for use in the context of clinical and/or epidemiological research, not for clinical decision making. The clinical laboratory and pathology play a role in defining the report of such infection. This presentation will share experiences and challenges of pathology reporting opportunity infections in a comprehensive cancer center of USA.

Biography

Dongfeng Tan received initial pathology training in China and Germany. After pathology residency at Yale University Medical Center (1994 to 1998), he completed an oncologic surgical pathology fellowship at Memorial Sloan-Kettering Cancer Center in New York. He joined Roswell Park Cancer Institute as an assistant professor of pathology in 1999. In 2004, He became an Associate Professor of pathology at The University of Texas (UT) Health Science Center at Houston. He joined the faculty of The University of Texas MD Anderson Cancer Center in 2006 and was promoted to Professor in 2010. Currently, he is professor of pathology and laboratory medicine, and medical oncology at MD Anderson Cancer Center. He has conducted independent and collaborative clinical and translational investigations and has been a principal investigator (PI) and Co-PI of funded research programs. These academic activities have led to 130 articles published.

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