Fungal infections are common in acute-care institutions. Candidemia now accounts for 8% of nosocomial bloodstream infections, aspergillosis is an all-too-common infection of immunocompromised patients, and candiduria is a frequent microbiological finding in patients with Foley bladder catheters.

The main goal of the annual John E. Bennett Forum on Deep Mycoses Study Design is to evaluate progress in design of meaningful clinical trials. This supplement issue of Clinical Infectious Diseases addresses important issues with regard to study design for candiduria, candidemia in critical care units, the diagnosis of invasive fungal infections, the evaluation of specific tests for invasive aspergillosis, and the design of studies of new drugs for salvage therapy of aspergillosis.

All authors outline the existing lack of information needed for a more complete understanding of the infections. Kauffman [1] notes that there is no model to evaluate therapy for kidney infections that ascend from the bladder. Furthermore, the difficulties in distinguishing colonization from infection are problematic, and the need to study patients with diabetes especially is highlighted.

Wenzel and Gennings [5] present a pro forma for a study of an antibiotic that would prevent candidemia in high-risk critical care units. They outline the efficiency of such a study if one can apply clinical criteria that have been shown to be independent risk factors for bloodstream infections due to Candida species in previous studies.

The reader who understands the issues outlined in the enclosed symposium will be better prepared to read and evaluate clinical trials in these areas.

JOHN E. BENNETT FORUM PROGRAM COMMITTEE

Members of the John E. Bennett Forum Program Committee include John E. Bennett (National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland), Raoul Herbrecht (Hôpital de Hautepierre, Strasbourg, France), Bart-Jan Kullberg (Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands), Thomas F. Patterson (The University of Texas Health Science Center at San Antonio), John Perfect (Duke University Medical Center, Durham, North Carolina), Claudio Viscoli (University of Genoa, Genoa, Italy), and John Wingard (University of Florida Shands Cancer Center, Gainesville).

JOHN E. BENNETT FORUM PARTICIPANTS

Participants in the John E. Bennett Forum include Barbara Alexander (Duke University Medical Center, Durham, North Carolina), Thierry Calandra (Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland), Ben de Pauw (University Medical Center St. Radboud, Nijmegen, The Netherlands), William Dismukes (University of Alabama at Birmingham), John Edwards (Harbor-UCLA Medical Center, Torrance, California), Michel Glauser (University Hospital, Lausanne, Switzerland), Carol A. Kauffman (VA Medical Center and University of Michigan, Ann Arbor), Kieren Marr (Fred Hutchinson Cancer Research Center, University of Washington, Seattle), Georg Maschmeyer (Klinikum Ernst von Bergmann, Potsdam, Germany), Peter Pappas (University of Alabama at Birmingham), John Powers (US Food and Drug Administration, Rockville, Maryland), John Rex de Pauw and Patterson [2] review the inherent difficulties in trying to identify clinical and laboratory criteria for invasive fungal infections. They offer suggestions for modifying the consensus guidelines.

Marr and Leisenring [3] lucidly present the study design issues in evaluating a serological test for aspergillosis. Variations in the validity of a single test may result from studies of populations that differ because of disease stage or prevalence or because of the timing of a test. Bennett [4] succinctly outlines the study design issues when evaluating a new drug for salvage therapy for aspergillosis.

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