<table>
<thead>
<tr>
<th><strong>Proven Invasive Pulmonary Aspergillosis</strong></th>
<th><strong>Probable Invasive Pulmonary Aspergillosis</strong></th>
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| • Sterile biopsy showing hyphae branching at 45° (morphologically suggestive of *Aspergillus*) with evidence of associated tissue damage  
  **OR**  
  • *Aspergillus* on culture of lung biopsy specimens | Clinical criteria (one of the following):  
  • Recent history of neutropenia (absolute neutrophil count < 500 cells)  
  • Allogeneic stem-cell transplant recipient  
  • Prolonged corticosteroid exposure (mean dose > 0.3mg/kg/day of prednisone equivalent for 13 weeks)  
  • Therapy with known T-cell immunosuppressive agents (e.g. Cyclosporine, tacrolimus, etc.)  
  • Hereditary severe immunodeficiency  
  **AND**  
  Radiologic criteria on CT (one of the following):  
  • Well-circumscribed, dense lesions ± halo sign  
  • Air-crescent sign  
  • Cavitary lesion  
  **AND**  
  Mycological criteria (one of the following):  
  • Cytology, culture or microscopy of respiratory sample (BAL, bronchial brush) showing fungal elements or growing *Aspergillus*  
  • Detection of antigen or cell-wall components (e.g. Galactomannan in serum, plasma or BAL) | Clinical criteria (one of the following):  
  • Recent history of neutropenia (absolute neutrophil count < 500 cells)  
  • Allogeneic stem-cell transplant recipient  
  • Prolonged corticosteroid exposure (mean dose > 0.3mg/kg/day of prednisone equivalent for 13 weeks)  
  • Therapy with known T-cell immunosuppressive agents (e.g. Cyclosporine, tacrolimus, etc.)  
  • Hereditary severe immunodeficiency  
  **AND**  
  Radiologic criteria on CT (one of the following):  
  • Well-circumscribed, dense lesions ± halo sign  
  • Air-crescent sign  
  • Cavitary lesion  
  (Serial testing of beta-D-glucan and galactomannan may improve sensitivity and specificity) |