

Optimize Treatment for Invasive Candidiasis (IC)

How is the patient doing after first-line therapy?^{1,2}

Not Doing Well¹

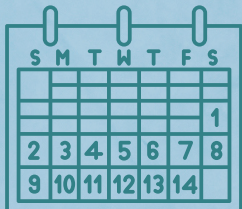
Identify reason(s) for failure



- Host factors
- Drug kinetics
- Inadequate source control
- Wrong diagnosis? Identify *Candida* to spp level and confirm susceptibility
- Drug resistance

Take next steps

- Check management of any underlying diseases that impact IC
- Consider removal/change of catheter
- Change dosage or class of antifungal
- Consider combination therapy



14 days²
Duration of therapy
for uncomplicated
cases

Doing Well

Replace echinocandins or AmB



- With oral fluconazole
After 5-7 days (clinically stable, susceptible to fluconazole [eg, *Candida albicans*], negative cultures)
- With voriconazole
After 5-7 days for fluconazole-resistant organisms (*C krusei*)

Additional Management...



Dilated Funduscopy Exam²

All IC patients within the 1st week of specific antifungal treatment




CVC Removal²

- Nonneutropenic: Remove CVC ASAP if presumed source of IC
- Neutropenic: CVC removal individualized



Infectious Diseases Consults^{3,4}

Associated with:

- Improved adherence to IC guidelines
- Faster time to definitive antifungal therapy
- Earlier clearance
- ↓  Decreased mortality



Echocardiogram⁵

For persistently positive blood cultures, persistent fevers, or predisposing valvular disease



Management Bundles⁶

Significantly reduce
14- and 30-day mortality

[Link here*](#)

CVC = central vascular catheter.

*<https://link.springer.com/article/10.1007/s40121-020-00281-x/tables/2>

1. Nucci M, Perfect JR. *Clin Infect Dis*. 2008;46:1426-1433. 2. Pappas PG, et al. *Clin Infect Dis*. 2016;62:e1-e50. 3. Lee RA, et al. *Clin Infect Dis*. 2019;68:1585-1587. 4. Mejia-Chew C, et al. *Lancet Infect Dis*. 2019;19:1336-1344. 5. Cheung D, et al. *Journal of Clinical Outcomes Management*. 2019;26:270-276. <https://cdn.mdedge.com/files/s3fs-public/JCOM02606270.PDF>. 6. Vena A, et al. *Infect Dis Ther*. 2020;9:119-135.

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