

Yeast in the blood:
are echinocandins the optimal agents
for critically ill or neutropenic patients?

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ESCMID 2012 & IDSA 2016 recommendations on initial treatment of IC

WHY echinocandins ?

Fungicidal

Broader spectrum

Rare resistance

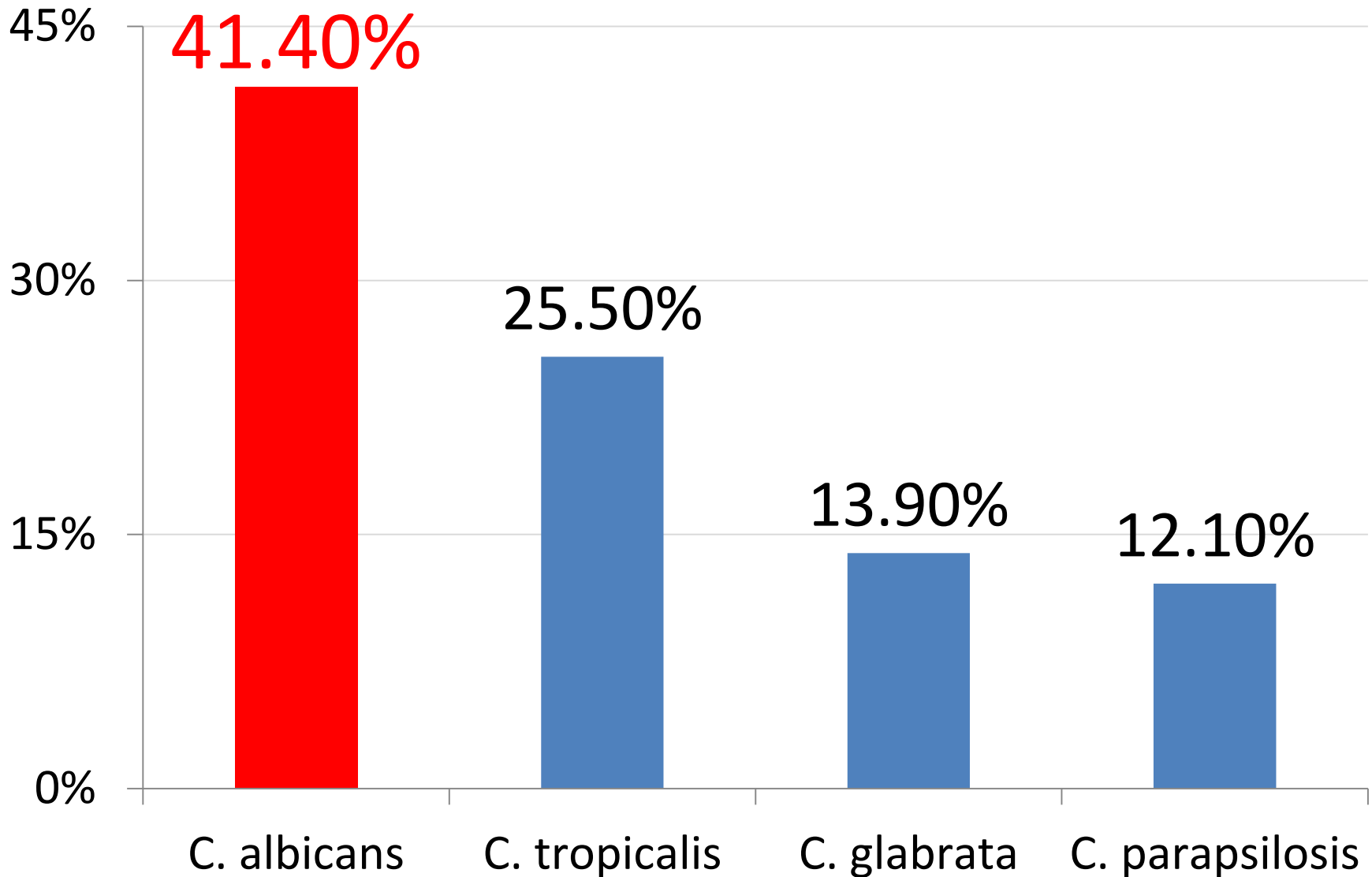
Biofilm activity

Safety profile

Fewer drug–drug interactions

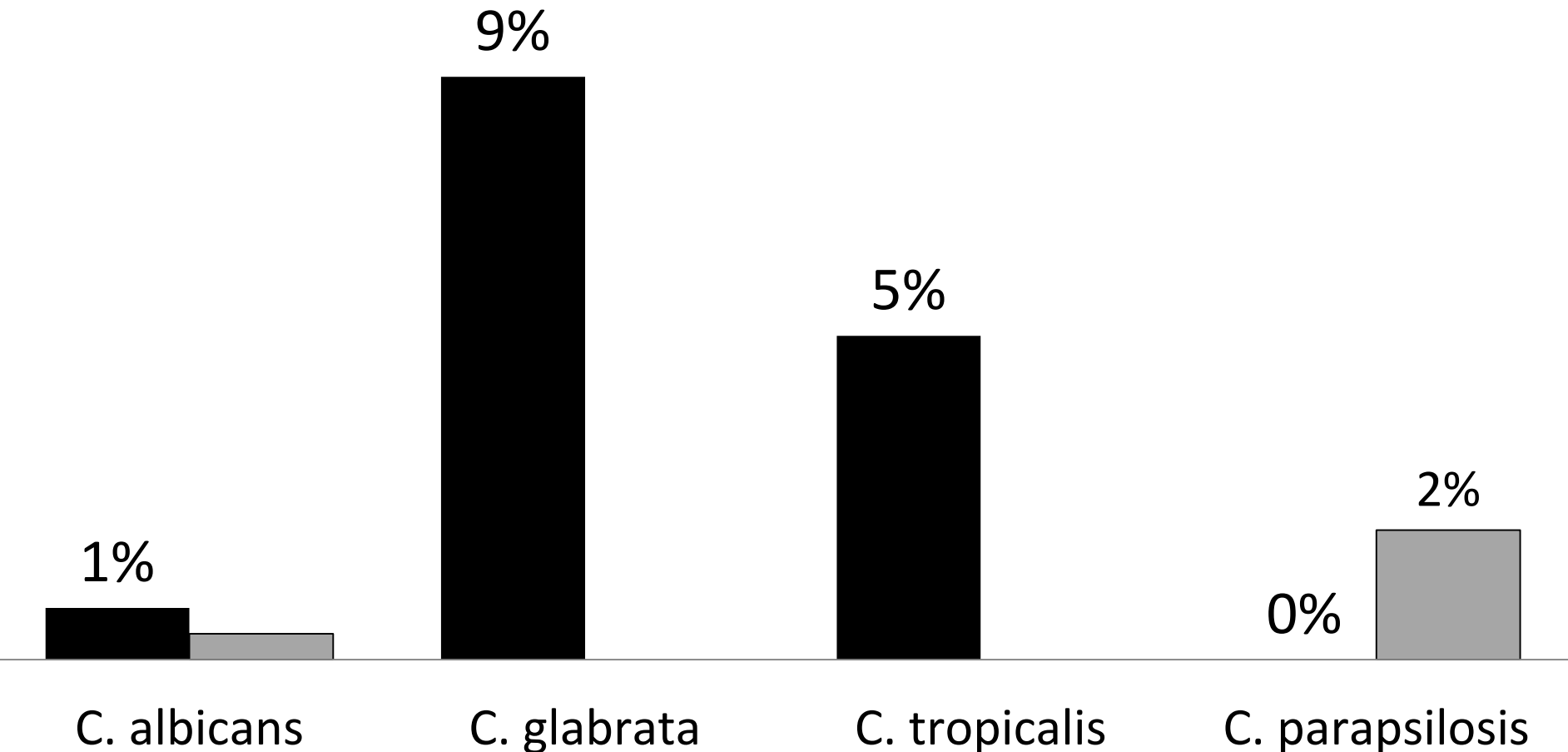
Superior to fluconazole in one RCT

Distribution of Candida blood isolates



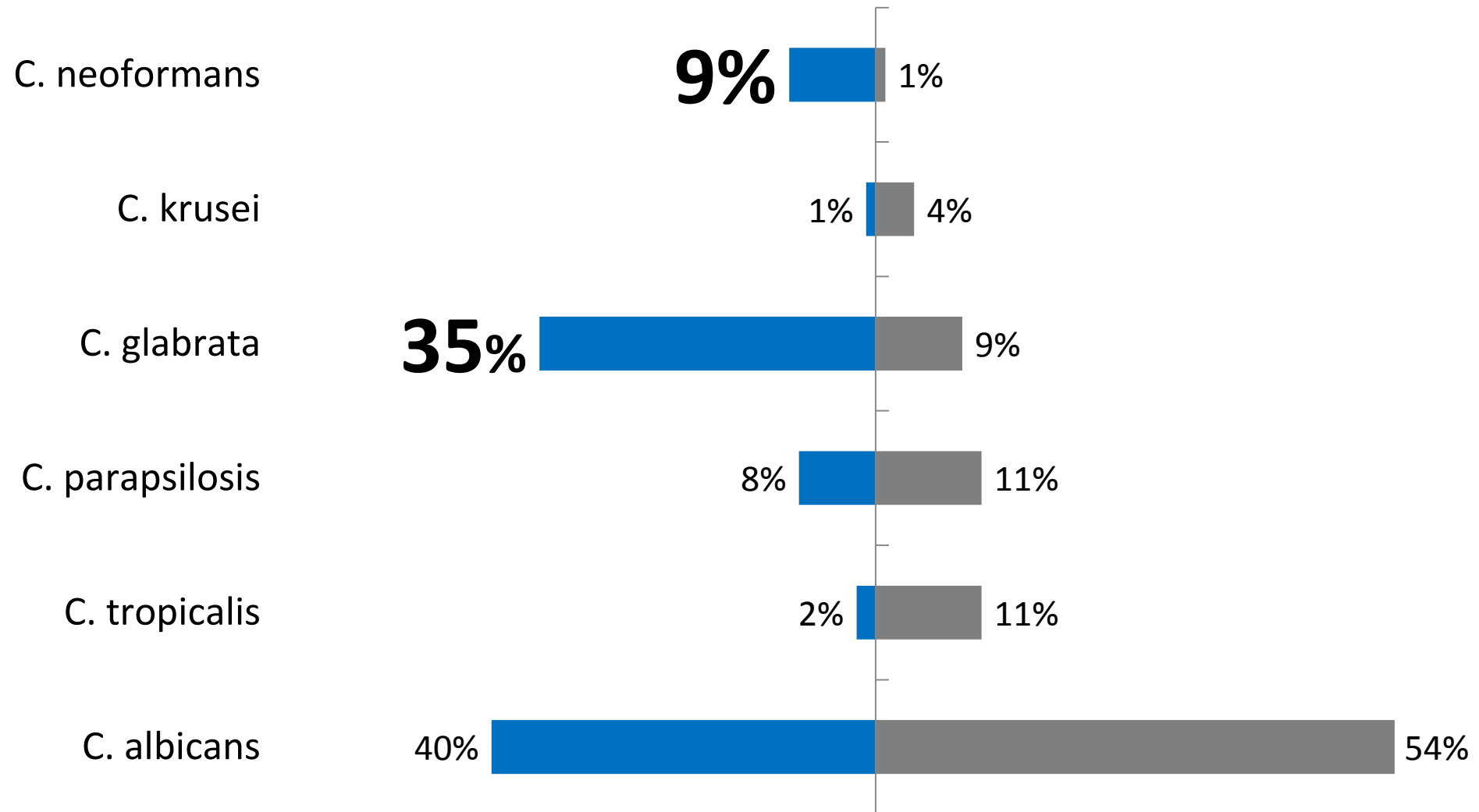
Patterns of Resistant strains in Taiwan

■ Fluconazole ■ Echinocandin

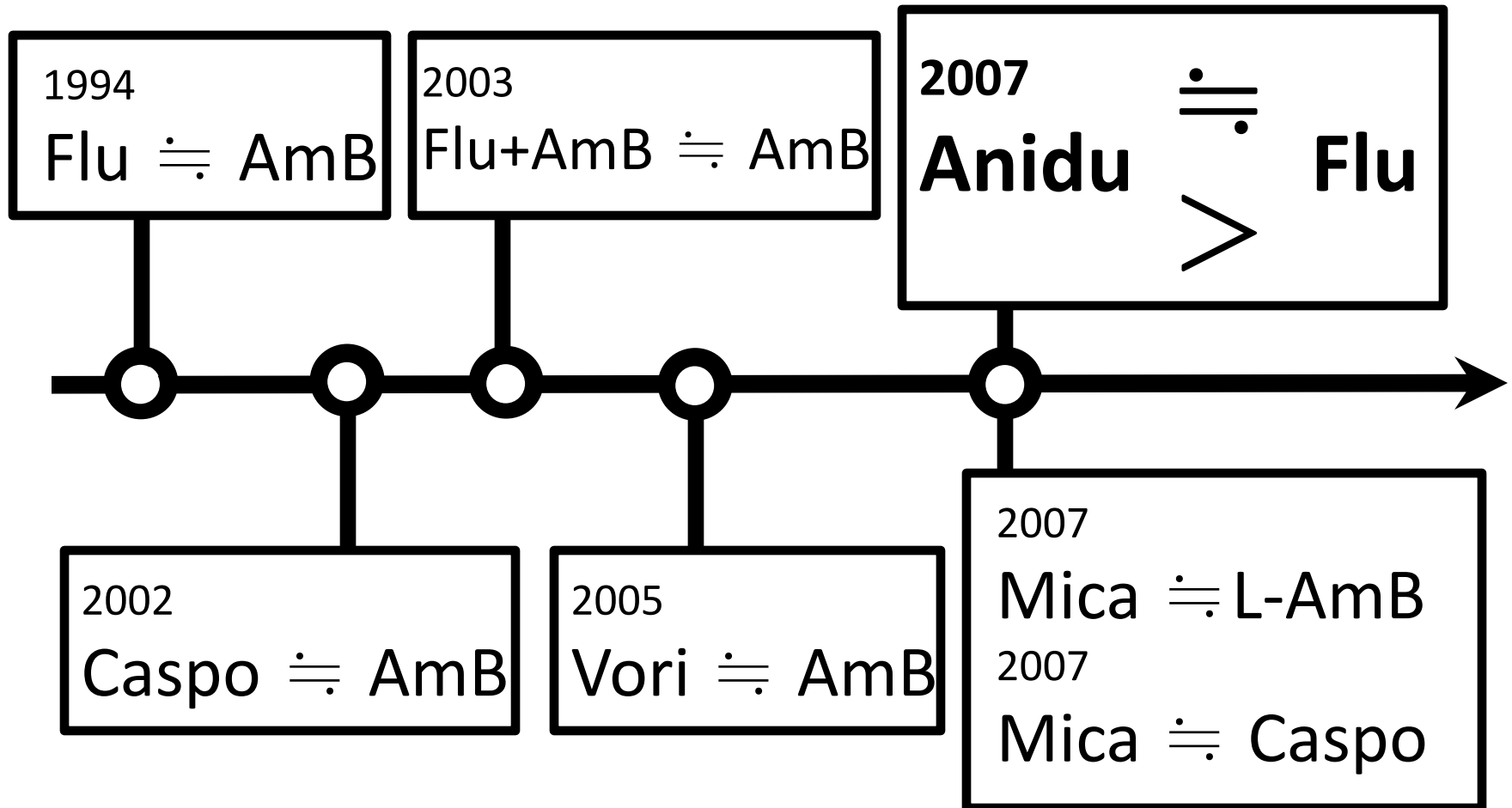


Clues: Time to positive culture

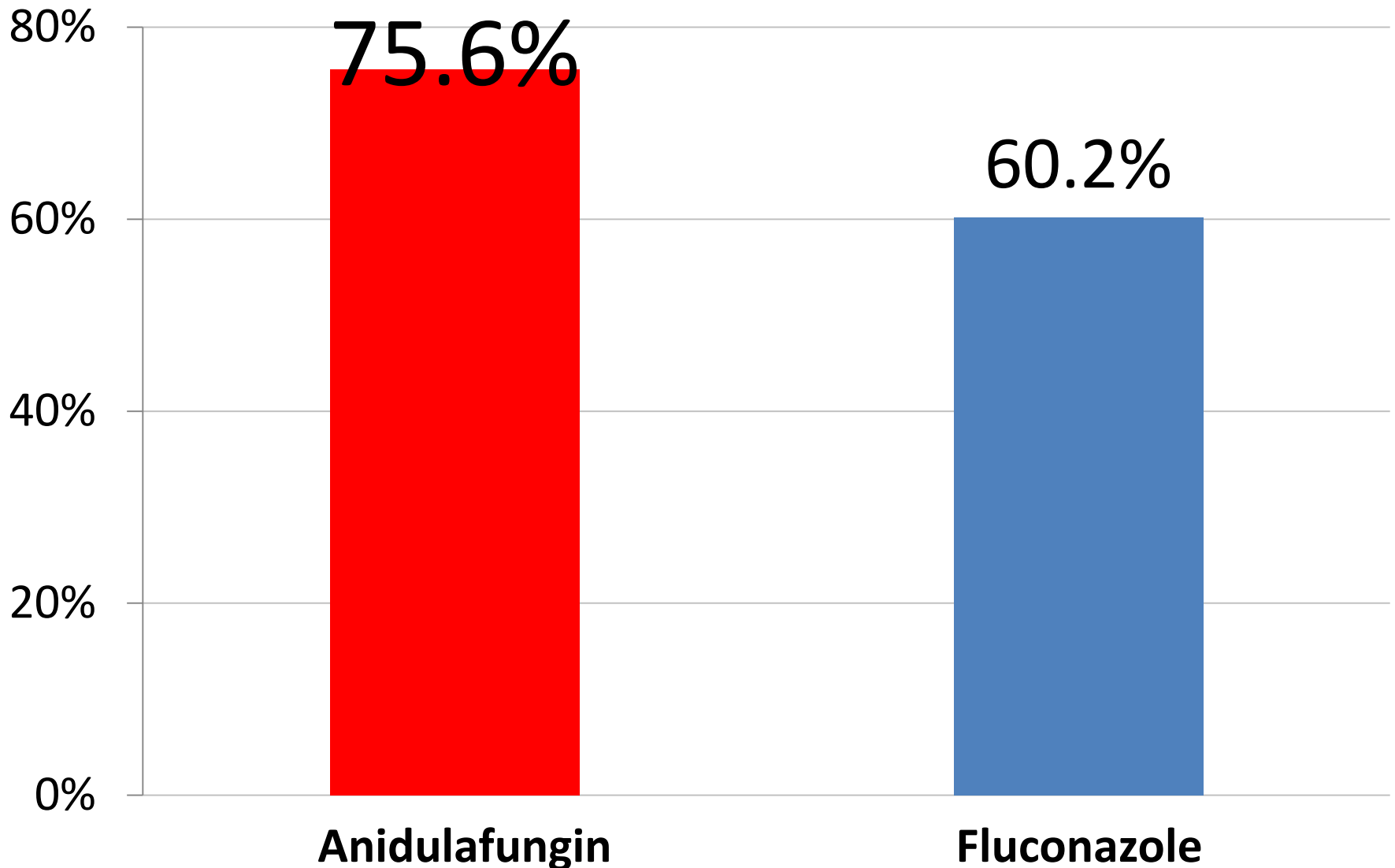
■ IT>2days ■ IT<2days



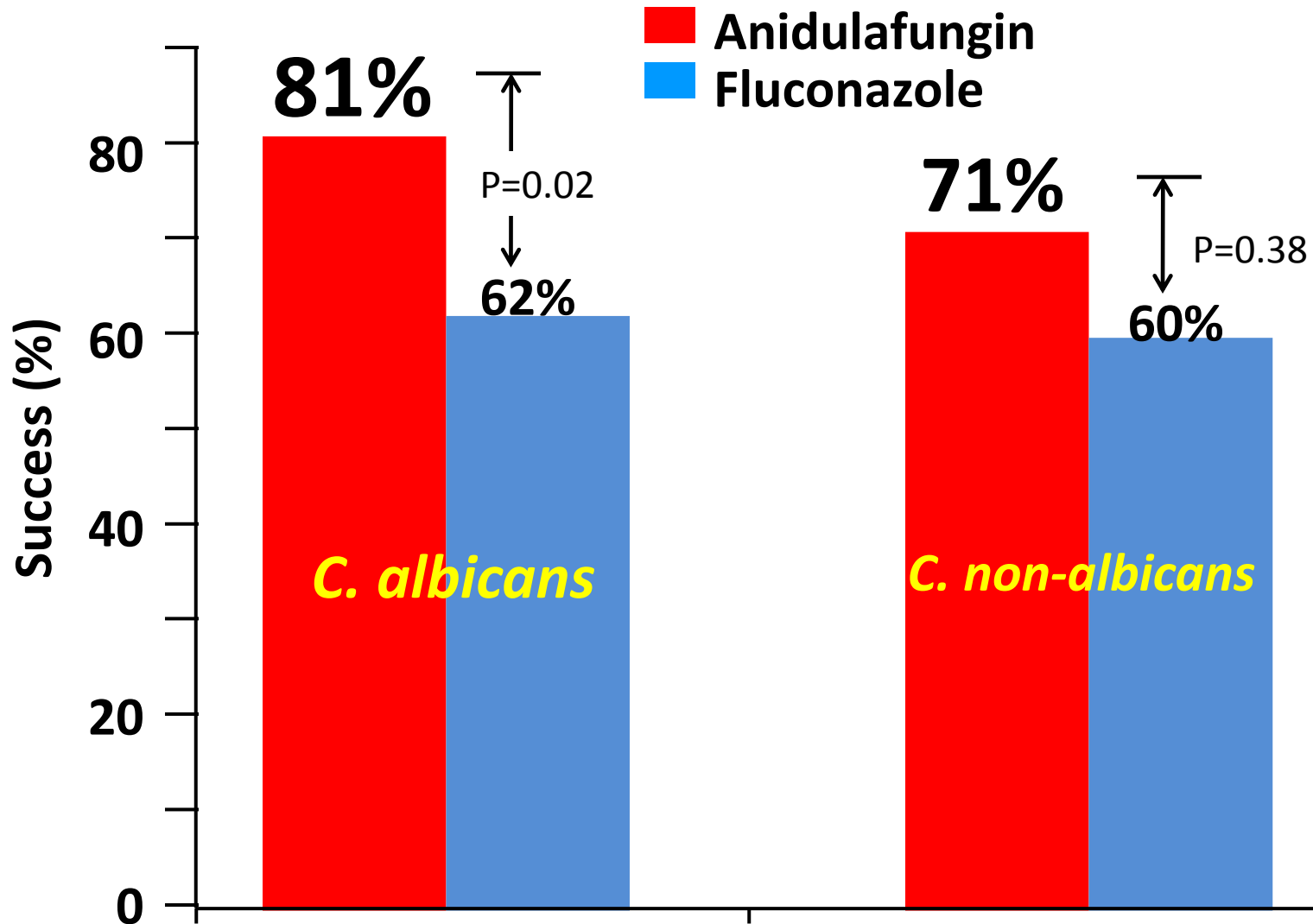
Timeline of RCTs for invasive candidiasis



Anidulafungin versus Fluconazole



Anidulafungin **greater efficacy** fluconazole



Controversial points

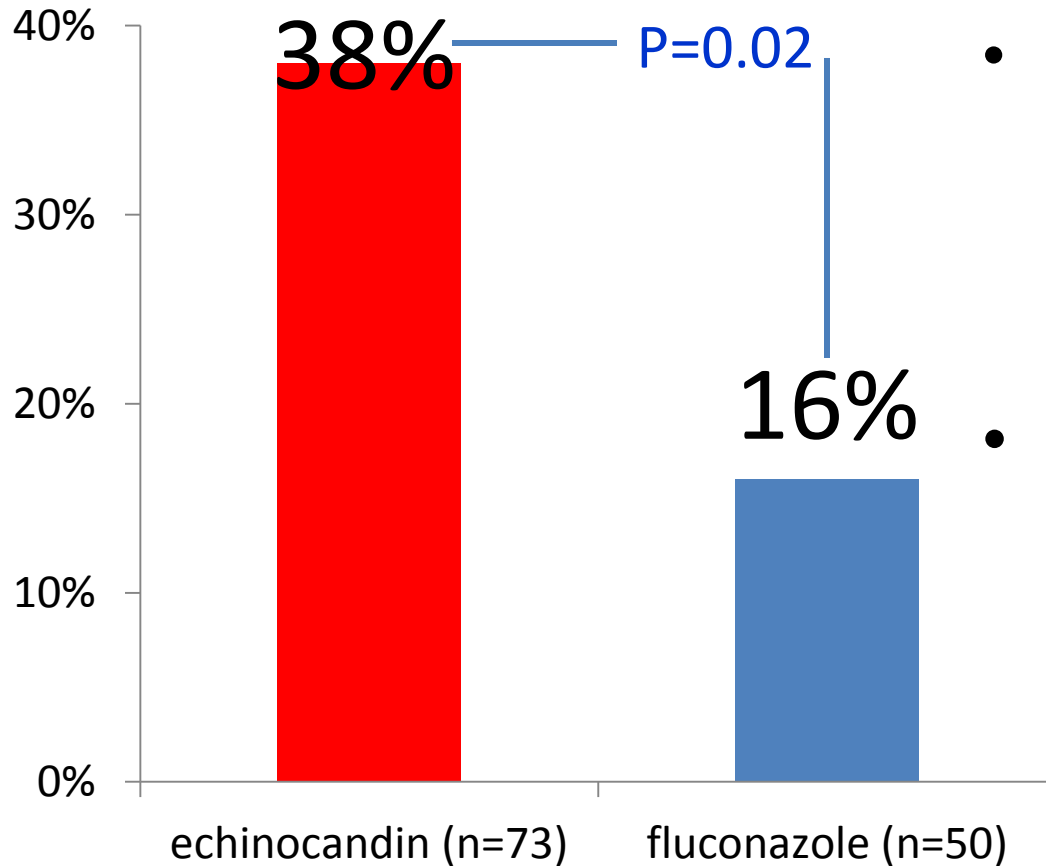
- **Design:**

- Superiority in a noninferiority trial?
- Excluding the highest-enrolling center, global response rates of 73.2% and 61.1%, respectively (95%CI = -1.1 to 25.3)

- **Outcome:**

- Mortality was not significantly different. (anidu 23% vs flu 31%, respectively; $P = 0.13$).
- Anidulafungin did not show the benefit for treating non-albicans *C. species* infection.

30-day mortality rate

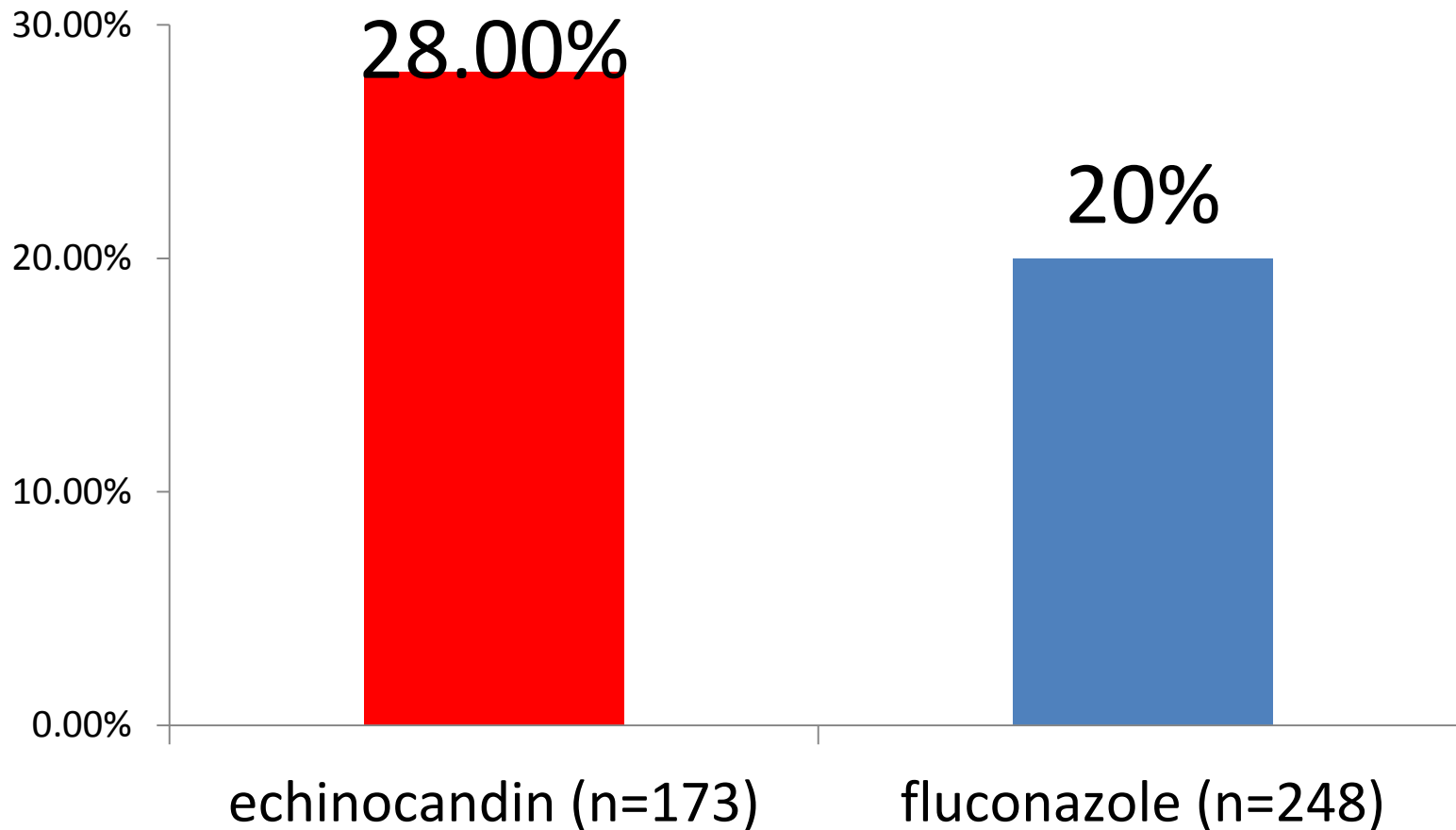


- Epidemiological and clinical parameters
- **No differences**
- **Multivariate model**
 - **Clinical presentation** is the only factor

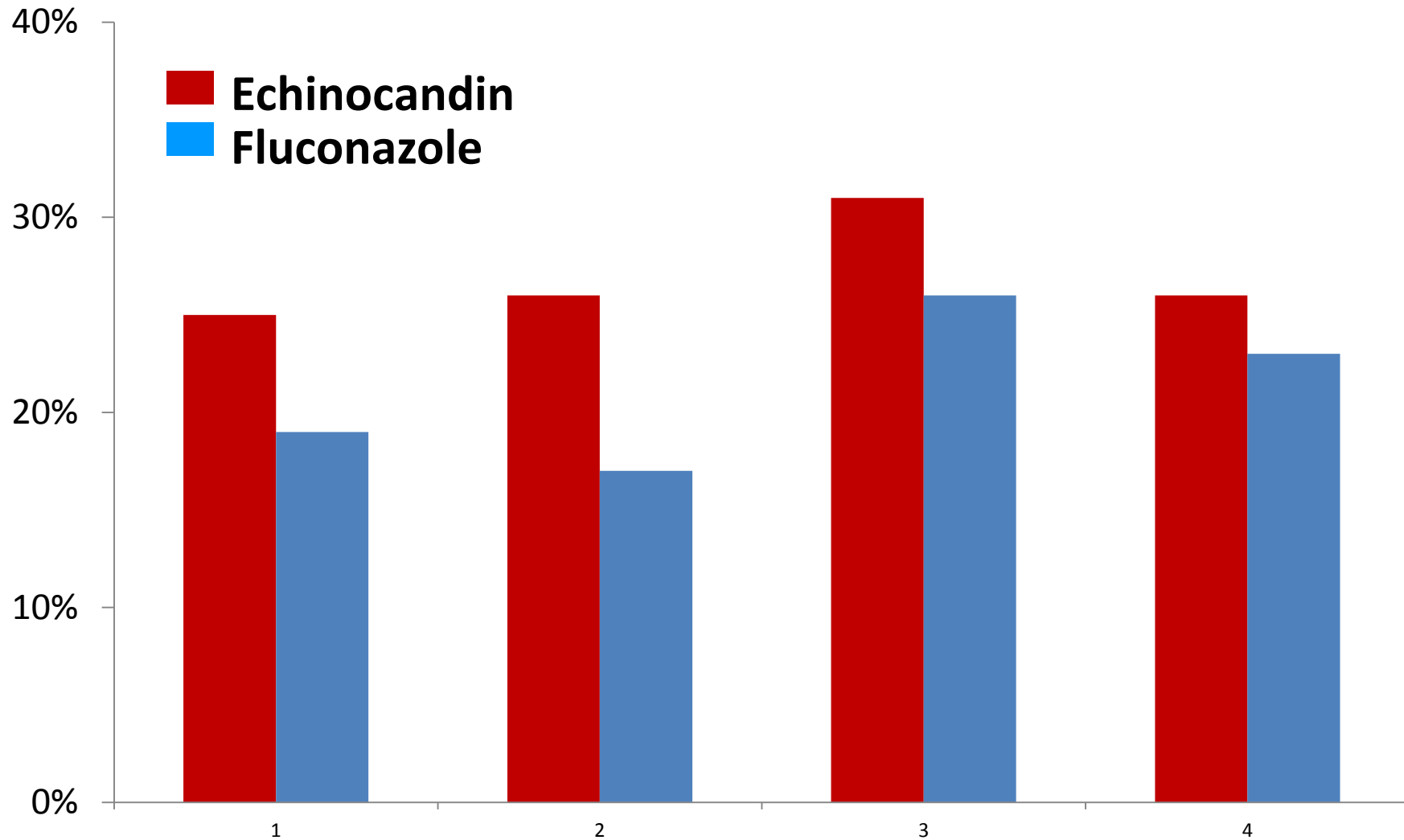
30-day mortality rate

- CANDIPOP study

No differences in multivariate analysis



30-day mortality stratified according to propensity score quartile



Intrinsic higher MICs, thus possibly reflecting reduced efficacy ?

A study of patient-level quantitative review of RCTs (7 trials)

C. glabrata infection

- 206/1915 (10.7%)
- **30-day mortality:**
 - CVC removed
- **Treatment success:**
 - APACHE II score, Echinocandin

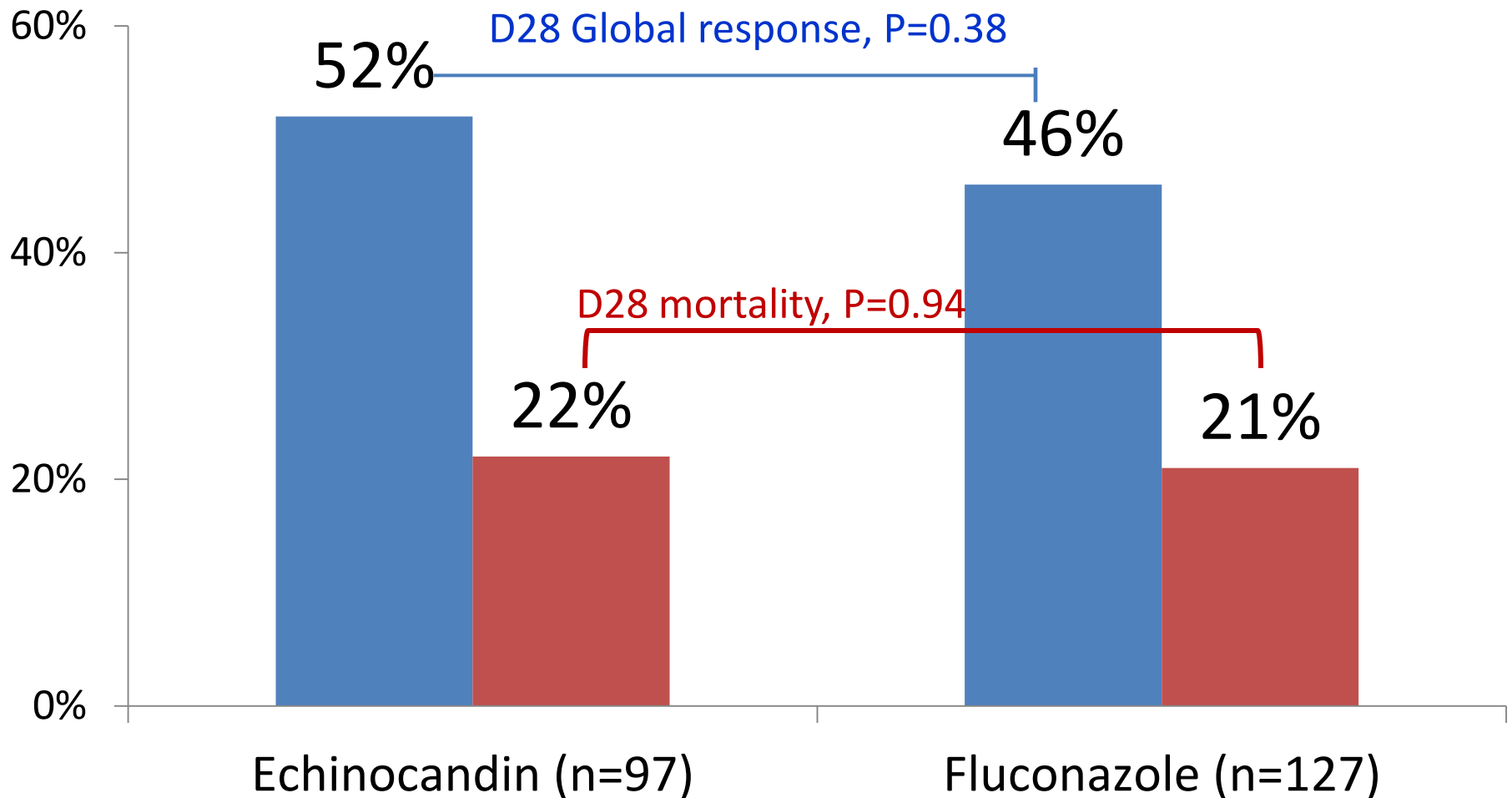
C. parapsilosis infection

- 299/1915 (15.6%)
- **30-day mortality:**
 - APACHE II score, ICU
- **Treatment success:**
 - APACHE II score

Candida glabrata infection

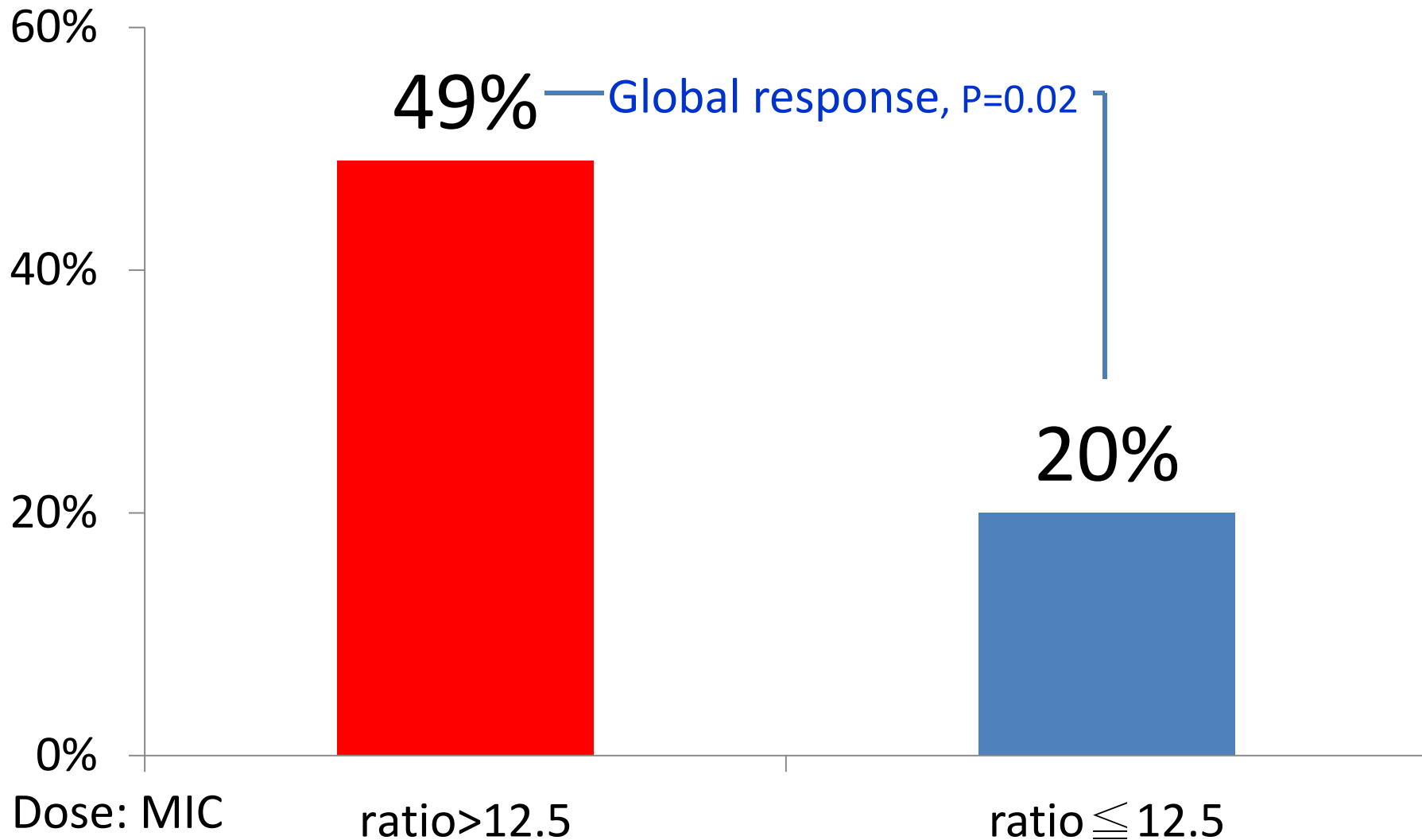
USA, multicentre retrospective study

Multivariate: Echi is associated with GR, not mortality



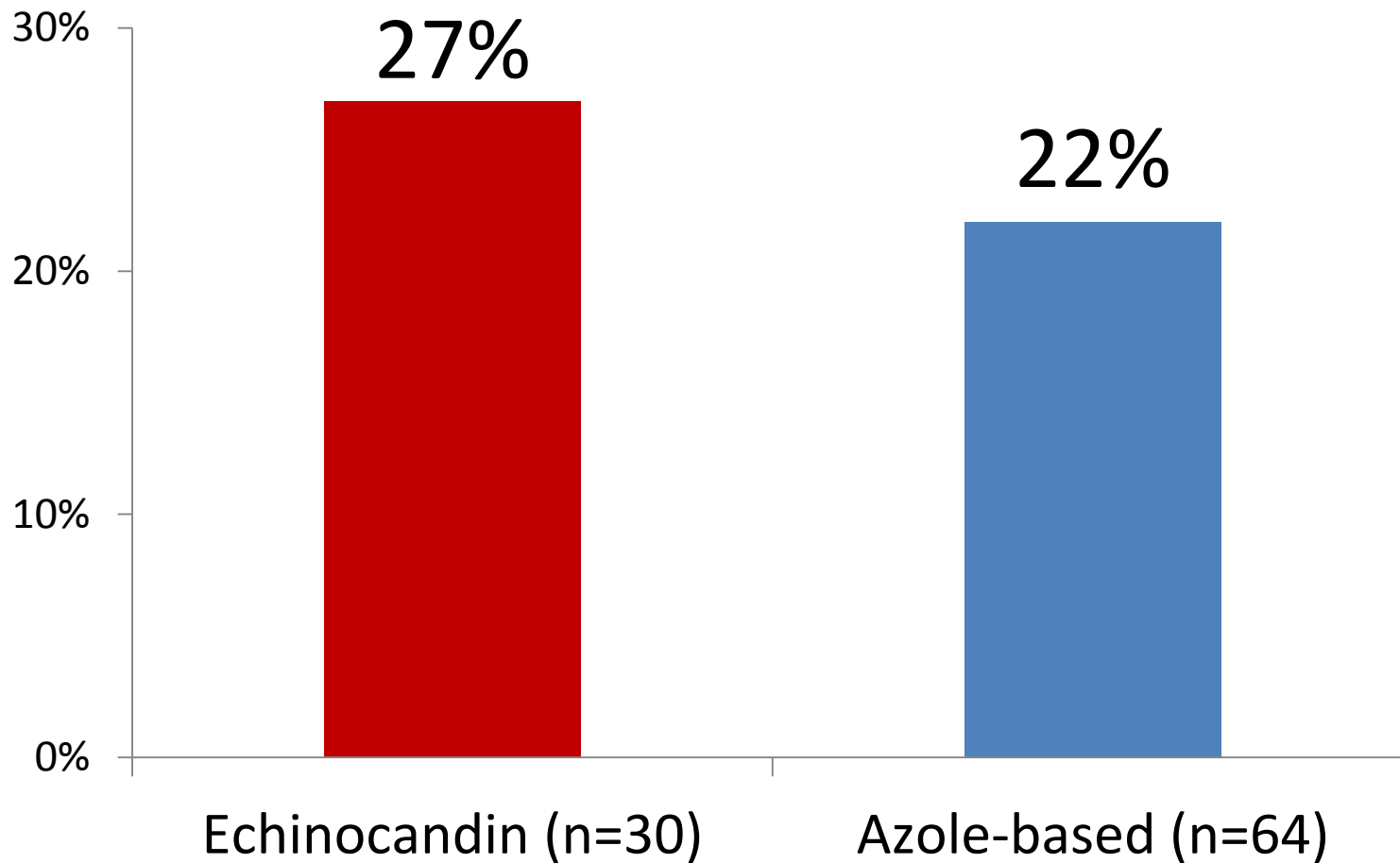
Candida glabrata infection

Fluconazole Dose: MIC >12.5 with a better response



30-d mortality in *C. parapsilosis* Infection

- CANDIPOP study **No differences in both arms**



Critically Ill Patients

post hoc analysis of the RCTs

Difference between tx (95% CI)

Moderate to severe illness

APACHE II >15

Severe sepsis with > 1 organ dysfunction

Respiratory

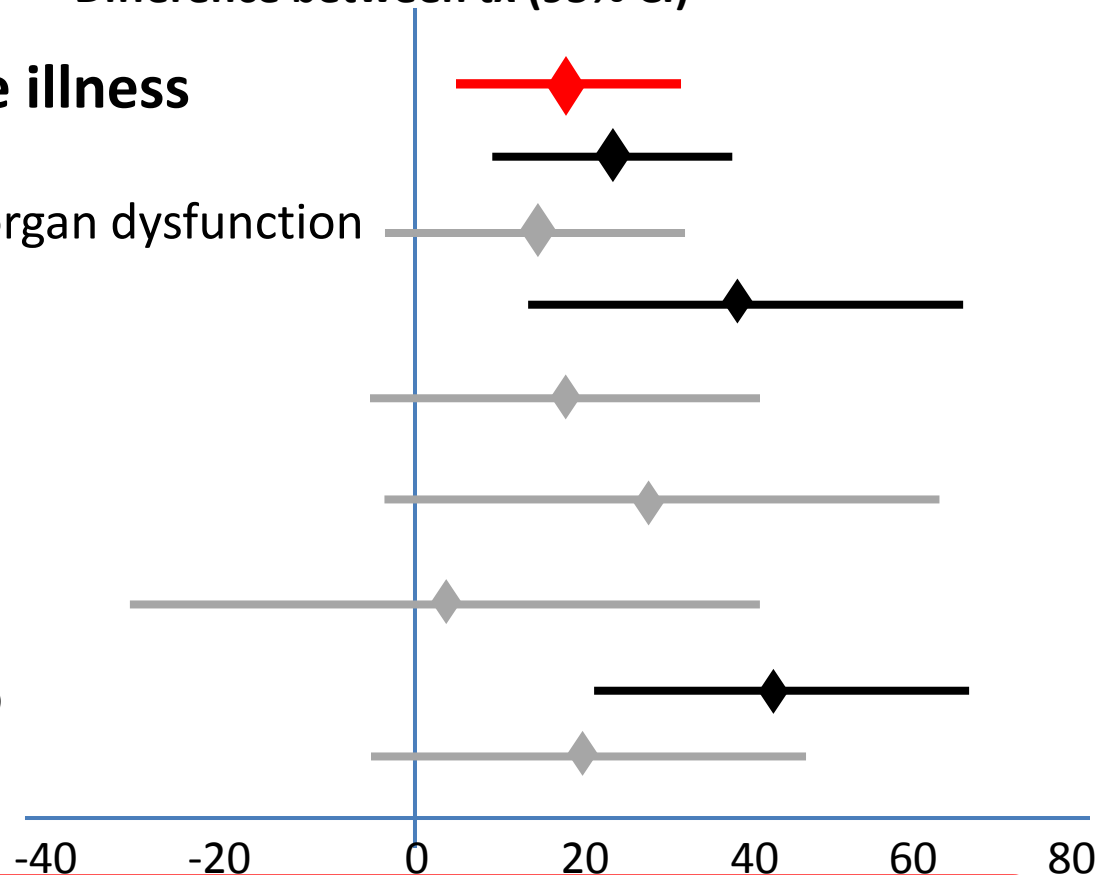
Renal

Hepatic

Cardiovascular

Severe sepsis with MOD

Treatment in ICU



Favor Fluconazole

Favor anidulafungin

28 days-mortality 24.3% vs 20.2% (P=0.57)

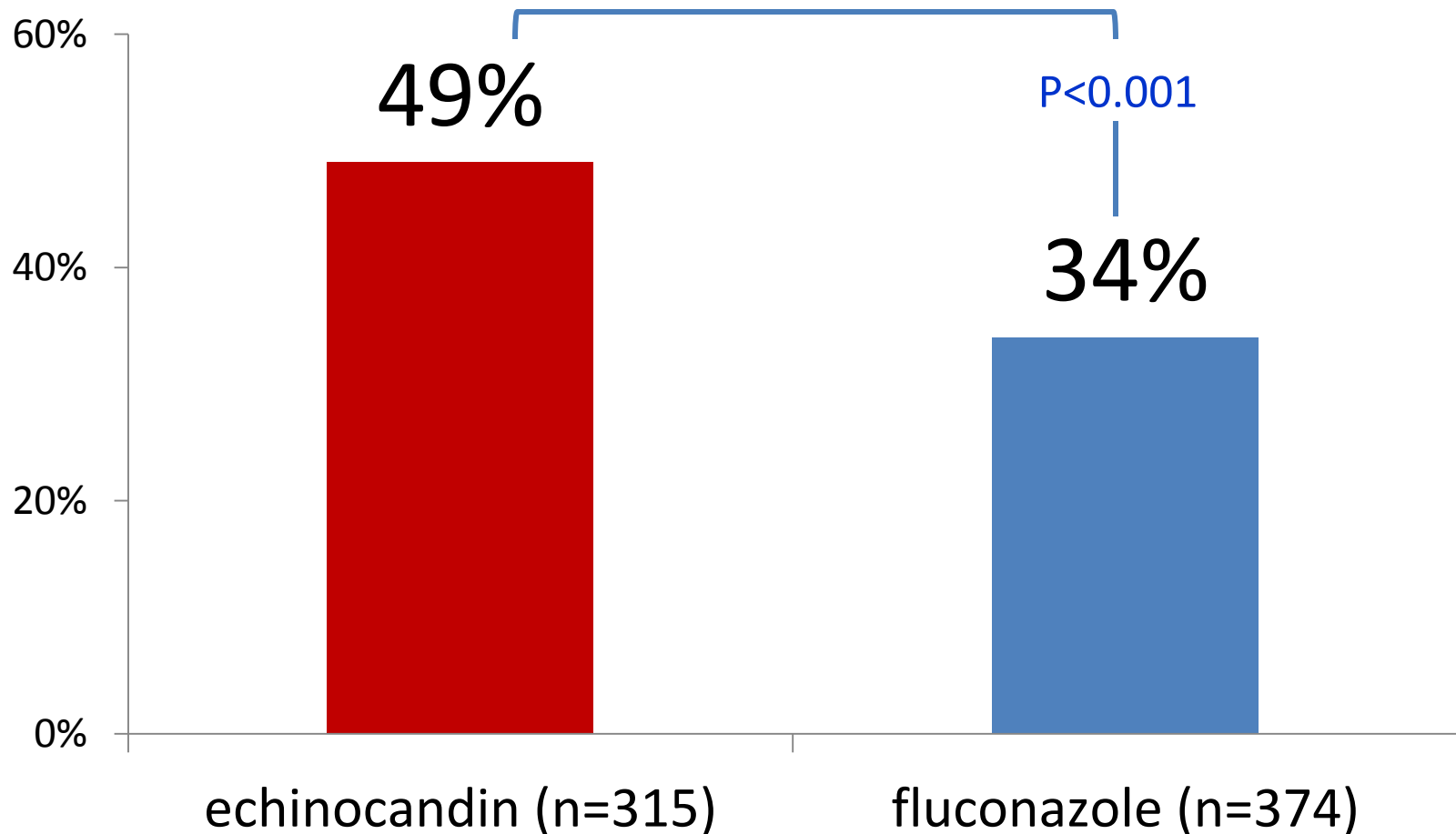
Critically Ill Patients

Factors associated with 30-day mortality among ICU patients

	OR	95%CI
Receipt of corticosteroids	4.00	(1.9 – 8.1)
2003 – 2007 Period	2.49	(1.2 – 5.1)
APACHE II score	1.05	(1.0 – 1.1)
Age	1.03	(1.0 – 1.1)
Echinocandin tx	0.2	(0.1 – 0.6)

28-d mortality in MV patients

- PATH database **Favored fluconazole**



Critically Ill Patients

Septic shock due to candidemia

- 216 patients, in Italy and Spain
 - echinocandin (41.7 %) vs fluconazole (40 %)
- 30-day mortality: **No difference**

Factors for survival	OR	P value
APACHE II score	0.93	<0.01
Adequate therapy	5.99	0.048
Source control	2.99	0.001

Neutropenic population

Study Subgroup

OR, 95% CI

Anaissie 1996

Fainstein 1987

Kuse 2007

M-Duarte 2002

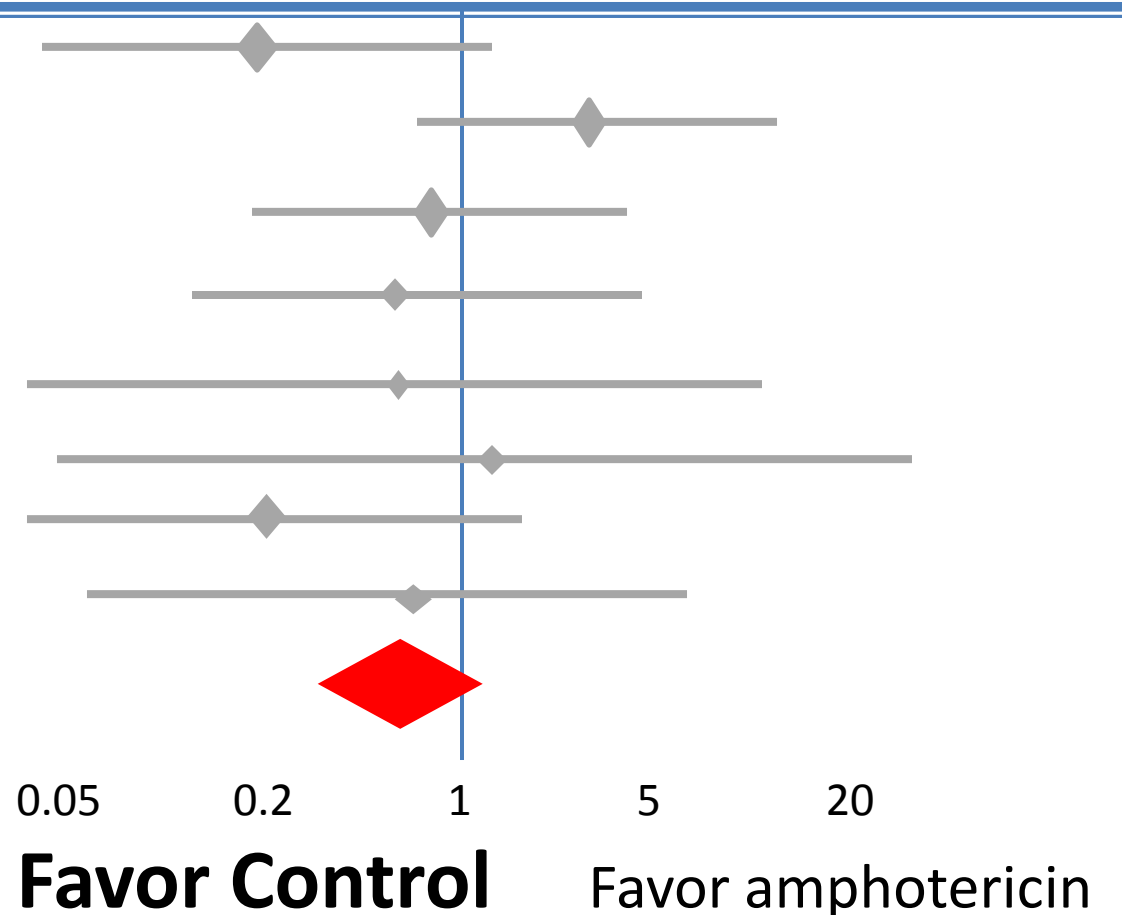
Q-Telles 2008

Walsh 2002

Walsh 2004

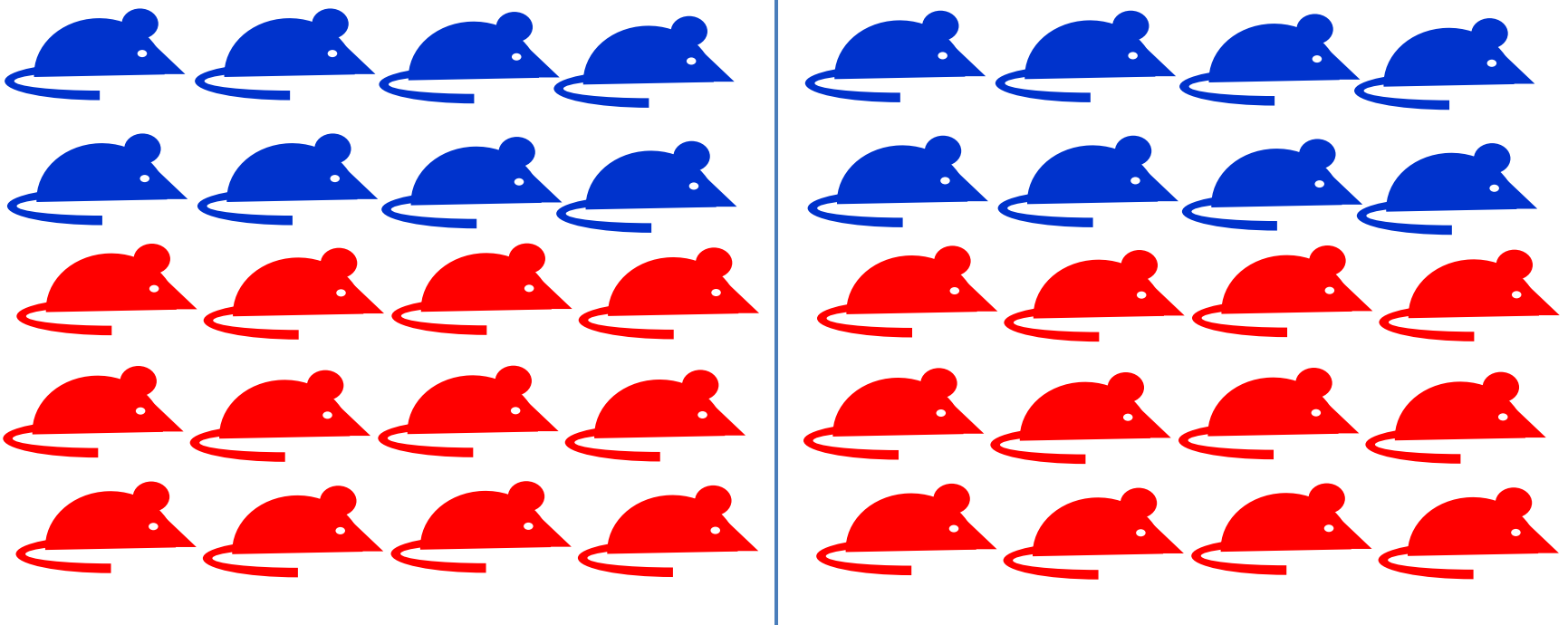
Winston 2000

Total



Antifungal in vivo activity in **neutropenic** Mice models

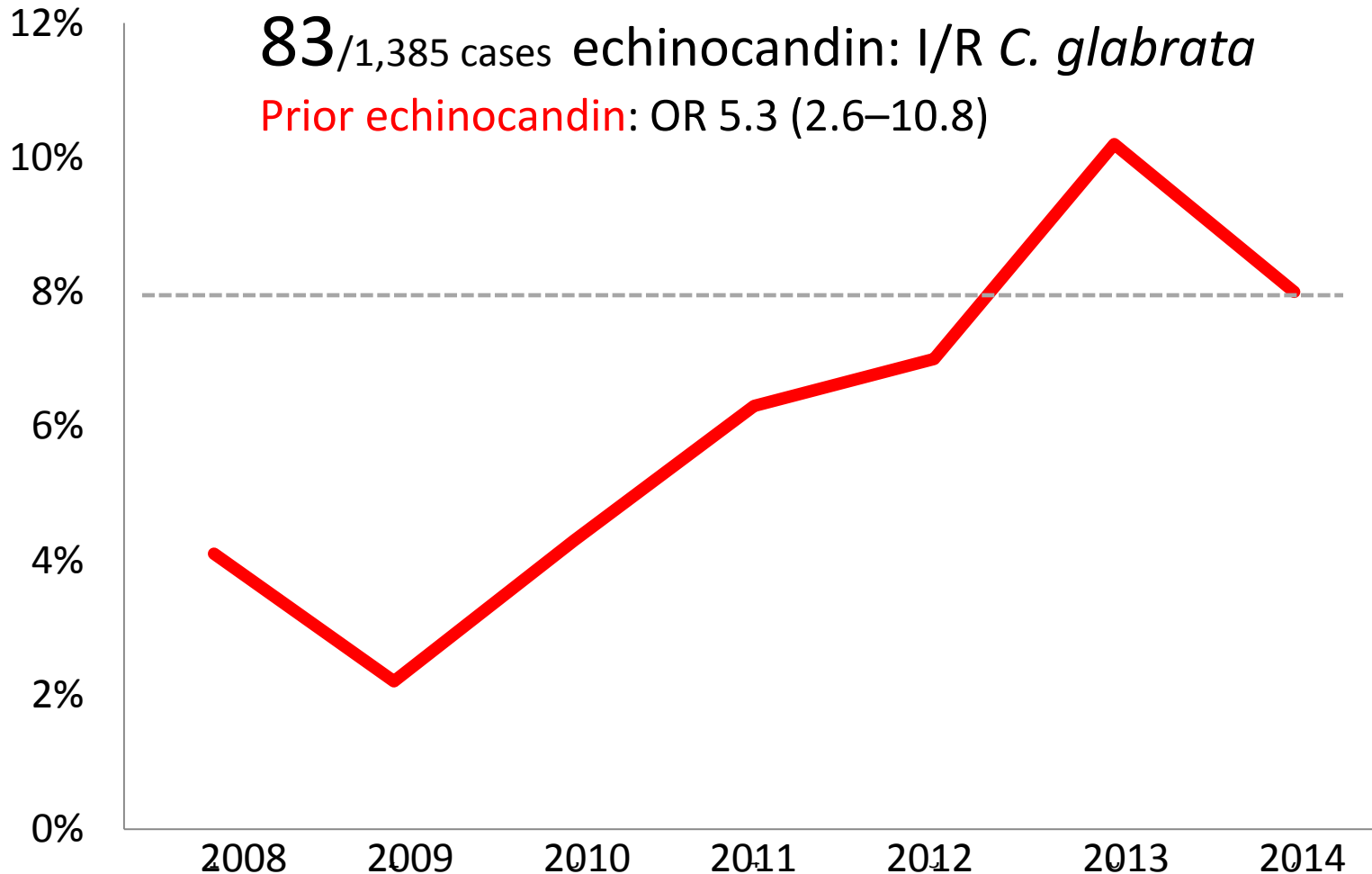
Anidulafungin D21 Fluconazole



Anidulafungin in vivo efficacy may be dependent on host immune status.

Echinocandin resistance a remaining issue

- NS isolates in CDC candidaemia surveillance programme



Take home messages

- The echinocandins **have not been** shown to be clearly superior to fluconazole for treatment of candidemia.
 - Comparative, observational studies just were not capable of detecting differences in efficiency.
- Fluconazole could **remain a valid first-line** treatment option for treating candidemia
 - no difference in mortality was observed
 - wider use of echinocandin could be related to the spread of echinocandin resistance