Empiric

Patients with clinical signs of infection (especially if pretest probability of IC is >10%)

Pre-emptive/Targeted

Patients with 1 indirect marker of IC (eg, 1-3, BDG, PCR) or a confirmed infection

Prophylaxis

Neutropenic, transplant, selected ICU, chemotherapy patients, as well as low-birth-weight infants (prediction scores/colonization)

Types of Treatment

First-Line Targeted Treatment (with AFST)

Non-neutropenic Patients

- Echinocandin (strong recommendation)
- Fluconazole (intravenous or oral) less preferred, but reasonable if patient is stable and is unlikely to be azole resistant (eg, low prevalence of non-albicans Candida)
- Lipid amphotericin B alternative option (intolerance, resistance)

Neutropenic Patients

- Echinocandin (strong recommendation)
- Lipid amphotericin B alternative option (intolerance, resistance)
- Fluconazole an option as well

Echinocandins are strongly recommended as primary treatment

- Fungicidal activity
- Excellent tolerability
- Few drug-drug interactions
- Low resistance rates

Keys to Successful IC Outcomes

- Prompt, early treatment
- Appropriate antifungal selection
- Source control

AFST = antifungal susceptibility testing; BDG = beta-D-glucan; ICU = intensive care unit; PCR = polymerase chain reaction.