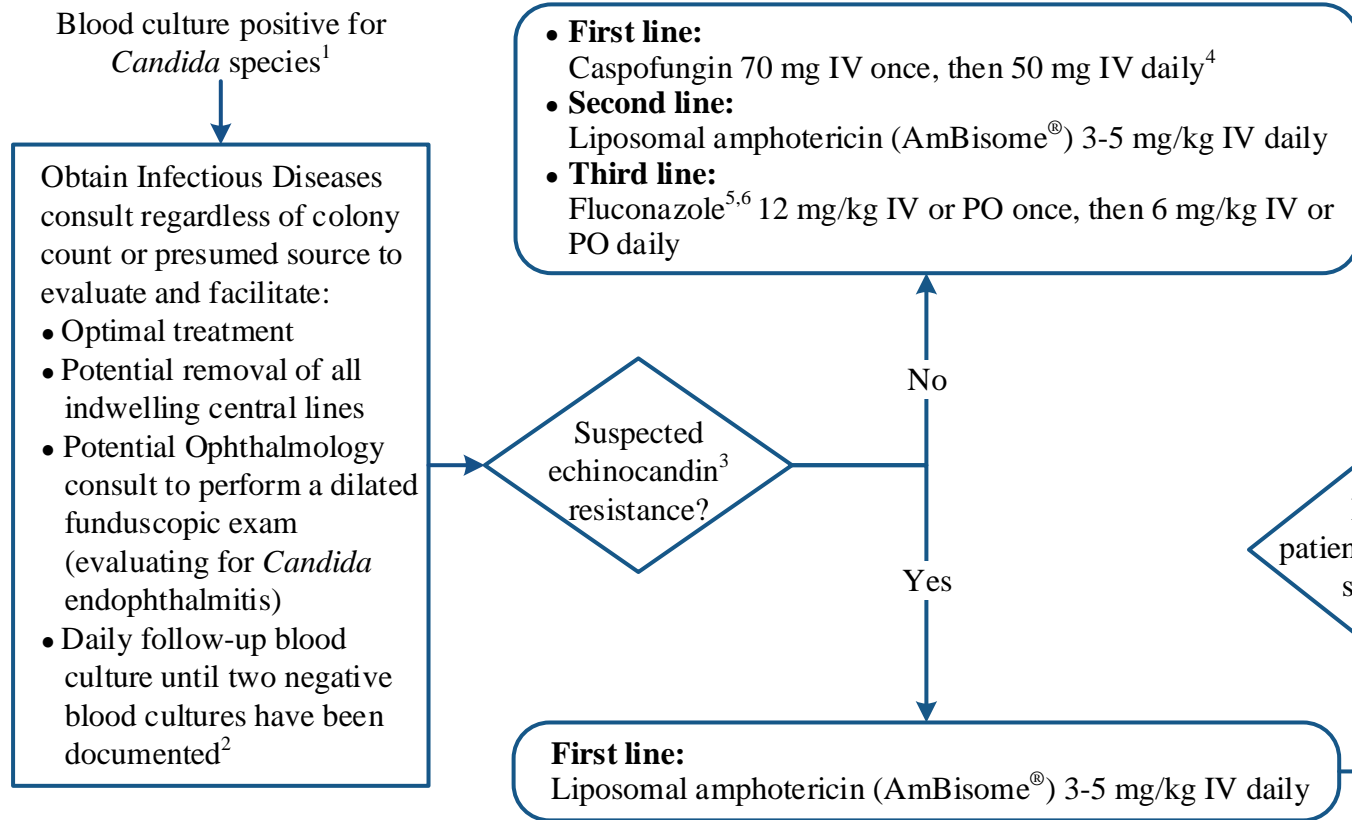
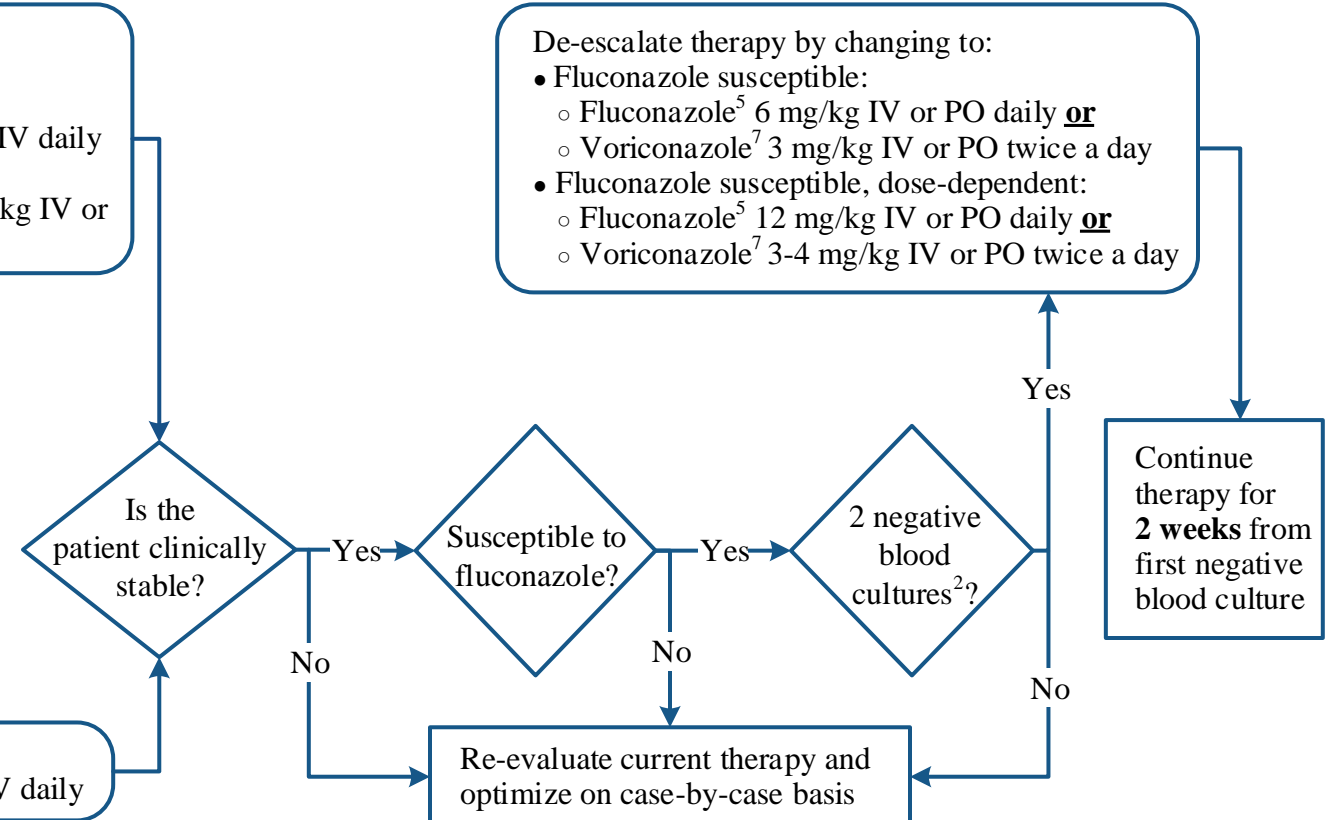


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women. Local microbiology and susceptibility/resistance patterns should be taken into consideration when selecting antibiotics

## INITIAL EVALUATION AND MANAGEMENT



## ON-GOING MANAGEMENT



**Notes:**

- Doses indicated are for patients with normal renal/hepatic function. If organ dysfunction is present, dose adjustments may be necessary.
- Therapy duration may need to be extended in the setting of prolonged neutropenia, persistence of symptoms, or endophthalmitis

<sup>1</sup> Yeast/fungus in blood does not imply *Candida*, particularly in patients with hematologic malignancy. Carefully consider the possibility of non-*Candida* yeast (e.g., *Trichosporon*, *Cryptococcus*) or mold based on clinical scenario and consultation with the microbiology lab. Infectious Diseases consultation is strongly encouraged for any patient with yeast or fungus in the blood.

<sup>2</sup> Repeat blood cultures are negative for 2 separate days

<sup>3</sup> Echinocandin resistance should be suspected in patients with a history of prolonged recent echinocandin exposure

<sup>4</sup> If patient's weight is greater than or equal to 80 kg, the caspofungin dose should be adjusted to 150 mg IV once followed by 70 mg IV daily; further weight-based adjustments for morbid obesity should be considered on a case-by-case basis

<sup>5</sup> Weight-based dosing of fluconazole (based on total body weight) should always be used in candidemia

<sup>6</sup> Fluconazole should not be used empirically in patients with prior azole use or in patients with prolonged neutropenia

<sup>7</sup> Adjusted body weight should be used to dose voriconazole in patients who exceed 20% of ideal body weight

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## DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Candidemia Management experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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