

MICAFUNGIN (MCFG), AN ECHINOCANDIN ANTIFUNGAL AGENT FOR THE TREATMENT OF NEW AND REFRACTORY CANDIDEMIA

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Background: *Candida spp.* are the fourth leading cause of bloodstream infections and non-albicans spp. (NAC) are increasing in importance. MCFG is an echinocandin antifungal agent with activity against *Candida spp.*, including NAC, and the clinical success of MCFG across *Candida spp.* is of interest. **Methods:** Pediatric, neonatal, and adult patients (pts) with new or refractory candidemia were enrolled into this open-label, non-comparative, multi-national study. The initial dose of MCFG was 50 mg/d (1 mg/kg for pts < 40 kg) for infections due to *C. albicans* and 100 mg/d MCFG (2 mg/kg for pts < 40 kg) for NAC infections. Dose escalation was allowed in cases of incomplete response. Maximum length of therapy was 42 days. **Results:** Between Feb-99 and Jan-02, 119 candidemic pts received at least 5 doses of MCFG. Mean duration of therapy was 20 days; 49/119 (41%) pts underwent dose escalation. Success (complete or partial response) was seen in 60/68 (88%) pts with a new infection and 39/51 (76%) pts with a refractory infection. Success was 86/101 (85%) for adults and 13/18 (72%) for pediatric pts, including 6/7 (86%) for neonates. Success was documented across a variety of organisms; *albicans* (39/46, 85%), *glabrata* (28/30, 93%), *parapsilosis* (18/21, 86%), *tropicalis* (9/11, 82%), *krusei* (6/9, 67%), *pelliculosa* (2/2, 100%), *inconspicua* (1/1, 100%), *lusitaniae* (1/1, 100%). Success was 30/40 (75%) for pts undergoing chemotherapy and 14/17 (82%) for stem cell transplant pts. Success was 19/26 (73%) for pts neutropenic at baseline and 79/92 (86%) for non-neutropenic pts. Mycological persistence was documented in 4/68 (6%) with a new infection and 9/51 (18%) with a refractory infection. These results were confirmed by an independent reviewer. Adverse events considered related to MCFG were infrequent with no change in transaminase values from baseline to EOT. Treatment-related hepatic events, phlebitis and allergic-type reactions were minimal.

Conclusions: MCFG was safe and effective in treating adult, pediatric, and neonatal pts with new or refractory candidemia. Good activity was demonstrated for both *albicans* and NAC, with particularly strong results for *C. glabrata*.