

929. Comparison of Echinocandin vs Amphotericin B Based Therapy for *Candida* Infective Endocarditis: An Observational Cohort Study

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Session: 113. Infective Endocarditis: Epidemiology, Diagnosis, and Management
Friday, October 10, 2014: 12:30 PM

Background. The optimal therapy for *Candida* infective endocarditis (IE) is unknown, and treatment guidelines are based largely on single site case series and case reports. The current guidelines have added echinocandins as a treatment option. We sought to compare amphotericin B based therapy to echinocandin based therapy, using two large, prospective, international, multi-center cohorts of patients with definite IE.

Methods. We identified cases of definite *Candida* IE presenting between June 1, 2000 and September 30, 2011 from the International Collaboration on Endocarditis – Prospective Cohort Study (ICE-PCS) and the International Collaboration on Endocarditis Plus (ICE-Plus). A supplemental case report form was sent to enrolling sites to

gather detailed information on antifungal therapy. We compared clinical characteristics and outcomes based on antifungal regimen received.

	Amphotericin B (N=11)	Echinocandin (N=14)	p-value
Combination therapy	6 (54%)	6 (43%)	0.56
Surgery	6 (54%)	5 (36%)	0.35
Duration antifungal, days (median)	78	50	0.89
Suppressive therapy	5 (45%)	6 (43%)	0.90
Mortality			
42 d	4 (36%)	5 (36%)	1
1 y	7 (64%)	9 (69%)	1

Results. 72 cases of definite *Candida* IE were identified of which 33 had additional data on antifungal therapy available. The most common infecting species were *C. albicans* (n = 13) and *C. parapsilosis* (n = 12). Most patients received either an amphotericin B based regimen (33%) or an echinocandin based regimen (42%). Nearly half received combination antifungal therapy (45%) and surgical therapy was used in 13 patients (39%). There was no difference in either 42 day or 1 year mortality between those receiving an amphotericin B based regimen vs those receiving an echinocandin based regimen (36% vs 36% and 64% vs 69%, respectively, p = 1).

Conclusion. This is one of the largest prospective series of *Candida* endocarditis patients to date. In this cohort, there was no difference in mortality with echinocandin based therapy as compared to amphotericin B based therapy. This study is limited by small sample size and observational data, however it lends support to the current recommendation of echinocandin based therapy as a viable treatment option for *Candida* endocarditis.

Disclosures. M. Johnson, Astellas: Grant Investigator, Research grant; Charles River Laboratories: Grant Investigator, Research grant V. Chu, Merck: Grant Investigator, Research grant