

P0123 PK/PD analysis suggests the current susceptibility CLSI breakpoint for micafungin and *Candida albicans* is too high

Maria-Ioanna Beredaki*¹, Johan W. Mouton², Maiken C. Arendrup^{3,4,5}, Spyros Pournaras¹, Joseph Meletiadis^{1,2}

¹ Medical School, National and Kapodistrian University of Athens, Clinical Microbiology Laboratory, Attikon University General Hospital, Athens, Greece, ² Erasmus MC, Dept Medical Microbiology and Infectious Diseases, Rotterdam, Netherlands, ³ Unit of Mycology, Statens Serum Institut, Copenhagen, Denmark, ⁴ Department of Clinical Microbiology, Rigshospitalet, Copenhagen, Denmark, ⁵ Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

Background: The current CLSI susceptibility breakpoint for micafungin and *Candida albicans* (0.25 mg/L) is higher than the CLSI ECV (0.03 mg/L). Thus, micafungin may be used against non-wild type isolates with CLSI MICs 0.06-0.25 mg/L, although there are no clinical data to support this. We therefore determined CLSI PK/PD breakpoints for micafungin and *C. albicans* using an *in vitro* pharmacokinetic/pharmacodynamic (PK/PD) model.

Materials/methods: Two clinical *C. albicans* with CLSI MICs 0.008 and 0.03mg/L were studied in an *in vitro* PK/PD model (Meletiadis AAC2012) using a 10³ CFU/mL initial inoculum. Different micafungin exposures with tC_{max} 0.125, 1 and 8 mg/L in 10% human serum and t_{1/2}=15h were simulated. Drug was added every 24h for 72h and the log₁₀CFU/mL at 72h was associated with micafungin PK/PD indices tAUC₀₋₂₄/MIC using the Emax model. Drug exposure corresponding to a fungistatic effect (i.e no log₁₀CFU/mL reduction compared to the initial inoculum size) that was previously found to correlate with clinical outcome (Andes AAC2011, AAC2008) was calculated. Monte Carlo analysis was then performed simulating a mean±SD of tAUC₀₋₂₄ 96.75±28.93 mg.h/ml attained with the standard dose of 100 mg/kg q24 iv (Mycamine SPC) and the probability of target attainment (PTA) calculated for *C. albicans* isolates with MICs 0.015-8 mg/L.

Results: A 4.2 log₁₀CFU/mL increase was observed in drug free control whereas micafungin reduced initial inoculum by 0.5-0.7 log₁₀CFU/mL with tC_{max} of ≥1 and 8 mg/L against the isolate with MIC 0.008 and 0.03 mg/L, respectively. A 2-3 log₁₀CFU/ml increase of both isolates was observed with micafungin tC_{max} of 0.125 mg/L. The *in vitro* PK/PD relationship followed a sigmoid curve (R²≥0.95) with a mean (95%CI) tAUC₀₋₂₄/MIC associated with stasis of 1342(682-2799). The PTA for these PK/PD targets and the standard dose of micafungin was 100%, 64%, 2% for *C. albicans* isolates with CLSI MICs ≤0.03, 0.06 and ≥0.125 mg/L, respectively.

Conclusions: A weak fungicidal activity was found with micafungin against wild-type isolates. Based on a fungistatic endpoint, the CLSI PK/PD breakpoints of ≤0.03 mg/L was determined. The PK/PD target will not be attained for non-wild type isolates with CLSI MICs 0.06-0.25 mg/L, questioning current CLSI breakpoint for micafungin.