Empirical micafungin treatment doesn't improve survival

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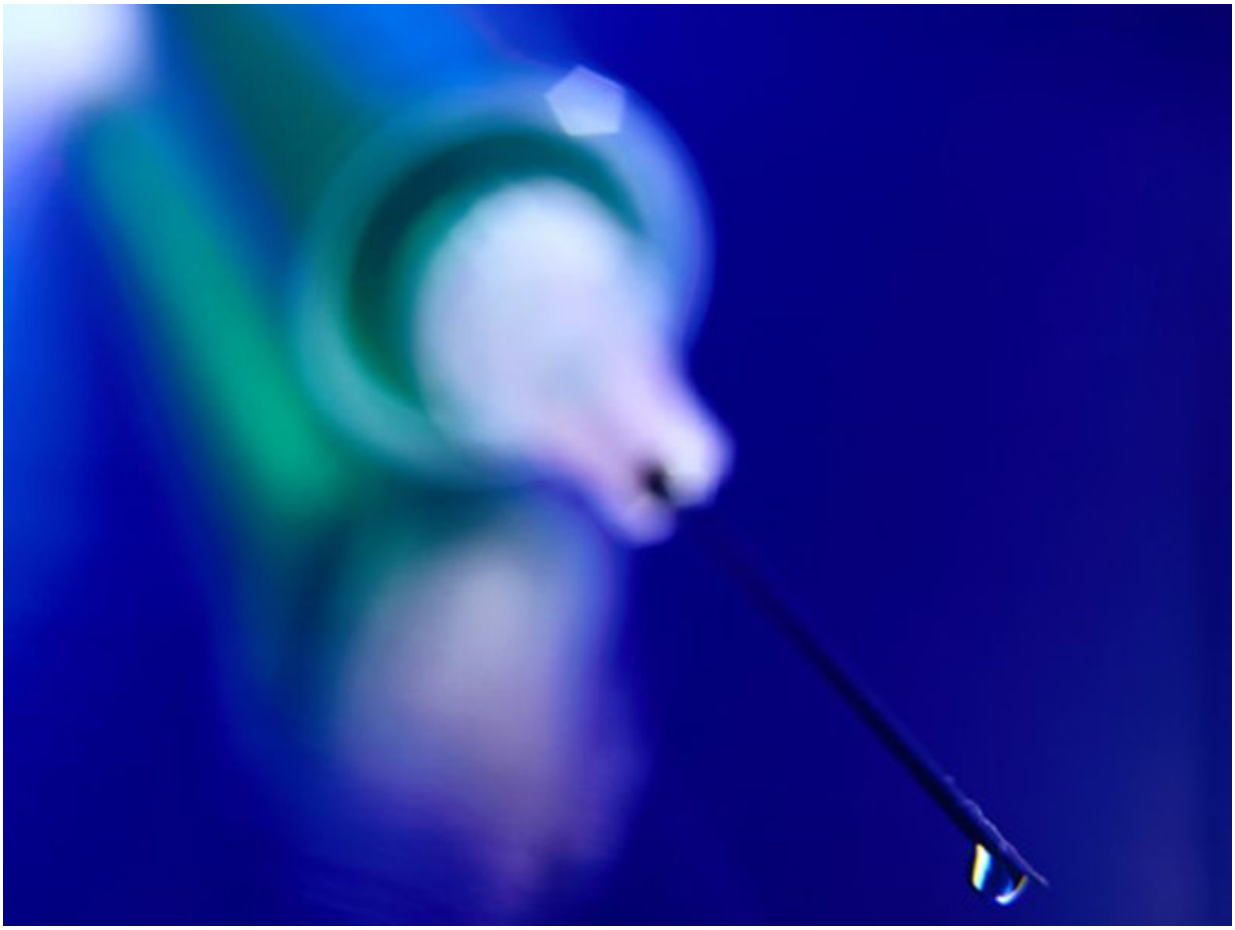

(HealthDay)—Empirical treatment with micafungin seems not to

increase invasive fungal infection (IFI)-free survival at 28 days for patients with intensive care unit (ICU)-acquired sepsis with *Candida* colonization, according to a study published online Oct. 5 in the *Journal of the American Medical Association*. The research was published to coincide with the European Society of Intensive Care Medicine Annual Congress, held from Oct. 1 to 5 in Milan.

Jean-Francois Timsit, M.D., Ph.D., from the Hôpital Bichat-Claude-Bernard in Paris, and colleagues enrolled 260 nonneutropenic, nontransplanted, critically ill patients with ICU-acquired sepsis, multiple *Candida* colonization, multiple organ failure, and had been exposed to broad spectrum antibacterial agents. Patients were treated with micafungin (131 patients) or placebo (129 patients). Two hundred fifty-one patients were included in the modified intent-to-treat analysis.

The researchers found that 68 percent of patients in the micafungin group and 60.2 percent in the placebo group were alive and IFI-free at day 28 (hazard ratio, 1.35; 95 percent confidence interval, 0.87 to 2.08). Similar results were seen for patients with a (1-3)-β-D-glucan level >80 pg/mL (hazard ratio, 1.41; 95 percent confidence interval, 0.85 to 2.33). There was no between-group difference in day-28 IFI-free survival for patients with a high Sequential Organ Failure Assessment score (hazard ratio, 1.69; 95 percent confidence interval, 0.96 to 2.94).

"Empirical treatment with micafungin, compared with placebo, did not increase fungal infection-free survival at day 28," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Astellas, which manufactures micafungin and provided study funding.

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