

M60

Performance Standards for Antifungal Susceptibility Testing of Yeasts

This document provides updated minimal inhibitory concentration, zone diameter, and quality control tables for the Clinical and Laboratory Standards Institute antifungal susceptibility testing documents M27 and M44.

A CLSI supplement for global application.

Clinical and Laboratory Standards Institute Setting the standard for quality in medical laboratory testing around the world.

The Clinical and Laboratory Standards Institute (CLSI) is a not-for-profit membership organization that brings together the varied perspectives and expertise of the worldwide laboratory community for the advancement of a common cause: to foster excellence in laboratory medicine by developing and implementing medical laboratory standards and guidelines that help laboratories fulfill their responsibilities with efficiency, effectiveness, and global applicability.

Consensus Process

Consensus—the substantial agreement by materially affected, competent, and interested parties—is core to the development of all CLSI documents. It does not always connote unanimous agreement but does mean that the participants in the development of a consensus document have considered and resolved all relevant objections and accept the resulting agreement.

Commenting on Documents

CLSI documents undergo periodic evaluation and modification to keep pace with advances in technologies, procedures, methods, and protocols affecting the laboratory or health care.

CLSI's consensus process depends on experts who volunteer to serve as contributing authors and/or as participants in the reviewing and commenting process. At the end of each comment period, the committee that developed the document is obligated to review all comments, respond in writing to all substantive comments, and revise the draft document as appropriate.

Comments on published CLSI documents are equally essential and may be submitted by anyone, at any time, on any document. All comments are managed according to the consensus process by a committee of experts.

Appeal Process

When it is believed that an objection has not been adequately considered and responded to, the process for appeal, documented in the CLSI Standards Development Policies and Processes, is followed.

All comments and responses submitted on draft and published documents are retained on file at CLSI and are available upon request.

Get Involved-Volunteer!

Do you use CLSI documents in your workplace? Do you see room for improvement? Would you like to get involved in the revision process? Or maybe you see a need to develop a new document for an emerging technology? CLSI wants to hear from you. We are always looking for volunteers. By donating your time and talents to improve the standards that affect your own work, you will play an active role in improving public health across the globe.

For additional information on committee participation or to submit comments, contact CLSI.

Clinical and Laboratory Standards Institute 950 West Valley Road, Suite 2500 Wayne, PA 19087 USA P: +1.610.688.0100 F: +1.610.688.0700 www.clsi.org standard@clsi.org

Performance Standards for Antifungal Susceptibility Testing of Yeasts

Gary W. Procop, MD, MS Philippe J. Dufresne, PhD, RMCCM Elizabeth Berkow, PhD Jeff Fuller, PhD, FCCM, D(ABMM) Kimberly E. Hanson, MD, MHS Nicole M. Holliday, BA David H. Pincus, MS, RM/SM(NRCM), SM(ASCP) Audrey N. Schuetz, MD, MPH, D(ABMM) Paul E. Verweij, MD, FECMM Nathan P. Wiederhold, PharmD Adrian M. Zelazny, PhD, D(ABMM)

Abstract

Clinical and Laboratory Standards Institute document M60—Performance Standards for Antifungal Susceptibility Testing of Yeasts includes minimal inhibitory concentration, zone diameter, and quality control tables developed following the guidance in CLSI documents M27¹ and M44.² The data in the tables are valid only when the methodologies in CLSI documents M27¹ and M44² are followed. Users should replace previously published tables with these new tables. Changes in the tables since the previous edition appear in boldface type.

Clinical and Laboratory Standards Institute (CLSI). Performance Standards for Antifungal Susceptibility Testing of Yeasts. 2nd ed. CLSI supplement M60 (ISBN 978-1-68440-082-9 [Print]; ISBN 978-1-68440-083-6 [Electronic]). Clinical and Laboratory Standards Institute, 950 West Valley Road, Suite 2500, Wayne, Pennsylvania 19087 USA, 2020.

The Clinical and Laboratory Standards Institute consensus process, which is the mechanism for moving a document through two or more levels of review by the health care community, is an ongoing process. Users should expect revised editions of any given document. Because rapid changes in technology may affect the procedures, methods, and protocols in a standard or guideline, users should replace outdated editions with the current editions of CLSI documents. Current editions are listed in the CLSI catalog and posted on our website at www.clsi.org. If you or your organization is not a member and would like to become one, or to request a copy of the catalog, contact us at: Telephone: +1.610.688.0100; Fax: +1.610.688.0700; E-Mail: customerservice@clsi.org; Website: www.clsi.org.



Copyright ©2020 Clinical and Laboratory Standards Institute. Except as stated below, any reproduction of content from a CLSI copyrighted standard, guideline, companion product, or other material requires express written consent from CLSI. All rights reserved. Interested parties may send permission requests to permissions@clsi.org.

CLSI hereby grants permission to each individual member or purchaser to make a single reproduction of this publication for use in its laboratory procedures manual at a single site. To request permission to use this publication in any other manner, e-mail permissions@clsi.org.

Suggested Citation

CLSI. Performance Standards for Antifungal Susceptibility Testing of Yeasts. 2nd ed. CLSI supplement M60. Wayne, PA: Clinical and Laboratory Standards Institute; 2020.

Previous Editions:

M27-S4: May 2004, April 2005, April 2008, December 2012

M44-S3: January 2006, August 2007, August 2009

M60-Ed1: November 2017

M60-Ed2 ISBN 978-1-68440-082-9 (Print) ISBN 978-1-68440-083-6 (Electronic) ISSN 1558-6502 (Print) ISSN 2162-2914 (Electronic)

Volume 40, Number 8

Committee Membership

Subcommittee on Antifungal Susceptibility Tests

Gary W. Procop, MD, MS Chairholder Cleveland Clinic

USA

Philippe J. Dufresne, PhD, RMCCM

Vice-Chairholder

Institut national de santé publique du

Québec Canada

Camille Hamula, PhD, D(ABMM)

Committee Secretary

Saskatoon Health Region/University

of Saskatchewan

Canada

Elizabeth Berkow, PhD Centers for Disease Control and Prevention USA Jeff Fuller, PhD, FCCM, D(ABMM) London Health Sciences Centre

Canada

Kimberly E. Hanson, MD, MHS University of Utah and ARUP

Laboratories

USA

Nicole M. Holliday, BA Thermo Fisher Scientific

USA

David H. Pincus, MS, RM/SM(NRCM),

SM(ASCP) bioMérieux, Inc. USA Audrey N. Schuetz, MD, MPH, D(ARMM)

D(ABMM) Mayo Clinic USA

Paul E. Verweij, MD, FECMM Radboud University Medical Center

Netherlands

Nathan P. Wiederhold, PharmD University of Texas Health Science

Center at San Antonio

USA

Adrian M. Zelazny, PhD, D(ABMM)

USA

Working Group on Antifungal Epidemiological Cutoff Values

Shawn R. Lockhart, PhD, D(ABMM),

F(AAM) Chairholder

Centers for Disease Control and

Prevention

USA

Philippe J. Dufresne, PhD, RMCCM

Vice-Chairholder

Institut national de santé publique du

Québec

Canada

Nathan P. Wiederhold, PharmD

Committee Secretary

University of Texas Health Science

Center at San Antonio

USA

Barbara D. Alexander, MD, MHS Duke University Medical Center

USA

Elizabeth Berkow, PhD Centers for Disease Control and

Prevention

Jeff Fuller, PhD, FCCM, D(ABMM)

London Health Sciences Centre

Canada

Mahmoud A. Ghannoum, PhD, FIDSA,

MBA

Case Western Reserve University

USA

Kerian K. Grande Roche, PhD FDA Center for Drug Evaluation and

Research USA

Kimberly E. Hanson, MD, MHS

University of Utah and ARUP Laboratories USA

John D. Turnidge, MD, BS, FRACP,

FASM, FRCPA

The University of Adelaide

Australia

Thomas J. Walsh, MD, FIDSA, FAAM,

FECMM

Weill Cornell Medicine of Cornell University and New York Presbyterian

Hospital USA

Working Group on Antifungal Reporting

Audrey N. Schuetz, MD, MPH, D(ABMM) Co-Chairholder Mayo Clinic USA

Vera Tesic, MD, MS, D(ABMM) Co-Chairholder University of Chicago USA

Tanis Dingle, PhD, D(ABMM), FCCM University of Alberta Hospital Canada

Kimberly E. Hanson, MD, MHS University of Utah and ARUP Laboratories USA

Stephanie L. Mitchell, PhD, D(ABMM) UPMC/University of Pittsburgh USA

Natasha N. Pettit, PharmD, BCPS (AQ-

University of Chicago Medicine USA

Thomas J. Walsh, MD, FIDSA, FAAM, FECMM Weill Cornell Medicine of Cornell University and New York Presbyterian Hospital USA

Nathan P. Wiederhold, PharmD University of Texas Health Science Center at San Antonio USA

Matthew A. Wikler, MD, FIDSA, MBA IDTD Consulting USA

Yanan (Nancy) Zhao, PhD Center for Discovery and Innovation, Hackensack Meridian Health USA

Staff

Clinical and Laboratory Standards Institute USA

Marcy L. Hackenbrack, MCM,

M(ASCP) Project Manager Megan L. Tertel, MA, ELS

Editorial Manager

Catherine E.M. Jenkins Editor

Kristy L. Leirer, MS

Editor

Laura Martin Editor

Acknowledgment

CLSI and the Subcommittee on Antifungal Susceptibility Tests gratefully acknowledge the following volunteers for their important contributions to the revision of this document:

Elizabeth Berkow, PhD Centers for Disease Control and

Prevention USA

Adrian M. Zelazny, PhD, D(ABMM)

Contents

Abstract	j
Committee Membership	
Foreword	vii
Abbreviations and Acronyms	x
References	.xi
Table 1. Minimal Inhibitory Concentration Breakpoints for <i>In Vitro</i> Broth Dilution Susceptibility Testing of <i>Candida</i> spp. and Select Antifungal Agents After 24-Hour Incubation	1
Table 2. Solvents and Diluents for Preparing Stock Antifungal Agent Solutions for Broth Dilution Testing	5
Table 3. Recommended 24-Hour Minimal Inhibitory Concentration Limits for Quality Control Strains for Broth Microdilution Procedures	6
Table 4. Recommended 48-Hour Minimal Inhibitory Concentration Limits for Two Quality Control and Four Reference Strains for Broth Macrodilution Procedures	8
Table 5. Zone Diameter and Equivalent Minimal Inhibitory Concentration Breakpoints for Select Antifungal Agents Against <i>Candida</i> spp. After 24-Hour Incubation	9
Table 6. Recommended Quality Control Zone Diameter (mm) Ranges After 24-Hour Incubation	.11
The Quality Management System Approach	12
Related CLSI Reference Materials	13

Foreword

The breakpoints and interpretive categories provided in this document are generated using the reference methods for antifungal susceptibility testing of yeasts described in CLSI documents M27¹ and M44.² These reference methods may be used for:

- Routine antifungal testing of patient isolates to guide therapy
- · Evaluation of commercial devices that will be used in medical laboratories
- Testing of new agents or systems by drug or device manufacturers

Results generated by reference methods, such as those described in CLSI documents, may be used by regulatory authorities to evaluate commercial susceptibility testing device performance as part of the commercial device approval process. Regulatory clearance indicates that the commercial susceptibility testing device provides results that are substantially equivalent to those generated using reference methods for the organisms and antimicrobial agents described in the device manufacturer's approved package insert.

However, CLSI breakpoints may differ from breakpoints approved by various regulatory organizations for many reasons, including:

- Database differences
- Data interpretation
- Dosage amounts used in different parts of the world
- Public health policies

Differences also exist because CLSI proactively evaluates the need for changing breakpoints. The reasons that breakpoints may change, as well as the manner in which CLSI evaluates data and determines breakpoints, are described in CLSI document M23.³

When CLSI decides to change an existing breakpoint, regulatory organizations may also review data to determine how the changes may affect antimicrobial agent safety and effectiveness for the approved indications. When a regulatory authority changes breakpoints, commercial device manufacturers may have to conduct a clinical trial, submit the data to the regulatory organization, and await review and approval. For these reasons, a delay of one or more years may be needed if a device manufacturer decides to implement a breakpoint change. Some regulatory and accreditation requirements permit laboratories using cleared or approved testing devices to use existing regulatory organization breakpoints. Either the regulatory approved breakpoints or CLSI breakpoints may be acceptable to laboratory accreditation organizations. Other regulatory and accreditation requirements vary. Each laboratory should consult its susceptibility test system manufacturer for additional information on the breakpoints used in its system software. Laboratories should be aware of their specific regulatory and accreditation requirements for using CLSI breakpoints.

Following discussions with appropriate stakeholders (eg, infectious diseases practitioners and pharmacy practitioners, the hospital's pharmacy and therapeutics and infection prevention committees), laboratories may implement newly approved or revised CLSI breakpoints as soon as they are published. Some devices might specify antimicrobial test concentrations that are sufficient to interpret susceptibility and resistance to an agent using the CLSI breakpoints. In such cases, after appropriate validation as outlined in CLSI document M52,⁴ a laboratory could choose to interpret and report results from that device using CLSI breakpoints.

NOTE: Current fungal taxonomy is under revision. Many genera have both a teleomorph (sexual state) and an anamorph (asexual state) name. In this document, the traditional *Candida* anamorph names are used to provide continuity with both past procedures and associated documents such as CLSI document M27.¹

Overview of Changes

This document replaces the previous edition of the approved document, M60-Ed1, published in 2017. Several changes were made in this edition, including:

- Table 1. Minimal Inhibitory Concentration Breakpoints for In Vitro Broth Dilution Susceptibility Testing of Candida spp. and Select Antifungal Agents After 24-Hour Incubation:
 - Added footnote and references regarding recommendations for interpreting Candida parapsilosis breakpoints
 - Revised footnote regarding intrinsic resistance of Candida krusei to fluconazole
- Table 2. Solvents and Diluents for Preparing Stock Antifungal Agent Solutions for Broth Dilution Testing:
 - Added solvent and diluent information for:
 - Ibrexafungerp
 - Manogepix
 - Rezafungin
- Table 3. (formerly Table 4) Recommended 24-Hour Minimal Inhibitory Concentration Limits for Quality Control Strains for Broth Microdilution Procedures:

NOTE 1: In the previous edition of M60, Table 3 contained 48-hour QC ranges, and Table 4 contained 24-hour QC ranges. In this edition, the tables have been transposed.

NOTE 2: The minimal inhibitory concentration (MIC) QC ranges for ibrexafungerp were adopted by the Subcommittee on Antifungal Susceptibility Tests during the annual meetings in January 2019 and January 2020. These QC ranges are tentative and are open for comment for one year from the publication of M60.

- Added MIC QC ranges for:
 - Ibrexafungerp
 - C. krusei ATCC® 6258
 - C. parapsilosis ATCC[®] 22019
 - Manogepix
 - Candida albicans ATCC® 90028
 - C. parapsilosis ATCC® 22019
 - o Rezafungin
 - C. krusei ATCC[®] 6258
 - C. parapsilosis ATCC[®] 22019
- Revised NOTE regarding MICs
- Deleted NOTE regarding tentative 24-hour MIC QC ranges
- Table 5. Zone Diameter and Equivalent Minimal Inhibitory Concentration Breakpoints for Select Antifungal Agents Against Candida spp. After 24-Hour Incubation:
 - Revised footnote regarding intrinsic resistance of C. krusei to fluconazole
 - Deleted footnotes regarding tentative zone diameter interpretive categories

Table 6. Recommended Quality Control Zone Diameter (mm) Ranges After 24-Hour Incubation:

NOTE: The QC zone diameter ranges were adopted by the Subcommittee on Antifungal Susceptibility Tests during the annual meetings in January 2019 and January 2020. These zone diameter QC ranges are tentative and are open for comment for one year from the publication of M60.

- Added disk diffusion QC ranges for:
 - Manogepix
 - C. albicans ATCC® 90028
 - C. parapsilosis ATCC® 22019
 - Candida tropicalis ATCC® 750
 - Rezafungin
 - C. albicans ATCC® 90028
 - C. krusei ATCC[®] 6258
 - C. parapsilosis ATCC® 22019
 - C. tropicalis ATCC[®] 750
- Deleted footnote regarding tentative zone diameter QC ranges

NOTE: The content of this document is supported by the CLSI consensus process and does not necessarily reflect the views of any single individual or organization.

Key Words

Antifungal agent, azole, breakpoint, broth dilution, disk diffusion, echinocandin, interpretive category, minimal inhibitory concentration, quality control, susceptibility testing, yeasts, zone diameter

Abbreviations and Acronyms

ATCC^{®a} American Type Culture Collection

DMSO dimethyl sulfoxide DNA deoxyribonucleic acid ECV epidemiological cutoff value

I intermediate

MIC minimal inhibitory concentration

QC quality control
R resistant
S susceptible

SDD susceptible-dose dependent

X

 $^{^{\}rm a}$ ATCC $^{\rm g}$ is a registered trademark of the American Type Culture Collection.