ELECTRONIC SUPPLEMENTARY MATERIAL 2

Penetration of Echinocandins into Wound Secretion of Critically Ill Patients

Journal name: Infection

Tiziana Gasperetti, René Welte, Herbert Oberacher, Jana Marx, Ingo Lorenz, Peter Schellongowski, Thomas Staudinger, Karin Burgmann, Philipp Eller, Tobias Santner, Andrea Griesmacher, Hartwig Pfisterer, Stephan Eschertzhuber, Maria Aigner, Michael Joannidis, Romuald Bellmann

Corresponding author: Romuald Bellmann, MD, associate professor,
Clinical Pharmacokinetics Unit, Division of Intensive Care and Emergency Medicine,
Department of Internal Medicine I, Medical University of Innsbruck,
Anichstrasse 35, 6020 Innsbruck, Austria, Europe,
romuald.bellmann@i-med.ac.at, Phone: 0043 512 504 81389, Fax: 0043 512 504 67 81389

ONLINE RESOURCE 2 Study population and echinocandin treatment

Patients on anidulafungin						
Patient No.	**Body weight (kg)**	**Cum. dose (mg)**	**WS and plasma samples obtained**	**Localization and type of drainage**	**Main diagnosis**	**Clinical outcome**
1	75	400	Serial samples (5)	Thigh (drain)	Gangrenous phlegmon (shank), candidemia (*C. albicans* and *C. glabrata*)	Deceased in ICU
2	67	200	Serial samples (5), 2 single samples	Retroperitoneal (drain)	Duodenal adenocarcinoma, st. p. pancreatectomy and splenectomy, suspected wound infection (*C. albicans* from WS drain, MIC = 0.002 mg/L)	Discharged from hospital
3	46	1,100	1 single sample, serial samples (7)	Surgical wound at porta hepatis (drain)	Candidemia (*C. krusei*), suspected wound infection (*C. krusei* from wound drain tip, MIC = 0.016 mg/L), st. p. LTX, TBC	Deceased in ICU
4	60	1,700	1 single sample	Subcutaneous abdominal (V.A.C.)	Candidemia (*C. krusei*), suspected abdominal wound infection (*C. krusei* from	Deceased in ICU

					V.A.C., MIC = 0.016 mg/L), ovarian cancer, peritoneal carcinosis	
5	70	1,800	1 single sample	Intraabdominal (V.A.C.)	Peritonitis, partial anastomotic dehiscence, gastric cancer relapse, suspected wound infection	Deceased in ICU
6	95	400	1 single sample	Thigh (V.A.C.)	Septic arthritis, thigh abscess, SLE	Deceased in hospital
7	96	300	1 single sample	Sternal (V.A.C.)	St. p. CABG	Discharged from hospital
Patients on micafungin						
Patient No.	**Body weight (kg)**	**Cum. dose (mg)**	**WS and plasma samples obtained**	**Localization and type of drainage**	**Main diagnosis**	**Clinical outcome**
8	70	1,900	Serial samples (10)	Intraabdominal (drain)	Intestinal perforation, bacterial sepsis, st. p. adhesive ileus	Deceased in ICU

9	50	600	Serial samples (4), 1 single sample	Chest wall (drain)	St. p. LuTX, cystic fibrosis, *Candida* wound infection	Discharged from hospital
10	90	300	Serial samples (4), 1 single sample	Abdominal wall (drain)	Abdominal wall abscess, ileus, stroke, *Candida* wound infection	Discharged from hospital
11	101	500	1 single sample	Sacral decubitus ulcer (V.A.C.)	Sacral decubitus ulcer with suspected infection (*C. lusitaniae* from swab, MIC = 0.12 mg/L)	Deceased in hospital
12	60	200	3 single samples	Mediastinal (drain)	St. p. AVR	Deceased in hospital
13	60	500	1 single sample	Chest wall and mediastinal (drain)	Endocarditis, st. p. MVR	Discharged from hospital
Patients on caspofungin						
Patient No.	**Body weight (kg)**	**Cum. dose (mg)**	**WS and plasma samples obtained**	**Localization and type of drainage**	**Main diagnosis**	**Clinical outcome**

14	75	170	Serial samples (6)	Subphrenic - esophageal (drain)	Peritonitis, esophageal abscess, candidemia (*C. albicans* and *C. glabrata*)	Discharged from hospital
15	100	490	Serial samples (7)	Thigh (drain)	Thigh abscess with suspected infection (*C. albicans* from WS fluid, MIC = 0.004 mg/L)	Discharged from hospital
16	85	370	1 single sample	Subcutaneous abdominal (V.A.C.)	St. p. hemihepatectomy, st. p. cholecystectomy	Deceased in ICU
17	90	120	1 single sample	Subcutaneous abdominal (V.A.C.)	St. p. LTX	Deceased in hospital
18	85	120	1 single sample	Abdominal wall (V.A.C.)	St. p. cholecystectomy	Discharged from hospital
19	60	770	2 single samples	Sternal (drain)	St. p. AVR, suspected sternal wound infection (*C. blankii* from swab, MIC = 0.38 mg/L), septic shock	Deceased in ICU

20	90	70	2 single samples	Intraabdominal (V.A.C.)	Bacterial septic shock, peritonitis	Discharged from hospital
21	80	630	1 single sample	Intraabdominal abscess (drain)	Necrotizing pancreatitis	Discharged from hospital

Cum. Dose, cumulative dose; st. p., status post; WS, wound secretion; LTX, liver transplantation; TBC, tuberculosis; V.A.C., Vacuum Assisted Closure therapy; SLE, systemic lupus erythematosus; CABG, coronary artery bypass grafting; LuTX, lung transplantation; AVR, aortic valve replacement; MVR, mitral valve replacement.

From eight patients, serial WS samples and simultaneous plasma samples were obtained within a dosage interval. From seventeen patients, twenty-two solitary sample pairs were collected at different times from echinocandin infusion. Nine patients (patients 4, 5, 6, 7, 11, 16, 17, 18, and 20) underwent V.A.C. therapy.