

M27-A3
Vol. 28 No. 14
Replaces M27-A2
Vol. 22 No. 15

Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition

This document addresses the selection and preparation of antifungal agents; implementation and interpretation of test procedures; and quality control requirements for susceptibility testing of yeasts that cause invasive fungal infections.

A standard for global application developed through the Clinical and Laboratory Standards Institute consensus process.



Clinical and Laboratory Standards Institute

Advancing Quality in Health Care Testing

Clinical and Laboratory Standards Institute (CLSI, formerly NCCLS) is an international, interdisciplinary, nonprofit, standards-developing, and educational organization that promotes the development and use of voluntary consensus standards and guidelines within the health care community. It is recognized worldwide for the application of its unique consensus process in the development of standards and guidelines for patient testing and related health care issues. Our process is based on the principle that consensus is an effective and cost-effective way to improve patient testing and health care services.

In addition to developing and promoting the use of voluntary consensus standards and guidelines, we provide an open and unbiased forum to address critical issues affecting the quality of patient testing and health care.

PUBLICATIONS

A document is published as a standard, guideline, or committee report.

Standard A document developed through the consensus process that clearly identifies specific, essential requirements for materials, methods, or practices for use in an unmodified form. A standard may, in addition, contain discretionary elements, which are clearly identified.

Guideline A document developed through the consensus process describing criteria for a general operating practice, procedure, or material for voluntary use. A guideline may be used as written or modified by the user to fit specific needs.

Report A document that has not been subjected to consensus review and is released by the Board of Directors.

CONSENSUS PROCESS

The CLSI voluntary consensus process is a protocol establishing formal criteria for:

- the authorization of a project
- the development and open review of documents
- the revision of documents in response to comments by users
- the acceptance of a document as a consensus standard or guideline.

Most documents are subject to two levels of consensus—"proposed" and "approved." Depending on the need for field evaluation or data collection, documents may also be made available for review at an intermediate consensus level.

Proposed A consensus document undergoes the first stage of review by the health care community as a proposed standard or guideline. The document should receive a wide and thorough technical review, including an overall review of its scope, approach, and utility, and a line-by-line review of its technical and editorial content.

Approved An approved standard or guideline has achieved consensus within the health care community. It should be reviewed to assess the utility of the final document, to ensure attainment of consensus (ie, that comments on earlier versions have been satisfactorily addressed), and to identify the need for additional consensus documents.

Our standards and guidelines represent a consensus opinion on good practices and reflect the substantial agreement by materially affected, competent, and interested parties obtained by following CLSI's established consensus procedures. Provisions in CLSI standards and guidelines may be more or less stringent than applicable regulations. Consequently, conformance to this voluntary consensus document does not relieve the user of responsibility for compliance with applicable regulations.

COMMENTS

The comments of users are essential to the consensus process. Anyone may submit a comment, and all comments are addressed, according to the consensus process, by the committee that wrote the document. All comments, including those that result in a change to the document when published at the next consensus level and those that do not result in a change, are responded to by the committee in an appendix to the document. Readers are strongly encouraged to comment in any form and at any time on any document. Address comments to Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, PA 19087, USA.

VOLUNTEER PARTICIPATION

Health care professionals in all specialties are urged to volunteer for participation in CLSI projects. Please contact us at customerservice@clsi.org or +610.688.0100 for additional information on committee participation.

M27-A3

ISBN 1-56238-666-2

ISSN 0273-3099

Volume 28 Number 14

Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition

John H. Rex, MD, FACP
Barbara D. Alexander, MD, MHS
David Andes, MD
Beth Arthington-Skaggs, PhD
Steven D. Brown, PhD
Vishnu Chaturvedi, PhD
Mahmoud A. Ghannoum, MSc, PhD
Ana Espinel-Ingroff, PhD
Cynthia C. Knapp, MS
Luis Ostrosky-Zeichner, MD, FACP
Michael A. Pfaller, MD
Daniel J. Sheehan, PhD
Thomas J. Walsh, MD

Abstract

Clinical and Laboratory Standards Institute document M27-A3—*Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition* describes a method for testing the susceptibility of antifungal agents to yeast that cause invasive fungal infections, including *Candida* spp. (and *Candida glabrata*), and *Cryptococcus neoformans*. Selection and preparation of antifungal agents, implementation and interpretation of test procedures, and the purpose and implementation of quality control procedures are discussed. A careful examination of the responsibilities of the manufacturer and the user in quality control is also presented.

Clinical and Laboratory Standards Institute (CLSI). *Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition*. CLSI document M27-A3 (ISBN 1-56238-666-2). Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA, 2008.

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/NCCLS documents. Current editions are listed in the CLSI catalog and posted on our website at www.clsi.org. If your organization is not a member and would like to become one, and to request a copy of the catalog, contact us at: Telephone: 610.688.0100; Fax: 610.688.0700; E-Mail: customerservice@cls.org; Website: www.clsi.org



Copyright ©2008 Clinical and Laboratory Standards Institute. Except as stated below, neither this publication nor any portion thereof may be adapted, copied, or otherwise reproduced, by any means (electronic, mechanical, photocopying, recording, or otherwise) without prior written permission from Clinical and Laboratory Standards Institute ("CLSI").

CLSI hereby grants permission to each individual member or purchaser to make a single reproduction of this publication for use in its laboratory procedure manual at a single site. To request permission to use this publication in any other manner, contact the Executive Vice President, Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA.

Suggested Citation

(CLSI. *Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition*. CLSI document M27-A3. Wayne, PA: Clinical and Laboratory Standards Institute; 2008.)

Proposed Standard

December 1992

Tentative Standard

October 1995

Approved Standard

June 1997

Approved Standard—Second Edition

August 2002

Approved Standard—Third Edition

April 2008

ISBN 1-56238-666-2

ISSN 0273-3099

Committee Membership

Area Committee on Microbiology

Mary Jane Ferraro, PhD, MPH
Chairholder
Massachusetts General Hospital
Boston, Massachusetts

John H. Rex, MD, FACP
Vice-Chairholder
AstraZeneca
Cheshire, United Kingdom

Barbara Ann Body, PhD, D(ABMM)
LabCorp
Burlington, North Carolina

Betty (Betz) A. Forbes, PhD,
D(ABMM)
Medical College of Virginia Campus
Richmond, Virginia

Freddie Mae Poole
FDA Center for Devices and
Radiological Health
Rockville, Maryland

Daniel F. Sahm, PhD
Eurofins Medinet
Herndon, Virginia

Fred C. Tenover, PhD, ABMM
Centers for Disease Control and
Prevention
Atlanta, Georgia

John D. Turnidge, MD
Women's and Children's Hospital
North Adelaide, Australia

Michael L. Wilson, MD
Denver Health Medical Center
Denver, Colorado

Advisors

Nancy L. Anderson, MMSc,
MT(ASCP)
Centers for Disease Control and
Prevention
Atlanta, Georgia

Ellen Jo Baron, PhD
Stanford Hospital and Clinics
Palo Alto, California

Donald R. Callihan, PhD
BD Diagnostic Systems
Sparks, Maryland

Lynne S. Garcia, MS
LSG & Associates
Santa Monica, California

Richard L. Hodinka, PhD
Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

James H. Jorgensen, PhD
University of Texas Health Science
Center
San Antonio, Texas

Michael A. Pfaller, MD
University of Iowa College of
Medicine
Iowa City, Iowa

Robert P. Rennie, PhD
University of Alberta Hospital
Edmonton, Alberta, Canada

Thomas R. Shryock, PhD
Elanco Animal Health
Greenfield, Indiana

Jana M. Swenson, MMSc
Centers for Disease Control and
Prevention
Atlanta, Georgia

Melvin P. Weinstein, MD
Robert Wood Johnson Medical
School
New Brunswick, New Jersey

Matthew A. Wikler, MD, MBA,
FIDSA
Pacific Beach BioSciences, Inc.
San Diego, California

Gail L. Woods, MD
Central Arkansas Veterans
Healthcare
Little Rock, Arkansas

Subcommittee on Antifungal Susceptibility Tests

John H. Rex, MD, FACP
Chairholder
AstraZeneca
Cheshire, United Kingdom

**Mahmoud A. Ghannoum, MSc,
PhD**
Vice-Chairholder
Case Western Reserve University
Cleveland, Ohio

Barbara D. Alexander, MD, MHS
Duke University Medical Center
Durham, North Carolina

David Andes, MD
University of Wisconsin
Madison, Wisconsin

Steven D. Brown, PhD
The Clinical Microbiology Institute
Wilsonville, Oregon

Cynthia L. Fowler, MD
BioMérieux, Inc.
Durham, North Carolina

Elizabeth M. Johnson, PhD
The HPA Centre for Infections
Bristol, United Kingdom

Cynthia C. Knapp, MS
Trek Diagnostic Systems
Cleveland, Ohio

Mary R. Motyl, PhD, D(ABMM)
Merck & Company, Inc.
Rahway, New Jersey

Luis Ostrosky-Zeichner, MD, FACP
University of Texas Medical School
at Houston
Houston, Texas

Michael A. Pfaller, MD
University of Iowa College of
Medicine
Iowa City, Iowa

Daniel J. Sheehan, PhD
Pfizer Inc
New York, New York

Thomas J. Walsh, MD
National Cancer Institute
Bethesda, Maryland

Advisors

Beth Arthington-Skaggs, PhD
Centers for Disease Control and
Prevention
Atlanta, Georgia

Shukal Bala
Food and Drug Administration
Silver Spring, Maryland

Ozlem Belen, MD, MPH, MSc.
FDA CDER
Silver Spring, Maryland

Vishnu Chaturvedi, PhD
New York State Dept. of Health
Albany, New York

Daniel J. Diekema, MD, FACP
University of Iowa College of
Medicine
Iowa City, Iowa

Ana Espinel-Ingroff, PhD
Medical College of Virginia/VCU
Richmond, Virginia

Annette W. Fothergill, MA, MBA,
MT(ASCP)
University of Texas Health Science
Center
San Antonio, Texas

Thomas R. Fritsche, PhD, MD
JMI Laboratories
North Liberty, Iowa

Freddie Mae Poole
FDA Ctr. for Devices/Rad. Health
Rockville, Maryland

Michael G. Rinaldi, PhD
University of Texas Health Science
Center
San Antonio, Texas

Guy St. Germain
Institut National de Santé Publique
Du Quebec Centre de Doc. –
INSPQ
St.-Anne-de-Bellevue, Canada

Staff

Clinical and Laboratory Standards
Institute
Wayne, Pennsylvania

Lois M. Schmidt, DA
*Vice President, Standards
Development and Marketing*

Tracy A. Dooley, BS, MLT (ASCP)
Staff Liaison

Ron Quicho
Project Manager

Melissa A. Lewis
Editor

Contents

Abstract.....	i
Committee Membership.....	iii
Foreword.....	vii
Updated Information in This Edition.....	viii
1 Scope.....	1
2 Introduction.....	1
3 Standard Precautions.....	1
4 Definitions.....	1
5 Indications for Performing Susceptibility Tests.....	2
6 Antifungal Agents.....	3
6.1 Source.....	3
6.2 Weighing Antifungal Powders.....	3
6.3 Preparing Stock Solutions.....	4
6.4 Number of Concentrations Tested.....	5
6.5 Selection of Antifungal Agents for Routine Testing and Reporting.....	5
7 Test Procedures.....	6
7.1 Broth Medium.....	6
7.2 Preparing Diluted Antifungal Agents.....	6
7.3 Inoculum Preparation.....	7
7.4 Inoculating RPMI-1640 Medium.....	8
7.5 Incubation.....	8
7.6 Reading Results.....	8
7.7 Interpretation of Results.....	8
7.8 Broth Microdilution Modifications.....	10
7.9 Trailing Growth and the Impact of Time of Reading.....	12
7.10 Other Modifications.....	12
8 Quality Control.....	12
8.1 Purpose.....	12
8.2 QC Responsibilities.....	12
8.3 Selecting Reference Strains.....	13
8.4 Storing Reference Strains.....	13
8.5 Routine Use of Reference Strains.....	14
8.6 Batch of Medium and Lot of Plasticware Control.....	15
8.7 QC Frequency.....	15
8.8 Other Control Procedures.....	16
8.9 QC Strains.....	16
References.....	17
Appendix A. RPMI 1640 Medium.....	19
Appendix B. McFarland 0.5 Barium Sulfate Turbidity Standard.....	20
Summary of Delegate Comments and Committee Responses.....	21
The Quality Management System Approach.....	24
Related CLSI Reference Materials.....	25

Foreword

With the increased incidence of systemic fungal infections and the growing number of antifungal agents, laboratory aids to guide in the selection of antifungal therapy have gained greater attention. In 1982, the CLSI Area Committee for Microbiology formed the Subcommittee on Antifungal Susceptibility Testing. In 1985, this subcommittee published its first report¹ in which the results of a questionnaire and a small collaborative study were presented. These results are summarized as follows:

- Approximately 20% of the responding CLSI membership whose hospitals had greater than 200 beds was performing antifungal testing.
- Most testing involved broth dilution methodology.
- Most strains tested were *Candida albicans* or other species of yeasts.
- Most centers tested only a few isolates per year.
- Agreement in minimal inhibitory concentration (MIC) results among several laboratories that participated in a collaborative study was unacceptably low.

Based on these findings, the subcommittee concluded that it would be useful to work toward a more reproducible reference testing procedure.

Agreement already existed regarding several elements of the procedure. To facilitate further analysis of various test conditions, the reference method should be a broth macrodilution procedure. Because of examples of drug antagonism by some complex media for certain antifungals, the subcommittee restricted its interest only to fully defined synthetic media. Drug stock solution preparation and dilution procedures previously developed for antibacterial testing procedures were adopted with minor modifications.

Despite agreement in some areas, other factors required additional data to be resolved. These included inoculum preparation; inoculum size; choice among several synthetic media; temperature of incubation; duration of incubation; and end-point definition. These factors were the focus of a series of collaborative studies.²⁻⁵ As a result, agreement within the subcommittee was achieved on all of the factors and led to the publication of M27-P in 1992. In the next four years (1992-1996), reference MIC ranges were established for two quality control strains for the available antifungal agents,^{6,7} and broth microdilution procedures paralleling the broth macrodilution reference procedure became available.^{5,8-10} This information was included in a revised standard in 1995 (M27-T). In further revising the document, the subcommittee focused its attention on developing relevant breakpoints for available antifungal agents,¹¹ included in M27-A (1997). Since then, the subcommittee has developed 24- and 48-hour reference MIC ranges for microdilution testing of both established and newly introduced antifungal agents.¹² The results of these studies are included in the current M27-A3 and M27-S3 (Informational Supplement)¹³ documents.

Key Words

antifungal, broth macrodilution, broth microdilution, susceptibility testing, yeasts

Updated Information in This Edition

Definitions (Section 4)

Modified definition:

Minimal inhibitory concentration (MIC)

Added definition:

Antimicrobial susceptibility test interpretive category

Quality control

Additional Section

Indications for performing susceptibility tests (Section 5)

Time of reading (Section 7.8.1)

Data Inclusion/Exclusion

Established numerical scale criteria for visual comparison of the amount of growth in the control tubes (Section 7.6)

Established guide for reading and interpretation of results of Echinocandin antifungals (Sections 7.6.3 and 7.7.8)

Expanded recommendations and explanations on acceptable time of reading for antifungal agents when growth is adequate (Sections 7.8.1 and 7.9)

Tables

All related tables were updated and compiled separately as M27-S3, Informational Supplement instead of a document Appendix. Updates on each table include:

Table 1: Interpretive Guidelines for *In Vitro* Susceptibility Testing of *Candida* spp.

Added new column on “nonsusceptible (NS)” criteria for interpretive guidelines.

Added breakpoints criteria for the following antifungal agents:

Anidulafungin

Caspofungin

Micafungin

Voriconazole (first added in M27-S2, published February 2006)

Provided additional footnote information for Flucytosine, Anidulafungin, Caspofungin, and Micafungin.

Table 2: Solvents and Diluents for Preparation of Stock Solutions of Antifungal Agents

Added solvents and diluents recommendations for the following antifungal agents:

Anidulafungin

Caspofungin

Micafungin

Table 5: Recommended 48-Hour MIC Limits for Two Quality Control and Four Reference Strains for Broth Macrodilution Procedures

Added information on *Issatchenkia orientalis* as the known sexual form of *Candida krusei*.

Table 6: Recommended 24- and 48-Hour MIC Limits for Two Quality Control Strains for Broth Microdilution

Added the following antifungal agents:

Anidulafungin (first added in M27-S2, published February 2006)

Caspofungin (first added in M27-S2, published February 2006)

Micafungin

Reference Method for Broth Dilution Antifungal Susceptibility Testing of Yeasts; Approved Standard—Third Edition

1 Scope

This document describes a method for testing the susceptibility to antifungal agents of yeasts, including *Candida* spp. and *Cryptococcus neoformans*, that cause infections. This method has not been extensively validated for the yeast forms of dimorphic fungi, such as *Blastomyces dermatitidis* or *Histoplasma capsulatum* variety *capsulatum*.

The subcommittee has focused on developing relevant breakpoints for available antifungal agents,¹¹ and reference MIC ranges for microdilution testing of both established and newly introduced antifungal agents.¹² Interpretive minimal inhibitory concentration (MIC) breakpoints and MIC ranges for quality control (QC) isolates are summarized in an Informational Supplement¹³ to this document.

2 Introduction

The broth macrodilution method described in this document is intended for testing yeasts that cause invasive infections. These yeasts encompass *Candida* spp. (including *Candida glabrata*) and *C. neoformans*. The method has not been used in studies of the yeast forms of dimorphic fungi, such as *B. dermatitidis* and/or *H. capsulatum* variety *capsulatum*. Moreover, testing filamentous fungi (moulds) introduces several additional problems in standardization not addressed by the current procedure. A reference method for broth dilution antifungal susceptibility testing of filamentous fungi has been developed and is now available as CLSI document M38.¹⁴⁻¹⁶

M27-A3 is a “reference” standard developed through a consensus process to facilitate the agreement among laboratories in measuring the susceptibility of yeasts to antifungal agents. An important use of a reference method is to provide a standard basis from which other methods can be developed, which also will result in interlaboratory agreement within specified ranges. For example, broth microdilution methods, described in this document, have been configured to produce results paralleling those obtained by the broth macrodilution reference method. Such methods might have particular advantages, such as ease of performance, economy, or more rapid results; therefore, their development could be highly desirable. To the extent that any method produces concordant results with this reference method, it would be considered to be in conformity with M27-A3.

3 Standard Precautions

Because it is often impossible to know what isolates or specimens might be infectious, all patient and laboratory specimens are treated as infectious and handled according to “standard precautions.” Standard precautions are guidelines that combine the major features of “universal precautions and body substance isolation” practices. Standard precautions cover the transmission of all infectious agents and thus are more comprehensive than universal precautions, which are intended to apply only to transmission of blood-borne pathogens. Standard and universal precaution guidelines are available from the US Centers for Disease Control and Prevention.¹⁷ For specific precautions for preventing the laboratory transmission of all infectious agents from laboratory instruments and materials and for recommendations for the management of exposure to all infectious disease, refer to CLSI document M29.¹⁸

4 Definitions

antibiogram – overall profile of antimicrobial susceptibility results of a microbial species to a battery of antimicrobial agents.