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The Clinical and Laboratory Standards Institute (CLSI) has announced the publication of three new editions of antifungal Susceptibility Testing of Yeasts, 3rd Edition, and M38M51S—Performance Standards for Antifungal Susceptibility Testing of Filamentous Fungi, 3rd Edition.

M57S includes epidemiological cutoff values (ECVs) and quality control tables developed in accordance with CLSI document M57. These ECVs are valid only when they are developed in accordance with CLSI document M57 and when minimal inhibitory concentrations or minimal effective concentrations are generated according to the reference

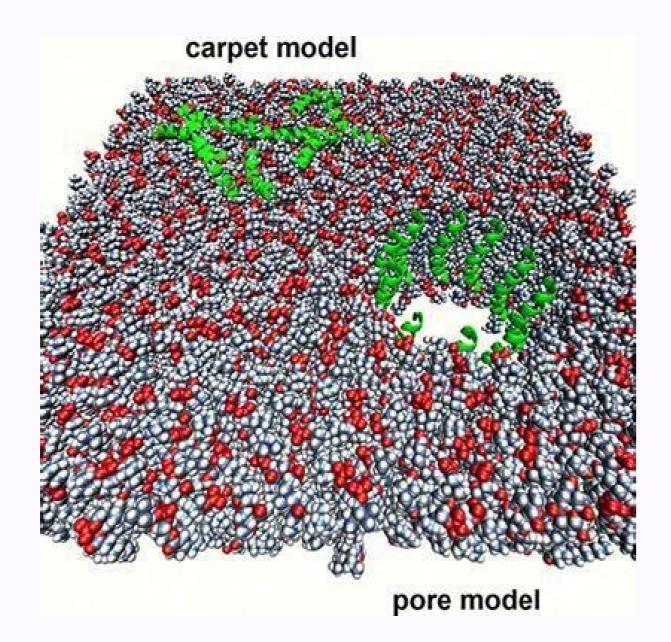
broth dilution methods described in CLSI documents M27 and M38. M27M44S—Performance Standards for Antifungal Susceptibility Testing of Yeasts includes minimal inhibitory concentration, zone diameter, and quality control tables developed following the guidance in CLSI documents M27 and M44. The data in the tables are valid only when the methodologies in CLSI documents M38 and M51 are followed. Soxivatahikana Users should replace previously published tables with the new tables in M57S, M27M44S, and M38M51S. Changes in the tables since the previous editions were published appear in boldface type. Cobawa This is the result of two years of work by Class spert volunteers," said Philippe J. Dufresne, PhD, RMCCM, Vice-Chairholder of CLSI's Subcommittee on Antifungal Susceptibility Tests and member of the Working Groups on Antifungal Epidemiological Cutoff Values. "The new supplements include listings of yeast and mold species with known intrinsic (natural) resistance to antifungals for which testing is unnecessary. They also encompass much-awaited body site reporting recommendations for Candida spp. according to the site of infection and antifungals for televations, including those for the emerging and multidrug resistant Candida auris. "For more information about M57S, M27M44S, and M38M51S, contact Joanne Christopher at jchristopher explositions, including in gain and multidrug resistant Candida auris." For more information about M57S, M27M44S, and M38M51S, contact Joanne Christopher at jchristopher explositions are provided in the development of a common cause: to foster excellence in laboratory medicine. For over 50 years, our members, volunteers, and customers have made CLSI a respected, transformative leader in the development and implementation of medical laboratory testing standards. Through our unified efforts, we will continue to set and uphold the standards that drive quality test results, enhance patients are accounted the world. Accounted Scalary Scalary Scalary Scalary Scalary Scalary Scalary Scalary Scala

Alexander BD, Byrne TC, Smith KL, Hanson KE, Anstrom KJ, Perfect JR. Comparative evaluation of Etest and sensititre YeastOne panels against the Clinical and Laboratory Standards Institute M27-A2 reference broth microdilution method for testingCandidasusceptibility to seven antifungal agents. J Clin Microbiol. 2007;45:698-706. [PMC free article] [PubMed] [Google Scholar]6. Arendrup MC, Cuenca-Estrella M, Lass-Flörl C, Hope W. EUCAST technical note on the EUCAST definitive document EDef 7. 2: method for the determination of broth dilution minimum inhibitory concentrations of antifungal agents for yeasts EDef 7.2 (EUCAST-AFST). Clin Microbiol Infect. 2012;18:E246-E247. [PubMed] [Google Scholar]7. Arendrup MC, Dzajic E, Jensen RH, Johansen HK, Kjaeldgaard P, Knudsen JD. Epidemiological changes with potential implication for antifungal prescription recommendations for fungaemia: data from a nationwide fungaemia surveillance programme. Clin Microbiol Infect. 2013;19:E343-E353. [PubMed] [Google Scholar]8. Arendrup MC, Garcia-Effron G, Lass-Florl C, Lopez AG, Rodriguez-Tudela JL, Cuenca-Estrella M. noyudiwiwixe Echinocandin susceptibility testing of Candidaspecies: comparison of EUCAST EDef 7. 1, CLSI M27-A3, Etest, disk diffusion, and agar dilution methods with RPMI and

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Species	Drug	Aª	Period B ⁰	P- value	V ₃	8)	P- value	1	Period 8 th	value	80	Period B ⁰	vek
E.coll	Amoxicilin/ clavularic acid	81.3	87.9	<0.001	81.3	05.3	0.011	85.3	87.9	0.07	85,3	87.9	0.0
	Cefuroxime	89.6	90.9	0.32	89.6	90.9	0.32	90.9	90.9	1.00	90.9	90.9	1.0
	Ceffriaxone	87.6	92.5	0.001	87.8	92.7	<0.001	92.7	92.5	0.94	92.5	92.5	1.0
	Cefepime	97.1	93.1	<0.001	97.1	95.8	0.11	95.8	93.1	0.005	95.8	93.1	0.0
	Imipenem	100.0	100.0	n.e.	100.0	100.0	na.	100.0	100.0	n.a.	100.0	100.0	n.e
	Meropenem	100.0	100.0	n.a.	100.0	100.0	na.	100.0	100.0	n.a.	100.0	100.0	na
	Tobramycin	88.1	88.8	0.70	88.1	89.7	0.34	89.7	88.8	0.51	89.7	88.6	0.4
	Sufformethoxazole/ trimethoprim	68.6	65.2	0.08	60.6	65.2	0.08	65.2	65.2	1.00	65.2	65.2	1.0
	Ciproflexacin	80.0	81.3	0.46	80.0	81.2	0.49	81.2	81.3	0.96	81.2	81.3	0.9
K	Amoxicilin/	2011	10.00				1000			60000			
préumoniae	clavularic acid	85.6	92.3	0.011	85.6	89.7	0.13	89.7	92.3	0.33	89.7	92.3	0.3
	Cefuroxime	87.0	89.6	0.37	87.0	89.6	0.37	89.6	89.6	n.a.	89.6	89.6	1.0
	Ceffriaxone	88.6	91.6	0.28	88.6	91.6	0.28	91.6	91.6	1.00	91.6	91.6	1.0
	Cefepime	96.0	92.6	0.08	96.0	95.5	0.84	95.5	92.6	0.17	95.5	92.6	0.1
	Imipenem	98.9	99.4	0.67	90.9	99.4	0.67	99.4	99.4	1.00	98.4	99.0	0.7
	Meropenem	98.0	99.0	0.44	98.0	99.4	0.22	99.4	99.0	1.00	98.7	99.0	1.0
	Tobramycin	87,1	93.9	0.010	87.1	94.2	0.006	94.2	93.9	1.00	94.2	93.2	0.7
	Sulfamethouszale/ trimethoprim	81.2	81.3	1.00	61.2	81.3	1	81.3	81.3	1.00	81,3	81.3	1.0
	Ciprofloxacin	0.00	93.5	0.06	0.00	93.9	0.037	93.9	93.5	1.00	93.9	93.5	1.0
E. cloacae	Amoxicilin/ clavulanic acid	4.8	9.0	0.12	4.8	7.5	0.30	7.5	9.0	0.72	7.5	9.0	0.7
	Cefuroxime	66.5	70.5	0.44	66.5	70.5	0.44	70.5	70.5	1.00	70.5	70.5	1.0
	Cetriaxone	73.8	74.5	0.90	73.8	76.0	0.63	76.0	74.5	0.82	74.5	74.5	1.0
	Cefepime	97.5	90.5	300.0	97.3	97.0	1.00	97.0	90.5	0.012	97.0	90.5	0.0
	Imipenem	100.0	99.5	1.00	100.0	100.0	n.a.	100.0	99.5	1.00	95.0	98.5	0.0
	Meropenem	100.0	97.5	0.07	100.0	100.0	na.	100.0	97.5	0.06	97.0	97.5	0.7
	Tobramycin	95.7	96.0	1.00	95.7	96.0	1.00	96.0	96.0	1.00	96.0	96.0	1.0
	Sulfomethoxazole/ trimethoprim	93.0	91.0	0.57	93.0	91.0	0.57	91.0	91.0	1.00	91.0	91.0	1.0
	Ciprofloxacin	95.1	96.0	0.81	95.1	96.5	0.61	96.5	96.0	1.00	96.5	96.0	1.0
P. aeruginosa	Cefepime	85.6	88.7	0.31	85.6	88.7	0.31	88.7	88.7	1.00	88.7	88.7	1.0
	Imipenem	76.7	82.9	0.07	76.7	85.1	0.013	85.1	82.9	0.57	83.3	82.9	1.0
	Meropenem	79.7	78.3	0.74	79.7	88.1	0.013	88.1	78.3	0.002	86.3	78.3	0.0
	Tobramycin	91.6	94.6	0.21	91.6	94.6	0.21	94.6	94.6	1.00	94.6	94.6	1.0
	Ciproflexacin	84.1	90.7	0.021	84.1	93.9	<0.001	93.9	90.7	0.20	93.9	90.7	0.2
S. aureus	Cefaultin	96.7	94.4	0.041	96.7	94.4	0.041	94.4	94.4	1.00	94.4	94,4	1.0
	Gentamicin	98.2	90.7	0.52	98.2	90.9	0.38	98.9	99.7	1.00	90.9	98.7	1.0
	Sulfamethaxazole/ trimethoprim	99.2	99.3	1.00	99.2	99.3	1.00	99.3	99,3	1.00	99.3	99.3	1.0
	Erythromycin	87.2	87.6	0.74	67.2	96.9	0.07	06.9	87.8	0.63	86.9	87.8	0.6
	Clindamycin	97.6	98.4	0.33	97.6	98.4	0.33	98.4	98.4	1.00	98.4	98.4	1.0
	Rifampicin	99.4	98.6	0.18	99.4	98.7	0.27	98.7	98.6	1.00	96.7	98.6	1.0
	Telcoplanin	100.0	100.0	n.e.	100.0	100.0	na.	100.0	100.0	na.	100.0	100.0	na

The data in the tables are valid only when the methodologies in CLSI documents M27 and M44 are followed. M38M51S—Performance Standards for Antifungal Susceptibility Testing of Filamentous Fungi includes minimal inhibitory concentration and quality control tables developed following the guidance in CLSI documents M38 and M51. The data in the tables are valid only when the methodologies in CLSI documents M38 and M51 are followed. Users should replace previously published tables with the new tables in M57S, M27M44S, and M38M51S. Changes in the tables since the previous editions were published appear in boldface type. <a href="business-bu



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Christopher at jchristopher@clsi.org or +1.484.588.5907. vijufonagu CLSI sets the standard for quality in medical laboratory community for the advancement of a common cause: to foster excellence in laboratory medicine. For over 50 years, our members, volunteers, and customers have made CLSI a respected, transformative leader in the development and implementation of medical laboratory testing standards. Through our unified efforts, we will continue to set and uphold the standards that drive quality test results, enhance patient care delivery, and improve health care around the world. By using CLSI standards, laboratorians can improve process quality, speed the development of standard operating procedures, and implement safer practices with greater ease and efficiency. 1. Alastruey-Izquierdo A, Castelli MV, Cuesta I, Monzon A, Cuenca-Estrella M, Rodriguez-Tudela JL. Activity of posaconazole and other antifungal agents against Mucorales strains identified by sequencing of internal transcribed spacers.

	Susceptible	Susceptible dose dependent	Resistance
MIC strips (μg/ml)			
Fluconazole	≤8	8-64	≥64
Amphotericin B	≤1	1-4	≥4
Diffusion disc (mm)			
Nystatin	≥15	14-10	<10
Clotrimazole	≥20	19-10	<10
Itraconazole	≥23	22-14	<13

MIC: Minimum inhibitory concentration, CLSI: Clinical and Laboratory Standards Institute

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