**METHODS**

- Out of 5239 Candida spp. isolates collected as part of the SENTRY Antifungal Surveillance Program from 2014 to 2021, 4,622 isolates were from HTU patients.
- **Only isolates determined to be significant by local criteria as the reported probable cause of IC were included in the program.**
- A single isolate per patient was collected from 48 medical centers located in Europe (48.1% of isolates; 20 sites in 12 countries), North America (20.7%), Asia-Pacific (19.7%), 4 sites in 5 countries, and Latin America (1.7%).
- **Fungal isolates were identified by MALDI-TOF MS (Bruker Daltonics, MA, USA) or by DNA sequencing analysis when an acceptable identification was not achieved by mass spectrometry.**
- **Antifungal susceptibility testing was performed by broth microdilution following CLSI M27(A) (2017) guidelines for all isolates.**
- The authors thank the SENTRY Antifungal program participant centers for providing isolates. CLSI criteria as published by CLSI M27M44S (2022).

**RESULTS**

- Rezafungin showed in vitro activity against C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. dubliniensis from HTUs worldwide.
- **Rezafungin and other echinocandins exhibited similar activity against Candida spp.**
- **Fluconazole resistance was higher in C. glabrata (20.2%), C. parapsilosis (15.2%), C. krusei (8.6%), and C. albicans (1%) HTU isolates vs. 1.6%, 0.5%, 0.5%, and 1.2%, respectively, for non-HTU isolates of these species collected during 2014-2021.**
- C. albicans and other echinocandins (R) represented 10.8% of HTU patient isolates vs. 0.3% of non-HTU isolates collected across the six Candida spp. included in surveillance.
- Rezafungin was resistant to caspofungin and micafungin.
- **All fluconazole-resistant isolates were susceptible to rezafungin.**

**CONCLUSIONS**

- Rezafungin is an In Vitro Activity against Candida spp. Causing Invasive Infections in Hematology/Oncology and Transplant Units Worldwide (2014–2021)