

Table S1. *In vitro* papers using antifungal combinations.

Reference	Isolates and Species ^a	Combinations	Methods	Results ^b
Caballero et al., 2020 [16]	6 <i>C. auris</i>	ISV+ANI or CAS or MICA	CK, TK	100% SYN
Reginatto et al., 2020 [27]	3 <i>C. albicans</i> , 3 <i>C. parapsilosis</i> , 3 <i>C. tropicalis</i>	ANI+AMB	CK, Biofilm evaluations	100% SYN
O'Brien et al., 2020 [33]	15 <i>C. auris</i> *	5-FC+AMB or ANI or CAS or POS or ISV or ITZ or VRC or MICA	CK	100% inhibition in 9/15 isolates AMB+5-FC; 6/15 isolates 5-FC+ANI; 6/15 isolates 5-FC+CAS; 6/15 isolates 5-FC+MICA; 13/15 isolates VRC+5-FC; other combinations were indifferent.
Kovács et al., 2019 [37]	6 <i>C. albicans</i> , 5 <i>C. parapsilosis</i> , 1 <i>C. albicans</i> and 1 <i>C. parapsilosis</i> for biofilm assay*	NIK+MICA or CAS	CK, Biofilm viability assay	CK: NIK+CAS i) <i>C. albicans</i> 67% SYN, 33% IND. ii) <i>C. parapsilosis</i> 100% IND. NIK+MICA: i) <i>C. albicans</i> 100% SYN, ii) <i>C. parapsilosis</i> 80% SYN and 20% IND. LIVE/DEAD staining: the combinations showed an increase in dead cells.
Chassot et al., 2019 [31]	60 <i>C. parapsilosis</i> *	AMB+5-FC or FLU or VRC, FLU + 5F-C or VRC, VRC + 5-FC	CK	AMB+5FC: 20% SYN, 8% ADD, 50% IND and 22% ANT. AMB+FLU: 5% SYN, 17% ADD, 45% IND and 33% ANT. AMB+VRC: 13% ADD, 45% IND and 42% ANT. FLU+5FC: 7% SYN, 8% ADD, 58% IND and 27% ANT. FLU+VRC: 25% SYN, 23% ADD, 43% IND and 8% ANT. VRC+5FC: 17% SYN, 8% ADD, 53% IND and 21% ANT.
Cheung et al., 2017 [36]	4 <i>C. albicans</i> *	NIK+ANI or MICA	CK	100% SYN
Denardi et al., 2017 [21]	10 <i>C. glabrata</i> *	CAS or MICA or ANI+FLU or AMB or POS or VRC	CK	CAS+FLU: 85% IND and 15% ANT. MICA+FLU: 30% SYN, 55% IND, 15% ANT. ANI+FLU: 45% SYN, 45% IND, 10% ANT. CAS+POS: 85% SYN, 15% IND. MICA+POS: 30% SYN, 70% IND. ANI+POS: 70% SYN, 30% IND. CAS+VRC: 35% SYN, 65% IND. MICA+VRC: 15% SYN, 60% IND, 25% ANT. AMB+VRC: 70% SYN, 30% IND. CAS+AMB: 20% SYN, 70% IND, 10% ANT. MICA+AMB: 15% SYN, 35% IND, 50% ANT. ANI+AMB: 35% SYN, 55% IND, 10% ANT. ANI+VRC: 70% SYN, 30% IND.
Alvarez et al., 2017 [48]	3 <i>C. albicans</i> *	AMB+5-FC	CK, TK	CK: 100% IND. Time kill curves: 100% SYN
Katragkou et al., 2017 [17]	4 <i>C. albicans</i> , 3 <i>C. parapsilosis</i> , 4 <i>C. glabrata</i> , 4 <i>C. tropicalis</i> and 3 <i>C. krusei</i> *	ISV+AMB or MICA	CK, TK	ISV+MICA - Bliss assay: 56% SYN, 44% IND. Time kill: 39% SYN, 61% IND. ISV+AMB - Bliss assay: 61 % IND, 17 % SYN and 22% ANT. Time kill: 44. % IND, 17% SYN and 39 % ANT
Siopi et al., 2015 [32]	1 <i>C. parapsilosis</i>	VRC+CAS or ANI or MICA	DD	100% IND
Siopi et al., 2015 [15]	2 <i>C. albicans</i> , 2 <i>C. glabrata</i> , 2 <i>C. kefyr</i> , 2 <i>C. tropicalis</i> , 2 <i>C. krusei</i> *	VRC+CAS or AMB	MTS and CK	MTS: AMB+VRC 95% ANT, 5% SYN. VRC+CAS: 61% ANT, 28% ADD, 11% SYN. CK:

	<i>krusei</i> and 2 <i>C. parapsilosis</i>			AMB+VRC 33% SYN, 67% ANT. VRC+ CAS 11% SYN, 89% ADD
Khodavandi et al., 2014 [40]	6 <i>C. albicans</i> *	FLU+TER	CK, TK	FIC 50: 50% SYN, 50% ADD; FIC 90: 50% SYN, 50% ADD
Steier et al., 2013 [49]	5 <i>C. glabrata</i> *	FLU+5-FC	CK	100% ANT
Kaneko et al., 2013 [39]	1 <i>C. albicans</i>	FLU+BUT or TER or CLI or SER or KTZ or ITZ or MIZ or OXI or TIO	CK	Enhanced: FLU+ BUT or TER. FLU+CLI or SER or KTZ or ITZ or MIZ or OXI or TIO equivalent to or greater than FLU.
Chen et al., 2013 [19]	10 <i>C. albicans</i> *	POS+CAS	CK	100% SYN
Alves et al., 2012 [22]	68 <i>C. glabrata</i> *	AMB+VRC, AMB+CAS, AMB+5-FC, 5-FC+ITZ, 5-FC+VRC, 5-FC+CAS, 5-FC+KTZ, VRC+ITZ and VRC+CAS	CK	CAS+AMB: 26% SYN, 66% IND, 7% ANT. 5-FC+AMB: 69% SYN, 31% IND. VRC+AMB: 31% SYN, 54% IND, 15% ANT. CAS+5-FC: 38% SYN, 60% IND, 1% ANT. KTZ+5-FC: 3% SYN, 38% IND, 59% ANT. ITZ+5-FC: 32% SYN, 54% IND, 13% ANT. VRC+5-FC: 37% SYN, 54% IND, 9% ANT. VRC+ITZ: 28% SYN, 60% IND, 12% ANT. VRC+CAS: 15% SYN, 78% IND, 7% ANT
Tobudic et al., 2010 [24]	10 <i>C. albicans</i> *	AMB+POS; AMB+CAS	CK	AMB+CAS: 40% SYN, 60% IND. AMB+POS: 100% IND
Pai, 2009 [42]	2 <i>C. albicans</i> *	MICA+CAS+A MB, MICA+CAS or AMB, CAS+AMB	TK	Triple combination more effective than double therapy, followed by AMB+MICA.
Baltch et al., 2008 [50]	3 <i>C. glabrata</i> *	VRC+CAS	TK	Combination more effective than single molecules
Pai et al., 2008 [41]	1 <i>C. albicans</i> , 1 <i>C. glabrata</i> , 1 <i>C. parapsilosis</i> , and 1 <i>C. tropicalis</i> *	5-FC+VRC+MIC A	TK	Triple combination not superior compared to double combination
Vakil et al., 2008 [51]	2 <i>C. albicans</i>	AMB+5-FC	CK	100% IND
Serena et al., 2008 [25]	35 <i>C. krusei</i> , 35 <i>C. albicans</i> , 15 <i>C. parapsilosis</i> , 15 <i>C. tropicalis</i> , 20 <i>C. dubliniensis</i> , 15 <i>C. glabrata</i> and 10 <i>C. lusitaniae</i> . TK 2 <i>C. albicans</i> , 2 <i>C. glabrata</i> , 2 <i>C. parapsilosis</i> *	AMB+MICA	CK, TK	CK MIC-0 end point: <i>C. krusei</i> 26% SYN 74% IND. <i>C. albicans</i> 8.5% SYN and 91.5% IND. <i>C. parapsilosis</i> 40% SYN and 60% IND. <i>C. tropicalis</i> 47% SYN and 53% IND. <i>C. dubliniensis</i> 35% SYN and 65% IND. <i>C. glabrata</i> and <i>C. lusitaniae</i> 100% IND. CK MIC-2 end point: <i>C. krusei</i> 37% SYN 63% IND. <i>C. albicans</i> 71% SYN and 29% IND. <i>C. parapsilosis</i> 60% SYN and 40% IND. <i>C. tropicalis</i> 53% SYN and 47% IND. <i>C. dubliniensis</i> 50% SYN and 50% IND. <i>C. glabrata</i> 53% SYN and 47% IND. <i>C. lusitaniae</i> 20% SYN and 80% IND. TK: 50% SYN and 50% IND
Chaturvedi et al., 2008 [52]	1 <i>C. kruseii</i>	AMB+CAS+PO S+VRC	CK	100% IND

Barchiesi et al., 2007 [28]	3 <i>C. parapsilosis</i>	CAS+AMB	DD, TK	100% IND
Shuford et al., 2007 [53]	30 <i>C. albicans</i>	CAS+VRC	XTT assay	100% IND
Karlowsky et al., 2006 [14]	4 <i>C. albicans</i> , 4 <i>C. glabrata</i> , 4 <i>C. parapsilosis</i> , 4 <i>C. tropicalis</i> and 2 <i>C. krusei</i> *	ANI+FLU or ITZ or KTZ or AMB or 5-FC	CK	ANI+ITZ: 5% SYN and 95% IND. ANI+KTZ: 22% ANT and 78% IND. ANI+AMB 100% ADD. ANI+FLU: 100% IND
Heyn et al., 2005 [13]	55 <i>C. albicans</i> , 19 <i>C. dubliniensis</i> , 12 <i>C. glabrata</i> and 12 <i>C. parapsilosis</i> *	VRC+MICA	CK	<i>C. albicans</i> : 2% SYN, 98% IND; <i>C. dubliniensis</i> 100% IND; <i>C. glabrata</i> 17% SYN, 83% IND; <i>C. parapsilosis</i> 100% IND
Barchiesi et al., 2005 [20]	2 <i>C. glabrata</i> *	CAS+AMB	CK	100% IND
Gil-Lamainere et al., 2004 [38]	59 <i>C. albicans</i> , 41 <i>C. dubliniensis</i> and 26 <i>C. kefyr</i> *	CAS+TER	CK	<i>C. albicans</i> 67% SYN, 28% ADD and 5% IND; <i>C. kefyr</i> 100% SYN and <i>C. dubliniensis</i> 100 % IND
Girmenia et al., 2003 [54]	1 <i>C. krusei</i> and 1 <i>C. glabrata</i> *	FLU+5-FC	TK	100% IND
Hossain et al., 2003 [26]	1 <i>C. albicans</i> *	CAS+AMB	CK	100% IND
Te Dorsthorst et al., 2002 [34]	9 <i>C. albicans</i> , 9 <i>C. glabrata</i> , 9 <i>C. krusei</i> *	5-FC+AMB or FLU	CK	5-FC+FLU: <i>C. albicans</i> 50% SYN and 50% ANT; <i>C. krusei</i> 11% SYN, 89% ANT; <i>C. glabrata</i> 100% ANT. 5-FC+AMB: <i>C. albicans</i> 44.4% SYN, 56% ANT; <i>C. krusei</i> 77% SYN, 22% ANT; <i>C. glabrata</i> 33% SYN and 67% ANT
Roling et al., 2002 [55]	2 <i>C. albicans</i> , 2 <i>C. krusei</i> , 2 <i>C. tropicalis</i> *	FLU+ANI or CAS	TK	100% IND
Lewis et al., 2002 [29]	3 <i>C. albicans</i> , 1 <i>C. glabrata</i> , 1 <i>C. kruseii</i> , 1 <i>C. tropicalis</i> *	AMB+FLU or 5-FC, FLU+5-FC	CK, TK, E-test	CK: AMB+FLU 17% SYN, 83% IND; AMB+5-FC: 50% SYN, 50% IND; FLU+5-FC: 33% SYN, 67% IND. E-test: AMB+FLU 50% antagonist, 50% IND. AMB+5-FC and FLU+5-FC 100% IND. Time kill curves: 100% IND
Louie et al., 2001 [30]	4 <i>C. albicans</i>	FLU+AMB	TK	100% ANT

* The study used isolates resistant to at least one antifungal drugs

b Interactions for checkerboards were defined as synergistic (SYN) if the FIC index (FICI) was ≤ 0.5 , additive (ADD) if $0.5 < \text{FICI} < 1.0$, indifferent (IND) if $1.0 \leq \text{FICI} \leq 4.0$, and antagonistic (ANT) if FICI was > 4.0 . FIC 50 was calculated on 50% of inhibition, FIC 90 was calculated on 90% of inhibition. Interactions for time kill assays were defined as synergistic (SYN) if combination resulted in a CFU reduction $> 2\log$ compared to most active drug, indifferent (IND) if the combination yielded a CFU number $\leq +2\log$ compared to the most active drug, and antagonistic if the CFU number of the combinations was higher than $2\log$ compared to the most active drug. Abbreviations: ISV, isavuconazole; ANI, anidulafungin; CAS, caspofungin; MICA, micafungin; AMB, amphotericin; 5-FC, 5-flucytosine; POS, posaconazole; ITZ, itaconazole; VRC, voriconazole; NIK, nikkomycin Z; FLU, fluconazole; TER, terbinafine; BUT, butenafine; CLI, climbazole; SER, sertaconazole; KTZ, ketoconazole; MIZ, miconazole, OXI, oxiconazole; TIO, tioconazole; CK, Checkerboard titration (performed in broth or otherwise specified); TK, time kill curves; DD, disk diffusion; MTS, MIC test strip.

Table S2. Case reports and clinical trials using antifungal combinations.

Reference	Clinical case	Combinations	Outcome
Guo et al., 2021 [56]	4 cases of <i>C. parapsilosis</i> prosthetic valve endocarditis	CAS+VRC, CAS+VRC+AMB, VRC+FLU, FLU+CAS	2 patients survived, 2 patients died
Noguchi et al., 2019 [57]	A 73-year-old woman with <i>C. parapsilosis</i> melanonychia.	ITZ+EFI	Unsuccessful
Kubota et al., 2018 [59]	A 31-year-old woman with repaired tetralogy of Fallot and infective endocarditis due to <i>C. albicans</i>	MICA+FLU	Full recovery
Tu et al., 2017 [60]	<i>C. glabrata</i> keratitis after Descemet Membrane Endothelial Keratoplasty	AMB+FLU	Full recovery
Al-Sweih et al., 2017 [61]	A 26-week-preterm man with bloodstream infection by <i>C. conglobata</i>	AMB+CAS	Full recovery
Carrega et al., 2017 [62]	A 68-year-old diabetic woman with hip arthroplasty with <i>C. albicans</i> recovered from a fistula swab.	AMB+ANI	Treatment discontinued due to side effects
Scemla et al., 2016 [63]	A 28-year-old man patient with aortic endocarditis and periaortic abscess due to <i>C. parapsilosis</i> .	AMB+5-FC	Full recovery
Charlier et al., 2015 [64]	Case 1. A 66-year-old woman presented with symptomatic <i>C. glabrata</i> cystitis. Case 2. A 65-year-old man presented with <i>C. glabrata</i> cystitis.	CAS+5-FC	Microbiological failure
Herbst et al., 2015 [65]	A 4-year-old with <i>C. albicans</i> meningitis	AMB+5-FC+VRC	Microbiological recovery
Garcia et al., 2015 [66]	A 39-year-old man with candiduria from <i>C. parapsilosis</i>	CAS+5-FC	Full recovery
Valentine et al., 2014 [67]	An 8-week-old male infant with disseminated <i>C. lusitaniae</i> septic shock and multisystem organ failure	AMB+5-FC+FLU	Full recovery
DiMondi et al., 2014 [68]	a 64-year-old woman in hemodialysis with <i>C. albicans</i> blood stream infection.	AMB+MICA then AMB+FLU	Full recovery
Ruiz-Ramos et al., 2014 [69]	A 34-year-old woman with chronic femoral osteomyelitis and persistent suppuration, developed a <i>C. albicans</i> infection, isolated in the fistula exudate cultures	FLU+ANI then MICA+FLU	Full recovery
Hagiya et al., 2013 [70]	An 85-year-old woman presenting with right internal jugular vein <i>C. albicans</i> thrombophlebitis catheter-associated.	MICA+ITZ switch MICA+FLU	Full recovery
Jarque et al., 2013 [71]	6 cases of invasive <i>C. krusei</i> candidiasis	CAS+VRC; CAS+AMB	Full recovery
Lefort et al., 2012 [45]	<i>Candida</i> endocarditis: 11 <i>C. albicans</i> , 9 <i>C. parapsilosis</i> , 3 <i>C. tropicalis</i> , 1 <i>C. orthopsilosis</i> , 2 <i>C. guilliermondii</i> , 2 <i>C. glabrata</i> , 1 <i>C. kefyr</i> and 1 <i>C. pelliculosa</i>	FLU+5-FC, FLU+AMB, FLU+CAS, CAS+AMB, CAS+5-FC, CAS+VRC, AMB+5-FC	16.7% clinical success. 83.3% death or no therapeutic success.
Chan et al., 2012 [72]	Infectious endophthalmitis: 1 <i>C. parapsilosis</i> and 1 <i>C. albicans</i>	AMB+FLU	1 patient did not recover, 1 patient improved.

Cheng et al., 2011 [73]	A 4-day-old female infant with blood stream infection and peritonitis by <i>C. parapsilosis</i>	AMB+FLU+5-FC+CAS	Full recovery
Radike et al., 2011 [74]	A 10-month-old girl suffering from cystic fibrosis and osteoarticular infection by <i>C. albicans</i>	5-FC+FLU	Full recovery
Kumar et al., 2011 [75]	<i>C. parapsilosis</i> endocarditis in a 54-year-old man with a history of HIV and Hepatitis C infection	AMB+5-FC	Clinical failure and valve replacement
Mahdy et al., 2010 [76]	Fungal keratitis by 7 <i>C. albicans</i>	AMB+FLU	Microbiological and clinical recovery
Mahdy et al., 2010 [77]	Fungal keratitis by 5 <i>C. albicans</i>	AMB+FLU	Microbiological and clinical recovery
Okamoto et al., 2010 [78]	A 22-month-old boy with blood culture positive for <i>C. tropicalis</i> .	VRC+MICA	Full recovery
Chew et al., 2010 [79]	A 72-year-old woman post-operative <i>C. parapsilosis</i> endophthalmitis.	AMB+VRC	Full recovery
Glick et al., 2010 [80]	A 33-year-old woman with cerebrospinal fluid cultures positive for <i>C. albicans</i> and methicillin-resistant coagulase-negative <i>Staphylococcus</i> spp.	AMB+5-FC	Microbiological and clinical recovery
Bernbeck et al., 2009 [81]	A 15-year-old boy with fulminant <i>C. krusei</i> sepsis complicated by acute blindness due to enophthalmitis and subsequent bleeding during prolonged pancytopenia after induction therapy.	AMB+5-FC	Full recovery
Haase et al., 2009 [82]	Preterm infant with severe congenital ichthyosis and sepsis caused by <i>C. albicans</i> .	AMB+CAS	Full recovery
Varisco et al., 2009 [83]	An 11-day-old female infant with Hirschsprung enterocolitis and bowel perforation. <i>C. albicans</i> grew from cultures obtained on abdominal washout	AMB+ANI	Full recovery
Falcone et al., 2009 [84]	<i>Candida</i> infective endocarditis: 3 <i>C. parapsilosis</i> , 1 <i>C. albicans</i> , 1 <i>C. famata</i>	CAS+FLU+POS; CAS+FLU; CAS+AMB; CAS+ITZ; CAS+VRC	3 deaths, 2 recovery
Bland et al., 2009 [85]	A 55-year-old woman with total left knee arthroplasty and knee infection by <i>C. albicans</i>	MICA+FLU	Relapse and prothesis substitution after 8 weeks
Wellinghausen et al., 2009 [86]	A 19-year-old man with congenital haemolytic anaemia and peripheral blood stem cell transplantation. Generalized papulo-pustulous skin efflorescences, suggestive of septic metastases by <i>C. dubliniensis</i> .	AMB+CAS	Clinical failure
Albano et al., 2009 [87]	3 transplanted patients with <i>C. albicans</i> infection	FLU+CAS, FLU+CAS+AMB, FLU+AMB	Full recovery
Wong et al., 2008 [46]	13 patients with fungal peritonitis: 2 <i>C. albicans</i> , 8 <i>C. parapsilosis</i> and 3 <i>C. glabrata</i>	AMB+5-FC	6 deaths
Karatzas et al., 2008 [88]	Two premature infants with invasive candidiasis and endocarditis by <i>C. albicans</i>	AMB+FLU	Microbiological and clinical recovery
Gahn et al., 2007 [89]	26-years-old man with leukaemia and systemic candidiasis by <i>C. krusei</i>	AMB+VRC+CAS	Microbiological and clinical recovery
Kanavi et al., 2007 [90]	21-year-old man with keratitis by <i>C. glabrata</i> after keratoplasty	AMB+KTZ	Full recovery
Olver et al., 2006 [91]	A 24-year-old man leukemic patient with <i>C. krusei</i> fungemia	CAS+AMB	Microbiological and clinical recovery

Paula et al., 2006 [92]	2 newborns patients recovered in neonatal ICU with <i>Pichia anomala</i> fungemia	AMB+FLU, AMB+ 5-FC	2 deaths
Al-Assiri et al., 2006 [93]	A 69-year-old man with keratitis by <i>C. glabrata</i> after keratoplasty	AMB+MICA+FLU	Clinical recovery
Pelletier et al., 2005 [94]	A 49-year-old woman with intraoperative culture of abdominal fluid positive for <i>C. krusei</i>	AMB+5-FC	Clinical recovery
Lye et al., 2005 [95]	A 72-year-old man with <i>C. glabrata</i> prosthetic mitral valve endocarditis	FLU+CAS	Microbiological recovery
Fourtounas et al., 2006 [96]	A 65-year-old man with urinary-tract catheter infection by <i>C. albicans</i>	AMB+CAS	Microbiological recovery
Ostrosky-Zeichner et al., 2005 [44]	Adult patients with diagnosis of candidemia: <i>C. albicans</i> , <i>C. glabrata</i> , <i>C. parapsilosis</i> , <i>C. tropicalis</i> , <i>C. krusei</i>	MICA+Azole or AMB or both	Microbiological and clinical recovery: 71.4 - 85.7%
Wagner et al., 2005 [97]	A 66-years-old man with immunosuppressive therapy and bronchoalveolar lavage positive for <i>Debaryomyces hansenii</i>	AMB+CAS	Death
Natarajan et al., 2005 [43]	13 infants with blood cultures positive for <i>Candida</i> : 5 <i>C. albicans</i> , 6 <i>C. parapsilosi</i> , 1 <i>C. tropicalis</i> and 1 <i>C. albicans</i>	CAS+AMB or FLU or Microbiological recovery: 5-FC	11/13 patients
Breit et al., 2005 [98]	Case 1: A 66-year-old woman with adenocarcinoma of the colon <i>C. glabrata</i> septicemia. Case 2: A 42-year-old IV drug abuser with a history of <i>C. albicans</i> septicemia. Patient 3: A 48-year-old woman with ovarian and lung cancer, chronic malnutrition, and <i>C. albicans</i> septicemia	VRC+CAS	Full recovery
Solomon et al., 2004 [99]	A 51-year-old white woman with <i>C. parapsilosis</i> following laser in situ keratomileusis	AMB+FLU	Full recovery
Muallem et al., 2003 [100]	A 64-year-old man with bilateral <i>C. parapsilosis</i> interface keratitis after laser in situ keratomileusis	AMB+5FC	Full recovery
Mikamo et al., 2003 [101]	29-year-old woman, neutropenic and with tuboovarian abscess caused by <i>C. glabrata</i> after chemotherapy	FLU+AMB	Full recovery
Girmenia et al., 2003 [54]	Case 1: A 46-year-old man with acute myelogenous leukemia and isolation of <i>C. glabrata</i> in CVC and blood. Case 2: A 10-year-old child with severe aplastic anemia, bone marrow transplantation and hemorrhagic cystitis by <i>C. glabrata</i> *	FLU+5-FC	Full recovery
Shann et al., 2003 [102]	28-year-old woman with a 10-year history of recurrent <i>candida</i> with candida vaginosis by <i>C. glabrata</i>	AMB+5-FC	Full recovery
Rex et al., 2003 [47]	Patients >13 years old with candidemia: 68 <i>C. albicans</i> , 18 <i>C. glabrata</i> , 16 <i>C. parapsilosis</i> , 13 <i>C. tropicalis</i> , 2 <i>C. lusitaniae</i> and 1 <i>C. kefyr</i> .	FLU+AMB	Clinical failures: <i>C. albicans</i> 34%, <i>C. glabrata</i> 50%, <i>C. parapsilosis</i> 19%, <i>C. tropicalis</i> 23%, <i>C. lusitaniae</i> 50%
Sutphin et al., 2002 [103]	15-years-old man with <i>C. albicans</i> Keratitis after keratoplasty	AMB+FLU	Microbiological recovery
Ramamohan et al., 2001 [104]	A 65-year-old woman with hip infection by <i>C. glabrata</i> .	AMB+5-FC	Full recovery

Soto-Hernández et al., 2000 [105]	A 22-year-old woman with ventriculoatrial cerebrospinal fluid shunt placement and <i>C. albicans</i>	AMB+KTZ	Full recovery
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Abbreviations: CAS, caspofungin; AMB, amphotericin B; VRC, voriconazole; FLU, fluconazole; ITZ, itraconazole; EFL, eficonazole; MICA, micafungin; 5-FC, 5-flucytosine; ANI, anidulafungin; KTZ, ketoconazole; ICU, intensive care unit.