Supplementary table 1: EUCAST clinical susceptibility breakpoints and ECOFFs

Species	EUCAST Clinical BPs (mg/L)												EUCAST ECOFF (mg/L)					
	AMB		MCF		ANF		FLZ		VRZ		ISA		AMB	MCF	ANF	FLZ	VRZ	ISA
	S ≤	R >	S ≤	R >	S ≤	R >	S ≤	R >	S ≤	R >	S ≤	R >	WT ≤	WT ≤	WT ≤	WT ≤	WT ≤	WT ≤
C. albicans[2]	1	1	0.016	0.016	0.032	0.032	2	4	0.125	0.125	ND	ND	1	0.016	0.032	1	0.125	0.03[1]
C. glabrata	1	1	0.032	0.032	0.064[3]	0.064	0.002	32	IE	IE	ND	ND	1	0.032	0.064	32	1	ND
C. krusei	1	1	IE	IE	0.064	0.064	-	-	IE	IE	ND	ND	1	0.25	0.064	128	1	ND
C. parapsilosis	1	1	0.002	2	0.002	4	2	4	0.125	0.125	ND	ND	1	2	4	2	0.125	0.03[1]
C. tropicalis	1	1	IE	IE	0.064	0.064	2	4	0.125	0.125	ND	ND	1	0.06	0.064	2	0.125	0.03[1]
Candida non-species specific[3]	IE	IE	IE	IE	IE	IE	2	4	IE	IE	ND	ND	IE	IE	IE	IE	IE	ND

AMB: Amphotericin B; MCF: Micafungin; ANF: Anidulafungin; FLZ: Fluconazole; VRZ: Voriconazole; ISA: Isavuconazole. WT: Wild-type isolate

"-": The species is considered a poor target for therapy with the drug and isolates reported as resistant irrespective of MIC values.

IE: There is insufficient evidence that the species is a good target for therapy with the drug. No susceptibility categorization is offered.

ND: No clinical breakpoints/ECOFFs are yet available for interpretation of drug susceptibility or wild-type

[1] No EUCAST ECOFFs have yet been made available. Proposed EUCAST ECOFFs used for *C. albicans*, *C. parapsilosis* and *C. tropicalis* (1).

[2] *C. dubliniensis* is considered to have similar breakpoints and wild-type distribution as *C. albicans.*

[3] For *C. kefyr* an anidulafungin EUCAST MIC of >0.64 mg/L was used as a marker of acquired resistance, based upon in house data showing 8/8 *C. kefyr* isolates (2004-11) all had an MIC of ≤ 0.03 mg/L.

References

1. **Howard SJ**, **Lass-Flörl C**, **Cuenca-Estrella M**, **Gomez-Lopez A**, **Arendrup MC**. 2013. Determination of isavuconazole susceptibility of Aspergillus and Candida species by the EUCAST method. Antimicrob Agents Chemother **57**:5426–31.