

LifeLabs Healthcare Providers' Conference

Jolie Quinton, Senior Administrative Assistant – Medical Scientific

We want to share a friendly reminder that our B.C. MedSci team will be hosting the annual LifeLabs Healthcare Providers' Conference at:

Hilton Vancouver Metrotown

6083 McKay Ave., Burnaby, B.C.

October 10, 2024 5:00pm-9:00pm.

At this event, LifeLabs' laboratory medicine physicians will share their expertise through formal presentations in case-based formats, and through informal discussions before and after sessions. It is designed with primary care providers in mind who regularly order and interpret outpatient laboratory tests. It is an educational opportunity for healthcare providers designed to bridge the information gap between laboratory medicine and clinical practice.



Registration is now full. We look forward to meeting the registered attendants!

Mobile Services Reminder: Please Confirm Accuracy of Patient Demographics

Lori Fitzpatrick, Manager, Mobile Services and Workforce Planning

Recently, we have seen an increase in discrepancies with patient demographics on requisitions that are being submitted for Mobile Services.

To ensure timely service for patients, please verify and confirm the following information with your patients before faxing or emailing requisitions to Mobile Services:

- Patient address
- Patient phone number

By confirming this information is correct, we can ensure that patients are scheduled accurately and efficiently.

If you have any questions, please contact LifeLabs at 1-800-431-7206



Predictable Antibiogram Series – Candidauria

Dr. Eugene Yeung, MD, FRCPC, FCCM, Medical Microbiologist

LifeLabs BC does not perform antifungal susceptibility testing on site. If needed, our labs can definitely consult the hospital microbiology labs nearby to transfer these fungal isolates to their sites for antifungal susceptibility testing. However, I often wonder is this testing even needed. For instance, the choices of antifungals for candidauria are very much limited. As per the Infectious Diseases Society of America (IDSA) Clinical Practice Guideline for Management of Candidiasis (2016), treatment options for candida cystitis are the followings:

- Oral fluconazole
- Oral flucytosine
- Intravenous amphotericin B deoxycholate
- Amphotericin B deoxycholate bladder irrigation
- Removal of an indwelling bladder catheter (duh!)

What about the other antifungals that end with the suffix “azoles” and “fungin”? They achieve minimal concentrations in urinary tracts and are not recommended for urinary tract infections. Clinical and Laboratory Standard Institution (CLSI) concur that labs should not routinely report these antifungals in the susceptibility reports of urine culture; it could mislead clinicians to use these antifungals that do not penetrate the urinary tracts.

Amphotericin B is unlikely going to be used in community settings, due to the practicality of setting up intravenous access or bladder irrigation and potential of renal toxicity. Flucytosine has no clinical breakpoint (therefore cannot interpret whether its minimum inhibitory concentration means resistance or not); monotherapy use can also easily lead to antimicrobial resistance. Then, what is left? Fluconazole!

But is there any point to order a test that brings you back to square one?

Perhaps, we may even need to take a step back and re-consider the diagnosis— is this candidauria really the culprit of the patient’s illness or merely asymptomatic colonization? That is the real question.

