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Response to van Saene et al.'s comment on "Prevention of severe *Candida* infections in non-neutropenic, high-risk, critically ill patients"

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The fact that 90% of the placebo-treated patients did not develop invasive *Candida* infection in the study by Garbino et al. [1] supports our comment that fine tuning of patient selection criteria may indeed help to better identify ICU patients who may benefit from preventive antifungal strategies in future trials. However, in contrast to the affirmation of Dr. van Saene and colleagues [2], we did not write that "systemic antifungal prophylaxis will undoubtedly assist in the future fine tuning of who may or may not benefit from preventive antifungal strategies," which would have been a rather awkward statement.

In recent years several studies have shown that oral or intravenous prophylaxis or preemptive therapy with azoles does reduce the incidence of systemic yeast (mainly *Candida*) infections in trauma, surgical, and ICU patients [1, 3, 4, 5, 6]. While awaiting the publication of the results of the meta-analysis of selective digestive decontamination trials performed by Dr. van Saene and colleagues, previously published studies on the efficacy of non-absorbable polyenes for the prevention of fungal infections in ICU or cancer patients have not shown clearcut beneficial impact of this strategy [7, 8, 9, 10].

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