Objectives: To assess the impact of the implementation of an elective bundle strategy in patients with confirmed candidemia and invasive candidiasis in a tertiary Greek university hospital in order to reduce the mortality rates of patients as well as to achieve stronger antifungal stewardship strategies.

Methods: All patients with confirmed isolation of a *Candida spp* from a blood culture or with confirmed invasive candidiasis in a tertiary university hospital in Crete, Greece from the 1st of January 2025 until the 15th of April 2025 were included in the study. All patients were monitored from the day of the isolation of a *Candida spp* until 30 days after the isolation or/and until his/her death. Upon the day of isolation of a *Candida spp*, a specialist infectious disease (ID) consultation was performed for the initiation of empiric treatment and treatment was switched based on appropriate microbiological data by the time the fungal antibiogram became available. The 14-day and the 30-day mortality rate as well as compliance with ID consultations, the number of ID consultations, the relapse rate, the route of treatment administration and the complications of patients were recorded.

Results: Eighteen cases of confirmed bloodstream infections due to *Candida spp* were reviewed in total and the majority of candidemia cases were isolated from male patients (84%). Regarding age, the median age of patients was 72 years old and the mean duration of hospital stay was 48 days. The vast majority of candidemias concerned *non-albicans spp* (83%) with *Candida auris* being the most common isolated species (40%). 38% of candidemia cases were hospitalized in the intensive care unit (ICU) with observed mortality from any cause in ICU patients reaching 71%. 63% of all cases had a central venous catheter associated candidemia and the catheter was removed in 66% of the aforementioned cases. The primary endpoint of 14-day mortality was noted in 33% of cases while 30-day mortality and any cause mortality was monitored in 5.3% and 42% of cases respectively. Compliance with the specialist ID consultation was observed in only 42% of the cases and the median number of consultations was 3 per case. Patients who developed candidemia had a SOFA score of 6 on the day of isolation of *Candida spp* and the average score in Charlson Commorbidity Index was 5.

Conclusions: While our study population was limited to 18 cases, the preliminary data displayed above clearly shows a shift towards *non-albicans spp* with *Candida auris* being the most prominent *non-albicans spp* at our University Hospital. Compliance with specialist ID consultation regarding the administration of candidemia cases is still limited and this could be merely attributed to lack of knowledge about the severity of these infections as well as about antifungal stewardship strategies.