

Successful Treatment of a Patient with Retroperitoneal Abscess caused by *Candida krusei* with the Investigational Agent, Ibrexafungerp (formerly SCY-078): A Case Report from the FURI study

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Objectives: Intraabdominal candidiasis is the second most common *Candida* infection after candidemia. *Candida albicans* is the predominant cause of these infections, with non-*albicans Candida* becoming more frequently observed in this clinical setting. Echinocandins are the recommended treatment for intraabdominal *Candida* infections but have varied clinical response. This is postulated to be based on poor drug levels in tissue and abscesses. Ibrexafungerp (formerly SCY-078) is a novel IV/oral glucan synthase inhibitor (triterpenoid) antifungal with activity against *Candida*, *Aspergillus* and *Pneumocystis*. A Phase 3 open-label, single-arm study of oral ibrexafungerp (FURI; NCT03059992) is ongoing for the treatment of patients intolerant of or with fungal disease refractory to standard antifungal therapy. We present a patient case of retroperitoneal abscess caused by *Candida krusei* from the FURI study.

Methods: A 71-year-old male patient with ischemic stroke, pulmonary edema, and tracheostomy was being treated for a retroperitoneal abscess, a complication of a perforated duodenal ulcer. *Candida krusei* was isolated in peri-duodenal drain cultures and the patient was initiated on micafungin therapy for 21 days. During micafungin therapy, cultures from the peri-duodenal drain on three occasions remained positive for *Candida krusei*. The patient underwent abscess drainage and was enrolled into the FURI study due to micafungin treatment failure and was treated with oral ibrexafungerp 750mg BID for two days followed by 750mg daily.

Results: The patient was treated with oral ibrexafungerp therapy for 21 days. Clinical improvement was observed during therapy. At End of Treatment visit, the clinical signs and symptoms of fungal disease were considered by the investigator to be resolved and the physical exam noted minimal discharge from the patient's retroperitoneal drain. As of the 6-week follow-up visit, clinical signs and symptoms of infection were still resolved. No drug-related adverse events were reported.

Conclusion: This case report shows the potential of oral ibrexafungerp to treat intraabdominal infections caused by *Candida krusei* in patients who fail echinocandin therapy. Continued enrollment in the FURI study is warranted.