Efficacy and Safety of Oral Ibrexafungerp in 41 Patients with Refractory Fungal Diseases, Interim Analysis of a Phase 3 Open-label Study (FURI)

BD Alexander[3], OA Cornely[1], PG Pappas[2], R Miller[3] , M Johnson[3], J Vazquez[4], L Ostrosky-Zeichner[5], A Spec[6], R Rautemaa-Richardson[7], R Krause[8], GR Thompson[9], TJ Walsh[10], CG Morse[11], JW Sanders[11], D Andes[12], GM Lyon[13], FM Marty[14], MH Miceli[15], TF Patterson[16], M Hoenigl[8,17], N Azie[18], DA Angulo[18]

[1]University of Cologne, [2]University of Alabama Birmingham, [3]Duke University, [4]Augusta University, [5]University of Texas Houston, [6]Washington University St. Louis, [7]University of Manchester, [8]Medical University of Graz, [9]UC Davis, [10]Cornell University, [11]Wake Forest University, [12]University of Wisconsin, [13]Emory University, [14]Brigham and Women's Hospital, [15]University of Michigan, [16]UT Health and STVHCS San Antonio, [17]University of California at San Diego, [18]SCYNEXIS, Inc.

October 21-25 www.idweek.org
IDWeek 2020
Advancing Science, Improving Care
Chasing the Sun
24 hours of COVID-19 followed by IDWeek

BACKGROUND

Ibrexafungerp is a novel class triterpenoid antifungal with activity against *Candida, Aspergillus, and Pneumocystis* species, including azole- and echinocandin-resistant strains. A Phase 3 open-label, single-arm study of oral ibrexafungerp (FURI) (Clinicaltrials.gov NCT03059992) is ongoing for the treatment of patients (≥18 years) with fungal diseases who are intolerant of or refractory to standard antifungal therapies.

METHODS

Study Design

Screening Day -1

↓

Baseline/Treatment Day 1

↓

Treatment Days 3 to 5, 7 to 10 and every 14 days up to EoT

↓

End of Treatment (EoT)
(up to 90 days of treatment with ibrexafungerp)

↓

Week 6 after EoT visit

↓

Survival Day 42 after Treatment Day 1

↓

Survival Day 84 after Treatment Day 1

An independent Data Review Committee (DRC) provided an assessment of treatment response for 41 patients who completed therapy by October 2019. Patients were enrolled in 22 centers from six countries. Patients were eligible for enrollment if they had proven or probable, invasive or severe mucocutaneous candidiasis and documented evidence of failure of, intolerance to, or toxicity related to a currently approved standard-of-care antifungal treatment or could not receive approved oral antifungal options (e.g., susceptibility of the organism) and a continued IV antifungal therapy was undesirable or unfeasible due to clinical or logistical circumstances.

RESULTS

Demographics

Per Table 1, of the 41 patients analyzed, 22 (54%) were enrolled with invasive candidiasis/candidemia and 19 (46%) with mucocutaneous candidiasis infections; 70% of patients were immunocompromised.

Table 1: FURI Study Patient Demographics

Demographics	Ibrexafungerp
Patients (No.)	41
Mean Days of Therapy	37.2
Site of Infection	**# of Patients**
Intraabdominal candidiasis	7
Intraabdominal + candidemia	1
Candidemia*	6
Hepato-splenic	2
Osteoarticular	3
Endocarditis, Mediastinitis, Cystitis	1 (each)
Oropharyngeal	8
Esophageal	7
Chronic mucocutaneous	2
Wound infection	2

*One patient with candidemia had UTI

Outcomes

Of the 41 patients analyzed, oral ibrexafungerp showed clinical benefit in 34 patients (83%), including patients with a complete or partial response and patients who maintained stable disease. Six patients (15%) did not respond to the ibrexafungerp treatment (one patient was considered indeterminate).

Table 2: FURI Study Outcomes

	Complete/ Partial Response	Stable Disease	Progression of Disease	Indeterminate
All Patients (41)	23 (56%)	11 (27%)	6 (15%)	1 (2%)

Candida glabrata was the most common pathogen isolated, representing 54% of the 46 *Candida* species recovered from these patients. 32 patients were infected with one species while two species were isolated in 7 (18%) patients.

Table 3: FURI Study Outcomes by Pathogen

Pathogen (n)	Complete/Partial Response	Stable Disease	Progression of Disease
C. glabrata (17)	9	5	3
C. albicans (7)	5	2	
C. krusei (5)	2	3	
C. parapsilosis (3)	3		
Two Pathogens			
C. glabrata/C. albicans (4)	2		2
C. krusei/C. albicans (1)	1		
C. tropicalis/C. albicans (1)		1	
C. glabrata/C. dubliniensis (1)			1

1 patient outcome indeterminate, 1 patient's organism not identified

Safety

Ibrexafungerp was well-tolerated with the most common treatment-related adverse events being of gastrointestinal origin. No deaths due to progressive fungal disease were reported.

CONCLUSIONS

Preliminary analysis of these 41 cases indicate that oral ibrexafungerp provides a favorable therapeutic response in the majority of patients with difficult to treat *Candida* spp. infections, including those caused by non-*albicans Candida* species.

For additional information contact SCYNEXIS at info@scynexis.com