Outcomes of Oral Ibrexafungerp by Pathogen from Two Open-label Studies of Patients with Serious Fungal Infections (FURI and CARES)



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infection.

OBJECTIVES

- Candida and Aspergillus infections resistant to currently available antifungals are an emerging global threat.
- Ibrexafungerp is an investigational broad-spectrum glucan synthase inhibitor antifungal with activity against *Candida* and *Aspergillus* species, including azole-and echinocandin-resistant strains.
- Two ongoing Phase 3 open-label, single-arm studies of oral ibrexafungerp for the treatment of patients (>18 years) are underway:
- FURI (Clinicaltrials.gov NCT03059992) with fungal diseases that are refractory to or intolerant of standard antifungal therapies, and

METHODS

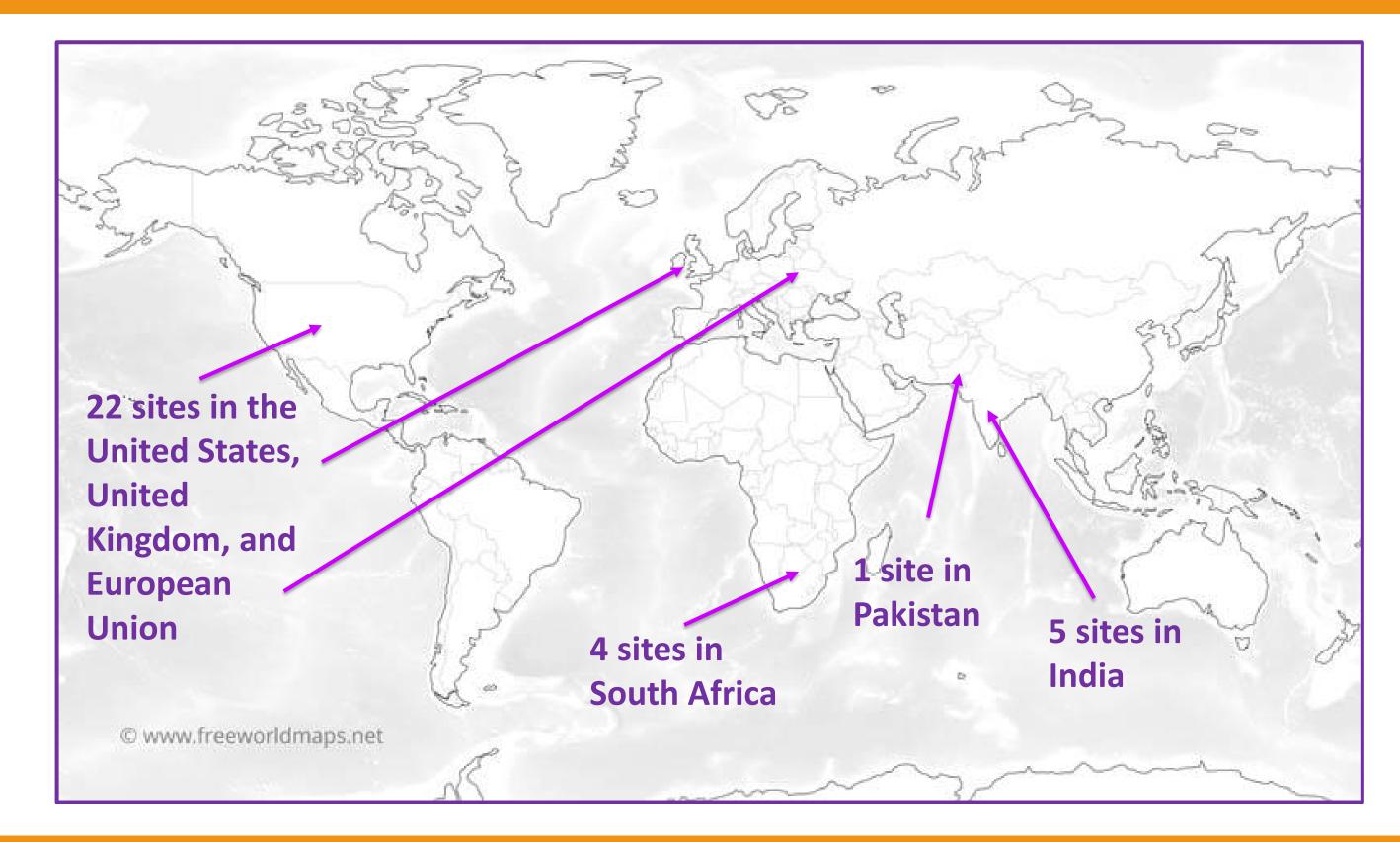
- FURI subjects were eligible for enrollment if they had proven or probable:
 - severe mucocutaneous candidiasis,
 - invasive candidiasis,
 - invasive aspergillosis, or other fungal diseases
- Evidence of treatment failure, intolerance, or toxicity related to a currently approved standardof-care antifungal treatment was required, or
- If patients were unable to receive an approved oral antifungal option (e.g., susceptibility of the organism) and a continued IV antifungal therapy was clinically undesirable or unfeasible.
 CARES patients were eligible for enrollment if they had proven or probable *Candida auris*
- CARES (Clinicaltrials.gov NCT03363841) for adult patients with Candida auris infections.

GLOBAL STUDY SITES

• There were 74 patients enrolled in the FURI study from 22 centers in US, UK and EU. An additional 10 patients were enrolled in the CARES study from 4 centers in South Africa, Pakistan, and India for a total of 84 ibrexafungerp-treated patients.

RESULTS

- All enrolled patients were treated with ibrexafungerp for invasive and severe mucocutaneous fungal infections.
- In the two studies, the predominant fungal disease diagnoses at baseline included:
 - candidemia,
 - intra-abdominal candidiasis,
 - bone/joint candidiasis,
 - oropharyngeal candidiasis,
 - esophageal candidiasis,
 - vulvovaginal candidiasis,
 - other Candida infections,
 - and invasive pulmonary aspergillosis.
- Combining outcomes from the two studies, the percent of patients who were



RESPONSE TO TREATMENT

			FURI n=74 (%)	CARES n=10 (%)	Aggrega (FURI+C n=84 (%)	ARES)			
	Complete, Partial Response Improvement	or Clinical	46 (62.1)	8 (80.0)	54 (64.3	3)			
not t	Stable Disease		18 (24.3)	0 (0.0)	18 (21.4	4)			
	Progression of Disease or No Clinical Improvement		5 (6.8)	0 (0.0)	5 (6.0)				
	Death While on Tx*		1 (1.4) 1 (10.0)		2 (2.4)				
	Unable to Determine		4 (5.4)	1 (10.0)	5 (6.0)			
	*Deaths due to underlying condition and deemed unrelated to study drug or fungal disease								
ents	RESPONSE BY PATHOGEN								
		Positive Response N (%)		Progression of Disease N (%)	Indeterminate N (%)	Death N(%)			
	C. auris (10) C. glabrata (26) C. albicans (24) C. krusei (6) C. parapsilosis (4) C. tropicalis (1)	8 (80) 18 (69.2) 17 (70.8) 2 (33.3) 3 (75) 1 (100)	4 (16) 5 (20.8) 3 (50) 1 (25)	2 (8)		1 (10) 1 (4)			

determined to have:

- a complete response (CR), partial response (PR) and clinical improvement (CI) was 64.3%;
- stable disease (SD) was 21.4%;
- patients with progression of disease 6.0%;
- and 4 patients were indeterminate.
- Additionally, there was 1 death in the CARES study; 1 patient with a pathogen not identified and 1 death in the FURI study. The deaths were determined to be not related to fungal disease.

BASELINE FUNGAL DISEASE						
	Baseline Fungal Disease	Number of patients n=84 (%)				
	Candidemia	18 (21.4)				
	Intra-abdominal infections	13 (15.5)				
	Bone / Joint infection	8 (9.5)				
Invasive Candidiasis (58.3%)	Urinary tract infection	3 (3.6)				
(30.370)	Subcutaneous wound infection	2 (2.4)				
	Chronic disseminated candidiasis	2 (2.4)				
	Mediastinitis (1), empyema (1), endocarditis (1)	3 (3.6)				
	Oropharyngeal candidiasis	14 (16.7)				
Mucocutaneous Candidiasis	Esophageal candidiasis	10 (11.9)				
(38.1%)	Vulvovaginal candidiasis	7 (8.3)				
	Chronic mucocutaneous candidiasis-skin	1 (1.2)				
Aspergillosis (3.6%)	Invasive pulmonary infection	3 (3.6)				

Baseline disease diagnosis at baseline for both the FURI and CARES studies. Ten patients from CARES were diagnosed with candidemia (7), urinary tract infections (2) and intra-abdominal infection (1) are included in the table.

RESPONSE BY DISEASE

	Positive Response* N (%)	Stable Respon se N (%)	Progression of Disease N (%)	Indeterminate N (%)	Death N(%)
Invasive Candidiasis (n=49)	25	7	3	3	1
Mucocutaneous Candidiasis	20	9	1	1	0
(n=32)					
Aspergillosis (n=3)	2	1	0	0	0

"Positive Response" denotes Complete or Partial Response or Clinical Improvement.

C. glabrata/C. dubliniensis (2) 1 (50) 1 (50) C. glabrata/C. tropicalis (1) 1 (100) 1 (100) C. albicans / C. tropicalis (1) 1 (100) 1 (100) Aspergillus spp (3) 2 (66.7) 1 (33.3)

• "Positive Response" denotes Complete or Partial Response or Clinical Improvement.

CONCLUSION

1 (20)

2 (40)

 Preliminary analysis of these 84 cases from the FURI and CARES studies indicate that oral ibrexafungerp provides a favorable and similar therapeutic response in patients with fungal infections caused by Candida, regardless of species.

2 (40)

C. glabrata/C. albicans (5)



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