

# Assessment of *in vitro* activity of the new triterpenoid antifungal, SCY-247, against a collection of yeasts causing fungaemia in patients admitted to a tertiary hospital in Madrid from 2014 to 2024

Pilar Escribano<sup>1,2,3</sup>, Ana Gómez<sup>1,2</sup>, Almudena Burillo<sup>1,2,4</sup>, Patricia Muñoz<sup>1,2,4,5</sup>, Jesús Guinea<sup>1,2,3,5</sup>

<sup>1</sup>Clinical Microbiology and Infectious Diseases, Hospital General Universitario Gregorio Marañón, Madrid, Spain; <sup>2</sup>Instituto de Investigación sanitaria Gregorio Marañón, Madrid, Spain; <sup>3</sup>Faculty of Health Science - HM Hospitals, Universidad Camilo José Cela, Madrid, Spain; <sup>4</sup>Medicine Department, Faculty of Medicine, Universidad Complutense de Madrid, Madrid, Spain; <sup>5</sup>CIBER Enfermedades Respiratorias - CIBERES (CB06/06/0058), Madrid, Spain

## Background

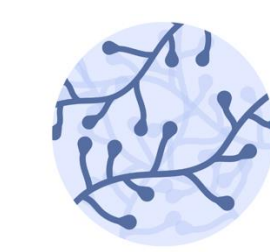
Beta-d-glucan synthase inhibitors, that include the echinocandins and the new fungerp family, are useful drugs for the management of fungaemia

SCY-247, a second-generation IV/oral triterpenoid antifungal, is currently under investigation for the treatment of fungal infections

## Objective

To gain insight on the *in vitro* antifungal activity profile of SCY-247, we studied the susceptibility of a collection of blood culture fungaemia isolates to SCY-247

## Materials and Methods



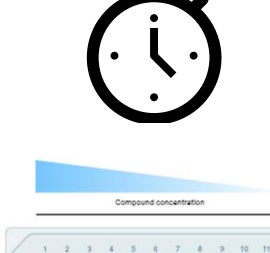
Incident fungaemia yeasts isolates (n=537)



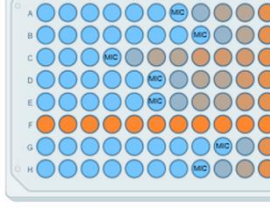
525 patients; 12 patients had mixed fungaemia



Gregorio Marañón Hospital (Madrid, Spain)



January 2014 to October 2024



SCY-247 activity was studied by the EUCAST E.Def 7.4 procedure

Minimum inhibitory concentration (MIC) was defined as the lowest concentration reaching  $\geq 50\%$  of fungal growth inhibition compared to the drug-free control well

## Results

Epidemiology of the bloodstream isolates are shown in the Figure

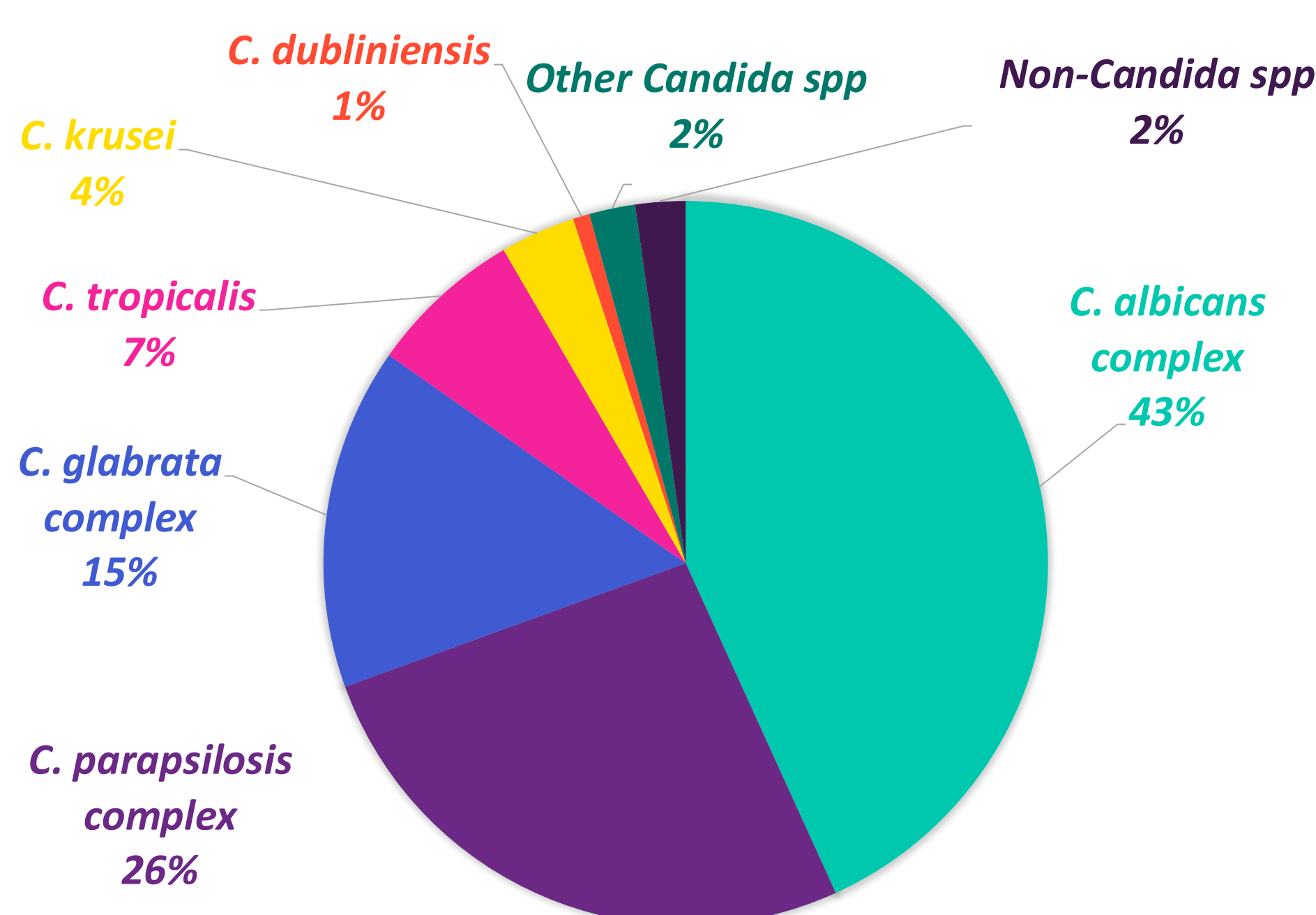


Figure. Isolates tested and broken down by species

Table. SCY-247 MIC distributions against the isolates tested

Species	SCY-247 MICs (in mg/L)												
	$\leq 0.004$	0.008	0.016	0.03	0.06	0.125	0.25	0.5	1	2	4	8	$\geq 16$
<i>C. albicans complex</i> (n=232)	10	5	15	<b>88</b>	58	38	14	4	0	0	0	0	-
<i>C. parapsilosis complex</i> (n=141)	0	0	0	0	3	25	<b>67</b>	44	2	0	0	0	-
<i>C. glabrata complex</i> (n=82)	0	0	0	1	28	<b>49</b>	2	2	0	0	0	0	-
<i>C. tropicalis</i> (n=37)	0	0	0	0	1	2	7	<b>24</b>	3	0	0	0	-
<i>C. krusei</i> (n=18)	0	0	0	0	0	0	1	<b>13</b>	4	0	0	0	-
<i>C. dubliniensis</i> (n=4)	0	0	0	0	0	0	3	1	0	0	0	0	-
Other <i>Candida spp</i> (n=11)	0	0	0	0	0	1	0	<b>6</b>	3	1	0	0	-
Non- <i>Candida spp</i> (n=12)	0	0	0	0	0	0	1	2	0	2	6	0	1

Cells with the “-” symbol indicate non-tested antifungal concentrations. Values in bold indicate modal MIC values

- SCY-247 modal MIC value (0.03 mg/L) against *C. albicans* was lower than the modal MIC values against the remaining species
- Several *C. albicans* isolates (n=10) showed an MIC equal to or lower than the lowest concentration tested (0.004 mg/L)
- In contrast modal MIC values against *C. tropicalis*, *C. krusei*, and other *Candida spp* were the highest ones found (0.5 mg/L)
- Modal MIC values against *C. glabrata* and *C. parapsilosis* were in between (0.125 mg/L and 0.25 mg/L, respectively)
- Though the number of isolates was low, the *in vitro* activity of SCY-247 against non-*Candida spp* isolates and rare *Candida spp* was lower (MIC range between 0.25 mg/L and >16 mg/L)

## Conclusions

- We demonstrated a potent *in vitro* activity of SCY-247 against a collection of clinical *Candida spp* isolates causing fungaemia
- MIC values against isolates belonging to the most common *Candida* species were  $\leq 1$  mg/L