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

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Background: *Candida* 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. 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.

Materials/methods: 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 6 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.

Results: The 41 patients assessed had the following infection types: intra-abdominal abscesses, oropharyngeal candidiasis, esophageal candidiasis, candidemia, and others. The DRC adjudicated 23 patients (56%) as achieving complete or partial response, 11 patients (27%) maintaining stable disease, 6 patients (15%) with progression of disease and one case was considered as indeterminate. The efficacy of oral ibrexafungerp by pathogen was as follows:

Pathogen	Complete or Partial Response	Stable disease	Progression of Disease
C. glabrata	9	5	3
C. albicans	5	2	
C. krusei	2	3	
C. parapsilosis	3		
C. glabrata / C. albicans	2		2
C. krusei / C. albicans	1		
C. tropicalis / C. albicans		1	
C. glabrata / C. dubliniensis			1

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

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.