Outcomes of Oral Ibrexafungerp in Refractory Patients from an Interim Analysis of a Phase 3 Open-Label Study (FURI)

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BACKGROUND

- There are limited oral treatment options available for patients with fungal infections who fail currently available antifungals or who have an infection caused by resistant organisms.
- 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 ibrexafungerp (FURI; NCT3059992) is ongoing for the treatment of patients intolerant of or with fungal disease refractory to standard antifungal therapy.
- We present a subset of patients from the FURI study who were refractory to currently available therapy as determined by the investigator.

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 standard-of-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.

RESULTS

- **There were 74 patients enrolled in the FURI study from 22 centers in US, UK and EU. Of those 74 total, 44 subjects were enrolled with fungal disease that was refractory to standard of care antifungal therapy.**
- All enrolled patients were treated with ibrexafungerp for invasive or severe mucocutaneous fungal infections.
- In the FURI study, 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.

REFRACTORY PATIENT CHARACTERISTICS

	Refractory Patients (N=44)
Female, n (%)	26 (59.1%)
Race, n (%)	
White	37 (54.1%)
Black	6 (13.6%)
Latino	1 (2.3%)
Age, mean yr	54.1
Age, median yr	56

FURI REFRACTORY PATIENTS: OUTCOMES

	Baseline Fungal Disease		Complete/Partial Response or Clinical Improvement	Stable Response	Progression of Disease	Indeterminate	Death
Invasive Candidiasis (58.3%)	Intra-abdominal infection	n=7	4	1	1	0	1
	Bone and joint infections	n=3	2	0	0	1	0
	Chronic disseminated candidiasis	n=2	0	1	0	1	0
	Urinary tract infection	n=1	0	1	0	0	0
	Subcutaneous wound infection	n=1	1	0	0	0	0
	Candidemia	n=1	0	0	0	1	0
Mucocutaneous Candidiasis (38.1%)	Oropharyngeal candidiasis	n=12	7	3	2	0	0
	Esophageal candidiasis	n=8	6	2	0	0	0
	Vulvovaginal candidiasis	n=7	5	1	0	0	1
	Chronic mucocutaneous candidiasis-skin	n=1	0	1	0	0	0
Aspergillosis (3.6%)	Invasive pulmonary infection	n=1	1	0	0	0	0
TOTALS		**N=44**	**26 (59%)**	**10 (22.7%)**	**3 (6.8%)**	**3 (6.8%)**	**2 (4.5%)**

REFRACTORY PATIENTS: RESPONSE BY PATHOGEN

	Complete or Partial* Response, Clinical Improvement	Stable Response	Progression of Disease	Indeterminate	Death
C. glabrata **(n=12)**	7 (58.3%)	3 (25%)	0	1 (8.3%)	1 (14.3%)
C. albicans **(n=16)**	11 (68.8%)	3 (18.8%)	0	2 (12.5%)	0
C. krusei **(n=5)**	2	2	0	1	0
C. parapsilosis **(n=1)**	1	0	0	0	0
C. tropicalis **(n=1)**	1	0	0	0	0
C. glabrata/C. albicans **(n=3)**	1	0	2	0	0
C. glabrata/C. dubliniensis **(n=2)**	1	0	1	0	0
C. glabrata/C. tropicalis **(n=1)**	1	0	0	0	0
C. albicans / C. tropicalis **(n=1)**	1	0	0	0	0
Aspergillus spp **(n=1)**	1	0	0	0	0

***One partial response confirmed by biopsy but organism not isolated in culture.**

CONCLUSION

Analysis of 44 patients who were refractory to standard of care treatment for a variety of invasive fungal infections (from the FURI Study) indicates that ibrexafungerp provides a favorable therapeutic response in this population of patients with difficult to treat fungal infections.