Interim Analysis of a Phase 3 Open-label Study to Evaluate the Efficacy and Safety of Oral Ibrexafungerp (formerly SCY-078) in Patients with Refractory or Intolerant Fungal Diseases (FURI)

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OA Cornely[1], **L Ostrosky-Zeichner[2]**, R Miller[3], A Spec[4], GR Thompson[5], TJ Walsh[6], R Rautemaa-Richardson[7], R Krause[8], KM Mullane[9], PG Pappas[10], CG Morse[11], JW Sanders[11], G Weiss[12], O Witzke[13], J Vazquez[14], MH Miceli[15], TF Patterson[16], M Hoenigl[8,17], BD Alexander[3], DA Angulo[18]

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

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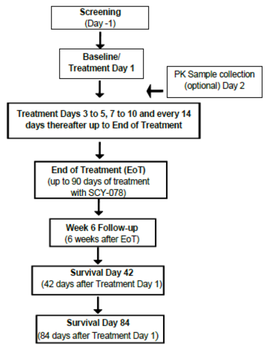
BACKGROUND

There are limited oral treatment options for patients with serious fungal infections. Antifungal triazoles provide the only oral alternative to treat patients who require therapy in an outpatient setting. Ibrexafungerp (formerly SCY-078) is a novel IV/oral broad-spectrum glucan synthase inhibitor (triterpenoid) antifungal with activity against *Candida*, *Aspergillus* and *Pneumocystis*. A Phase 3 open-label, single-arm study of ibrexafungerp (FURI) (Clinicaltrials.gov NCT03253094) is ongoing for the treatment of patients (>18 years) with fungal diseases who are intolerant of or refractory to standard antifungal therapy. We present an interim analysis by a Data Review Committee (DRC) of this ongoing trial.

METHODS



A DRC provided an assessment of treatment response for 20 patients who completed therapy. Patients were enrolled in 14 centers from 4 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. Maximum treatment duration in the study was 90 days. If patients required greater than 90 days, they could be enrolled in an expanded access program with approval.

RESULTS

Of the 20 patients analyzed, 6 were enrolled with esophageal candidiasis, 5 with intra-abdominal abscesses, 2 with spondylodiscitis, 2 with oropharyngeal candidiasis, and 1 each with other invasive and/or mucocutaneous *Candida* disease (Table 1)

Table 1: FURI Study Patient Demographics

	Ibrexafungerp
# of patients	20
Mean Days of Therapy	36.4 (7-90)
Invasive Candidiasis Infections	11
Mucocutaneous Candidiasis Infections	9
Primary Underlying Disease:	
• Esophageal Candidiasis	6
• Intra-abdominal Candidiasis	5
• Oropharyngeal Candidiasis	2
• Spondylodiscitis	2
• Other Candida infections	5

Oral ibrexafungerp showed clinical benefits in 17 patients, with 11 patients (55%) achieving a complete or partial response and 6 patients (30%) maintaining stable disease. Only 2 patients (10%) did not respond to the ibrexafungerp treatment and one case was considered as undetermined. (Table 2) *Candida glabrata* was the most common pathogen isolated, representing 55% of the Candida species from these refractory patients. (Table 3)

Table 2: FURI Study Outcomes

	Complete/ Partial Response	Stable Disease	Progression of Disease	Indeterminate
All Patients (20)	11 (55%)	6 (30%)	2 (10%)	1 (5%)

Table 3: FURI Study Outcomes by Pathogen

Pathogen (n)	Complete/Partial Response	Stable Disease	Progression of Disease	Indeterminate
***C. glabrata* (11)**	6	3	2*	0
***C. krusei* (4)**	1	2	0	1
***C. albicans* (3)**	2	1	0	0
***C. parapsilosis* (1)**	1	0	0	0
unidentified (1)	1	0	0	0

*1 intra-abdominal and 1 OPC in a HIV+(CD4<10) patient

Safety

Oral ibrexafungerp was well-tolerated with the most common treatment related adverse events being gastrointestinal. No deaths due to progressive fungal disease were reported. No safety signals warranting changes in the study were observed.

CONCLUSIONS

This preliminary analysis of 20 cases indicated that oral ibrexafungerp provided a favorable therapeutic response in the majority of these patients with difficult to treat *Candida* spp. infections and continued enrollment in the FURI study is warranted.