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Outcomes by Baseline Pathogen and Susceptibility in the ReSTORE Phase 3 Trial of Rezafungin Once Weekly Compared With Caspofungin Once Daily in Patients With Candidemia and/or Invasive Candidiasis

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INTRODUCTION

- Rezafungin is a next-generation, once-weekly (QWk) echinocandin in development for the treatment of candidemia and invasive candidiasis (IC), and for the prevention of invasive fungal diseases caused by *Candida, Aspergillus*, and *Pneumocystis* spp. in patients undergoing blood and marrow transplantation¹
- ReSTORE (<u>NCT03667690</u>) was a Phase 3, global, double-blind, double-dummy, 1:1 randomized, noninferiority trial that evaluated the efficacy and safety of rezafungin QWk versus caspofungin once daily (QD) in patients with candidemia and/or IC¹
- Here, we report a subanalysis of the ReSTORE outcomes stratified by baseline pathogen and susceptibility

METHODS

- Patients: Adults (≥18 years old) with systemic signs and mycological confirmation of candidemia and/or IC¹
- Treatment: Rezafungin QWk (400 mg Week 1, then 200 mg QWk) or caspofungin QD (70 mg on Day 1 followed by 50 mg, with optional step-down to oral fluconazole) for ≥14 days (up to 4 weeks)¹
- Endpoints assessed in this analysis:
 - O Global cure (defined as clinical and radiological cure and mycological eradication) at Day 14 (primary endpoint [EMA]¹)
 - Mycological eradication at Day 14 (secondary endpoint¹)
- Analysis: Endpoints were analyzed by Candida spp. and in vitro susceptibility at baseline (Clinical and Laboratory Standards Institute [CLSI] broth microdilution minimum inhibitory concentration [MIC] values; M27Ed4²) in the modified intent-to-treat population (n = 93 rezafungin; n = 94 caspofungin)

RESULTS

Figure 1. Candida spp. Distribution of Baseline Isolates Across Both Treatment Arms^a

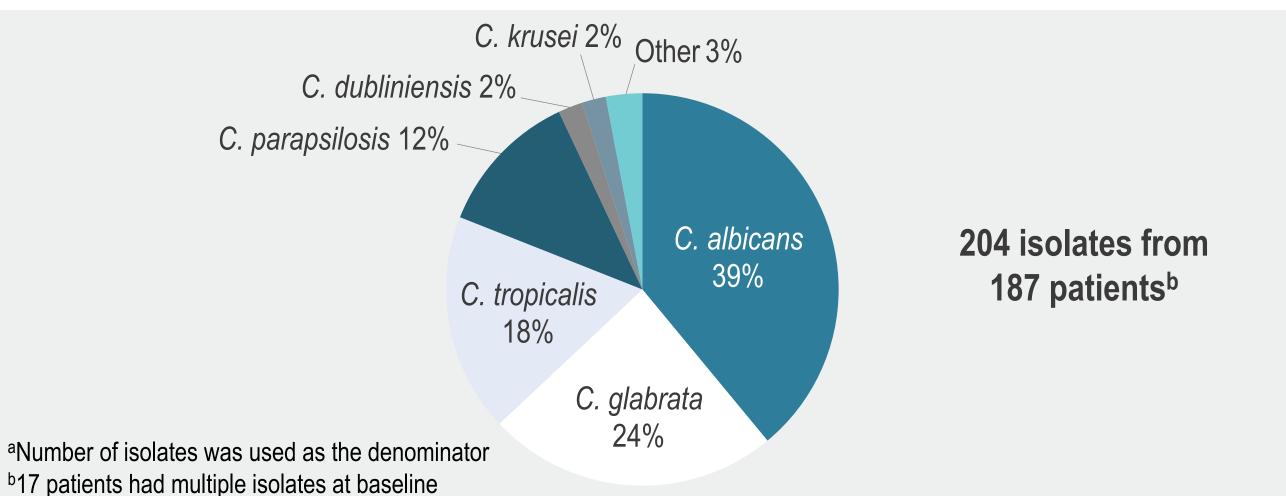


Table 1. Global Cure and Mycological Eradication at Day 14 by Most Frequently Isolated Candida spp. at Baseline

Candida spp.		Rezafungin	Caspofungin	
C. albicans	Global cure, n/Na (%)	21/39 (53.8)	23/40 (57.5)	
	Mycological eradication, n/Na (%)	23/39 (59.0)	24/40 (60.0)	
	MIC ₉₀ ^b (MIC range), μg/mL	0.06 (0.008-0.12)	0.06 (0.008-0.12)	
	n ^c	39	39	
C. glabrata	Global cure, n/Na (%)	16/24 (66.7)	14/25 (56.0)	
	Mycological eradication, n/Na (%)	20/24 (83.3)	15/25 (60.0)	
	MIC ₉₀ ^b (MIC range), μg/mL	0.12 (0.03-0.5)	0.06 (0.03-0.12)	
	n ^c	24	25	
C. tropicalis	Global cure, n/Na (%)	14/20 (70.0)	10/17 (58.8)	
	Mycological eradication, n/Na (%)	15/20 (75.0)	10/17 (58.8)	
	MIC ₉₀ ^b (MIC range), μg/mL	0.06 (0.015-0.12)	0.06 (0.015-0.12)	
	n ^c	20	16	
C. parapsilosis	Global cure, n/Na (%)	6/8 (75.0)	11/17 (64.7)	
	Mycological eradication, n/Na (%)	6/8 (75.0)	14/17 (82.4)	
	MIC ₉₀ ^b (MIC range), μg/mL	(0.5–2)	0.5 (0.25–0.5)	
	n ^c	8	16	

an/N indicates number of patients with listed response at Day 14/number of patients with the corresponding *Candida* pathogen at baseline; bFor pathogens isolated ≥10 times in a treatment group; cNumber of patients with baseline pathogens and susceptibility data available

RESULTS (cont'd)

Table 2. Outcomes at Day 14 by Baseline Candida spp. by Rezafungin and Caspofungin CLSI MIC Values

Candida spp.		n/Na (%) by treatment-specific MIC value, μg/mL									
Treatment [isolates ^b]	800.0	0.015	0.03	0.06	0.12	0.25	0.5	1	2		
C. albicans											
Rezafungin [39]											
Global cure	4/7 (57)	11/20 (55)	4/6 (67)	1/4 (25)	1/2 (50)						
Mycological eradication	5/7 (71)	11/20 (55)	5/6 (83)	1/4 (25)	1/2 (50)						
Caspofungin [39]											
Global cure	1/2 (50)	5/9 (56)	11/21 (52)	5/6 (83)	0/1 (0)						
Mycological eradication	1/2 (50)	5/9 (56)	12/21 (57)	5/6 (83)	0/1 (0)						
C. glabrata											
Rezafungin [24]											
Global cure			6/8 (75)	4/6 (67)	6/9 (67)		0/1 (0)				
Mycological eradication			7/8 (88)	6/6 (100)	6/9 (67)		1/1 (100)				
Caspofungin [25]											
Global cure			2/5 (40)	11/19 (58)	1/1 (100)						
Mycological eradication			2/5 (40)	12/19 (63)	1/1 (100)						
C. tropicalis											
Rezafungin [20]											
Global cure		3/3 (100)	5/8 (63)	5/7 (71)	1/2 (50)						
Mycological eradication		3/3 (100)	5/8 (63)	5/7 (71)	2/2 (100)						
Caspofungin [16]											
Global cure		1/1 (100)	3/7 (43)	4/7 (57)	1/1 (100)						
Mycological eradication		0/1 (0)	4/7 (57)	4/7 (57)	1/1 (100)						
C. parapsilosis											
Rezafungin [8]											
Global cure							1/1 (100)	2/4 (50)	3/3 (100)		
Mycological eradication							1/1 (100)	2/4 (50)	3/3 (100)		
Caspofungin [16]											
Global cure							6/8 (75)				
Mycological eradication						5/8 (63)	8/8 (100)				

^an/N indicates number of patients with listed response at Day 14/number of patients with the corresponding *Candida* pathogen and MIC value at baseline. Not all isolates had MIC data; ^bNumber of isolates. All baseline isolates in this table were susceptible to rezafungin³

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CONCLUSIONS

- The ReSTORE trial demonstrated the noninferiority of rezafungin to caspofungin for global cure at Day 14 and all-cause mortality at Day 30 in patients with candidemia and/or IC¹
- In this analysis, rezafungin demonstrated efficacy for global cure and mycological eradication regardless of baseline *Candida* spp.
- Efficacy outcomes across *Candida* spp. did not appear to be impacted by MIC values for either rezafungin or caspofungin; assessment of other clinical factors (e.g., catheter removal) may be warranted