IDWEEK 2024 | Poster #P1095 Activity of rezafungin against clinical isolates of uncommon species of Candida spp.

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Introduction

- Rezafungin is a long-acting echinocandin approved by the United States Food and Drug Administration for the treatment of candidemia and invasive candidiasis (C/IC).
- Rezafungin has pharmacokinetic and pharmacodynamic properties distinct from other echinocandins.

– This includes a prolonged half-life and stable molecular structure allowing once weekly dosing, high front-loaded therapeutic drug exposures, significant postantifungal effect, widespread distribution to and penetration at sites of infection, and prevention and treatment of Candida biofilms.

- Rezafungin was noninferior to caspofungin in phase 2 (STRIVE) and phase 3 (ReSTORE) trials for efficacy and safety in the treatment of invasive candidiasis (C/IC) or candidemia.
- Rezafungin breakpoints are published for *Candida albicans*, *C. auris*, *C. dubliniensis*, C. glabrata, C. krusei, C. parapsilosis, and C. tropicalis but susceptibility results against other *Candida* spp. are scarce.
- We evaluated the *in vitro* activity of rezafungin and comparator agents against a global collection of less common *Candida* spp. collected from C/IC infections in 2020–2022 as a part of a global surveillance study.

Methods

- 590 less common *Candida* spp. were collected from IC infections in prevalence-based surveillance as a part of the SENTRY program.
- 80 medical centers provided isolates including 31 in North America, 29 in Europe, 14 in Asia-Pacific, and 6 in Latin America (Figure 1).
- Only 1 isolate per patient was included.
- Isolate identification was performed by MALDI-TOF MS and/or molecular analysis.
- Susceptibility testing was performed by broth microdilution according to CLSI standards.
- Breakpoints or epidemiological cutoff values (ECVs) were applied where available for specific species/drug combinations and CDC tentative breakpoints were used for C. auris for all agents except rezafungin (Table 1).
- MIC_{50/90} were calculated for any species with more than 10 isolates.

Results

- 28 different *Candida* spp. were tested (Figure 2).
- MICs were similar for rezafungin and other echinocandins for all tested species (Table 2).
- For isolates with defined breakpoints, rezafungin susceptibility rates were > 95% (Figure 3).
- Against C. *dubliniensis* (n = 175) 97.7% of isolates were susceptible to rezafungin.
- Against C. *auris* (n = 65) 95.4% of isolates tested susceptible to rezafungin.
- For isolates without breakpoints or ECVs for rezafungin, MIC₉₀ was similar to that of other echinocandins (Table 2) and the majority of isolates were susceptible or wildtype for anidulafungin, caspofungin, and/or micafungin where defined values were present.
- For C. *lusitaniae* (n = 107), MIC₉₀ for rezafungin was 0.25 mg/L and 100% of isolates were wildtype to anidulafungin, caspofungin, and micafungin (MIC₉₀ 0.12–0.5 mg/L).
- For C. kefyr (n = 51) MIC₉₀ for rezafungin was 0.06 and 100% of isolates were wildtype to anidulafungin, caspofungin, and micafungin (MIC₉₀ 0.015–0.012 mg/L).

- For C. guilliermondii (n = 33) MIC_{90} for rezafungin was 1 mg/L and 87.9% of isolates were wildtype to anidulafungin while 100% were wildtype to caspofungin and micafungin (MIC₉₀ of 4, 0.5, and 1 mg/L, respectively).

- anidulafungin).

Conclusions

- Candida spp.

Table 1. Defined ECVs and breakpoints for Candida spp. according to CLSI M27M44S 3rd Ed and CLSI M57S 4th Ed

Candida spp.	Rezafungin			Anidulafungin				Caspofungin				Micafungin			
	S		R	S		R	WT	S		R	WT	S		R	WT
C. albicans	≤0.25			≤0.25	0.5	≥1		≤0.25	0.5	≥1		≤0.25	0.5	≥1	
C. glabrata	≤0.5			≤0.12	0.3	≥0.5		≤0.12	0.3	≥0.5		≤0.06	0.1	≥0.25	
C. tropicalis	≤0.25			≤0.25	0.5	≥1		≤0.25	0.5	≥1		≤0.25	0.5	≥1	
C. parapsilosis	≤2			≤2	4	≥8		≤2	4	≥8		≤2	4	≥8	
C. krusei	≤0.25			≤0.25	0.5	≥1		≤0.25	0.5	≥1		≤0.25	0.5	≥1	
C. guilliermondi				≤2	4	≥8		≤2	4	≥8		≤2	4	≥8	
C. dubliniensis	≤0.12						≤0.12								≤0.12
C. auris	≤0.5					≥4 ^a	≤1			≥2 ^a	≤0.5			≥4 ^a	≤0.5
C. duobushaemulonii							≤1				≤0.25				≤0.5
C. haemulonii							≤0.5								
C. kefyr							≤0.25								≤0.12
C. lusitaniae							≤1				≤1				≤0.5
C. metapsilosis							≤0.5				≤0.25				≤1
C. orthopsilosis							≤2				≤1				≤1
C. pelliculosa															≤0.12
^a Tentative CDC breakpoints S (susceptible), I (intermediate), R (resistant), WT (wildtype)														

For C. orthopsilosis (n = 49) MIC₉₀ for rezafungin was 1 mg/L and 100% of isolates were wildtype to anidulafungin, caspofungin, and micafungin (MIC₉₀ 0.5–2 mg/L). For C. metapsilosis (n = 25) MIC₉₀ for rezafungin was 0.5 mg/L and 100% of isolates were wildtype to anidulafungin, caspofungin, and micafungin (MIC₉₀ 0.12–0.5 mg/L).

- For C. pelliculosa (n = 10) MIC₉₀ for rezafungin was 0.03 mg/L and 100% of isolates were wildtype to micafungin with MIC_{90} of 0.06 mg/L (no ECV for caspofungin or

For species with less than 10 isolates (combined, n=58), MIC₉₀ for rezafungin was 0.5 mg/L and MIC₉₀ for other echinocandins was 0.25–0.5 mg/L.

• Fluconazole susceptibility rates were <90% for most organisms (10.8% [C. auris], 69.7% [C. guilliermondii], and 85.7% [C. orthopsilosis]).

• Rezafungin has potent activity against a large collection of less common *Candida* spp. Rezafungin MICs were similar to other echinocandins which were highly active against our population by breakpoints and/or ECVs.

Fluconazole activity was significantly lower than echinocandins against less common

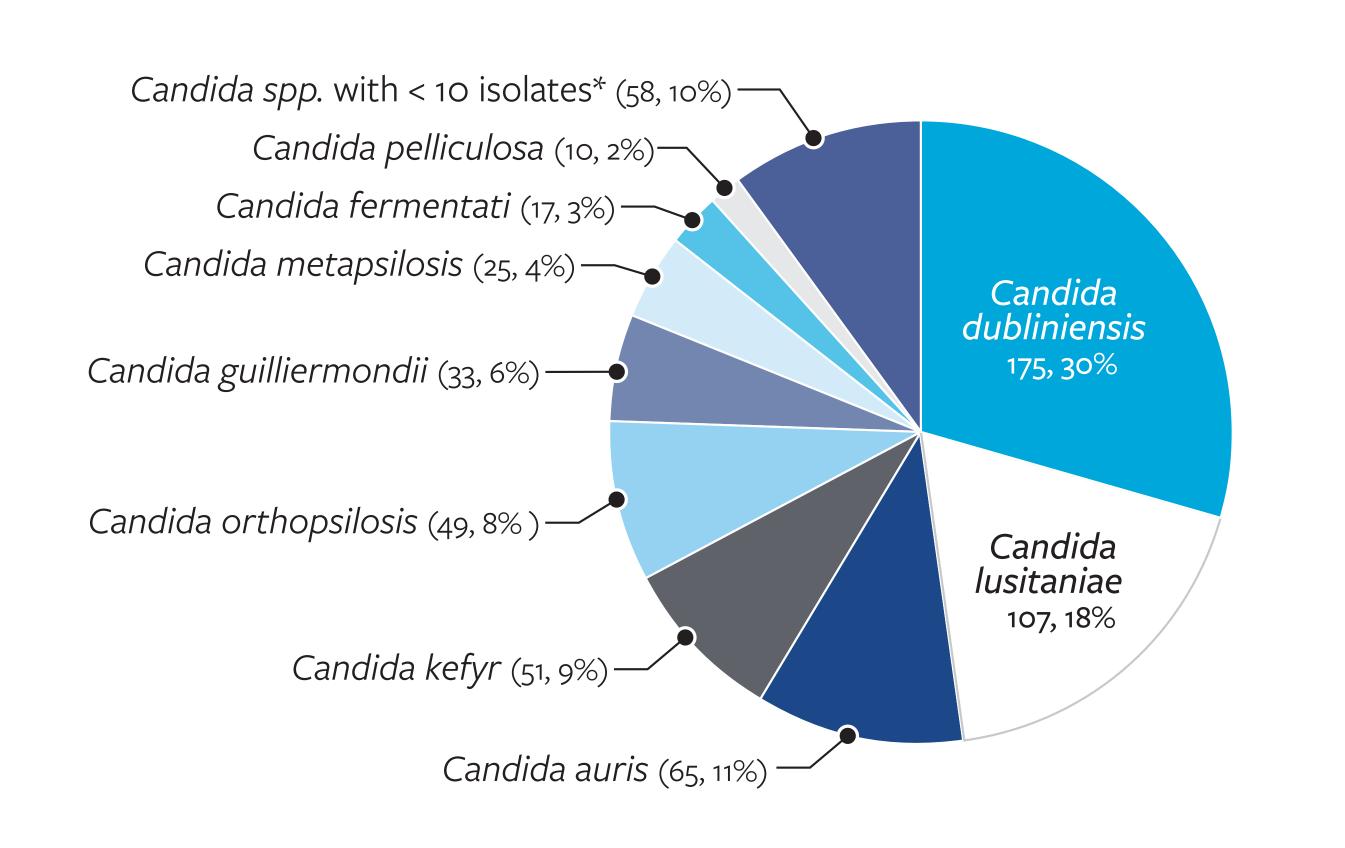
Rezafungin may be a good alternative to other echinocandins for treatment of C/IC caused by less common *Candida* spp. based on the MIC profile and weekly dosage schedule.

of tested isolates 51a-Pacı 99, 17% North America 245, 41% Latin America 64, 11% —

Figure 1. Geographic makeup

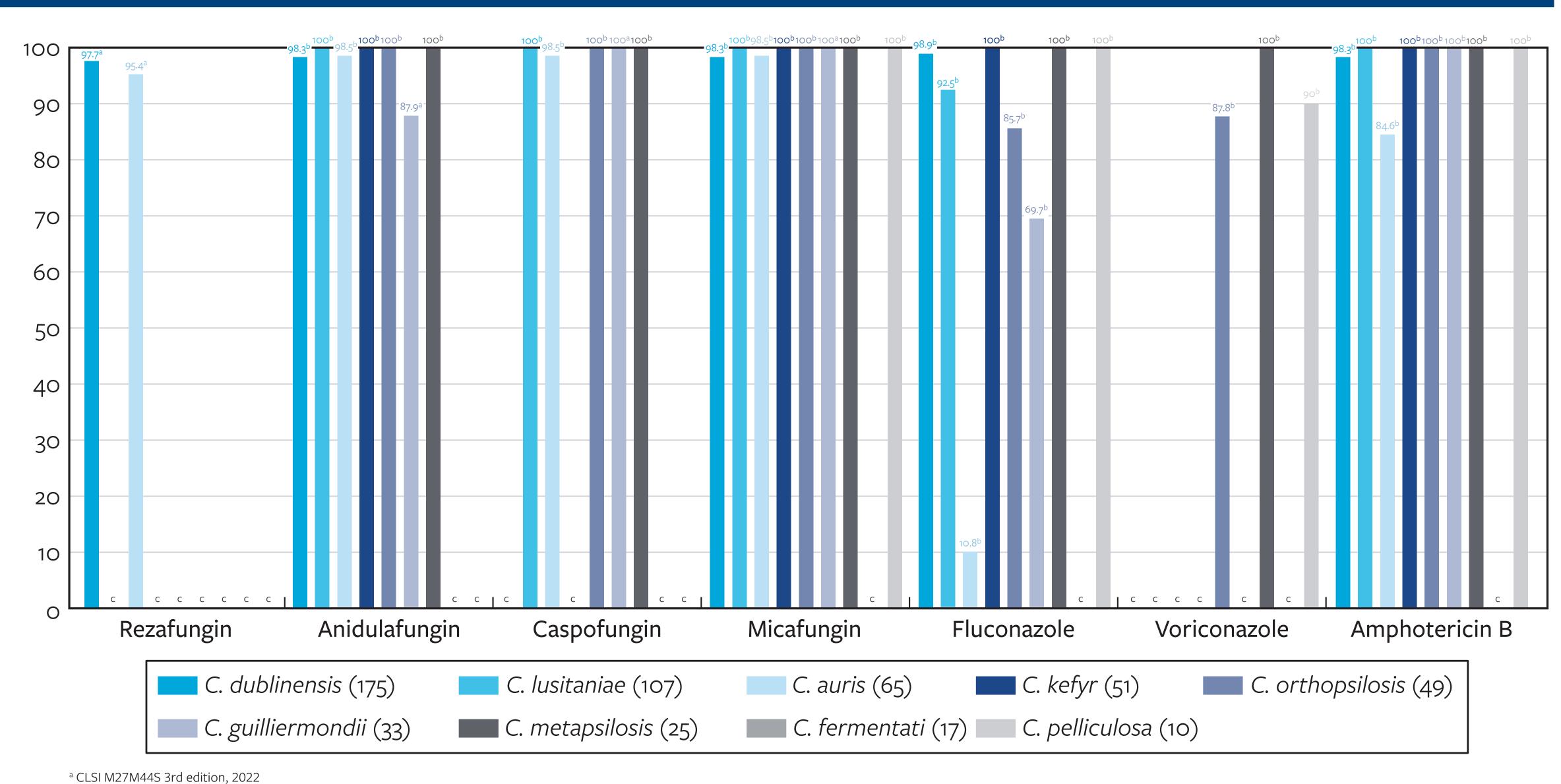
Figure 3. Rezafungin and comparator agents with percent of organisms susceptible by breakpoint or wildtype by ECV





*Table 3. Breakdown of Candida spp. with < 10 isolates

Candida fabianii
Candida utilis
Candida bracarensis
Candida lipolytica
Candida inconspicua
Candida haemulonii
Candida duobushaemulonii
Candida pararugosa
Candida rugosa
Candida nivariensis
Candida norvegensis
Candida theae
Candida digboiensis
Candida intermedia
Candida mengyuniae
Candida sojae
Candida spencermartinsiae
Candida sphaerica
Unspeciated Candida

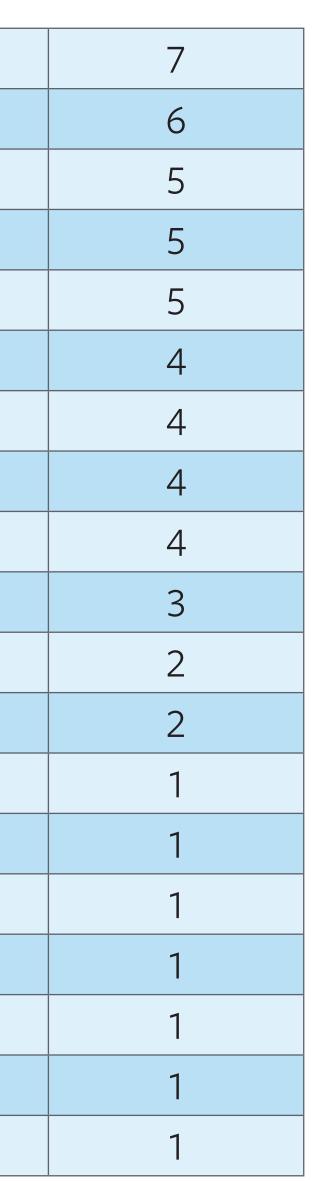


LSI M57S 4th edition, 2022 ntifungal/organism combinations without bars have no breakpoint or ECV defined.

Table 2. Tested organisms with MIC₅₀ and MIC₉₀ values

Organism (no oficalatos)	MIC ₅₀ /MIC ₉₀									
Organism (no. of isolates)	RZF	AND	CAS	MCF	FLC	VRC				
C. dublinensis (175)	0.03/0.06	0.06/0.12	0.03/0.03	0.015/0.03	0.12/0.25	0.004/0.008				
C. lusitaniae (107)	0.25/0.25	0.25/0.5	0.12/0.25	0.12/0.12	0.25/1	0.008/0.015				
C. auris (65)	0.25/0.5	0.25/0.5	0.12/0.25	0.12/0.25	128/>128	0.5/2				
C. kefyr (51)	0.03/0.06	0.06/0.12	0.015/0.015	0.06/0.06	0.5/0.5	0.008/0.015				
C. orthopsilosis (49)	0.5/1	0.5/2	0.12/0.5	0.25/0.5	0.5/32	0.015/0.5				
C. guilliermondii (33)	1/1	2/4	0.25/0.5	0.5/1	2/>128	0.06/4				
C. metapsilosis (25)	0.12/0.5	0.25/0.25	0.06/0.12	0.25/0.5	1/2	0.015/0.03				
C. fermentati (17)	0.5/1	1/2	0.25/0.5	0.25/0.5	2/32	0.12/0.5				
C. pelliculosa (10)	0.015/0.03	0.015/0.06	0.03/0.03	0.03/0.06	2/8	0.12/0.25				
Other Candida spp. (58)	0.06/0.5	0.12/0.5	0.06/0.25	0.06/0.5	2/16	0.03/0.12				

MIC (minimum inhibitory concentration) in mg/L, RZF (rezafungin), AND (anidulafungin), CAS (caspofungin), MCF (micafungin), FLC (fluconazole), VRC (voriconazole), AMB (amphotericin B)



Funding

This study was supported by Melinta Therapeutics. Element Iowa City (JMI Laboratories) received compensation fees for services in relation to preparing this poster, which was funded by Melinta Therapeutics.

Acknowledgments

The authors thank all participant centers for their work in providing isolates.

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https://www.cdc.gov/candida-auris/hcp/laboratories/antifungal-susceptibility-testing.html

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