SCY-078 Phase 2 Study in Moderate and Severe Vulvovaginal Candidiasis (VVC)

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INTRODUCTION & PURPOSE

SCY-078 is a novel intravenous and oral triterpenoid antifungal agent that is currently in clinical development for the treatment of both invasive and mucocutaneous fungal infections. It has broad-spectrum activity against both *Candida and Aspergillus*.

SCY-078 has fungicidal activity against *Candida,* is available in an oral formulation and exhibits an extensive tissue distribution, making it a suitable candidate for the treatment of vulvovaginal candidiasis (VVC).

This proof-of-concept evaluator blinded study was conducted to evaluate the safety and efficacy of two dosing regimens of Oral SCY-078 in subjects presenting with moderate to severe VVC.

METHODS: STUDY DESIGN

Key criteria for inclusion included:

- Subjects with moderate to severe VVC, confirmed by positive potassium hydroxide (KOH) test from a vaginal secretion sample
- Three vaginitis episodes in the past year that were either confirmed to be caused by *Candida* spp. or responded to antifungal therapy
- Subjects were randomized in a 1:1:1 ratio to one of the three treatment arms: Oral SCY-078 loading dose of 1250 mg, followed by 750-mg QD for 2 days or for 4 days or Oral Fluconazole 150-mg for 1 day
- Subjects were evaluated on Day 24 (test of cure visit) Day 60, Day 90 and 120 days (end of study)

The analyses included clinical cure, mycological eradication and therapeutic cure (combination of clinical cure and mycological eradication). Clinical cure has been proposed by the FDA as the primary endpoint for assessment of efficacy in VVC. The study was not powered to demonstrate statistical significant differences.

For additional information, contact us at info@scynexis.com.

RESULTS

96 subjects were enrolled (IIT population), and 70 subjects had cultured-confirmed *Candida* spp. infection (per protocol population, PP).

Efficacy Evaluation at Day 24 (per Protocol Population)					
N Rates %	SCY-078 (3-Days) (n= 24)	SCY-078 (5-Days) (n= 26)	SCY-078 (Combined) (n= 50)	Fluconazole (n= 20)	% Δ SCY-078 (combined) vs. Fluconazole
Clinical Cure[a]	19 *79.2%*	19 *73.1%*	38 *76%*	13 *65%*	11%
Clinical Cure Updated FDA Definition[b]	17 *70.8%*	18 *69.2%*	35 *70%*	11 *55%*	15%
Efficacy Evaluation at Month 4					
Recurrences Requiring Antifungal Therapy	1 *4.2%*	1 *3.8%*	2 *4%*	3 *15%*	-11%
Clinical Cure[a]	21 *87.5%*	23 *88.46%*	44 *88%*	13 *65%*	23%
"0" Signs and Symptoms	19 *79.1%*	21 *80.7%*	40 *80%*	13 *65%*	15%

a. Clinical Cure definition in the protocol considers cure if all signs and symptoms present at baseline had at least two points improvement (e.g., from moderate to absent or from severe to mild). b. New Clinical Cure definition proposed by FDA (after the study started) considers cure if all signs and symptoms present at baseline are absent.

- The rate of mycological eradication at Day 24 and Month 4 was 70% and 74% for the SCY-078 combined arms vs. 65% and 60% for the fluconazole arm.
- Therapeutic cure (define as both clinical cure and mycological eradication) at the test of cure visit was 56.3% for both the SCY-078 combined and the fluconazole arm.
- There were no severe or serious adverse events in any treatment groups. A higher rate of GI adverse events (e.g., nausea, diarrhea) were reported in the SCY-078 treatment arms, which were mild to moderate in severity and transient in nature.

CONCLUSIONS

This study provides evidence of potent anti-*Candida* effect of SCY-078 in VVC. The high clinical cure rates and the reduction of recurrence rates observed in this study warrant subsequent investigations of the potential value of SCY-078 as a therapeutic alternative for VVC.

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