Rezafungin (formerly CD101), a new echinocandin antifungal agent, is being developed to treat candidemia and/or invasive candidiasis.

In addition, rezafungin is being studied as a single agent for prevention of invasive fungal infections caused by Candida, Aspergillus, and Pneumocystis spp. among immunosuppressed patients, including those undergoing allogeneic stem cell transplantation and those receiving cytotoxic chemotherapy for hematologic malignancies.

Rezafungin has successfully met safety and efficacy endpoints in Phase 2 for treatment[1] and is advancing to Phase 3 studies for treatment and prophylaxis.

Rezafungin is the first echinocandin to undergo a definitive QT evaluation. In addition, rezafungin is being studied as a single agent for prevention of TEAEs. The most frequent TEAEs were headache (10 events) and nausea (5 events). Headache occurred more often in the 600 mg rezafungin (2 mild events and 2 moderate events) and the 1400 mg rezafungin (4 moderate events) dose groups compared to the moxifloxacin and placebo groups (1 mild event each). Nausea occurred evenly across the 600 mg rezafungin (2 mild events), 1400 mg rezafungin (1 mild event) and moxifloxacin (2 mild events) groups. Nausea was not reported in the placebo group.

**INTRODUCTION**

**METHODS (cont'd)**

**RESULTS (cont'd)**

No clinically significant effects on any of the cardiac parameters tested (RR, QRS, HR) were observed.

Rezafungin was generally well tolerated. All adverse events (AEs) were mild to moderate in severity with no discontinuations due to AEs. All reported TEAEs were mild to moderate in severity. There were no severe TEAEs. The most frequent TEAEs were headache (10 events) and nausea (5 events).

**CONCLUSIONS**

• Rezafungin, in single IV doses up to 1400 mg, does not prolong the QT interval.

• There was no effect of either rezafungin dose on repolarization or QRS duration.

• The above findings support the clinical safety and continued development of rezafungin.

**REFERENCES**

1. Thompson GR, et al. Rezafungin clinical safety and efficacy in patients with candidemia and/or invasive candidiasis in the randomized, double-blind, multicenter, Phase 2 STRIVE trial. IDWeek 2016: oral presentation abstract #1718.

2. Erika E. (posaconazole) USPI. March 2016

3. Bactrim™ (sulfamethoxazole and trimethoprim DS) USPI. September 2017

4. Owens RC. QT prolongation with antifungal agents: understanding the significance. Drugs 2004;64(10):1091-124

5. Diflucan® (fluconazole) USPI. March 2018

6. Novartis® (posaconazole) USPI. September 2017

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