Fig. 3

Figure 3: Isolation of *Staphylococcus* at Baseline and During, and After Dalbavancin Treatment (Evaluable Population)			
	Baseline	**Dalbavancin Treatment period**	**60 Days After End of IV Dalbavancin Treatment**
Osteomyelitis			
All patients (n=78)			
Specimen collected, n (%)	35 (44.9)	14 (17.9)	13 (16.7)
Isolates grown from the specimen?	29 (82.9)	8 (57.1)	7 (53.8)
Staphylococcus	20 (69.0)	6 (75.0)	2 (28.6)
Resistant to oxacillin	11/18 tested (61.1)	0 /4 tested (0.0)	1/1 tested (100.0)
Osteomyelitis of the Foot (n=51)			
Specimen collected, n (%)	24 (47.1)	10 (19.6)	9 (17.6)
Any isolates grown from the specimen?	21 (87.5)	6 (60.0)	5 (55.6)
Staphylococcus	14 (66.7)	5 (83.3)	1 (20.0)
Resistant to oxacillin	8 /13 tested (61.5)	0/3 tested (0.0)	1 (100.0)
Joint Infection (n=32)			
Any specimen collected, n (%)	19 (59.4)	3 (9.4)	2 (6.3)
Any isolates grown from the specimen?	15 (78.9)	2 (66.7)	2 (100.0)
Staphylococcus	15 (100.0)	2 (100.0)	2 (100.0)
Resistant to oxacillin	5/14 tested (35.7)	0/1 tested (50.0)	1/2 tested (50.0)

Conclusion. In this real-world study in patients with Staphylococcal osteomyelitis and joint infection, DAL resulted in high rates of clinical and microbiological success.

Disclosures. Jennifer McGregor, RPh, AbbVie (Employee) Anathakrishnan Ramani, MD, FACP, AAHIVS, CIC, Allergan (prior to its acquisition by AbbVie) (Speaker's Bureau) John Lock, PharmD, BCPS, AQ-ID, AbbVie (Employee) Pedro Gonzalez, MD, MT, AbbVie (Employee)

1248. Efficacy and Safety of Oral Ibrexafungerp in 41 Patients with Refractory Fungal Diseases, Interim Analysis of a Phase 3 Open-label Study (FURI)

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Session: P-58. Novel Agents

Background. *Candida* infections resistant to currently available antifungals are an emerging global threat. Ibrexafungerp is an investigational broad-spectrum glucan synthase inhibitor antifungal with activity against *Candida* and *Aspergillus* species, including azole- and echinocandin-resistant strains. A Phase 3 open-label, single-arm study of oral ibrexafungerp (FURI) (Clinicaltrials.gov NCT03059992) is ongoing for the treatment of patients (≥18 years) with fungal diseases who are intolerant of or refractory to standard antifungal therapies.

Methods. An independent Data Review Committee (DRC) provided an assessment of treatment response for 41 patients. Patients were enrolled in 22 centers from 6 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.

Results. The 41 patients assessed had the following infection types: intra-abdominal abscesses, oropharyngeal candidiasis, esophageal candidiasis, candidemia, and others. The DRC adjudicated 23 patients (56%) as achieving complete or partial response, 11 patients (27%) maintaining stable disease, 6 patients (15%) with progression of disease and one case was considered as indeterminate. The efficacy of oral ibrexafungerp by pathogen is shown in Table 1. Ibrexafungerp was well-tolerated with the most common treatment-related adverse events being of gastrointestinal origin. No deaths due to progression of fungal disease were reported.

Table 1: Ibrexafungerp Outcomes by Pathogen

Pathogen	Complete or Partial Response	Stable disease	Progression of Disease
C. glabrata	9	5	3
C. albicans	5	2	
C. krusei	2	3	
C. parapsilosis	3		
C. glabrata / C. albicans	2		2
C. krusei / C. albicans	1		
C. tropicalis / C. albicans		1	
C. glabrata / C. dubliniensis			1

One patient outcome indeterminate, One patient organism not identified

Conclusion: Preliminary analysis of these 41 cases indicate that oral ibrexafungerp provides a favorable therapeutic response in the majority of patients with difficult to treat *Candida* spp. infections, including those caused by *non-albicans Candida* species.

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1249. Genetic Evidence That Gepotidacin Shows Well-balanced Dual Targeting against DNA Gyrase And Topoisomerase IV in Neisseria gonorrhoeae

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