Clinical trial results:
A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Oral Ibrexafungerp (SCY-078) Compared to Placebo in Subjects with Recurrent Vulvovaginal Candidiasis

Summary

EudraCT number	2019-002600-40
Trial protocol	PL BG
Global end of trial date	29 November 2021

Results information

Result version number	v1 (current)
This version publication date	04 October 2022
First version publication date	04 October 2022

Trial information

Trial identification

Sponsor protocol code	SCY-078-304

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04029116
WHO universal trial number (UTN)	-
Other trial identifiers	IND: 107521

Notes:

Sponsors

Sponsor organisation name	SCYNEXIS, Inc.
Sponsor organisation address	1 Evertrust Plaza, Jersey City, United States, NJ 07302
Public contact	VANISH Study Team, SCYNEXIS, Inc., +1 201688 2241, info@scynexis.com
Scientific contact	VANISH Study Team, SCYNEXIS, Inc., +1 201688 2241, info@scynexis.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	08 April 2022
Is this the analysis of the primary completion data?	Yes
Primary completion date	29 November 2021
Global end of trial reached?	Yes
Global end of trial date	29 November 2021
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To evaluate the efficacy of oral ibrexafungerp versus placebo in preventing recurrences of Vulvovaginal Candidiasis (VVC) in subjects with recurrent VVC (RVVC) based on clinical success

Protection of trial subjects:

The study was conducted in accordance with the protocol, the ethical principles established by the Declaration of Helsinki (as amended in Fortaleza, Brazil, October 2013), the International Council for Harmonisation (ICH) Good Clinical Practice (GCP) Guidelines, the United States Code of Federal Regulations (CFR) sections that address clinical research studies, applicable European Union regulations and/or other national and local ethical and legal requirements, as applicable.
The ICH issued guidelines to provide protection for human subjects in clinical investigations. The ICH Tripartite Guideline for GCP establishes the general requirements for informed consent. Each subject was provided with oral and written information in a language they could understand that described the nature and duration of the study. Before undergoing screening, each subject consented in writing to study participation. The patient signed and personally dated the subject ICF.

Background therapy:

Oral fluconazole 150 mg once a day (QD) on Days -14, -11, and -8 was administrated during Acute phase before Prevention of recurrence phase.

Evidence for comparator:

Matching oral placebo in Prevention of recurrence phase.

Actual start date of recruitment	03 September 2019
Long term follow-up planned	Yes
Long term follow-up rationale	Safety, Efficacy
Long term follow-up duration	4 Months
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Poland: 32
Country: Number of subjects enrolled	Bulgaria: 72
Country: Number of subjects enrolled	Russian Federation: 74
Country: Number of subjects enrolled	United States: 106
Worldwide total number of subjects	284
EEA total number of subjects	104

Notes:

Subjects enrolled per age group	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	283
From 65 to 84 years	1
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Subjects who met all of the inclusion criteria and none of the exclusion criteria were enrolled into the study. A total of 260 subjects entered the Prevention of Recurrence Phase (130 subjects each randomly assigned to ibrexafungerp group and placebogroup) and 24 subjects entered the Nested Substudy.

Pre-assignment

Screening details:

A total of 530 subjects were screened; of these, 90 subjects were screen failures before Acute Phase. Medical history, physical examination, vital sign measurements and safety laboratory tests were performed at the Screening Visit and prior to administration of the initial dose of study drug.

Period 1

Period 1 title	Prevention of Recurrence Phase
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Investigator, Monitor, Data analyst, Carer, Subject

Blinding implementation details:

This was a randomized, double blind study. All site and Sponsor personnel were blinded to treatment assignment. The investigator was unblinded only if it was necessary to determine treatment of emergency.

Arms

Are arms mutually exclusive?	Yes
Arm title	Ibrexafungerp

Arm description:

130 subjects were assigned to ibrexafungerp group. Oral ibrexafungerp administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Arm type	Experimental
Investigational medicinal product name	Ibrexafungerp
Investigational medicinal product code	
Other name	SCY-078
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Oral ibrexafungerp administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments (Baseline [Day 1], Week 4, Week 8, Week 12, Week 16, and Week 20). Each single-day treatment consisted of 2 doses of 300 mg each given 12 (±4) hours apart (total single-day dose = 600 mg).

Arm title	Placebo

Arm description:

130 subjects were assigned to Placebo group. Oral Placebo administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Arm type	Placebo
Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Matching oral placebo administered as a single day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single day treatments (Baseline [Day 1], Week 4, Week 8, Week 12, Week 16, and Week

20). Each single day treatment consisted of 2 doses of placebo given 12 (±4) hours apart.

Number of subjects in period 1[1]	Ibrexafungerp	Placebo
Started	130	130
Completed	118	114
Not completed	12	16
Physician decision	2	-
Consent withdrawn by subject	4	6
Other	2	1
Pregnancy	1	2
Adverse event	-	2
Lost to follow-up	3	5

Notes:

[1] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.
Justification: The study consisted of a main study and a sub-study. The subject enrolled are entered for both main study and sub-study. The baseline period consisted of subjects only from the main study as the primary endpoints were based on the main study. The sub-study has supported the results from the main study, providing exploratory results.

Period 2

Period 2 title	Ibrexafungerp Nested Sub-Study
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

Blinding implementation details:

This was open-label period.

Arms

Arm title	Ibrexafungerp

Arm description:

Nested Sub-Study was an exploratory, open-label, single group study to evaluate the efficacy and safety of oral ibrexafungerp in the treatment of acute episodes of VVC in subjects with a history of RVVC who had not responded to 3 doses of oral fluconazole treatment in Acute phase. All subjects received oral ibrexafungerp administered as a single day treatment (baseline [Day 1]).

Arm type	Experimental
Investigational medicinal product name	Ibrexafungerp
Investigational medicinal product code	
Other name	SCY-078
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

All subjects received oral ibrexafungerp 150mg tablets administered orally as a single-day treatment (baseline [Day 1]) consisting of two 300-mg doses (total dose = 600 mg) given 12 hours apart (±4 hours). The study drug was administered preferably with or immediately after a meal.

Number of subjects in period 2[2]	Ibrexafungerp
Started	24
Completed	23
Not completed	1
Lost to follow-up	1

Notes:

[2] - The number of subjects starting the period is not consistent with the number completing the preceding period. It is expected the number of subjects starting the subsequent period will be the same as the number completing the preceding period.
Justification: The study consisted of a main study and a sub-study. Subjects with a history of recurrent VVC (enrolled in the main study with an acute VVC episode), who had a culture-confirmed VVC at screening during main study and failed oral fluconazole were eligible for this sub-study.

Baseline characteristics

Reporting groups	
Reporting group title	Ibrexafungerp
Reporting group description:	
130 subjects were assigned to ibrexafungerp group. Oral ibrexafungerp administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.	
Reporting group title	Placebo
Reporting group description:	
130 subjects were assigned to Placebo group. Oral Placebo administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.	

Reporting group values	Ibrexafungerp	Placebo	Total
Number of subjects	130	130	260
Age categorical Units: Subjects			
Adults (18-64 years)	129	130	259
From 65-84 years	1	0	1
Age continuous Units: years			
geometric mean	34.1	33.7	
full range (min-max)	18 to 65	18 to 61	-
Gender categorical Units: Subjects			
Female	130	130	260
Male	0	0	0

Subject analysis sets	
Subject analysis set title	Intent-to-Treat (ITT) Set
Subject analysis set type	Intention-to-treat
Subject analysis set description:	
All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo).	
Subject analysis set title	Modified Intent-to-Treat (mITT) Set
Subject analysis set type	Modified intention-to-treat
Subject analysis set description:	
All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo), who had a confirmed mycological culture for yeast at Screening and a negative culture for yeast at Baseline (Day 1).	
Subject analysis set title	Per Protocol (PP) Set
Subject analysis set type	Per protocol
Subject analysis set description:	
All mITT subjects who did not have major protocol deviations likely to affect study efficacy and who had available data at the TOC visit.	
Subject analysis set title	Safety Set (SS)
Subject analysis set type	Safety analysis
Subject analysis set description:	
All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo) and who had at least one postbaseline evaluation.	

Reporting group values	Intent-to-Treat (ITT) Set	Modified Intent-to-Treat (mITT) Set	Per Protocol (PP) Set
Number of subjects	260	219	182
Age categorical Units: Subjects			
Adults (18-64 years)	159		
From 65-84 years	1		
Age continuous Units: years geometric mean full range (min-max)			
Gender categorical Units: Subjects			
Female	260	219	182
Male	0	0	0

Reporting group values	Safety Set (SS)		
Number of subjects	260		
Age categorical Units: Subjects			
Adults (18-64 years)	159		
From 65-84 years	1		
Age continuous Units: years geometric mean full range (min-max)			
Gender categorical Units: Subjects			
Female	260		
Male	0		

End points

End points reporting groups

Reporting group title	Ibrexafungerp

Reporting group description:

130 subjects were assigned to ibrexafungerp group. Oral ibrexafungerp administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Reporting group title	Placebo

Reporting group description:

130 subjects were assigned to Placebo group. Oral Placebo administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Reporting group title	Ibrexafungerp

Reporting group description:

Nested Sub-Study was an exploratory, open-label, single group study to evaluate the efficacy and safety of oral ibrexafungerp in the treatment of acute episodes of VVC in subjects with a history of RVVC who had not responded to 3 doses of oral fluconazole treatment in Acute phase. All subjects received oral ibrexafungerp administered as a single day treatment (baseline [Day 1]).

Subject analysis set title	Intent-to-Treat (ITT) Set
Subject analysis set type	Intention-to-treat

Subject analysis set description:

All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo).

Subject analysis set title	Modified Intent-to-Treat (mITT) Set
Subject analysis set type	Modified intention-to-treat

Subject analysis set description:

All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo), who had a confirmed mycological culture for yeast at Screening and a negative culture for yeast at Baseline (Day 1).

Subject analysis set title	Per Protocol (PP) Set
Subject analysis set type	Per protocol

Subject analysis set description:

All mITT subjects who did not have major protocol deviations likely to affect study efficacy and who had available data at the TOC visit.

Subject analysis set title	Safety Set (SS)
Subject analysis set type	Safety analysis

Subject analysis set description:

All randomized subjects who received at least one dose of study drug (ibrexafungerp or placebo) and who had at least one postbaseline evaluation.

Primary: The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Intent-to-Treat Set)

End point title	The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Intent-to-Treat Set)

End point description:

The primary efficacy endpoint was defined as the proportion of ITT subjects who had documented clinical success (defined as subjects having a TOC evaluation and no mycologically proven, presumed, or suspected recurrences of VVC) up to Week 24 (TOC).

End point type	Primary

End point timeframe:

Up to Week 24 (TOC)

End point values	Ibrexafungerp	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	130	130		
Units: percent				
number (not applicable)				
Clinical Success (%)	65.4	53.1		
Clinical Failure (%)	34.6	46.9		

Statistical analyses

Statistical analysis title	Statistical Analysis

Statistical analysis description:

All analyses were conducted using SAS Version 9.4 or higher. A Cochran-Mantel-Haenszel (CMH) test was used. Continuous data were described using descriptive statistics (ie, n, mean, standard deviation [SD], median, minimum, and maximum). Categorical data were described using the subject count and percentage in each category.

Comparison groups	Ibrexafungerp v Placebo
Number of subjects included in analysis	260
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.02
Method	Cochran-Mantel-Haenszel
Parameter estimate	Relative Risk for Response
Point estimate	1.24
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.034
upper limit	1.486

Primary: The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Modified Intent-to-Treat Set)

End point title	The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Modified Intent-to-Treat Set)

End point description:

The primary efficacy endpoint was defined as the proportion of mITT subjects who had documented clinical success (defined as subjects having a TOC evaluation and no mycologically proven, presumed, or suspected recurrences of VVC) up to Week 24 (TOC).

End point type	Primary

End point timeframe:

Up to Week 24 (TOC)

End point values	Ibrexafungerp	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	112	107		
Units: percent				
number (not applicable)				
Clinical Success (%)	67.0	57.0		
Clinical Failure (%)	33.0	43.0		

Statistical analyses

Statistical analysis title	Statistical Analysis

Statistical analysis description:

All analyses were conducted using SAS Version 9.4 or higher. A Cochran-Mantel-Haenszel (CMH) test was used. Continuous data were described using descriptive statistics (ie, n, mean, standard deviation [SD], median, minimum, and maximum). Categorical data were described using the subject count and percentage in each category.

Comparison groups	Ibrexafungerp v Placebo
Number of subjects included in analysis	219
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.032
Method	Cochran-Mantel-Haenszel
Parameter estimate	Relative Risk for Response
Point estimate	1.22
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.017
upper limit	1.465

Primary: The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Per-Protocol Set)

End point title	The Proportion of Subjects Who Have Documented Clinical Success up to Week 24 (TOC)–Main Study (Per-Protocol Set)

End point description:

The primary efficacy endpoint was defined as the proportion of PP subjects who had documented clinical success (defined as subjects having a TOC evaluation and no mycologically proven, presumed, or suspected recurrences of VVC) up to Week 24 (TOC).

End point type	Primary

End point timeframe:

Up to Week 24 (TOC)

End point values	Ibrexafungerp	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	94	88		
Units: percent				
number (not applicable)				
Clinical Success (%)	76.96	65.9		
Clinical Failure (%)	23.4	34.1		

Statistical analyses

Statistical analysis title	Statistical Analysis

Statistical analysis description:

All analyses were conducted using SAS Version 9.4 or higher. A Cochran-Mantel-Haenszel (CMH) test was used. Continuous data were described using descriptive statistics (ie, n, mean, standard deviation [SD], median, minimum, and maximum). Categorical data were described using the subject count and percentage in each category.

Comparison groups	Ibrexafungerp v Placebo
Number of subjects included in analysis	182
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.024
Method	Cochran-Mantel-Haenszel
Parameter estimate	Relative Risk for Response
Point estimate	1.22
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.026
upper limit	1.448

Secondary: The Proportion of Subjects Who Have no Mycologically Proven Recurrence at Week 24 (TOC)–Main Study (Intent-to-Treat Set)

End point title	The Proportion of Subjects Who Have no Mycologically Proven Recurrence at Week 24 (TOC)–Main Study (Intent-to-Treat Set)

End point description:

The secondary efficacy endpoint was the percentage of subjects with no mycologically proven recurrence (defined as an episode of VVC with a total composite score ≥3 on the VSS scale and a culture positive for Candida spp. that required antifungal treatment) up to Week 24 (TOC).

End point type	Secondary

End point timeframe:

Up to week 24 (TOC)

End point values	Ibrexafungerp	Placebo		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	130	130		
Units: percent				
number (not applicable)				
No Mycologically Proven Recurrence (%)	70.8	58.5		
Mycologically Proven Recurrences (%)	29.2	41.5		

Statistical analyses

Statistical analysis title	Statistical Analysis

Statistical analysis description:

All analyses were conducted using SAS Version 9.4 or higher. A Cochran-Mantel-Haenszel (CMH) test was used. Continuous data were described using descriptive statistics (ie, n, mean, standard deviation [SD], median, minimum, and maximum). Categorical data were described using the subject count and percentage in each category.

Comparison groups	Ibrexafungerp v Placebo
Number of subjects included in analysis	260
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.019
Method	Cochran-Mantel-Haenszel
Parameter estimate	Relative Risk for Response
Point estimate	1.22
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.032
upper limit	1.43

Adverse events

Adverse events information

Timeframe for reporting adverse events:

The TEAEs were presented from baseline to TOC (ie, 4 weeks after last dose) and from TOC to EOFU in addition to the entire study period. The safety results are presented for the entire study period.

Adverse event reporting additional description:

Ibrexafungerp was generally well-tolerated by subjects with RVVC when administered as a 300-mg oral tablet BID every 4 weeks for total of 24 weeks.

Assessment type	Systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	24.1

Reporting groups

Reporting group title	Ibrexafungerp

Reporting group description:

130 subjects were assigned to ibrexafungerp group. Oral ibrexafungerp administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Reporting group title	Placebo

Reporting group description:

130 subjects were assigned to Placebo group. Oral Placebo administered as a single-day treatment repeated every 4 weeks (28 days [±3]) for a total of 6 single-day treatments.

Serious adverse events	Ibrexafungerp	Placebo	
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 130 (0.77%)	0 / 130 (0.00%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Infections and infestations			
COVID-19			
subjects affected / exposed	1 / 130 (0.77%)	0 / 130 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Influenza			
subjects affected / exposed	1 / 130 (0.77%)	0 / 130 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 2 %

Non-serious adverse events	Ibrexafungerp	Placebo	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	84 / 130 (64.62%)	74 / 130 (56.92%)	
Nervous system disorders			
Headache			
subjects affected / exposed	25 / 130 (19.23%)	11 / 130 (8.46%)	
occurrences (all)	25	11	
General disorders and administration site conditions			
Fatigue			
subjects affected / exposed	4 / 130 (3.08%)	0 / 130 (0.00%)	
occurrences (all)	4	0	
Gastrointestinal disorders			
Diarrhoea			
subjects affected / exposed	10 / 130 (7.69%)	5 / 130 (3.85%)	
occurrences (all)	10	5	
Nausea			
subjects affected / exposed	7 / 130 (5.38%)	5 / 130 (3.85%)	
occurrences (all)	7	5	
Abdominal pain upper			
subjects affected / exposed	7 / 130 (5.38%)	4 / 130 (3.08%)	
occurrences (all)	7	4	
Abdominal pain			
subjects affected / exposed	5 / 130 (3.85%)	4 / 130 (3.08%)	
occurrences (all)	5	4	
Abdominal discomfort			
subjects affected / exposed	2 / 130 (1.54%)	3 / 130 (2.31%)	
occurrences (all)	2	3	
Toothache			
subjects affected / exposed	2 / 130 (1.54%)	3 / 130 (2.31%)	
occurrences (all)	2	3	
Reproductive system and breast disorders			
Dysmenorrhoea			
subjects affected / exposed	3 / 130 (2.31%)	3 / 130 (2.31%)	
occurrences (all)	3	3	
Vaginal discharge			

subjects affected / exposed	3 / 130 (2.31%)	0 / 130 (0.00%)	
occurrences (all)	3	0	
Respiratory, thoracic and mediastinal disorders			
Oropharyngeal pain			
subjects affected / exposed	5 / 130 (3.85%)	4 / 130 (3.08%)	
occurrences (all)	5	4	
Musculoskeletal and connective tissue disorders			
Myalgia			
subjects affected / exposed	2 / 130 (1.54%)	3 / 130 (2.31%)	
occurrences (all)	2	3	
Back pain			
subjects affected / exposed	3 / 130 (2.31%)	1 / 130 (0.77%)	
occurrences (all)	3	1	
Infections and infestations			
Bacterial vaginosis			
subjects affected / exposed	10 / 130 (7.69%)	11 / 130 (8.46%)	
occurrences (all)	10	11	
COVID-19			
subjects affected / exposed	7 / 130 (5.38%)	5 / 130 (3.85%)	
occurrences (all)	7	5	
Urinary tract infection			
subjects affected / exposed	5 / 130 (3.85%)	2 / 130 (1.54%)	
occurrences (all)	5	2	
Nasopharyngitis			
subjects affected / exposed	3 / 130 (2.31%)	3 / 130 (2.31%)	
occurrences (all)	3	3	
Respiratory tract infection			
subjects affected / exposed	2 / 130 (1.54%)	3 / 130 (2.31%)	
occurrences (all)	2	3	
Viral upper respiratory tract infection			
subjects affected / exposed	4 / 130 (3.08%)	1 / 130 (0.77%)	
occurrences (all)	4	1	
Vulvovaginal candidiasis			
subjects affected / exposed	2 / 130 (1.54%)	3 / 130 (2.31%)	
occurrences (all)	2	3	

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
10 July 2020	Global Protocol Addendum 1 (Global, dated 10 Jul 2020) and country specific Protocol Addendum 3 (Russia and Poland, dated 20 Aug 2020) specified the following changes: • SCY-078-304s inclusion criterion 1 was modified to allow all subjects (regardless of Screening mycology results) who did not respond to fluconazole treatment during the Acute Phase to enter the Nested Substudy.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported