UNIKLINIK KÖLN

11th Advances Against Aspergillosis and Mucormycosis

Thursday 25th - Saturday 27th January 2024

Session 12 – New Antifungals

Novel approaches for the Treatment of Aspergillosis and Mucormycosis

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Disclosures

- Received consultancy, service, speaker fees and/or travel support fees from:
  - Akademie für Infektionsmedizin
  - Hikma
  - Pfizer
  - Scynexis

Limitations of Available Antifungals

- Route of administration
- Multidrug-resistant fungi
- Tissue penetration
- Toxicity, intolerance, drug interactions

Echinocandins and AMB only for IV administration

No IV formulation of 5-FC on the market

Rare fungi with intrinsic resistances

Resistance development against 5-FC

MDR *Candida* spp.

Use of azoles in agriculture

Limited options in CNS infections

Low concentrations in different compartments

Organ toxicity of azoles and AMB

Heme toxicity of 5-FC

CYP interactions limiting use in vulnerable pts

Solvent agents such as cyclodextrin

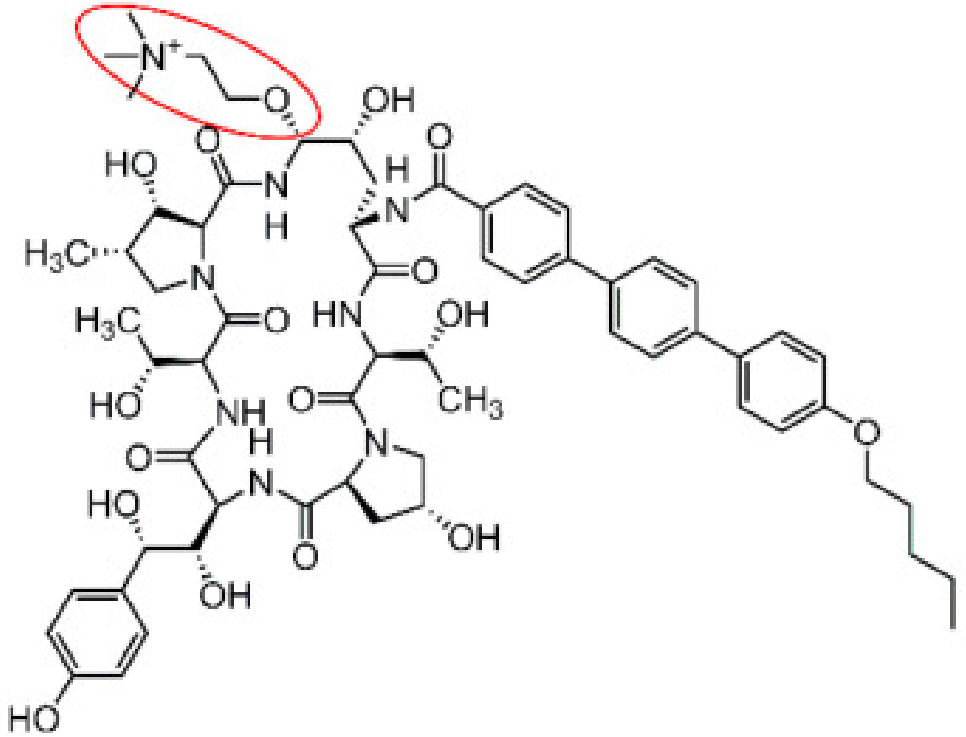
The Antifungal Pipeline

- Recently approved antifungals
  - (Rezafungin)
  - (Ibrexafungerp)

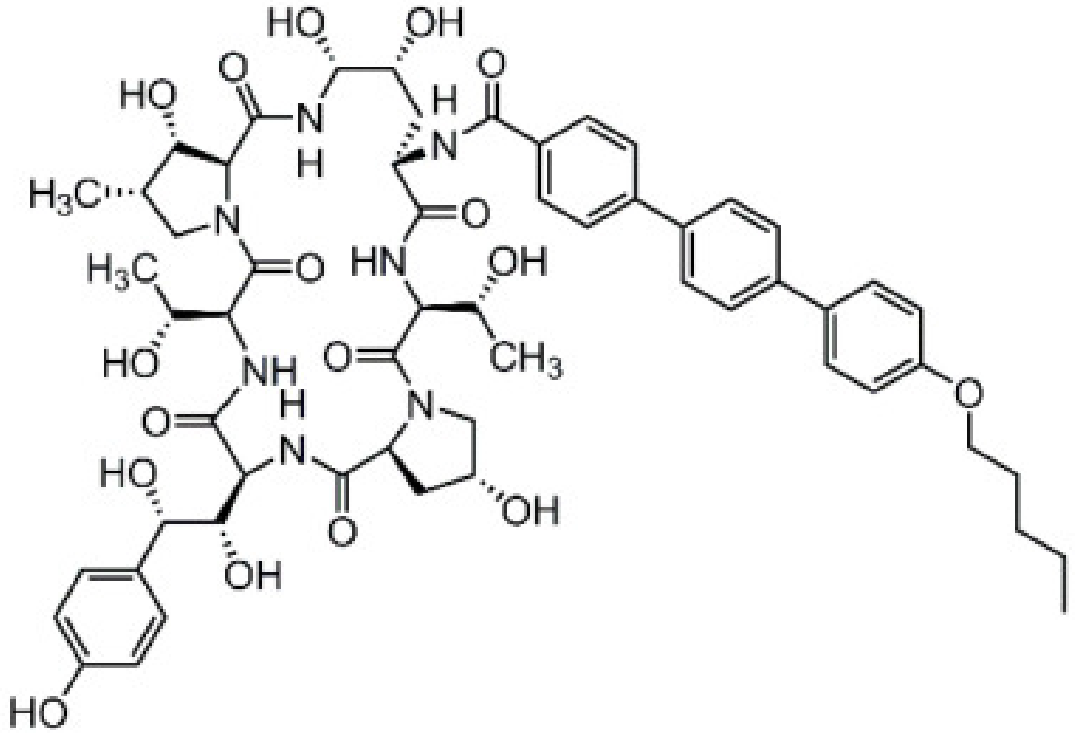
- Antifungals in late stage of clinical development
  - Fosmanogepix
  - Olorofim
  - Opelconazole

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

- **Class**: Echinocandin with extended half-life



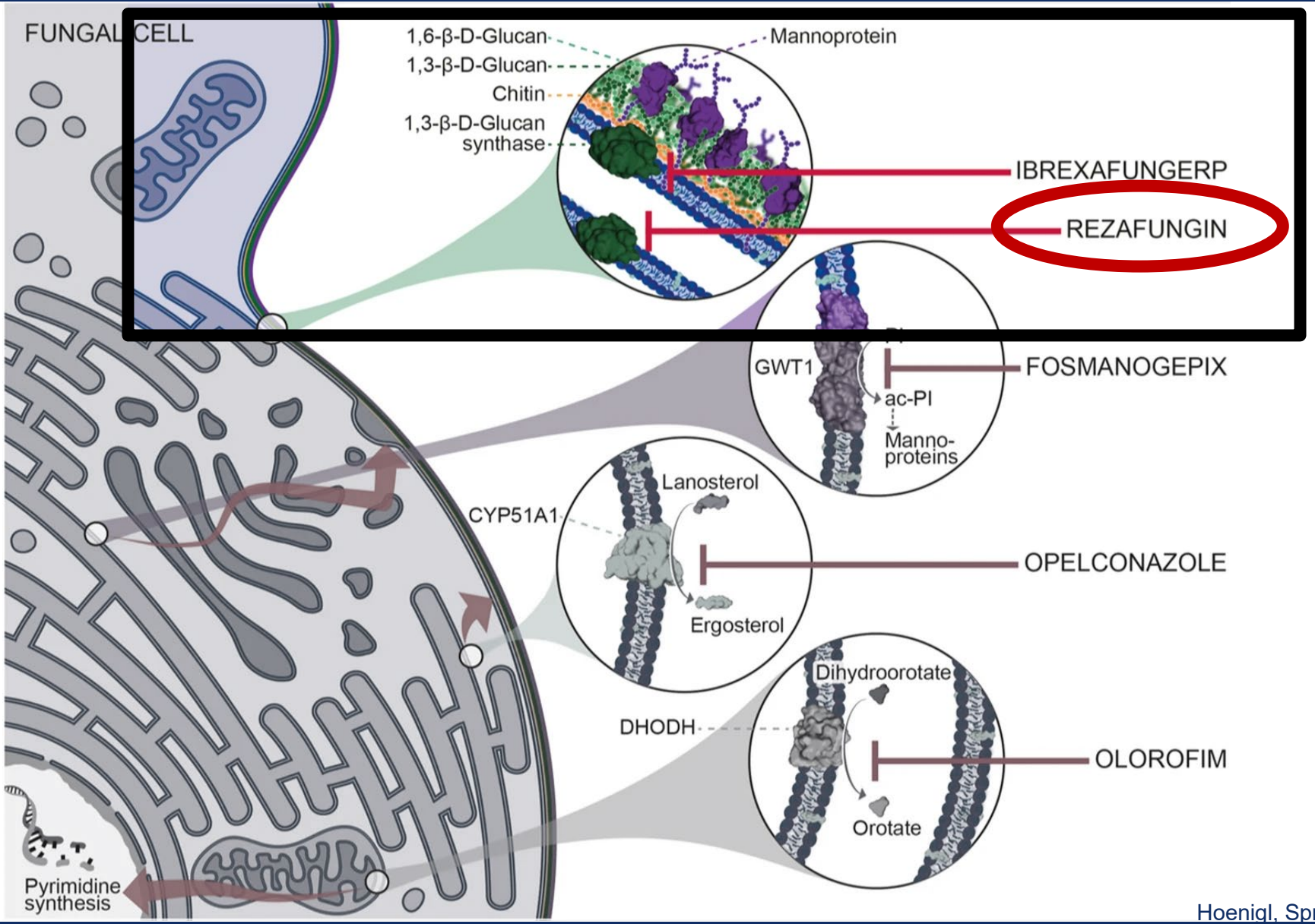
rezafungin



anidulafungin

Zhao and Perlin, JoF, 2020

Rezafungin (CD101; Cidara/Melinta/Mundipharma)



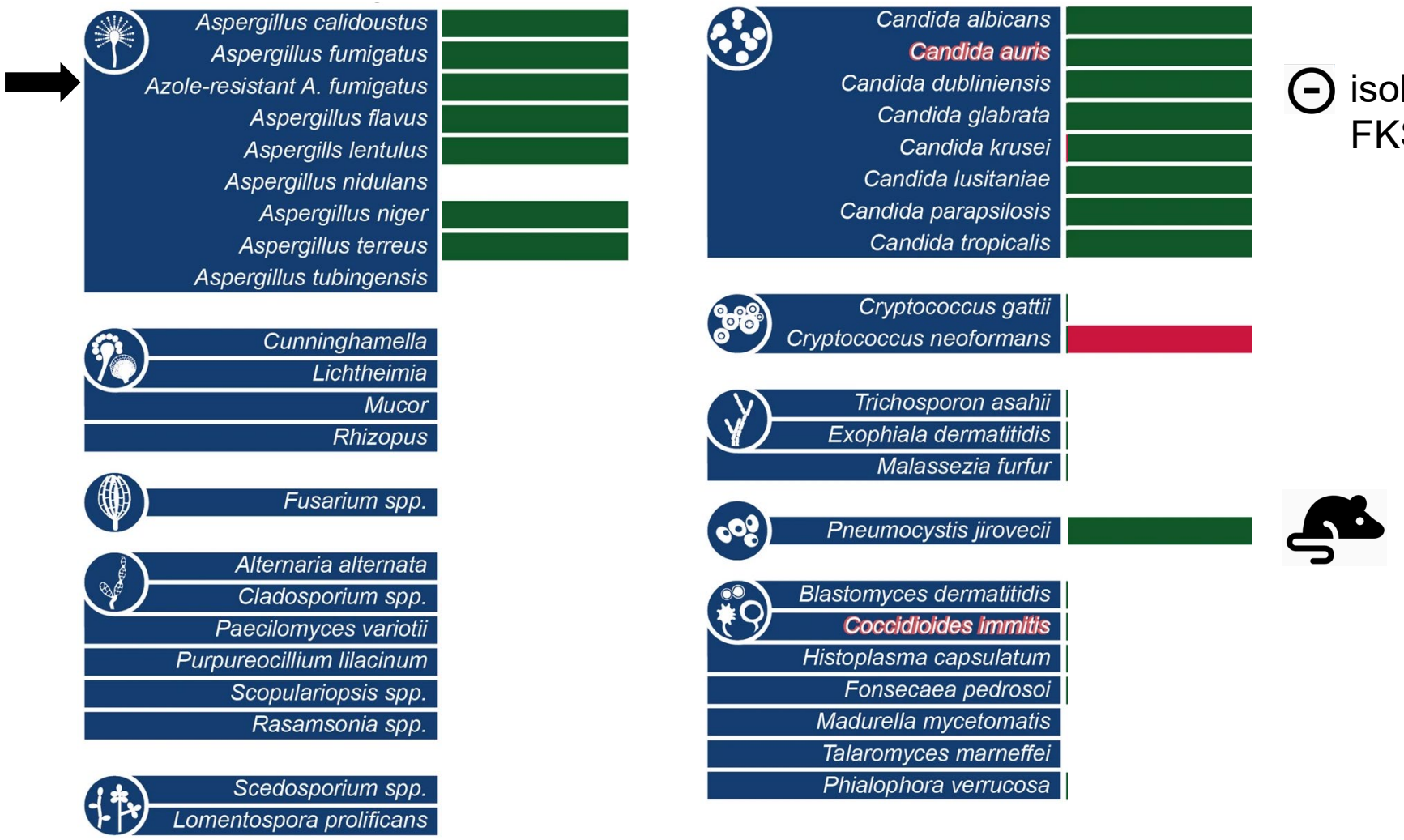
Hoenigl, Sprute, et al., Drugs, 2021

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

- **Class**: Echinocandin with extended half-life
- **Mechanism of Action**: (1-3)-β-D-glucan synthase inhibitor
- **Form of Application**: IV

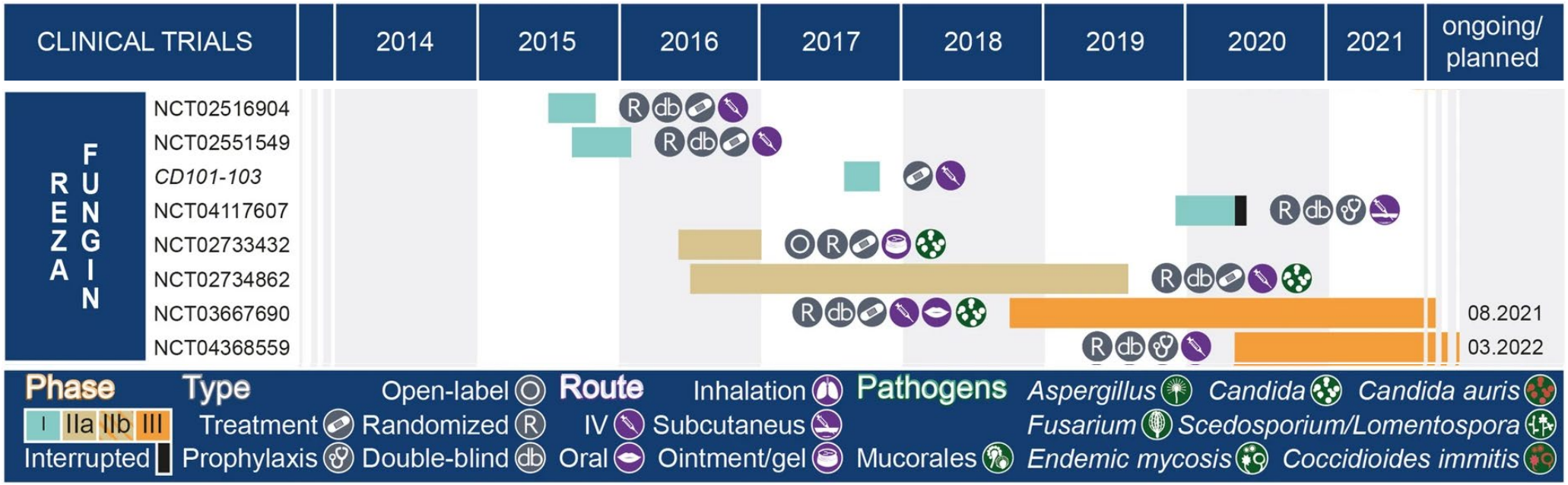
Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Rezafungin (CD101; Cidara/Melinta/Mundipharma)



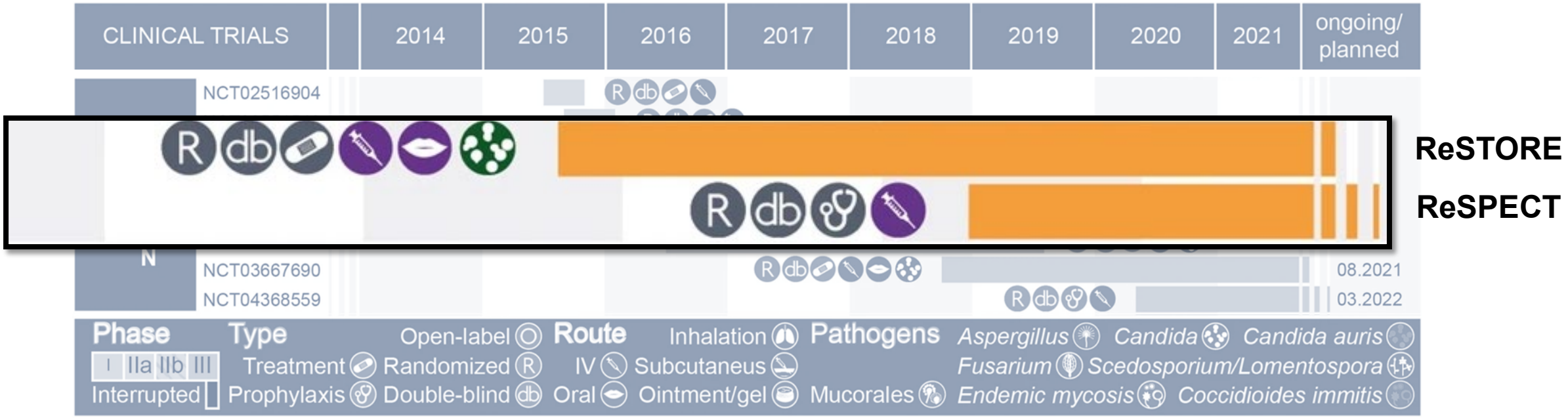
Hoenigl, Sprute, et al., Drugs, 2021

Rezafungin (CD101; Cidara/Melinta/Mundipharma)



Hoenigl, Sprute, et al., Drugs, 2021

Rezafungin (CD101; Cidara/Melinta/Mundipharma)



Hoenigl, Sprute, et al., Drugs, 2021

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

Rezafungin versus caspofungin for treatment of candidaemia and invasive candidiasis (ReSTORE): a multicentre, double-blind, double-dummy, randomised phase 3 trial

George R Thompson III, Alex Soriano, Oliver A Cornely, Bart Jan Kullberg, Marin Kollef, Jose Vazquez, Patrick M Honore, Matteo Bassetti, John Pullman, Methee Chayakulkeeree, Ivan Poromanski, Cecilia Dignani, Anita F Das, Taylor Sandison, Peter G Pappas, on behalf of the ReSTORE trial investigators

ReSTORE

ReSPECT

Hoenigl, Sprute, et al., Drugs, 2021

Rezafungin (CD101; Cidara)

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George R Thompson III, Alex Soriano, Oliver A Cornely, Bart Jan Kullberg, Marin Kollef, Jose Vazquez, Patrick M Honore, Matteo Bassetti, John Pullman, Methee Chayakulkeeree, Ivan Poromanski, Cecilia Dignani, Anita F Das, Taylor Sandison, Peter G Pappas, on behalf of the ReSTORE trial investigators

- Multicentre, randomized (1:1) phase III trial
- Candidaemia and invasive candidiasis, N=222
- Intravenous rezafungin once weekly (2 to 4 doses) vs. caspofungin for ≤ 4 weeks
- Global cure at D14: 55/93 (59%) with rezafungin, 57/94 (61%) with caspofungin
- 30D all-cause mortality: 22/93 (24%) with rezafungin, 20/94 (21%) with caspofungin
- TEAE: at least one in 89/98 (91%) with rezafungin and 83/98 (85%) with caspofungin
- Most common TEAEs: were pyrexia, hypokalaemia, pneumonia, septic shock, and anaemia observed in ≥ 5% of patients in either group
- SAEs: 55 (56%) patients with rezafungin and 52 (53%) with caspofungin
- Conclusion: Rezafungin was non-inferior to caspofungin for the primary endpoints of day-14 global cure and 30-day all-cause mortality

TEAE, treatment emergent adverse event

Rezafungin (CD101; Cidara)

Rezafungin versus caspofungin for treatment of candidaemia and invasive candidiasis (ReSTORE): a multicentre, double-blind, double-dummy, randomised phase 3 trial

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TEAE, treatment emergent adverse event

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

PRESS RELEASES

CIDARA THERAPEUTICS AND MELINTA THERAPEUTICS ANNOUNCE FDA APPROVAL OF REZZAYO™ (REZAFUNGIN FOR INJECTION) FOR THE TREATMENT OF CANDIDEMIA AND INVASIVE CANDIDIASIS

March 22, 2023

REZZAYO™ (rezafungin for injection), for intravenous use
Initial U.S. Approval: 2023

----------INDICATIONS AND USAGE----------
REZZAYO is an echinocandin antifungal indicated in patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis. Approval of this indication is based on limited clinical safety and efficacy data for REZZAYO. (1, 12.4, 14)

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

PRESS RELEASES

CIDARA THERAPEUTICS ANNOUNCES EUROPEAN APPROVAL OF REZZAYO® (REZAFUNGIN) FOR THE TREATMENT OF INVASIVE CANDIDIASIS IN ADULTS

December 22, 2023

us use

AND USAGE----------

is an echinocandin antifungal indicated in patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis. Approval of this indication is based on limited clinical safety and efficacy data for REZZAYO. (1, 12.4, 14)

CHMP, EMA Committee for Medicinal Products for Human Use

Rezafungin (CD101; Cidara/Melinta/Mundipharma)

⊕ Advantages	⊖ Limitations
Favorable safety profile	Poor CNS and urinary tract penetration
Once weekly IV application	IV only, SC and topical formulations failed
High tissue concentrations, enhanced penetration into abdominal abscesses	No role in *Cryptococcus* spp., *Mucorales* and other rare molds or rare yeasts, endemic fungi
Limited DDI	

Future Roles: in case of early discharge or prolonged therapy, azole-resistance or intolerance, outpatient setting, prophylaxis

DDI, drug-drug interactions; SC, subcutaneous

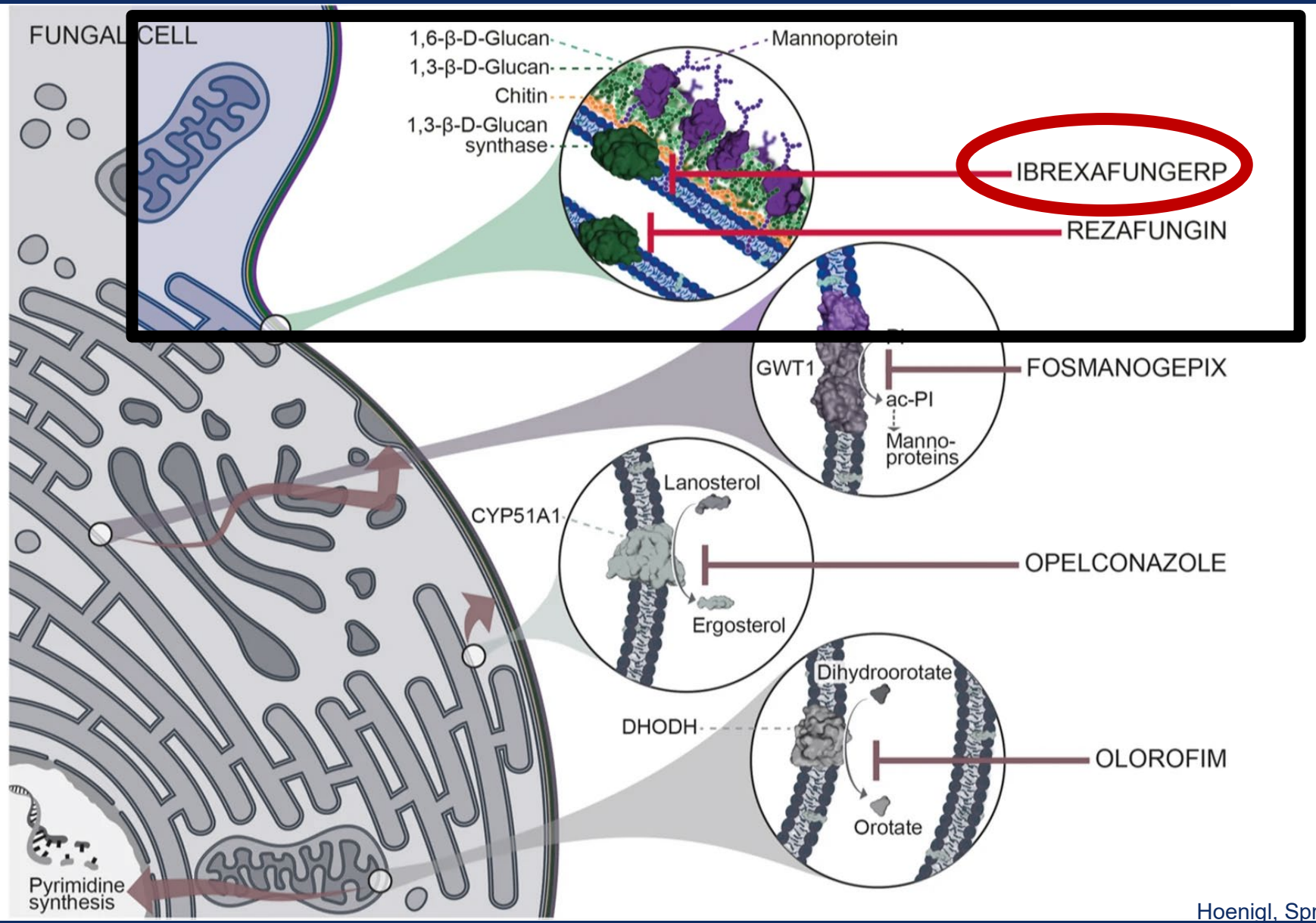
Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Ibrexafungerp (SCY-078; Scynexis/GSK)

- **Class**: Triterpenoids, -fungerps

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Ibrexafungerp (SCY-078; Scynexis/GSK)



Hoenigl, Sprute, et al., Drugs, 2021

Ibrexafungerp (SCY-078; Scynexis/GSK)

- **Class**: Triterpenoids, -fungerps
- **Mechanism of Action**: Oral (1-3)-β-D-glucan synthase inhibitor
- **Form of Application**: PO (and IV)

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Ibrexafungerp (SCY-078; Scynexis/GSK)

Hoenigl, Sprute, et al., Drugs, 2021

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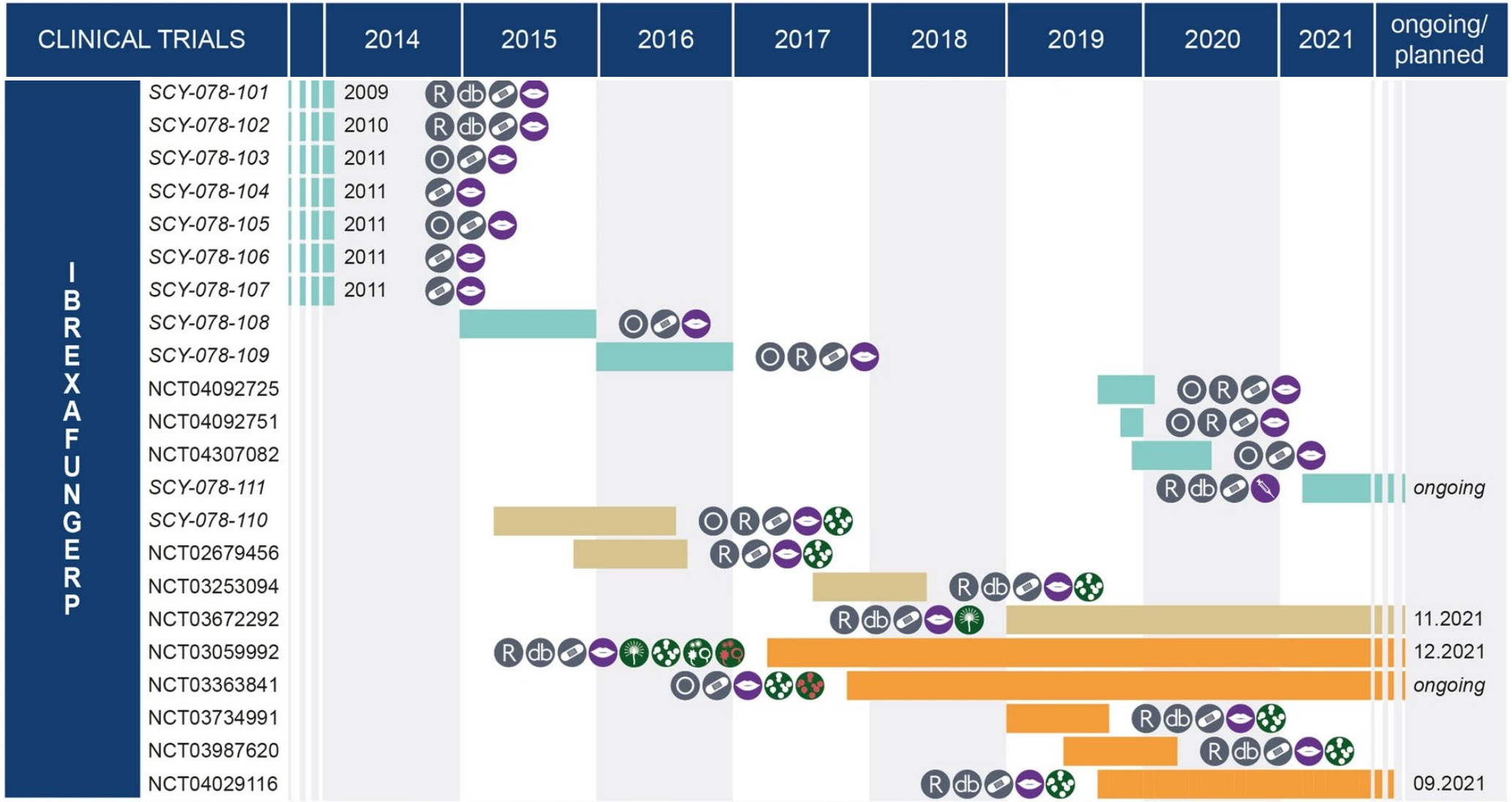
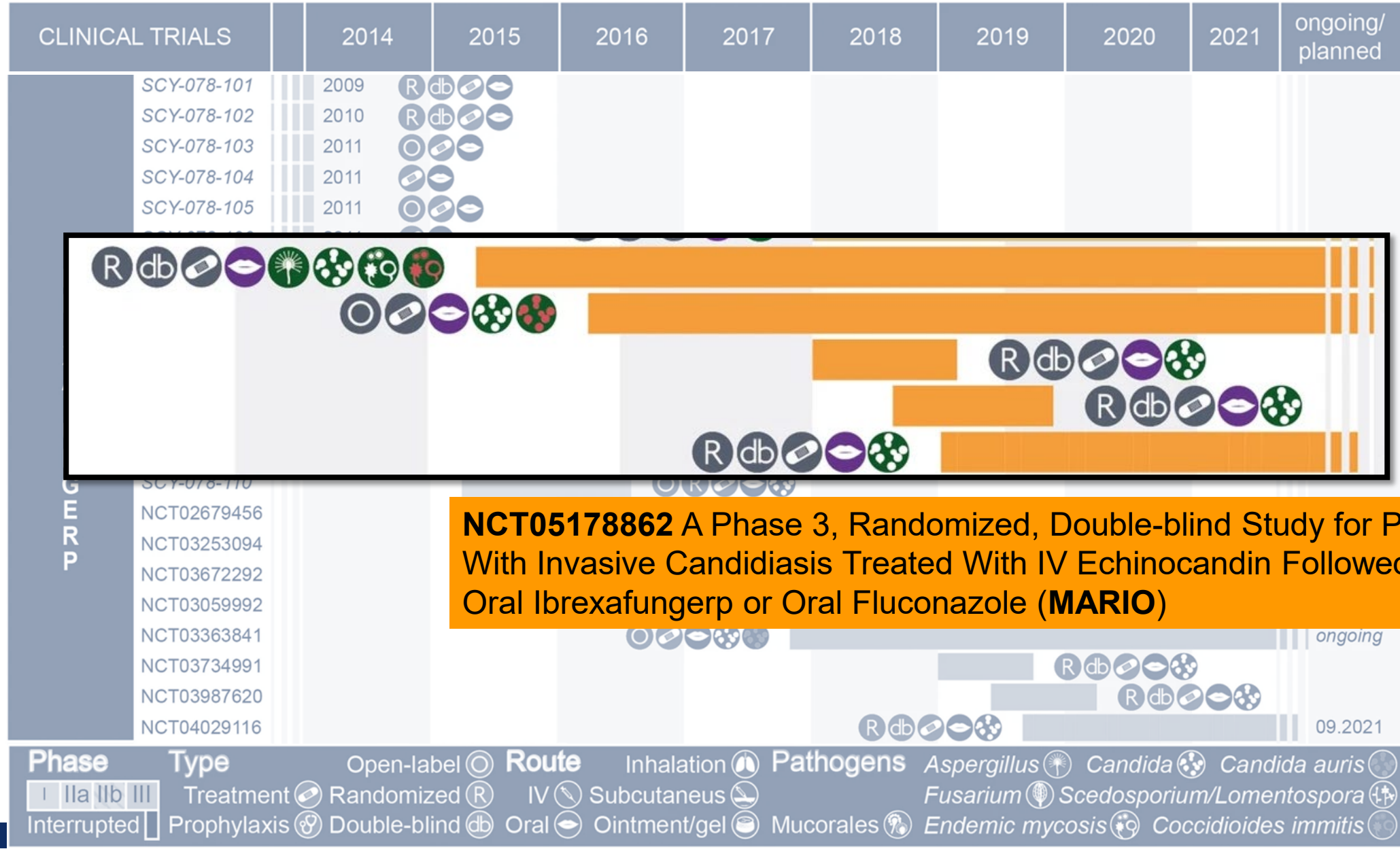
Ibrexafungerp (SCY-078; Scynexis/GSK)



Hoenigl, Sprute, et al., Drugs, 2021

Ibrexafungerp (SCY-078; Scynexis/GSK)



NCT05178862 A Phase 3, Randomized, Double-blind Study for Patients With Invasive Candidiasis Treated With IV Echinocandin Followed by Either Oral Ibrexafungerp or Oral Fluconazole (**MARIO**)

Hoenigl, Sprute, et al., Drugs, 2021

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Ibrexafungerp (SCY-078; Scynexis/GSK)

BREXAFEMME® (ibrexafungerp tablets), for oral use
Initial US Approval: 2021

----------INDICATIONS AND USAGE----------
BREXAFEMME is a triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC). (1)

CLINICAL TRIALS | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | ongoing/ planned

GERP

SCY-078-101	2009
SCY-078-102	2010
SCY-078-103	2011
SCY-078-104	2011
SCY-078-105	2011
NCT02679456	
NCT03253094	
NCT03672292	
NCT03059992	
NCT03363841	
NCT03734991	
NCT03987620	
NCT04029116	

11.2021
12.2021
ongoing
09.2021

FURI
CARES
VANISH 303
VANISH 306
CANDLE

Phase: I IIa IIb III Interrupted
Type: Treatment, Prophylaxis, Randomized (R), Double-blind (db), IV, Oral, Subcutaneus, Ointment/gel
Ope
Mucorales, Fusarium, Scedosporium/Lomentospora, Endemic mycosis, Coccidioides immitis
Candida, Candida auris

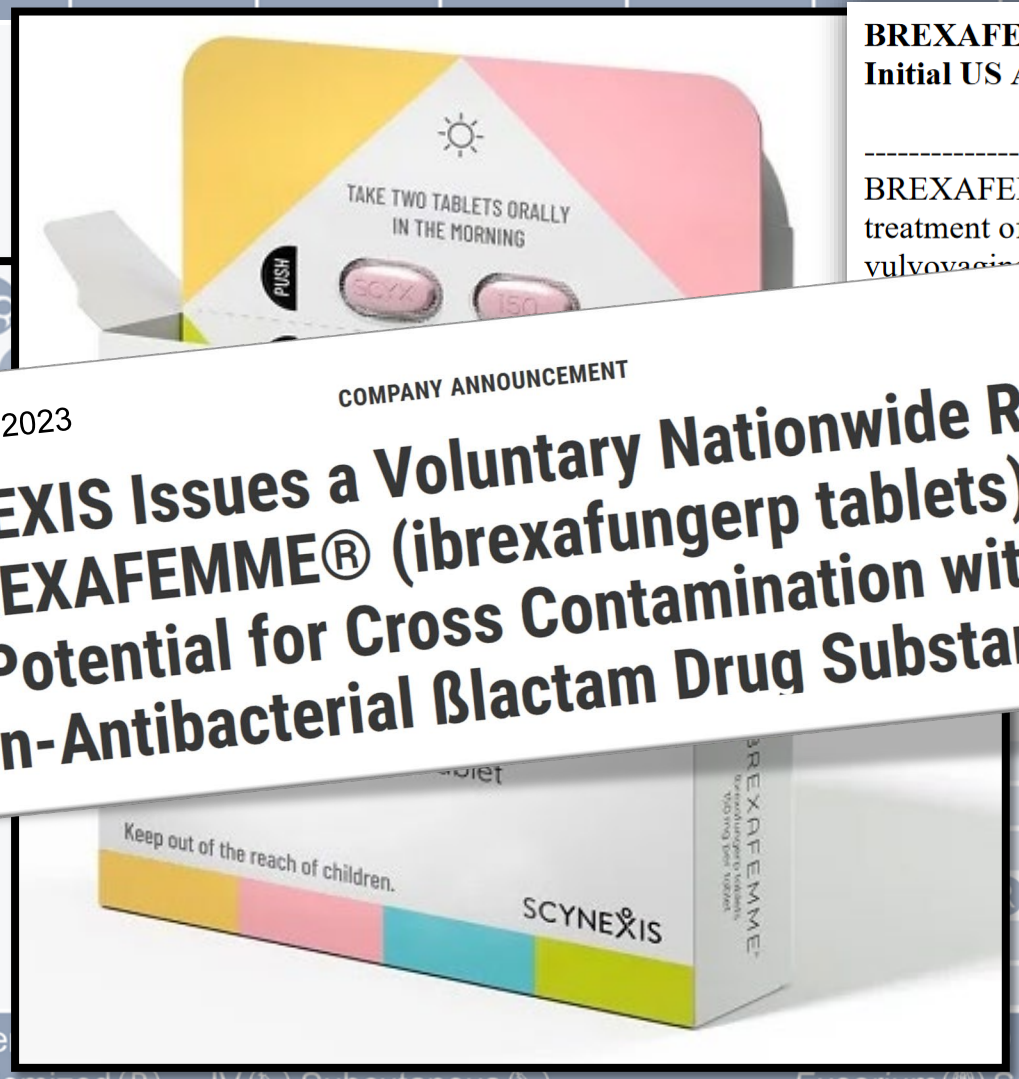
Hoenigl, Sprute, et al., Drugs, 2021

UNIKLINIK KÖLN

Ibrexafungerp (SCY-078; Scynexis/GSK)

CLINICAL TRIALS	2014	2015	2016	2017	2018	2019	2020	2021	ongoing/ planned
SCY-078-101	2009								
SCY-078-102	2010								
SCY-078-103	2011								
SCY-078-104	2011								
SCY-078-105	2011								
NCT02679									
NCT03253									
NCT03672									
NCT03059									
NCT03363841									
NCT03734991									
NCT03987620									
NCT04029116									

GERP



BREXAFEMME® (ibrexafungerp tablets), for oral use
Initial US Approval: 2021

----------INDICATIONS AND USAGE----------
BREXAFEMME is a triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal [illegible] (VVC). (1)

COMPANY ANNOUNCEMENT

September 27, 2023

SCYNEXIS Issues a Voluntary Nationwide Recall of BREXAFEMME® (ibrexafungerp tablets) Due to Potential for Cross Contamination with a Non-Antibacterial ßlactam Drug Substance

CARES
VANISH 303
VANISH 306
CANDLE

11.2021
12.2021
ongoing
09.2021

Phase I IIa IIb III Interrupted
Type Treatment, Prophylaxis, Randomized (R), Double-blind (db), IV, Oral, Subcutaneus, Ointment/gel, Mucorales
Candida, *Candida auris*, *Fusarium*, *Scedosporium/Lomentospora*, *Endemic mycosis*, *Coccidioides immitis*

Hoenigl, Sprute, et al., Drugs, 2021

Ibrexafungerp (SCY-078; Scynexis/GSK)

⊕ Advantages	⊖ Limitations
Oral (and IV) formulation Favourable safety profile Broad antifungal activity including azole-resistant and cryptic *Aspergillus* spp. Alternate binding site, limited cross-resistance with echinocandins	Absorption characteristics in pts with mucositis, acid suppression therapy etc. Poor CNS penetration DDI with strong CYP inducers/inhibitors

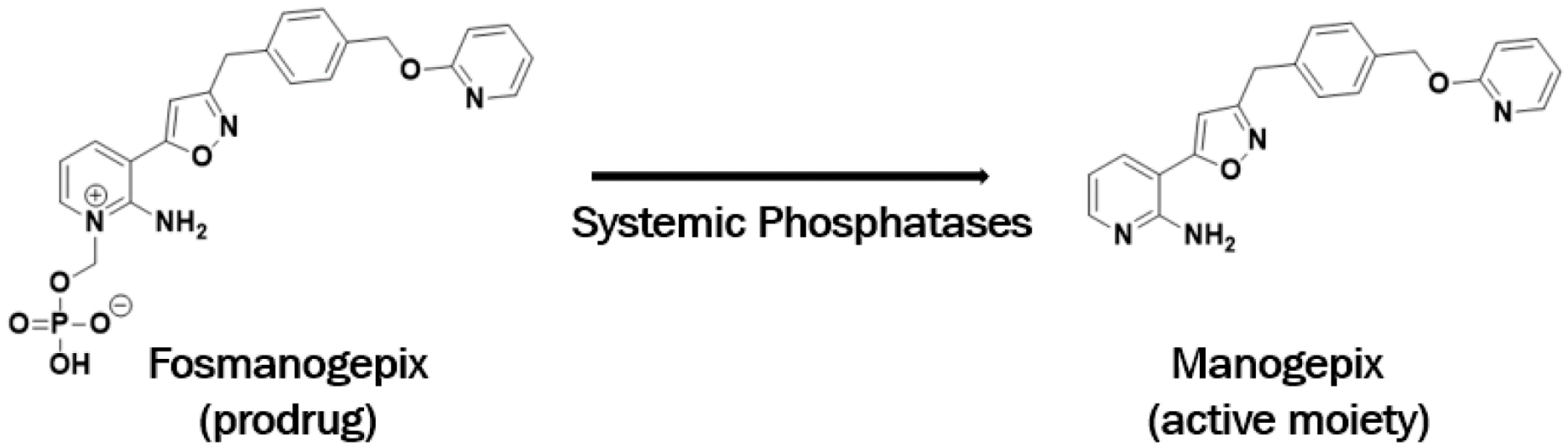
Future Roles: Combination therapy for IA, oral step-down therapy, prophylaxis for IC, IA, and *Pneumocystis* pneumonia

DDI, drug-drug interactions

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

- **Class**: N-phosphonooxymethyl (pro)drug

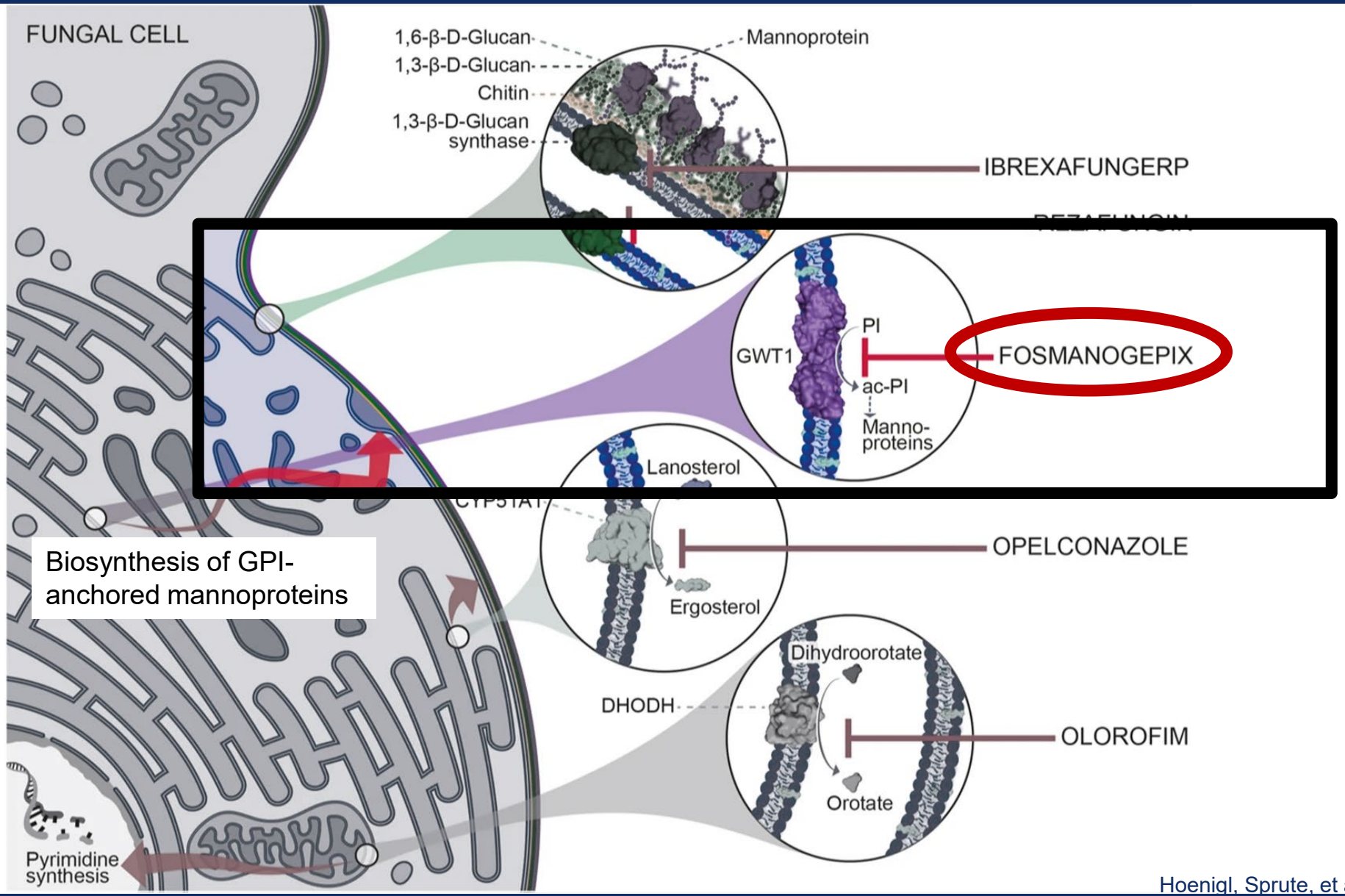


Shaw, et al, J Fungi, 2020

Hoenigl, Sprute, et al., Drugs, 2021

Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)



Biosynthesis of GPI-anchored mannoproteins

GPI, glycosylphosphatidylinositol

Hoenigl, Sprute, et al., Drugs, 2021

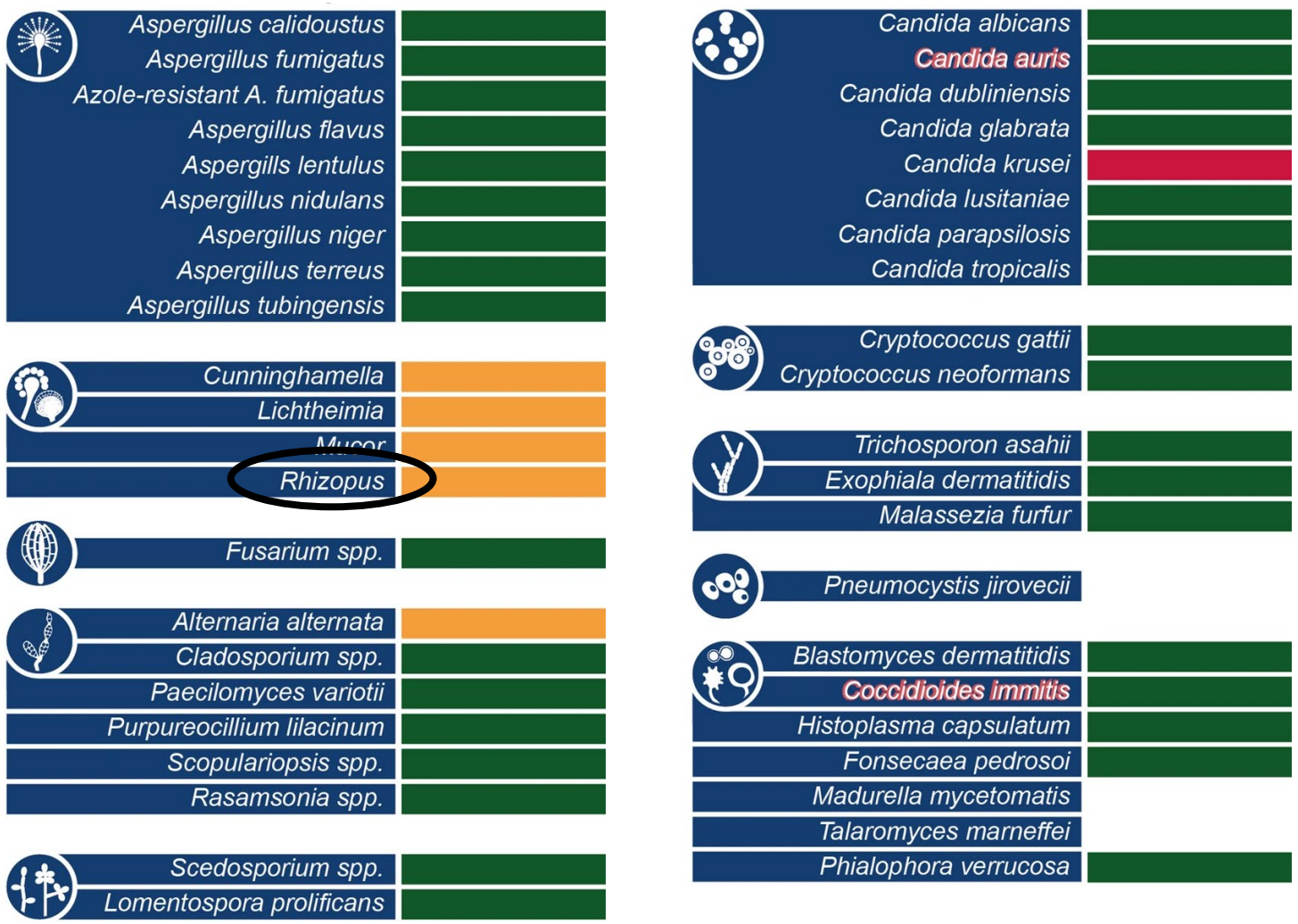
Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

- **Class**: N-phosphonooxymethyl (pro)drug
- **Mechanism of Action**: targets GPI-anchored protein maturation through inhibition of the fungal inositol acyltransferase Gwt1
- **Form of Application**: IV and PO (bioavailability >90%)

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

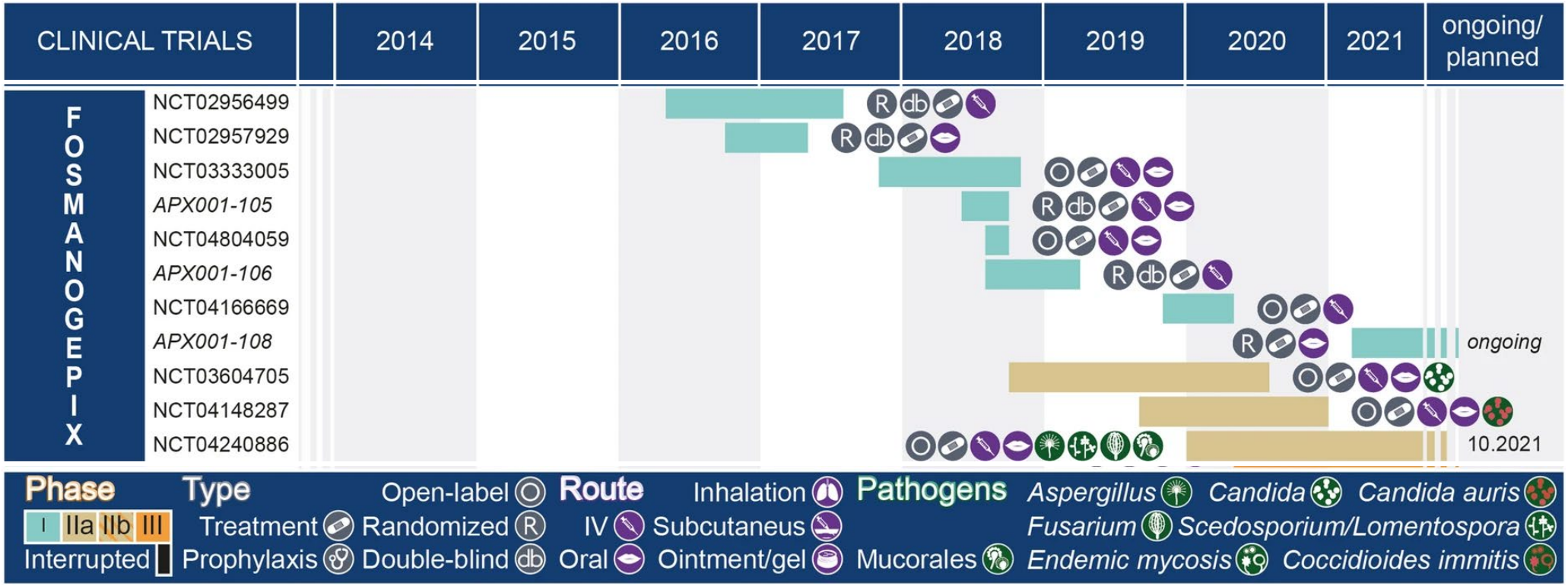
Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

comparable to isavuconazole



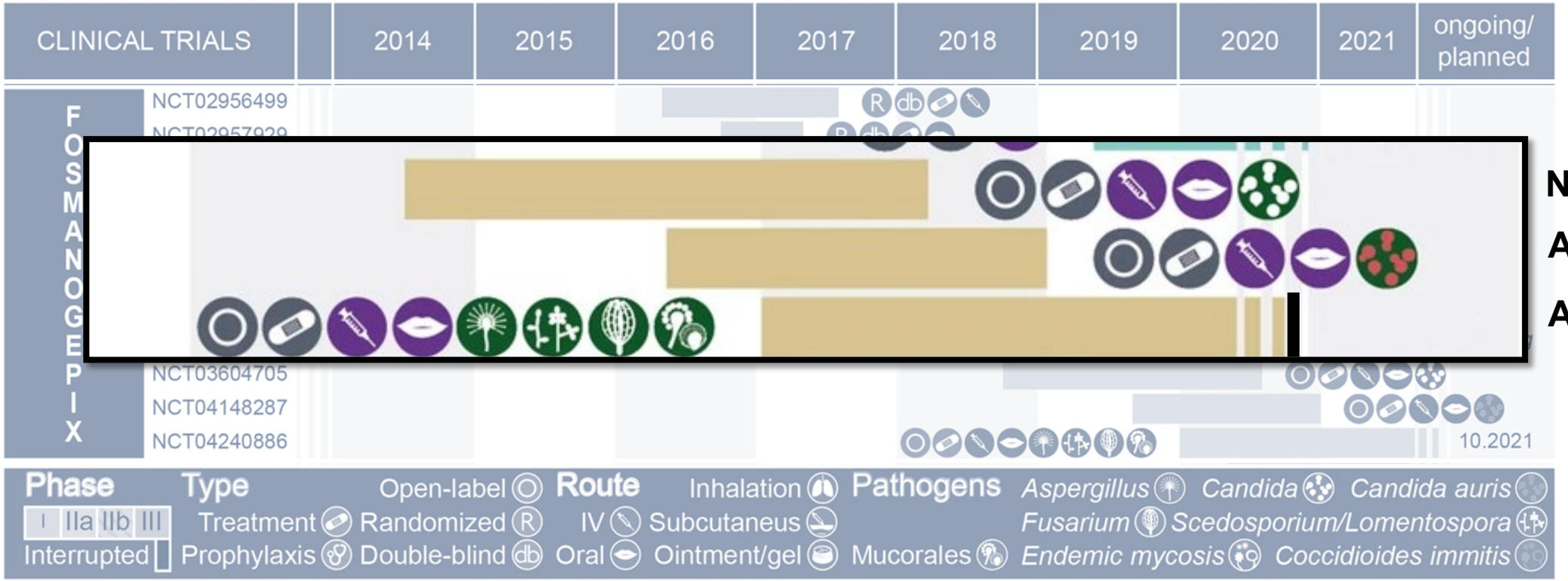
Hoenigl, Sprute, et al., Drugs, 2021

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)



Hoenigl, Sprute, et al., Drugs, 2021

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)



Hoenigl, Sprute, et al., Drugs, 2021

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

Clinical Study Results

This summary reports the results of only one study. Researchers must look at the results of many types of studies to understand if a study medication works, how it works, and if it is safe to prescribe to patients. The results of this study might be different than the results of other studies that the researchers review.

Sponsor: Amplyx Pharmaceuticals, Inc. (owned by Pfizer Inc.)

Medicine Studied: Fosmanogepix (PF-07842805 or APX001)

Protocol Number: C4791010 (APX001-202)

Dates of Study: 04 January 2020 to 09 May 2022

Title of this Study: A Study of Fosmanogepix in Participants With Invasive Mold Infections

[A Phase 2, Open-Label Study to Evaluate the Safety and Efficacy of APX001 in the Treatment of Patients With Invasive Mold Infections Caused by Aspergillus Species or Rare Molds]

Date(s) of this Report: 27 March 2023

CLINICAL TRIALS

020 | 2021 | ongoing/ planned

FOSMANOGEPIX

NCT02956499

NCT03604705

NCT04148287

NCT04240886

10.2021

Phase: I IIa IIb III

Interrupted

Type: Treatment, Prophylaxis

Candida auris

rium/Lomentospora

Coccidioides immitis

NCT03604705

APEX

AEGIS

Hoenigl, Sprute, et al., Drugs, 2021

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

AEGIS: Open-label Study of APX001 for Treatment of Patients With Invasive Mold Infections Caused by *Aspergillus* or Rare Molds

Patients with limited/no treatment options, N=21

- All-cause mortality after 42d was 5/21 (25%) for fosmanogepix vs. 45% (expected rate)
- All-cause mortality after 84d was 9/25 (36%), considered not related to fosmanogepix
- Most common AEs: Nausea 13/21 (62%), diarrhoea 10/21 (48%), vomiting 9/21 (43%), lack of appetite 7/21 (33%), oedema 6/21 (29%), fever 5/21 (24%)
- SAEs: Neutropenic fever 3/21 (14%), BSI 2/21 (10%), cardiac arrest 2/21 (10%), diarrhoea 2/21 (10%), ARDS 2/21 (10%)

- Terminated in May 2022 by the sponsor to prioritize a randomized comparative Phase 3 trial in the same indication

Plain Language Summary: https://www.pfizer.com/sites/default/files/plsr-studies/APX001-202%20%28C4791010%29%20Plain%20Language%20Study%20Results%20Summary%20%28PLSRS%29%20Phase%202.pdf

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

NCT03604705

APEX

AEGIS

Hoenigl, Sprute, et al., Drugs, 2021

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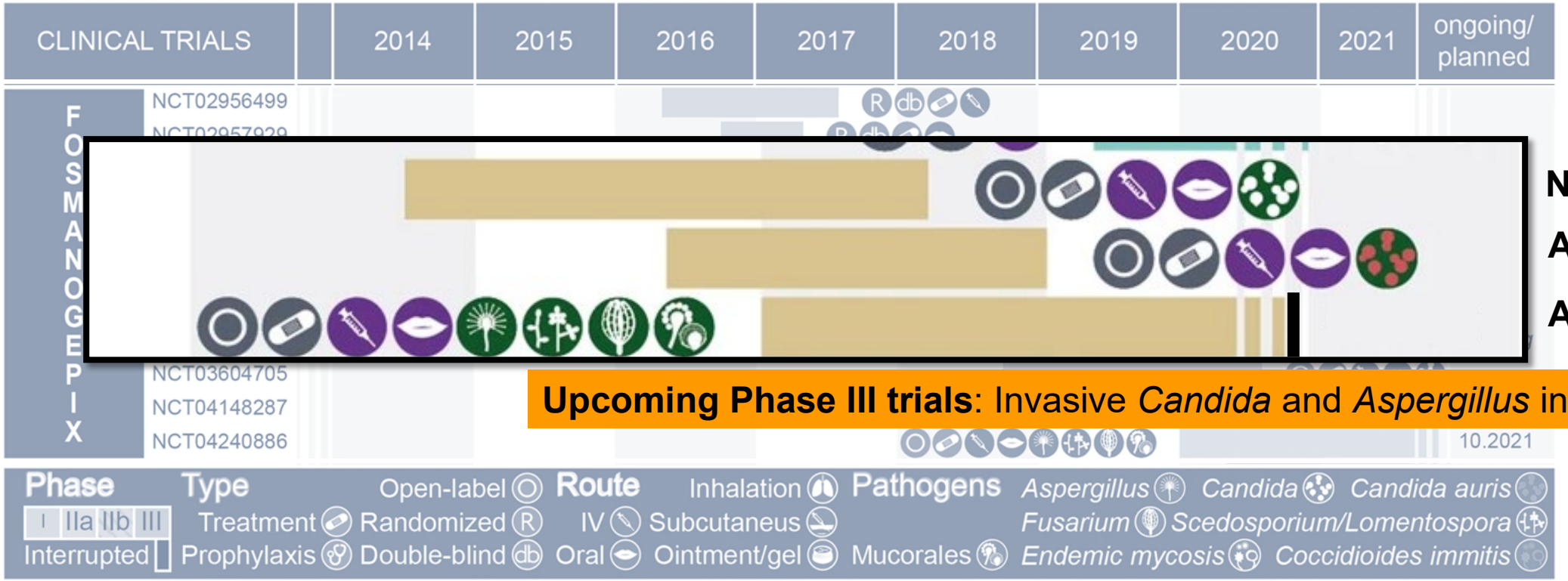


Hoenigl, Sprute, et al., Drugs, 2021

Fosmanogepix (APX001; Amplyx/Pfizer/Basilea)

⊕ Advantages	⊖ Limitations
Oral and IV formulations with high oral bioavailability Broad antifungal spectrum Broad tissue distribution including CNS So far limited DDI (under investigation)	No activity against *C. krusei* Efflux-mediated azole cross-resistance? Variable activity against *Mucorales*

Future Roles: Resistant IA, difficult-to-treat invasive rare mold infections

DDI, drug-drug interactions

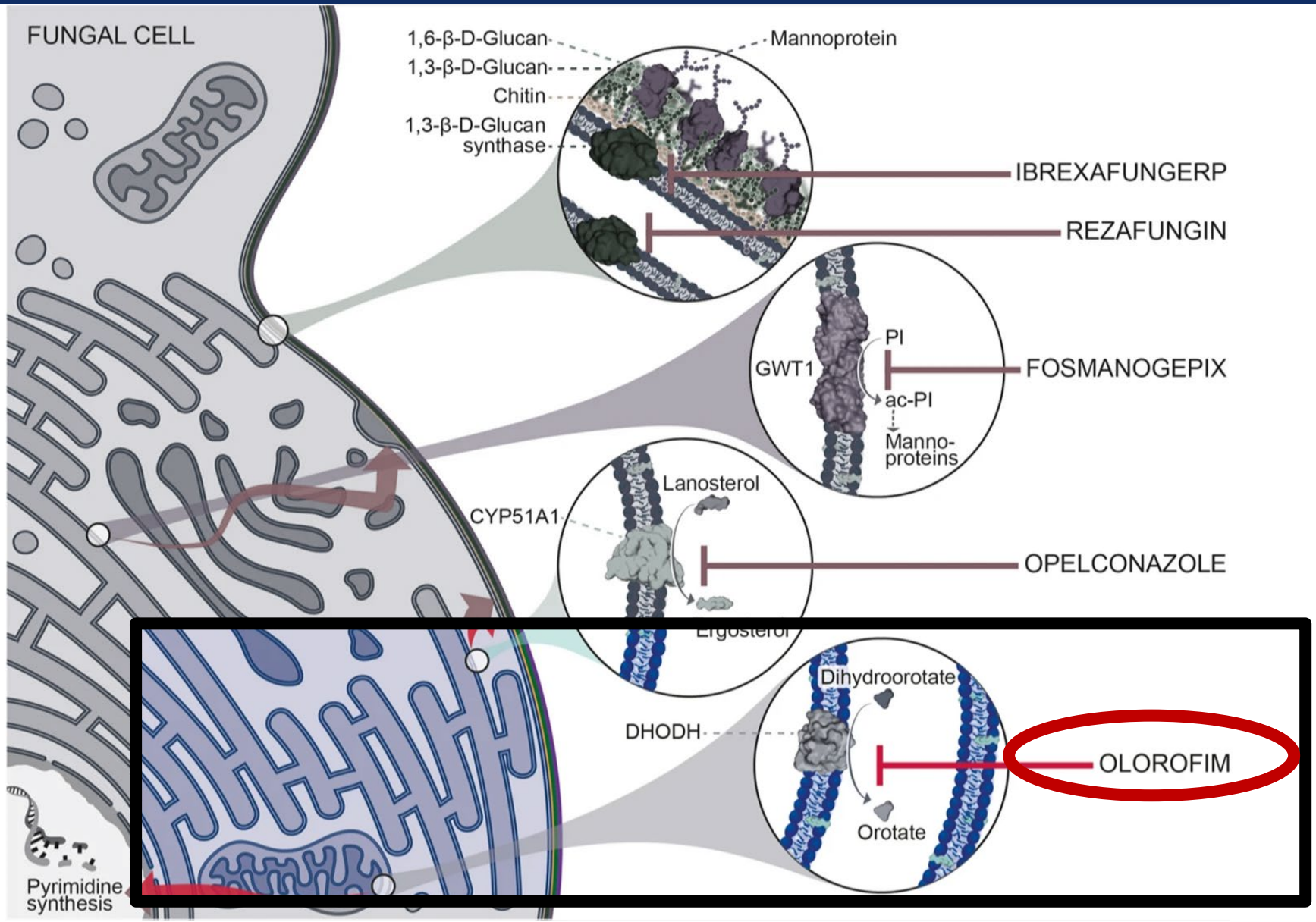
Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Olorofim (F901318; F2G/Shionogi)

- **Class**: Orotomide

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Olorofim (F901318; F2G/Shionogi)



DHODH,
dihydroorotate dehydrogenase

Hoenigl, Sprute, et al., Drugs, 2021

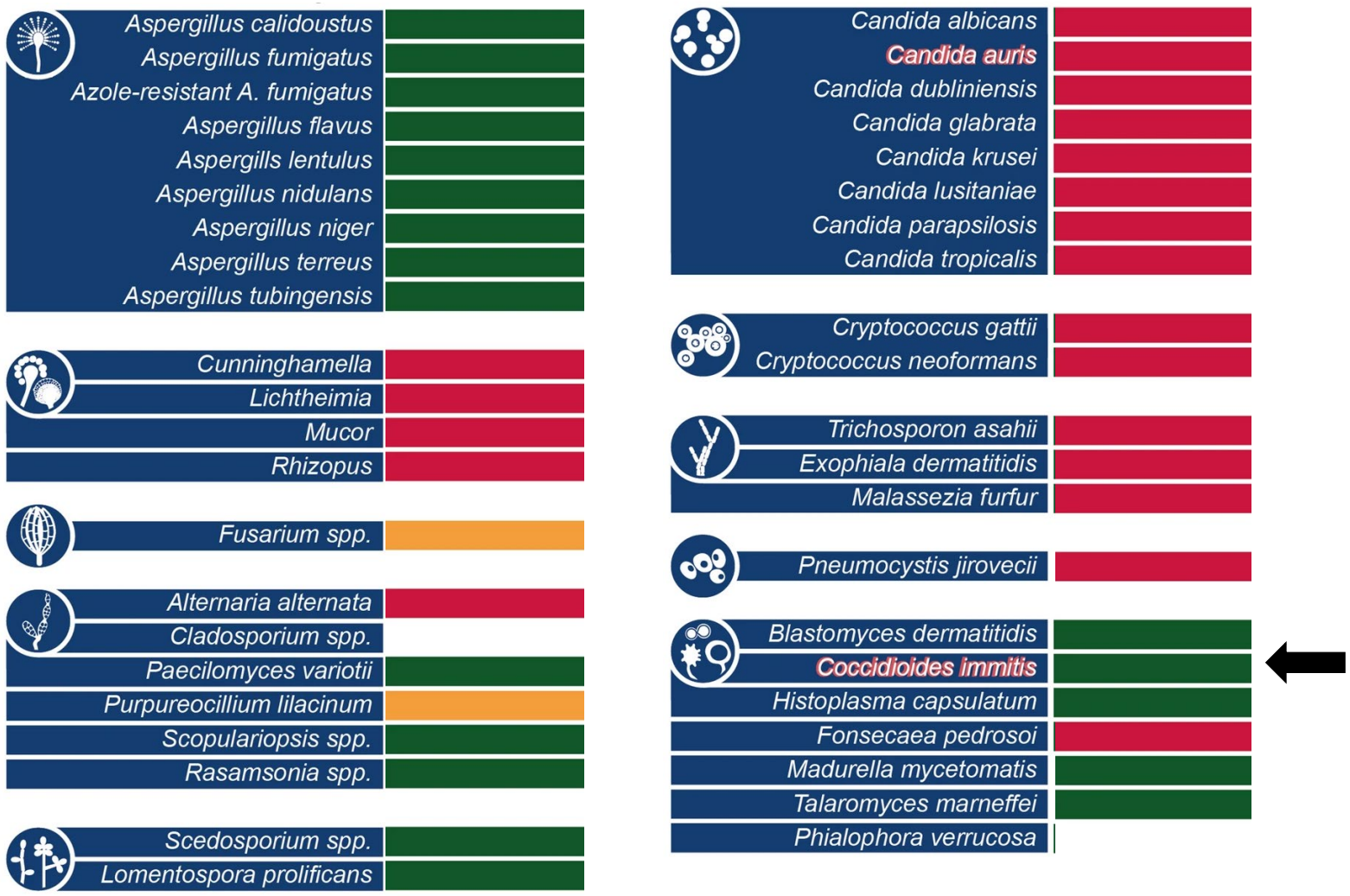
Olorofim (F901318; F2G/Shionogi)

- **Class**: Orotomide
- **Mechanism of Action**: Inhibition of dihydroorotate dehydrogenase, targets pyrimidine synthesis
- **Form of Application**: PO  (and IV  and inhaled )

Hoenigl, Sprute, et al., Drugs, 2021

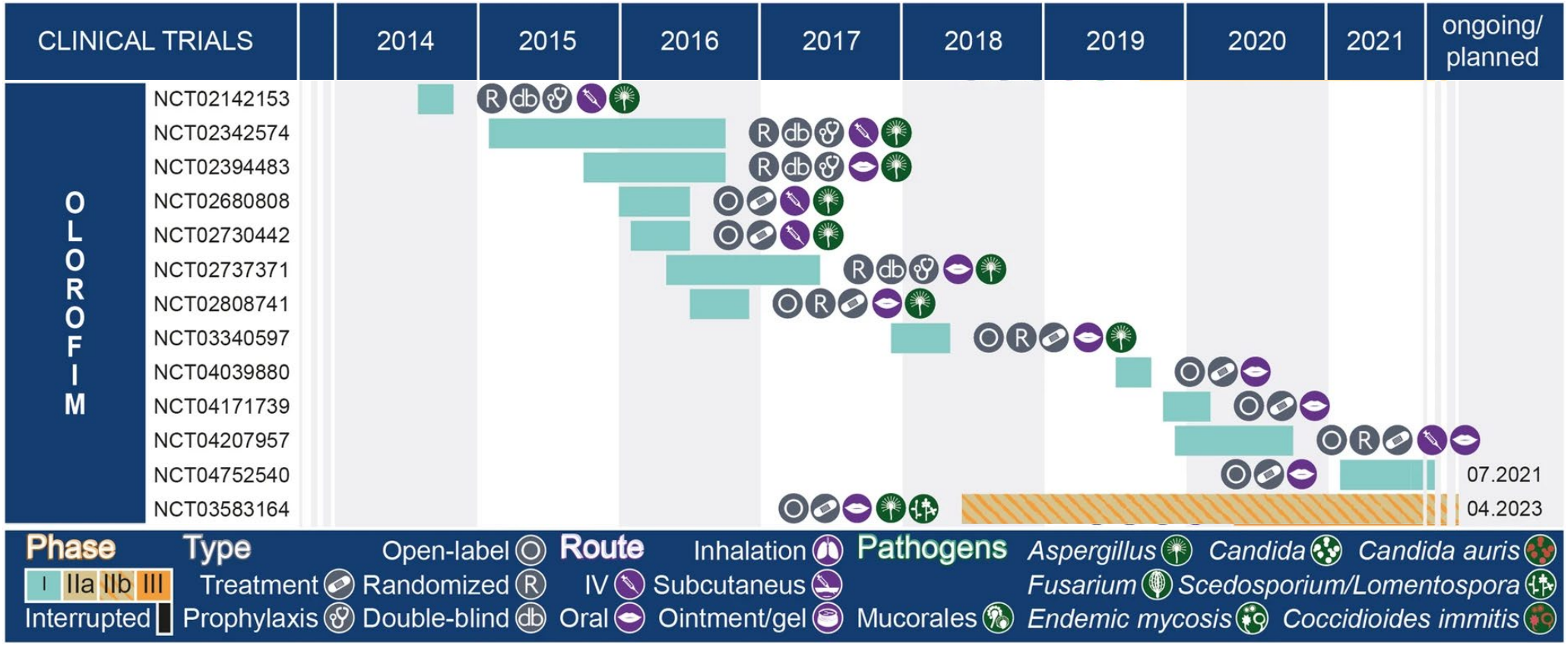
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Olorofim (F901318; F2G/Shionogi)



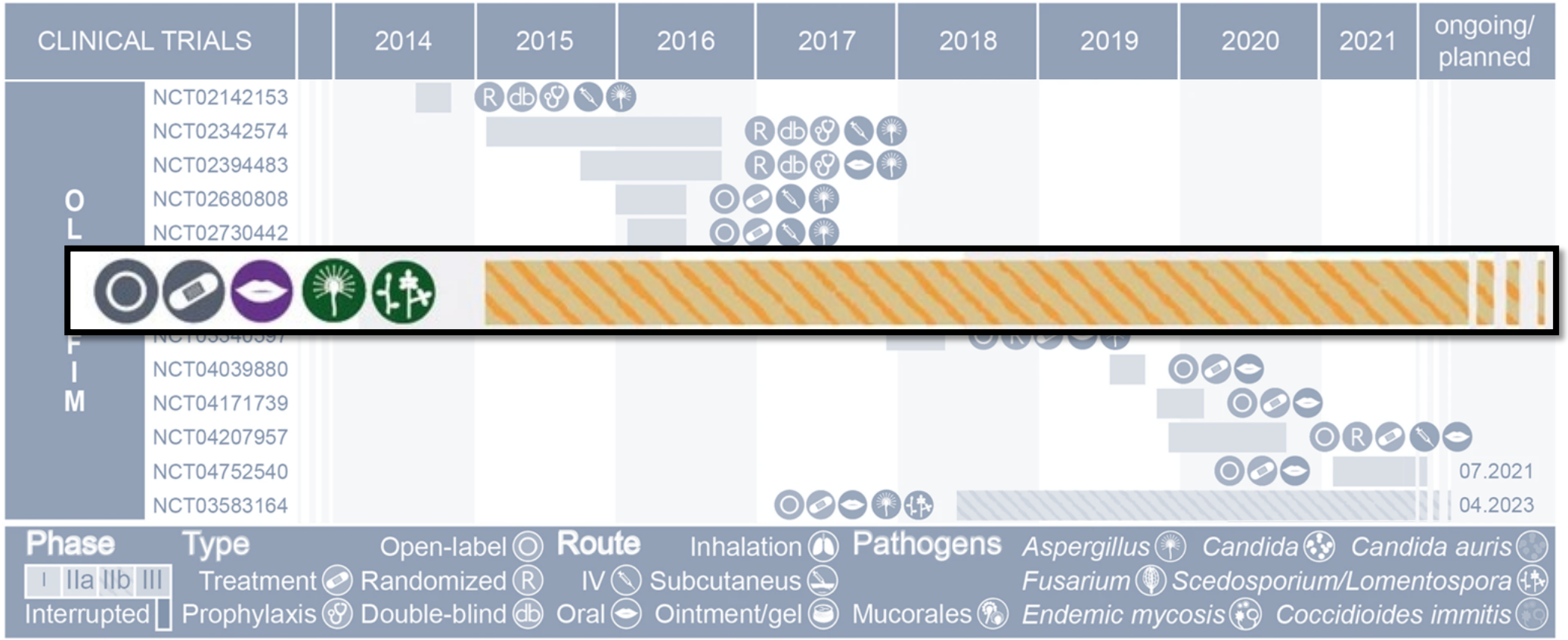
Hoenigl, Sprute, et al., Drugs, 2021

Olorofim (F901318; F2G/Shionogi)



Hoenigl, Sprute, et al., Drugs, 2021

Olorofim (F901318; F2G/Shionogi)



FORMULA -OLS

Hoenigl, Sprute, et al., Drugs, 2021

Olorofim (F901318; F2G/Shionogi)

F2G and Shionogi Present Full Data Set from Pivotal Phase 2b Study at Trends in Medical Mycology (TIMM) 2023 Demonstrating Positive Therapeutic Responses in Patients with Invasive Fungal Infections Treated with Oral Olorofim

Published: Oct 21, 2023

FORMULA -OLS

Hoenigl, Sprute, et al., Drugs, 2021

Olorofim (F901318; F2G/Shionogi)

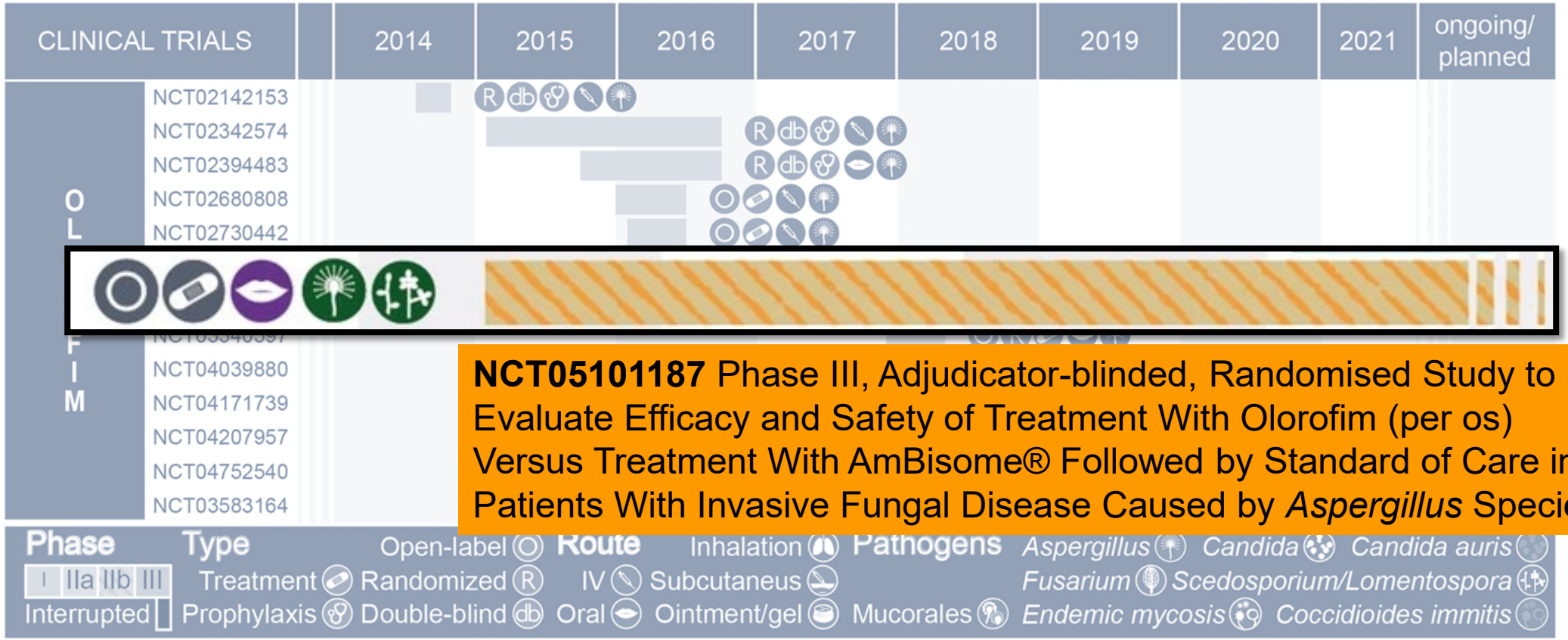
TIMM 10/2023: Data from 203 patients

Open-label, single-arm, phase 2b FORMULA-OLS / Study 32

- Patients with limited/no treatment options for proven IFI or probable IPA
- *Aspergillus* spp. (101, including 22 cases with azole-resistant strains), *Lomentospora prolificans* (26), *Scedosporium* spp. (22), *Coccidioides* spp. (41), *Scopulariopsis* spp. (6)
- Overall success rate at d42 was 28.7% (IA: 34.7%)
- Overall success in IFI other than coccidioidomycosis (n = 161) was 36.0% at d42
- All-cause mortality at d42 and d84 was 11.4% and 15.8%, resp. (IA: 17.8% and 25.7%)
- Changes in liver biochemistry at least possibly related to olorofim in 9.9%, managed by dose reduction/pause and by permanent discontinuation in 2.5%
- Mild gastrointestinal intolerance to olorofim noted in 9.9%

https://www.biospace.com/article/releases/f2g-and-shionogi-present-full-data-set-from-pivotal-phase-2b-study-at-trends-in-medical-mycology-timm-2023-demonstrating-positive-therapeutic-responses-in-patients-with-invasive-fungal-infections-treated-with-oral-olorofim/

Olorofim (F901318; F2G/Shionogi)



Hoenigl, Sprute, et al., Drugs, 2021

Olorofim (F901318; F2G/Shionogi)

⊕ Advantages	⊖ Limitations
Oral formulation (and IV and inhaled)	No broad-spectrum antifungal with no activity against *Mucorales* or yeasts
Activity against various *Aspergillus* spp. including azole-resistant strains and difficult to treat cryptic species	Metabolized by cytochrome P450, potential interactions, liver toxicity
Broad tissue distribution including CNS and kidneys	Role for therapeutic drug monitoring?

Future Roles: Difficult-to-treat and refractory mold infections

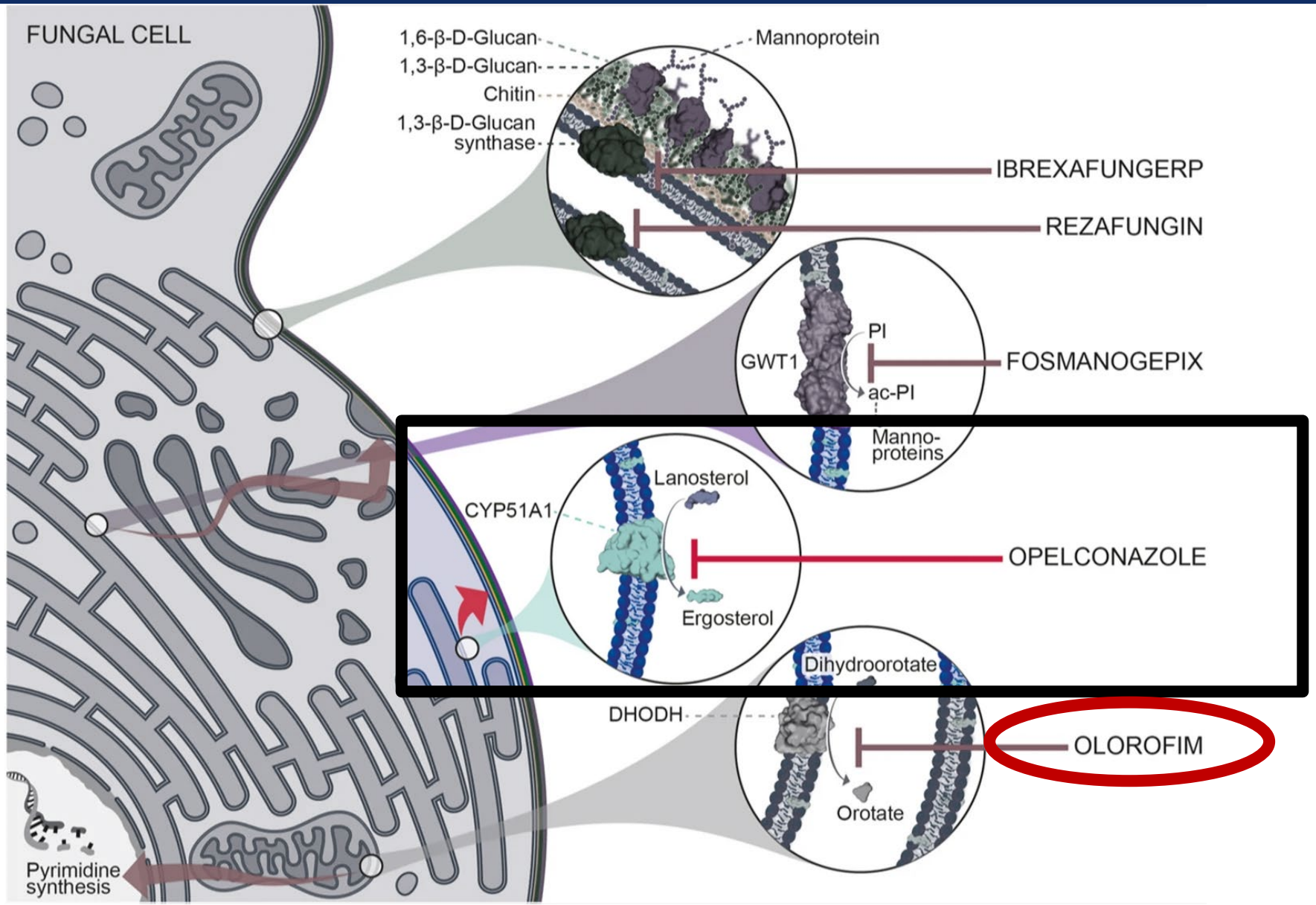
Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Opelconazole (PC945; Pulmocide)

- **Class**: Triazole

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Opelconazole (PC945; Pulmocide)



Hoenigl, Sprute, et al., Drugs, 2021

Opelconazole (PC945; Pulmocide)

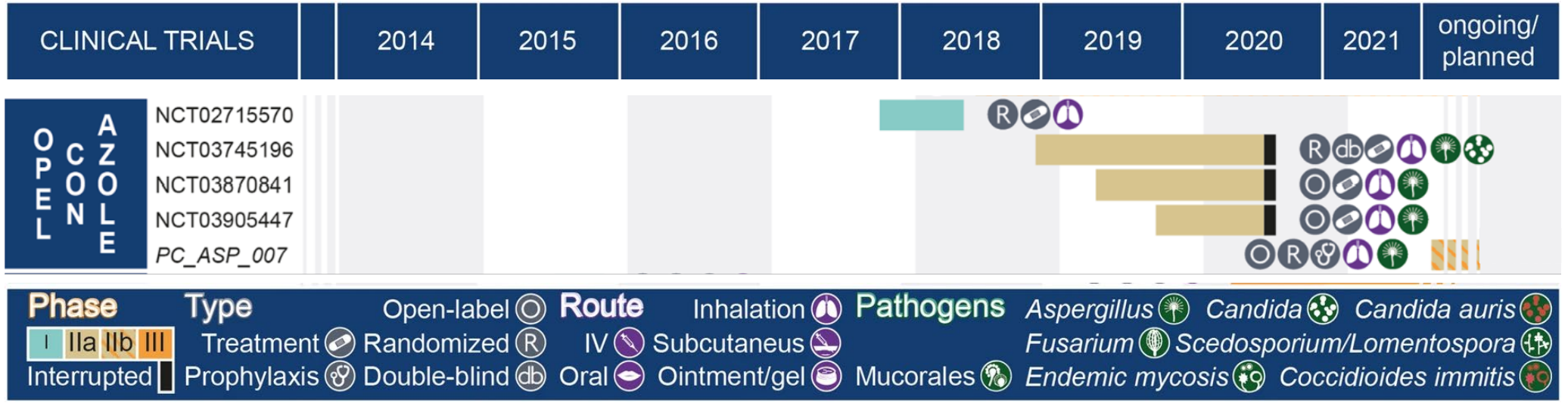
- **Class**: Orotomide
- **Mechanism of Action**: Inhibition of lanosterol demethylase, targets ergosterol synthesis
- **Form of Application**: Inhaled 🫁

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Opelconazole (PC945; Pulmocide)

Hoenigl, Sprute, et al., Drugs, 2021

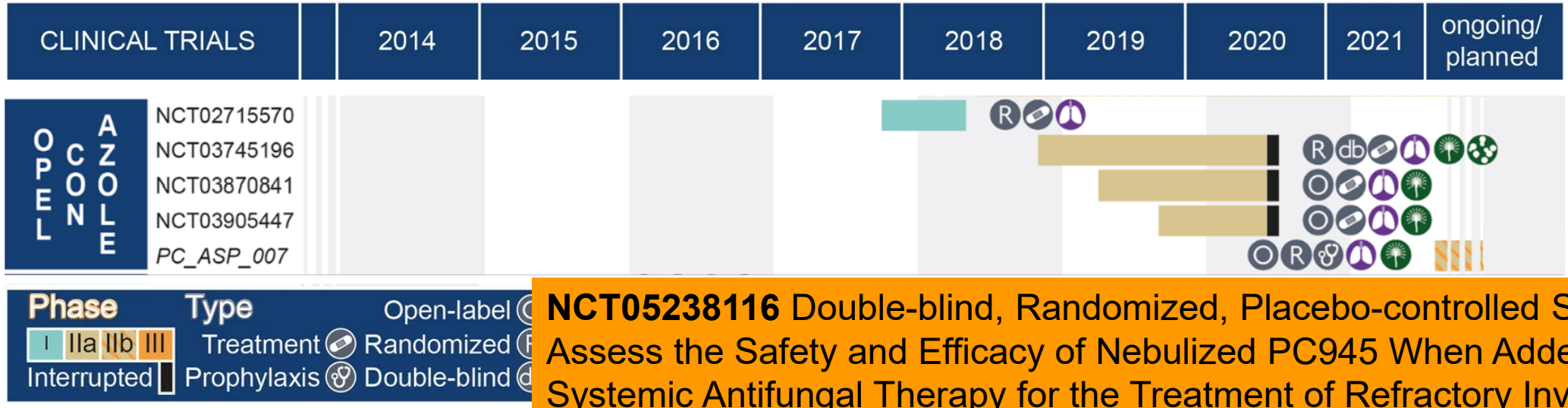
Opelconazole (PC945; Pulmocide)



OPERA-S

Hoenigl, Sprute, et al., Drugs, 2021

Opelconazole (PC945; Pulmocide)



OPERA-S

NCT05238116 Double-blind, Randomized, Placebo-controlled Study to Assess the Safety and Efficacy of Nebulized PC945 When Added to Systemic Antifungal Therapy for the Treatment of Refractory Invasive Pulmonary Aspergillosis (OPERA-T Study)

OPERA-T

Hoenigl, Sprute, et al., Drugs, 2021

Opelconazole (PC945; Pulmocide)

⊕ Advantages	⊖ Limitations
Broad activity against *Aspergillus* spp. High local concentrations while avoiding systemic adverse effects and drug interactions Synergism with systemically applied azoles Sustained lung retention due to lipophilia and micronized drug particles	No systemic activity

Future Roles: IPA in non-neutropenic patients, e.g. COVID-19, combination therapy for IPA in immunocompromised hosts, prophylaxis e.g. in ALL or lung transplant, ABPA, CPA

Hoenigl, Sprute, et al., Drugs, 2021
Hoenigl, Sprute, et al., Expert Opin Investig Drugs, 2022

Use of Novel Antifungals in Agriculture

Brief Communication

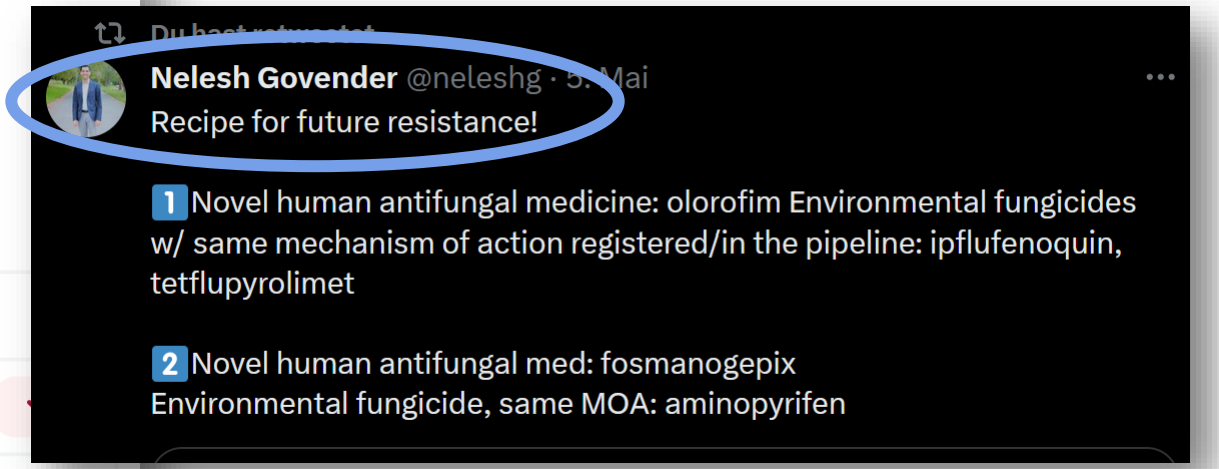
= *KINOPROL®*

The novel agrochemical fungicide ipflufenoquin drives cross-resistance to olorofim in the human pathogen Aspergillus fumigatus.

Norman van Rhijn, Isabelle Storer, Mike Birch, Jason Oliver, Michael Bottery, and 1 more

This is a preprint; it has not been peer reviewed by a journal.

https://doi.org/10.21203/rs.3.rs-2621591/v1



Regular Article

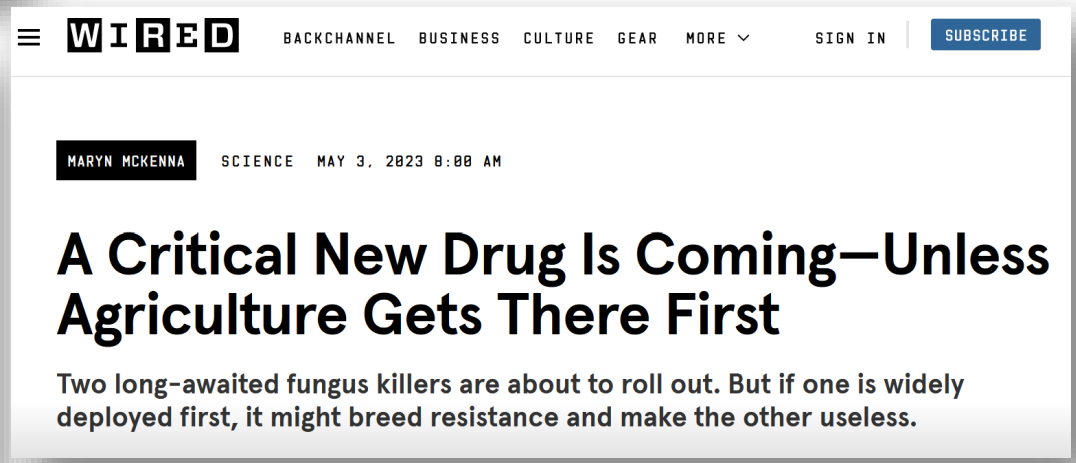
shares mode of action with fosmanogepix

Aminopyrifen, a novel 2-aminonicotinate fungicide with a unique effect and broad-spectrum activity against plant pathogenic fungi

Masahiro Hatamoto,[1,*] Ryo Aizawa,[2] Kogomi Koda[1] and Toshiki Fukuchi[1]

[1] *Biological Section Research Department, AGRO-KANESHO Co., Ltd., 9511–4, Yuki Ibaraki 307–0001, Japan*
[2] *Chemical Synthesis Section Research Department, AGRO-KANESHO Co., Ltd., Tokorozawa, Saitama 359–0024, Japan*

(Received December 21, 2020; Accepted March 22, 2021)



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Use of Novel Antifungals in Agriculture

Brief Communication

The novel
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Norman van Rhijn, Isabell

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Regular Article

Aminopyrifen, a
effect and broad

Masahiro Hatamoto,[1,*] R

[1] Biological Section Research Departme
[2] Chemical Synthesis Section Research D

(Received December 21, 2020; Accepted March 22, 2021)

nature microbiology

https://doi.org/10.1038/s41564-023-01542-

Brief Communication

Aspergillus fumigatus strains that evolve resistance to the agrochemical fungicide ipflufenoquin in vitro are also resistant to olorofim

Norman van Rhijn[1], Isabelle S. R. Storer[1], Mike Birch[2], Jason D. Oliver[2], Michael J. Bottery[1] & Michael J. Bromley[1]

Received: 23 February 2023

Accepted: 31 October 2023

vironmental fungicides
beline: ipflufenoquin,

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ing—Unless
There First

Two long-awaited fungus killers are about to roll out. But if one is widely deployed first, it might breed resistance and make the other useless.

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Thank you for your attention!

Fungiscope

Global Fungal Infection Registry
ISHAM and ECMM Working Group
www.fungiscope.net

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Molecular Identification
Dr Volker Rickerts MD, Berlin

Histopathology
Dr Birgid Markiefka MD

Thoracic Surgery
Prof. Khosro Hekmat MD

Therapeutic Drug Monitoring
Dr Carsten Müller MD

…and many others!