

Clinical Management of COVID-19 Patients

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Hong Kong COVID-19 Symposium: From Prevention to Control

9 December 2020

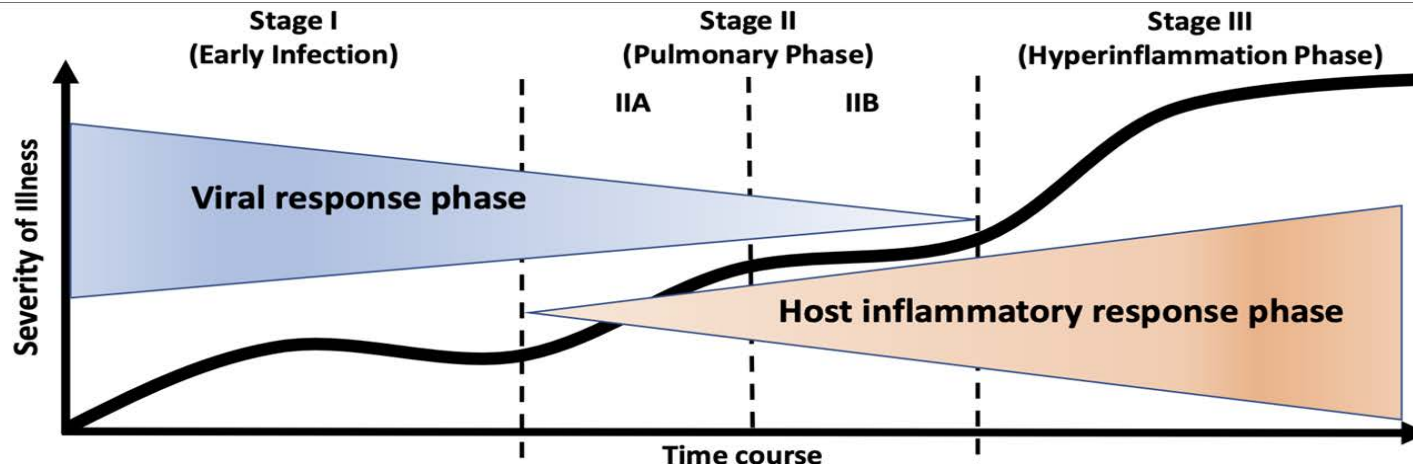
Disclosures

- Research Support[°]
 - AiCuris, Janssen, Shire
- Paid Consultation
 - Adagio, AlloVir, Celltrion, Cidara, Genentech/Roche, Janssen, Shionogi, Viracor Eurofins
- Unpaid Consultation
 - Romark
- Data & Safety Monitoring Board Participation
 - NIH, Janssen, Merck, SAB Biotherapeutics, Sequiris, Takeda, Vitaeris

Clinical Management of COVID-19 Patients

- Course of COVID-19
- Potential Targets for Treatment of COVID-19
- Outpatient Management
- Antiviral Approaches
- Immunomodulatory Approaches
- Convalescent Plasma

COVID-19: How and When to Intervene?



Clinical Symptoms	Mild constitutional symptoms Fever >99.6°F Dry Cough, diarrhea, headache	Shortness of Breath Hypoxia ($\text{PaO}_2/\text{FiO}_2 \leq 300 \text{ mmHg}$)	ARDS SIRS/Shock Cardiac Failure
Clinical Signs	Lymphopenia, increased prothrombin time, increased D-Dimer and LDH (mild)	Abnormal chest imaging Transaminitis Low-normal procalcitonin	Elevated inflammatory markers (CRP, LDH, IL-6, D-dimer, ferritin) Troponin, NT-proBNP elevation
Potential Therapies	Remdesivir, chloroquine, hydroxychloroquine, convalescent plasma transfusions		
	Reduce immunosuppression	Corticosteroids, human immunoglobulin, IL-6 inhibitors, IL-2 inhibitors, JAK inhibitors	

Outpatient Management of COVID-19: *Preventing Hospitalization*



Fluvoxamine: Outpatient Management of COVID-19



QUESTION Does fluvoxamine, a selective serotonin reuptake inhibitor and σ -1 receptor agonist, prevent clinical deterioration in outpatients with acute coronavirus disease 2019 (COVID-19)?

CONCLUSION In this preliminary trial, outpatients with symptomatic COVID-19 treated with fluvoxamine, vs placebo, had a lower likelihood of clinical deterioration over 15 days; however, determination of clinical efficacy requires larger trials with more definitive outcome measures.

POPULATION

109 Women
43 Men



Adults with symptomatic, confirmed SARS-CoV-2 infection and $O_2 \geq 92\%$

Mean age: 46 years

LOCATIONS

Remote
contactless trial
in St Louis metropolitan area
(Missouri and Illinois)



INTERVENTION



152 Patients randomized

80

Fluvoxamine

50 mg, day 1
100 mg, 2 times daily for 2 days
100 mg, 3 times daily through day 15



72

Placebo

Equivalent dosing

(Study materials left at quarantined patients' homes)

PRIMARY OUTCOME

Clinical deterioration within 15 days: shortness of breath or pneumonia and $O_2 < 92\%$ or supplemental oxygen

FINDINGS

© AMA

Patients with clinical deterioration within 15 days

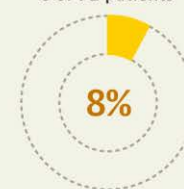
Fluvoxamine

0 of 80 patients



Placebo

6 of 72 patients



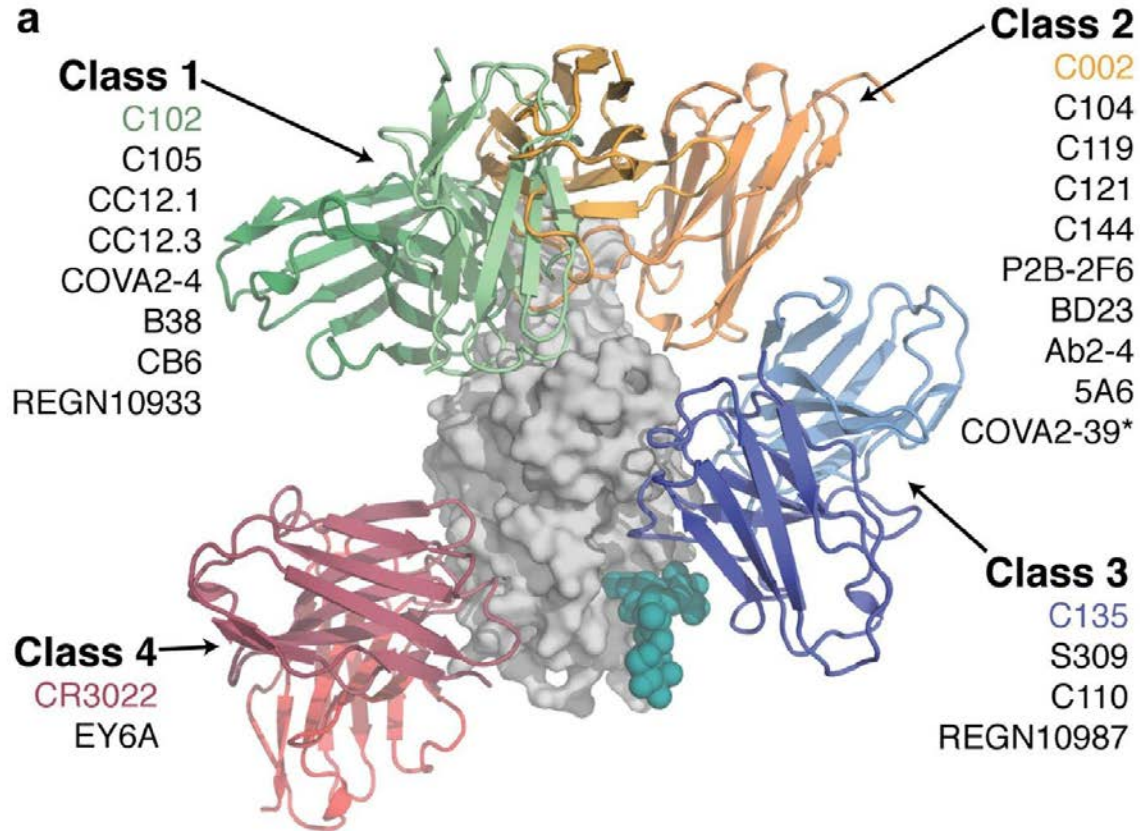
The between-group difference was significant:

8.7% (95% CI, 1.8% to 16.4%); $P = .009$

However, small sample size and short follow-up
limit determination of efficacy

Lenze EJ, Mattar C, Zorumski CF, et al. Fluvoxamine vs placebo and clinical deterioration in outpatients with symptomatic COVID-19: a randomized clinical trial. *JAMA*. Published online November 12, 2020. doi:10.1001/jama.2020.22760

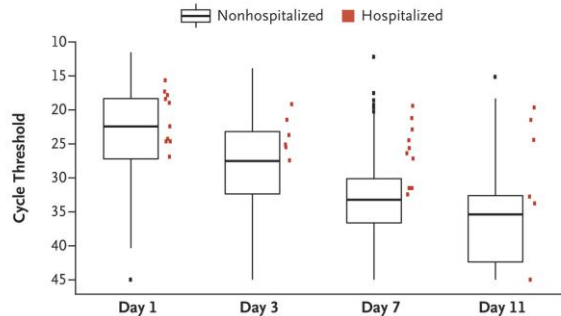
COVID-19: *Monoclonal Antibodies*



COVID-19: Bamlanivimab

Resistance: 9.2% (9/98) vs 6.1% (6/98)

A Viral Load in All Patients



B Viral Load on Day 7 in Each Trial Group

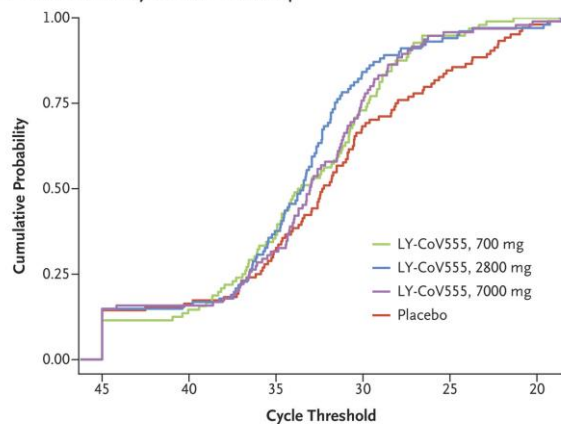


Table 2. Change from Baseline in Viral Load.

Variable	LY-CoV555 (N=309)	Placebo (N=143)	Difference (95% CI)
Primary outcome			
Mean change from baseline in viral load at day 11		-3.47	
	700 mg, -3.67		-0.20 (-0.66 to 0.25)
	2800 mg, -4.00		-0.53 (-0.98 to -0.08)
	7000 mg, -3.38		0.09 (-0.37 to 0.55)
	Pooled doses, -3.70		-0.22 (-0.60 to 0.15)
Secondary outcomes*			
Mean change from baseline in viral load at day 3		-0.85	
	700 mg, -1.27		-0.42 (-0.89 to 0.06)
	2800 mg, -1.50		-0.64 (-1.11 to -0.17)
	7000 mg, -1.27		-0.42 (-0.90 to 0.06)
	Pooled doses, -1.35		-0.49 (-0.87 to -0.11)
Mean change from baseline in viral load at day 7		-2.56	
	700 mg, -2.82		-0.25 (-0.73 to 0.23)
	2800 mg, -3.01		-0.45 (-0.92 to 0.03)
	7000 mg, -2.85		-0.28 (-0.77 to 0.20)
	Pooled doses, -2.90		-0.33 (-0.72 to 0.06)

EC₅₀ value = 0.03 µg/mL

* Data regarding hospitalization, another key secondary outcome, are provided in Table 3.

COVID-19: *Bamlanivimab*

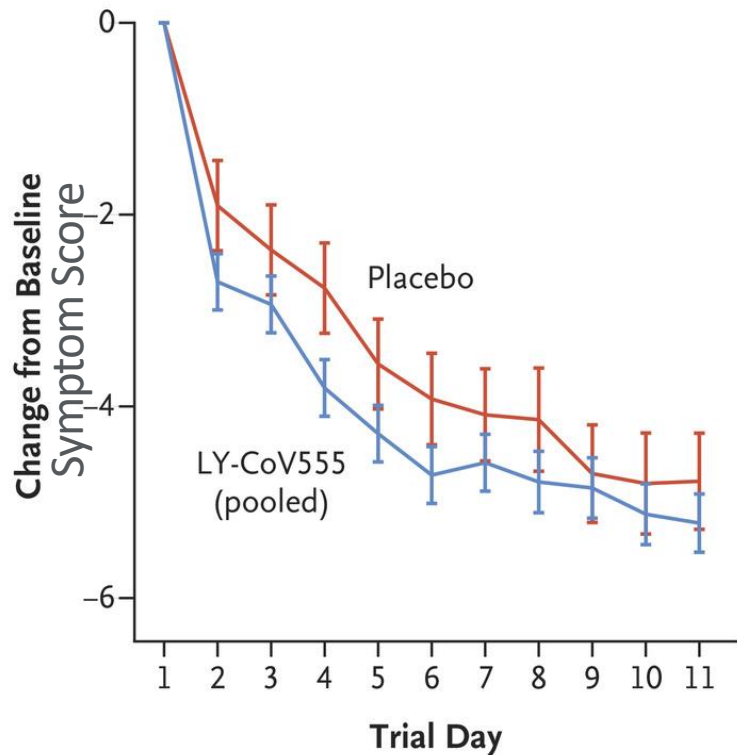


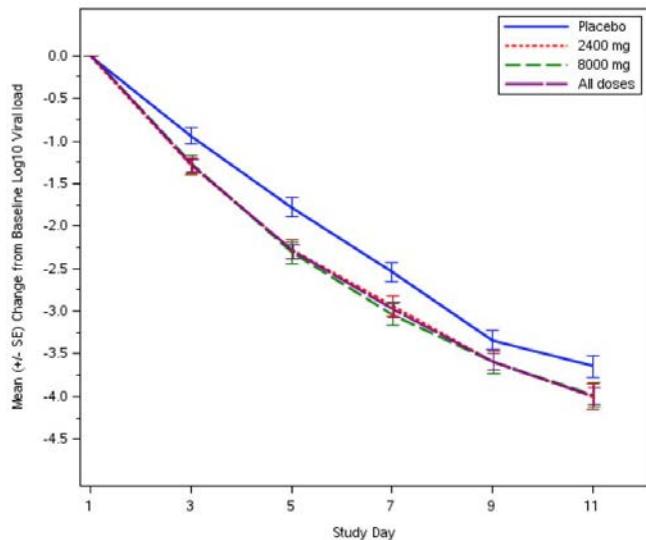
Table 3. Hospitalization.*

Key Secondary Outcome	LY-CoV555	Placebo	Incidence
	<i>no. of patients/total no.</i>		%
Hospitalization		9/143	6.3
	700 mg, 1/101		1.0
	2800 mg, 2/107		1.9
	7000 mg, 2/101		2.0
	Pooled doses, 5/309		1.6

* Data for patients who presented to the emergency department are included in this category.

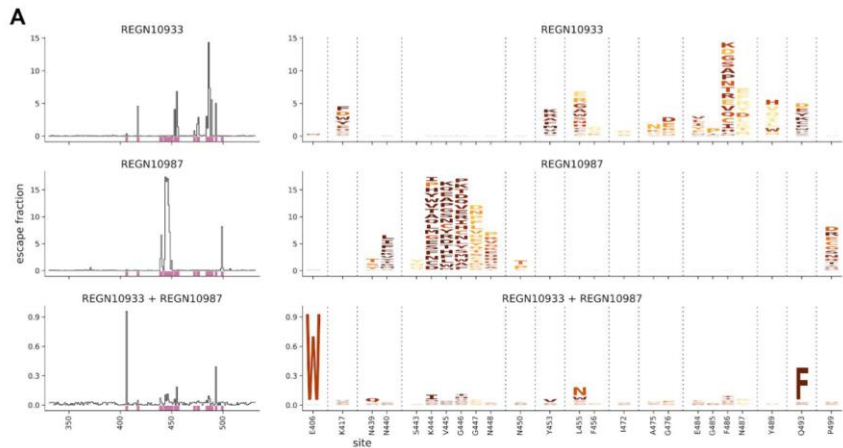
COVID-19: *Casirivimab and Imdevimab*

- EC₅₀ values of 37.4 pM (0.006 µg/mL), 42.1 pM (0.006 µg/mL), and 31.0 pM (0.005 µg/mL)
- Resistance: 3/66 subjects
 - Two at baseline in subjects from placebo
 - One at day 25 from high dose combination therapy (135 fold increase EC₅₀)
- Efficacy (N = 799: Approved Dose N=266, High Dose N=267, Placebo N = 266)

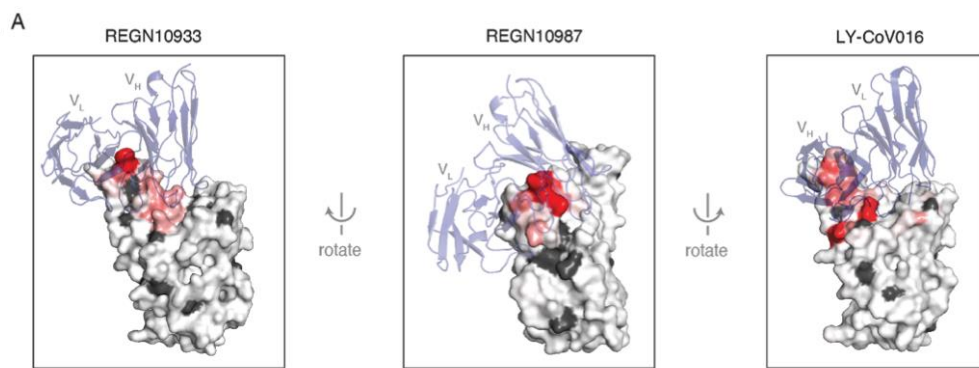
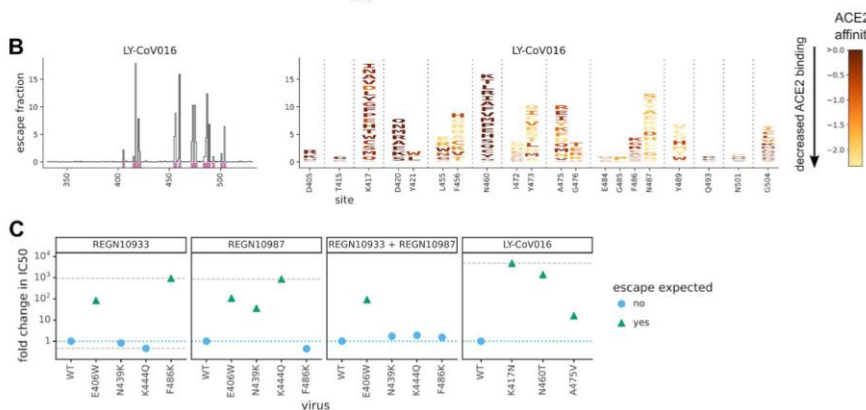


Arm	All Enrolled			High Risk Subjects		
	N	Events	%	N	Events	%
Placebo	231	10	4%	78	7	9%
1200mg	215	4	2%	70	2	3%
4000mg	219	4	2%	81	2	2%

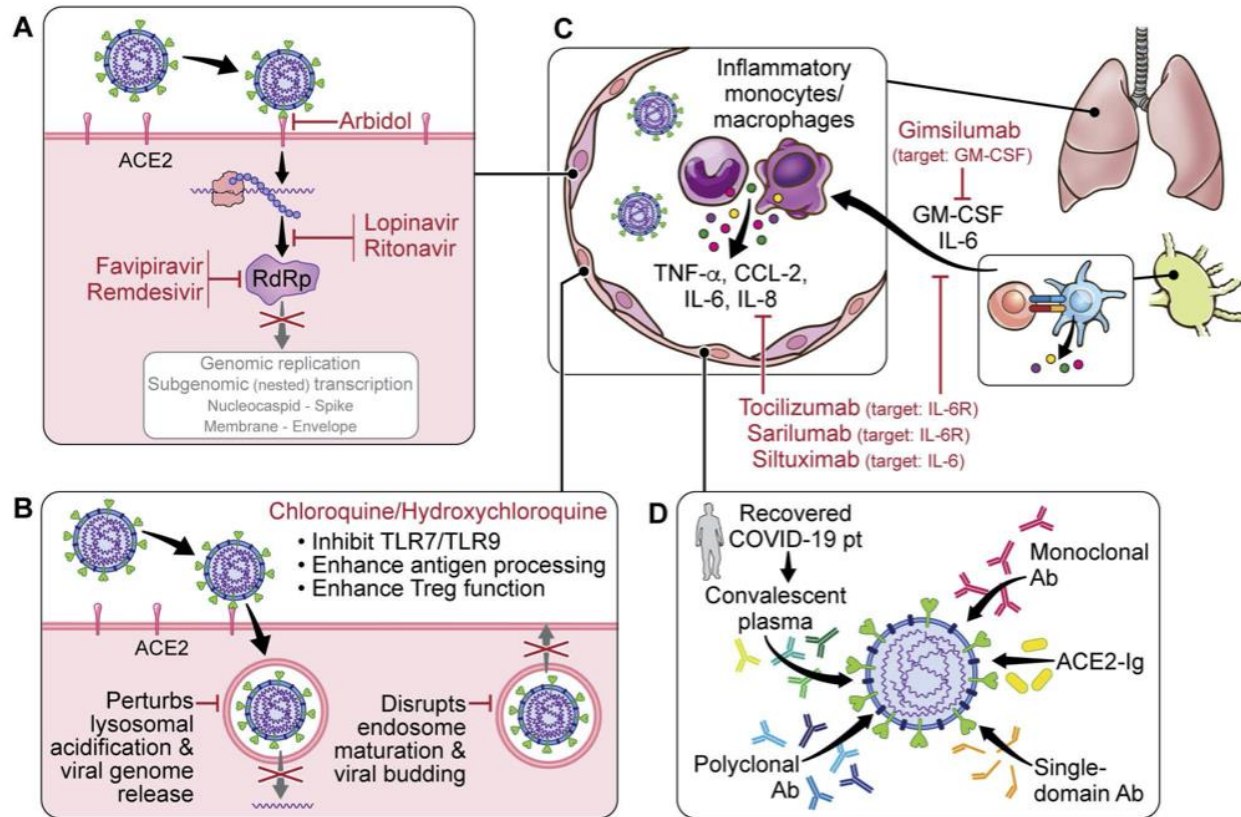
Monoclonal Antibodies and Resistance Emergence



antibody	mutations
REGN10933	K417E, Y453F, L455Y, F486V, Q493K
REGN10987	K444Q, V445A
REGN10933 + REGN10987	none



COVID-19: Management Options



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Early Studies Focused on Mostly Therapies that Failed



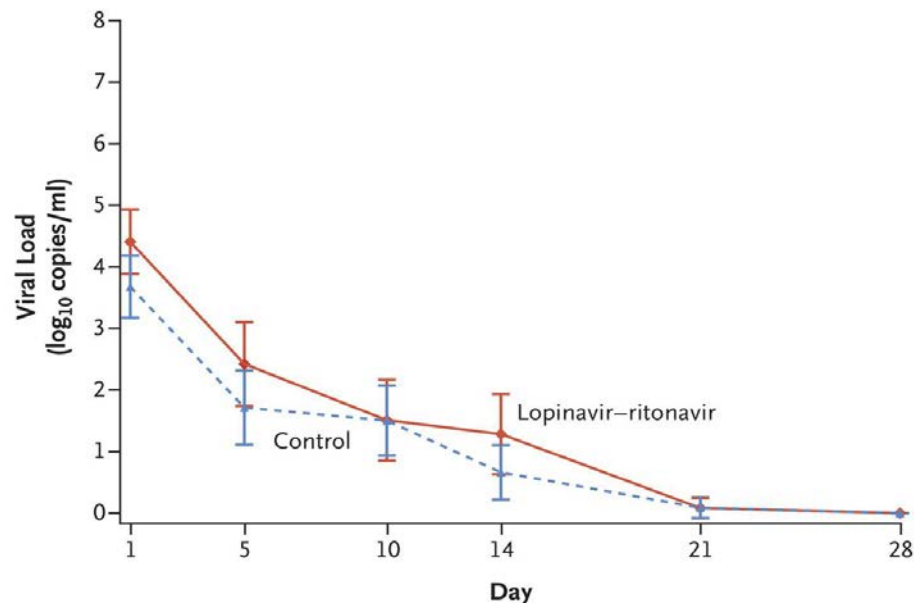
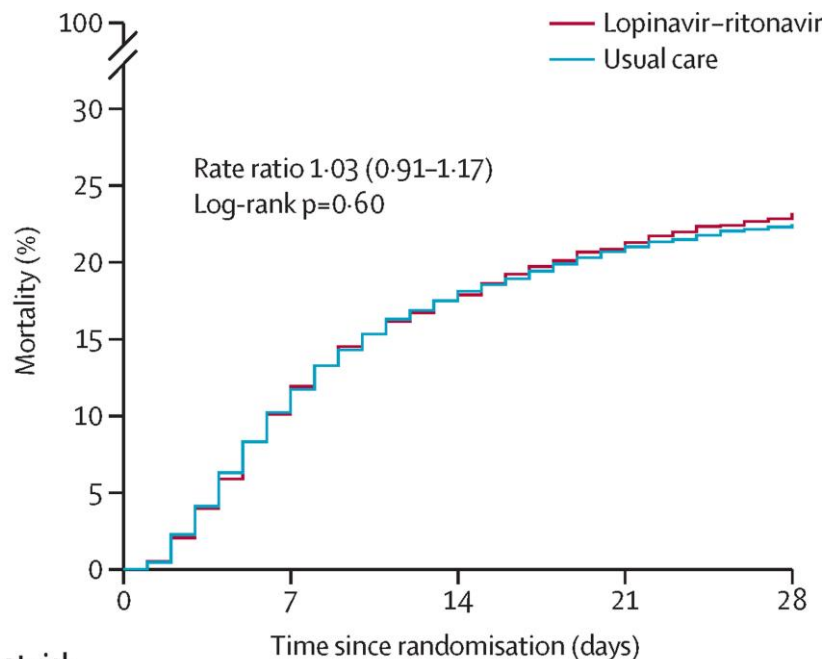
Donald J. Trump ✓

@realDonaldTrump

HYDROXYCHLOROQUINE & AZITHROMYCIN, taken together, have a real chance to be one of the biggest game changers in the history of medicine. The FDA has moved mountains - Thank You! Hopefully they will BOTH (H works better with A, International Journal of Antimicrobial Agents).....

10:13 AM · Mar 21, 2020 · [Twitter for iPhone](#)

Early Studies Focused on Mostly Therapies that Failed



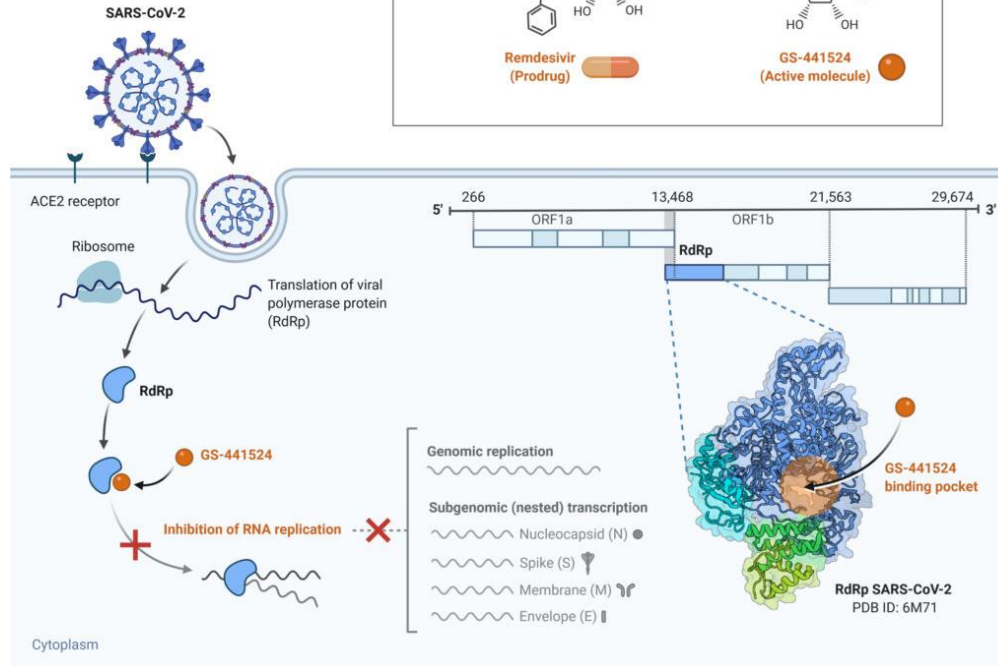
Number at risk

	0	7	14	21	28
Active	1616	1422	1325	1269	1238
Control	3424	3018	2799	2700	2650

Remdesivir (GS-5734): *IV* Antiviral Drug for SARS-CoV-2

Remdesivir

Potential repurposed drug candidate for COVID-19



Remdesivir (GS-5734): *IV Antiviral Drug for SARS-CoV-2*

- NIH Adaptive COVID-19 Treatment Trial (ACTT)

- Goal of 572 patients with 400 patients recovered to assess outcome
- DSMB allowed over enrollment: 1063 patients enrolled
- Randomized, placebo controlled trial (1:1 - RDB 200mg then 100mg BID vs Placebo for 10 days)
- Primary endpoint: Time to Recovery
 - Day of recovery is defined as the first day on which the subject satisfies one of the following three categories from the ordinal scale:
 1. Hospitalized, not requiring supplemental oxygen - no longer requires ongoing medical care;
 2. Not hospitalized, limitation on activities and/or requiring home oxygen;
 3. Not hospitalized, no limitations on activities.

Remdesivir (GS-5734): NIAID ACTT

Table 2. Outcomes Overall and According to Score on the Ordinal Scale in the Intention-to-Treat Population.*

	Overall		Ordinal Score at Baseline							
			4		5		6		7	
	Remdesivir (N = 541)	Placebo (N = 521)	Remdesivir (N = 75)	Placebo (N = 63)	Remdesivir (N = 232)	Placebo (N = 203)	Remdesivir (N = 95)	Placebo (N = 98)	Remdesivir (N = 131)	Placebo (N = 154)
Recovery										
No. of recoveries	399	352	73	58	206	156	57	61	63	77
Median time to recovery (95% CI) — days	10 (9–11)	15 (13–18)	5 (4–6)	6 (4–7)	7 (6–8)	9 (7–10)	15 (10– 27)	20 (14– 26)	29 (24–NE)	28 (24–NE)
Rate ratio (95% CI)†	1.29 (1.12–1.49 [P<0.001])		1.29 (0.91–1.83)		1.45 (1.18–1.79)		1.09 (0.76–1.57)		0.98 (0.70–1.36)	
Mortality through day 14‡										
Hazard ratio for data through day 15 (95% CI)	0.55 (0.36–0.83)		0.42 (0.04–4.67)		0.28 (0.12–0.66)		0.82 (0.40–1.69)		0.76 (0.39–1.50)	
No. of deaths by day 15	35	61	1	2	7	21	13	17	14	21
Kaplan–Meier estimate of mortality by day 15 — % (95% CI)	6.7 (4.8–9.2)	11.9 (9.4–15.0)	1.3 (0.2–9.1)	3.2 (0.8–12.1)	3.1 (1.5–6.4)	10.5 (7.0–15.7)	14.2 (8.5–23.2)	17.3 (11.2–26.4)	10.9 (6.6–17.6)	13.8 (9.2–20.4)
Mortality over entire study period‡										
Hazard ratio (95% CI)	0.73 (0.52–1.03)		0.82 (0.17–4.07)		0.30 (0.14–0.64)		1.02 (0.54–1.91)		1.13 (0.67–1.89)	
No. of deaths by day 29	59	77	3	3	9	25	19	20	28	29
Kaplan–Meier estimate of mortality by day 29 — % (95% CI)	11.4 (9.0–14.5)	15.2 (12.3–18.6)	4.1 (1.3–12.1)	4.8 (1.6–14.3)	4.0 (2.1–7.5)	12.7 (8.8–18.3)	21.2 (14.0–31.2)	20.4 (13.7–29.8)	21.9 (15.7–30.1)	19.3 (13.8–26.5)
Odds ratio (95% CI)	1.5 (1.2–1.9)		1.5 (0.8–2.7)		1.6 (1.2–2.3)		1.4 (0.9–2.3)		1.2 (0.8–1.9)	

Remdesivir (GS-5734): NIAID ACTT

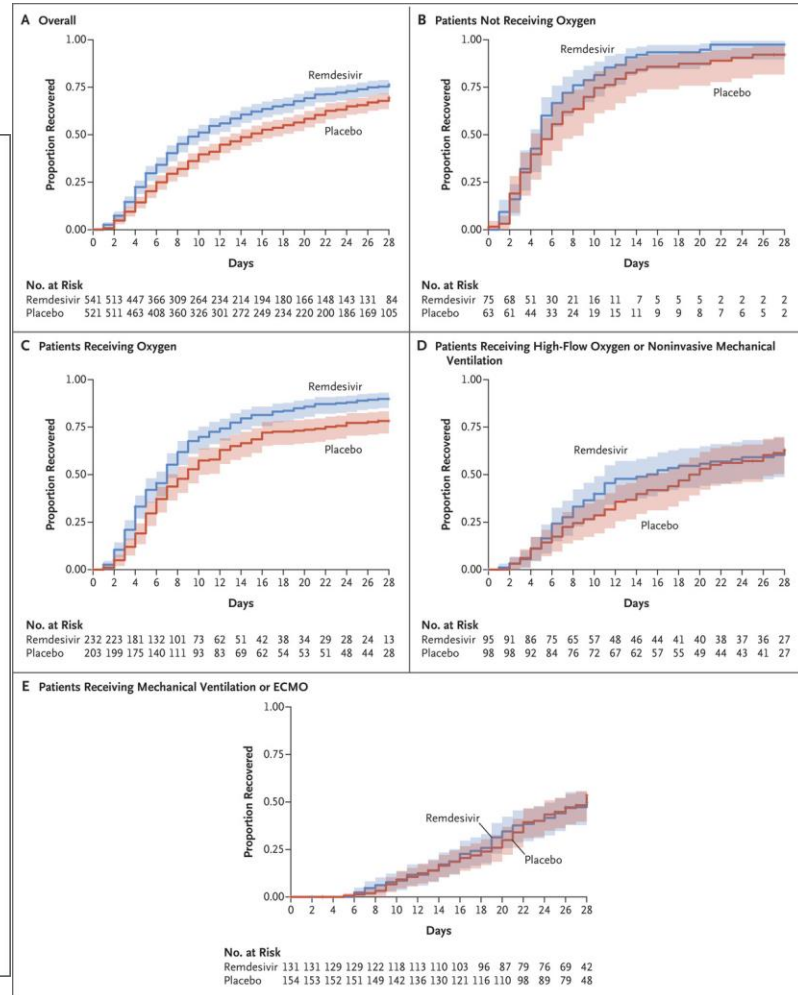
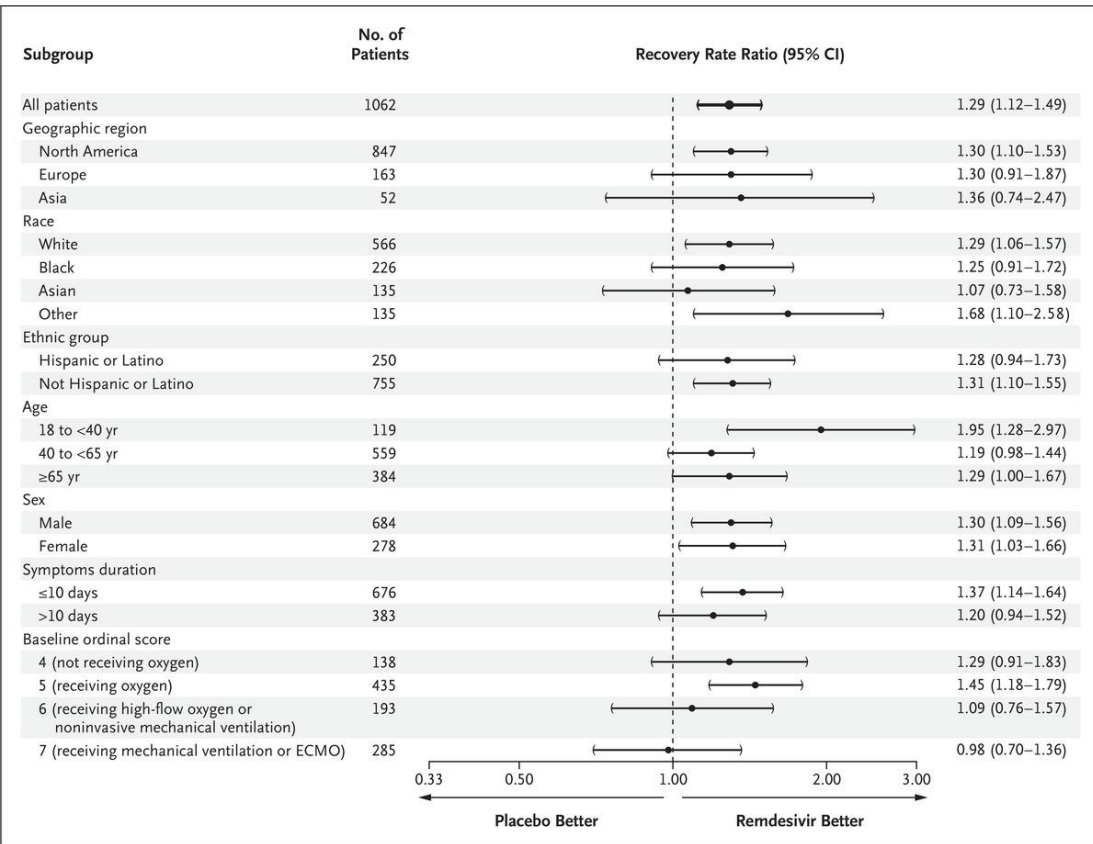
Table 3. Additional Secondary Outcomes.

	Remdesivir (N = 541)	Placebo (N = 521)	Rate Ratio (95% CI)
Median time to clinical improvement (95% CI) — days			
Improvement of one category on ordinal scale	7.0 (6.0 to 8.0)	9.0 (8.0 to 11.0)	1.23 (1.08 to 1.41)
Improvement of two categories on ordinal scale	11.0 (10.0 to 13.0)	14.0 (13.0 to 15.0)	1.29 (1.12 to 1.48)
Discharge or National Early Warning Score ≤ 2 for 24 hr*	8.0 (7.0 to 9.0)	12.0 (10.0 to 15.0)	1.27 (1.10 to 1.46)
			Difference (95% CI)
Hospitalization			
Median duration of initial hospitalization (IQR) — days†	12 (6 to 28)	17 (8 to 28)	−5.0 (−7.7 to −2.3)
Median duration of initial hospitalization among those who did not die (IQR) — days	10 (5 to 21)	14 (7 to 27)	−4.0 (−6.0 to −2.0)
Patients rehospitalized — % (95% CI)	5 (3 to 7)	3 (2 to 5)	2 percentage points (0 to 4)
Oxygen			
Median days receiving oxygen if receiving oxygen at baseline (IQR)	13 (5 to 28)	21 (8 to 28)	−8.0 (−11.8 to −4.2)
New use of oxygen			
No. of patients/total no.	27/75	28/63	
Percent of patients (95% CI)	36 (26 to 47)	44 (33 to 57)	−8 (−24 to 8)
Median days receiving oxygen (IQR)	4 (2 to 12)	5.5 (1 to 15)	−1.0 (−7.6 to 5.6)

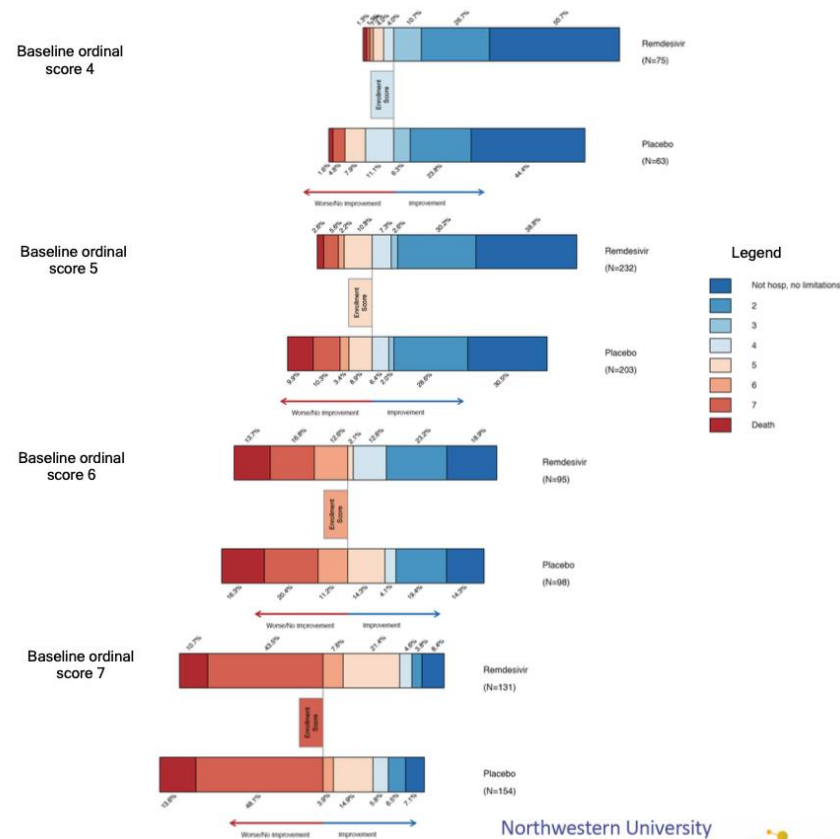
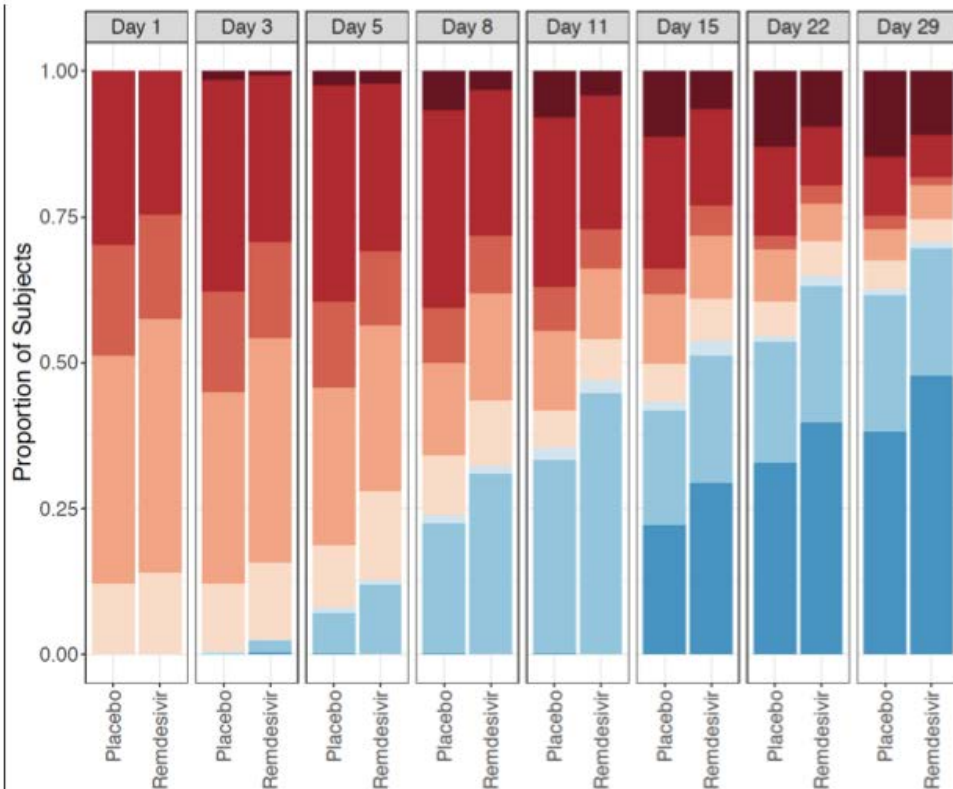
* The National Early Warning Score includes six physiological measures; total scores range from 0 to 20, with higher scores indicating greater clinical risk.

† The duration of initial hospitalization for patients who died was imputed as 28 days.

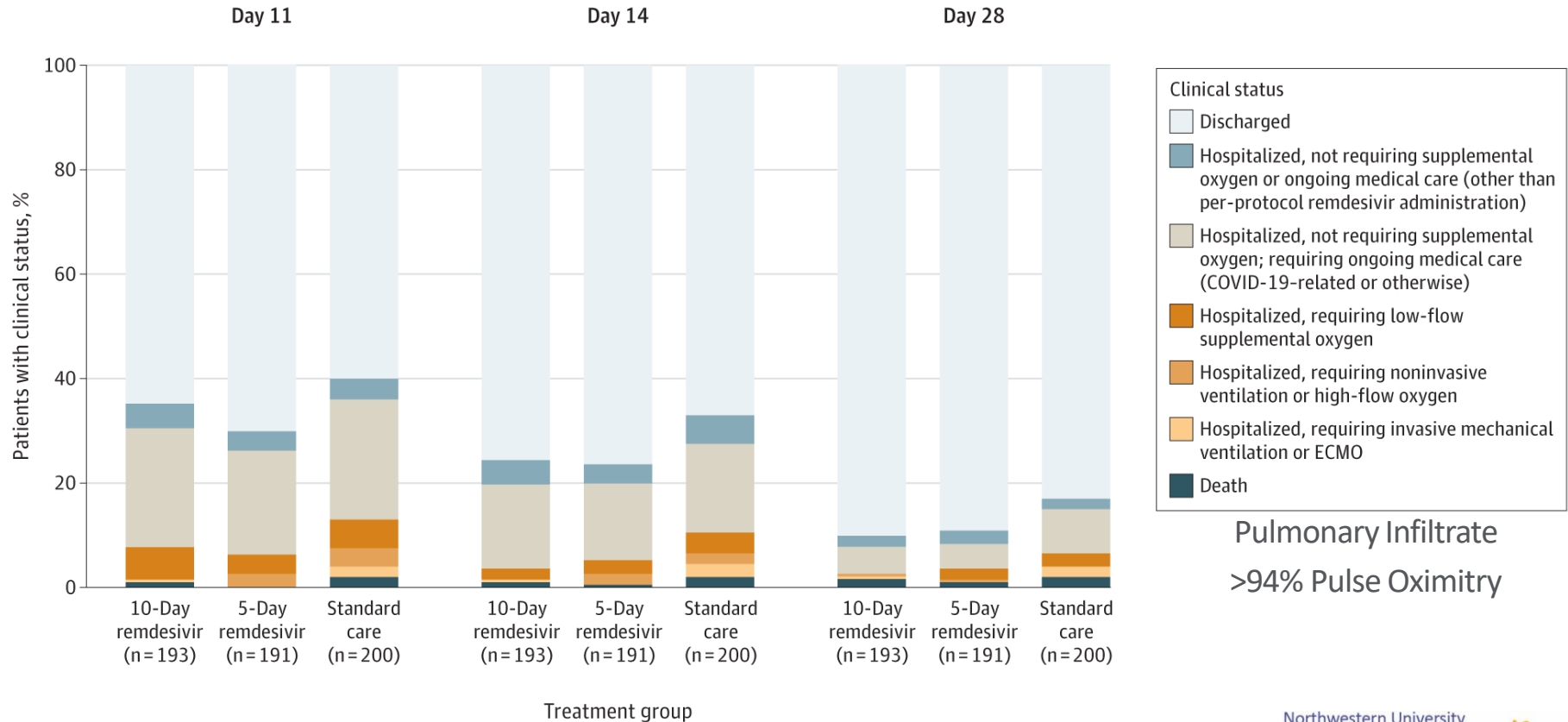
Remdesivir (GS-5734): ACTT



Remdesivir (GS-5734): NIAID ACTT

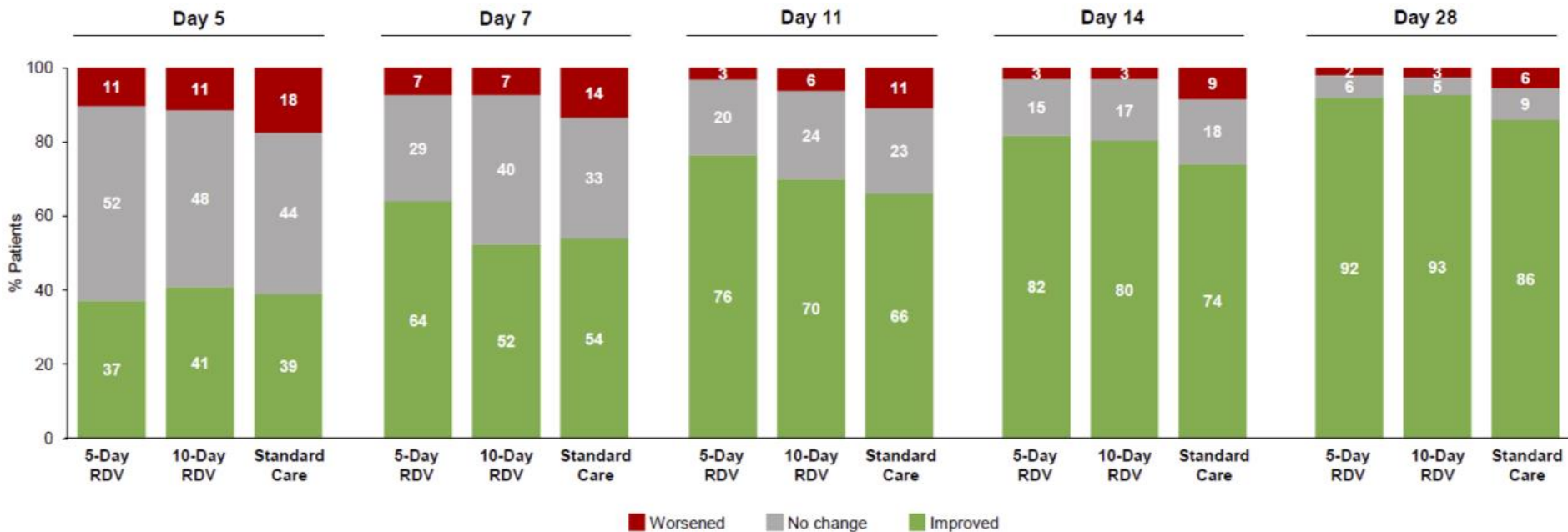


Remdesivir (GS-5734): *Therapy Moderate COVID-19*

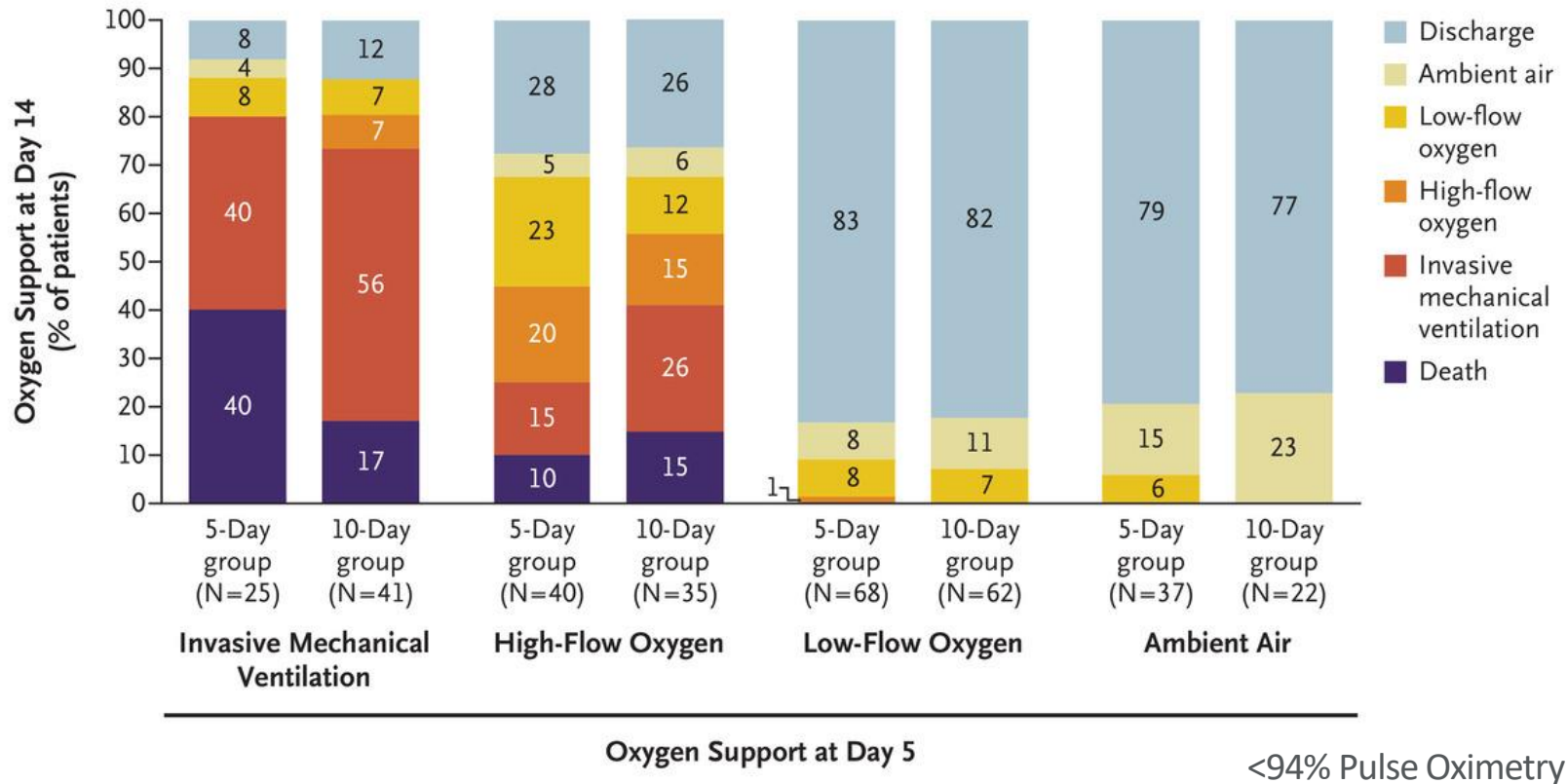


Pulmonary Infiltrate
>94% Pulse Oximetry

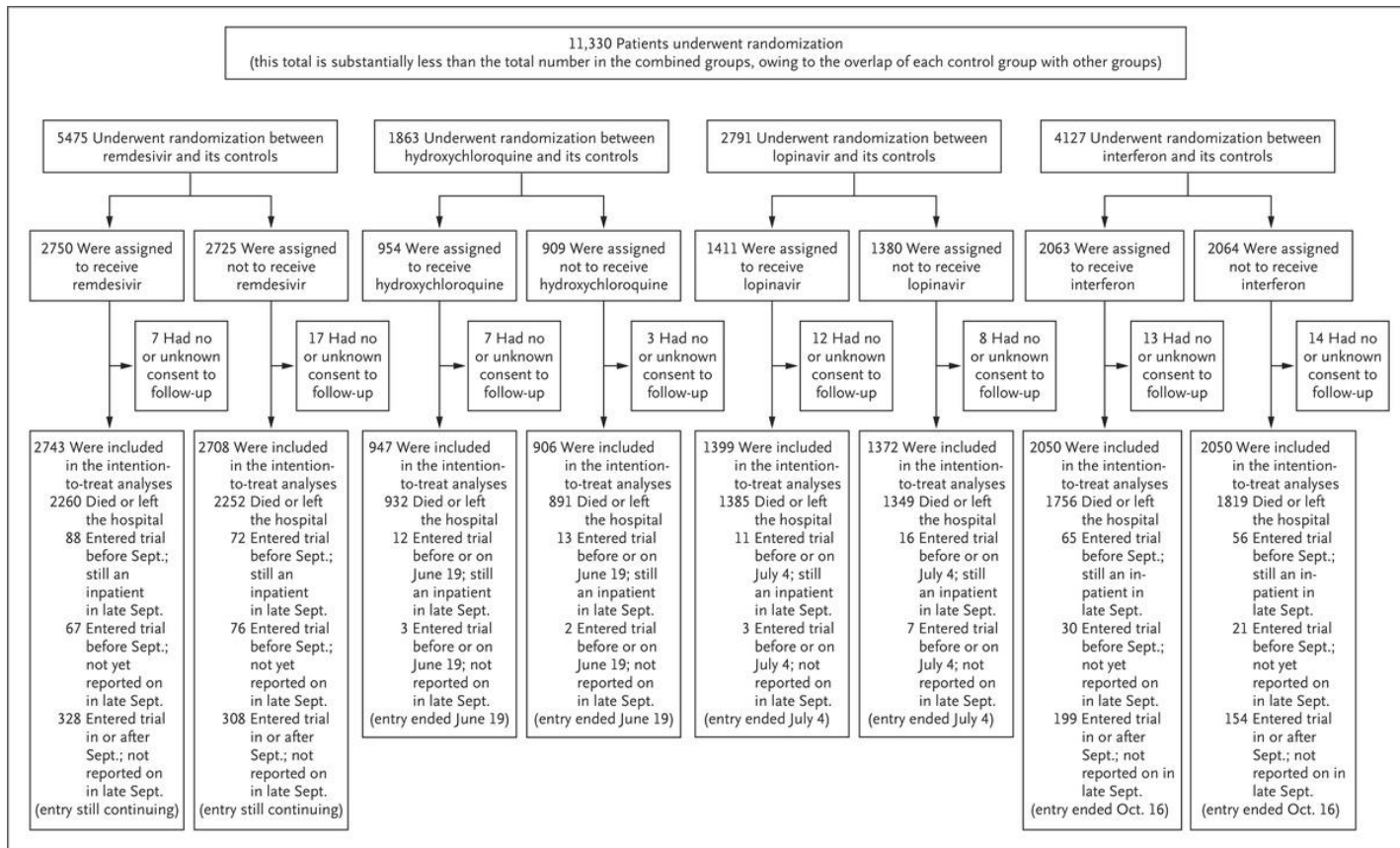
Remdesivir (GS-5734): *Therapy Moderate COVID-19*



Remdesivir (GS-5734): Therapy with Severe COVID-19

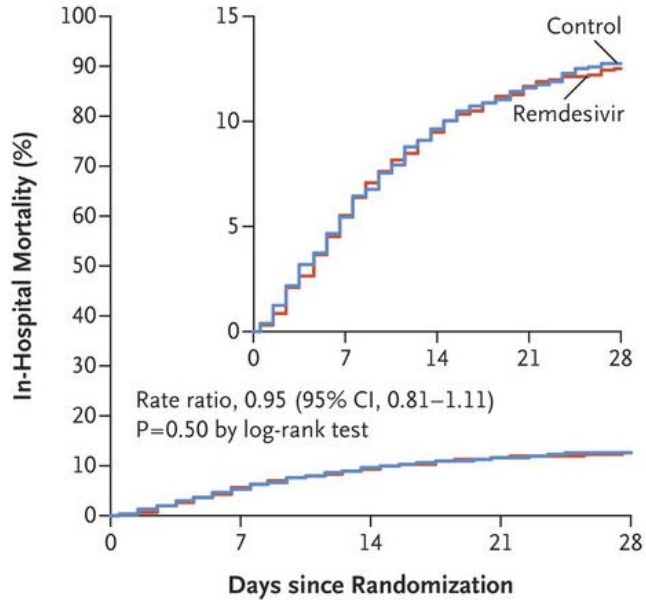


Remdesivir (GS-5734): *SOLIDARITY* Trial



Remdesivir (GS-5734): *SOLIDARITY* Trial

A Remdesivir vs. Its Control



Denominator

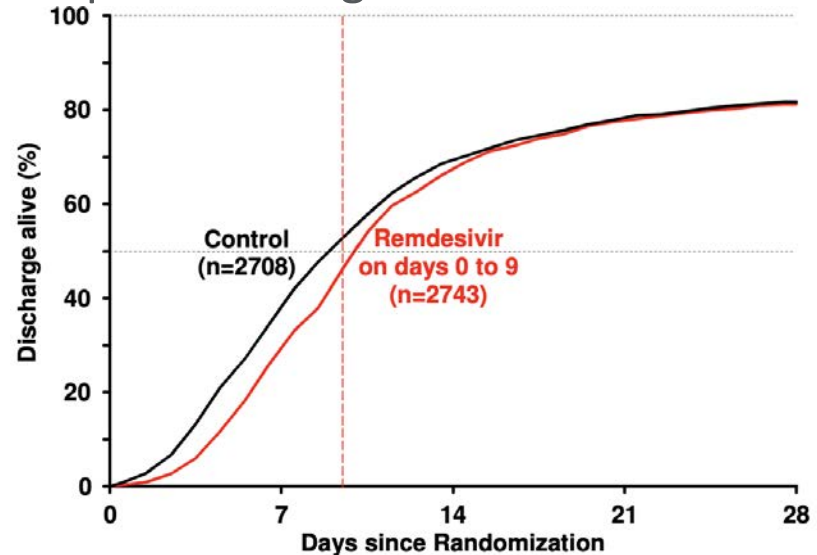
Remdesivir	2743	2159	2029	1918	1838
Control	2708	2138	2004	1908	1833

No. Who Died

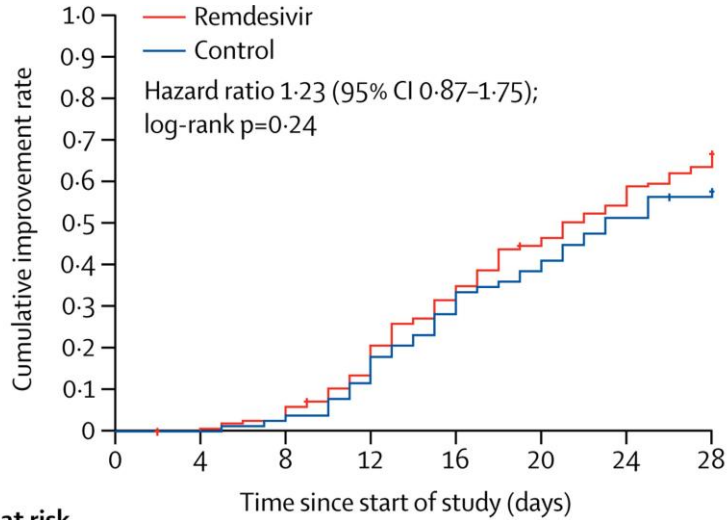
Remdesivir	129	90	48	18	16
Control	126	93	43	27	14

• Secondary Outcomes

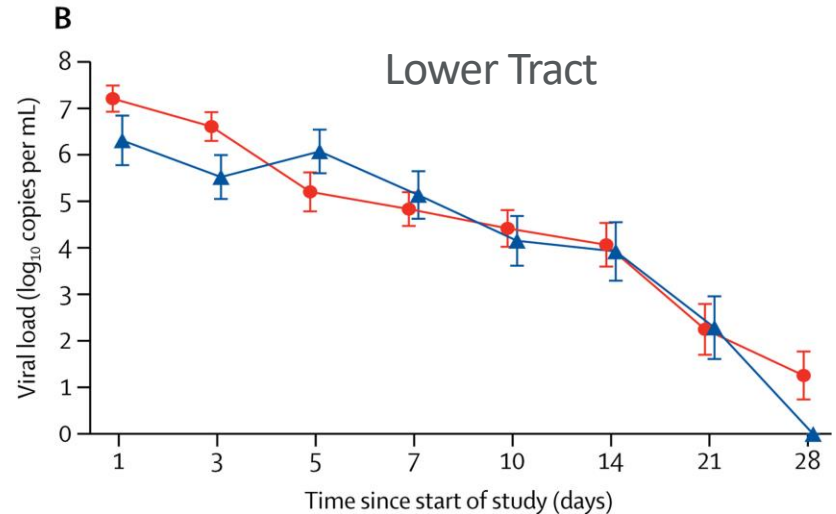
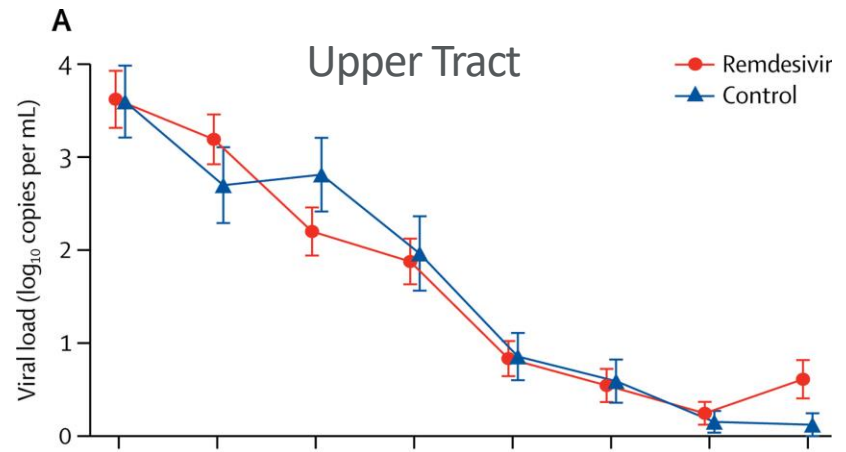
- New Onset Mechanical Ventilation
 - 295 remdesivir patients vs 284 control patients
- Hospital Discharge



Remdesivir: Antiviral Activity

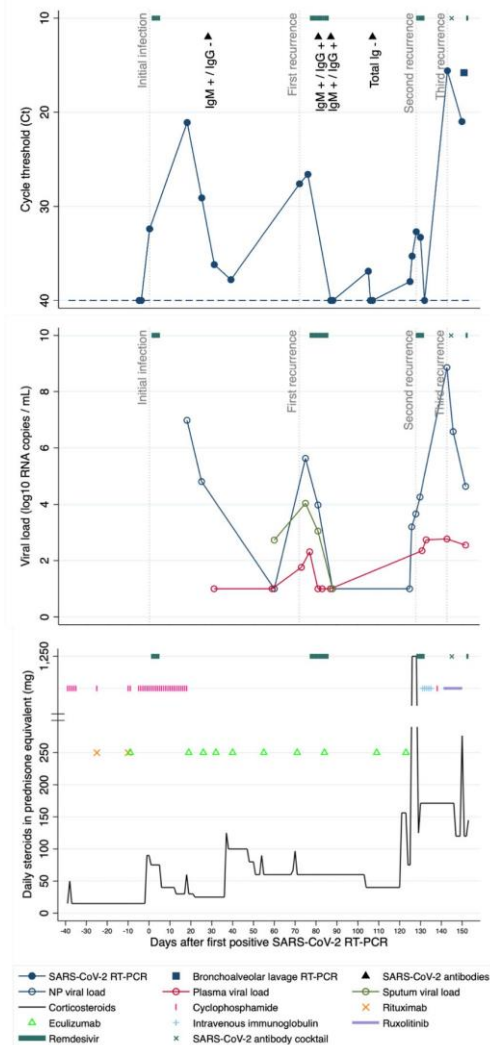


Number at risk (number censored)									
Remdesivir	158	155	147	123	101	82	63	25	
	(0)	(2)	(0)	(1)	(0)	(1)	(0)	(26*)	
Control	78	78	75	64	52	46	38	17	
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(16*)	

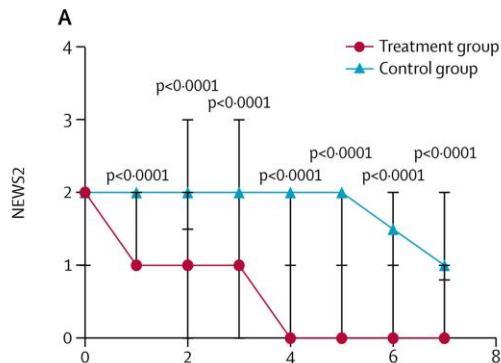
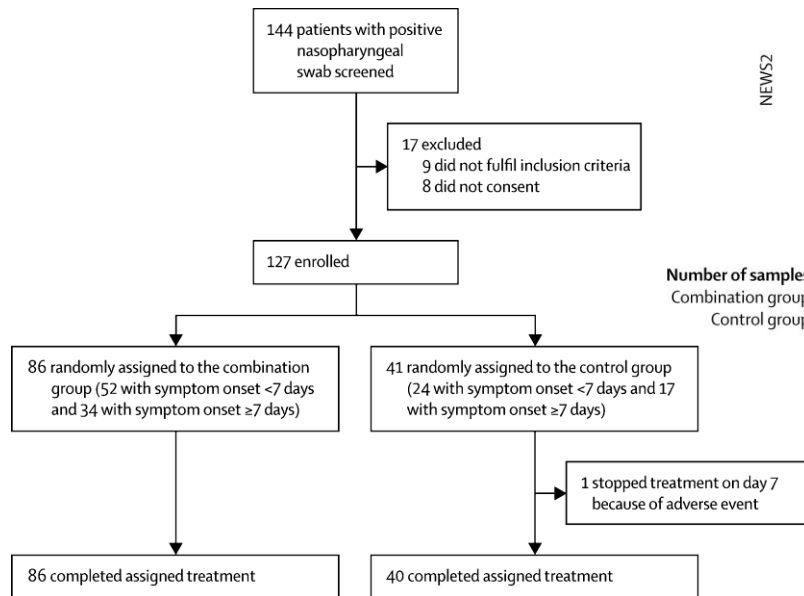


Remdesivir: *Remaining Questions*

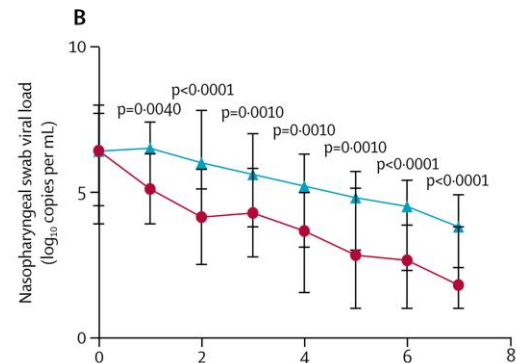
- Is mortality all that matters?
- Key data to understand utility is missing
 - Virology
 - Resistance emergence (esp w/ shorter course therapy)
 - Biomarkers
- Use in selected populations
 - Immunocompromised
 - Longer duration, balance with ongoing IS, addition to dexamethasone
 - Renal dysfunction



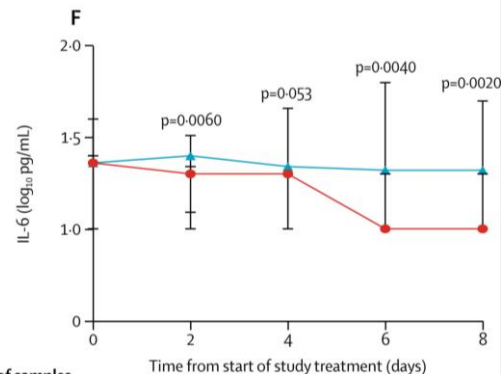
Interferon-Lopinavir-Ritonavir-Ribavirin



Number of samples
Combination group 86 86 86 86 86 82 76 75
Control group 41 41 41 41 41 41 40 40



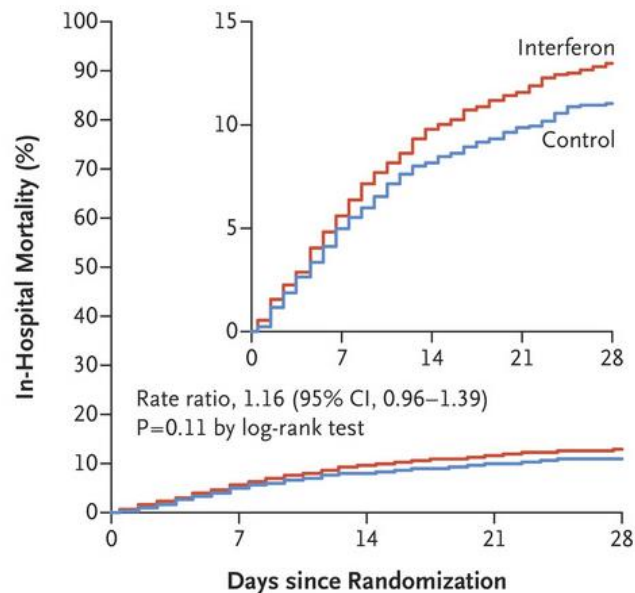
Number of samples
Combination group 86 86 86 86 85 82 76 75
Control group 41 41 41 41 41 40 39 37



Number of samples
Combination group 60 60 60 60 60 60 60 60
Control group 24 24 24 24 24 24 24 24

Interferon

D Interferon vs. Its Control



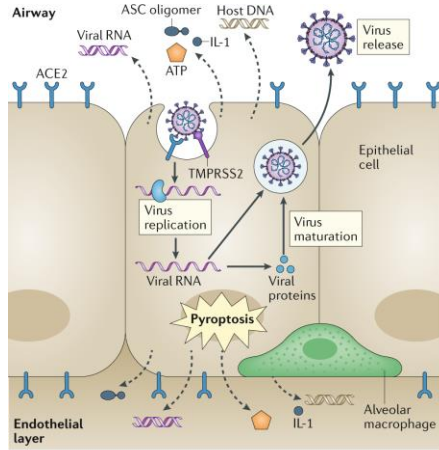
Denominator

Interferon	2050	1669	1554	1483	1410
Control	2050	1725	1636	1563	1498

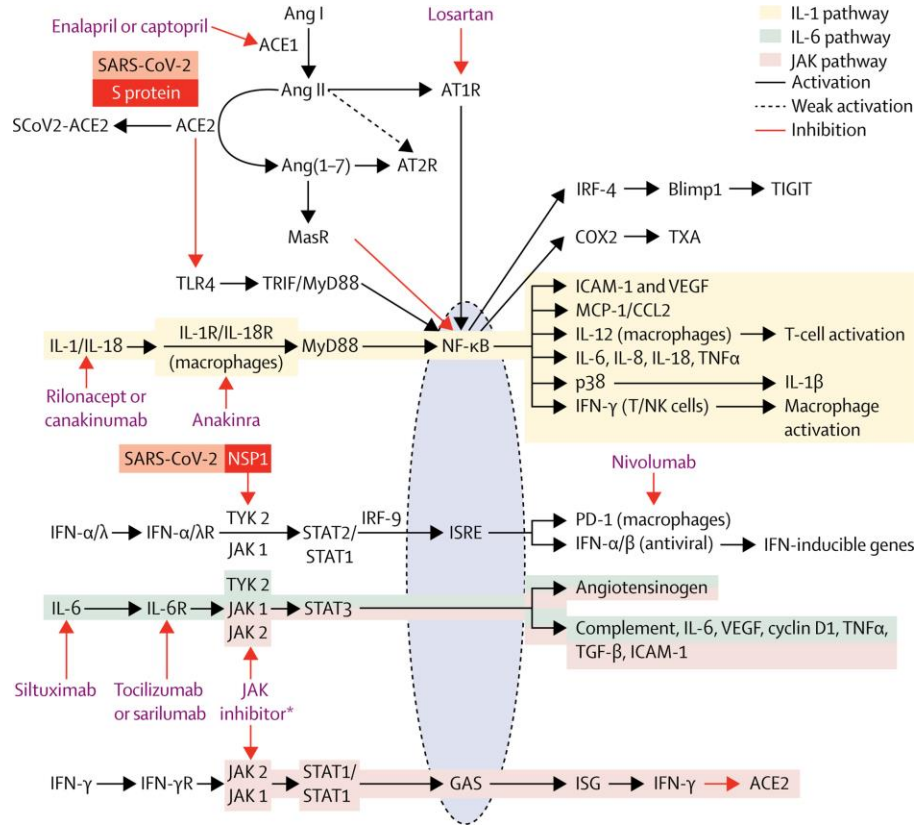
No. Who Died

Interferon	101	73	31	24	14
Control	91	58	31	21	15

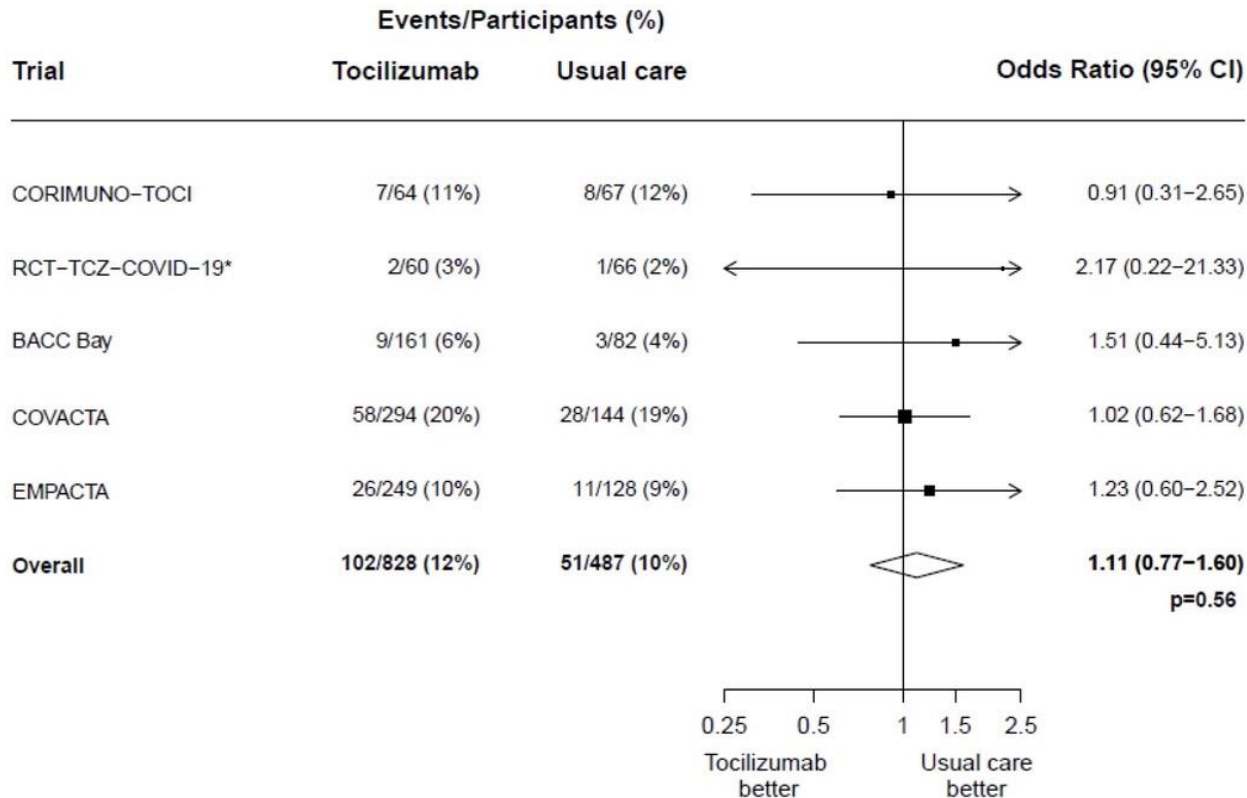
COVID-19: Immune Modulation Therapy



- IL6R: Tocilizumab, Sarilumab
- JAK: Baricitinib, Ruxolitinib
- IL-1: Canakinumab, Anakinra
- BTK Inhibitor: Ibrutinib
- Steroids



IL-6 Inhibition: *Tocilizumab*

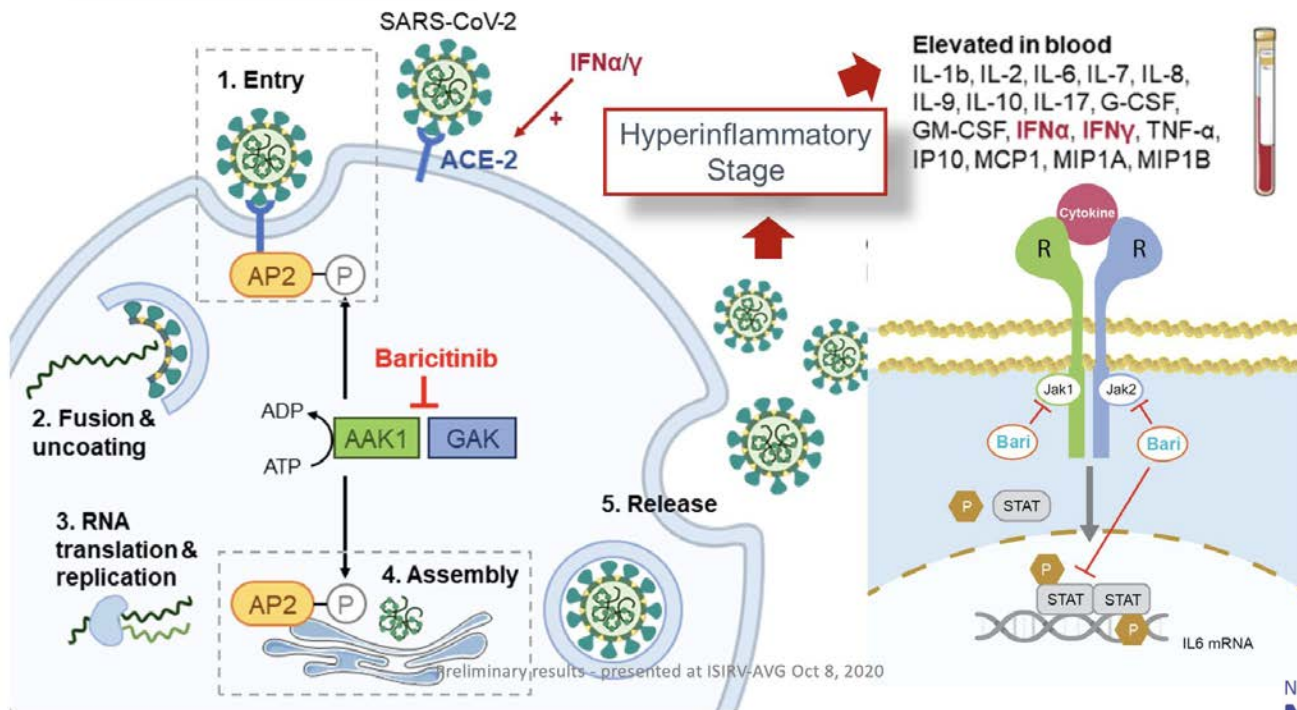


* RCT-TCZ-COVID-19 reported 30-day mortality.

Baricitinib: *NIAID ACTT2*

Potential anti-viral

Confirmed Anti-cytokine



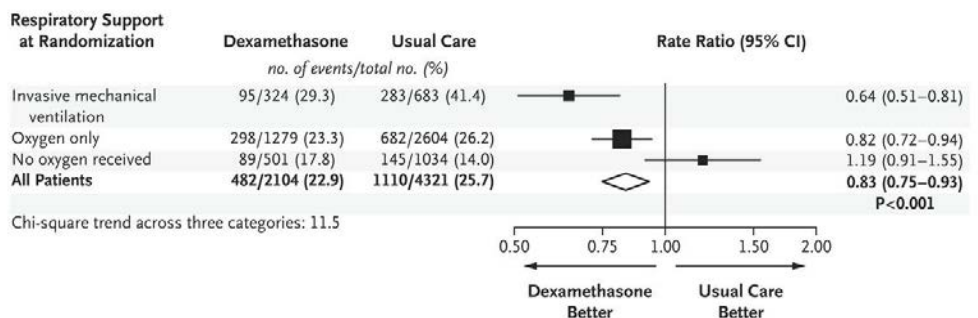
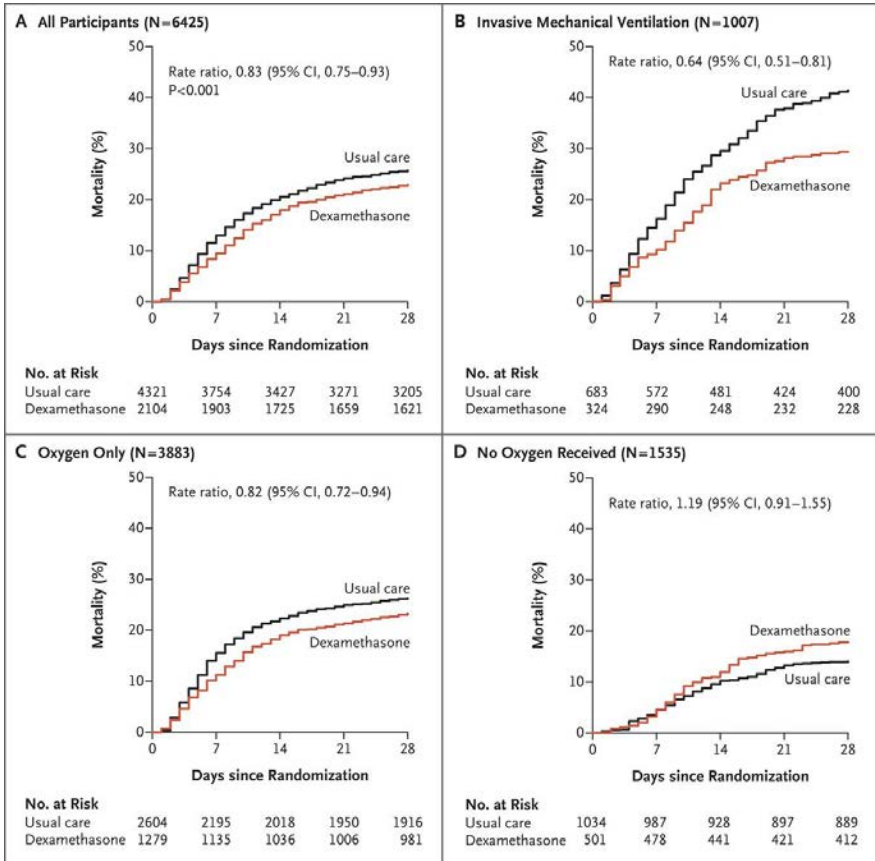
Baricitinib: *NIAID ACTT2*

Ordinal Score at Baseline										
	Overall		4 Not on oxygen		5 Low flow oxygen		6 High flow oxygen / NIMV		7 Mechanical ventilation/ECMO	
	Bari + RDV (n=515)	Placebo + RDV (n=518)	Bari + RDV (n=70)	Placebo + RDV (n=72)	Bari + RDV (n=287)	Placebo + RDV (n=276)	Bari + RDV (n=104)	Placebo + RDV (n=113)	Bari + RDV (n=54)	Placebo + RDV (n=57)
Recovery										
No. of recoveries	433	406	67	69	261	243	83	73	22	21
Median time to recovery (95% CI) - days	7 (6, 8)	8 (7, 9)	5 (4, 6)	4 (4, 6)	5 (5, 6)	6 (5, 6)	10 (9, 13)	18 (13, 21)	NE (25, NE)	NE (26, NE)
Rate ratio (95% CI)	1.16 (1.01, 1.32); p=0.04		0.88 (0.63, 1.23)		1.17 (0.98, 1.39)		1.51 (1.10, 2.08)		1.08 (0.59, 1.97)	

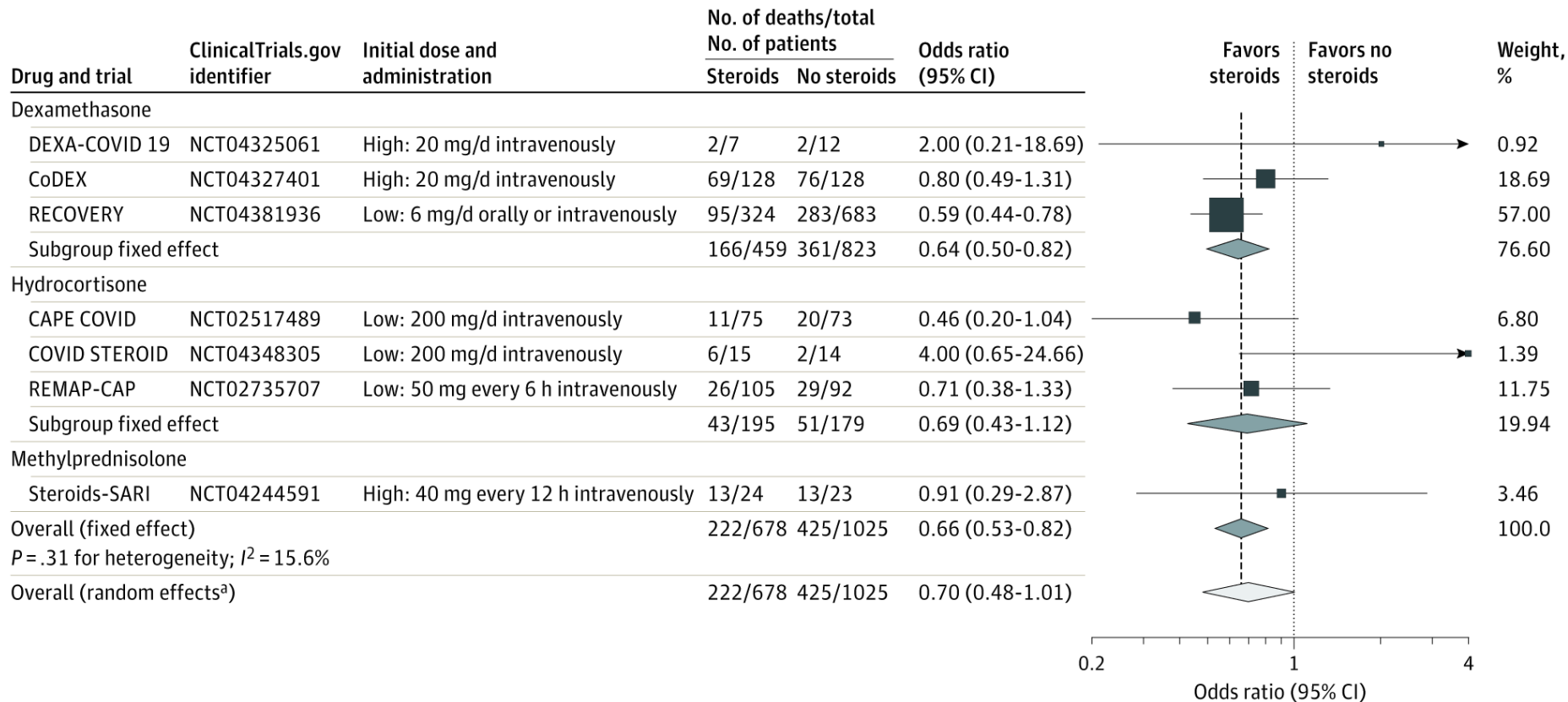
Baricitinib: *NIAID ACTT2*

	Overall		Ordinal Score at Baseline							
			4 Not on oxygen		5 Low flow oxygen		6 High flow oxygen / NIMV		7 Mechanical ventilation/ECMO	
	Baricitinib + RDV (n=515)	Placebo + RDV (n=518)	Baricitinib + RDV (n=70)	Placebo + RDV (n=72)	Baricitinib + RDV (n=287)	Placebo + RDV (n=276)	Baricitinib + RDV (n=104)	Placebo + RDV (n=113)	Baricitinib + RDV (n=54)	Placebo + RDV (n=57)
Mortality over entire study period										
Hazard ratio (95% CI) over entire study period	0.65 (0.39, 1.08); p=0.09		NE		0.4 (0.14, 1.14)		0.55 (0.22, 1.37)		1.00 (0.45, 2.22)	
Number of deaths by day 28	24	37	0	0	5	12	7	13	12	12
Kaplan-Meier estimate of mortality by day 28 – % (95% CI)	5.1 (3.5, 7.6)	7.8 (5.7, 10.6)	0 (NE, NE)	0 (NE, NE)	1.9 (0.8, 4.4)	4.7 (2.7, 8.1)	7.4 (3.6, 15.0)	12.9 (7.7, 21.3)	23.1 (13.8, 37.1)	22.6 (13.5, 36.4)

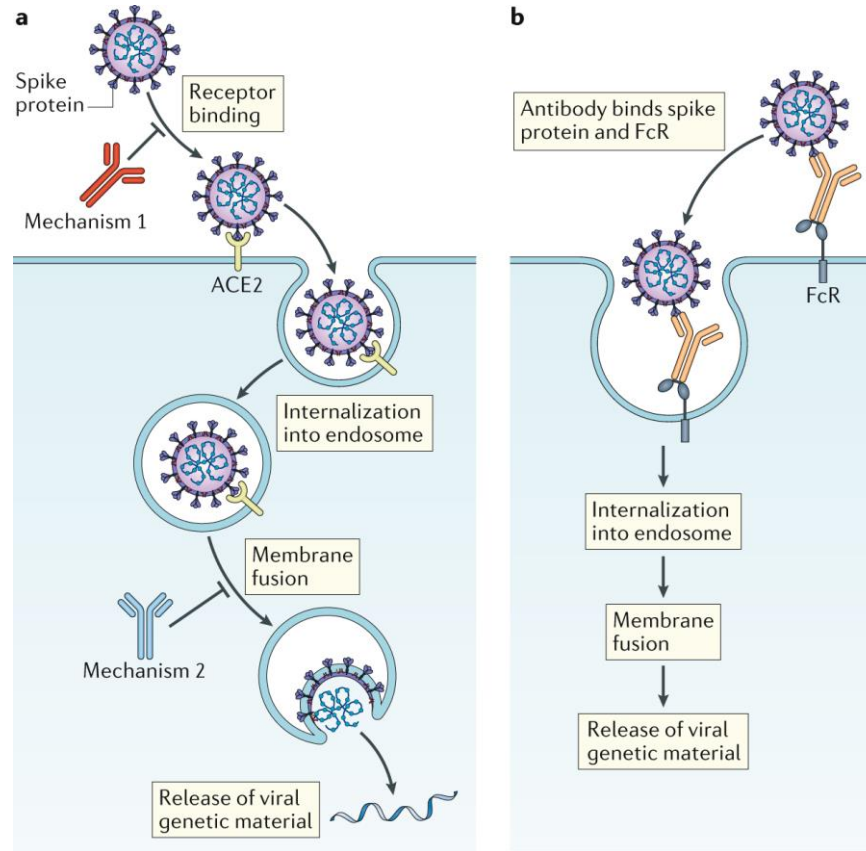
COVID-19: Dexamethasone



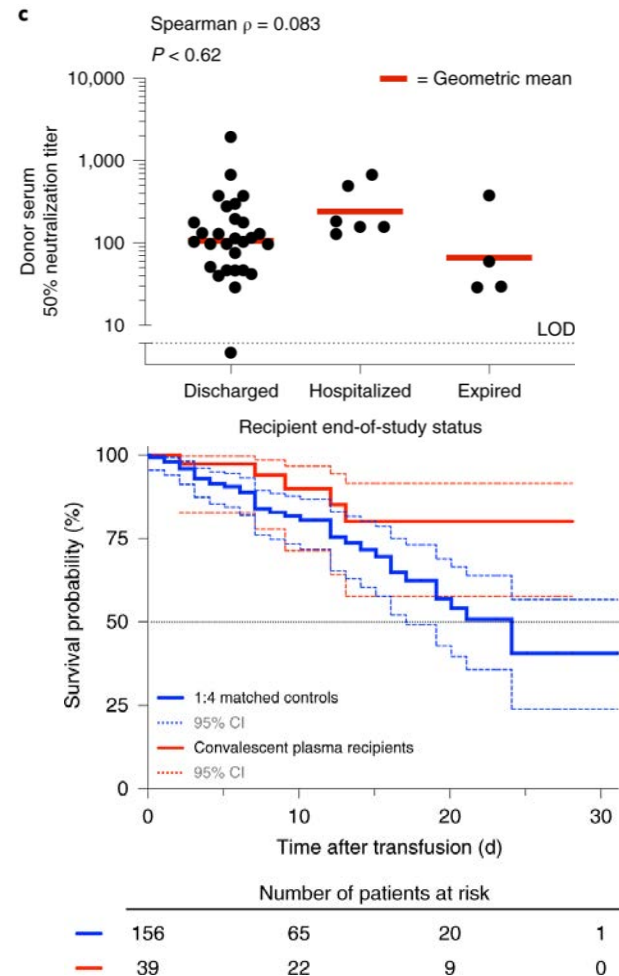
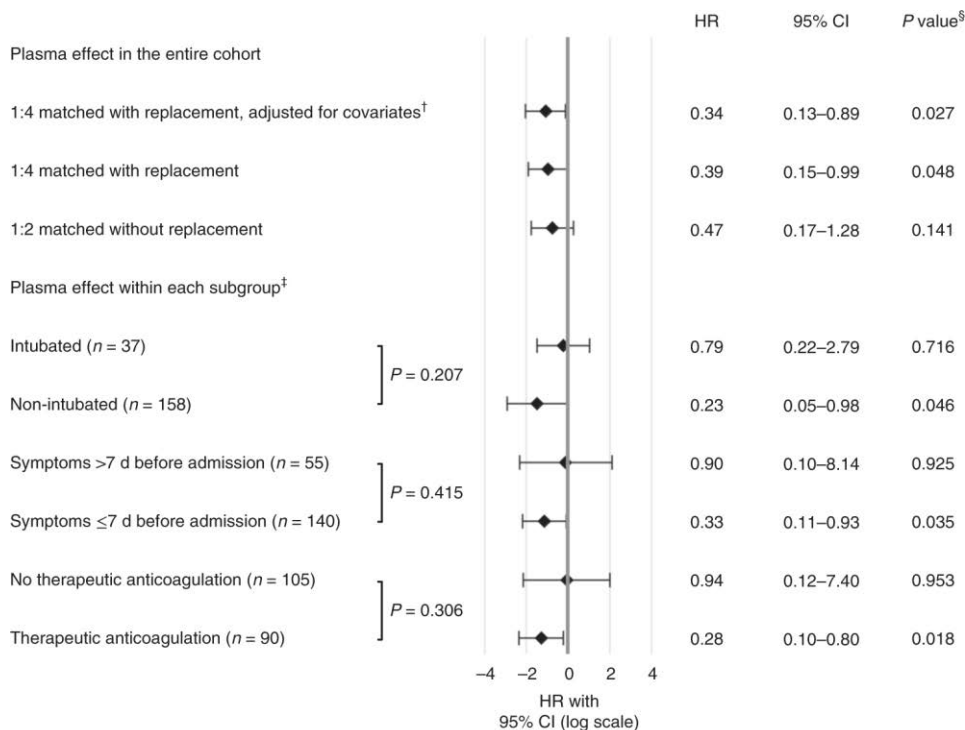
COVID-19: Steroids



Passive Antibody Therapy: *Advantages and Disadvantages*



COVID-19: Convalescent Plasma



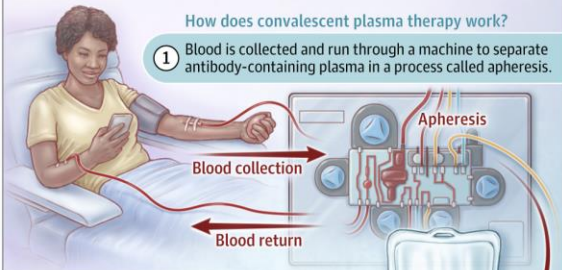
COVID-19: Convalescent Plasma

Convalescent plasma and COVID-19

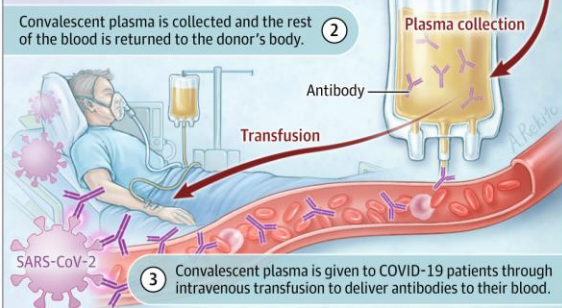
The blood of recovered COVID-19 patients contains proteins called antibodies developed by the immune system to fight the SARS-CoV-2 virus. Antibodies are found in the blood plasma, which can be collected and used to treat other COVID-19 patients with a **convalescent plasma** transfusion that is safe and has few side effects.

How does convalescent plasma therapy work?

- 1 Blood is collected and run through a machine to separate antibody-containing plasma in a process called apheresis.



- 2 Convalescent plasma is collected and the rest of the blood is returned to the donor's body.



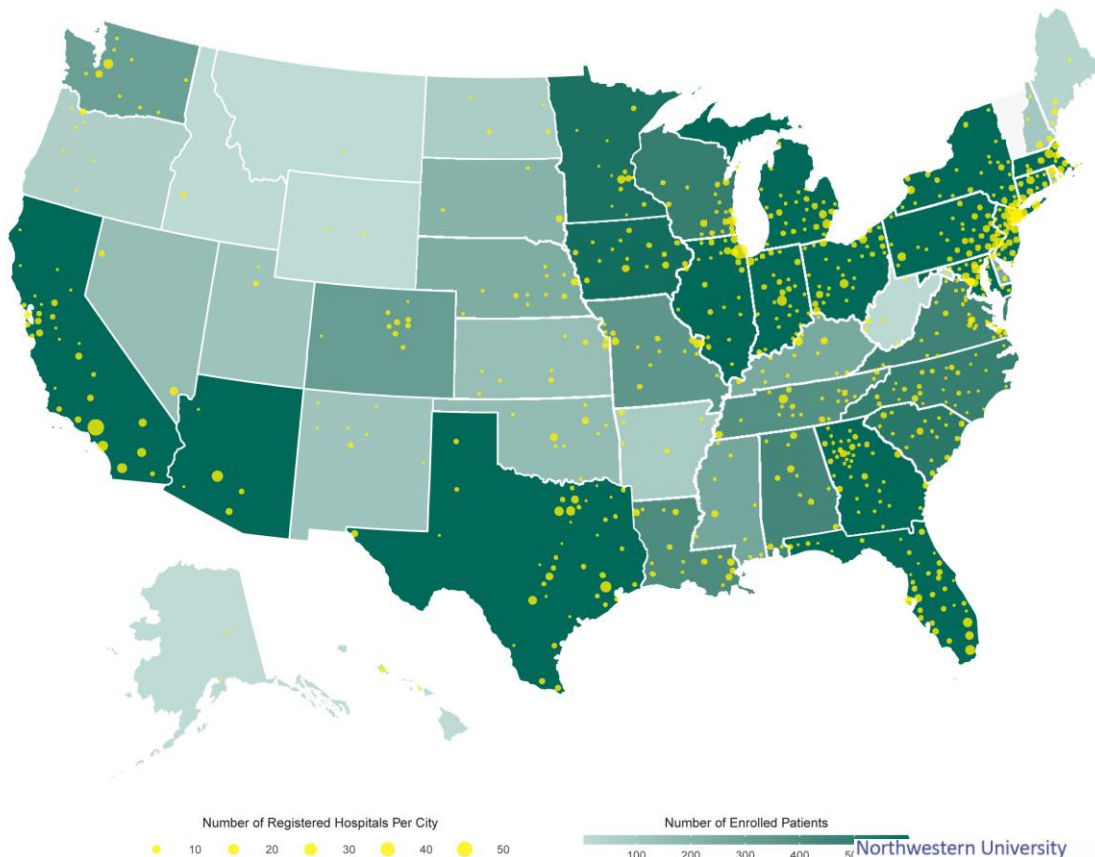
- 3 Convalescent plasma is given to COVID-19 patients through intravenous transfusion to deliver antibodies to their blood.

Who can become a convalescent plasma donor?

People who tested positive for COVID-19 and have been symptom free for 14 days.

People never confirmed to have had COVID-19 but who have recovered from COVID-19 symptoms and also tested positive for SARS-CoV-2 antibodies.

All donors must meet all other standard blood donation criteria.



COVID-19: Convalescent Plasma - Safety

TABLE 1. Patient Characteristics Stratified by Month of COVID-19 Convalescent Plasma Transfusion^a

	April	May	Total
Characteristic			
N	6214	13,786	20,000
Age, y			
18-39	449 (7.2)	1083 (7.9)	1,532 (7.7)
40-59	2056 (33.1)	4320 (31.3)	6,376 (31.9)
60-69	1798 (28.9)	3611 (26.2)	5,409 (27.0)
70-79	1260 (20.3)	2859 (20.7)	4,119 (20.6)
≥80	651 (10.5)	1913 (13.9)	2,564 (12.8)
Sex			
Female	2262 (36.4)	5499 (39.9)	7761 (38.8)
Male	3924 (63.2)	8241 (59.8)	12,165 (60.8)
Intersex or transgender	22 (0.4)	35 (0.3)	57 (0.3)
Undisclosed	6 (0.1)	11 (0.1)	17 (0.1)
Weight status ^b			
Underweight	61 (1.2)	249 (1.8)	310 (1.7)
Normal weight	868 (17.3)	2454 (18.0)	3322 (17.8)
Overweight	1502 (30.0)	3802 (27.8)	5304 (28.4)
Obese	2587 (51.6)	7166 (52.4)	9753 (52.2)
Race			
Asian	408 (6.6)	591 (4.3)	999 (5.0)
Black	1132 (18.2)	2784 (20.2)	3916 (19.6)
White	2993 (48.2)	6741 (48.9)	9734 (48.7)
Other or unknown	1681 (27.1)	3670 (26.6)	5351 (26.8)
Ethnicity			
Hispanic or Latino	2142 (34.5)	4794 (34.8)	6936 (34.7)
Not Hispanic or Latino	4072 (65.5)	8992 (65.2)	13,064 (65.3)
Clinical status			
Current severe or life-threatening COVID-19	4963 (79.9)	9274 (67.3)	14,237 (71.2)
High risk of severe or life-threatening COVID-19	1251 (20.1)	4512 (32.7)	5763 (28.8)
Intensive care unit admission	4038 (65.0)	7522 (55.0)	11,560 (58.1)
Mechanical ventilation ^c	2709 (48.5)	4155 (30.4)	6864 (35.6)
Clinical symptoms ^d			
Respiratory failure	3574 (72.0)	6155 (66.4)	9729 (68.3)
Dyspnea	3152 (63.5)	6561 (70.7)	9713 (68.2)
Blood oxygen saturation ≤93%	3092 (62.3)	6663 (71.8)	9755 (68.5)
Lung infiltrates >50% within 24 to 48 h	2105 (42.4)	4021 (43.4)	6126 (43.0)
Respiratory frequency ≥30/min	1937 (39.0)	4014 (43.3)	5951 (41.8)
P _a O ₂ /F _i O ₂ ^e <300	1642 (33.1)	3014 (32.5)	4656 (32.7)
Multiple organ dysfunction or failure	936 (18.9)	1212 (13.1)	2148 (15.1)
Septic shock	734 (14.8)	987 (10.6)	1721 (12.1)

TABLE 2. SAE Characteristics in Patients Transfused With COVID-19 Convalescent Plasma (N=20,000)^a

SAE: Transfusion reactions	Reported	Related	% Estimate ^b (95% CI)
Mortality within four hours of transfusion	63	10	0.05 (0.03-0.09)
TACO	36	36	0.18 (0.13-0.25)
TRALI	21	21	0.10 (0.07-0.16)
Severe allergic transfusion reaction	21	21	0.10 (0.07-0.16)
7-day SAE reports			
Thrombotic or thromboembolic complication	113	38	0.19 (0.14-0.26)
Sustained hypotension ^c	457	54	0.27 (0.21-0.35)
Cardiac events ^d	677	80	0.40 (0.32-0.50)
7-day mortality	Reported		
Crude Estimate	2592		12.96 (12.50-13.44)
Clinical status			
No ICU admission (n=8323)	772		9.28 (8.67-9.92)
ICU admission (n=11,560)	1806		15.62 (14.97-16.30)
No mechanical ventilation (n=12,147)	1220		9.85 (9.34-10.38)
Mechanical ventilation (n=6864)	1258		18.33 (17.43-19.26)
Clinical symptoms			
No MOF or septic shock (n=17,081)	1952		11.45 (10.98-11.94)
MOF or septic shock (n=2919)	640		21.72 (20.27-23.24)

^aICU = intensive care unit; MOF = multiple organ failure or dysfunction; SAE = severe adverse event; TACO = transfusion-associated circulatory overload; TRALI = transfusion-related acute lung injury.

^bPoint estimate of related serious adverse event incidence relative to 20,000 transfusions.

^cSustained hypotension included events requiring intravenous pressor support.

^dCardiac events included ventricular or atrial fibrillation or arrhythmia requiring treatment, and cardiac arrest.

COVID-19: Convalescent Plasma - Efficacy

Table 1. Patient Characteristics Stratified by Time Period of COVID-19 Convalescent Plasma Transfusion.

	Apr 04 - May 01 (N=6,990)	May 01 - Jun 04 (N=14,846)	Jun 04 - Jul 04 (N=13,486)	Total Patients (N=35,322)	P value
Age at Enrollment (years)					<0.001
18 to 39	539 (7.7%)	1,337 (9.0%)	1,596 (11.8%)	3,472 (9.8%)	
40 to 59	2,424 (34.7%)	4,938 (33.3%)	4,806 (35.6%)	12,168 (34.4%)	
60 to 69	2,007 (28.7%)	3,791 (25.5%)	3,170 (23.5%)	8,968 (25.4%)	
70 to 79	1,358 (19.4%)	2,879 (19.4%)	2,467 (18.3%)	6,704 (19.0%)	
80 or older	662 (9.5%)	1,901 (12.8%)	1,447 (10.7%)	4,010 (11.4%)	
Gender					<0.001
Female	2,546 (36.5%)	5,961 (40.2%)	5,489 (40.8%)	13,996 (39.7%)	
Male	4,416 (63.4%)	8,838 (59.7%)	7,961 (59.1%)	21,215 (60.2%)	
Undisclosed	6 (0.1%)	11 (0.1%)	11 (0.1%)	28 (0.1%)	
Weight Status					<0.001
Underweight	69 (1.2%)	286 (1.9%)	156 (1.2%)	511 (1.5%)	
Normal Weight	1,010 (14.7%)	2,601 (17.6%)	1,744 (12.9%)	5,355 (15.7%)	
Overweight	1,723 (29.7%)	4,096 (27.8%)	3,647 (27.1%)	9,466 (27.8%)	
Obese	2,997 (51.7%)	7,761 (52.6%)	7,926 (58.8%)	18,684 (54.9%)	
Race					<0.001
White	3,330 (47.6%)	7,299 (49.2%)	7,178 (53.2%)	17,807 (50.4%)	
Asian	456 (6.5%)	628 (4.2%)	390 (2.9%)	1,474 (4.2%)	
Black or African American	1,301 (18.6%)	2,971 (20.0%)	2,379 (17.6%)	6,651 (18.8%)	
Other or Unknown	1,903 (27.2%)	3,948 (26.6%)	3,539 (26.2%)	9,390 (26.6%)	
Ethnicity					<0.001
Hispanic/Latino	2,391 (34.2%)	5,297 (35.7%)	5,875 (43.6%)	13,563 (38.4%)	
Not Hispanic/Latino	4,599 (65.8%)	9,549 (64.3%)	7,611 (56.4%)	21,759 (61.6%)	
Clinical Status					
Current severe or life-threatening COVID-19	5,584 (79.9%)	9,761 (65.7%)	8,157 (60.5%)	23,502 (66.5%)	<0.001
Intensive Care Unit (ICU) care prior to infusion	4,601 (65.8%)	7,908 (53.3%)	5,952 (44.1%)	18,461 (52.3%)	<0.001
Mechanical Ventilation prior to infusion	3,217 (49.9%)	4,143 (27.9%)	2,213 (16.4%)	9,573 (27.5%)	<0.001
Severe Risk Factors^a					
Respiratory failure	4,063 (72.8%)	6,352 (65.1%)	4,760 (58.4%)	15,175 (64.6%)	<0.001
Dyspnea	3,543 (63.4%)	6,976 (71.5%)	6,476 (79.4%)	16,995 (72.3%)	<0.001
Blood oxygen saturation \leq 93%	3,507 (62.8%)	7,063 (72.4%)	6,394 (78.4%)	16,964 (72.2%)	<0.001
Lung infiltrates $>$ 50% within 24 to 48 hours	2,415 (43.2%)	4,151 (42.5%)	3,015 (37.0%)	9,581 (40.8%)	<0.001
Respiratory frequency \geq 30/min	2,205 (39.5%)	4,174 (42.8%)	3,366 (41.3%)	9,745 (41.5%)	<0.001
PaO ₂ :FiO ₂ ratio $<$ 300	1,905 (34.1%)	3,075 (31.5%)	1,952 (23.9%)	6,932 (29.5%)	<0.001
Multiple organ dysfunction or failure	1,062 (19.0%)	1,200 (12.3%)	560 (6.9%)	2,822 (12.0%)	<0.001
Septic shock	844 (15.1%)	960 (9.8%)	475 (5.8%)	2,279 (9.7%)	<0.001

Table 1. Patient Characteristics Stratified by Time Period of COVID-19 Convalescent Plasma Transfusion.

	Apr 04 - May 01 (N=6,990)	May 01 - Jun 04 (N=14,846)	Jun 04 - Jul 04 (N=13,486)	Total Patients (N=35,322)	P value
Medications during hospital stay					
Angiotensin Receptor Blocker	397 (5.7%)	839 (5.7%)	779 (5.8%)	2,015 (5.7%)	0.90
Ace Inhibitor	467 (6.7%)	1,130 (7.6%)	1,023 (7.6%)	2,620 (7.4%)	0.032
Azithromycin	3,811 (54.5%)	5,717 (38.5%)	5,456 (40.5%)	14,984 (42.4%)	<0.001
Remdesivir	329 (4.7%)	4,066 (27.4%)	6,240 (46.3%)	10,635 (30.1%)	<0.001
Steroids	3,736 (53.4%)	6,137 (41.3%)	7,735 (57.4%)	17,608 (49.8%)	<0.001
Chloroquine	33 (0.5%)	22 (0.1%)	6 (0.0%)	61 (0.2%)	<0.001
Hydroxychloroquine	4,356 (62.3%)	2,437 (16.4%)	245 (1.8%)	7,038 (19.9%)	<0.001
Time to Transfusion					<0.001
0 days	141 (2.0%)	598 (4.0%)	625 (4.6%)	1,364 (3.9%)	
1 to 3 days	1,590 (22.7%)	5,748 (38.7%)	6,705 (49.7%)	14,043 (39.8%)	
4 to 10 days	2,843 (40.7%)	6,244 (42.1%)	5,271 (39.1%)	14,358 (40.6%)	
11+ days	2,416 (34.6%)	2,256 (15.2%)	885 (6.6%)	5,557 (15.7%)	

^aThese data include a subset of the sample (n = 23,502), only those patients that currently have severe or life-threatening COVID-19. Data was not available for Gender (n=83), Weight Status (n=1,306) and Mechanical Ventilation prior to infusion (n=544).

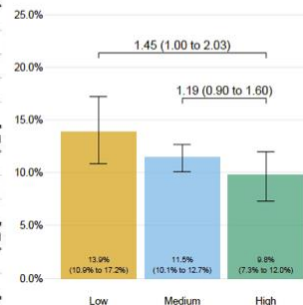
COVID-19: Convalescent Plasma - Efficacy

Table 2. Crude Mortality (7 and 30 day) of patients transfused with COVID-10 Convalescent Plasma.

	Seven-day Mortality					Thirty-day Mortality			
	Sample, No	Events, No	Estimate, 95% CI	P-value		Sample, No	Events, No	Estimate, 95% CI	P-value
Overall Mortality	35,322	3,706	10.5% (10.2%, 10.8%)			35,322	8,652	24.5% (24.0%, 24.9%)	
Age				<0.0001					<0.0001
18 - 39 y	3,472	109	3.1% (2.6%, 3.8%)			3,472	261	7.5% (6.7%, 8.4%)	
40 - 59 y	12,168	662	5.4% (5.1%, 5.9%)			12,168	1,837	15.1% (14.5%, 15.7%)	
60 - 69 y	8,968	897	10.0% (9.4%, 10.6%)			8,968	2,431	27.1% (26.2%, 28.0%)	
70 - 79 y	6,704	1,023	15.3% (14.4%, 16.1%)			6,704	2,367	35.3% (34.2%, 36.5%)	
80 y or older	4,010	1,015	25.3% (24.0%, 26.7%)			4,010	1,756	43.8% (42.3%, 45.3%)	
On Ventilator Prior to Infusion				<0.0001					<0.0001
No	25,205	1,932	7.7% (7.3%, 8.0%)			25,205	4,523	17.9% (17.5%, 18.4%)	
Yes	9,573	1,685	17.6% (16.9%, 18.4%)			9,573	3,924	41.0% (40.0%, 42.0%)	
Missing	544	89	16.4% (13.5%, 19.7%)			544	205	37.7% (33.7%, 41.6%)	
Days to Transfusion				<0.0001					<0.0001
<= 3 days	15,407	1,340	8.7% (8.3%, 9.2%)			15,407	3,329	21.6% (21.0%, 22.3%)	
4+ days	19,915	2,366	11.9% (11.4%, 12.3%)			19,915	5,323	26.7% (26.1%, 27.3%)	
Study Period and Days to Transfusion				<0.0001					<0.0001
Apr 04 - May 01 (<= 3 days)	1,731	232	13.4% (11.9%, 15.1%)			1,731	526	30.4% (28.3%, 32.6%)	
Apr 04 - May 01 (4+ days)	5,259	853	16.2% (15.2%, 17.2%)			5,259	1,821	34.6% (33.4%, 35.9%)	
May 01 - Jun 04 (<= 3 days)	6,346	659	10.4% (9.7%, 11.2%)			6,346	1,452	22.9% (21.9%, 23.9%)	
May 01 - Jun 04 (4+ days)	8,500	1,060	12.5% (11.8%, 13.2%)			8,500	2,260	26.6% (25.7%, 27.5%)	
Jun 04 - Jul 04 (<= 3 days)	7,330	449	6.1% (5.6%, 6.7%)			7,330	1,351	18.4% (17.6%, 19.3%)	
Jun 04 - Jul 04 (4+ days)	6,156	453	7.4% (6.7%, 8.0%)			6,156	1,242	20.2% (19.2%, 21.2%)	
Ortho IgG				0.0483					0.0208
Low	561	77	13.7% (11.1%, 16.8%)			561	166	29.6% (26.0%, 33.5%)	
Medium	2,006	233	11.6% (10.3%, 13.1%)			2,006	549	27.4% (25.5%, 29.4%)	
High	515	46	8.9% (6.8%, 11.7%)			515	115	22.3% (18.9%, 26.1%)	
IgG - Time to Transfusion				0.0500					<0.0001
<= 3 days (Low)	190	25	13.2% (9.1%, 18.7%)			190	48	25.3% (19.6%, 31.9%)	
<= 3 days (Medium)	727	73	10.0% (8.1%, 12.4%)			727	166	22.8% (19.9%, 26.0%)	
<= 3 days (High)	180	11	6.1% (3.4%, 10.6%)			180	30	16.7% (11.9%, 22.8%)	
4+ days (Low)	371	52	14.0% (10.9%, 17.9%)			371	118	31.8% (27.3%, 36.7%)	
4+ days (Medium)	1,279	160	12.5% (10.8%, 14.4%)			1,279	383	29.9% (27.5%, 32.5%)	
4+ days (High)	335	35	10.4% (7.6%, 14.2%)			335	85	25.4% (21.0%, 30.3%)	

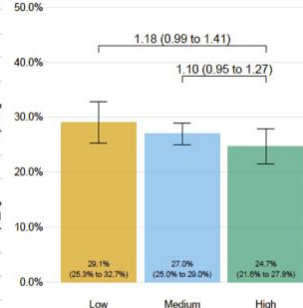
7-Day Adjusted Mortality

A. Ortho IgG Groups

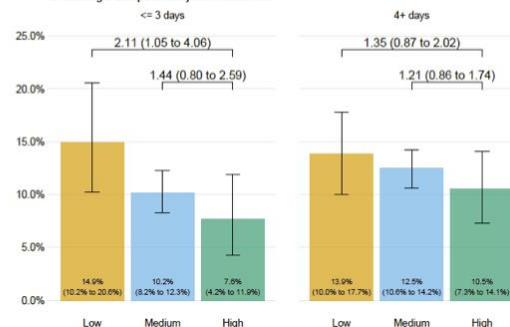


30-Day Adjusted Mortality

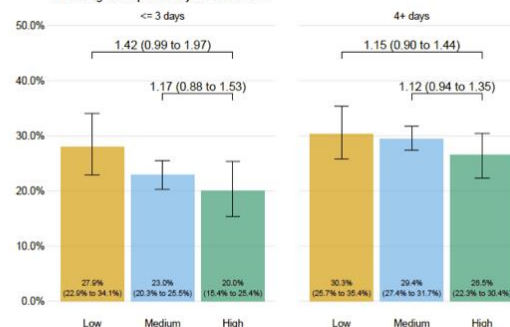
C. Ortho IgG Groups



B. Ortho IgG Groups and Days to Transfusion

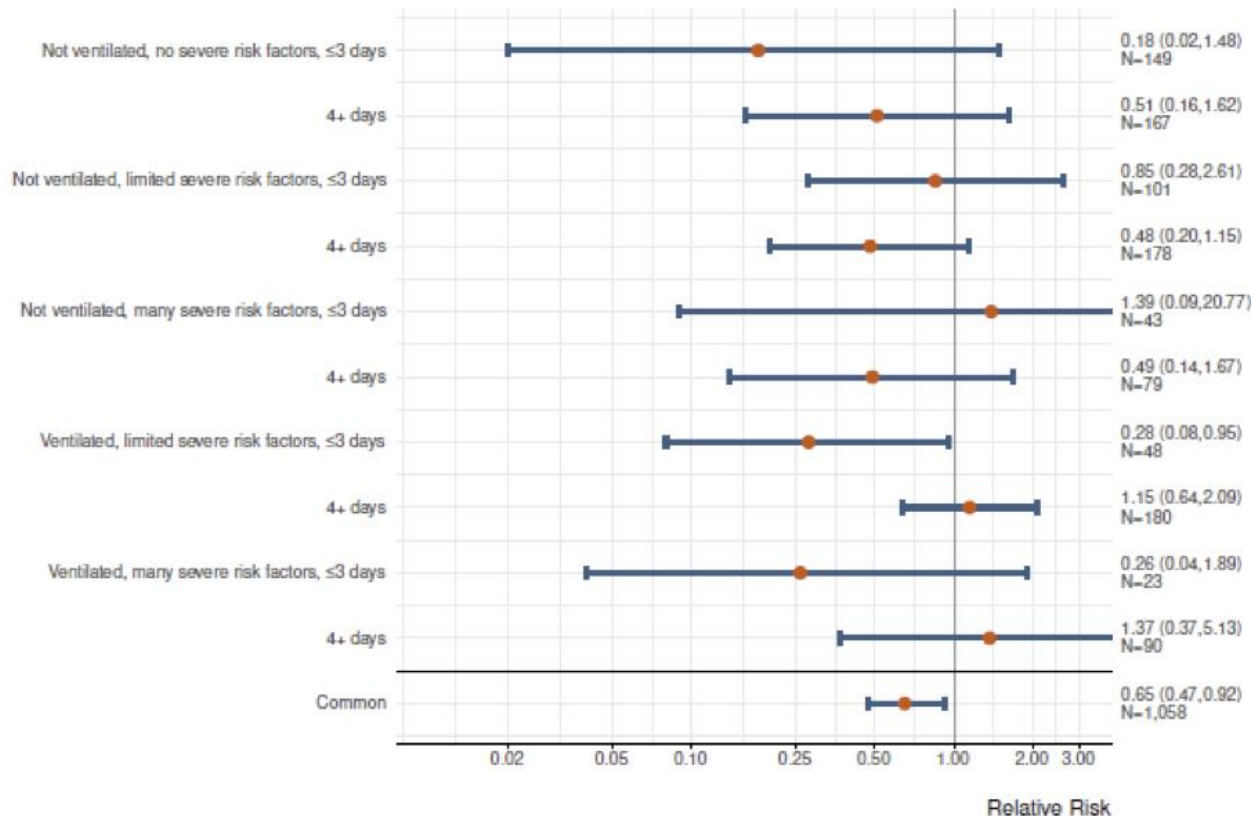


D. Ortho IgG Groups and Days to Transfusion



COVID-19: Convalescent Plasma - Efficacy

A. 7-Day Mortality



COVID-19: Convalescent Plasma

Table 2 | Clinical and laboratory findings in study participants with moderate coronavirus disease 2019 assigned to convalescent plasma therapy (intervention arm) or to best standard of care (control arm) at baseline and drugs received during hospital stay. Values are numbers (percentages) unless stated otherwise

Clinical and laboratory findings	Intervention arm	Control arm
Shortness of breath	215/235 (91)	208/229 (91)
Fever	77/235 (32)	85/229 (37)
Cough	149/235 (63)	167/229 (73)
Fatigue	183/234 (78)	182/229 (79)
Radiography findings (n=432):		
Ground glass opacity	27/218 (12)	29/224 (13)
Local patchy shadows	12/218 (5)	9/224 (4)
Bilateral patchy shadows	140/218 (64)	139/224 (65)
Interstitial abnormalities	3/218 (1)	4/224 (2)
Bilateral white out lung	2/218 (1)	2/224 (1)
Others	34/218 (16)	31/224 (14)
Mean (SD) SpO ₂ on room air (%)	88.1 (4)	88.5 (4)
Mean (SD) FIO ₂ required to maintain SpO ₂ >92%	39.04 (13)	37.4 (11)
Mean (SD) PaO ₂ /FIO ₂	255.4 (42)	251.6 (39.5)
Mean (SD) haemoglobin (g/L)	125 (21)	125 (18)
Median (interquartile range) WBC count (cells/mm ³)	8480 (6110-11460)	8500 (6500-11200)
Median (interquartile range) neutrophil:lymphocyte ratio	5.5 (3.5-10)	5.5 (3.4-9.4)
Median (interquartile range) ferritin (ng/mL)	529.8 (278.6-956)	539.5 (328.3-873)
Median (interquartile range) LDH (IU/L)	473.5 (335-661)	458.6 (342.5-638.5)
Median (interquartile range) C reactive protein (mg/L)	41.6 (14.2-90)	41.7 (12-126)
Median (interquartile range) D-dimer (mg/L)	0.8 (0.5-2.1)	0.7 (0.4-1.5)
WHO ordinal scale (n=463):		
4	180/234 (7)	181/229 (79)
5	54/234 (23)	47/229 (21)
6	0	1/229 (0.4)
Drug treatments:		
Hydroxychloroquine	159/235 (68)	155/229 (68)
Remdesivir	7/235 (3)	13/229 (6)
Lopinavir/ritonavir	36/235 (15)	30/229 (13)
Methylprednisolone	123/235 (52)	114/229 (50)
Dexamethasone	23/235 (10)	30/229 (13)
Hydrocortisone	4/235 (2)	5/229 (2)
Tocilizumab	16/235 (7)	26/229 (11)
Heparin (UFH/LMWH)	178/235 (76)	170/229 (74)
Azithromycin	156/235 (66)	140/229 (61)
Intravenous immunoglobulin	1/235 (0.4)	0
Other antibiotics	204/235 (87)	196/229 (86)

SpO₂=peripheral capillary oxygen saturation; FIO₂=fraction of inspired oxygen; PaO₂=partial pressure of oxygen in arterial blood; WBC=white blood cells; LDH=lactate dehydrogenase; WHO=World Health Organization; UFH=unfractionated heparin; LMWH=low molecular weight heparin.

Table 3 | Comparison of primary outcomes between convalescent plasma therapy (intervention arm) and best standard of care (control arm) in intention-to-treat analysis

Composite outcome	No (%) in intervention arm (n=235)	No (%) in control arm (n=229)	Unadjusted risk difference (95% CI)	Unadjusted risk ratio (95% CI)	Adjusted risk ratio (95% CI)
All cause mortality at 28 days or progression to severe disease	44 (19)	41 (18)	0.008 (-0.062 to 0.078)	1.04 (0.71 to 1.54)	1.07 (0.73 to 1.58)

Adjusted for trial sites and presence of diabetes mellitus.

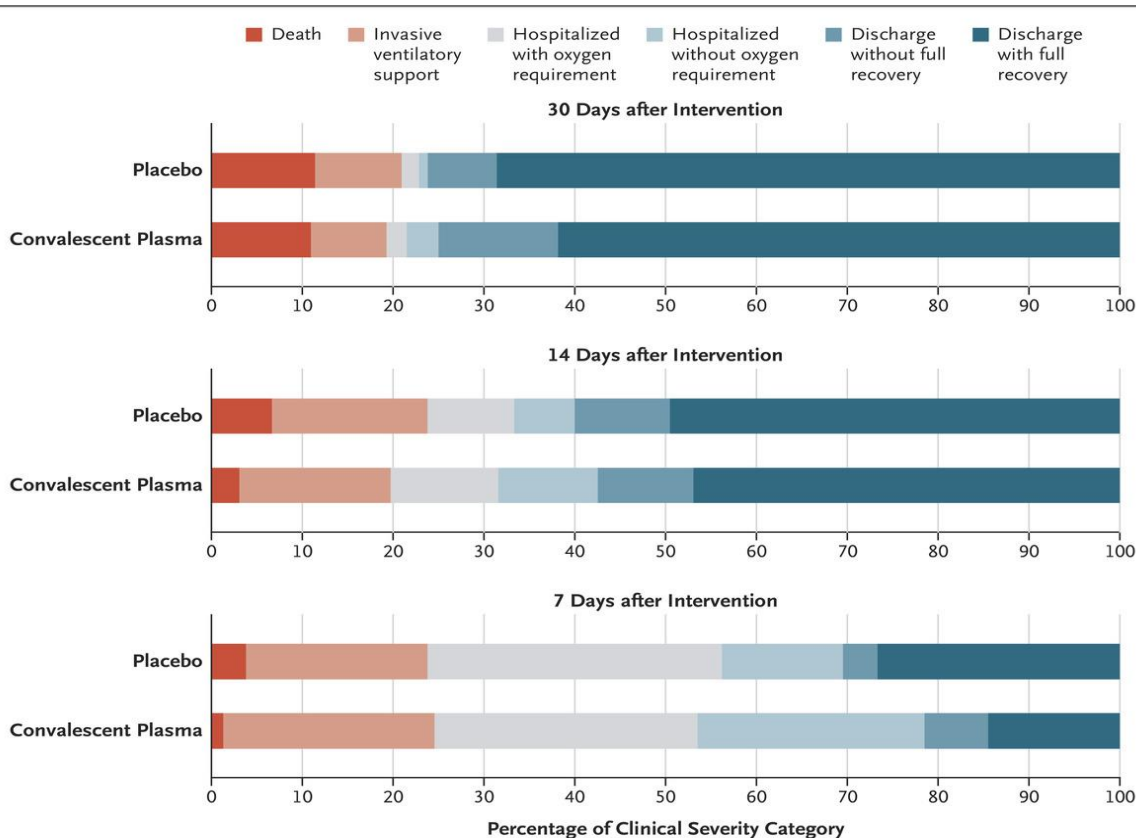
Table 4 | Comparison of secondary outcomes between convalescent plasma therapy (intervention arm) and best standard of care (control arm) in per protocol analysis (n=451). Values are numbers (percentages) unless stated otherwise

Secondary outcomes	Intervention arm	Control arm	Unadjusted risk ratio (95% CI)
Resolution of symptoms on day 7:			
Shortness of breath (n=362)	140/183 (76)	119/181 (66)	1.16 (1.02 to 1.32)
Fever (n=138)	66/67 (98)	65/71 (92)	1.08 (0.99 to 1.16)
Cough (n=274)	102/127 (80)	111/147 (76)	1.06 (0.94 to 1.2)
Fatigue (n=306)	114/156 (73)	92/153 (60)	1.21 (1.02 to 1.42)
Negative conversion of SARS-CoV-2 RNA:			
Day 3 (n=367)	79/184 (43)	67/183 (37)	1.2 (0.9 to 1.5)
Day 7 (n=342)	117/173 (68)	93/169 (55)	1.2 (1.04 to 1.5)
Median (interquartile range) total hospital stay (days); No with event	14 (10-19); n=227	13 (10-18); n=224	0.2*
Median (interquartile range) total days of respiratory support; No with event	9 (6-13); n=227	10 (6-13); n=224	0.7*
Median (interquartile range) days of respiratory support post-enrolment; No with event	6 (3-9); n=227	6 (4-10); n=224	0.5*
Type of mechanical ventilation during hospital stay:			
Invasive	19/227 (8)	19/224 (8)	0.99 (0.54 to 1.81)
Non-invasive	31/227 (14)	37/224 (16)	0.8 (0.5 to 1.3)
Vasopressor support after enrolment	10/225 (4)	8/221 (4)	1.2 (0.5 to 3.05)

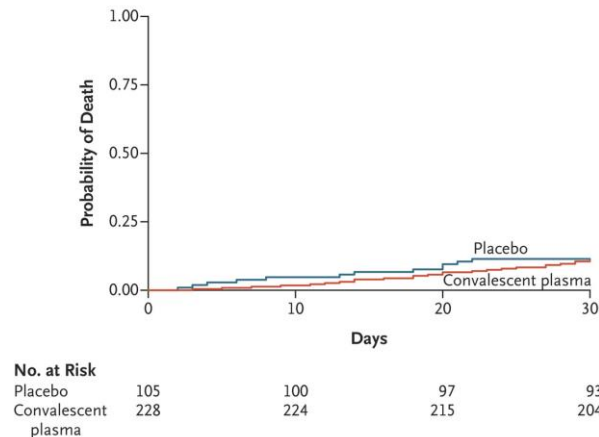
SARS-CoV-2=severe acute respiratory syndrome coronavirus 2; RNA=ribonucleic acid.

*Continuous variables—Mann-Whitney U test applied and P values reported. All changes are measured from day of enrolment.

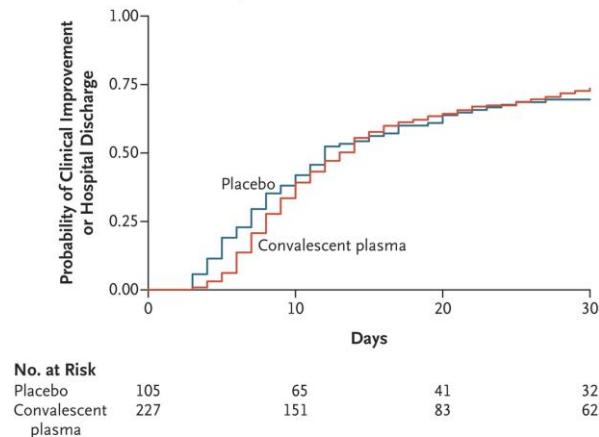
COVID-19: Convalescent Plasma



A Time from Intervention to Death



B Time from Intervention to Improvement



Approach to Management of COVID-19 at Northwestern Medicine

- Our overarching premise is that the definitive approach to treating patients with COVID-19 remains to be determined
 - We attempt to enroll patients in clinical trials instead of empiric therapy
- Outpatients Setting
 - Healthcare workers who test positive: Offered MAb
 - Patients with 3+ Co-Morbid Conditions: Offered MAb at MD discretion
- Inpatient Setting
 - 2+L Oxygen: Remdesivir, Dexamethason (if >7 days after onset) – 5 vs. 10 days
 - Immunocompromised: Remdesivir (10 days) +/- dexamethasone
 - Rapid progression within 3 days of admission: Consider convalescent plasma
 - Attempt to enroll in clinical trials: *ACTT-4, ACTIV-1, ACTIV-4, PAI-1 inhibitor*

Approach to COVID-19: *Gaps in Our Understanding*

- We need to identify ideal study endpoints
 - Initial enthusiasm for ordinal scale; challenges noted
 - There's more to drugs than prevention of death
- We need to know more about impact of interventions
 - Serial virology and resistance emergence
 - Biomarkers and the clinical correlates of their change
- We need to figure out how to learn from EUA/EAP
- We need more personalized approach to therapy
 - Especially true for immunomodulation
- Better therapies for outpatient care and more potent antivirals



Are you a registered organ donor?
I am!

Questions?

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