Sharp HealthCare COVID-19

Inpatient Treatment Clinical Trials

Updated September 25, 2020

Mild to Moderate

IRB #	Study	Primary Inclusion Criteria	Primary Exclusion	Investigators	Contact	Notes
Hospitals			Criteria			
2003902	COVID-ARB	-Mild to moderate	-Severe allergy to any	SMH:Sakoulas	Matthew Geriak, PharmD;	Open to
SMH		respiratory symptoms,	ARB or ACE inh, in	SGH: Haddad	matthew.geriak@sharp.com;	Enrollment
SGH		SBP <u>></u> 110mmHg; Screen	ICU, home meds	SCV: Shao	Cary Murphy, RN	
SCV		within 3 days of COVID-19	include ACE or ARB;		cary.murphy@	
		test	CrCl < 30ml/min		sharp.com	

Moderate

IRB #	Study	Primary Inclusion	Primary Exclusion	Investigators	Contact	Notes
Hospitals		Criteria	Criteria			
2006903	MS200569-0026A Phase II,	- <u>></u> 18 and <u><</u> 70	-Clinically significant	SMH:EI	Adriana	Open to
SMH	Randomized, Double-blind,	-Not on vent or ECMO	cardiovascular disease	Ghazal	Valdez-	Enrollment
SCV	Placebo-controlled Study	-SpO2 < 94% in room air	-Hx of uncontrolled	SCV: Shao	Hernandez	
	to Evaluate the Safety and	AND able to maintain a	illness prior to SARS-		Adriana.valdez-	
	Efficacy of M5049 in	PaO2/FiO2 ≥ 150 with a	CoV-2 infection, within		hernandez@	
	Hospitalized Participants	max FiO2 0.4	the past 3 months		sharp.com	
	with COVID-19 Pneumonia		-Hx of the following:			
			-HIV			
			-Untreated hepatitis			
			-Recurrent herpes			
			-tuberculosis (TB)			

Moderate to Severe

IRB # Hospital	Study	Primary Inclusion Criteria	Primary Exclusion Criteria	Investigators	Contact	Notes
2005901 SGH 2005902 SCV	GA42496 a phase II, randomized, double-blind, placebo-controlled, multicenter study to evaluate the safety and efficacy of MSTT1041A or UTTR1147A in patients with severe covid-19 pneumonia	-18+ -Hospitalized and positive for COVID19 pneumonia by RT PCR and Chest Xray/Scan -SpO2 <93% or PaO2/FiO2 <300mmHg	-Progression to death is imminent within 24hrs; -High-dose corticosteroids within 72hrs - pregnant or breastfeeding -Not participating in another drug trial including CCP	SGH: Overcash SCV: Waters	Shandel Odom <u>sodom@estudysi</u> <u>te.com</u> Rosalynn Landazuri rlandazuri@estu dysite.com	Open to Enrollment
2005903 SGH 2005904 SCV	CMAS825F12201: A Phase 2, randomized, placebo- controlled, participant and investigator blinded, multi- center study to assess efficacy and safety of MAS825 for the treatment of SARS-CoV-2 infected patients with COVID-19 pneumonia and impaired respiratory function	-18-80 -SARS-CoV-2 diagnosis by PCR within 7 days prior to randomization -Hospitalized with COVID- 19 induced pneumonia evidenced by chest Xray/CTscan/MRI within 5 days prior to randomization -SpO2 <=93% or PaO2/FiO2<300mmHg	-APACHEII >=10 (acute physiology score+age points+chronic health points. Increasing score associated with increasing risk of hospital death) -weight 45-120kg -No other bacterial, fungal, viral or other infection -Progression to death is not imminent within next 24 hours -Not intubated at randomization	SGH: Overcash SCV: Waters	Erica Sanchez <u>esanchez@estud</u> <u>ysite.com</u> Dalia Tover dtover@estudysi te.com	Open to Enrollment
2006902 SMH SGH SCV	GAM10-10: Efficacy and Safety of Octagon 10% Therapy in COVID-19 Patients with Severe Disease Progression	18+ -Resting SpO ₂ of <93% requiring oxygen supplementation PaO2/FiO2 ratio < 300 mmHg	 -History of allergic reaction to IVIG -Recent TEE -Underlying medical condition that can lead to hypercoagulable states and hyperviscosity - Hx of IgA deficiency - Vented - rec'd CCP - rec'd IVIG products - Anti-interleukin agents Interferons 	SMH:Sakoulas, Willms, Salem, SGH:Haddad	Cary Murphy, RN cary.murphy@ sharp.com Matthew Geriak, PharmD <u>Matthew.geriak</u> @sharp.com	Open to Enrollment

IRB #	Study	Primary Inclusion	Primary Exclusion	Investigators	Contact	Notes
Hospital		Criteria	Criteria			
2007903 SMH SGH SCV	A Randomized Double- Blind, Placebo-Controlled, Parallel-Group Phase 3 Study of Baricitinib in Patients with COVID-19 Infection: 14V-MC-KHAA	-18+ -PCR+ -Sp02 < 94 or Pa02/Fi02 ratio <300mmHg ->UNL (CRP, D-Dimer, LDH, Ferritin)	 -receiving cytotoxic or biologic tx washout req'd for: B-cell, TNF inhibitors, JAK inhibitors -rec'd CCP or IVIG corticosteroids > 20 mg/day for 14 days -TB -bacterial, fungal, viral or other non-COVID infection Live vaccine w/in 4 wk -ECMO -current malignancy -VTE, PE w/in 12 wks -neutropenia -lymphopenia -ALT or AST > 5 times ULN -eGFR <30mL/min/1,73m2 	SMH: Lawrie, El Ghazal SGH: Haddad SCV: Shao	Cary Murphy, RN Cary.murphy@ sharp.com	Open to Enrollment

Severe

IRB #	Study	Primary Inclusion	Primary Exclusion	Investigators	Contact	Notes
Hospital		Criteria	Criteria			
2007904 SMH SGH SCV	Phase 2/3 clinical study with mavrilimumab (KPL-301), an anti-GM-CSF inhibitor, for patients hospitalized with severe COVID-19 pneumonia and systemic hyper-inflammation	-18+ -COVID+ w/in 14days -Bilateral pneumonia - Fever <u>></u> 100 - one of the following: Ferritin > 500ng/mL CRP>5 mg/dL D-Dimer >1,000 LDH > 250 U/L Intubated or non- intubated	 -Onset of sx> 14 days -hosp > 7 days - Need ECMO - Hx of PAP - Hx of immunodef. -Hx solid organ or bone marrow transplant -current systemic immune- modulating RX -current cytotoxic chemotherapy - Severe asthma, COPD - LVEF < 35% - TB - bacterial or fungal infection - SARs, MERS -Chronic liver disease - QTCF ECG > 450ms -chronic or recent (7days) corticosteroid use >10mg/day 	SMH:Lawrie, Willms	Cary Murphy, RN Cary.murphy@ sharp.com	Open to Enrollment
2006901 SGH SCV	WA42511 REMDACTA, A phase III, randomized, double-blind, multicenter study to evaluate the efficacy and safety of Remdesivir plus Tocilizumab compared with Remdesivir plus Placebo in hospitalized patients with severe covid-19 pneumonia	-18+ -Hospitalized with Covid-19 pneumonia confirmed per positive PCR and evidenced by CXR or CT scan -Requiring >6 L/min supplemental O2 to maintain SpO2 >93% -Can be intubated (not required)	 -Allergies to TCZ or other monoclonal antibodies, or hypersensitivity to remdesivir - Active TB infection; bacterial, fungal, viral, or other infection (besides Covid-19) - Tx with TCZ within last 3 months - Concurrent tx with other agents or possible direct- acting antiviral activity against SARS-CoV-2 within 24hrs prior to dosing - GFR <30 mL/min - ALT/AST >5 ULN - ANC <1,000 - Platelets <50,000 - body weight <40kg; pregnant or breastfeeding 	SGH and SCV: Overcash		Open to Enrollment

2007904 SMH SGH	Phase 2/3 clinical study with mavrilimumab (KPL-301), an anti-GM-CSF inhibitor. for	-18+ - + COVID test w/in 14 days of randomization	-hosp > 7 days prior to rand. -need for invasive mechanical ventilation	SMH: Lawrie, Willms SGH:	Cary Murphy, RN Cary.murphy@ Sharp.com	Open to Enrollment
SGH SCV	anti-GM-CSF inhibitor, for patients hospitalized with severe COVID-19 pneumonia and systemic hyper-inflammation <u>COHORT 1</u>	days of randomization -Bilateral pneumonia on x-ray or CT -fever ≥100.4°F or ≥38.2°C -ferritin>500mg/mL or CRP > 5mg/dL or D- dimer>1,000ng/mL or LDH>250U/L - receiving non-invasive ventilation/ oxygenation to maintain SpO2 ≥92% and non-intubated	 ventilation -need for ECMO -live vaccine w/in 4 weeks -chronic or recent corticosteroid use > 10mg/day -serious or concomitant illness that in the opinion of the investigator precludes subject enrolling in trial – e.g., hx of PAP, immunodeficiency, solid organ or bone marrow transplant, current use of mavrilimumab, active cancer within 10 years (except basal and squamous of skin)or in situ carcinoma of cervix now cured, severe, uncontrolled pulmonary disease other than COVID-19, left ventricular systolic dysfunction, active TB, uncontrolled bacterial or fungal infection, SARS or MERS (per investigator opinion), chronic liver disease. recent tx with cell-depleting biological therapies within 12 mos., anakinra, anti-IL-6 receptor within 8 wks, cyclosporine A, azathioprine, cyclophosphamide, MMF, CCP or other immunosuppressant w/in 4 	SGH: SCV:	Sharp.com	
			weeks prior to randomization.			

Vented

IRB # Hospital	Study	Primary Inclusion Criteria	Primary Exclusion Criteria	Investigators	Contact	Notes
2007902 SCV SGH SMH	18424-369A Phase 3 randomized, double-blind, placebo-controlled, multi- center study to assess the efficacy and safety of ruxolitinib in patients with COVID-19-induced ARDS who require invasive mechanical ventilation (RUXCOVID-DEVENT)	-18+ -COVID+ < 3 weeks -Vented - Pa02/Fi02 of < 300mmhg w/in 6 hrs of randomization - bilateral or diffuse pulmonary infiltrates on chest x-ray or CT scan	 sensitivity to drugs in same class severely impaired renal function uncontrolled bacterial, fungal or other infection besides COVID-19 -TB -Unlikely to survive 24h -ECMO 	SCV: Shao SGH: Haddad SMH: El Ghazal	Adriana Valdez- Hernandez Adriana.valdez- hernandez@ sharp.com	Open to Enrollment
2006901 SCV SGH	WA42511 REMDACTA, A phase III, randomized, double-blind, multicenter study to evaluate the efficacy and safety of Remdesivir plus Tocilizumab compared with Remdesivir plus Placebo in hospitalized patients with severe covid-19 pneumonia	-18+ -Hospitalized with Covid-19 pneumonia confirmed per positive PCR and evidenced by CXR or CT scan -Requiring >6 L/min supplemental O2 to maintain SpO2 >93% -Can be intubated (not required)	-Allergies to TCZ or other monoclonal antibodies, or hypersensitivity to remdesivir - Active TB infection; bacterial, fungal, viral, or other infection (besides Covid-19) - Tx with TCZ within last 3 months -Concurrent tx with other agents or possible direct- acting antiviral activity against SARS-CoV-2 within 24hrs prior to dosing - GFR <30 mL/min -ALT/AST >5 ULN - ANC <1,000 - Platelets <50,000 - body weight <40kg; pregnant or breastfeeding	SGH and SCV: Overcash		Open to Enrollment
2007901 SMH	Covid-19 trial of the use of Attune Medical esophageal cooling/warming device to treat ventilated Covid-19 patients with core warming	-18+ -Vented -Max baseline temp w/in 12hr <38.3 - Has LAR	 No LAR Contraindication to Core Warming Pregnant 40 kg body mass DNR status- acute stroke, post-cardiac arrest or MS 	SMH: Willms, Salem	Kyra Cloutier Kyra.cloutier@ sharp.com	Open to Enrollment

2007904 SMH SGH SCV	Phase 2/3 clinical study with mavrilimumab (KPL- 301), an anti-GM-CSF inhibitor, for patients hospitalized with severe COVID-19 pneumonia and systemic hyper- inflammation <i>COHORT 2</i>	-18+ -Vented w/in 48 hours -Bilateral pneumonia on x-ray or CT -fever ≥100.4 -ferritin>500mg/mL or CRP > 5mg/dL or D- dimer>1,000ng/mL or LDH>250U/L	hosp > 7 days prior to rand. -need for invasive mechanical ventilation -need for ECMO -live vaccine w/in 4 weeks -chronic or recent corticosteroid use > 10mg/day -serious or concomitant illness that in the opinion of the investigator precludes subject enrolling in trial – e.g., hx of PAP, immunodeficiency, solid organ or bone marrow transplant, current use of mavrilimumab, active cancer within 10 years (except basal and squamous of skin)or in situ carcinoma of cervix now cured, severe, uncontrolled pulmonary disease other than COVID-19, left ventricular systolic dysfunction, active TB, uncontrolled bacterial or fungal infection, SARS or MERS (per investigator opinion), chronic liver disease. - recent tx with cell- depleting biological therapies within 12 mos., anakinra, anti-IL-6 receptor within 8 wks, cyclosporine A, azathioprine, cyclophosphamide, MMF, CCP or other immunosuppressant w/in 4 weeks prior to randomization	SMH: Lawrie, Willms SGH: SCV:	Cary Murphy, RN Cary.murphy@ Sharp.com	Open to Enrollment
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Closed to Enrollment

IRB # Hospital	Study	Principal Investigator	Date Closed	Number enrolled at SHC
2004901 SCV SGH SMH	WA42380 A Randomized, Double-Blind, Placebo-Controlled, Multicenter Study To Evaluate The Safety And Efficacy Of Tocilizumab In Patients With Severe COVID-19 Pneumonia	Michael Waters, MD	5/26/20	27
2004902 SMH SGH	COVID-IVIG: Randomized Open Label Study of Standard of Care Plus Intravenous Immunoglobulin (IVIG) Compared to Standard of Care Alone in the Treatment of COVID-19 Infection	George Sakoulas, MD	6/18/20	34
2005905 SCV	COVID-019, protocol ml42528. A randomized, double-blind, placebo-controlled, multicenter study to evaluate the efficacy and safety of tocilizumab in hospitalized patients with covid-19 pneumonia EMPACTA	Michael Waters, MD	7/20/20	10
2005701	MAYO Expanded Access to Convalescent Plasma for the Treatment of Patient with COVID-19	All SHC Physicians	8/31/20	211