KOORDINATIONSZENTRUM
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Premature termination of a Clinical Trial

Full title of the clinical Trial: Cov-2-Solnatide-20

EudraCT Number: 2020-001244-26

Sponsor: Medical University of Vienna
Represented by (name): Zeitlinger Markus, Ass.Prof.Priv.Doz.Dr.

Reason for premature termination of the clinical trial:

Early study termination on 23.08.2021 due to the slow recruitment of patients and the need of the study data ahead of the upcoming Covid-19 wave.

Study results (if available):

Efficacy results:
The analysis of the primary endpoint revealed a mean value of 2.2 ventilator free days (standard deviation 5.0) in the solnatide group (n=15), and in the placebo group (n=14), a mean value of 4.4 ventilator free days (standard deviation 8.3).
The extravascular lung-water index on day 1 was described for the solnatide group with a mean value of 15.194 (standard deviation: 6.3987), and for the placebo group with mean 16.333 (2.3094). On day 7, the solnatide group had a mean value of 14.5 (6.16), the placebo group showed a mean of 15.8 (6.87).
All patients enrolled were hospitalized and admitted to the ICU, with a WHO score of 6 or 7 at the day of screening. At day 28 (end of study), 20 out of 30 patients were still alive (solnatide group: n=11, placebo group: n= 9) and completed the study. Thereof, three patients (all from the placebo group) had a WHO score of less than 3 (WHO score 0: n=1, WHO score 2: n=2), indicating that these 3 patients were not hospitalized anymore. The remaining 17 patients were still in hospital treatment. 13 patients still had a WHO score of 6 or 7 at day 28 (WHO 6: solnatide group: n=1, placebo group: n=1; WHO 7: solnatide group:
n=7, placebo group: n=4).

Safety results:
Adverse events were recorded for 27 subjects. In total, 91 adverse events occurred in the course of the study. Thereof, 24 were classified as serious, with 10 SAEs in the solnatide group, and 14 SAEs in the placebo group. Most SAEs (8 out of 24) were classified to belong to the MedDRA system organ class (SOC) "Respiratory, thoracic and mediastinal disorders".
None of the AEs was classified as related to the study treatment. In the 67 non-serious adverse events, 4 events were classified as unlikely related, 63 were classified as not related. For the serious adverse events, six SAEs were classified as unlikely related, and 18 events as not related. 13 SAEs in 11 subjects had a fatal outcome (solnatide group: 6 events, placebo group: 7 events), all of them were classified as not related to the study treatment (one solnatide patient died after day 28, but the SAE started prior to day 28.)
At day 28, 20 subjects were alive (solnatide group: n=11, placebo group: n= 9), and 10 patients were dead (solnatide group: n=4, placebo group: n=6). In the follow-up period until day 60, two additional subjects died due to adverse events (solnatide group: n=1, placebo group: n=1).
There were no SAR and no SUSARs. No actions related to safety have been taken in the course of the study.
The majority of detected adverse events were expected events in critically ill patients with ARDS, or they were likely caused by underlying diseases or preexisting comorbidities.
The high percentage of SAEs and mortality may also be explained by the study design, in detail, by the definition of inclusion criterion number 5, that defines the inclusion of patients with moderate-to-severe ARDS diagnosis as defined by the Berlin Definition. Patients suffering from mild ARDS were not included in the trial.

Coagulation sub-study results:
The studied patients showed normocoagulability with normal conventional clotting times and normal thrombin generation. The elevated fibrinogen levels with consecutive increase of clot strength in the viscoelastic ClotPro tests are probably due to the acute phase reaction of the patients. In view of the small number of patients, the value of the coagulation parameters for the prognosis of COVID-19 disease progression was not investigated.

Conclusion:
Based on the safety data of this pilot study inhalted solnatide was well tolerated in critically ill patients. No definitely related AE was observed in the solnatide group and all fatal SAEs have been classified as not related to the study treatment.
However, there was no evidence of efficacy regaring the primary endpoint (ventilator free days) or in the secondary endpoint survival at day 28.

Study population:

F: 7 (aged 61 – 79)
M: 20 (aged 49 – 73)

Date and Signature of Sponsor representative:
18.01.23