



Clinical trial results:

Phase 2, randomized, controlled, open label multi-center study to assess efficacy and safety of DFV890 for the treatment of SARS-CoV-2 infected patients with COVID-19 pneumonia and impaired respiratory function

Summary

| | |
|--------------------------|------------------|
| EudraCT number | 2020-001870-32 |
| Trial protocol | DE HU DK NL ES |
| Global end of trial date | 24 December 2020 |

Results information

| | |
|--------------------------------|------------------|
| Result version number | v2 (current) |
| This version publication date | 13 July 2022 |
| First version publication date | 01 December 2021 |
| Version creation reason | |

Trial information

Trial identification

| | |
|-----------------------|---------------|
| Sponsor protocol code | CDFV890D12201 |
|-----------------------|---------------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT04382053 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|---|
| Sponsor organisation name | Novartis Pharma AG |
| Sponsor organisation address | Novartis Campus, Basel, Switzerland, |
| Public contact | Clinical Disclosure Office, Novartis Pharma AG, 41 613241111, Novartis.email@novartis.com |
| Scientific contact | Clinical Disclosure Office, Novartis Pharma AG, 41 613241111, Novartis.email@novartis.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 | 24 December 2020 |
| Is this the analysis of the primary completion data? | No |
| Global end of trial reached? | Yes |
| Global end of trial date | 24 December 2020 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

The primary objective was to evaluate the effect of DFV890 in addition to SoC, compared with SoC alone, on the Acute Physiology and Chronic Health Evaluation II (APACHE II) score

Protection of trial subjects:

The study was in compliance with the ethical principles derived from the Declaration of Helsinki and the International Conference on Harmonization (ICH) Good Clinical Practice (GCP) guidelines. All the local regulatory requirements pertinent to safety of trial subjects were also followed during the conduct of the trial.

Background therapy: -

Evidence for comparator: -

| | |
|---|-------------|
| Actual start date of recruitment | 27 May 2020 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|------------------------|
| Country: Number of subjects enrolled | Argentina: 3 |
| Country: Number of subjects enrolled | Brazil: 13 |
| Country: Number of subjects enrolled | Denmark: 5 |
| Country: Number of subjects enrolled | Germany: 5 |
| Country: Number of subjects enrolled | Hungary: 15 |
| Country: Number of subjects enrolled | India: 12 |
| Country: Number of subjects enrolled | Mexico: 9 |
| Country: Number of subjects enrolled | Netherlands: 7 |
| Country: Number of subjects enrolled | Peru: 6 |
| Country: Number of subjects enrolled | Russian Federation: 54 |
| Country: Number of subjects enrolled | South Africa: 4 |
| Country: Number of subjects enrolled | Spain: 10 |
| Worldwide total number of subjects | 143 |
| EEA total number of subjects | 42 |

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) | 89 |
| From 65 to 84 years | 54 |
| 85 years and over | 0 |

Subject disposition

Recruitment

Recruitment details:

Participants were recruited from 30 sites in 12 countries.

Pre-assignment

Screening details:

Participants underwent a Screening period of up to 24 hours comprised of a Screening and a Baseline assessment.

Period 1

| | |
|------------------------------|--------------------------------|
| Period 1 title | Overall Study (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--------------|
| Are arms mutually exclusive? | Yes |
| Arm title | DFV890 + SoC |

Arm description:

DFV890 50 mg was administered orally or nasogastrically twice per day (b.i.d) approximately 12 hours apart (morning and evening) for 14 days in addition to SoC.

| | |
|--|--------------|
| Arm type | Experimental |
| Investigational medicinal product name | DFV890 |
| Investigational medicinal product code | DFV890 |
| Other name | |
| Pharmaceutical forms | Tablet |
| Routes of administration | Oral use |

Dosage and administration details:

DFV890 50 mg was administered orally or nasogastrically twice per day (b.i.d) approximately 12 hours apart (morning and evening) for 14 days in addition to SoC.

| | |
|------------------|------------------------|
| Arm title | Standard of Care (SoC) |
|------------------|------------------------|

Arm description:

SoC was used as an active comparator arm.

| | |
|--|---|
| Arm type | Active comparator |
| Investigational medicinal product name | Standard of Care |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule, Solution for infusion, Tablet |
| Routes of administration | Intravenous use, Oral use, Inhalation use |

Dosage and administration details:

SoC was used as an active comparator arm. SoC included a variety of supportive therapies that ranged from the administration of supplementary oxygen to full intensive care support, alongside the use of antiviral treatment, convalescent plasma, corticosteroids, antibiotics or other agents

| Number of subjects in period 1 | DFV890 + SoC | Standard of Care (SoC) |
|---------------------------------------|--------------|------------------------|
| Started | 71 | 72 |
| Safety analysis set | 70 | 72 |
| PD analysis set | 62 | 68 |
| Completed | 62 | 59 |
| Not completed | 9 | 13 |
| Adverse event, serious fatal | 6 | 8 |
| Consent withdrawn by subject | 2 | 1 |
| Protocol Deviation | 1 | 2 |
| Lost to follow-up | - | 2 |

Baseline characteristics

Reporting groups

| | |
|--|------------------------|
| Reporting group title | DFV890 + SoC |
| Reporting group description: DFV890 50 mg was administered orally or nasogastrically twice per day (b.i.d) approximately 12 hours apart (morning and evening) for 14 days in addition to SoC. | |
| Reporting group title | Standard of Care (SoC) |
| Reporting group description: SoC was used as an active comparator arm. | |

| Reporting group values | DFV890 + SoC | Standard of Care (SoC) | Total |
|--|--------------|------------------------|-------|
| Number of subjects | 71 | 72 | 143 |
| Age categorical | | | |
| Units: Subjects | | | |
| In utero | 0 | 0 | 0 |
| Preterm newborn infants (gestational age < 37 wks) | 0 | 0 | 0 |
| Newborns (0-27 days) | 0 | 0 | 0 |
| Infants and toddlers (28 days-23 months) | 0 | 0 | 0 |
| Children (2-11 years) | 0 | 0 | 0 |
| Adolescents (12-17 years) | 0 | 0 | 0 |
| Adults (18-64 years) | 43 | 46 | 89 |
| From 65-84 years | 28 | 26 | 54 |
| 85 years and over | 0 | 0 | 0 |
| Age Continuous | | | |
| Units: Years | | | |
| arithmetic mean | 60.0 | 61.5 | |
| standard deviation | ± 13.31 | ± 10.38 | - |
| Sex: Female, Male | | | |
| Units: Participants | | | |
| Female | 22 | 24 | 46 |
| Male | 49 | 48 | 97 |
| Race (NIH/OMB) | | | |
| Units: Subjects | | | |
| American Indian or Alaska Native | 6 | 5 | 11 |
| Asian | 7 | 7 | 14 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 |
| Black or African American | 3 | 3 | 6 |
| White | 55 | 57 | 112 |
| More than one race | 0 | 0 | 0 |
| Unknown or Not Reported | 0 | 0 | 0 |

End points

End points reporting groups

| | |
|--|------------------------|
| Reporting group title | DFV890 + SoC |
| Reporting group description: DFV890 50 mg was administered orally or nasogastrically twice per day (b.i.d) approximately 12 hours apart (morning and evening) for 14 days in addition to SoC. | |
| Reporting group title | Standard of Care (SoC) |
| Reporting group description: SoC was used as an active comparator arm. | |

Primary: APACHE II severity of disease score on Day 15 or on the day of discharge (whichever is earlier)

| | |
|--|---|
| End point title | APACHE II severity of disease score on Day 15 or on the day of discharge (whichever is earlier) |
| End point description: The APACHE II ("Acute Physiology And Chronic Health Evaluation II") is a severity-of-disease classification system. An integer score from 0 to 71 is computed based on several measurements; higher scores correspond to more severe disease and a higher risk of death. In practice, it is rare for any participant to accumulate more than 55 points. APACHE II score was measured on Day 15 or on the day of discharge (whichever was earlier). Participants who died on Day 15 or earlier were assigned the highest observed APACHE II score of any of the participants at any time during the trial (worst case imputation for deaths). Missing data values of the parameters required for the derivation of the APACHE II score were replaced by the last available assessment. | |
| End point type | Primary |
| End point timeframe: up to Day 15 | |

| End point values | DFV890 + SoC | Standard of Care (SoC) | | |
|-------------------------------------|-----------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 70 | 72 | | |
| Units: Score on a scale | | | | |
| least squares mean (standard error) | 8.7 (± 1.06) | 8.6 (± 1.05) | | |

Statistical analyses

| | |
|----------------------------|---------------------------------------|
| Statistical analysis title | Superiority analysis |
| Comparison groups | DFV890 + SoC v Standard of Care (SoC) |

| | |
|---|-------------------------------|
| Number of subjects included in analysis | 142 |
| Analysis specification | Pre-specified |
| Analysis type | |
| P-value | = 0.467 |
| Method | ANCOVA |
| Parameter estimate | Least squares mean difference |
| Point estimate | 0.11 |
| Confidence interval | |
| level | 90 % |
| sides | 2-sided |
| lower limit | -2 |
| upper limit | 2.3 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 1.297 |

Secondary: Serum C-reactive protein (CRP) levels

| | |
|------------------------|--|
| End point title | Serum C-reactive protein (CRP) levels |
| End point description: | C-reactive protein (CRP) is a blood test marker for inflammation in the body. It was analyzed on a log-scale fitting a repeated measures mixed model including treatment group, study day, the three stratification factors and log transformed baseline CRP as a covariate. |
| End point type | Secondary |
| End point timeframe: | Days 2, 4, 6, 8, 10, 12, 14 and 15 |

| End point values | DFV890 + SoC | Standard of Care (SoC) | | |
|---------------------------------|-----------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 62 | 68 | | |
| Units: Milligram / Liter | | | | |
| geometric mean (standard error) | | | | |
| Day 2 n= 60, 66 | 31.4 (± 1.14) | 46.6 (± 1.13) | | |
| Day 4 n= 57, 61 | 22.2 (± 1.19) | 26.5 (± 1.18) | | |
| Day 6 n= 52, 60 | 11.5 (± 1.2) | 15.1 (± 1.19) | | |
| Day 8 n= 50, 55 | 7.7 (± 1.25) | 10.9 (± 1.24) | | |
| Day 10 n= 41, 40 | 7.0 (± 1.27) | 8.0 (± 1.27) | | |
| Day 12 n= 38, 28 | 7.5 (± 1.30) | 7.1 (± 1.31) | | |
| Day 14 n= 34, 26 | 8.1 (± 1.31) | 6.3 (± 1.31) | | |
| Day 15 / end of study n= 49, 51 | 6.9 (± 1.27) | 8.2 (± 1.26) | | |

Statistical analyses

| | |
|----------------------------|---------------------------------------|
| Statistical analysis title | Superiority Analysis |
| Comparison groups | DFV890 + SoC v Standard of Care (SoC) |

| | |
|---|-----------------------|
| Number of subjects included in analysis | 130 |
| Analysis specification | Pre-specified |
| Analysis type | |
| P-value | = 0.237 |
| Method | Mixed models analysis |

Secondary: Clinical status over time

| | |
|-----------------|---------------------------|
| End point title | Clinical status over time |
|-----------------|---------------------------|

End point description:

Clinical status was measured with World Health Organization (WHO) 9-point ordinal scale.

The scoring is - Uninfected patients have a score 0. - Ambulatory patients can have a score 1 (no limitation of activities) or 2 (limitation of activities). - Hospitalized patients with mild disease can have score 3 (no oxygen therapy) or 4 (oxygen by mask or nasal prongs). - Hospitalized patients with severe disease can have score 5 (non-invasive ventilation or high-flow oxygen), 6 (intubation and mechanical ventilation) or 7 (ventilation + additional organ support - pressors, renal replacement therapy, extracorporeal membrane oxygenation). - Patients who die have a score 8.

Missing data values were handled as follows: For participants who died prior to Day 29, the score for death was imputed for all following visits up to and including day 29. For all the other participants, last observation carried forward was applied up to and including Day 29.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

Baseline, days 2, 4, 6, 8, 10, 12, 14, 15, 17, 19, 21, 23, 25, 27 and 29

| End point values | DFV890 + SoC | Standard of Care (SoC) | | |
|--------------------------------------|-----------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 70 | 72 | | |
| Units: Score on a scale | | | | |
| arithmetic mean (standard deviation) | | | | |
| Baseline | 4.3 (± 0.49) | 4.3 (± 0.44) | | |
| Day 2 | 4.3 (± 0.58) | 4.3 (± 0.80) | | |
| Day 4 | 4.3 (± 0.83) | 4.3 (± 0.95) | | |
| Day 6 | 3.9 (± 1.11) | 4.2 (± 1.13) | | |
| Day 8 | 3.8 (± 1.31) | 3.8 (± 1.50) | | |
| Day 10 | 3.6 (± 1.48) | 3.6 (± 1.88) | | |
| Day 12 | 3.4 (± 1.66) | 3.3 (± 1.98) | | |
| Day 14 | 3.3 (± 1.75) | 3.1 (± 2.03) | | |
| Day 15 | 2.8 (± 2.02) | 2.6 (± 2.24) | | |
| Day 17 | 2.7 (± 2.01) | 2.5 (± 2.22) | | |
| Day 19 | 2.6 (± 2.01) | 2.5 (± 2.27) | | |
| Day 21 | 2.6 (± 2.01) | 2.5 (± 2.33) | | |
| Day 23 | 2.6 (± 2.03) | 2.4 (± 2.31) | | |
| Day 25 | 2.6 (± 2.07) | 2.4 (± 2.31) | | |
| Dy 27 | 2.6 (± 2.10) | 2.4 (± 2.31) | | |
| Day 29 | 1.9 (± 2.34) | 1.9 (± 2.57) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Number of participants not requiring mechanical ventilation for survival

| | |
|-----------------|--|
| End point title | Number of participants not requiring mechanical ventilation for survival |
|-----------------|--|

End point description:

Number of participants not requiring mechanical ventilation for survival until Day 15 and Day 29: defined by WHO 9-point ordinal scale score of < 6 points at all time points assessments.

The scoring is - Uninfected patients have a score 0. - Ambulatory patients can have a score 1 (no limitation of activities) or 2 (limitation of activities). - Hospitalized patients with mild disease can have score 3 (no oxygen therapy) or 4 (oxygen by mask or nasal prongs). - Hospitalized patients with severe disease can have score 5 (non-invasive ventilation or high-flow oxygen), 6 (intubation and mechanical ventilation) or 7 (ventilation + additional organ support). - Patients who die have a score 8.

Missing data values were handled as follows: For participants who died prior to Day 29, the score for death was imputed for all following visits up to and including day 29. For all the other participants, last observation carried forward was applied up to and including Day 29.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

Until Day 15 (Assessment on Days 2, 4, 6, 8, 10, 12, 14 and 15) and until Day 29 (Assessments on Days 17, 19, 21, 23, 25, 27 and 29)

| End point values | DFV890 + SoC | Standard of Care (SoC) | | |
|-----------------------------|-----------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 70 | 72 | | |
| Units: Participants | | | | |
| Until Day 15 | 60 | 59 | | |
| Until Day 29 | 60 | 58 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Number of participants with at least one-point improvement from baseline in clinical status

| | |
|-----------------|---|
| End point title | Number of participants with at least one-point improvement from baseline in clinical status |
|-----------------|---|

End point description:

Number of participants with at least one-point improvement from baseline in clinical status, which was measured with WHO 9-point ordinal scale.

The scoring is - Uninfected patients have a score 0. - Ambulatory patients can have a score 1 (no limitation of activities) or 2 (limitation of activities). - Hospitalized patients with mild disease can have score 3 (no oxygen therapy) or 4 (oxygen by mask or nasal prongs). - Hospitalized patients with severe disease can have score 5 (non-invasive ventilation or high-flow oxygen), 6 (intubation and mechanical ventilation) or 7 (ventilation + additional organ support). - Patients who die have a score 8.

Missing data values were handled as follows: For participants who died prior to Day 29, the score for death was imputed for all following visits up to and including day 29. For all the other participants, last observation carried forward was applied up to and including Day 29.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

Baseline, Day 15 and Day 29

| End point values | DFV890 + SoC | Standard of Care (SoC) | | |
|-----------------------------|-----------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 70 | 72 | | |
| Units: Participants | | | | |
| Day 15 | 59 | 53 | | |
| Day 29 | 61 | 60 | | |

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

Adverse events were reported from the start of treatment to 30 days after end of treatment, assessed up to maximum duration of 45 days.

Adverse event reporting additional description:

Consistent with EudraCT disclosure specifications, Novartis has reported under the Serious adverse events field "number of deaths resulting from adverse events" all those deaths, resulting from serious adverse events that are deemed to be causally related to treatment by the investigator.

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

| | |
|--------------------|------|
| Dictionary version | 23.0 |
|--------------------|------|

Reporting groups

| | |
|-----------------------|--------------|
| Reporting group title | DFV890 + SoC |
|-----------------------|--------------|

Reporting group description:

DFV890 + SoC

| | |
|-----------------------|-------|
| Reporting group title | Total |
|-----------------------|-------|

Reporting group description:

Total

| | |
|-----------------------|------------------|
| Reporting group title | Standard of Care |
|-----------------------|------------------|

Reporting group description:

SoC

| Serious adverse events | DFV890 + SoC | Total | Standard of Care |
|---|------------------|-------------------|------------------|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 16 / 70 (22.86%) | 27 / 142 (19.01%) | 11 / 72 (15.28%) |
| number of deaths (all causes) | 8 | 16 | 8 |
| number of deaths resulting from adverse events | 0 | 0 | 0 |
| Investigations | | | |
| Amylase increased | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Vascular disorders | | | |
| Arterial haemorrhage | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Peripheral artery thrombosis | | | |

| | | | |
|---|----------------|-----------------|----------------|
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Haemodynamic instability | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 2 / 142 (1.41%) | 2 / 72 (2.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Shock haemorrhagic | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Cardiac disorders | | | |
| Cardiac arrest | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Acute myocardial infarction | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| Myocardial infarction | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cardiogenic shock | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Nervous system disorders | | | |
| Polyneuropathy | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| General disorders and administration | | | |

| | | | |
|---|----------------|-----------------|----------------|
| site conditions | | | |
| Condition aggravated | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Multiple organ dysfunction syndrome | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Acute respiratory distress syndrome | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 2 / 142 (1.41%) | 2 / 72 (2.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| Acute respiratory failure | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Dyspnoea | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 2 / 142 (1.41%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory failure | | | |
| subjects affected / exposed | 4 / 70 (5.71%) | 8 / 142 (5.63%) | 4 / 72 (5.56%) |
| occurrences causally related to treatment / all | 0 / 4 | 0 / 8 | 0 / 4 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 4 | 0 / 3 |
| Pulmonary embolism | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |

| | | | |
|---|----------------|-----------------|----------------|
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Renal failure | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| COVID-19 | | | |
| subjects affected / exposed | 0 / 70 (0.00%) | 1 / 142 (0.70%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| COVID-19 pneumonia | | | |
| subjects affected / exposed | 2 / 70 (2.86%) | 4 / 142 (2.82%) | 2 / 72 (2.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 2 | 0 / 3 | 0 / 1 |
| Pneumonia | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 1 / 142 (0.70%) | 0 / 72 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Sepsis | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 3 / 142 (2.11%) | 2 / 72 (2.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 3 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| Septic shock | | | |
| subjects affected / exposed | 1 / 70 (1.43%) | 2 / 142 (1.41%) | 1 / 72 (1.39%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |

Frequency threshold for reporting non-serious adverse events: 5 %

| Non-serious adverse events | DFV890 + SoC | Total | Standard of Care |
|---|------------------|-------------------|------------------|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 12 / 70 (17.14%) | 18 / 142 (12.68%) | 6 / 72 (8.33%) |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 5 / 70 (7.14%) | 10 / 142 (7.04%) | 5 / 72 (6.94%) |
| occurrences (all) | 5 | 10 | 5 |
| Metabolism and nutrition disorders | | | |
| Hyperglycaemia | | | |
| subjects affected / exposed | 4 / 70 (5.71%) | 6 / 142 (4.23%) | 2 / 72 (2.78%) |
| occurrences (all) | 4 | 6 | 2 |
| Diabetes mellitus | | | |
| subjects affected / exposed | 4 / 70 (5.71%) | 4 / 142 (2.82%) | 0 / 72 (0.00%) |
| occurrences (all) | 4 | 4 | 0 |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|--------------|---|
| 22 June 2020 | The primary purpose of this protocol amendment was to address comments raised by the Health Authorities and Ethics Committees during their review of the original protocol. |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported