


**Long COVID Clinical Trials:
Challenges and Opportunities**

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**Financial Relationships With Ineligible Companies
(Formerly Described as Commercial Interests by the
ACCME) Within the Last 2 Years**

Dr Zimmerman received grant funding from the Biogen
Foundation to support a summer research training. (Updated
June 5, 2023)

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Learning Objectives

After attending this presentation, learners will be able to:

- Explain the challenges associated with designing long COVID clinical trials
- Describe the breadth of the National Institutes of Health (NIH) effort to address long COVID through clinical trials

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Fundamental Components for Clinical Trials

- Important and well-defined clinical problem
 - Enough people affected
 - High burden (morbidity/mortality)
 - Adequate understanding of pathophysiology
- Identified intervention directed at pathophysiology
 - Supported by preliminary data
 - Widely available/accessible if proven successful
- Clinically meaningful and well-defined endpoint
 - Testable hypothesis
- Well-defined target population

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Long-COVID: Important and Well-Defined Clinical Problem

- ✓ Affects millions of people worldwide
- ✓ Devastating consequences
 - Underlying pathophysiology remains poorly understood
 - >200 waxing and waning symptoms described by patients after COVID-19
 - Is cognitive dysfunction in Long COVID the same as in other diseases? Which ones?
 - What defines and causes exercise intolerance? Is all EI in Long COVID the same?

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Identified intervention directed at known pathophysiology

- ✓ Prior post-viral syndromes
 - Limited efficacy of prior interventions
- Pathophysiology remains poorly understood

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Clinically meaningful and well-defined endpoint

- What type of measure?
 - Performance based measure
 - Patient reported outcome
 - Biomarker or other objective test
- Which measure?
 - Global impression of change
 - Symptom specific (which ones)
 - Does a known symptom measure have the same performance in those with Long COVID and similar symptoms (e.g., cognitive dysfunction)

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About RECOVER

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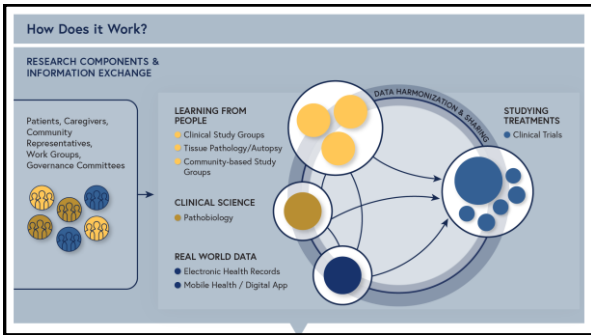
What is RECOVER?

A PATIENT-CENTERED, INTEGRATED, ADAPTIVE RESEARCH NETWORK

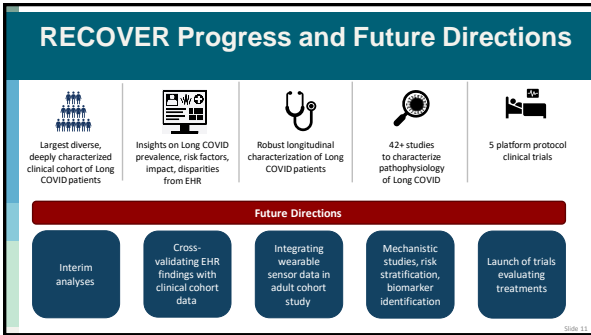
SCIENTIFIC AIMS

- 1 Understand the range of recovery and changes in our bodies over time.
- 2 Define risk factors, number of people getting Long COVID, and if there are specific, different Long COVID types.
- 3 Study how Long COVID progresses over time and how that may relate to other illnesses.
- 4 Identify possible treatments to help with Long COVID symptoms.

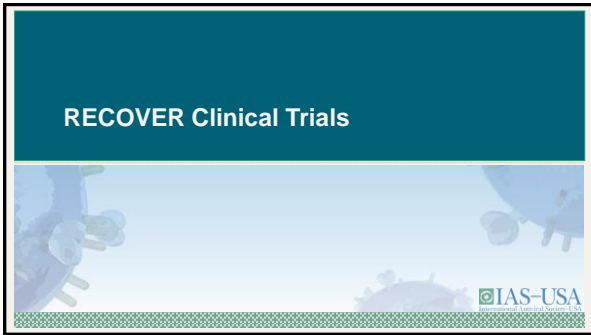
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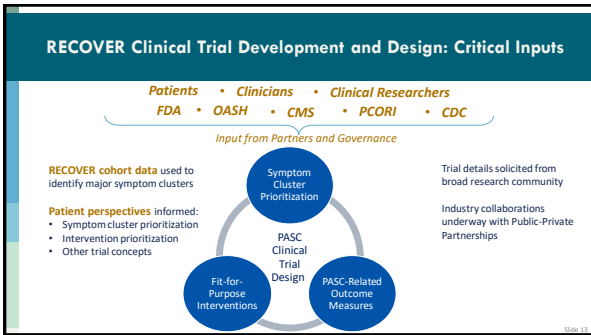
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- ### Patient and community engagement
- PASC Intervention Prioritization Committee (PIPP) Core Committee**
 - Patients sit on the committee and voice considerations such as the burden of administration, cost, insurance coverage (or lack thereof) and adverse effect profiles to deliberations on prioritizing PASC interventions.
 - Representatives also suggest therapies/interventions that they have seen work for themselves and many within the Long COVID community.
 - Clinical Trial Focus Areas and Proposal Review**
 - Patient representatives completed study questionnaires, surveys, and had discussions with the RECOVER team to help guide the clinical trials.
 - Patient representatives helped review proposals that were submitted in response to the NIH RECOVER Initiative Research Opportunity Announcement (ROA).
 - Protocol Development**
 - Patient representatives are integrated into the protocol working groups for each of the clinical trials.

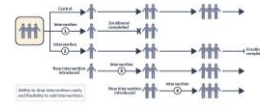
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- ### Impact of patient experience on Clinical Trial Development
- Align **unmet needs** of patients and communities with research goals
 - Develop endpoints/outcomes most **meaningful to patients**
 - Create **least burdensome** procedures, schedules, data collection methods...
 - Eliminate/**decrease barriers** to recruitment and participation (increase access, acceptability, ability to participate if chosen)
 - Increase understanding around **cultural beliefs and values**
 - Create an **inclusive and supportive** research participant experience.
 - Develop strategies for engagement and **distribution of findings** in patient and community environments.

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PASC Platform Protocols for Clinical Trials Span Range of Dominant Symptom Clusters and Proposed Etiologic Pathways

- Solicited clinical trial concepts and potential interventions from clinical research community
- 5 platform protocols
 - Spanning major PASC symptom clusters and proposed etiologic pathways
 - Protocols will be adapted/refined/expanded as needed due to new data, regulatory or other reviews



- Successive rounds of interventions could be tested based on findings and as new targets are identified
- Interventions include: drugs, biologics, devices, rehabilitation, CBT, and complementary and integrative medicine approaches

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Platform Protocol Clinical Trials Portfolio: Comprehensive and Integrated Platform

Integrated Infrastructure

- siRB
- DSMB
- Trial oversight
- Trial management
- Data analysis
- Large numbers of clinical enrolling sites under master service agreements with CT-DCC
- Long-term follow-up of participants

Functional Integration

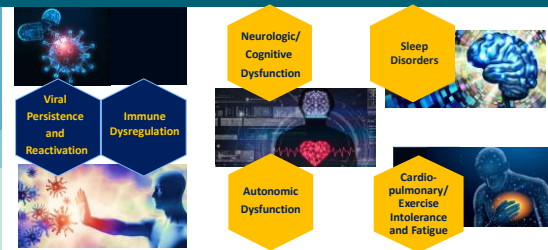
- Trial designs with some shared endpoints, controls, approach to patient inclusion
- Cross-disciplinary clinical expert protocol working groups
- Usage of common data elements
- Cross-cutting mechanistic studies using patient samples to inform identification of biomarkers, patient stratification, and new interventional targets

These 5 platform protocols are *integrated* rather than siloed, disparate studies

- Achieves efficiencies
- Allows us to rapidly assess targeted therapeutics and pivot as needed to new treatment arms
- Maximizes knowledge gained from patient participation
- Enables cross-trial analysis and accelerated knowledge acquisition

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RECOVER Clinical Trial Platforms Portfolio



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Definitions of the Clinical Trial Focus Areas

- **Viral persistence:** When the virus that causes COVID-19 stays in the body and causes the immune system to overreact.
- **Autonomic dysfunction:** Dizziness, fast heart rate, shortness of breath, problems digesting food, or other symptoms related to the autonomic nervous system.
- **Sleep disturbances:** Changes to sleep patterns or ability to sleep.
- **Cognitive dysfunction:** Trouble thinking clearly or brain fog.
- **Exercise intolerance and fatigue:** Changes in a person's activity and/or energy level that interferes with daily activities.

9/20/21

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Protocol Working Groups

- **Each platform protocol has a Protocol Working Group that includes:**
 - Patient representatives
 - Scientific experts in the symptom area
 - Subject matter experts in interventions
 - Investigators who submitted interventions through the CT ROA process
 - Representatives from the RECOVER observational cohort hubs
- **Protocol Working Groups meet regularly** to develop the platform protocols and appendices

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Overview of Clinical Trials



Total Participants
5 trials will enroll ~2,600 total participants

Recruitment will be based at sites for each platform protocol



Total Sites
Each trial will include ~25-100 sites


Some sites may participate in multiple trials



Enrollment Plans
Beginning in coming months






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Viral Persistence

Key Question: Does a study intervention improve outcomes for people with ongoing symptoms from PASC?

 Population ~900 adults with 3 symptom clusters	 Intervention(s) Antiviral drug	 Health Measures <ul style="list-style-type: none"> • Patient-reported outcomes • Performance-based outcomes • Safety and tolerability 	 Sites Up to 100	 Anticipated Launch Late Summer 2023
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Cognitive Dysfunction

Key Question: Does a study intervention improve outcomes for people with cognitive dysfunction from PASC?

 Population ~315 adults with Cognitive dysfunction from PASC	 Intervention(s) Cognitive training	 Health Measures <ul style="list-style-type: none"> • Patient-reported outcomes • Performance-based outcomes • Safety and tolerability 	 Sites Up to 45	 Anticipated Launch Late Summer 2023
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Sleep Disturbance

Key Question: Does a study intervention improve patient-reported outcomes for people with sleep disturbances from PASC?

 Population ~474 adults with Hypersomnia from PASC; 600 adults with complex PASC-related sleep disturbances	 Intervention(s) Pharmacologic and non-pharmacologic targeting hypersomnia and complex PASC-related sleep disturbances	 Health Measures <ul style="list-style-type: none"> • Patient-reported outcomes • Performance-based outcomes • Safety and tolerability 	 Sites Up to 100	 Anticipated Launch Fall 2023
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Autonomic Dysfunction

Key Question: Does a study intervention improve patient-reported outcomes for people with PASC-POTS?

Population ~360 adults with PASC-POTS	Intervention(s) Pharmacologic, including immunotherapies, and non-pharmacologic	Health Measures • Patient-reported outcomes • Performance-based outcomes • Safety and tolerability	Sites Up to 75	Anticipated Launch Winter 2023

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Exercise Intolerance and Fatigue

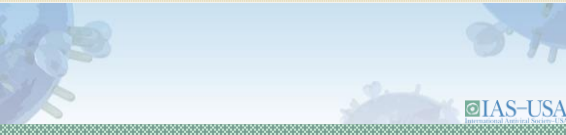
Key Question: Does a study intervention improve patient-reported outcomes for people with exercise intolerance from PASC?


Population ~360 adults with Exercise intolerance related to PASC	Intervention(s) Cardiopulmonary rehabilitation (details under development)	Health Measures • Patient-reported outcomes • Performance-based outcomes • Safety and tolerability	Sites Up to 50	Anticipated Launch 2023

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Q and A Session





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