Office of Research Administration
Hackensack Meridian Health COVID-19 (SARS-CoV-2) Research Trial Summary (June 1st 2020)

What's New (in the last 7 days):

- Gilead GS-US-540-5774 and GS-US-540-5821 are now closed to enrollment.

Open and Enrolling Trials:

- AstraZeneca D822FC00003 open and enrolling at HUMC.
- Celularity CYNK-001-COVID-19 open and enrolling at HUMC.
- HUMC is recruiting recovered and recovering COVID-19 patients to assess their blood and test it for antibodies in response to the virus. Patients with promising antibodies will be asked to come back to donate an additional blood sample, which may be helpful for sick COVID-19 patients. If you, or someone you know, have recovered or are recovering from COVID-19, you may be eligible to donate. If you are interested, please complete the form by following the link here. NCT04343755. Physicians who want to know more about this HUMC program should refer to the HMH Convalescent Plasma Trial information here.
- Mayo Clinic Convalescent Plasma Expanded Access Program has now registered at all HMH sites (excluding HUMC).
- For COVID-19 recovered patients who may want to donate at JSUMC, patients may call 732-776-4406, text 732-232-6159 or email JSUMCPlasma@hackensackmeridian.org to see if they are eligible to donate.
    - Frequently asked questions related to convalescent plasma for patients/donors can be found here.
    - Frequently asked questions related to convalescent plasma for clinicians can be found here.
- Regeneron 6R88-COV-2040 open and enrolling at HUMC, JFK and JSUMC.

Closed to Enrollment Trials:

- Genentech Hoffmann-LaRoche WA42380 closed to enrollment on 5/22/2020.
- Gilead GS-US-540-5773 closed to enrollment on 5/18/2020.
- Gilead GS-US-540-5774 and GS-US-540-5821 closed to enrollment on 5/29/2020.
- HMH COVID Chemoprevention closed to enrollment on 5/1/2020.

Other Research Initiatives:

- On May 1, 2020 the US-FDA issued an emergency use authorization (EUA) for the investigational antiviral drug Remdisivir for the treatment of suspected or laboratory confirmed COVID-19 in adults and children hospitalized with severe disease. All HMH sites have access to Remdisivir with the use of this EUA.
- An HMH COVID-19 Universal Real-Time Database has been established. Researchers may submit proposals for access to the database and/or may request that additional data points be added to those collected. More information can be found here.
- All Investigators who wish to participate in clinical trials need to have completed:
    - Human research protection training (see link here and send acknowledgement form to dawn.decicco@hackensackmeridian.org)
    - Conflict of Interest form (email michelle.benson@hackensackmeridian.org for the form)
- For funding opportunities for COVID-19 research, please see the following link: https://grants.nih.gov/policy/natural-disasters/corona-virus.htm. For more information about applying for grants, please contact David Candelmo at david.candelmo@hackensackmeridian.org or at 551-996-4252.

Please note if you are applying to use an off-label/non-FDA approved medication, you need to follow the single patient/emergency IND process.
As part of the process, please be sure to contact the Office of Research Administration via the COVID-19 hotline number below.
You can now refer patients for COVID research via EPIC – go to add orders, enter "Referral to COVID Research" or "REF21002". Please specify the study in the comments section.
Research Hotline Number for Enrollment in All COVID-19 Trials: 551-996-2994 – For Investigator and Attending Physician Use Only

Clinical Trial Summary:

Select the protocol title for inc/ex criteria

Sponsor	Protocol	Investigational Product	Sites	Site Status	Principal Investigator	Protocol Title	Lead Research Coordinator	Lead Research Pharmacist
AstraZeneca	D822FC00003	Acalabrutinib	HUMC	Active	Andre Goy, MD	A Phase 2, Open Label, Randomized Study of the Efficacy and Safety of Acalabrutinib with Best Supportive Care Versus Best Supportive Care in Subjects Hospitalized with COVID-19	Sabrina Kdiry, RN	Michael Tortoriello, R.Ph
Celularity	CYNK-001-COVID-19	CYNK-001	HUMC	Active	Michele Donato, MD	A Phase I/II Study of Human Placental Hematopoietic Stem Cell Derived Natural Killer Cells (CYNK-001) For the Treatment of Adults with COVID-19	Andrea Ricourt, RN	HUMC Cell Therapies Manufacturing Facility
HMH	HMH Convalescent Plasma	Convalescent Plasma	HUMC	Active	Michele Donato, MD	Phase IIa Study Exploring the Safety and Efficacy of Convalescent Plasma from Recovered COVID-19 Donors Collected by Plasmapheresis as Treatment for Hospitalized Subjects with COVID-19 Infection	Mariefel Vendivil, RN	Greg Eskinazi, R.Ph
Regeneron	6R88-COV-2040	Sarilumab (Kevzara)	HUMC	Active	Steven Sperber, MD	An Adaptive Phase 2/3, Randomized, Double-Blind, Placebo-Controlled Study Assessing Efficacy And Safety Of Sarilumab For Hospitalized Patients With COVID-19	Mary Ellen Riordan, RN	Greg Eskinazi, R.Ph
			JFK	Active	John Sensakovic, MD		Alexandra Burbelo, RN	Yong-Bum (Peter) Song, PharmD,
			JSUMC	Active	Edward Liu, MD		Jennifer Ortiz, RN	Christopher Ullo, R.Ph
Genentech	WA42380	Tocilizumab (Actemra)	HUMC	Closed to Enrollment	Ronaldo Go, MD	A Randomized, Double-Blind, Placebo Controlled, Multicenter Study to Evaluate the Safety and Efficacy of Tocilizumab in Patients with Severe COVID-19 Pneumonia	Jana Tancredi, RN	Meral Karakoc, PharmD
Gilead	GS-US-540-5773	Remdesivir (GS-5734)	HUMC Site ID: 11922	Closed to Enrollment	Bindu Balani, MD	A Phase 3 Randomized Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734™) in Participants with Severe COVID-19	Ivy Charo Valdez, RN	Keri Bicking, PharmD
Gilead	GS-US-540-5774	Remdesivir (GS-5734)	HUMC Site ID: 11922	Closed to Enrollment	Bindu Balani, MD	A Phase 3 Randomized Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734™) in Participants with Moderate COVID-19 Compared to Standard of Care Treatment	Ivy Charo Valdez, RN	Keri Bicking, PharmD
Gilead	GS-US-540-5821	Remdesivir (GS-5734)	BMC	Closed to Enrollment	Georgios Giannakopoulos, MD	Expanded Access Treatment Protocol: Remdesivir (RDV; GS-5734) for the Treatment of SARS-CoV2 (CoV) Infection	LaShawn Jenkins, LPN	Jean Stoerger PharmD
			JFK	Closed to Enrollment	Pooja Shah, MD		Alexandra Burbelo, RN	Yong-Bum (Peter) Song, PharmD,
			JSUMC	Closed to Enrollment	Eric Costanzo, DO		Annemarie Detoro, RN	Christopher Ullo, R.Ph
			OMC	Closed to Enrollment	Sukrut Dwivedi, DO		LaShawn Jenkins, LPN	Viktoriya Friedman, PharmD
HMH	HMH COVID Chemoprevention	Hydroxychloro-quine (Plaquenil)	JFK	Closed to Enrollment	Jawad Kirmani, MD	Feasibility, Safety and Early Efficacy Trial of Hydroxychloroquine as Primary Prevention of Corona Virus Disease 2019 in high risk health care providers	Briana Decarvalho, RN	Yong-Bum (Peter) Song, PharmD,

AstraZeneca D822FC00003

A Phase 2, Open Label, Randomized Study of the Efficacy and Safety of Acalabrutinib with Best Supportive Care Versus Best Supportive Care in Subjects Hospitalized with COVID-19

Treatment Design:

Subjects will be randomly assigned (1:1) to receive one of the following 2 treatments:

- Acalabrutinib 100 mg twice daily (bid) x 10 days + best supportive care
- Best supportive care alone

Inclusion Criteria

Subjects must meet all of the following inclusion criteria to be eligible for participation in this study:

1. Ability to understand the purpose and risks of the study and provide signed and dated informed consent or have a legal representative provide consent and authorization to use protected health information (in accordance with national and local patient privacy regulations).
2. Men and women ≥18 years of age at the time of signing the Informed Consent Form (ICF).
3. SARS-CoV-2 confirmed per World Health Organization (WHO) criteria (including positive nucleic acid test of any specimen [eg, respiratory, blood, urine, stool, or other bodily fluid]) within 4 days of randomization.
4. COVID-19 pneumonia (documented radiographically) requiring hospitalization and oxygen saturation <94% on room air or requires supplemental oxygen.
5. Able to swallow pills.
6. Willing to follow contraception guidelines.

Exclusion Criteria

Subjects who meet any of the following exclusion criteria are not to be enrolled in this study:

COVID-19 Related Medical Conditions

1. Respiratory failure (as defined in Section 3) due to COVID-19 pneumonia at the time of screening (Exception: Subjects are eligible if utilizing oxygen delivered by high-flow nasal cannula at flow rates <30 L/min and fraction of delivered oxygen <0.6, and in the opinion of the treating physician are unlikely to require mechanical ventilation within the immediate 24 hours).
2. Known medical resuscitation within 14 days of randomization.
3. Any serious medical condition or abnormality of clinical laboratory tests that, in the Investigator's judgment, precludes the subject's safe participation in and completion of the study.
4. Suspected uncontrolled active bacterial, fungal, viral, or other infection (besides infection with SARS-CoV-2).
5. In the opinion of the Investigator, progression to death is imminent and inevitable within the next 24 hours, irrespective of the provision of treatments.

Medical Conditions

6. Not expected to survive 28 days given their preexisting, uncorrectable medical condition, for example, subjects with, or suspected to have, the following conditions: multiorgan failure, poorly controlled neoplasms; endstage cardiac disease; cardiac arrest requiring cardiopulmonary resuscitation or with pulseless electrical activity or asystole within past 30 days; endstage lung disease; endstage liver disease; or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome with known endstage process.
7. Pregnant or breast feeding.

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AstraZeneca D822FC00003 (Inclusion Criteria Continued)

8. Alanine aminotransferase (ALT), aspartate aminotransferase (AST) and/or bilirubin ≥ 3x upper limit of normal (ULN) and/or severe hepatic impairment (Child-Pugh class C; see Appendix G) detected within 24 hours at screening (per local laboratory).
9. Absolute neutrophil count (ANC) < 500/µL at screening (per local laboratory).
10. Platelet count < 50,000/µL at screening (per local laboratory).
11. Estimated creatinine clearance of <30 mL/min calculated using the Cockcroft-Gault formula [(140age) × mass (kg)/(72 × creatinine mg/dL) multiply by 0.85 if female].
12. Uncontrolled or untreated symptomatic arrhythmias, myocardial infarction within the last 6 weeks, or congestive heart failure (NYHA Grade 3 or 4).
    Exception: Subjects with controlled, asymptomatic atrial fibrillation during screening are allowed to enroll on study.
13. History of chronic hypercarbia, respiratory failure in past 6 months, or use of home oxygen in the setting of severe chronic respiratory disease.
14. Quadriplegia.
15. History of primary immunodeficiency, tuberculosis, progressive multifocal leukoencephalopathy (PML), aspergillus or other invasive mold/fungal infection, or received organ or bone marrow transplantation within 6 months of randomization.
16. Known active hepatitis B or C infection requiring therapy.
17. Known active HIV with detectable viral load or CD4 counts < 500 cells/mm3.

Prior/Concomitant Therapy

18. Treatment with a strong cytochrome P450 (CYP)3A inhibitor (within 7 days before first dose of study drug) or inducer (within 14 days before first dose of study drug).
19. Requires treatment with proton-pump inhibitors (PPIs; eg, omeprazole, esomeprazole, lansoprazole, dexlansoprazole, rabeprazole, or pantoprazole). Subjects receiving PPIs who switch to H2-receptor antagonists or antacids are eligible for enrollment in this study.
20. Received oral antirejection or immunomodulatory drugs (eg, anti-cytokines, Btk inhibitors, JAK inhibitors, PI3K inhibitors) within 30 days before randomization.
21. Active participation in other drug clinical trials or received treatment with an investigational drug within 5 half-lives or 30 days (whichever is longer) of randomization/enrollment.
    Exception: Subjects may receive COVID-specific antiviral drugs (eg, remdesivir, hydroxychloroquine).
22. Subjects at randomization who require inhaled corticosteroids or maintenance doses of more than 7.5 mg of prednisone or equivalent per day.
23. Requires or is receiving anticoagulation with warfarin or equivalent vitamin K antagonists (eg, phenprocoumon) within 7 days prior to randomization. Other anticoagulants are permitted.
24. Subjects on dual antiplatelet and therapeutic anticoagulant therapy (eg, aspirin and therapeutic doses of low molecular weight heparin).
25. History of hypersensitivity (ie, allergic response) to active or inactive excipients of acalabrutinib or other Btk inhibitors.
26. Known cytoreductive chemotherapy treatment within 14 days of randomization.
27. Major surgery (as defined by the Investigator) within 4 weeks prior to randomization or still recovering from prior surgery.

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Celularity CYNK-001-COVID-19
A Phase I/II Study of Human Placental Hematopoietic Stem Cell Derived Natural Killer Cells (CYNK-001) For the Treatment of Adults with COVID-19

Treatment Design:
CYNK-001 with an initial Dose of 150 x 10^6 cells on Day 1 followed by 600 x 10^6 cells on Days 4 and 7 (second and third doses). After the first dose, subsequent infusions on Days 4 and 7 will be provided only if no toxicity of Grade 3 and above (either related or unrelated to CYNK-001) is observed for each subject. If any such ≥ Grade 3 toxicity is observed, the second and third doses will be delayed until the noted event is resolved or reduced to Grade 1 toxicity level.

Inclusion Criteria
Subjects must meet all of the following inclusion criteria to be eligible for participation in this study:

7. Subject has confirmed positivity for SARS-CoV-2 as measured by rRT-PCR.
8. Subject is experiencing at least 2 of the 3 symptoms of the list below:
    a. Fever ≥ 38 C°
    b. Cough
    c. Positive disease-related chest x-ray
9. Subject is ≥ 45 years of age and at least one co-morbidity (Cardiovascular disease, Hypertension, diabetes, Respiratory disease etc.) at the time of signing the Study informed consent form (ICF) for the Phase I of the study.
10. Subject is ≥ 18 years of age at the time of signing the Study ICF for the Phase II portion of the study.
11. Subject understands and voluntarily signs the Study ICF prior to any study-related assessments/procedures are conducted. Subject has mild to moderate pulmonary involvement as measured by chest radiograph presenting with lower respiratory tract infection.
12. Subject has mild to moderate pulmonary involvement as measured by chest radiograph presenting with lower respiratory tract infection.
13. Subject with mild to moderate severity of inflammation which is no greater than Grade 1 Cytokine Release Syndrome (CRS) at baseline is permitted.
14. Hospital admission for start of treatment period.
15. Subject is able to receive treatment with antibiotic agents as prescribed by the treating physician using medical judgement.
16. SpO2 >92% on room air.
17. Ability to be off immunosuppressive drugs for 3 days prior to infusion, unless clinically indicated. Steroids are permitted if clinically indicated and at the discretion of the treating physician.
18. Female of childbearing potential (FCBP)* must not be pregnant and agree to not becoming pregnant for at least 28 days following the last infusion of CYNK-001. FCBP must agree to use an adequate method of contraception during the treatment period.
    d. *FCBP is a female who: 1) has achieved menarche at some point, 2) has not undergone a hysterectomy or bilateral oophorectomy or 3) has not been naturally postmenopausal (amenorrhea following cancer therapy does not rule out childbearing potential) for at least 24 consecutive months (i.e., has had menses at any time in the preceding 24 consecutive months).
19. Male subjects must agree to use a condom during sexual contact for at least 28 days following the last infusion of CYNK-001, even if he has undergone a successful vasectomy.

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Exclusion Criteria

Subjects who meet any of the following exclusion criteria are not to be enrolled in this study:

1. Subject not formally admitted to the hospital.
2. Subject admitted to Intensive Care Unit / Pulmonary Acute Care Unit designated area with severe pulmonary pneumonia, ARDS or Sepsis.
3. Subject anticipated to be transferred to another hospital within 96 hours of first CYNK- 001 treatment.
4. Subject is pregnant or breastfeeding.
5. Subject has a history of severe asthma and is presently on chronic medications or has a history of other symptomatic pulmonary disease.
6. Subject has been treated with antiviral therapy for COVID-19 symptoms within 7 days of signing ICF.
7. Subject is receiving antiviral therapy with known or suspected activity against COVID-19 including remdesivir, lopinavir/ritonavir, sofosbuvir, or ribavirin at time of hospital admission.
8. Subject has any other organ dysfunction [Common Terminology Criteria for AEs (CTCAE) Version 5.0 Grade 3] that will interfere with the administration of the therapy according to this protocol.
9. Subject has inadequate organ function as defined below at time of Treatment Eligibility Period:
    a. Subject has aspartate aminotransferase (AST), alanine aminotransferase (ALT), or alkaline phosphatase ≥ 5 x the upper limit of normal (ULN). (It is anticipated that the infection may impact liver.)
    b. Estimated glomerular filtration rate (eGFR) < 30 mL/min/1.73 m2 as calculated using the Modification of Diet in Renal Disease Study equation (Levey, 2006) or history of an abnormal eGFR < 60. A decline of > 15 mL/min/1.73 m2 below normal in the past year prior to infection. (It is anticipated that the infection may impact renal function.)
    c. Subject has a bilirubin level > 2 mg/dL (unless subject has known Gilbert's Syndrome).
10. Subject has a known sensitivity or allergy to treatment additives or diluent substances of dimethyl sulfoxide (DMSO), PlasmaLyte A or human serum albumin (HSA). Please refer to investigational brochure (IB).Subject has active autoimmune disease other than controlled connective tissue disorder or those who are not on active therapy.
11. Subject has active autoimmune disease other than controlled connective tissue disorder or those who are not on active therapy.
12. Subject is immunocompromised, has known human immunodeficiency virus (HIV) positivity, or has actively been treated with immunosuppressive products prior to being infected with SARS-CoV-2.
13. Subject has known active malignancy, unless the subject has been free of disease for > 3 years from the date of signing the ICF. Exceptions include the following noninvasive malignancies:
    a. Basal cell carcinoma of the skin
    b. Squamous cell carcinoma of the skin
    c. Carcinoma in situ of the cervix
    d. Carcinoma in situ of the breast
    e. Incidental histological finding of prostate cancer (TNM stage of T1a or T1b)
14. Detection of other respiratory viruses from mucosal surfaces that would interfere with the study treatment plan.

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HMH Convalescent Plasma

Phase IIa Study Exploring the Safety and Efficacy of Convalescent Plasma from Recovered COVID-19 Donors Collected by Plasmapheresis as Treatment for Hospitalized Subjects with COVID-19 Infection

Treatment Design:

- SARS-CoV-2 convalescent plasma consisting of 1 unit of approximately 500 mL will be collected by apheresis from a volunteer donor who recovered from COVID-19 infection and was found to have a titer of neutralizing antibody >1:64.
- Fresh plasma will be infused one time to patients in Track 2 (hospitalized but not mechanically ventilated) or in Track 3 (mechanically ventilated).

Inclusion Criteria

Subjects must meet all of the following inclusion criteria to be eligible for participation in this study:
Donor:

- Age 18-60
- A history of a positive nasopharyngeal swab for COVID-19 or a history of a positive titer test
- At least 14 days from resolution of COVID-19-associated symptoms including fevers
- One negative nasopharyngeal swabs for COVID-19 RNA
- Covid-19 neutralizing antibody >1:64
- Adequate venous access for apheresis
- Meets donor eligibility criteria in accordance to Hackensack University Medical Center (HUMC) Collection Facility at the John Theurer Cancer Center (JTCC) if collecting at the JTCC, and all regulatory agencies as describes in SOP 800 01
- Required testing of the donor and product must be performed in accordance to FDA regulations (21 CFR 610.40), and the donation must be found suitable (21 CFR 630.30)

Recipient:
Recipients age ≥18 years old, are assigned to one of two clinical tracks, track 2 or 3, based on COVID-19 disease severity. Onset of first symptoms < 9 days.
Track 2

- Hospitalized, moderate symptoms requiring medical care for COVID-19 infection
- Symptoms may include fever, dyspnea, dehydration among others
- Hypoxemia may be present but is not a requirement

Track 3

- Requiring mechanical ventilation for the care of COVID-19 infection
- Requiring non-invasive positive pressure ventilation (NIPPV), such as continuous airway pressure (CPAP),bi-level positive airway pressure (BiPAP) or high flow nasal canula (HFNC).

Recipient Exclusion Criteria

Subjects who meet any of the following exclusion criteria are not to be enrolled in this study:

- History of severe transfusion reaction to plasma products
- Infusion of immune globulin within the previous 30 days
- AST or ALT > 10 x upper limit of normal
- Requirement for vasopressors
- COVID-19-associated acute kidney injury requiring dialysis
- DNR Status

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Regeneron 6R88-COV-2040

An Adaptive Phase 2/3, Randomized, Double-Blind, Placebo-Controlled Study Assessing Efficacy And Safety Of Sarilumab For Hospitalized Patients With COVID-19

Treatment Design:

- Sarilumab 400 mg IV single dose
- Placebo IV single dose

Inclusion Criteria

A patient must meet the following criteria to be eligible for inclusion in the study:

1. Male or female adult ≥18 years of age at time of enrollment.
2. Hospitalized (or documentation of a plan to admit to the hospital if the patient is in an emergency department) with illness of any duration with evidence of pneumonia by chest radiograph, chest computed tomography or chest auscultation (rales, crackles), requires supplemental oxygen and/or assisted ventilation, and meets at least one of the following at baseline (patients meeting more than one criterion will be categorized in the most severely affected category):
   - **Severe disease:**
     - Requires supplemental oxygen administration by nasal cannula, simple face mask, or other similar oxygen delivery device (ie, above pre-COVID baseline requirement, if any, by the patient)
   - **Critical disease:**
     - Requires supplemental oxygen delivered by non-rebreather mask or high-flow nasal cannula
     - Or, Use of invasive or non-invasive ventilation
     - Or, Requiring treatment in an intensive care unit.
   - **Multi-system organ dysfunction:**
     - Multi-system organ dysfunction: use of vasopressors, extracorporeal life support, or renal replacement therapy
   - **Immunocompromised (or on immunosuppressants)**
     - Immunocompromised patients (or on immunosuppressant treatments)
3. Laboratory-confirmed SARS-CoV-2 infection as determined by a PCR result from any specimen (or other commercial or public health assay) within 2 weeks prior to randomization and no alternative explanation for current clinical condition
4. Willing and/or able to comply with study-related procedures/assessments
5. Provide informed consent signed by study patient or legally acceptable representative

Exclusion Criteria

A patient who meets any of the following criteria will be excluded from the study:

1. In the opinion of the investigator, not expected to survive for more than 48 hours from screening.
2. Presence of any of the following abnormal laboratory values at screening: ANC less than 2000 mm^3, AST or ALT >5x ULN, platelets <50,000 per mm^3
3. Treatment with anti-IL-6, anti-IL-6R antagonists, or with Janus kinase inhibitors (JAKi) in the past 30 days or plans to receive during the study period
4. Current treatment with the simultaneous combination of leflunomide and methotrexate
5. Exclusion criteria related to tuberculosis (TB)
   a. Known active TB or a history of incompletely treated TB
   b. Suspected or known extrapulmonary TB

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Regeneron 6R88-COV-2040 (Exclusion Criteria continued)

6. Patients with suspected or known active systemic bacterial or fungal infections
   Note: Patients with a history of positive bacterial or fungal cultures but on enrollment does not have suspected or known active systemic bacterial or fungal infections may be enrolled.
7. Participation in a double-blind clinical research study evaluating an investigational product or therapy within 3 months and less than 5 half-lives of investigational product prior to the screening visit
   Exception: The use of remdesivir, hydroxychloroquine, or other treatments being used for COVID-19 treatments in the context of an open-label study or compassionate use protocol is permitted
8. Any physical examination findings, and/or history of any illness, concomitant medications or recent live vaccines that, in the opinion of the study investigator, might confound the results of the study or pose an additional risk to the patient by their participation in the study
1. Known systemic hypersensitivity to sarilumab or the excipients of the drug product

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