Phase 3 Trial (in Process) of the SYK Inhibitor Fostamatinib in Patients Hospitalized With COVID-19: Protocol and Study Implementation Updates

Lucy Yan, MD, PhD¹, Ziad Mallat, MD, PhD², Suzana Margareth Lobo, MD, PhD³, Anuj Malik, MD⁴, and Wolfgang Dummer, MD, PhD¹

¹Rigel Pharmaceuticals, Inc., South San Francisco, CA; ²University of Cambridge, Cambridge, UK; ³Hospital De Base – FAMERP, São José do Rio Preto, Brazil; ⁴Ascension St. John Medical Center, Tulsa, OK

Introduction

- Severe COVID-19 is characterized by a hyperinflammatory immune response associated with cytokine storm, release of neutrophil extracellular traps (NETosis), and platelet activation, resulting in coagulopathy, immunothrombosis, and organ injury.
- Spleen tyrosine kinase (SYK) is a crucial mediator of the signaling pathways leading to the hyperinflammatory response (Figure 1, ALI, acute lung injury; ARDS, acute respiratory distress syndrome).

Figure 1. SYK Signaling Pathways in COVID-19



 Fostamatinib is an oral SYK inhibitor approved for chronic immune thrombocytopenia that may downregulate SYK-mediated signaling pathways and the associated hyperinflammatory immune response in severe COVID-19.

In *in vitro* studies, fostamatinib:

- Abrogated the hyperimmune response triggered by anti-spike IgG.¹
- Inhibited hyperactivation in platelets.²
- Blocked NETosis in neutrophils.³

R406, the active metabolite of fostamatinib, was shown to protect against LPS-induced acute lung injury and thrombosis in mice.^{4,5}

 We initiated a phase 3 clinical study (NCT04629703) to evaluate fostamatinib in patients hospitalized with COVID-19 in North and South America.

Background: Phase 2 Study

- A phase 2 study (NCT04579393) evaluating fostamatinib vs. placebo with all patients on standard of care (SOC) in 59 hospitalized COVID-19 patients was recently completed and published.⁶
- The study met the primary endpoint of safety. The addition of
- fostamatinib decreased the incidence of serious adverse events (AEs) by 50% compared to placebo (10% vs. 21% of patients, respectively).
- Several secondary efficacy endpoints showed improvements in the fostamatinib group compared to placebo including:
- Mortality
- Median number of days on supplemental oxygen
- Median number of days in ICU
- Mean 8-point ordinal scale score at Day 15
- Three deaths occurred in the placebo group vs. 0 in the fostamatinib group by Day 29.
- The addition of fostamatinib to SOC in patients hospitalized with COVID-19 who required supplemental oxygen was well-tolerated.

Methods: Phase 3 Study

- A Phase 3, randomized, double-blind, placebocontrolled, adaptive design, multi-center study (NCT04629703) is underway to evaluate fostamatinib in 308 adult patients hospitalized with COVID-19 on oxygen without intubation (Figure 2).
- The primary objective is to evaluate the safety and efficacy of fostamatinib in combination with SOC in patients hospitalized with COVID-19.
- The primary efficacy endpoint is the number of days on oxygen (Day 1 to 29) after randomization.
- Secondary endpoints include the change from baseline in the clinical status score on the 8-point ordinal scale, days in the ICU, time to sustained hospital discharge, all-cause mortality by day 29, and safety.



Table 1. Patient Characteristics and Safety

As of 2 December 2021, 208 patients have been
randomized, and 187 patients received at least 1 dose
of study drug.

- Baseline clinical status score was 5 or 6 (Hospitalized, requiring supplemental oxygen) in 91.4% of patients and 8.7% of patients were < 5 (missing in 1 patient).
- Baseline median SpO2 (oxygen saturation) was 94% and ranged from 85-99%.
- The median duration of exposure was 12 days, and 187 patients (90%) remained in the study as of Day 29.
- One hundred thirty-two patients had 213 adverse events (AEs), and 33 had 25 serious AEs. Serious AEs occurring in ≥ 2 patients are shown in Table 1.
- Nine deaths were reported.



Figure 2. Phase 3 Study Design *Patients provided written informed consent.

Inclusion criteria: Hospitalized COVID-19 patients who are receiving supplemental oxygen (as defined by a clinical status score of 5 or 6 on the 8-point ordinal scale).

Exclusion criteria: Patients using extracorporeal membrane oxygenation (ECMO), or with uncontrolled hypertension, history of myocardial infarction within 1 month prior to screening, liver or kidney function impairment, platelet count < $100,000/\mu$ L or neutrophil count < $1,000/\mu$ L.

Blinded Data	All Patients (n=208)
Mean age in years (range)	50 (20-82)
Sex (male)	152 (73%)
South America	181 (87%)
Race, ethnicity (white, Hispanic or Latino)	184 (89%)
Median BMI (interquartile range)	32.6 (20-74)
Prior treatment: Dexamethasone/Remdesivir	89%/10%
Serious Adverse Events in ≥ 1 patient	33 (15%)
Pulmonary embolism	6 (3%)
Respiratory failure	6 (3%)
Septic Shock	3 (1%)
Deep vein thrombosis	2 (1%)
Transaminases increased	3 (1%)
Dyspnea	2 (1%)
Acute kidney injury	2 (1%)
Pneumothorax	2 (1%)

Discussion

• This phase 3 study has completed enrollment.

 One phase 2 study (NCT04579393) has been completed and met the primary endpoint of safety.⁶

 An additional phase 3 study (NCT04924660, ACTIV-4) led by Vanderbilt University Medical College and the NHLBI is currently enrolling patients.

References

- 1. Hoepel W. Sci Transl Med. 2021
- 2. Apostolides S. BioRxiv. 2021
- 3. Strich J. J Infect Dis. 2020
- 4. Nadeem A. Int Immunopharm. 2019
- 5. Van Eeuwijk J. Arterioscler Thromb Vasc Biol. 2016
- 6. Strich JR. Clin Infect Dis. 2021