

Convalescent plasma for COVID-19

**Mountain States COVID-19 Infectious Disease ECHO Program
September 29, 2020**

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COVID-19 convalescent plasma (CCP)

- ❑ **What is it?** Plasma donated from a patient recently recovered from COVID-19 that contains antibodies to the SARS-CoV-2 virus
- ❑ **Rationale:** When administered to patients exposed to or infected with SARS-CoV-2, antibodies in CCP neutralize the virus and 1) protect from infection or 2) prevent/mitigate progression of existing infection

Limitations and caveats

- ❑ Observational studies > randomized trials
- ❑ Randomized trials underpowered
- ❑ Not all studies peer reviewed
- ❑ Heterogeneity of patients and treatment
- ❑ Rapidly emerging literature

Early reports out of China

JAMA | Preliminary Communication

Treatment of 5 Critically Ill Patients With COVID-19 With Convalescent Plasma

Chenguang Shen, PhD; Zhaoqin Wang, PhD; Fang Zhao, PhD; Yang Yang, MD; Jinxiu Li, MD; Jing Yuan, MD; Fuxiang Wang, MD; Delin Li, PhD; Minghui Yang, PhD; Li Xing, MM; Jinli Wei, MM; Haixia Xiao, PhD; Yan Yang, MM; Jiuxin Qu, MD; Ling Qing, MM; Li Chen, MD; Zhixiang Xu, MM; Ling Peng, MM; Yanjie Li, MM; Haixia Zheng, MM; Feng Chen, MM; Kun Huang, MM; Yujing Jiang, MM; Dongjing Liu, MD; Zheng Zhang, MD; Yingxia Liu, MD; Lei Liu, MD

Published online March 27, 2020

Treatment With Convalescent Plasma for Critically Ill Patients With Severe Acute Respiratory Syndrome Coronavirus 2 Infection



Bin Zhang, MD, PhD; Shuyi Liu, MD, PhD; Tan Tan, MD; Wenhui Huang, MD, PhD; Yuhao Dong, MD; Luyan Chen, MD; Qiuying Chen, MD; Lu Zhang, MD, PhD; Qingyang Zhong, MD; Xiaoping Zhang, MD, PhD; Yujian Zou, MD; and Shuixing Zhang, MD, PhD

Chest, published online March 31, 2020

Effectiveness of convalescent plasma therapy in severe COVID-19 patients

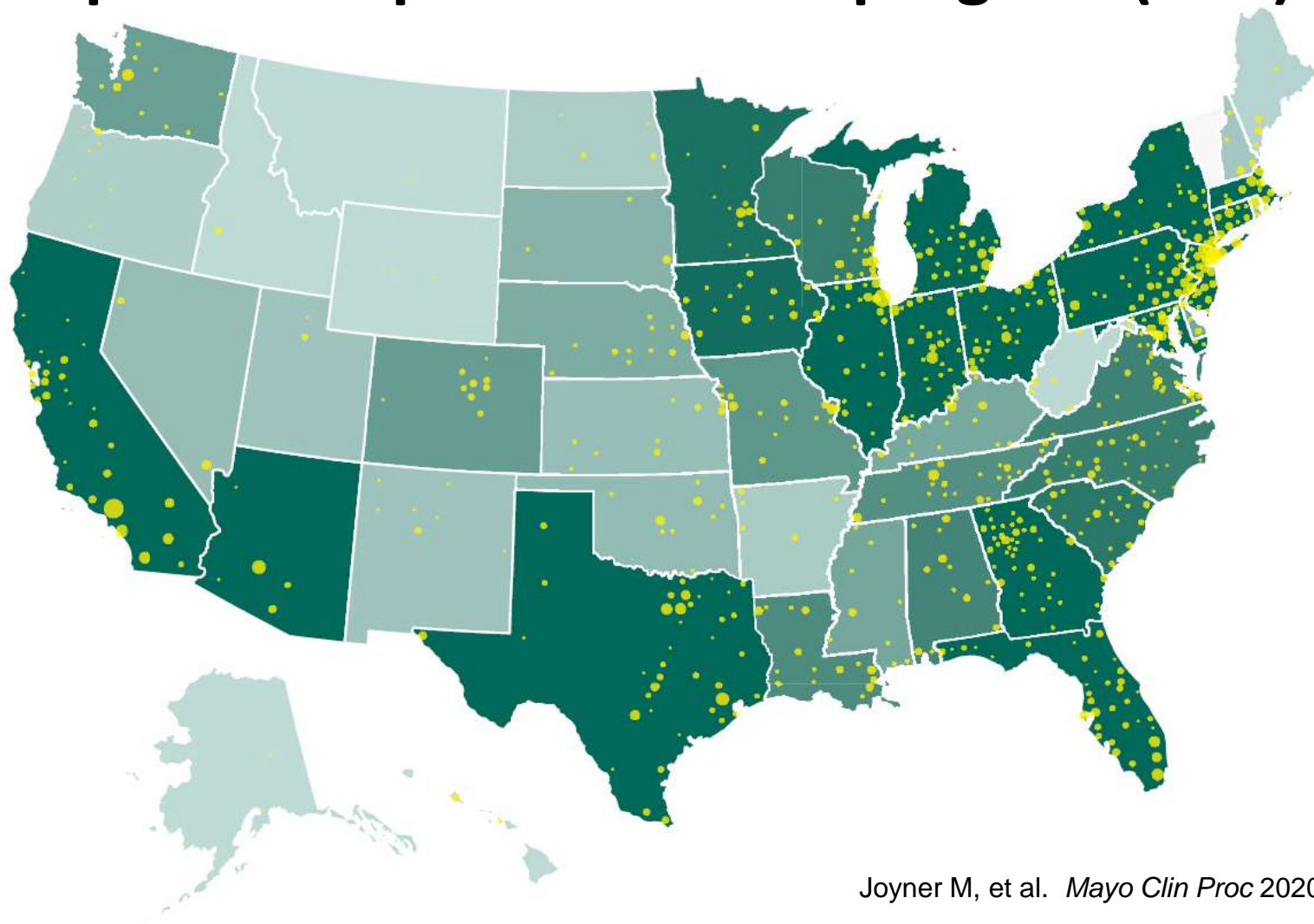
Kai Duan^{a,b,1}, Bende Liu^{c,1}, Cesheng Li^{d,1}, Huajun Zhang^{e,1}, Ting Yu^{f,1}, Jieming Qu^{g,h,i,1}, Min Zhou^{g,h,i,1}, Li Chen^{i,1}, Shengli Meng^b, Yong Hu^d, Cheng Peng^e, Mingchao Yuan^k, Jinyan Huang^l, Zejun Wang^b, Jianhong Yu^d, Xiaoxiao Gao^e, Dan Wang^k, Xiaoqi Yu^m, Li Li^b, Jiayou Zhang^b, Xiao Wu^d, Bei Li^e, Yanping Xu^{g,h,i}, Wei Chen^b, Yan Peng^d, Yeqin Hu^b, Lianzhen Lin^d, Xuefei Liu^{g,h,i}, Shihe Huang^b, Zhijun Zhou^d, Lianghao Zhang^b, Yue Wang^d, Zhi Zhang^b, Kun Deng^d, Zhiwu Xia^b, Qin Gong^d, Wei Zhang^d, Xiaobei Zheng^d, Ying Liu^d, Huichuan Yang^a, Dongbo Zhou^a, Ding Yu^a, Jifeng Houⁿ, Zhengli Shi^o, Saijuan Chen^l, Zhu Chen^{1,2}, Xinxin Zhang^{m,2}, and Xiaoming Yang^{a,b,2}

PNAS, first published April 6, 2020

National expanded access program (EAP)

- ❑ FDA-initiated, national, multicenter, open-label program to provide access to CCP
- ❑ Eligibility criteria:
 - Age ≥ 18 years
 - Hospitalized with a laboratory-confirmed SARS-CoV-2
 - Severe or life-threatening COVID-19 or judged by provider to be at high risk of progression
- ❑ Pre-specified plan to create control comparator group to evaluate efficacy

Participation in the US COVID-19 convalescent plasma expanded access program (EAP)



Joyner M, et al. *Mayo Clin Proc* 2020; 95:1888

Number of Registered Hospitals Per City

● 10 ● 20 ● 30 ● 40 ● 50

Number of Enrolled Patients

100 200 300 400 500 600+

Daily CCP administrations under the national expanded access program (EAP)



Joyner M, et al. medRxiv preprint, posted Aug 12, 2020
<https://doi.org/10.1101/2020.08>.

Who has been receiving CCP in the U.S.?

Patient characteristics

- ❑ 60% ≥60 years old
- ❑ 61% male
- ❑ 20% Black, 5% Asian
- ❑ 35% Hispanic or Latino

	April	May	Total
Characteristic			
N	6214	13,786	20,000
Clinical status			
Current severe or life-threatening COVID-19	4963 (79.9)	9274 (67.3)	14,237 (71.2)
High risk of severe or life-threatening COVID-19	1251 (20.1)	4512 (32.7)	5763 (28.8)
Intensive care unit admission	4038 (65.0)	7522 (55.0)	11,560 (58.1)
Mechanical ventilation ^c	2709 (48.5)	4155 (30.4)	6864 (35.6)

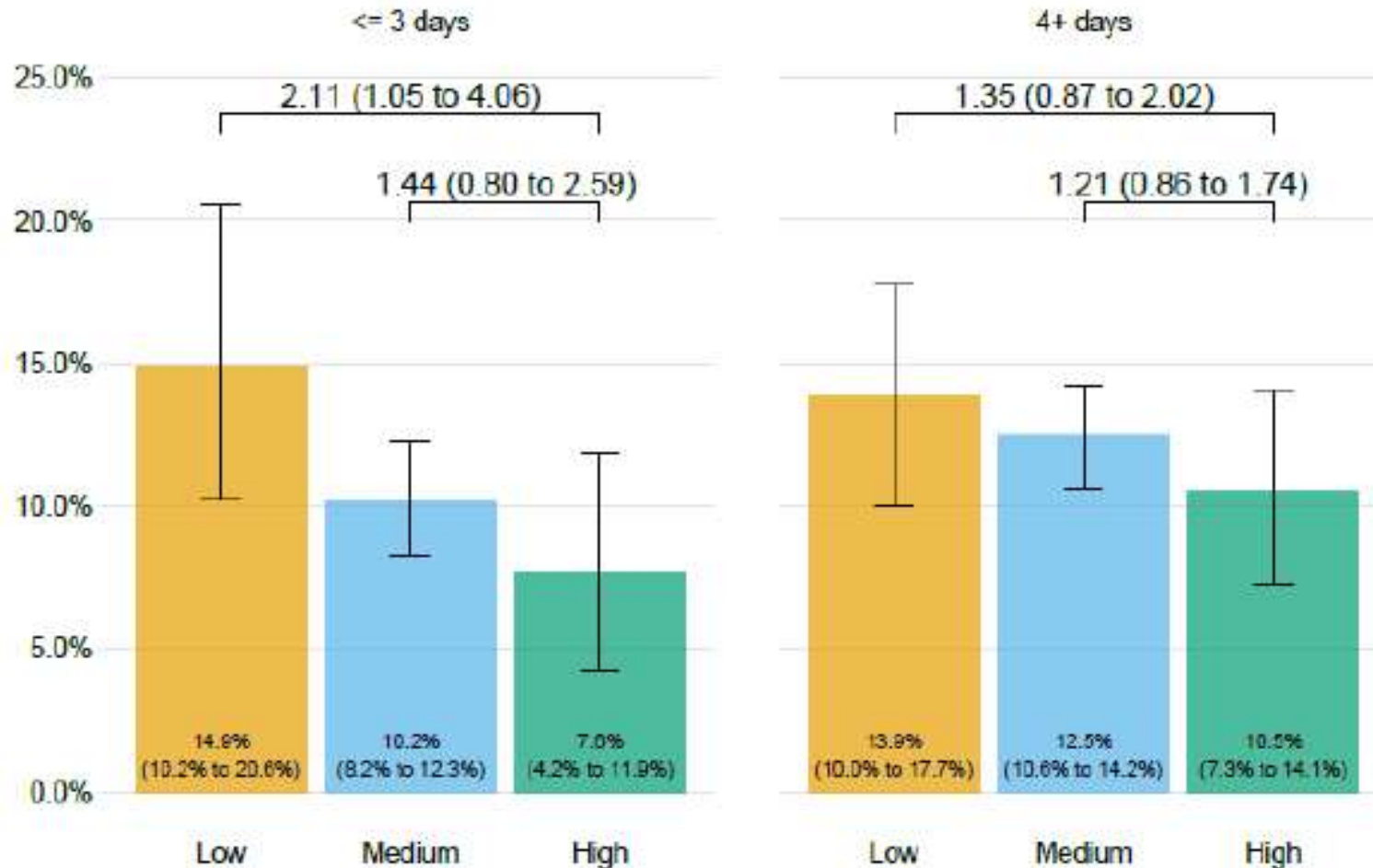
Safety Indicators of COVID-19 Convalescent Plasma in 20,000 Patients

TABLE 2. SAE Characteristics in Patients Transfused With COVID-19 Convalescent Plasma (N=20,000)^a

SAE: Transfusion reactions	Reported	Related	% Estimate ^b (95% CI)
Mortality within four hours of transfusion	63	10	0.05 (0.03-0.09)
TACO	36	36	0.18 (0.13-0.25)
TRALI	21	21	0.10 (0.07-0.16)
Severe allergic transfusion reaction	21	21	0.10 (0.07-0.16)
7-day SAE reports			
Thrombotic or thromboembolic complication	113	38	0.19 (0.14-0.26)
Sustained hypotension ^c	457	54	0.27 (0.21-0.35)
Cardiac events ^d	677	80	0.40 (0.32-0.50)

Mortality after CCP infusion by antibody titer and time to infusion

7-day mortality



Effect of Convalescent Plasma Therapy on Time to Clinical Improvement in Patients With Severe and Life-threatening COVID-19

A Randomized Clinical Trial

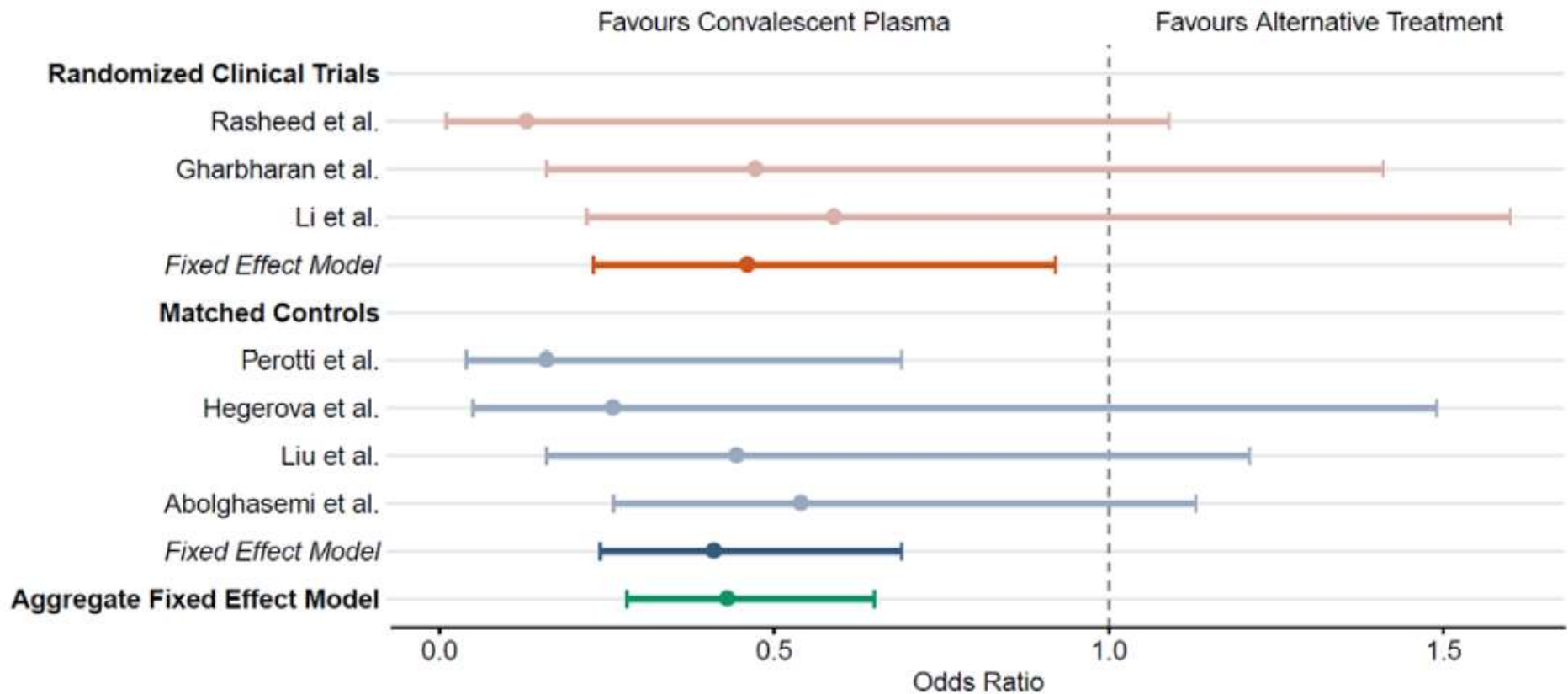
Ling Li, MD, PhD; Wei Zhang, MD; Yu Hu, MD, PhD; Xunliang Tong, MD, PhD; Shanggen Zheng, MD; Juntao Yang, PhD; Yujie Kong, MD; Lili Ren, PhD; Qing Wei, MD; Heng Mei, MD, PhD; Caiying Hu, MD; Cuihua Tao, MD; Ru Yang, MD; Jue Wang, MD; Yongpei Yu, PhD; Yong Guo, PhD; Xiaoxiong Wu, MD; Zhihua Xu, MD; Li Zeng, MD; Nian Xiong, MD; Lifeng Chen, MD; Juan Wang, MD; Ning Man, MD; Yu Liu, PhD; Haixia Xu, MD; E. Deng, MS; Xuejun Zhang, MS; Chenyue Li, MD; Conghui Wang, PhD; Shisheng Su, PhD; Linqi Zhang, PhD; Jianwei Wang, PhD; Yanyun Wu, MD, PhD; Zhong Liu, MD, PhD

- ❑ Open-label RCT at 7 hospitals in Wuhan, China
- ❑ Target enrollment of 200 patients with severe or life-threatening COVID-19
- ❑ Primary endpoint: clinical improvement at 28 days
- ❑ Study terminated after 103 patients enrolled

Clinical outcomes

	Convalescent plasma (n = 52)	Control (n = 51)	<i>P</i>
<i>Primary</i>			
Clinical improvement (28 days)	51.9%	43.1%	.37
<i>Secondary</i>			
Discharge rate (28 days)	51%	36%	.13
Death (28 days)	15.7%	24%	.3
Time to viral clearance (3 days)	87.2%	37.5%	<.001

Meta-analysis of the effect of CCP on mortality in COVID-19



Adapted from Joyner M et al. medRxiv preprint (published online July 30th)
<https://doi.org/10.1101/2020.07.29.20162917>

FDA Emergency Use Authorization

August 23, 2020

- ❑ Indication: hospitalized patients with COVID-19
- ❑ No specific clinical criteria put forth (intubated or non-intubated)
- ❑ High antibody titer CCP recommended
- ❑ Treat prior to intubation and within 3 days of diagnosis when possible
- ❑ Dose 1 unit (about 200mL), additional units based on provider judgment

Giving CCP under the FDA EUA¹

1. Discuss investigational nature and potential risks, benefits, and alternatives with patient
2. FDA Fact Sheets available to patients and providers^{2,3}
3. Document the consent process
4. Institutional consent for blood products
5. Report serious adverse events or deaths potentially attributable to CCP

1) <https://www.fda.gov/media/141477/download>

2) <https://www.fda.gov/media/141479/download>

3) <https://www.fda.gov/media/141478/download>

National guideline recommendations

Infectious Diseases Society of America¹

“Among patients who have been admitted to the hospital with COVID-19, the IDSA guideline panel recommends COVID-19 convalescent plasma only in the context of a clinical trial. (Knowledge gap)”

National Institutes of Health²

“There are insufficient data for the COVID-19 Treatment Guidelines Panel to recommend either for or against the use of COVID-19 convalescent plasma for the treatment of COVID-19.”

1) <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/> (last updated 9/4/2020)

2) <https://www.covid19treatmentguidelines.nih.gov/immune-based-therapy/blood-derived-products/convalescent-plasma/> (last updated 7/17/20)

Unanswered questions

- ❑ Is it safe and does it improve outcomes in adequately powered randomized trials?
- ❑ What is the incremental benefit over corticosteroids and remdesivir, if any?
- ❑ In what patient populations should it be used?
- ❑ What is the optimal timing?
- ❑ What is the necessary antibody titer?
- ❑ What is the optimal volume?

Randomized trials in process

Passive Immunity Trial for Our Nation (PASSItOn)

- ❑ Setting: 51 U.S. hospitals
- ❑ Population: adults hospitalized with COVID-19
- ❑ Intervention: CCP vs. placebo
- ❑ Primary outcome: clinical status at day 15 by the COVID ordinal outcomes scale
- ❑ Sample size: 1000 patients
- ❑ Estimated completion: April 2021

Clinical Trial of COVID-19 Convalescent Plasma of Outpatients (C3PO)

- ❑ Setting: 50 hospital emergency departments
- ❑ Population:
 - adults presenting with mild, symptomatic COVID-19
 - risk for progression to severe disease
 - clinically stable for outpatient management
- ❑ Intervention: CCP vs. placebo
- ❑ Primary outcome: disease progression at 15 days
- ❑ Sample size: 600 patients
- ❑ Estimated completion: December 2022

Summary

- ❑ Current clinical data are suggestive, but do not prove, that CCP is safe and may improve clinical outcomes
- ❑ Recently granted FDA emergency use approval
- ❑ Numerous unanswered questions require adequately powered randomized trials

Thank you



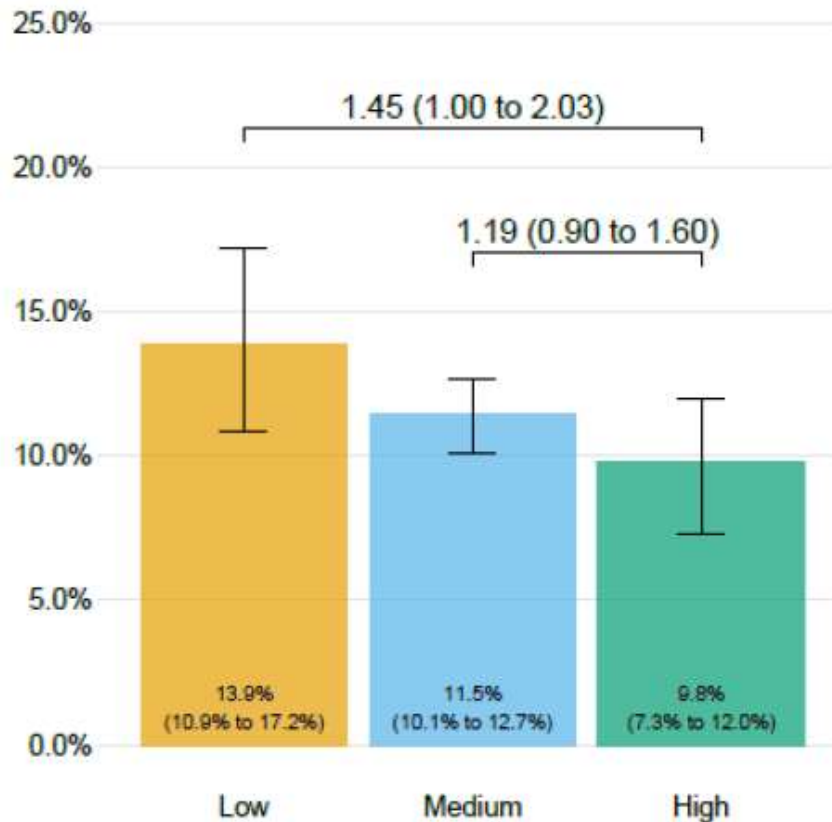
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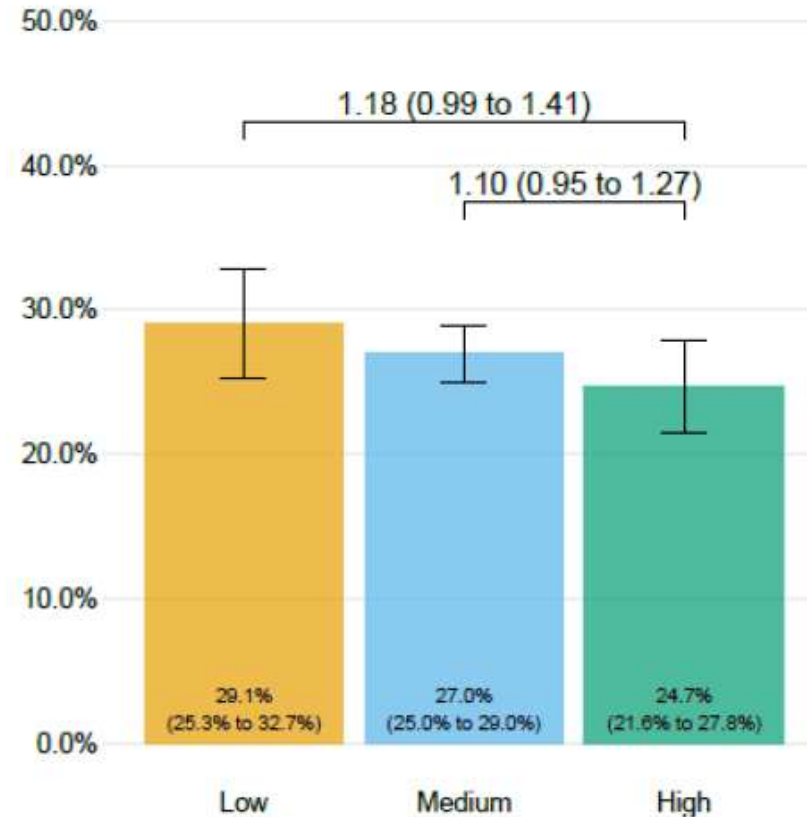
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Mortality after CCP infusion by antibody levels

7-day mortality



30-day mortality



Meta-analysis of the effect of CCP on mortality in COVID-19

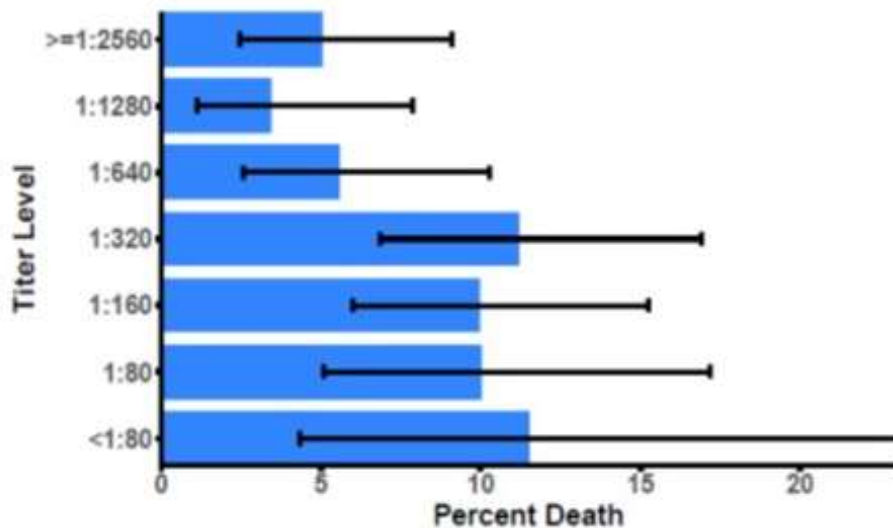
	# studies	# subjects	Convalescent plasma	Control	OR	<i>P</i>
<i>Randomized trials</i>	3	236	13%	26%	.46	.03
<i>Matched control studies</i>	4	494	12%	25%	.41	.001
<i>Aggregate of controlled studies</i>	7	730	13%	25%	.43	<.001

Adapted from Joyner M et al. medRxiv preprint, published online July 30th
<https://doi.org/10.1101/2020.07.29.20162917>

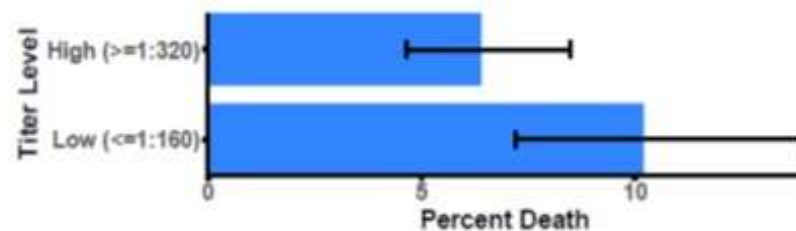


COVID-19 Convalescent Plasma Reduction in Death at 7 Days

Non-intubated patients treated
within 72 h age 80 or less (n=1018)



Statistically significant 37% reduction
in mortality in those treated with high
titer convalescent plasma (p=.03)



High titer corresponds
approximately to Ortho
VITROS S/C level ≥ 12