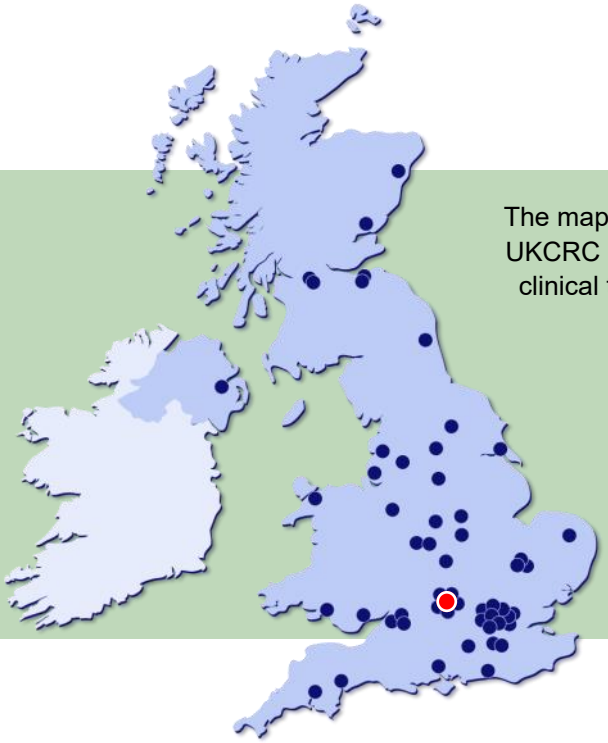
Oxford Clinical Trials Unit: ATOMIC2 and CATALYST trials



The map shows all UKCRC registered clinical trials units

Summary of OCTRU COVID-19 response

- We were approached to potentially collaborate on 5 trials
  - A trial of Azithromycin in those attending A&E (ATOMIC-2)
  - A trial of Infliximab in those admitted to Hospital (Now part of Catalyst)
  - A trial of Serine Protease Inhibitors in those attending A&E
  - A trial of Chloroquine and Hydoxychloroquine to prevent COVID-19 in the healthcare workers
  - A trial of Adalimumab to prevent respiratory failure in care homes (AVID-CC)
- We have taken on and are providing full trial support to two: ATOMIC-2 and AVID-CC
- One of the trials was added to the CATALYST platform and the OCTRU Director has remained lead of the Infliximab arm
- The Director is a member of the national CTAP panel providing advice to UKRI on drug selection in national COVID studies

ATOMIC-2 Trial

https://atomic2.octru.ox.ac.uk/

Lay: Azithromycin is a commonly prescribed antibiotic that also has anti-inflammatory properties which have been shown to be helpful in other viral respiratory illness. The ATOMIC study is investigating whether treatment with this drug can prevent future admission to hospital in patients with COVID who present to A&E but do not require immediate admission to hospital. OCTRU worked with the research lead to secure a boarder funding base for the study allowing a larger number of sites to be brought on board. Effective collaboration between the research team and OCTRU meant that from approach to the CTU to the study being ready to open this took 5 weeks including redeploying an experienced CTIMP trial manager to work alongside the CI in delivery of this trial.

All aspects of trial delivery have been and continue to be undertaken by OCTRU.

Study design: Multi centre, prospective open label two-arm randomised superiority clinical trial of standard care and Azithromycin with standard care alone for 800 people who present to hospital with COVID-19 symptoms who are not admitted at initial presentation.

Study setting: Patients being assessed by secondary care NHS hospitals in the UK.

Participants: Adults, ≥18 years of age assessed in an acute hospital with clinical diagnosis of COVID -19 infection and where medically it is decided not to admit the patient and for the patient to be managed on an ambulatory (outpatient) care pathway at their usual residence (home or care home).

Study schedule: Enrolment on day 0. Telephone follow up at day 14 day, and day 28. If admitted between randomisation and day 28, data will be collected until hospital discharge.

Intervention (treatment): Azithromycin 500 mg orally once daily for 14 days. The first dose will be within 4 hours of randomisation (randomisation is the process to assign a patients to treatment options without bias). This is in addition to standard care as per local hospital advice for those patients with suspected COVID who are not admitted: i.e. relief of symptoms with rest, paracetamol as required (where appropriate) and advice to seek further medical attention if significant worsening of breathlessness.

Comparator (what we're comparing the treatment against): Standard care as per local hospital advice for those patients with suspected COVID who are not admitted: i.e. relief of symptoms with rest, paracetamol as required (where appropriate) and advice to seek further medical attention if significant worsening of breathlessness.

Primary Outcome (what we want to asses): To compare the effect of Azithromycin in participants with a clinical diagnosis of COVID-19 in reducing the proportion with either death or hospital admission with respiratory failure requiring invasive (ventilator) or non-invasive (e.g. mask) mechanical ventilation over 28 days from randomisation.

Sponsor: University of Oxford.

Funding: NIHR BRC Oxford, University of Oxford COVID-19 Research Response Fund & Pfizer.

CATALYST Trial (Infliximab arm)

This is a nationally prioritized phase 2 study examining novel anti-inflammatory treatments for COVID-19. As part of our COVID response we made the decision to work collaboratively with the Birmingham CRCTU rather than set up a stand-alone clinical study. This has proven successful with OCTRU team members providing expert input on the study drug. The OCTRU Director is theme lead for the infliximab arm of the study.

All aspects of trial delivery undertaken by CRCTU.

Study design: Multi arm, multi-stage trial centre, to guide the selection of new drug interventions for large phase III trials in hospitalised patients with COVID-19 infection.

Study setting: Patients admitted to secondary care NHS hospitals in the UK.

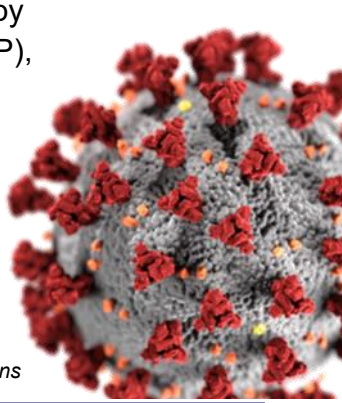
Participants: Adults, ≥18 years of age admitted to an acute hospital with clinical diagnosis of COVID-19 infection.

Study schedule: Baseline assessment; Single dose of Infliximab or Namilumab vs standard of care; follow up for 28 days.

Intervention: Infliximab (Remsima), is an anti-tumour necrosis factor antibody (anti-TNF) licensed for multiple indications (uses). Namilumab is an anti-GM-CSF antibody (a molecule that works against the inflammation caused by the immune system) in phase 2 development in inflammatory arthritis.

Comparator: Standard care for all groups.

Funding: UK Research and Innovation with support from the Arthritis Therapy Acceleration Programme (A-TAP), University of Oxford COVID-19 Research Response Fund & Helena Charitable Foundation.



Virus image: CDC / Alissa Eckert & Dan Higgins