

















Adaptive Platform Trial Scientific Meeting

September 28 – 29 • Toronto, Canada





The TOGETHER Adaptive Platform Trial

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Co-Principal Investigators



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Health Research Methods,
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Topics

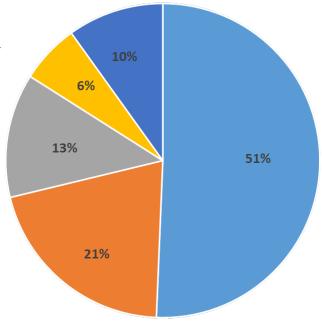
- Trial Overview and History
- Study Setting
- Trial Methods
- Study Findings
- Global Partnerships & Capacity Building
- What's Next?

In the beginning

...Clinical trials in COVID-19 are small, and likely underpowered

- Of the 2,908 trials captured in our registry, over half (51%) intend to recruit **100 patients or less.**
 - The median sample size across all trials is 100
- Despite being small individually, these trials correspond to over 74,054 participants collectively.
- Looking at trials investigating HCQ alone (or vs. standard of care), in a hospitalized setting only, this corresponds to 4,893 patients – over three times the total N of the HCQ arm of the RECOVERY trial.
- Individually, these small trials are not meaningful, but collectively, they represent an extraordinary untapped source of data.

Proportions of COVID-19 trials by sample size



TOGETHER Trial Overview

- Randomized adaptive platform trial to investigate the efficacy of repurposed treatments for COVID-19 disease among high-risk adult outpatients
- Received ethics board approval in Brazil (CEP/CONEP#: 41174620.0.1001.5120), and Canada (HiREB#: 13390)
- Data and Safety Monitoring Committee provides independent oversight
- The trial was initiated on June 2, 2020

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STUDY PROTOCOL



A multi-center, adaptive, randomized, platform trial to evaluate the effect of repurposed medicines in outpatients with early coronavirus disease 2019 (COVID-19) and high-risk for complications: the TOGETHER master trial protocol [version 1; peer review: awaiting peer review]

Gilmar Reis^{1,2}, Eduardo Augusto dos Santos Moreira Silva^{1,2}, Daniela Carla Medeiros Silva^{1,2}, Kristian Thorlund^{3,4}, Lehana Thabane³, Gordon H. Guyatt³, Jamie I. Forrest **b** 4,5, Alla V. Glushchenko³, Cameron Chernecki⁴, Paula McKay³, Sheila Sprague³, Ofir Harari⁴, Hinda Ruton^{4,5}, Craig R. Rayner^{6,7}, Edward J. Mills **b** 3,4

+ Author details



This article is included in the Coronavirus (COVID-19) collection.

Outcomes

Primary Outcome:

- Emergency room visits due to the clinical worsening of COVID-19 (defined as participant remaining under observation for > 6 hours)
 - OR
- Hospitalization due to the progression of COVID-19 (defined as worsening of viral pneumonia) and/or complications within 28 days of randomization.

Outcomes

Secondary Outcomes:

- WHO clinical worsening scale
- PROMIS global health scale
- Mortality defined and all-cause
- Cause-specific hospitalization
- Viral clearance and viral load
- Respiratory symptoms
- Adverse events
- Adverse drug reactions
- Adherence with medication

Key Inclusion Criteria

- 1. Patients over the age of 18
- 2. Presenting to an outpatient care setting with an acute clinical condition consistent with COVID-19 and symptoms beginning within 7 days of the screening date
- 3. Positive rapid test for SARS-CoV-2 antigen
- 4. At least one additional criterion for high-risk:
 - · Diabetes mellitus
 - Systemic arterial hypertension
 - Symptomatic lung disease
 - Symptomatic asthma patients
 - Smoking
 - Obesity
 - Transplant patients
 - Patient with stage IV chronic kidney disease or on dialysis
 - immunosuppressed
 - History of cancer in the last 0.5 years or undergoing current cancer treatment.
 - Age greater than 50 years

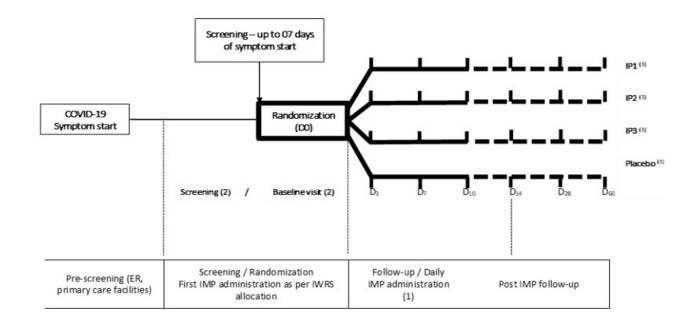
Exclusion Criteria

- 1. Diagnostic examination for SARS-CoV2 negative associated with acute flu-like symptoms
- 2. Acute respiratory condition compatible with COVID-19 treated in the primary care and requiring hospitalization
- 3. Acute respiratory condition due to other causes
- 4. Patients who have received vaccination for SARS-CoV2
- 5. Dyspnea secondary to other acute and chronic respiratory causes or infections
- 6. Acute flu showing at least one of the criteria below:
 - Respiratory Rate > 28 / min;
 - SaO2 < 90% or < 93% on nasal oxygen therapy at 10 L / min;
 - PaO2 / FIO2 < 300 mm Hg;
- 7. Use of serontonin receptor inhibitors
- 8. Use of the following medications in the last 14 days:
 - Monoamine Oxide Inhibitors (phenelzine, tranylcypromine, selegiline, isocarboxazide, moclobemide);
 - Use of iodinated contrasts during treatment until 05 days after the end;
 - Use of antiretroviral agents (Treatment of Acquired Immunodeficiency Syndrome AIDS);

Exclusion Criteria Continued

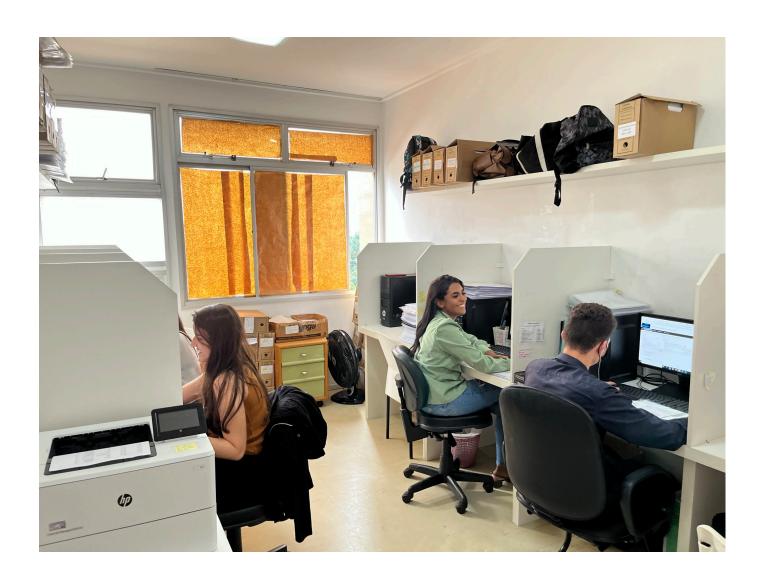
- 9. Severe psychiatric disorders or major depression
- 10. Pregnant or breastfeeding patients
- 11. History of severe ventricular cardiac arrhythmia
- 12. History of diabetic ketoacidosis or clinical condition that maintains persistent metabolic acidosis;
- 13. Surgical procedure or use of contrast planned to occur during treatment or up to 5 days after the last dose of the study medication
- 14. Current daily and / or uncontrolled alcoholism
- 15. History of seizures in the last month or uncontrolled seizure
- 16. History of liver cirrhosis or Child-Pugh C classification
- 17. Known severe degenerative neurological diseases and / or severe mental illness
- 18. Inability of the patient or representative to give informed consent or adhere to the procedures proposed in the protocol
- 19. Known hypersensitivity and / or intolerance to fluvoxamine, ivermectin or metformin;
- 20. Inability to take oral medications
- 21. Inability or unwillingness to follow research guidelines and procedures

Data Collection



- Participants were contacted on Days 1, 2, 3, 4, 5, 7, 10, 14, and 28 via telephone and social media applications
- Participants were contacted at day 60 to assess long-term outcomes
- All SAEs were documented and reported as per local regulatory requirements
- Data were entered into the trial's EDC system (IBM Clinical Development)

Study monitoring



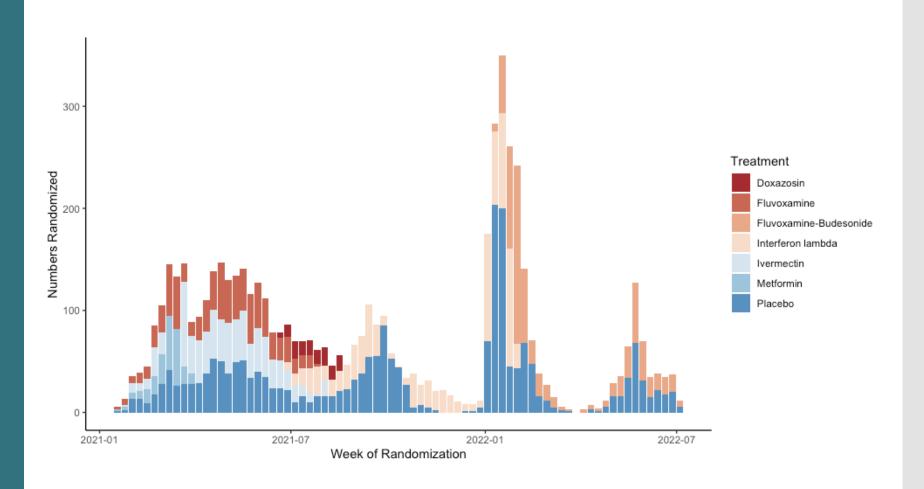
Study Setting



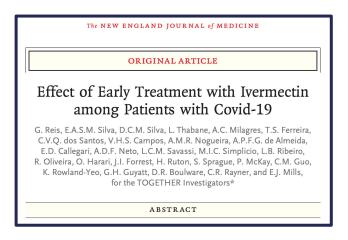
Communitybased Approach



Recruitment Over time by Treatment

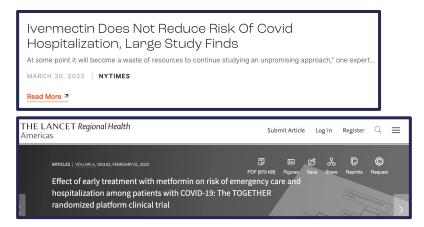


Study Findings



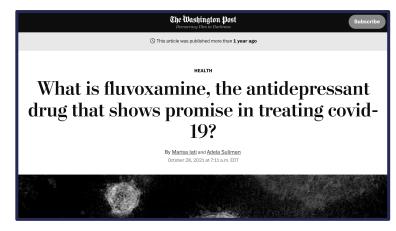


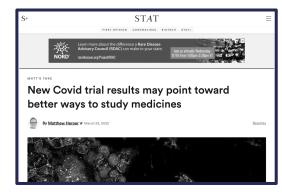




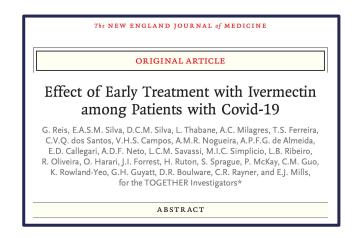








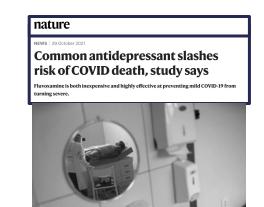












Antidepressant Fluvoxamine Significantly Reduces Covid-19 Hospitalization

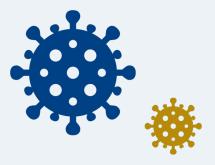
Patients who received the low-cost and widely available drug were far less likely to be hospitalized in a clinica...

OCTOBER 28, 2021 WALL STREET JOURNAL

RCT: Effect of Early Treatment with Hydroxychloroquine (HCQ) or Lopinavir/ritonavir (LPV/r) on Risk of Extended Emergency Care or Hospitalization Among Patients with COVID-19

POPULATION

308 Men, 377 Women



Patients with COVID-19 and expected hospital stays of ≤ 5 days Median 53 y (18-94 y)

INTERVENTION

685 Patients Randomized



214 HCQ: loading dose of 800 mg at the time of randomization and then 400 mg in daily doses at 8:00 AM for 9 days



244 LPV/r: loading dose of 800 mg of lopinavir and 200 mg of ritonavir at the first 2 intakes, followed by 400 mg of lopinavir and 100 mg of ritonavir every 12 hours for the next 9 days.

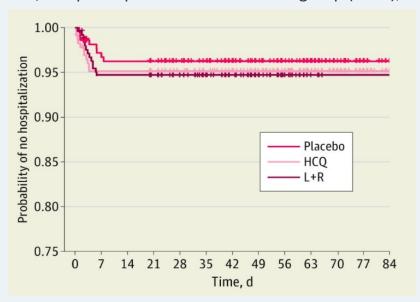


Placebo
Oral
placebo
talc tablet

FINDINGS

The following had a COVID-19—associated hospitalization:

8/214 participants from the HCQ group (3.7%); 14/244 participants from the LPV/r group (5.7%); 11/227 participants from the control group (4.8%);





SETTINGS/LOCATIONS



7 Clinical sites, Minas Gerais, Brazil

PRIMARY OUTCOMES

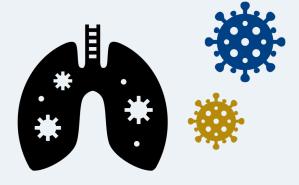
COVID-associated hospitalization and death measured at day 90



RCT: Effect of Early Treatment with Metformin on Risk of Emergency Care and Hospitalization Among Patients with COVID-

POPULATION

182 Men, 241 Women



Patients with COVID-19 and expected hospital stays of ≤ 5 days **Median 52 y (18-90 y)**

INTERVENTION

423 Patients Randomized, 372 patients analyzed



daily for 10 days

217 Metformin 206 Place place be



206 Placebo Oral placebo talc tablet

SETTINGS/LOCATIONS



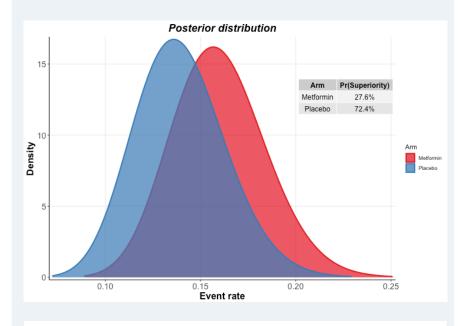
10 Clinical sites, Minas Gerais, Brazil

PRIMARY OUTCOMES

A composite of emergency room visits due to clinical worsening of COVID-19 (requiring observation for > 6 hours) or hospitalization due to the progression of COVID-19 within 28 days of randomization.

FINDINGS

The proportion of patients with extended ER observation or hospitalization was the 32/217 (17.2%) for the metformin group and 27/206 (14.5%) in the placebo group

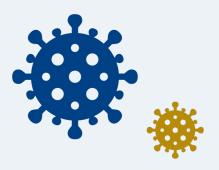




RCT: Effect of Early Treatment with Ivermectin on Risk of Extended Emergency Care or Hospitalization Among **Patients**

POPULATION

565 Men, 791 Women



Patients with COVID-19 Median 49 y (18-102 y) Mean days of symptoms before randomization 3.8 days

SETTINGS/LOCATIONS



12 Clinical sites, Minas Gerais, **Brazil**

INTERVENTION

1,356 Patients Randomized



679 Ivermectin 400mg for 3 days



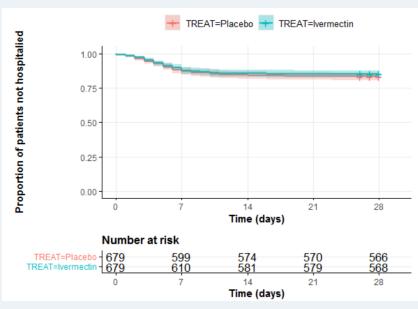
679 Placebo Oral placebo talc tablet

PRIMARY OUTCOMESHospitalization defined as admission to a COVID-19 emergency setting for >6 hours or referral to a tertiary hospital setting due to the progression of COVID-19 within 28 days of randomization

FINDINGS

The following had a COVID-19-associated hospitalization:

100/679 participants from the ivermectin group (14.7%) 111/679 participants from the placebo group (16.3%)





Effect of early treatment with fluvoxamine on risk of emergency care and hospitalisation among patients with COVID-19: the TOGETHER randomised, platform clinical trial

Gilmar Reis, Eduardo Augusto dos Santos Moreira-Silva, Daniela Carla Medeiros Silva, Lehana Thabane, Aline Cruz Milagres, Thiago Santiago Ferreira, Castilho Vitor Quirino dos Santos, Vitoria Helena de Souza Campos, Ana Maria Ribeiro Noqueira, Ana Paula Figueiredo Guimaraes de Almeida, Eduardo Diniz Callegari, Adhemar Dias de Figueiredo Neto, Leonardo Cançado Monteiro Savassi, Maria Izabel Campos Simplicio, Luciene Barra Ribeiro, Rosemary Oliveira, Ofir Harari, Jamie I Forrest, Hinda Ruton, Sheila Spraque, Paula McKay, Alla V Glushchenko, Craiq R Rayner, Eric J Lenze, Angela M Reiersen, Gordon H Guyatt, Edward J Mills, for the TOGETHER investigators*

	Intention-to-treat analysis			Modified intention-to-treat analysis		
	N	n (%)	Relative risk (95% BCI)	N	n (%)	Relative risk (95% BCI)
Fluvoxamine	741	79 (11%)	0.68 (0.52-0.88)	740	78 (11%)	0.69 (0.53-0.90)
Placebo	756	119 (16%)	1 (ref)	752	115 (15%)	1 (ref)
RCI=Ravesian cred	dible inter	val				

Table 2: Proportion of primary outcome events and relative risk of hospitalisation defined as either retention in a COVID-19 emergency setting or transfer to tertiary hospital due to COVID-19 for patients allocated fluvoxamine versus placebo





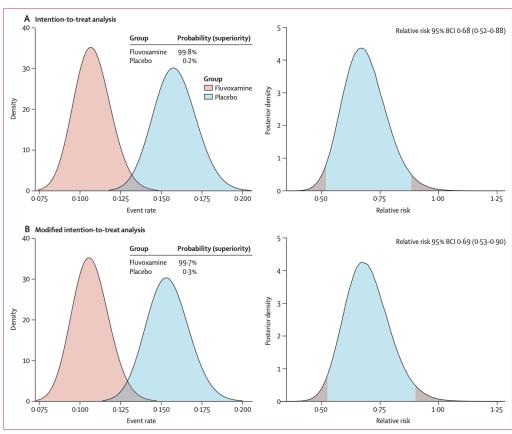


Figure 2: Probability of efficacy and Bayesian relative risk of hospitalisation defined as either retention in a COVID-19 emergency setting or transfer to tertiary hospital due to COVID-19 for fluvoxamine versus placebo BCI=Bayesian credible interval.

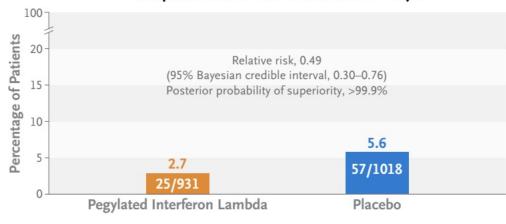
RESEARCH SUMMARY

Early Treatment with Pegylated Interferon Lambda for Covid-19

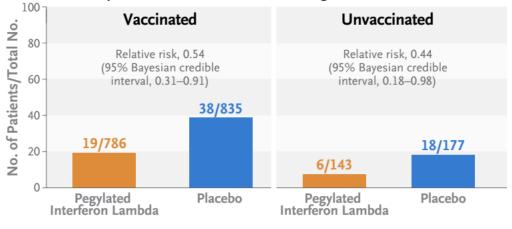
Reis G et al. DOI: 10.1056/NEJMoa2209760



Hospitalization or ED Visit within 28 Days



Hospitalization or ED Visit According to Vaccination Status



Original Research | May 2023

Oral Fluvoxamine With Inhaled Budesonide for Treatment of Early-Onset COVID-19

A Randomized Platform Trial

Gilmar Reis, MD, PhD ♥ (D), Eduardo Augusto dos Santos Moreira Silva, MD, PhD (D), ... See More +

Author, Article, and Disclosure Information

https://doi.org/10.7326/M22-3305

Eligible for CME Point-of-Care



Extensive research program

Early Treatment with Fluvoxamine among Patients with COVID-19: A Cost-Consequence Model

Fergal P. Mills, Gilmar Reis, Lindsay A. Wilson, Kristian Thorlund, Jamie I. Forrest, Christina M. Guo, David R. Boulware, Edward J. Mills, and for the TOGETHER Investigators

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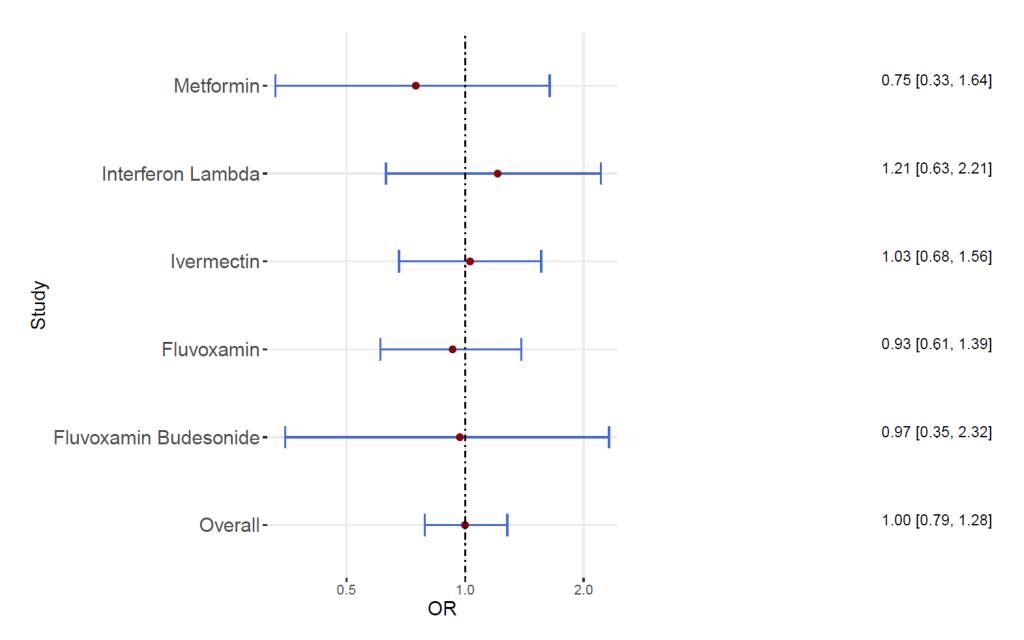
Article Category: Perspective

Resilient Clinical Trial Infrastructure in Response to the COVID-19 Pandemic: Lessons Learned from the TOGETHER Randomized



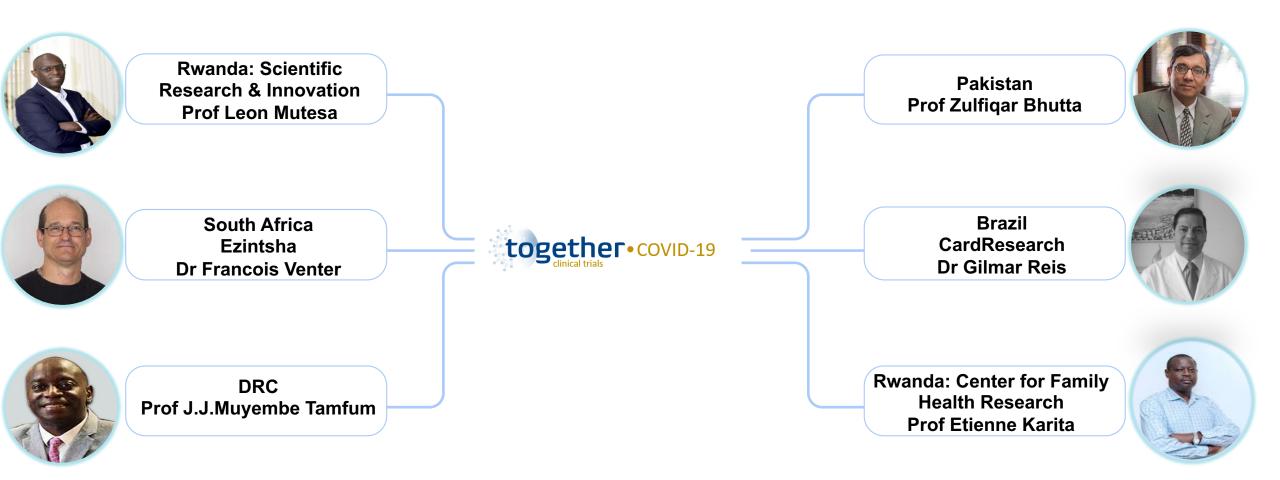
How Relevant are matched placebos?

- Placebos in TOGETHER were matched by days and route of administration
- Participants randomized to placebo group were given matched placebo proportional to the investigational study arms at that time in the platform
- No differences observed



Global Partnerships & Capacity Building

The Together Trial: Global Investigator Network



The Together Trial: LMIC Capacity Building





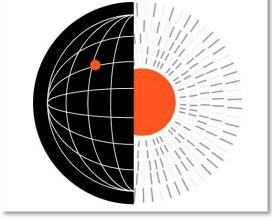






















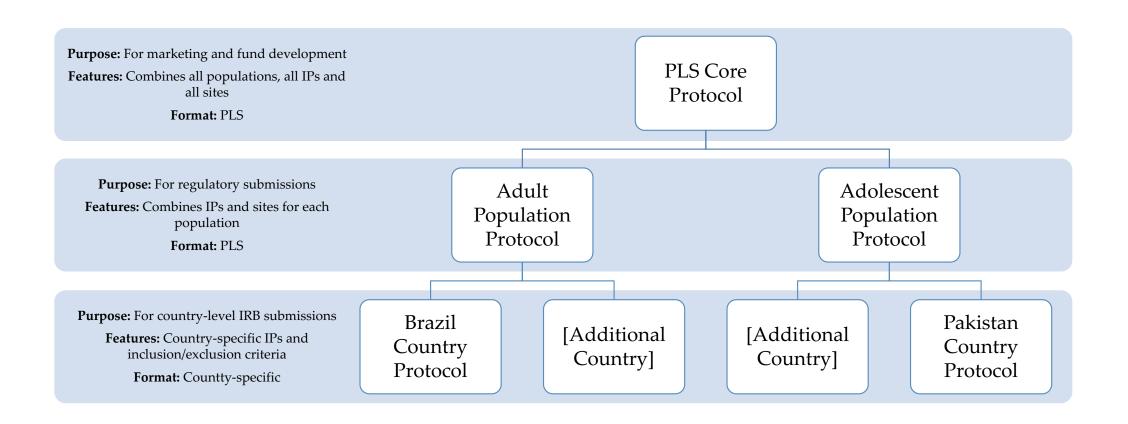






REVIVE: Long COVID

REVIVE Protocol Structure

























Thank you! Merci! Obrigado!

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