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A Phase II study to understand the safety and effects of inhaled SNG001, the study medication, in patients who are mechanically ventilated due to a respiratory viral infection in the lungs

Submission date
09/11/2024

Recruitment status
No longer recruiting

Registration date
29/01/2025

Overall study status
Completed

Last Edited
02/11/2026

Condition category
Infections and Infestations

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
The purpose of this study is to assess if the medicine (SNG001) could potentially be a treatment for patients who have severe viral lung infections ('pneumonia') such as those caused by flu or COVID-19. SNG001 contains interferon-β, a protein that occurs naturally in humans, which helps the body's immune system fight off viruses. Clinical trials have shown that SNG001 has anti-viral activity and potential beneficial effects on clinical outcomes in patients with viral infections in the lung. In critically ill patients who require mechanical ventilation due to severe viral pneumonia, SNG001 could help clear the infection and thereby improve outcomes and recovery. SNG001 is delivered by inhalation using a nebuliser to target the virus in the lungs. SNG001 has been extensively evaluated in other patient groups including those with COVID-19, COPD and asthma.

Who can participate?
Patients who require mechanical ventilation due to a virus infection in the lung

What does the study involve?
This study has two parts. Part 1 will assess the safety of SNG001. A small group of participants will receive a low dose. Based on recommendations from an independent safety committee, a second group may receive a higher dose. The dose for Part 2 will be determined by the results from Part 1. Part 2 will evaluate how effective SNG001 is compared to placebo in up to 450 Participants who will be randomly allocated to receive either SNG001 or placebo. They will be dosed for 14 days or until hospital discharge whichever happens first. During the study participants will still receive standard of care including other treatments for viral pneumonia

What are the possible benefits and risks of participating?
The potential health benefit from participating in this study is that SNG001 may help patients

recover from their lung infection, shorten their symptoms and/or shorten the length of time they will need to be on a ventilator. In addition, the results of this study will be used for future product development decisions to improve SNG001. Information learned from the study may help other people in the future.
SNG001 has been investigated in seven completed clinical studies, across various populations including asthmatics, COPD and COVID-19 patients. Of the 758 patients treated with SNG001, 342 patients with COVID-19 required hospitalisation and oxygen supplementation due to the severity of their disease. Treatment with SNG001 across the different studies was generally well tolerated, with no specific safety signals being observed, whether related to local tolerance or systemic effects. SNG001 has not been administered to patients with severe viral lung infections undergoing IMV hence the specific focus of Part 1 of the study on safety. A review of the safety data and potential risks supports the design of the proposed clinical trial (SG021) of SNG001. To minimize any potential risks Part 1 of the study will initially assess safety in patients receiving a lower dose of SNG001. The independent data review committee will provide ongoing oversight of safety throughout both parts of the study.

Where is the study run from?
Synairgen Research Ltd (UK)

When is the study starting and how long is it expected to run for?
November 2024 to March 2027

Who is funding the study?
Synairgen Research Ltd (UK)

Who is the main contact?
Sophie Hemmings, submissions@synairgen.com

Contact information

Type(s)
Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)
NCT06999603

Integrated Research Application System (IRAS)
1010122

Central Portfolio Management System (CPMS)
62305

Protocol serial number
SG021

Study information

Scientific Title
A Phase II, two-part study to assess the safety, antiviral biomarker responses, and efficacy of inhaled SNG001 for the treatment of patients with a confirmed respiratory virus infection undergoing invasive mechanical ventilation

Study objectives
The primary objective of Part 1 will be to evaluate the safety of SNG001 administration to participants with a confirmed respiratory virus infection undergoing IMV.

The primary objective of Part 2 will be to evaluate the efficacy of SNG001, versus placebo, in participants with a confirmed respiratory virus infection undergoing IMV.

Secondary objectives of part 2:
1. To evaluate the safety of SNG001 administration to participants with a confirmed respiratory virus infection undergoing IMV.
2. To evaluate antiviral and biomarker responses after administration of SNG001.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 19/09/2025, South Central - Hampshire B REC (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; -; hampshireb.rec@hra.nhs.uk), ref: 24/SC/0385

Primary study design
Interventional

Study design
Double-blind randomized placebo-controlled parallel-group trial (Part 1 of the study is open-label, uncontrolled, to assess the safety of SNG001)

Study type(s)
Efficacy, Safety, Treatment

Health condition(s) or problem(s) studied
Respiratory viral infections

Interventions
Current interventions as of 07/07/2026:
Part 1 (Randomized; double-blind; placebo-controlled):
Participants who meet study entry criteria will receive the following intervention:

Experimental Arm:
Cohort 1, SNG001 (0.65 ml of nebuliser solution containing 12 MIU/ml of IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge, whichever occurs earlier, in addition to Standard of Care (SOC).
Cohort 1, Placebo Comparator Arm: Placebo to match the experimental arm of nebuliser solution (identical to the experimental arm but without IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Cohort 2 (Optional), SNG001 (two syringes) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.
Cohort 2 (Optional), Placebo Comparator Arm: Placebo to match the experimental arm of nebuliser solution (identical to the experimental arm but without IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Part 2 (Randomized; double-blind; placebo-controlled):
Participants who meet study entry criteria will be randomised (using an online tool) to receive either of the following interventions:

Experimental Arm:
SNG001 (two syringes) of nebuliser solution containing 12 MIU/ml of IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Placebo Comparator Arm:
SNG001 placebo (two syringes) of nebuliser solution identical to the experimental arm but without IFNβ-1a given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge, whichever occurs earlier, in addition to SOC.

Previous interventions:
Part 1 (Open-label; non-comparative):
Participants who meet study entry criteria will receive the following intervention:

Experimental Arm:
Cohort 1, SNG001 (0.65 ml of nebuliser solution containing 12 MIU/ml of IFNβ-1a) given by

inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to Standard of Care (SOC).
Cohort 2 (Optional), SNG001 (at a dose recommended by the IDMC) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Part 2 (Randomized; double-blind; placebo-controlled):
Participants who meet study entry criteria will be randomised (using an online tool) to receive either of the following interventions:

Experimental Arm:
SNG001 (at a dose recommended by the IDMC, (based on results of Part 1) of nebuliser solution containing 12 MIU/ml of IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Placebo Comparator Arm:
SNG001 placebo to match experimental arm (based on results of Part 1) of nebuliser solution identical to the experimental arm but without IFNβ-1a) given by inhalation using a nebuliser, once a day for a maximum of 14 days or until hospital discharge whichever occurs earlier, in addition to SOC.

Intervention Type
Drug

Phase
Phase II

Drug/device/biological/vaccine name(s)
Interferon beta-1a (IFN-β1a)/Aerogen Clinical Controller System

Primary outcome(s)
Part 1: The occurrence and severity of adverse events (AEs) and serious adverse events (SAEs), including prespecified respiratory and cardiovascular deteriorations, assessed by site staff using recognised assessment tools and/or patients' clinical condition, up to 28 days from randomisation
Part 2: All-cause mortality within 28 days from randomisation measured using the proportion of patients who died between randomisation and day 28 in each study arm

Key secondary outcome(s)
Current secondary outcomes as of 07/07/2026;
Part 1: None

Part 2:
1. The occurrence and severity of AEs and SAEs, including pre-specified respiratory and cardiovascular deteriorations, assessed by site staff using recognised assessment tools and/or patients' clinical condition, up to Day 42
2. Organ failure assessed using the modified Sequential Organ Failure Assessment (mSOFA) score (5-point scores for the different organ systems) daily during ICU stay up to day 15
3. Time to extubation, defined as the date free from all tubes (endotracheal tube and tracheostomy tube), which was sustained for a minimum of 48 hours, up to 28 days from randomisation

4. Ventilator-free days over 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were not receiving mechanical ventilation
5. Duration of ICU stay up to 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were staying in the ICU
6. Duration of hospital stay up to 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were staying in the hospital
7. All-cause mortality within 28 days post final dose
8. Alive and free of organ support at 28 days from randomisation and at 28 days post final dose
9. Clinical improvement assessed using the Ordinal Scale for Clinical Improvement (OSCI) score (8-point scale) from baseline to 7, 10, 14 and 28 days post-randomisation
10. Time to first negative virus test in tracheal aspirates assessed daily up to Day 7 by reverse transcription polymerase chain reaction (RT-PCR) test
11. Levels of IFNβ-dependent biomarkers in tracheal aspirates measured using PCR daily up to Day 7

Previous secondary outcomes:
Part 1: None

Part 2:
1. The occurrence and severity of AEs and SAEs, including pre-specified respiratory and cardiovascular deteriorations, assessed by site staff using recognised assessment tools and/or patients' clinical condition, up to Day 42
2. Organ failure assessed using the modified Sequential Organ Failure Assessment (mSOFA) score (5-point scores for the different organ systems) daily during ICU stay up to day 15
3. Time to extubation, defined as the date free from all tubes (endotracheal tube and tracheostomy tube), which was sustained for a minimum of 48 hours, up to 28 days from randomisation
4. Ventilator-free days over 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were not receiving mechanical ventilation
5. Duration of ICU stay up to 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were staying in the ICU
6. Duration of hospital stay up to 28 days from randomisation measured using the mean number of days between randomisation and day 28 in each study arm when patients were staying in the hospital
7. Clinical improvement assessed using the Ordinal Scale for Clinical Improvement (OSCI) score (8-point scale) from baseline to 7, 10, 14 and 28 days post-randomisation
8. Time to first negative virus test in tracheal aspirates assessed daily up to Day 7 by reverse transcription polymerase chain reaction (RT-PCR) test
9. Levels of IFNβ-dependent biomarkers in tracheal aspirates measured using PCR daily up to Day 7

Completion date
13/03/2026

Eligibility

Key inclusion criteria

Current inclusion criteria as of 07/07/2026:
1. Informed consent or legal representative's consent obtained
2. Patients ≥35 (UK only) to 50 years of age at the time of consent
3. Patient admitted to the ICU and requiring IMV due to a respiratory virus infection*
4. Presence of Influenza A (Flu A), Influenza B (Flu B), respiratory syncytial virus (RSV), rhinovirus (RV), adenovirus, parainfluenza, human metapneumovirus (HMPV), or coronaviruses (including SARS COV 2 and seasonal coronaviruses) in an LRT sample, confirmed by a positive virus test using a Sponsor approved rapid POC test (e.g., reverse transcription polymerase chain reaction [RT-PCR]), with a reported cycle threshold (Ct) value that meets the criteria as specified for each virus in Appendix A**
5. Time from intubation to administration of first dose of study medication ≤48 hours
6. Women of childbearing potential must have a negative pregnancy test. For this study, women of childbearing potential are defined as women <55 years old

Part 2:
1.1. Patients ≥18 and <50 years of age at the time of consent, with an immunocompromising condition, including:
1.1.1. Haematological malignancy;
1.1.2. Bone marrow transplantation; or
1.1.3. Immunosuppressive therapy, including cancer chemotherapy, immune-cell depleting therapy, immunosuppressive therapy for autoimmune disorders, medications for prevention of organ transplantation rejection, or the administration of corticosteroids >20 mg of prednisone or equivalent per day administered continuously for >14 days prior to randomisation
or
1.2. Patients ≥50 years of age at the time of consent, with or without an immunocompromising condition
2. Patient admitted to the ICU and requiring IMV due to a respiratory virus infection*
3. Presence of Flu A, Flu B, RSV, RV, adenovirus, parainfluenza, HMPV, or coronaviruses (including SARS-COV-2 and seasonal coronaviruses) in an LRT sample, confirmed by a positive virus test using a Sponsor approved rapid POC test (e.g., RT PCR), with a reported Ct value that meets the criteria as specified for each virus in Appendix A**
4. Time from intubation to administration of first dose of study medication ≤48 hours
5. Informed consent or legal representative's consent obtained
6. Women of childbearing potential must have a negative pregnancy test. For this study, women of childbearing potential are defined as women <55 years old

Previous inclusion criteria:
Part 1:
1. Informed consent or legal representative's consent obtained
2. Patients ≥50 years of age at the time of consent
3. Patient admitted to the ICU and requiring IMV due to a respiratory virus infection*
4. Presence of Influenza A (Flu A), Influenza B (Flu B), respiratory syncytial virus (RSV), rhinovirus (RV), adenovirus, parainfluenza, human metapneumovirus (HMPV), or coronaviruses (including SARS COV 2 and seasonal coronaviruses) in an LRT sample, confirmed by a positive virus test using a Sponsor approved rapid POC test (e.g., reverse transcription polymerase chain reaction [RT-PCR]), with a reported cycle threshold (Ct) value that meets the criteria as specified for each virus in Appendix A**
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1.1. Patients ≥18 and <50 years of age at the time of consent, with an immunocompromising condition, including:
1.1.1. Haematological malignancy;
1.1.2. Bone marrow transplantation; or
1.1.3. Immunosuppressive therapy, including cancer chemotherapy, immune-cell depleting therapy, immunosuppressive therapy for autoimmune disorders, medications for prevention of organ transplantation rejection, or the administration of corticosteroids >20 mg of prednisone or equivalent per day administered continuously for >14 days prior to randomisation
or
1.2. Patients ≥50 years of age at the time of consent, with or without an immunocompromising condition
2. Patient admitted to the ICU and requiring IMV due to a respiratory virus infection*
3. Presence of Flu A, Flu B, RSV, RV, adenovirus, parainfluenza, HMPV, or coronaviruses (including SARS-COV-2 and seasonal coronaviruses) in an LRT sample, confirmed by a positive virus test using a Sponsor approved rapid POC test (e.g., RT PCR), with a reported Ct value that meets the criteria as specified for each virus in Appendix A**
4. Time from intubation to administration of first dose of study medication ≤48 hours
5. Informed consent or legal representative's consent obtained
6. Women of childbearing potential must have a negative pregnancy test. For this study, women of childbearing potential are defined as women <55 years old

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
11

Key exclusion criteria
Current exclusion criteria as of 07/07/2026:
Part 1:
1. Expected termination of IMV within 24 hours from the time of randomisation
2. Life expectancy <24 hours
3. Liver failure (Child-Pugh C)
4. Severe congestive heart failure (New York Heart Association [NYHA] IV)

5. Receipt of lung transplant
6. Known or suspected active tuberculosis, or infection with other mycobacteria
7. Known or suspected systemic fungal infection
8. Anticipated transfer to another hospital
9. Current need for long-term mechanical ventilation
10. Use of inhaled sedation
11. Presence of tracheostomy or laryngectomy
12. Requirement for airway pressure release ventilation mode
13. History of hypersensitivity to natural or recombinant IFNβ or to any of the excipients in the drug preparation
14. Any condition, including findings in the patient's medical history or in the pre-randomisation study assessments that in the opinion of the Investigator, constitute a risk or a contraindication for participation in the study or that could interfere with the study objectives, conduct, or evaluation.
15. Participation in previous clinical studies of SNG001
16. Current or previous participation in another clinical study where the participant has received a dose of an Investigational Medicinal Product (IMP) containing small molecules within 30 days or 5 half-lives (whichever is longer) prior to entry into this study or containing biologicals within 3 months prior to entry into this study
17. Known or suspected pregnancy
18. Females who are breastfeeding or lactating
19. Immunocompromising condition, including:
19.1. Established acquired immune deficiency syndrome (AIDS) defined as a cluster of differentiation 4 (CD4) count <200 cells/microL, and/or the presence of any AIDS-defining condition;
19.2. Haematological malignancy;
19.3. Bone marrow transplantation; or
19.4. Immunosuppressive therapy including cancer chemotherapy, immune-cell depleting therapy, immunosuppressive therapy for autoimmune disorders, medications for prevention of organ transplantation rejection, or the administration of corticosteroids >20 mg of prednisone or equivalent per day administered continuously for >14 days prior to randomisation
20. Severe chronic lung disease requiring home oxygen therapy, including chronic obstructive pulmonary disease, asthma, cystic fibrosis, or pulmonary fibrosis

Part 2:
1. Expected termination of IMV within 24 hours from the time of randomisation
2. Life expectancy <24 hours
3. Liver failure (Child-Pugh C)
4. Severe congestive heart failure (NYHA IV)
5. Receipt of lung transplant
6. Known or suspected active tuberculosis, or infection with other mycobacteria
7. Known or suspected active systemic fungal infection
8. Immunocompromising condition, including:
8.1. Haematological malignancy requiring induction or consolidation therapy within 3 months prior to randomisation
8.2. Bone marrow transplant within 6 months prior to randomisation
8.3. Solid organ transplant within 6 months prior to randomisation
8.4. Corticosteroids >75 mg of prednisone or equivalent per day, administered continuously for >7 days prior to randomisation
8.5. Methotrexate therapy at randomisation, if the indication is chemotherapy for cancer
8.6. Chimeric antigen receptor (CAR)-T cell therapy, administered within 3 months prior to randomisation

8.7. Ibrutinib or alemtuzumab, administered within 3 months prior to randomisation
8.8. Neutropenia <500/mm3 not due to sepsis
8.9. Clinical presentation consistent with severe bone marrow suppression or pancytopenia
8.10. Established AIDS, defined as a CD4 count <200 cells/microL, and/or the presence of any AIDS-defining condition
9. Anticipated transfer to another hospital, which would prevent the participant from continuing in the study and completing protocol assessments.
10. Need for long-term mechanical ventilation prior to ICU admission.
11. Use of inhaled sedation.
12. Presence of tracheostomy or laryngectomy.
13. History of hypersensitivity to natural or recombinant IFNβ or to any of the excipients in the drug preparation.
14. Any condition, including findings in the patient's medical history or in the pre-randomisation study assessments that in the opinion of the Investigator, constitute a risk or a contraindication for participation in the study or that could interfere with the study objectives, conduct, or evaluation.
15. Participation in previous clinical studies of SNG001.
16. Current or previous participation in another clinical study where the participant has received a dose of an IMP containing small molecules within 30 days or 5 half-lives (whichever is longer) prior to entry into this study or containing biologicals within 3 months prior to entry into this study.
17. Known or suspected pregnancy.
18. Females who are breastfeeding or lactating.
19. Severe chronic lung disease requiring home oxygen therapy, including chronic obstructive pulmonary disease, asthma, cystic fibrosis, or pulmonary fibrosis

Previous exclusion criteria:
Part 1:
1. Expected termination of IMV within 24 hours from the time of randomisation
2. Life expectancy <24 hours
3. Liver failure (Child-Pugh C)
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8. Anticipated transfer to another hospital
9. Current need for long-term mechanical ventilation
10. Use of inhaled sedation
11. Requirement for airway pressure release ventilation mode
12. History of hypersensitivity to natural or recombinant IFNβ or to any of the excipients in the drug preparation
13. Any condition, including findings in the patient's medical history or in the pre-randomisation study assessments that in the opinion of the Investigator, constitute a risk or a contraindication for participation in the study or that could interfere with the study objectives, conduct, or evaluation.
14. Participation in previous clinical studies of SNG001
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18.1. Established acquired immune deficiency syndrome (AIDS) defined as a cluster of differentiation 4 (CD4) count <200 cells/microL, and/or the presence of any AIDS-defining condition;
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18.3. Bone marrow transplantation; or
18.4. Immunosuppressive therapy including cancer chemotherapy, immune-cell depleting therapy, immunosuppressive therapy for autoimmune disorders, medications for prevention of organ transplantation rejection, or the administration of corticosteroids >20 mg of prednisone or equivalent per day administered continuously for >14 days prior to randomisation
19. Severe chronic lung disease requiring home oxygen therapy, including chronic obstructive pulmonary disease, asthma, cystic fibrosis, or pulmonary fibrosis

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1. Expected termination of IMV within 24 hours from the time of randomisation
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3. Liver failure (Child-Pugh C)
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8. Established AIDS, defined as a CD4 count <200 cells/microL, and/or the presence of any AIDS-defining condition
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12. History of hypersensitivity to natural or recombinant IFNβ or to any of the excipients in the drug preparation
13. Any condition, including findings in the patient's medical history or in the pre-randomisation study assessments that in the opinion of the Investigator, constitute a risk or a contraindication for participation in the study or that could interfere with the study objectives, conduct, or evaluation
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15. Current or previous participation in another clinical study where the participant has received a dose of an IMP containing small molecules within 30 days or 5 half-lives (whichever is longer) prior to entry into this study or containing biologicals within 3 months prior to entry into this study
16. Known or suspected pregnancy
17. Females who are breastfeeding or lactating

Date of first enrolment
04/12/2025

Date of final enrolment
02/02/2026

Locations

Countries of recruitment
United Kingdom

England

Scotland

Wales

Belgium

France

Netherlands

Spain

United States of America

Study participating centre
Aberdeen Royal Infirmary
Foresterhill Road
Aberdeen
Scotland
AB25 2ZN

Study participating centre
University Hospitals Birmingham NHS Foundation Trust
Queen Elizabeth Hospital
Mindelsohn Way
Edgbaston
Birmingham
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B15 2GW

Study participating centre
Bradford Teaching Hospitals NHS Foundation Trust
Bradford Royal Infirmary
Duckworth Lane
Bradford
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BD9 6RJ

Study participating centre
Royal Sussex County Hospital
Eastern Road
Brighton

England
BN2 5BE

Study participating centre
Cardiff and Vale U H B
St. Davids Hospital
Cowbridge Road East
Cardiff
Wales
CF11 9XB

Study participating centre
Glasgow Royal Infirmary
84 Castle Street
Glasgow
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G4 0SF

Study participating centre
Hull University Teaching Hospitals NHS Trust
Hull Royal Infirmary
Anlaby Road
Hull
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HU3 2JZ

Study participating centre
Leicester Royal Infirmary
Infirmary Square
Leicester
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LE1 5WW

Study participating centre
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250 Euston Road
London
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NW1 2PG

Study participating centre
Royal Free London NHS Foundation Trust
Royal Free Hospital
Pond Street
London
England
NW3 2QG

Study participating centre
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Blackshaw Road
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SW17 0QT

Study participating centre
The James Cook University Hospital
Marton Road
Middlesbrough
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TS4 3BW

Study participating centre
The Newcastle upon Tyne Hospitals NHS Foundation Trust
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High Heaton
Newcastle upon Tyne
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NE7 7DN

Study participating centre
Southampton General Hospital Laboratory
Southampton General Hospital
Tremona Road
Southampton
England
SO16 6YD

Study participating centre

Torbay and South Devon NHS Foundation Trust
Torbay Hospital
Newton Road
Torquay
England
TQ2 7AA

Study participating centre
The Royal Victoria Infirmary
Queen Victoria Road
Newcastle upon Tyne
England
NE1 4LP

Sponsor information

Organisation
Synairgen (United Kingdom)

ROR
https://ror.org/04h6ep125

Funder(s)

Funder type
Industry

Funder Name
Synairgen Research Ltd

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?

Basic results	07/07/2026	07/07/2026	No	No
Basic results		02/11/2026	No	No