

Effect of the anti-inflammatory test drug anakinra in patients with coronavirus (COVID-19) requiring oxygen support

Submission date 01/08/2020	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 10/08/2020	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 15/01/2021	Condition category Respiratory	☐ Individual participant data

Plain English summary of protocol

Background and study arms:

COVID-19 is a condition caused by the coronavirus (called SARS-CoV-2) that was first identified in late 2019. This virus can infect the respiratory (breathing) system. Some people do not have symptoms but can carry the virus and pass it on to others. People who have developed the condition may develop a fever and/or a continuous cough among other symptoms. This can develop into pneumonia. Pneumonia is a chest infection where the small air pockets of the lungs, called alveoli, fill with liquid and make it more difficult to breathe.

Due to respiratory failure in patients with severe COVID-19, an inflammatory state may develop. It is hoped that the anti-inflammatory drug anakinra may be effective in neutralization of this inflammation and therefore may be lifesaving in selected patients with severe COVID-19 infection. This study aims to investigate whether anakinra may reduce the need for invasive mechanical ventilation and deaths when compared to standard of care in patients with severe COVID-19.

Who can participate?

Adult patients with severe COVID-19 (as per the WHO definition of severity) hospitalized at Sultan Qaboos University Hospital, Oman during the study recruitment period.

What does the study involve?

Eligible patients who provide written informed consent will be given the study drug anakinra in addition to standard treatment as defined by the hospital. Anakinra will be given as follows: 100 mg twice a day for 3 days, then 100 mg once daily for 7 days, all given via an injection into the fat layer between the skin and muscle.

What are the possible benefits and risks of participating?

Possible benefits include a decreased need for invasive mechanical ventilation and admission to the intensive care unit. Additionally, there may be decreased mortality from severe COVID-19 associated pneumonia.

Possible risks include injection site reactions, a rise in liver enzymes, and a decrease in neutrophil and or platelet count.

Where is the study run from?

The study takes place at Sultan Qaboos University Hospital (Oman)

When is the study starting and how long it is expected to run for?

From May 2020 to August 2020

Who is funding the study?

The study is funded by the Medical Research Center (Oman) with support from OQ (Oman).

Who is the main contact?

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Contact information

Type(s)

Scientific

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Additional identifiers

Study information

Scientific Title

Anti-interleukin IL-1 receptor antagonist (anakinra) for the treatment of severe COVID-19 pneumonia and hyperinflammatory syndrome in patients admitted at Sultan Qaboos University Hospital

Acronym

OMA-COVID-19

Study objectives

Anakinra reduces need for invasive mechanical ventilation and deaths more than the standard of care in patients with severe COVID-19.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 15/06/2020, Medical Research Ethics Committee (College of Medicine and Health Sciences, Sultan Qaboos University, Oman. P.O Box 35. Al Khodh 123; + 968-24141103; mrec@squ.edu.om), ref: SQU-EC/169/2020 MREC #2136

Primary study design

Interventional

Study design

Single-center interventional study with a retrospectively derived historical control cohort as the comparator group.

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Severe COVID-19 (SARS-CoV-2 infection)

Interventions

Eligible patients providing written informed consent will be administered anakinra (in addition to standard treatment as defined by the hospital protocols) via a subcutaneous route over 10 days as follows: 100 mg twice a day for 3 days, followed by 100 mg once daily for 7 days.

In patients on hemodialysis or with a glomerular filtration rate of less than 30 ml/min, the anakinra dosing schedule will be as follows: 100 mg once daily for 3 days, followed by 100 mg once every other day for 7 days via a subcutaneous route

A historical cohort retrospectively identified (fulfilling the same inclusion and exclusion criteria as the interventional arm and received the same standard of care) will be used as a comparator group.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Anakinra (brand name Kineret). Swedish Orphan Biovitrum, Stockholm, Sweden.

Primary outcome(s)

1. Need for invasive mechanical ventilation (IMV) or admission to the intensive care unit (ICU) is assessed from patient notes/records between baseline and 14 days
2. In-hospital mortality is assessed from patient notes/records between baseline and death or discharge

Key secondary outcome(s)

1. Difference in the mean oxygen therapy requirements at baseline, 4 and 14 days
2. Change in the inflammatory biomarkers of disease severity (D-dimer, absolute lymphocyte count, serum ferritin, lactate dehydrogenase, c-reactive protein, and interleukin [IL-6] levels) measured using blood serum samples at baseline, 4 and 14 days

Completion date

15/08/2020

Eligibility

Key inclusion criteria

1. Aged >18 years
2. Admitted to the participating hospital with COVID-19 and any of the following:
 - 2.1. Severe pneumonia defined as pneumonia and respiratory rate >30 breaths/min; or SpO2 <90% in room air or 93% or less under oxygen 6 l/min or more in addition to signs indicative of worsening respiratory function
 - 2.2. Acute respiratory distress syndrome (ARDS) defined as pneumonia and bilateral opacities (on chest x-ray) and respiratory failure with PaO2/FiO2 ≤300 mmHg

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

Total final enrolment

75

Key exclusion criteria

1. Known allergy to anakinra
2. Pregnant or breast-feeding women
3. Active or untreated TB
4. Apparent risk for gastrointestinal perforation (defined as recent [within 3 months] abdominal surgery, active inflammatory bowel disease, or active endoscopy-proven peptic ulcer disease)
5. Active cancer
6. Active bacterial or fungal infection
7. Chronic active liver disease
8. Absolute neutrophil count (ANC <1,500) or platelet count <50,000 / μ l

Date of first enrolment

15/06/2020

Date of final enrolment

25/07/2020

Locations

Countries of recruitment

Oman

Study participating centre

Sultan Qaboos University Hospital

P.O Box 38

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Sponsor information

Organisation

Sultan Qaboos University

ROR

<https://ror.org/04wq8zb47>

Funder(s)

Funder type

Industry

Funder Name

OQ

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2021	15/01/2021	Yes	No
Protocol file		04/08/2020	05/09/2020	No	No