STOP-COVID19 | Superiority Trial Of Protease inhibition in COVID-19

Amendments
AM09, AM10 & AM11

STOP-COVID19

Amendments AM09, AM10 & AM11

- AM09 – 11-09-20, protocol updated to version 6 19-08-20 – implement once local R&D approval received or 16/10/20
- AM10 – addition of sites
- AM11 – addition of sites

AM09: Protocol V6 11-09-2020 (1)

6.1 Inclusion Criteria changed :

- From: Admitted to hospital as in-patient
- To: *Admitted to hospital as in-patient* ***less than 96 hours prior to randomisation^***

  ^Where a patient has been admitted to hospital for a non COVID-19 reason and develops COVID-19 symptoms whilst an in-patient, randomisation may occur up to 96 hours from onset of symptoms.

The aim of the trial is to capture patients who have **recently** become so unwell with COVID-19 that they require hospitalisation. After being admitted for more than 96 hours patients may be getting better and we wouldn't be able to see the effect of the IMP.

6.2 Exclusion Criteria addition:

- Added: *HIV treatments - current treatment with protease/integrase inhibitors or non-nucleoside reverse transcriptase inhibitors**

  **The Liverpool HIV checker (https://www.hiv-druginteractions.org/checker) should be used to check for any HIV drug interactions. Simvastatin could be used as a surrogate for Brensocatib as it metabolised similarly by CYP 3A4 pathway.*

AM09: Protocol V6 11-09-2020 (2)

7.9 Long term follow-up assessments:

- Removed: *In the Scottish sites long-term follow up will be via linkage to medical records using participants Community Health Index number.*

There will be no long term follow up for participants in the trial. However, if your site is participating in long-term follow up trials e.g. PHOS-COVID, you may wish to offer this to participants when they complete STOP-COVID19.

8.4 Accountability Procedures:

- Added: *When discharged participants will be given a stamped addressed envelope to return unused IMP to trial staff.*
- Removed: *Where participants are discharged from hospital during the treatment phase returns will not be requested, trial staff will ask participants at the day 29 phone call how many tablets are remaining and this will be recorded on the accountability log.*

AM09: Protocol V6 11-09-2020 (3)

8.11 Trial Restrictions:

- Added: Participants should not be prescribed Itraconazole, Ketoconazole, diltiazem, verapamil, phenytoin, rifampicinprotease/integrase inhibitors *or non-nucleoside reverse transcriptase inhibitors whilst taking trial medication. The Liverpool HIV checker (https://www.hiv-druginteractions.org/checker) can be used to check for interactions. Simvastatin should be used as a surrogate for Brensocatib as it metabolised similarly by CYP 3A4*.

9.3 Recording and reporting of SAEs, SARs and SUSARs & 9.7 Pregnancy reporting

- Sponsor pharmacovigilance email address changed to: *Tay.pharmacovigilance@nhs.scot*

AM09: Protocol V6 11-09-2020 (4)

16.4 Appendix 4 – Schedule of Procedures:

- Screening visit: ~~Nasal swab for~~ SARS CoV-2 PCR*

This allows for other methods of SARS CoV-2 PCR testing

- Days 3, 5, 11, 15 & 29: Record SARS CoV-2 PCR results, only if done for clinical reasons

Where initial SARS CoV-2 results are negative please record any positive results obtained whilst in trial

16.5 Appendix 5 – Safety reporting flow chart

- To allow PI delegate to review AEs and SAEs
- To allow review of AEs to be documented in medical notes as source data.

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AM09: GP letter V3

GP Letter V3 19-08-20:

- Updated with HIV excluded medication advice.