Objectives and design

Professor Pauline Byakika-Kibwika
Background

• Filoviridae is a family of single-stranded RNA viruses, some of which cause severe diseases in humans

• Ebola disease and Marburg disease, have a high mortality rate

• Outbreaks are devastating with significant social and economic ramifications

• Advancement of evidence-based treatment has been slow because outbreaks are relatively rare, and their timing and exact location difficult to predict
Study design

This is an open-label, adaptive, randomised platform clinical trial to evaluate the impact of potential treatments on mortality in patients with filovirus disease.

Treatment Options to be assessed
- Monoclonal antibody/ies [specific to each virus].
- Antiviral [all patients]
- Host-directed therapy: [all patients].
Treatment Options

• All patients will also receive standard of care (WHO and National)
  • Rehydration, analgesia and symptom relief, nutrition, and psychosocial care
  • Experimental or licensed vaccine would not interfere with participation

• Where approved treatments exist, patients can receive

• For EBOV infections, the monoclonal antibody products REGN-EB3 and mAb114 are strongly recommended by WHO and approved by the US FDA

• No approved anti-viral or host directed treatments for SUDV or MARV or other Filoviridae.
Study design

• Platform trial; can study multiple different interventions at the same time and add, assess, and remove new interventions

• Disease focussed (what is the best treatment for this disease?)

• Able to add new interventions, with flexibility to update the control, if one drug is shown to be much more effective than ‘usual care’

• Since some treatments might work across a variety of different filovirus diseases (e.g. host directed therapies such as immunomodulatory drugs or drug that stabilise the vascular endothelium), enrolment of patients with any type of filovirus disease would be beneficial – a ‘pan-filovirus’ protocol

• A pan-filovirus protocol allows a single protocol to be pre-approved and implemented for any filovirus outbreak.
Design Considerations

- Designed to minimise the burden on clinical staff
- Eligibility criteria are simple and trial processes (including paperwork) are minimised.

- Flexible so that it is suitable for a wide range of settings, allowing:
  - A broad range of patients to be enrolled in large numbers.
  - Randomisation between treatment comparisons that are available and not contraindicated for a given patient.
  - Treatment comparisons to be added or removed according to emerging evidence.
  - Continuation of the trial across multiple outbreaks, until a clear result is achieved.
  - Additional sub-studies to be added if appropriate
THANK YOU FOR YOUR COLLABORATION