

# The Use of Convalescent Plasma for Treatment of Patients Hospitalized with COVID-19

A Phase 2 Open Label, Randomized Control Pilot Study to Evaluate the Safety, Tolerability and Efficacy of Convalescent Plasma IRB#13807 FDA IND#21101

For patients with laboratory confirmed COVID-19 who are **hospitalized**

## Inclusion Criteria:

- Age  $\geq$  18

With one or more of the following:

- Dyspnea
- RR  $\geq$  30
- O<sub>2</sub> saturation  $\leq$  93%
- PaO<sub>2</sub>/FiO<sub>2</sub> <300mmHg
- Bilateral airspace opacities on CXR >50% within 24 to 48 hours

## Contact Info:

Dr. Geneva Tatem, MD

- 313-587-6775 text/halo/call
- [gtatem1@hfhs.org](mailto:gtatem1@hfhs.org)

## Exclusion Criteria:

- Participation in any other clinical trial for COVID-19
- Incarceration
- Concurrent treatment with other agents with actual or possible direct acting antiviral activity against SARS-CoV-2 < 24 hours prior to plasma infusion; **steroids and/or hydroxychloroquine are allowed along with other standard therapy**
- Negative rRT-PCR from nasopharyngeal swab or respiratory secretions within 48 hours prior to eligibility assessment
- History of allergic reaction to blood or plasma products
- Known IgA deficiency
- Acute myocardial infarction within past 30 days
- Acute stroke within past 30 days
- VV-ECMO or VA-ECMO

# Study Procedures:

2:1 randomization (treatment: control)

If patient is randomized to **control arm** and has clinical worsening at 72 hours as documented by one of the following:

1. Respiratory failure requiring intubation for those not intubated at randomization
2. PaO<sub>2</sub>/FiO<sub>2</sub> measured in the supine position worsened by  $\geq 20\%$  over 2 consecutive days  
(for example if PaO<sub>2</sub>/FiO<sub>2</sub> at randomization was 200 and now has been  $\leq 160$  for the past 2 days)
3. Progression of disease with septic shock
4. Multiple organ dysfunction or failure

Then discuss with Investigators for reassessment for potential plasma

# Objectives:

## Primary Outcome:

- To evaluate the improvement in oxygenation as documented by PaO<sub>2</sub>/FiO<sub>2</sub> or Sa/FiO<sub>2</sub> (if no ABG at enrollment) 72 hours after plasma infusion

## Secondary Outcome:

- To evaluate the overall clinical and laboratory improvement after plasma infusion – ventilation days, ICU length of stay, mortality; improvement in Crp, D-dimer, other inflammatory markers

## Laboratory Testing

- Screening
  - CBC w/ diff
  - Electrolyte panel
  - Crp
  - IL-6 (if available)
  - D-dimer
  - LDH
  - ABG (if mechanically ventilated)
  - CXR or CT imaging already available
- Days 1,3,5,7,14, and 28
  - CBC w/ diff
  - Electrolyte panel
  - Crp
  - D-dimer
  - LDH
  - ABG (if mechanically ventilated)

## Contact Info

### Main Campus:

- Dr. Geneva Tatem, MD – Critical Care
- **313-587-6775 text/halo/call**
  - [gtatem1@hfhs.org](mailto:gtatem1@hfhs.org)

### Allegiance:

- Dr. Vivek Kak, MD – Infectious Disease
- 517-788-4781
  - [vkak1@hfhs.org](mailto:vkak1@hfhs.org)

### Macomb:

- Dr. Najia Huda, MD – Critical Care
- 313-986-8743
  - [nhuda1@hfhs.org](mailto:nhuda1@hfhs.org)

### West Bloomfield:

- Dr. Dominik Starosta, MD – Critical Care
- 313-986-8713
  - [dstaros1@hfhs.org](mailto:dstaros1@hfhs.org)

### Wyandotte:

- Dr. Asgar Boxwalla, MD – Infectious Disease
- 248-904-7035
  - [aboxwal1hfhs.org](mailto:aboxwal1hfhs.org)