

# Partnership for Research on Ebola Vaccines in Liberia

Presentation to the Vaccines and Related Biological Products Advisory Committee to the  
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Jerome F. Pierson, R.Ph., Ph.D.  
Office of Clinical Research Policy and Regulatory Operations  
Division of Clinical Research  
National Institute of Allergy and Infectious Diseases

# Background

- March – December 2014
  - Ebola outbreak escalates in West Africa
- August – October 2014
  - Communiqués between Liberian and US government re: research partnership
- September 2014
  - Phase I studies of Ebola vaccine candidates initiated
- October 2014
  - NIAID visit to Liberia to discuss overall goals of a clinical research program
- October 2014
  - WHO consultation endorsed concept of a Phase 3 clinical trial in Liberia

# Research Partnership Principles

- Must fit within priorities / needs of Liberia
- Envisioned to include studies of pathogenesis, vaccines and therapeutics
- Requires substantial investment and commitment on the part of both countries
- Will benefit from being able to leverage existing capabilities / structures

# **Liberian – US Joint Clinical Research Partnership**

## **Partnership for Research on Ebola Virus in Liberia (PREVAIL)**

- PREVAIL I- Ebola Vaccine Study
- PREVAIL II- Ebola Treatment Study
- PREVAIL III- Ebola Natural History Study

# Research Partnership Structure



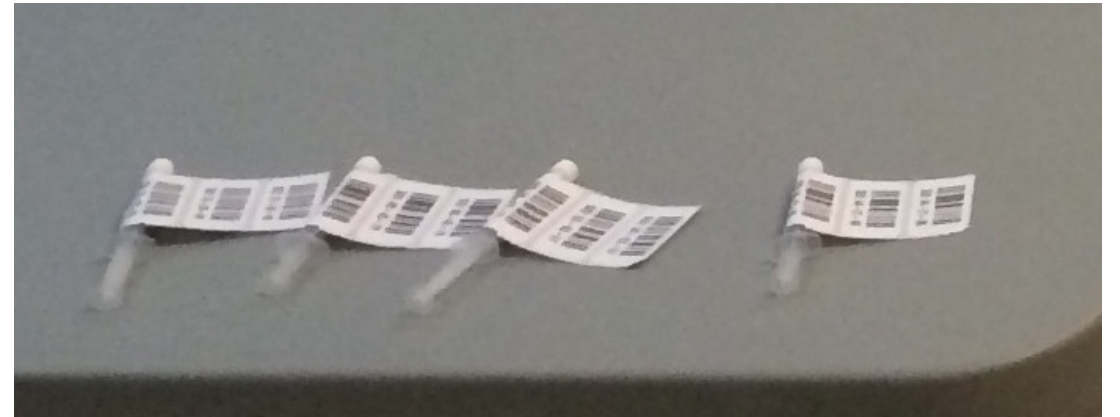
- Governance –
  - Liberian Minister of Health & Social Welfare
  - US Ambassador
- Executive committee
  - Liberian and US senior scientists
- Operations team
  - social mobilization, psychosocial, monitoring & evaluation, data & information technology, principal investigators, pharmacy, site development, laboratory, training, regulatory & ethics

# Rationale for Study Design

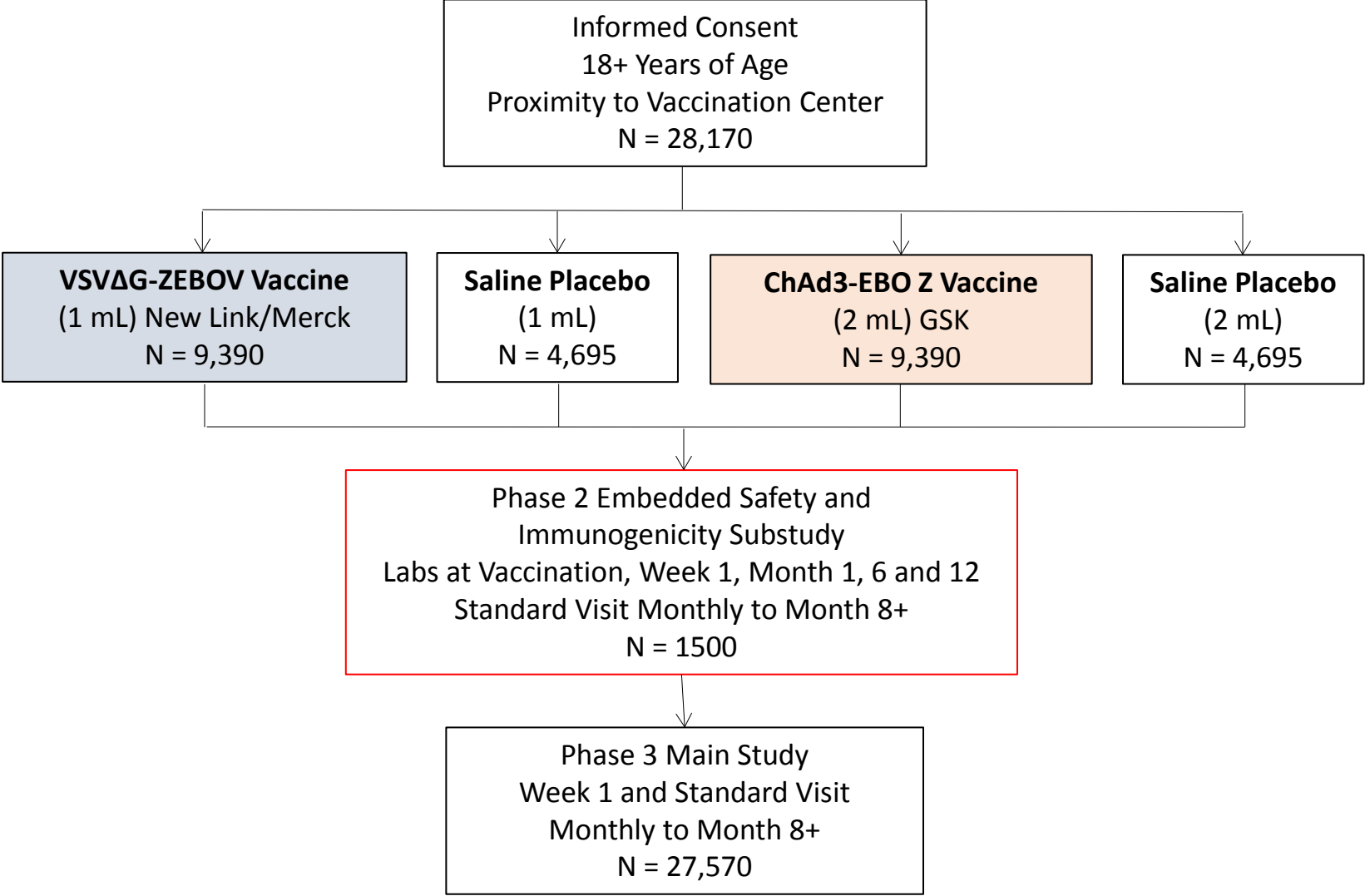
- Randomized, placebo-controlled trial provides most rapid route to identification of a safe and effective vaccine
- Investigational products – thus, placebo-controlled trial allows rigorous assessment of safety and efficacy
- Designs that will allow rigorous assessment of safety and efficacy will provide confidence for future use if products are later used in wide-scale vaccination programs

# Vaccines / Design

- ChAd3-EBO Z vaccine
  - dose of  $2 \times 10^{11}$  particle units
- VSV $\Delta$ G-ZEBOV vaccine
  - dose of  $2 \times 10^7$  plaque forming units
- Normal Saline placebo
- 2/1/2/1 allocation
  - ChAd3-EBO Z (2ml) / placebo (2ml) / VSV $\Delta$ G-ZEBOV (1ml) / placebo (1ml)
  - Permuted block randomization
  - Study staff and research participants blinded



# PREVAIL Vaccine Trial





# PREVAIL Vaccine Trial

## Primary Objective:

- To determine the efficacy and safety of the ChAd3-EBO Z vaccine and the VSV $\Delta$ G-ZEBOV vaccine as compared to placebo (pooled placebo groups)

## Primary Safety Endpoint:

- Serious adverse events within 30 days of vaccination

## Primary Efficacy Endpoint:

- Ebola virus disease (EVD) occurring 21 days or more following randomization and confirmed by a positive blood sample (while alive) or a positive blood or buccal swab sample if deceased

## Event-Driven Trial:

- For efficacy, need 112 primary events for each vaccine vs. placebo comparison

# Eligibility Criteria

- Inclusion Criteria
  - Informed consent
  - Age  $\geq$  18 years
  - Likely to be in the surrounding area of the vaccination center for at least one year
- Exclusion Criteria
  - Fever  $>$  38° Celsius
  - History of EVD (self-report)
  - Current pregnancy (negative urine pregnancy test is required for women of child-bearing potential)

# Study Schedule

Baseline (Day 0)	Phase 2 substudy	All randomized volunteers (phases 2 and 3)
Informed consent / Demographics / Contact Information / Indicators of increased risk		x
Clinical information / Blood sample / HIV pre-counseling	x	
<b>Week 1 and Month 1</b>		
Clinical information / Blood sample / AEs / HIV & Syphilis results counseling at week 1	x	
<b>Day 3, 10 and 14</b>		
VSV viral RNA measurement for subset of 24 participants	x	
<b>Week 2</b>		
Interview on targeted signs and symptoms (subset of phase 2 substudy)		
<b>Month 6 and 12</b>		
Blood samples for immunogenicity testing	x	
<b>Week 1, Month 1, Month 2 and every 2 months to end of study</b>		
EVD events / SAEs / Deaths		x

# Brussels to Redemption Hospital



# Redemption Hospital





# Visit Compliance in Sub-study

(as of 30 April 2015)

Visit	Number expected	Number (%) attended
Week 1	984	977 (99.3)
Month 1	566	547 (98.4)
Month 2	294	294 (100.0)

# DSMB structure / function / recommendations

- Representatives from West Africa, Europe, North America
- Frequent monitoring of AE/laboratory/immunology data during phase 2 portion of study
- Review of 1-month post-vaccination immunology data and lack of AE concerns resulted in recommendation to proceed to phase 3 portion of study in a region where incidence provides rationale to continue
- Limit distribution of pooled outcome data

# Baseline Characteristics by Gender

(As of 1 May 2015, n = 1500)

DEMOGRAPHICS / MEASUREMENTS	Overall
Age	32.9 ± 11.3
Female (%)	549 (36.6)
Body temperature °C	36.7 ± 0.3
Weight (lbs)	139.9 ± 25.6
Height (in)	65.8 ± 3.3
BMI (kg/m <sup>2</sup> )	22.8 ± 4.4
<b>RISK FACTORS</b>	
Contact in past month with Ebola patient (%)	11 (0.7)
Work involving an Ebola patient (%)	69 (4.6)



# Baseline Characteristics by Gender

(as of 1 May 2015, n = 1500)

<b>MEDICAL HISTORY</b>	
High blood pressure (%)	31 (2.1)
Diabetes (%)	5 (0.3)
Cancer (%)	1 (0.1)
Arthritis (%)	10 (0.7)
HIV (%)	9 (0.6)
<b>SPECIMEN DOCUMENTATION</b>	
Blood specimens collected (%)	1498 (99.9)

# Baseline blood markers, percentage of participants outside of normal range

(DSMB Report of 21 April 2015, n = 1194)

Chemistries	Normal Range	Mean $\pm$ SD	Low Levels	High Levels	Low or High
ALT (U/L)	5-30	10.5 $\pm$ 24.5	301 (36.0)	40 (4.8)	341 (40.8)
AST (U/L)	7-31	16.4 $\pm$ 20.1	65 (7.8)	49 (5.9)	114 (13.7)
Creatinine (mg/dL)	0.6 – 1.3	1.1 $\pm$ 0.5	5 (0.6)	68 (8.1)	73 (8.7)
Chloride (mmol/L)	98 – 106	104.6 $\pm$ 2.5	3 (0.4)	215 (25.7)	218 (26.1)
Potassium (mmol/L)	3.7 – 4.2	4.2 $\pm$ 0.4	68 (8.1)	410 (49.1)	478 (57.2)
Sodium (mmol/L)	135 – 145	140.9 $\pm$ 2.4	6 (0.7)	42 (5.0)	48 (5.7)

# Baseline blood markers, percentage of participants outside of normal range

(DSMB Report of 21 April 2015)

Hematology	Normal Range	Mean $\pm$ SD	Low Levels	High Levels	Low or High
WBC (10e3/ul)	3.7-10.1	5.5 $\pm$ 1.5	92 (7.7)	15 (1.3)	107 (9.0)
Neutrophils (10e3/uL)	1.63-6.96	2.6 $\pm$ 1.1	212 (17.8)	9 (0.8)	221 (18.6)
Lymphocytes (10e3/uL)	1.09-2.99	2.1 $\pm$ 0.6	22 (1.8)	104 (8.7)	126 (10.6)
Monocytes (10e3/uL)	0.24-0.79	0.5 $\pm$ 0.2	56 (4.7)	36 (3.0)	92 (7.7)
Eosinophils (10e3/uL)	0.03-0.44	0.3 $\pm$ 0.3	34 (2.9)	238 (20.0)	272 (22.8)
Basophils (10e3/uL)	0.00-0.08	0.1 $\pm$ 0.0	0 (0.0)	230 (19.3)	230 (19.3)
Neutrophils (%)	39.3-73.7	46.0 $\pm$ 10.8	346 (29.1)	7 (0.6)	353 (29.6)
Lymphocytes (%)	18.0-48.3	38.9 $\pm$ 9.2	14 (1.2)	179 (15.0)	193 (16.2)
Monocytes (%)	4.4-12.7	8.5 $\pm$ 2.5	34 (2.9)	62 (5.2)	96 (8.1)
Eosinophils (%)	0.60-7.30	5.4 $\pm$ 4.6	32 (2.7)	289 (24.3)	321 (27.0)

# Baseline blood markers, percentage of participants outside of normal range

(DSMB Report of 21 April 2015)

Hematology	Normal Range	Mean $\pm$ SD	Low Levels	High Levels	Low or High
Basophils (%)	0.0-1.7	1.3 $\pm$ 0.5	0 (0.0)	224 (18.8)	224 (18.8)
RBC (10e6/uL)	4.7-6.1	5.1 $\pm$ 0.6	339 (28.5)	92 (7.7)	431 (36.2)
HGB (g/dL)	13.0-18.0	13.7 $\pm$ 1.7	367 (30.8)	7 (0.6)	374 (31.4)
MCV (fl)	81.1-96.0	81.2 $\pm$ 7.0	507 (42.6)	10 (0.8)	517 (43.4)
MCH (pg)	27.0-31.2	27.0 $\pm$ 3.1	515 (43.2)	67 (5.6)	582 (48.9)
MCHC (g/dL)	31.8-35.4	33.2 $\pm$ 1.4	186 (15.6)	48 (4.0)	234 (19.6)
HCT (%)	37.7-53.7	41.2 $\pm$ 4.5	239 (20.1)	4 (0.3)	243 (20.4)
RDW (%)	11.5-14.5	13.2 $\pm$ 1.5	73 (6.1)	167 (14.0)	240 (20.2)
PLT (10e3/uL)	155-366	219.6 $\pm$ 60.3	145 (12.2)	23 (1.9)	168 (14.1)
MPV (fl)	6.9-10.6	7.8 $\pm$ 1.5	367 (30.8)	57 (4.8)	424 (35.6)

# Baseline blood markers, percentage of participants outside of normal range

(DSMB Report of 21 April 2015)

Other Markers	Normal Range	Mean $\pm$ SD	Low Levels	High Levels	Low or High
APTT (sec)	26-40	38.9 $\pm$ 6.3	2 (0.2)	408 (34.2)	410 (34.3)
D-dimer ( $\mu$ g/mL)	0.0-0.5	0.6 $\pm$ 0.8	0 (0.0)	349 (29.3)	349 (29.3)

# Baseline lab grade toxicity

(DSMB Report of 21 April 2015)

Blood Measure	No Toxicity (%)	Grade 1	Grade 2	Grade 3	Grade 4
ALT (U/L) High	803 (96.2)	21 (2.5)	9 (1.1)	1 (0.1)	1 (0.1)
		1.25-2.5 ULN	2.6-5.0 ULN	5.1-10.0 ULN	> 10.0 ULN
AST (U/L) High	800 (95.8)	28 (3.4)	4 (0.5)	2 (0.2)	1 (0.1)
		1.25-2.5 ULN	2.6-5.0 ULN	5.1-10.0 ULN	> 10.0 ULN
Creatinine (mg/dL) High	796 (95.3)	23 (2.8)	13 (1.6)	2 (0.2)	1 (0.1)
		1.1-1.3 ULN	1.4-1.8 ULN	1.9-3.4 ULN	>=3.5 ULN
Potassium (mmol/L) High	835 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
		5.6-6.0	6.1-6.5	6.6-7.0	> 7.0
Potassium (mmol/L) Low	819 (98.1)	14 (1.7)	2 (0.2)	0 (0.0)	0 (0.0)
		3.0-3.4	2.5-2.9	2.0-2.4	< 2.0
Lymphocytes (10e3/uL) Low	1190 (99.9)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)
		0.60-0.65	0.50-0.59	0.35-0.49	<0.35
Neutrophils (10e3/uL) Low	1124 (94.4)	50 (4.2)	14 (1.2)	3 (0.3)	0 (0.0)
		1.00-1.30	0.75-0.99	0.50-0.75	<0.50
HGB (g/dL) Low	1136 (95.4)	38 (3.2)	9 (0.8)	6 (0.5)	2 (0.2)
		10.0-10.9	9.0-9.9	7.0-8.9	< 7.0
PLT (10e3/uL) Low	1153 (96.8)	29 (2.4)	7 (0.6)	2 (0.2)	0 (0.0)
		100-125	50-99	25-49	< 25
WBC (10e3/uL) Low	1189 (99.8)	2 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)
		2.0-2.5	1.5-2.0	1.0-1.5	< 1.0

# Status and Next Steps

- Phase II sub-study vaccinations complete
  - Continue collection of AE data
  - Continue collection of samples
- Phase III expansion
  - Discussions continue regarding expansion to Guinea
  - Event driven study
  - Given current situation of decreasing incidence, sample size anticipated to increase 9 to 10-fold

# Acknowledgements

- Liberian partners and collaborators
  - Ministry of Health and Social Welfare
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  - Leidos Biomedical Research
  - Centers for Disease Control
  - US Public Health Service
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  - US Department of State
  - US Department of Defense
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