

Humanigen Reports Positive Phase 3 Topline Results Demonstrating That Lenzilumab™ Improves Survival Without Need for Mechanical Ventilation in Hospitalized Patients With COVID-19

Key Takeaways

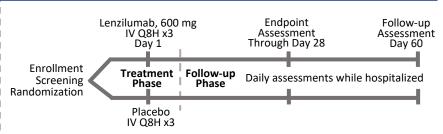
- 54% improvement in the likelihood of survival without the need for invasive mechanical ventilation, over and above other treatments including steroids and/or remdesivir, compared with placebo and other treatments
- Safe and tolerable with serious adverse event rates consistent with placebo

Trial Characteristics

Randomized, double-blind, placebocontrolled, multi-center

- 520 hospitalized patients, SARS-CoV-2 infection, aged at least 18 years
- Required SpO₂ ≤ 94% on room air and/or supplemental oxygen but not invasive mechanical ventilation
- Lenzilumab infused over a single day
- Lenzilumab could be used with other treatments including steroids (88%), remdesivir (62%), or both (57%)

Trial Design



- Primary Endpoint: Ventilator-free survival through day 28
- Key Secondary Endpoints through day 28:
 - Ventilator-free days*
- Survival
- Duration of ICU stay*
- Time to recovery*
- *Pending final analysis

Trial Results				
Endpoint	Hazard Ratio (95%CI) Lenzilumab vs Placebo	Kaplan-Meier Estimate (95%CI) Lenzilumab Placebo		p Value
Primary Endpoint				
Ventilator-Free Survival	1.54 (1.03 – 2.33)	15.6 (11.5 – 21.0)	22.1 (17.4 – 27.9)	0.0365
Key Secondary Endpoints				
Survival	1.39 (0.82 – 2.39)	9.6 (6.4 – 14.2)	13.9 (10.1 – 19.0)	0.2287
Serious Adverse Events	Lenzilumab	Placebo		Overall
Number of subjects (%)	63 (24.7)	76 (29.6)		139 (27.1)

Trial Conclusions

Lenzilumab, a dual-action therapy, is:

- For newly hospitalized patients with COVID-19 pneumonia
- A convenient IV infusion administered within a single day, to which other treatments can be added
- Safe and tolerable with serious adverse events balanced between treatment arms
- Potentially a new standard of care

