Prevention of COVID-19 complications with colchicine

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Stages of progression of COVID-19



SARS-CoV viroprotein E activates the NLRP3 inflammasome (INFL)



Inflammasome components were transfected in Vero E6 cells, in absence or presence of SARS-CoV E protein with (IC+) or without (IC-) ion channel activity. EIC1- and EIC2- indicate mutants. As a negative control, cells were transfected solely with pro-IL1b (C-).

Nieto-Torres JL et al. Virology 2015;485:330-339.

Inflammatory pathways as targets for therapies



Ridker PM, Luscher TF. Eur Heart J 2014;35:1782-1791



Adverse events



Safety population	Colchicine (N=2330)	Placebo (N=2346)	P Value
Any related AE - no. (%)	372 (16.0%)	371 (15.8%)	0.89
Any SAE - no. (%)	383 (16.4%)	404 (17.2%)	0.47
Gastro-intestinal AE - no. (%)	408 (17.5%)	414 (17.6%)	0.90
Gastro-intestinal SAE – no. (%)	46 (2.0%)	36 (1.5%)	0.25
Diarrhea AE - no. (%)	225 (9.7%)	208 (8.9%)	0.35
Nausea AE - no. (%)	43 (1.8%)	24 (1.0%)	0.02
Flatulence AE - no. (%)	15 (0.6%)	5 (0.2%)	0.02
GI haemorrhage AE - no. (%)	7 (0.3%)	5 (0.2%)	0.56
Infection SAE - no. (%)	51 (2.2%)	38 (1.6%)	0.15
Pneumonia SAE - no. (%)	21 (0.9%)	9 (0.4%)	0.03
Septic shock SAE - no. (%)	2 (0.1%)	2 (0.1%)	0.99
HF hospitalization - no. (%)	25 (1.1%)	17 (0.7%)	0.21
Cancer - no. (%)	43 (1.8%)	46 (2.0%)	0.77
Anemia - no. (%)	14 (0.6%)	10 (0.4%)	0.40
Leukopenia - no. (%)	2 (0.1%)	3 (0.1%)	0.66
Thrombocytopenia - no. (%)	3 (0.1%)	7 (0.3%)	0.21

Colchicine reduces lung injury in ARDS

Sham



OA control



OA + colchicine



Dupuis J, et al, Tardif JC. Plos One 2020 (in press)

Colchicine reduces lung injury by 61%



Dupuis J, et al, Tardif JC. Plos One 2020 (in press)

Colchicine reduces lung edema and improves oxygenation and gas exchanges



Dupuis J, et al, Tardif JC. Plos One 2020 (in press)

Colchicine vs standard care on biomarkers and clinical outcomes in patients hospitalized with COVID-19 The GRECCO-19 randomized trial



Deftereos SG et al. JAMA Network Open 2020; 3(6)

Colchicine in moderate to severe COVID-19 A randomized, double-blind, clinical trial

Need for oxygen therapy

Duration of hospitalization



Lopes MA et al. Rheumatic and Musculoskeletal Diseases 2021 (in press)





BILL& MELINDA GATES foundation



and Montreal philanthropist Sophie Desmarais

COLCORONA Study Design



Secondary efficacy endpoints: Components of primary endpoint; need for mechanical ventilation

Risk factors for complications determining eligibility in COLCORONA

<u>Patient must present ≥ 1 risk factor for complications</u>:

- Age \geq 70 years (all patients must be aged \geq 40 years)
- Diabetes mellitus
- Body-mass index \geq 30 kg/m2
- Uncontrolled hypertension (systolic BP \geq 150 mm Hg)
- Known pulmonary disease (including asthma or COPD)
- Known heart failure
- Known coronary disease
- Fever $\geq 38.4^{\circ}$ C in the last 48 hours
- Dyspnea at presentation
- Bicytopenia or pancytopenia
- Combination of high neutrophil count and low lymphocyte count

Diagnosis of COVID-19

- Diagnosis by naso-pharyngeal swab and COVID-19 PCR test, OR
- Diagnosis by epidemiological link with COVID19-compatible symptoms and member of household with positive nasopharyngeal COVID-19 PCR test result, OR
- Probable diagnosis of COVID-19 according to criteria adapted from Public Health of Quebec and European Centre for Disease Prevention and Control

Clinical diagnosis of probable COVID-19 in COLCORONA *

Patient with sudden onset of the following symptoms without an obvious alternative cause:

1- Fever (> 38 degrees C) and cough

OR

- 2- Fever (> 38 degrees C) or cough with \geq 1 of the following symptoms:
- shortness of breath
- extreme fatigue
- muscle or joint pains
- Sudden anosmia without nasal obstruction, with or without ageusia

Patient characteristics

ColCorona

	Colchicine (N=2235)	Placebo (N=2253)
Age - years	54.4±9.7	54.9±9.9
Female sex - no. (%)	1238 (55.4%)	1183 (52.5%)
Caucasian - no. (%)	2086 (93.3%)	2096 (93.2%)
Body-mass index - kg/m ²	30.0±6.2	30.0±6.3
Smoking - no. (%)	217 (9.7%)	212 (9.4%)
Hypertension - no. (%)	781 (34.9%)	848 (37.6%)
Diabetes - no. (%)	444 (19.9%)	450 (20.0%)
Respiratory disease - no. (%)	583 (26.1%)	605 (26.9%)
Prior MI - no. (%)	65 (2.9%)	72 (3.2%)
Prior heart failure – no. (%)	24 (1.1%)	18 (0.8%)
Hydroxychloroquine use – n. (%)	7 (0.3%)	5 (0.2%)
Oral anticoagulant use - no. (%)	47 (2.1%)	64 (2.8%)
Aspirin use - no. (%)	195 (8.7%)	235 (10.4%)
Other antiplatelet agent - no. (%)	32 (1.4%)	43 (1.9%)

Rates and Odds Ratios for Major Clinical Outcomes

<u>Clinical Outcome</u>	Colchicine	<u>Placebo</u>	Odds Ratio (95% CI)	<u>P Value</u>
ITT population	N=2235	N=2253		
Primary composite endpoint - no. (%)	104 (4.7%)	131 (5.8%)	0.79 (0.61-1.03)	0.08
Components of primary endpoint:				
Death - no. (%)	5 (0.2%)	9 (0.4%)	0.56 (0.19-1.67)	
Hospitalization for COVID-19 no. (%)	101 (4.5%)	128 (5.7%)	0.79 (0.60-1.03)	
Secondary endpoint:				
Mechanical ventilation - no. (%)	11 (0.5%)	21 (0.9%)	0.53 (0.25-1.09)	
Patients with PCR-proven COVID-19	N=2075	N=2084		
Primary composite endpoint – no. (%)	96 (4.6%)	126 (6.0%)	0.75 (0.57-0.99)	0.04
Components of primary endpoint:				
Death - no. (%)	5 (0.2%)	9 (0.4%)	0.56 (0.19-1.66)	
Hospitalization for COVID-19 no. (%)	93 (4.5%)	123 (5.9%)	0.75 (0.57-0.99)	
Secondary endpoint:				
Mechanical ventilation – no. (%)	10 (0.5%)	20 (1.0%)	0.50 (0.23-1.07)	

History of diabetes Colchicine Placebo Odds ratio (95% CI) Yes 27/444 (6.1%) 43/450 (9.6%) 0.61 (0.37-1.01) 88/1803 (4.9%) No 77/1791 (4.3%) 0.88(0.64-1.20)**History of hypertension** Yes 48/781 (6.1%) 64/848 (7.5%) 0.80 (0.54-1.18) 0.80 (0.56-1.15) No 56/1454 (3.9%) 67/1405 (4.8%) Smoking Non-smoker 59/1279 (4.6%) 71/1270 (5.6%) 0.82 (0.57-1.16) **Previous smoker** 0.69 (0.45-1.06) 38/738 (5.1%) 56/770 (7.3%) **Active smoker** 7/217 (3.2%) 4/212 (1.9%) 1.73 (0.50-6.01) Age \geq 70 years 18/190 (9.5%) 27/213 (12.7%) 0.72 (0.38-1.36) < 70 years 86/2045 (4.2%) 104/2040 (5.1%) 0.82(0.61-1.09)Sex 90/1070 (8.4%) Men 58/997 (5.8%) 0.67 (0.48-0.95) Women 46/1238 (3.7%) 41/1183 (3.5%) 1.07 (0.70-1.65) **Body-mass index** 70/1040 (6.7%) \geq 30 kg/m² 53/1012 (5.2%) 0.77 (0.53-1.11) $< 30 \text{ kg/m}^2$ 50/1216 (4.1%) 61/1205 (5.1%) 0.80(0.55-1.18)**Respiratory disease** Yes 35/583 (6.0%) 48/605 (7.9%) 0.74 (0.47-1.16) No 69/1652 (4.2%) 83/1647 (5.0%) 0.82 (0.59-1.14) **Cardiovascular disease** Yes 6/119 (5.0%) 11/122 (9.0%) 0.54 (0.19-1.50) No 98/2116 (4.6%) 120/2131 (5.6%) 0.81 (0.62-1.07) Use of ACEi/ARB 53/676 (7.8%) 0.77 (0.50-1.19) Yes 37/602 (6.1%) No 67/1633 (4.1%) 78/1577 (4.9%) 0.82 (0.59-1.15)

Primary Efficacy Composite Endpoint in Prespecified Subgroups

Primary Efficacy Composite Endpoint Based on Risk Score Model*

<u>Risk score</u>	Colchicine	<u>Placebo</u>	Odds ratio (95% CI)
High-risk	56/764 (7.3%)	86/801 (10.7%)	0.66 (0.46-0.94)
Low-risk	39/1305 (3.0%)	40/1277 (3.1%)	0.95 (0.61-1.49)

- * Risk score model developed in patients of the placebo group with PCR-proven COVID-19.
- * The c-statistic of this risk score model was 0.72.
- * This risk score model has not yet been tested in a second patient cohort.
- * P = 0.02 for the comparison of the colchicine and placebo groups in high-risk subgroup.

Preliminary result

Adverse events



Safety population	Colchicine (N=2195)	Placebo (N=2217)	P Value
Any SAE - no. (%)	108 (4.9%)	139 (6.3%)	0.05
Pneumonia SAE - no. (%)	63 (2.9%)	92 (4.1%)	0.02
Pulmonary embolism - no. (%)	11 (0.5%)	2 (0.1%)	0.01
Deep venous thrombosis - no. (%)	0 (0%)	0 (0%)	N/A
Myocardial infarction - no. (%)	0 (0%)	1 (0.0%)	1.00
Dehydration SAE - no. (%)	3 (0.1%)	6 (0.3%)	0.51
Any related AE - no. (%)	532 (24.2%)	344 (15.5%)	< 0.0001
Gastro-intestinal AE - no. (%)	524 (23.9%)	328 (14.8%)	< 0.0001
Gastro-intestinal SAE - no. (%)	6 (0.3%)	3 (0.1%)	0.34
Diarrhea AE - no. (%)	300 (13.7%)	161 (7.3%)	< 0.0001
Nausea AE- no. (%)	43 (2.0%)	47 (2.1%)	0.71
GI haemorrhage AE - no. (%)	1 (0.0%)	0 (0%)	0.50
Rash AE - no. (%)	4 (0.2%)	13 (0.6%)	0.03

Conclusion



- In non-hospitalized patients including those without a mandatory diagnostic test, the effect of colchicine on COVID-19-related clinical events was not statistically significant.
- Among patients with PCR-confirmed COVID-19, colchicine led to a lower rate of the composite of death or hospitalization than placebo.



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