KURZPROTOKOLL
RAPID_REVIVE

Öffentlicher Titel	Phase-2-Studie zur Behandlung des Post-COVID-Syndroms
Wissenschaftl. Titel	Randomized adaptive assessment of post COVID syndrome treatments (RAPID)_Reducing Inflammatory Activity in Patients with post COVID Syndrome (REVIVE)
Kurztitel	RAPID_REVIVE
Studienart	multizentrisch, prospektiv, Therapiestudie, randomisiert, zweiarmig, Investigator Initiated Trial (IIT)
Studienphase	Phase II
Erkrankung	Infektionen: Virusinfektionen: SARS-Cov-2
Einschlusskriterien	- Male or female patients >= 18 years of age - Use of a highly effective method of contraception correctly and consistently, as applicable, during trial treatment and for 28 days after the final dose (applicable to individuals of childbearing potential and participating men whose partners may become pregnant) - Female patients of childbearing potential, must have a negative pregnancy test (at Screening-V1 (blood test; see Tab. 1) and before the first IMP intake (Day 1 blood or urine test) AND agreement not to attempt to become pregnant AND agreement not to donate ova AND usage of highly effective forms of birth control (as defined by Recommendations related to contraception and pregnancy testing in clinical trials-Heads of Medicines Agencies (HMA); see 20.1) - Male patients must agree not to father a child or to donate sperm starting at Screening-V1, throughout the clinical study, and for 30 days after the last intake of the IMP. Male patients must also: a. abstain from sexual intercourse with a female partner (acceptable only if it is the patient's usual form of birth control/lifestyle choice), or b. use adequate barrier contraception during treatment with the IMP and until at least 30 days after the last intake of the IMP, and c. if they have a female partner of childbearing potential, the partner should use a highly effective contraceptive method as outlined above d. if they have a pregnant partner, they must use condoms while taking the IMP to avoid exposure of the fetus to the IMP - Symptoms consistent with PCS that began within 4 weeks of the index infection and persisted for >12 weeks. The identified symptoms of PCS cannot be attributed to other intervening diagnoses or medications and did not exist prior to the acute COVID preceding PCS - Moderate to severe overall disability, defined as a Bell Scale of 20-60 - >=2 of the following post-COVID symptoms, defined as: a. fatigue, defined as an FSS score >=36 b. cognitive impairment, defined as a MoCA score between 10-25. c. shortness of breath, defined as a mMRC >=2 d. orthostatic/autonomic dysfunction, defined as the following results in the PST: i. a sustained heart rate increase of >=30 bpm within 10 min. of standing or and/or a heart rate reaching >120 bpm within 10 min. of standing and ii. absence of a sustained 20 mmHg decrease in systolic blood pressure within 10 min. of standing - Written informed consent obtained according to international guidelines and local laws - Ability to understand the nature of the trial and the trial related procedures and to comply with them - Ability to provide and use a smartphone, tablet or other device for download and installation of the medical device software used in the trial - Willingness to not connect medical devices used in this trial to any other app that is not defined in this protocol, especially not to Garmin Connect - Willingness to abstain from changes in the type, dosage, and frequency of concomitant medications through Day 84

Ausschlusskriterien

- Known or planned pregnancy; nursing period
- Ongoing SARS-CoV-2 infection or positive test for SARS-CoV-2 within 14 days prior to enrolment
- Pre-COVID history of chronic fatigue syndrome or other fatigue syndromes that are due to associated diseases (e.g., cancer, autoimmune diseases)
- Participation in any other interventional clinical trial within the last 30 days before the start of this trial
- Prior use of IMU-838 or a drug prescribed to treat COVID-19 within 30 days
- Vaccination for COVID-19 within 28 days prior to enrollment, or other vaccines (influenza, shingles, etc.) within 14 days of enrollment, or planned use of any vaccine until Day 84
- Any concomitant disease impairing efficacy endpoint analysis, in the opinion of the investigator
- Any use of the following concomitant medications is prohibited during Screening: - Any medication known to significantly increase urinary elimination of uric acid, in particular lesinurad, as well as uricosuric drugs such as probenecid - Treatments for any malignancy, in particular irinotecan, paclitaxel, tretinoin, bosutinib, sorafinib, enasidenib, erlotinib, regorafenib, pazopanib, and nilotinib - Any drug significantly restricting water diuresis, in particular vasopressin and vasopressin analogs - Rosuvastatin at doses of > 10 mg/day - Methotrexate at doses of > 17.5 mg/week
- Simultaneous participation in other interventional trials which could interfere with this trial (simultaneous participation in registry and diagnostic trials is allowed)
- Patient without legal capacity who is unable to understand the nature, significance, and consequences of the trial
- Previous participation in this trial
- Known or suspected Gilbert syndrome (Morbus Meulengracht)
- Known or persistent abuse of medication, drugs, or alcohol
- Person who is in a relationship of dependence/employment with the sponsor or the investigator
- Persons deprived of liberty or placed in an institution by judicial or administrative order
- Presence of the following laboratory values at Screening - Platelet count <100,000/mm³ (<100 x 10^9/L) - Neutrophil count <1,500/mm³ (1.5 x 10^9/L) - Serum creatinine >1.5 x upper limit of normal (ULN) - Total bilirubin, GOT, GPT, or gGPT >1.5 x ULN - Serum uric acid levels >1.2 x ULN - Indirect (unconjugated) bilirubin >1.2 x ULN
- Hypersensitivity to the active substance or to any of the excipients
- Severe impairment of liver function (Child Pugh class C)
- Known history of nephrolithiasis or underlying condition with a strong association of nephrolithiasis, including hereditary hyperoxaluria or hereditary hyperuricemia
- History or clinical diagnosis of gout
- History of malignancy of any organ system (other than localized basal cell carcinoma of the skin or adequately treated cervical cancer), treated or untreated, within the past 5 years, regardless of whether there is evidence of local recurrence or metastases
- History of medically significant active, chronic systemic infections (not considering the SARS-CoV-2 infection) within 6 months before Day 1, including, but not limited to tuberculosis, hepatitis B, C or D, and human immunodeficiency virus (HIV)

	- History or presence of serious or acute heart disease such as uncontrolled cardiac dysrhythmia or arrhythmia, uncontrolled angina pectoris, cardiomyopathy, or uncontrolled congestive heart failure (New York Heart Association [NYHA] class 3 or 4) - History or presence of any major medical or psychiatric illness which cannot be controlled by medication (e.g., severe depression, schizophrenia, psychotic disorder), history of suicide attempt, or current suicidal ideation, if any of those conditions in the opinion of the investigator could create undue risk to the patient or could affect adherence with the trial protocol
Alter	18 Jahre und älter
Prüfzentren	**Innere Medizin 2** Infektiologie Theodor-Stern-Kai 7 60590 Frankfurt am Main Prof. Dr. med. Maria Vehreschild Tel: 069 6301 5452 Fax: 069 6301 6378 maria.vehreschild@unimedizin-ffm.de
Sponsor	Goethe-Universität Frankfurt
Förderer	Bundesministerium für Bildung und Forschung
Registrierung in anderen Studienregistern	EUCT 2024-511628-16-00
Links	Weiterführende Informationen