Addressing the Public Health Threat of Post-Acute Sequelae of SARS-CoV-2 Infection (PASC)

NIH RECOVER Initiative: Briefing for the Advisory Committee to the Director (ACD)

June 8, 2023

NIH Sr Oversight Committee Co-Chairs

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An Initiative Funded by the National Institutes of Health

NIH RECOVER Initiative

GOAL

Rapidly improve our understanding of and ability to predict, treat, and prevent PASC

KEY SCIENTIFIC AIMS

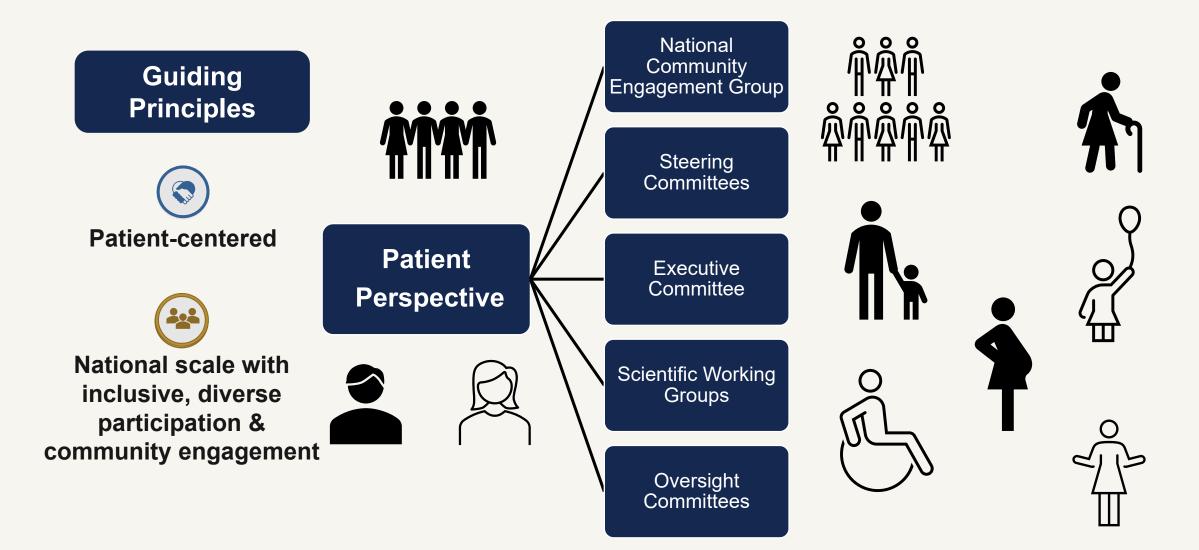
- Understand clinical spectrum/biology underlying recovery over time
- 2 Define risk factors, incidence/prevalence, and distinct PASC sub-phenotypes
- 3 Study pathogenesis over time and possible relation to other organ dysfunction/disorders
 - Identify interventions to treat and prevent PASC

GUIDING PRINCIPLES

Patient-centered participants as partners National scale with inclusive, diverse participation & community engagement Platform protocols standardized methodologies, and common data elements

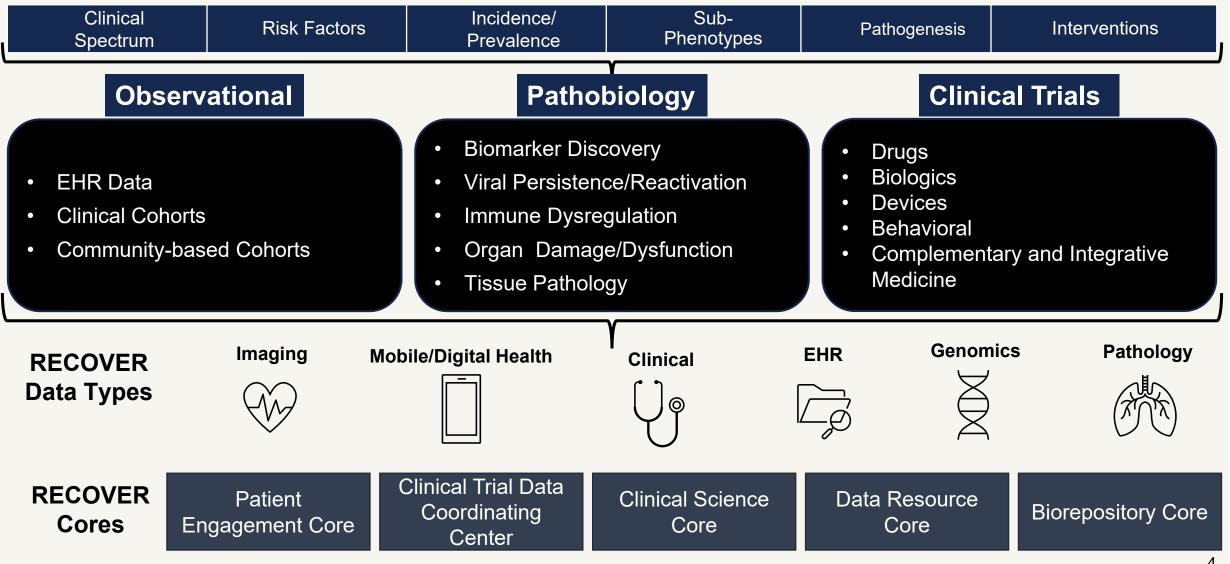
Adaptive approaches based on emerging science

RECOVER's Principles In Action: Meaningful Patient Engagement

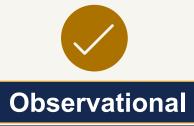


NIH RECOVER Initiative: Research Components

RECOVER Key Scientific Aims



NIH RECOVER Initiative: Status Update



- Developed largest, most diverse, and deeply characterized longitudinal clinical cohort of PASC patients
- Identified sub-phenotypes and specific symptom criteria of PASC
- Data supports **vaccination safe** for children who have had MIS-C

Pathobiology

- Funded 40+ studies, including on symptom-specific pathology, epigenetics, and multiomics
- Enrolled 140+ decedents



- Worked alongside patients to design adaptable clinical trials
- Established synergistic industry collaborations
- Developed **5 platform protocols**
- Initial launch of patient enrollment in Q3/Q4 2023

RECOVER has established a robust foundation for continued knowledge generation on PASC

Observational: Capturing Real-World Facets of Long COVID at Large Scale



EHR/Health Systems Studies



Strategy

Analysis of 60 million records with >7 million COVID cases across diverse populations

Progress

- Computable phenotypes of PASC in adults and children
- Pre-COVID vaccination reduces risk of Long COVID
- Prevalence:
 - Children: 3.7% develop PASC.

- Risk factors:
 - Adult: severity of disease, comorbidities, female sex, racial/ethnic minority
 - Pediatric: < 5 yrs old, ICD admission for acute infection, complex chronic conditions
 - Increased risk of new-onset conditions in PASC pts: T2DM, anxiety, ataxia, myoneural disorders

Objectives

- Understand incidence, prevalence, risk factors over time
- Capture longitudinal data with minimal participant burden
- Define **sub-phenotypes** to inform clinical approaches

Future Directions

Cross-validate EHR findings and other real-world data with data from observational clinical cohorts at scale

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EHR Cohorts: Diabetes mellitus and SARS-CoV-2 Infection



Calendar Month of COVID Diagnosis 2022-06-30 Number of new diabetes diagnoses in the EHR 2021-11-29 2021-05-01 2000 Sharp increase in new cases of type 2 DM during 2020-10-01 the acute phase of SARS-CoV-2 infection. 2020-03-03 Infection with SARS-CoV-2 is showing dysregulation in glucose homeostasis that could 1000 accelerate T2DM diagnosis. 0 14910-120 18010,150 8120210 1220240 301-10330 29 20,8 241 20270 40120 331 10 360 910120 129 00 Days relative to SARS-CoV-2 diagnosis

Number of new DM cases in the N3C enclave, by 30-day windows relative to SARS-CoV-2 infection.

EHR Cohorts: Impact of Pre-existing Obstructive Sleep Apnea (OSA) on the Risk for PASC

OSA as a risk factor of PASC?

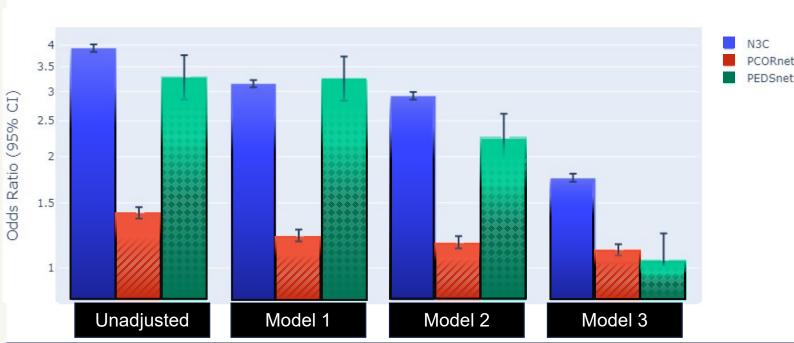
Association between preexisting OSA and probable PASC across different EHR Networks

Harmonized analysis across three EHR Cohorts (N3C, PCORnet, PEDSnet)

Unadjusted OR for probable PASC associated with preexisting OSA diagnosis in adults and children ranged from 1.41 to 3.93

Adults w/ preexisting OSA increased odds of developing PASC → may benefit from increased monitoring after SARS-CoV-2 infection

Mandel, et al. 2023. Sleep.

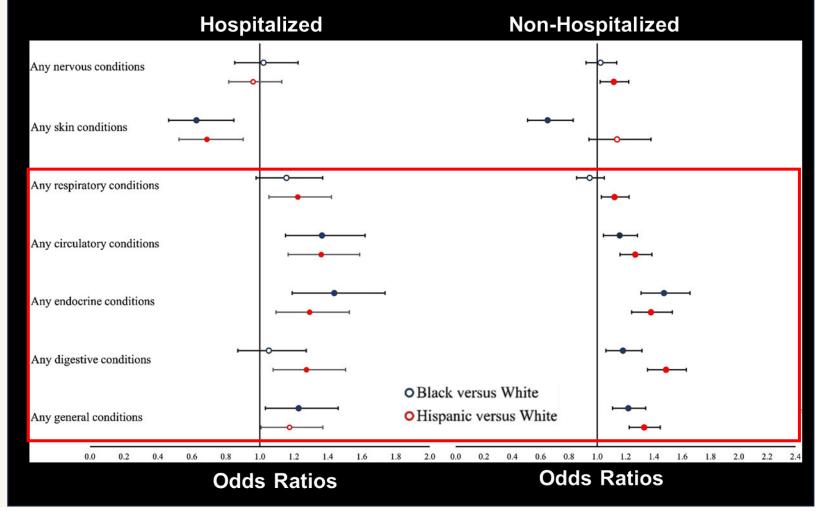


Unadjusted: Odds ratios and 95% CI for association of preexisting OSA and probable PASC. Model 1: Adjusted for age group, sex, and race/ethnicity.

Model 2: Adjusted for age group, sex, race/ethnicity, and hospitalization status. Model 3: Adjusted for age group, sex, race/ethnicity, hospitalization status, obesity, and comorbidities.

EHR Cohorts: Examining Racial/Ethnic Differences in PASC

Adjusted racial/ethnic differences in incident symptoms and conditions grouped by organ system and hospitalization status.

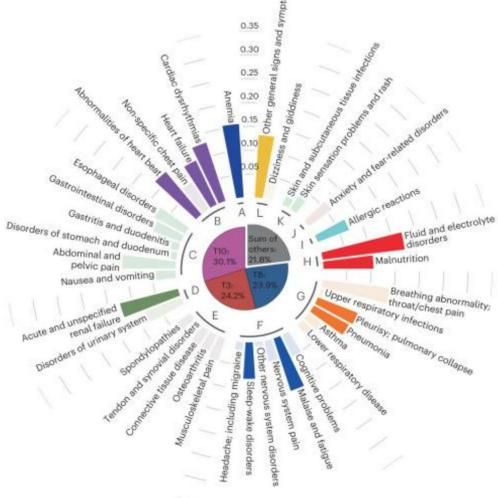


31-180 days post positive SARS-CoV-2 test.

Black and Hispanic patients **higher odds** of new respiratory, circulatory system, endocrine, and digestive conditions

Opportunity for Cross-Validation

Incidence rates of potential PASC conditions in Subphenotype1 (cardiac and renal)



Zhang, et al. 2022. Nature Med.



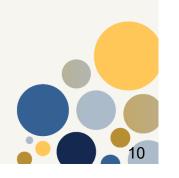
Refine PASC/Long COVID computable phenotypes **through cross-validation with RECOVER enrolling cohorts and EHR teams.**



Accelerate our understanding of sequalae of SARS-CoV-2 infection.

Improve and validate methods developed with EHR data analyses and **augment clinical cohort data**.

Reproducible and comparable phenotypes across healthcare systems.



Observational: Characterizing the Clinical Spectrum of Long COVID, In-Depth at Large Scale

Enrolling Clinical Cohorts

Strategy

Deep phenotyping of diverse participants **across lifespan** and **clinical continuum**

Progress

- Enrollment: ~93% adult participants (Complete Q3); ~44% pediatric participants (Complete Q4)
 - Tier 1 testing underway Tiers 2 and 3 forthcoming, including deeper phenotyping
- 20+ reports in process (pubs/preprints)
- MUSIC Study (MIS-C): vaccination safe for children who have had MIS-C
- Identified sub-phenotypes and specific symptom criteria of PASC
- Biomarker testing underway
- Characterized impacts of different variants and vaccination: symptoms consistent across infection waves
- Defined PASC prevalence in adults:
 - Of pts recruited during acute infection, 20-30% reported symptoms 3 mos. post enrollment

Objectives

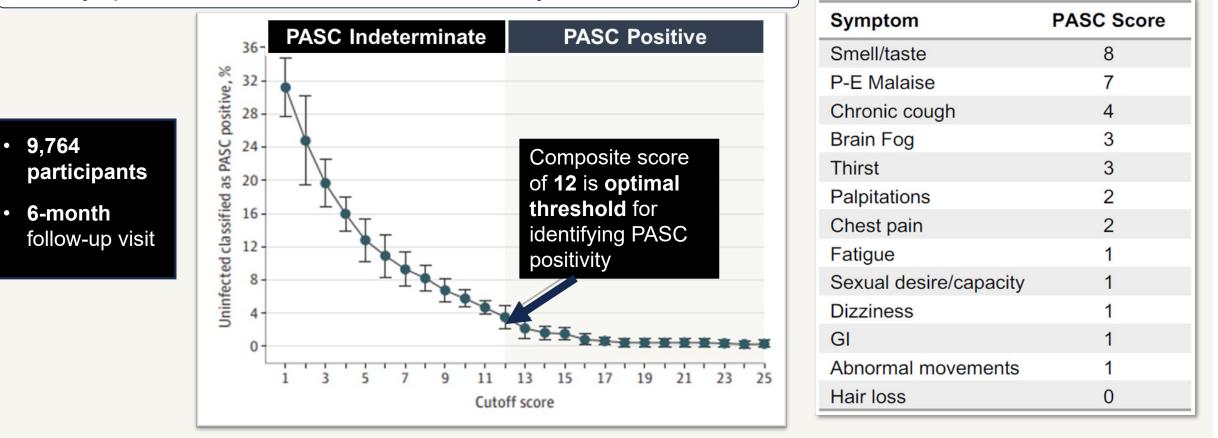
- Enroll acute & post-acute infection patients from 200+ sites
- Define Long COVID trajectory, incidence, clinical spectrum, and subphenotypes
- Discover Long COVID biomarkers

Future Directions

- Integrate wearable sensor data
- In depth clinical characterization
- Biomarker analyses
- Pathobiology studies underway

RECOVER Clinical Cohort Updates: Developing a Definition of PASC

What symptom-based criteria can be used to identify PASC cases in adults?



Enrolling Clinical Cohort Characterization: Tiered Assessment Strategy

Assessments tailored to stage of life will capture a **broad spectrum of PASC recovery phenotypes** with in-depth characterization using Common Protocols and Common Data Elements.

	Example Adult Tests from Common Protocol
1 Tier 1: Screening Tests	Screening questionnaires, clinical assessments, labs (e.g., psychosocial factors, SDoH, basic clinical labs)
2 Tier 2: Clinical and Functional Tests	Basic exams, labs, imaging, functional assessments (e.g., complete neurologic exam, pulmonary function tests, echocardiography)
3 Tier 3: Advanced Testing	In-depth phenotyping exams, labs, imaging, functional assessments (e.g., complete ENT examination, Cardiac MRI, Chest CT)

PASC Frequencies Overall and Stratified by Subcohort and Infection

Infected post acute pre-Omicron participants most likely to be PASC positive (35%) compared to infected acute (10%) or post acute Omicron (17%)

	Total No.	PASC Positive, No (%)	
All Participants (full cohort)	9764	2031 (21)	
Infected	8646	1990 (23)	
Uninfected	1118	41 (3.7)	
Acute Omicron			
Infected	2231	224 (10)	
Uninfected	388	18 (4.6)	
Post acute pre-Omicron			
Infected	3732	1320 (35)	
Uninfected	290	11 (3.8)	
Post acute Omicron			
Infected	2666	442 (17)	
Uninfected	438	12 (2.7)	

Note: Acute cohort participants with a pre-Omicron index date were included in the full cohort analysis.

Observational: Defining the Burden, Risk Factors, and Trajectory of Long COVID

Longitudinal, Community-Based Cohorts



Strategy

Leverage 14 existing longitudinal, community-based cohorts with 49K adult (e.g., C4R) and 12K (e.g., ABCD) pediatric Long COVID patients

Progress

- 16K+ sero-surveys performed
- 6,600+ COVID cases (1,500 COVID related events)
- Risk factor data analysis underway
 - Smoking and hospitalized COVID associated with slower recovery
- Identified incidence and prevalence across variants (Delta)
- Developed Wave 3 Questionnaire harmonized with RECOVER

Objectives

- Investigate incidence and prevalence across variants
- Study risk factors on health trajectory
- Understand long-term impact of Long COVID
- Provide deep genotypic characterization
- Validate findings from EHR studies

Future Directions

- Evaluate influence of SDoH
- Elucidate resilience factors
- Prevalence across omicron
- Biomarker discovery

Pathobiology Studies: Understanding Long Covid Across Mechanisms, Approaches, and Systems

Strategy

- Test leading hypotheses to elucidate natural history and etiology leading to Long COVID
- Integrate predictive and analytic assays with clinical observation

Progress

- 40+ studies funded focused on:
 - Consequences of Acute Infection
 - System-Specific Pathology (Neurological, Cardiac, Respiratory)
 - Immune Response, Inflammation, Autoimmunity
 - Epigenetics, Multiomics
 - Animal Models

Objectives

- Perform mechanistic studies to identify biomarkers
- Discover therapeutic targets that inform clinical trials
- Enable improved diagnosis, monitoring, and patient stratification

Future Directions

- Mechanistic studies
- Risk stratification
- Biomarker identification

Investigating Pathobiology Across a Range of Mechanisms, Approaches, and Systems

Hypotheses

- Viral
 Persistence/Reactivation
- Immune Dysregulation
- Organ
 Damage/Dysfunction
- Tissue Pathology

Mechanistic Assays

- B and T cell responses
- Mass cytometry
- Cytokine profiling
- Proteomics
- Genomics
- Transcriptomics
- Metabolomics



Assays Integrated With Clinical Observation

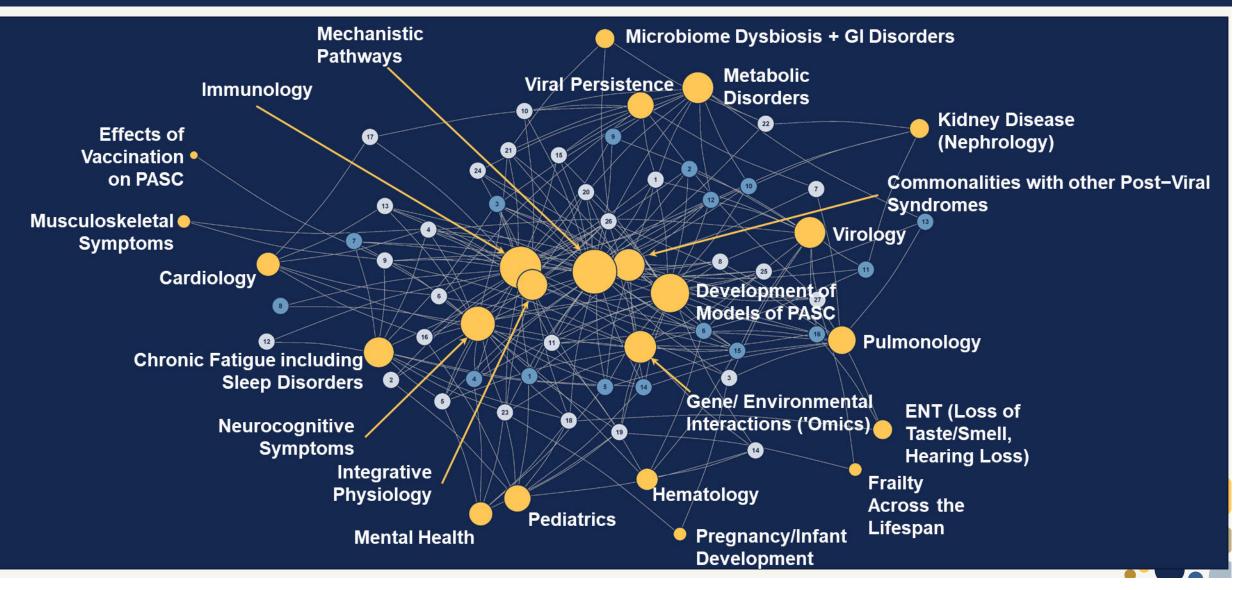
- Predictive & correlation analyses
- Mechanistic & perturbation analyses
- AI/ML analytics

Approaches Proposed

- CSF collection
- Cardiac MRI
- Epigenetics
- Autopsy
- Autoantibody characterization

Comprehensive RECOVER Pathobiology Portfolio

Graph-theoretic layout of Pathobiology NOSI-ROA awards and their study focus



Clinical Trials: Identifying Safe & Effective PASC Treatment Strategies



Strategy

• Rigorous, integrated, and adaptive platform protocols to investigate safe and effective treatments for PASC

Objectives

- Investigate priority symptom clusters and their causes
- Test known and novel interventions across domains (drugs, devices, rehabilitation, etc.)
- Evaluate treatments to improve Long COVID symptoms

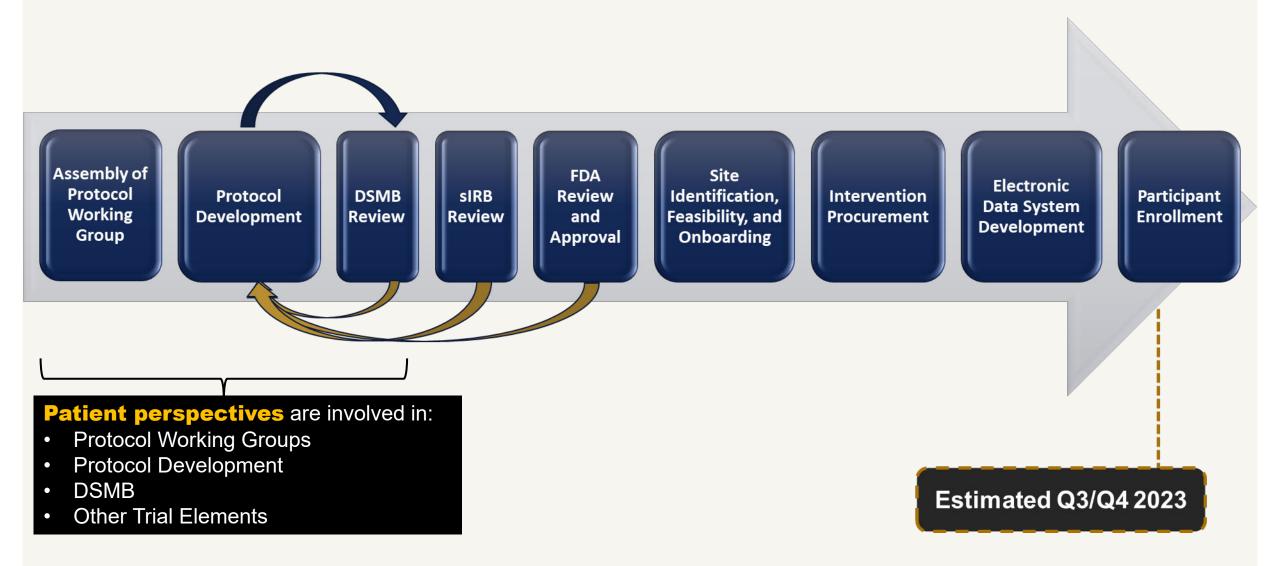


- throughout protocol development and intervention prioritization
- Cross-consortium data and published literature informed clinical trial development
- Established synergistic industry collaborations for materializing multiple interventions
- Developed 5 platform protocols poised to launch in Q3/Q4 2023

Future Directions

- Adaptive clinical trials
- Cross-cutting Mechanistic Studies

Steps to Ensure Patient-Centeredness and Safety in Clinical Trials

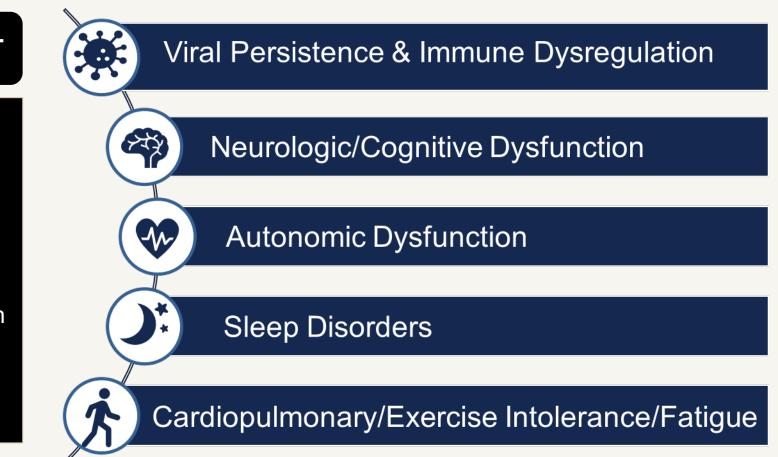


Designing and Launching RECOVER Clinical Trials

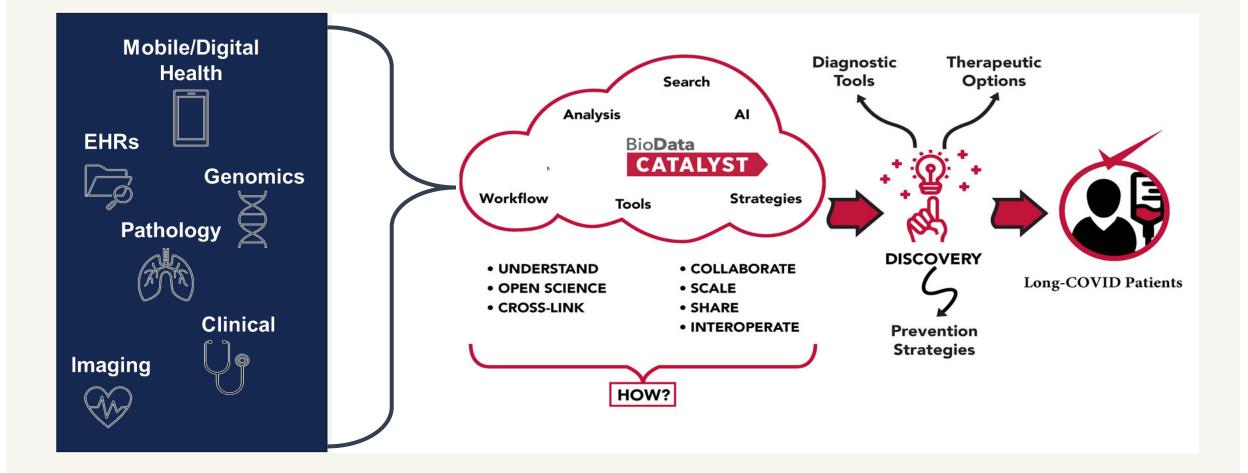
RECOVER CLINICAL TRIAL PLATFORMS PORTFOLIO

Platform Integrates Five Adaptive Master Protocols

- Shared endpoints, regulatory framework, and common data elements
- Shared approach to patient inclusion
- Ability to rapidly assess target therapeutics
- Enables cross-trial analysis



RECOVER Data Sharing and Release



RECOVER Current Progress and Future Directions





Largest, diverse, deeply characterized clinical cohort of PASC patients (Adult completion Q3; Pediatrics Q4)

EHR studies providing insights on PASC prevalence, risk factors, impact, disparities



Cohorts that support deep and longitudinal characterization of PASC patients



40+ pathobiology studies that will characterize pathophysiology of PASC



5 master protocoldriven platform clinical trials poised to launch

Future Directions

Ongoing in-depth clinical characterization and biomarker analyses

Cross-validation and 'real time' follow-up from EHR findings

Integrate wearable sensor data

Mechanistic studies, risk stratification, biomarker identification

Coordinated, highthroughput testing of therapies

