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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, DC 20549**

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**FORM 8-K**

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**CURRENT REPORT  
PURSUANT TO SECTION 13 OR 15(d)  
OF THE SECURITIES EXCHANGE ACT OF 1934**

**Date of Report (Date of earliest event reported): March 8, 2021**

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**CytoDyn Inc.**

(Exact name of registrant as specified in its charter)

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**Delaware**  
(State or other jurisdiction  
of incorporation)

**000-49908**  
(SEC  
File Number)

**83-1887078**  
(I.R.S. Employer  
Identification No.)

**1111 Main Street, Suite 660  
Vancouver, Washington 98660**  
(Address of principal executive offices)

**(360) 980-8524**  
**Registrant's telephone number, including area code:**

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

<b>Title of each class</b>	<b>Trading Symbol(s)</b>	<b>Name of each exchange on which registered</b>
<b>None.</b>	<b>None.</b>	<b>None.</b>

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

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**Item 7.01 Regulation FD Disclosure**

Attached as Exhibit 99.1 is a copy of CytoDyn Inc.'s Executive Summary of the data from its Phase 2b/3,two-arm, randomized, double-blind, placebo-controlled trial to evaluate its investigational drug leronlimab's safety and efficacy as add-on therapy in patients being treated with institutional standard of care for severe-to-critical COVID-19 patients.

The information in this Current Report on Form8-K and in Exhibit 99.1 is being furnished pursuant to Item 7.01 and shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 (the "Exchange Act") or otherwise subject to the liabilities of that section, nor shall it be deemed to be incorporated by reference in any filing under the Securities Act of 1933 or the Exchange Act.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits

<b>Exhibit No.</b>	<b>Description</b>
99.1	<a href="#">Executive Summary of CD12 COVID-19 Study Data</a>
104	Cover Page Interactive Data File (formatted as Inline XBRL)

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**SIGNATURE**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

CytoDyn Inc.

Dated: March 8, 2021

By: /s/ Michael D. Mulholland  
Michael D. Mulholland  
Chief Financial Officer



EXECUTIVE SUMMARY

CD12\_COVID-19 STUDY

04-Mar-2021

**TABLE OF CONTENTS**

<b>1.</b>	<b>SUMMARY</b>	<b>7</b>
<b>1.1</b>	<b>SUMMARY FIGURES</b>	<b>10</b>
<b>2.</b>	<b>INTRODUCTION</b>	<b>16</b>
<b>2.1</b>	<b>Disease Background</b>	<b>16</b>
<b>2.2</b>	<b>Leronlimab (PRO 140)</b>	<b>16</b>
<b>3.</b>	<b>STUDY OVERVIEW</b>	<b>16</b>
<b>3.1</b>	<b>Patient Population</b>	<b>17</b>
<b>3.2</b>	<b>Endpoints</b>	<b>17</b>
<b>3.3</b>	<b>Analysis Population</b>	<b>18</b>
<b>3.3.1</b>	<b>Subgroup analysis - Age group</b>	<b>18</b>
<b>3.4</b>	<b>Results Description</b>	<b>18</b>
<b>3.4.1</b>	<b>Primary endpoint (All-cause mortality at Day 28)</b>	<b>19</b>
<b>3.4.2</b>	<b>Primary endpoint (All-cause mortality at Day 28) – Additional Analyses</b>	<b>19</b>
<b>3.4.3</b>	<b>Patients achieving OS 6 or higher (Discharged alive)</b>	<b>21</b>
<b>3.4.4</b>	<b>Change in clinical status of subject at Day 28 (on a 7 point ordinal scale)</b>	<b>22</b>
<b>3.4.5</b>	<b>Length of hospital stay (days)</b>	<b>23</b>
<b>3.5</b>	<b>Safety Analysis</b>	<b>24</b>
<b>4.</b>	<b>SUMMARY TABLES</b>	<b>25</b>

**List of In-Text Figures**

Figure 1-1: All-Cause Mortality, Day 28	10
Figure 1-2: All-Cause Mortality (Day 28), Prior and Concomitant COVID-19 Treatment	11
Figure 1-3: All-Cause Mortality (Day 28), Prior and Concomitant Dexamethasone Use	12
Figure 1-4: Ordinal Scale 6 or higher (Discharged alive)	13
Figure 1-5: Change in clinical status of subject at Day 28 (on a 7 point ordinal scale)	14
Figure 1-6: Length of Hospital Stay (Days)	15

## List of In-Text Tables

Table 1-1:	Effect of Randomization by Age on 28-Day All-Cause Mortality	7
Table 4-1:	Analysis Population, All Subjects	25
Table 4-2:	Summary of Demographics, mITT Population	25
Table 4-3:	Mortality Status at Day 28, mITT Population	26
Table 4-4:	Mortality Status at Day 28, > 65 years, mITT Population	26
Table 4-5:	Mortality Status at Day 28, ≤ 65 years, mITT Population	26
Table 4-6:	Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, mITT population	27
Table 4-7:	Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, mITT population	27
Table 4-8:	Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT population	27
Table 4-9:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, mITT Population	28
Table 4-10:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, > 65 years, mITT Population	28
Table 4-11:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, ≤ 65 years, mITT Population	28
Table 4-12:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, mITT Population	29
Table 4-13:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, > 65 years, mITT Population	29
Table 4-14:	Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT Population	29
Table 4-15:	Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, mITT Population	30
Table 4-16:	Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, > 65 years, mITT Population	30
Table 4-17:	Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, ≤ 65 years, mITT Population	30
Table 4-18:	Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use - Ordinal Scale 2 at Baseline, mITT Population	30

Table 4-19:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, mITT Population	31
Table 4-20:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, > 65 years, mITT Population	32
Table 4-21:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, £ 65 years, mITT Population	33
Table 4-22:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, mITT Population	34
Table 4-23:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, mITT Population	34
Table 4-24:	Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, £ 65 years, mITT Population	34
Table 4-25:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, mITT Population	35
Table 4-26:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, > 65 years, mITT Population	36
Table 4-27:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, £ 65 years, mITT Population	37
Table 4-28:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, Rank ANCOVA, mITT Population	38
Table 4-29:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, Rank ANCOVA, mITT Population	38
Table 4-30:	Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, £ 65 years, Rank ANCOVA, mITT Population	39
Table 4-31:	Summary of Length of Hospital Stay (Days), mITT Population	40
Table 4-32:	Summary of Length of Hospital Stay (Days), > 65 years, mITT Population	40
Table 4-33:	Summary of Length of Hospital Stay (Days), £ 65 years, mITT Population	40
Table 4-34:	Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, mITT Population	41
Table 4-35:	Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, > 65 years, mITT Population	41
Table 4-36:	Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, £ 65 years, mITT Population	41



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Table 4-37: Overview of Adverse Events, Safety Population	42
Table 4-38: Overview of Adverse Events, Critical Population	42

## 1. SUMMARY

Leronlimab (PRO 140) has been studied in a Phase 2b/3, two-arm, randomized, double-blind, placebo-controlled study to evaluate its safety and efficacy as add-on therapy in patients being treated with institutional standard of care (SoC) for severe or critical symptoms of respiratory illness caused by coronavirus disease 2019 (COVID-19).

394 subjects were randomized in a 2:1 ratio to leronlimab or placebo, in combination with SoC therapies. 384 subjects received at least one dose of the study medication (leronlimab 700 mg Or placebo administered subcutaneously on Day 0 and Day 7) and are included in the mITT analyses.

The study population includes 62 critically ill (Baseline Ordinal Score 2) and 322 non-critically ill (Baseline Ordinal Score 3 or higher) patients having confirmed diagnosis of COVID-19 by standard RT-PCR assay or equivalent testing.

Demographic and baseline characteristics showed a higher proportion of >65 years old [33% (88/259) vs 23% (29/125)] population were enrolled in the leronlimab + SoC group compared to placebo + SoC group. The mortality rate reported in the >65 years group is about 3.5 times higher compared to the ≤65 years group [42% (49/117) vs. 12% (31/267)] in the study. Therefore, additional analyses for the primary and major secondary endpoints were conducted to demonstrate the survival benefit of leronlimab in: age group > 65 years; age group ≤ 65 years; and adjusted for the age group (> 65 years and ≤ 65 years).

## RESULTS:

The below table summarizes Day 28 all-cause mortality for combined and subgroups by age:

**Table 1-1: Effect of Randomization by Age on 28-Day All-Cause Mortality**

	Death/Randomized (%)		Absolute Reduction	Relative Reduction
	Leronlimab	Placebo		
Day 28 Mortality, mITT	53/259 (20.5%)	27/125 (21.6%)	1.1%	5.3%
Day 28 Mortality, mITT, > 65y	36/88 (40.9%)	13/29 (44.8%)	3.9%	8.7%
Day 28 Mortality, mITT, ≤ 65y	17/171 (9.9%)	14/96 (14.6%)	4.7%	31.8%

- **Survival benefit:** A favorable, **statistically significant results (p value 0.0319)** reported for the primary endpoint(all-cause mortality at Day 28) in participants receiving leronlimab + “commonly used COVID-19 treatments” compared to participants who received “commonly used COVID-19 treatments” alone in the placebo group in the **overall mITT population**.

Similar **statistically significant results (p value 0.0552)** reported for the primary endpoint(all-cause mortality at Day 28) among participants who received dexamethasone as the prior or concomitant standard of care treatment for COVID-19, compared to patients who received dexamethasone (without leronlimab) as standard of care therapy in the **overall mITT population**.

	Death/Randomized (%)		P value
	Leronlimab	Placebo	
Day 28 Mortality, mITT, prior or concomitant COVID treatment	34/205 (16.6%)	24/104 (23.1%)	<b>0.0319</b>
Day 28 Mortality, mITT, prior or concomitant dexamethasone use	25/155 (16.1%)	17/78 (21.8%)	<b>0.0552</b>

Note: p-value is from logistic model adjusted for stratification factor and age based on non-missing observed data.

- **Shortened time to recovery:** The average length of hospital stay was lower in leronlimab group compared to placebo/SoC group in the critically ill population with a statistically significant **p value of 0.0050** using the Rank-ANCOVA model.

	Days		P value
	Leronlimab	Placebo	
Mean Length of hospital stay (days), mITT, Baseline OS=2	33.0	38.5	<b>0.005</b>

Note: p-value is from the rank-ANCOVA model adjusted for stratification factor and age

- Leronlimab **improved the probability of “discharged alive”** at Day 28 in the overall mITT population as well as in the critically ill population with the results trending towards statistical significance.

	Responders/Randomized (%)		P value
	Leronlimab	Placebo	
OS 6 or higher, mITT Day 28 (responders) - No Imputation	126/259 (48.6%)	54/125 (43.2%)	<b>0.0697</b>
OS 6 or higher, mITT Day 28 (responders) Baseline OS=2	12/43 (27.9%)	2/19 (10.5%)	<b>0.0824</b>

Note: p-value is from logistic model adjusted for stratification factor and age based on non-missing observed data

- **Safety Analysis:**

The safety analysis of leronlimab in COVID-19 patients was found consistent with the established extensive safety profile with over 1000 patients treated across other multiple studies and indications. Leronlimab in combination with other commonly used COVID-19 treatments was well-tolerated with no new safety signal detected in the CD12\_COVID-19 study. The overall incidence rate, frequency and severity of adverse events (AEs) and serious adverse events (SAEs) were similar between the leronlimab + SoC and placebo + SoC groups in this study.

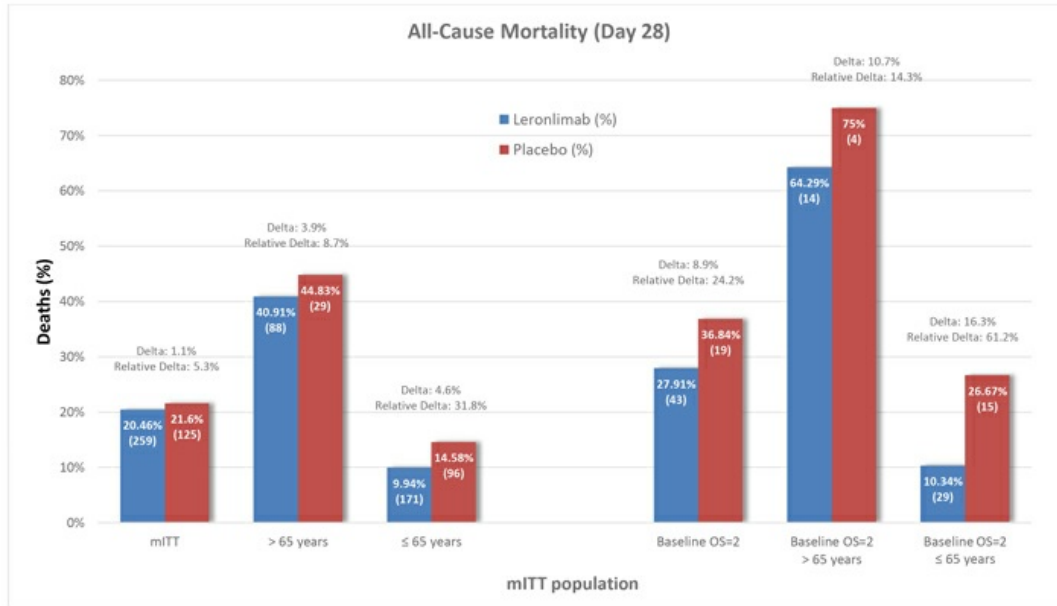
- **Conclusions:**

- The potential benefit of adding leronlimab to SoC was consistently seen in the critically ill patient population by virtue of numerically better results for all prespecified evaluated clinical endpoints.

- Adding leronlimab to the commonly used COVID-19 treatments including dexamethasone reduced mortality compared to the commonly used treatments without leronlimab in the critically ill patient population and in the overall mITT population.
- Given these findings, there is a high likelihood that critically ill COVID-19 patients may benefit from leronlimab added on to SoC treatments. Given the favorable safety profile of leronlimab, the current mortality rate, and the absolute number of deaths due to COVID-19 in the USA and around the world, the availability of leronlimab for emergency use has the potential to save many lives.

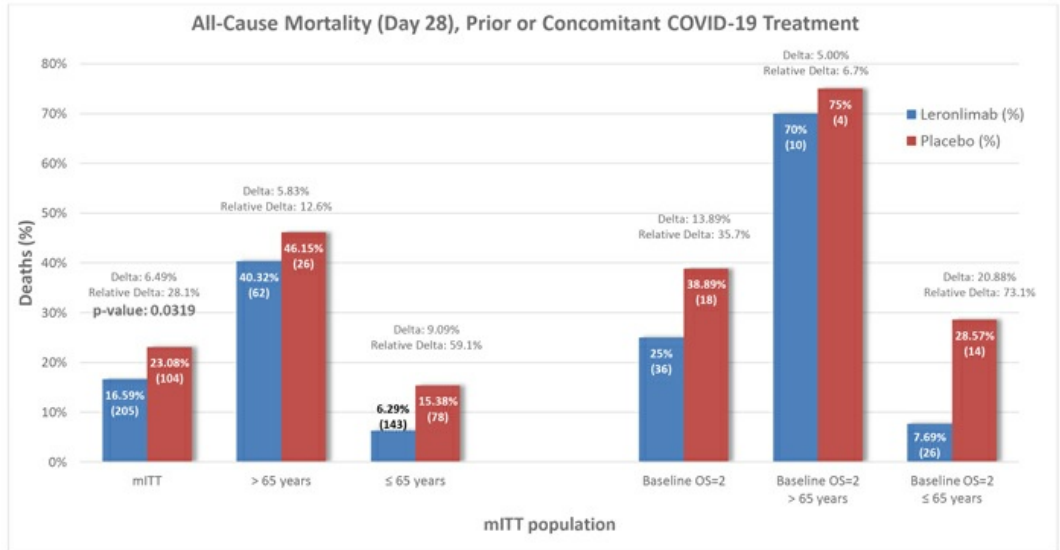
1.1 SUMMARY FIGURES

Figure 1-1: All-Cause Mortality, Day 28



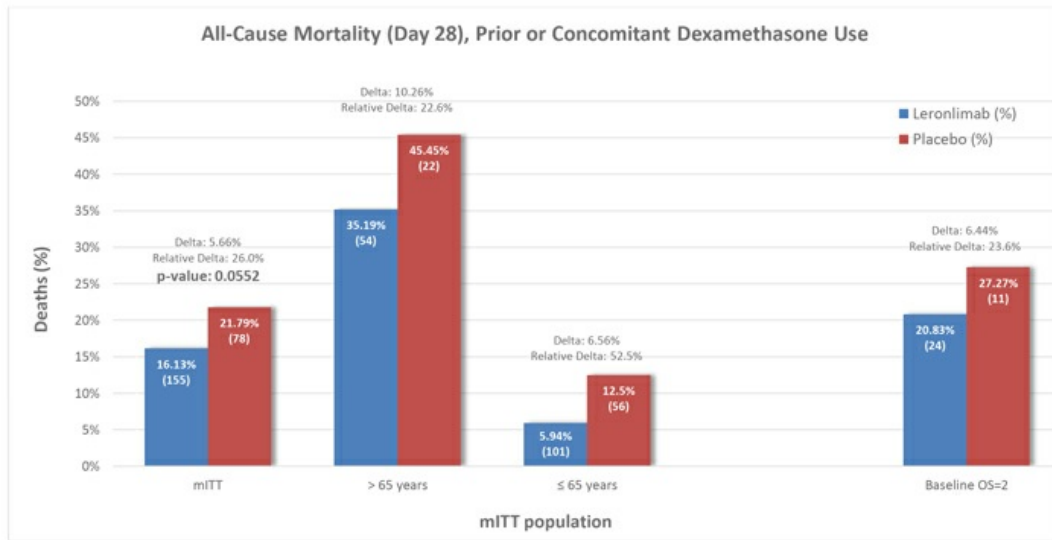
Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

Figure 1-2: All-Cause Mortality (Day 28), Prior and Concomitant COVID-19 Treatment



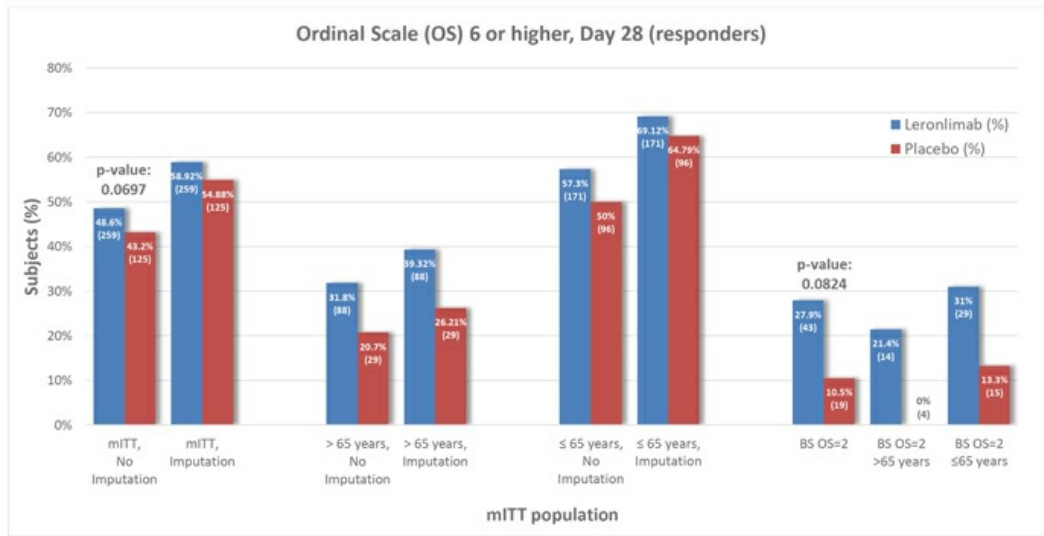
Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

Figure 1-3: All-Cause Mortality (Day 28), Prior and Concomitant Dexamethasone Use



Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

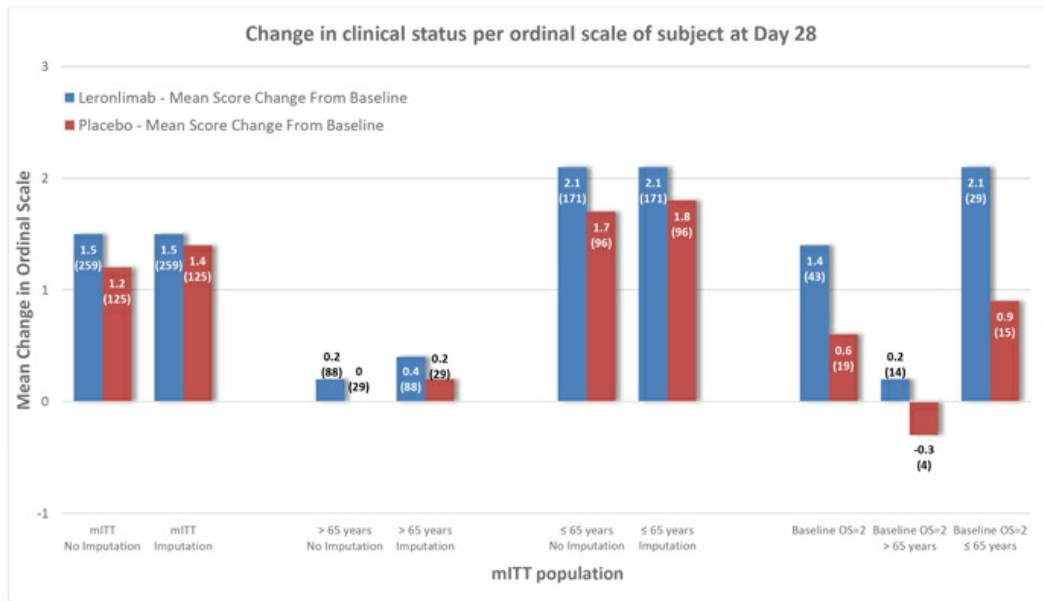
Figure 1-4: Ordinal Scale 6 or Higher (Discharged Alive)



Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

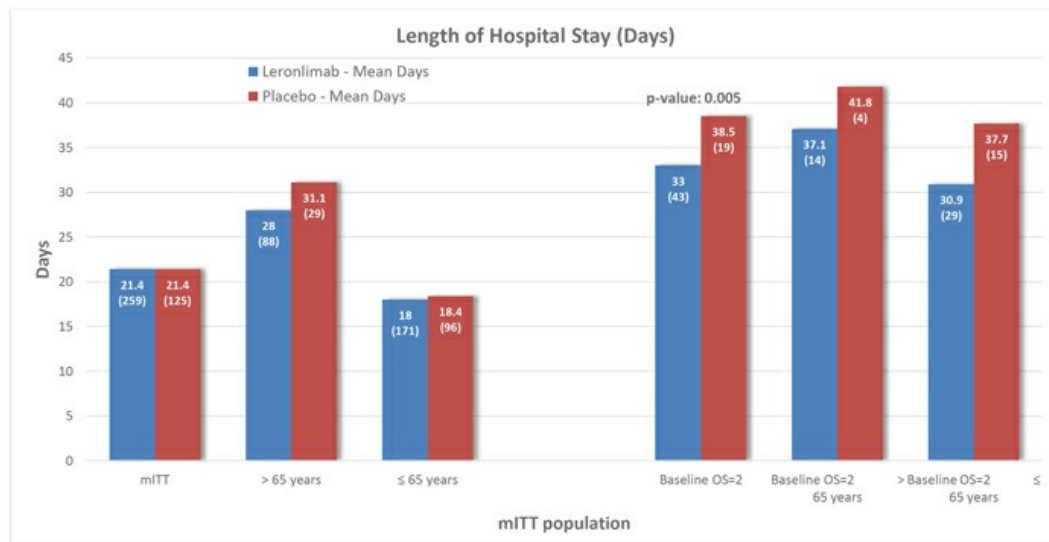


Figure 1-5: Change in Clinical Status of Subject at Day 28 (on a 7 point Ordinal Scale)



Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

Figure 1-6: Length of Hospital Stay (Days)



Note: Data label on the inside end of bar in the parenthesis reflect number of subjects in the population/treatment group (N).

## 2. INTRODUCTION

### 2.1 DISEASE BACKGROUND

COVID-19 is a disease caused by a novel coronavirus that emerged in Wuhan, China, in December 2019. Other diseases caused by coronaviruses include severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and the common cold. COVID-19 manifests as a respiratory illness of widely varying clinical severity. At the most severe end of the spectrum, it results in severe pneumonia and respiratory failure. Acute respiratory distress syndrome (ARDS) is often the preterminal event in patients with COVID-19. Severe COVID-19 is often associated with the release of proinflammatory cytokines, which may cause or exacerbate lung injury leading to life-threatening disease.

### 2.2 LERONLIMAB (PRO 140)

Leronlimab (PRO 140) is a humanized IgG4,k monoclonal antibody (mAb) that recognizes the C-C chemokine receptor type 5 (CCR5). Leronlimab acts as a competitive inhibitor by binding the N-terminus and second extracellular loop and blocking CCR5-mediated infection of cells. CCR5 is expressed predominantly on T cells but also found on macrophages, dendritic cells, and eosinophils to mediate chemotaxis in response to its cognate ligands that include CCL5 (RANTES), CCL3 (MIP-1 $\alpha$ ), and CCL4 (MIP-1 $\beta$ ). These ligands are integral in the recruitment of these immune cells to inflammatory sites. The immunopathogenesis of COVID-19 likely involves the excessive influx of immune cells into the lung. SARS-CoV-1 has very similar clinical findings to COVID-19 and elicits high levels of CCL5 expression by airway epithelial cells and macrophages. Disruption of the CCL5-CCR5 axis via leronlimab-mediated CCR5 blockade might prevent pulmonary trafficking of pro-inflammatory leukocytes and dampen pathogenic immune activation in COVID-19.

The migration of macrophages and release of pro-inflammatory cytokines led to acute respiratory distress syndrome (ARDS) in lungs. The ARDS has known to be one of the main reasons for mortalities in patients with COVID-19. CytoDyn believes that leronlimab, a CCR5 antagonist, is potentially therapeutic in inhibiting pro-inflammatory cytokines responses as observed in ARDS and could be useful in treating COVID-19.

## 3. STUDY OVERVIEW

This study is a Phase 2b/3, two-arm, randomized, double-blind, placebo-controlled, adaptive design study to evaluate the safety and efficacy of leronlimab (PRO 140) in patients with severe or critical symptoms of respiratory illness caused by coronavirus disease 2019 (COVID-19). Approximately 390 subjects are to be randomized in a 2:1 ratio to leronlimab or placebo group. Leronlimab 700mg (175 mg/mL) and placebo were administered subcutaneously as an add-on to the institutional standard of care treatment (SoC).

### 3.1 PATIENT POPULATION

The study population includes critically ill and non-critically ill hospitalized patients with a confirmed diagnosis of COVID-19 by standard RT-PCR assay or equivalent testing.

#### **Critical Illness:**

Based on clinical severity on the baseline Ordinal Scale (OS) score of 2

**OS 2** = Hospitalized, on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO).

Note: The patient, if intubated, must have positive end-expiratory pressure (PEEP) <15 cmH<sub>2</sub>O with PaO<sub>2</sub>/FiO<sub>2</sub> >150 mmHg to enroll in the study.

#### **Non Critical (Severe) Illness:**

Based on clinical severity on the baseline Ordinal Scale (OS) score of 3 or 4

**OS 3** = Hospitalized, on non-invasive ventilation or high flow oxygen devices.

**OS 4** = Hospitalized, requiring supplemental oxygen.

The study allowed co-administration of approved or off-label COVID-19 treatments as part of standard-of-care therapies.

### 3.2 ENDPOINTS

The primary endpoint and major secondary endpoints (at Day 28) are presented in this Executive Summary.

- Primary Endpoint:
  - All-cause mortality at Day 28
- Major Secondary Endpoints:
  - Proportion of patients achieving a category of 6 or higher at Day 28 (on a 7 point ordinal scale).
  - Change in clinical status of subject at Day 28 (on a 7 point ordinal scale)

*Note: A 7-category ordinal scale of patient health status ranges from: 1) Death; 2) Hospitalized, on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO); 3) Hospitalized, on non-invasive ventilation or high flow oxygen devices; 4) Hospitalized, requiring supplemental oxygen; 5) Hospitalized, not requiring supplemental oxygen; 6) Not hospitalized, limitation on activities; 7) Not hospitalized, no limitations on activities.*

- Length of hospital stay (days)

Note: Subgroup analyses were conducted based on baseline Ordinal Scale (OS) for patient severity (OS 2 = Critically ill; OS 3&4 = Non-Critically ill) for the primary and major secondary endpoints listed above.

### 3.3 ANALYSIS POPULATION

A summary of the analysis populations is provided in Table 4-1.

A total of 394 subjects were randomized and thus included in the Intent-to-Treat (ITT) population.

Of those, 384 (97.5%) subjects who received at least one dose of study treatment (leronlimab or placebo) were included in the Modified Intent-to-Treat (mITT) and Safety population. The demographics summaries for the mITT population is provided in Table 4-2. Demographic and baseline characteristics were generally balanced except for a slightly higher proportion of non-white (50% vs 44%), and >65 years old (33% vs 23%) population in the Leronlimab + SoC group. Both of these groups of COVID-19 patients are known to have higher mortality rates.

Among the 384 participants, 62 (16%) subjects are categorized under critically ill population based on an ordinal scale score of 2 at baseline, i.e. patients hospitalized, on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO), as described in Section 3.1.

As defined in the statistical analysis plan, the Modified Intent-to-Treat (mITT) Population is used to analyze the primary and secondary efficacy endpoints and Safety Population is used for the analysis of safety parameters or measurements.

#### 3.3.1 Subgroup analysis - Age group

Demographic and baseline characteristics showed a higher proportion of >65 years old [34% (88/259) vs 23% (29/125)] population were enrolled in the leronlimab + SoC group compared to placebo + SoC group. The mortality rate reported in the >65 years group is about 3.5 times higher compared to the ≤65 years group [42% (49/117) vs. 12% (31/267)] in the study. Therefore, additional analyses for the primary and major secondary endpoints were conducted to demonstrate the survival benefit of leronlimab in:

- a. Age group > 65 years
- b. Age group ≤ 65 years; and
- c. Adjusted for the age group (> 65 years and ≤ 65 years)

### 3.4 RESULTS DESCRIPTION

A total of 384 subjects randomized and treated (mITT), 259 in leronlimab and 125 in placebo group.

### 3.4.1 Primary endpoint (All-cause mortality at Day 28)

#### Overall population:

The survival benefit of adding leronlimab to SoC was evident in both > 65 years and £ 65 years age group within overall mITT population.

**> 65 years:** All-cause mortality among > 65 years age group was **41%** (36 out of 88 subjects died) within 28 days of treatment initiation in leronlimab + SoC group compared to **45%** (13 out of 29 subjects died) in placebo + SoC group (Table4-4). This is approximately a **9%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone.

**£ 65 years:** All-cause mortality among £ 65 years age group was **10%** (17 out of 171 subjects died) within 28 days of treatment initiation in leronlimab + SoC group compared to **15%** (14 out of 96 subjects died) in placebo + SoC group (Table4-5). This is approximately a **32%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone.

#### Critical population:

Out of 62 patients in the critically ill population, 19 (31%) died within 28 days. Leronlimab showed a survival benefit in critically ill COVID-19 patients. All-cause mortality among critically ill patients was **28%** (12/43) with leronlimab + SoC and **37%** (7/19) with placebo + SoC at day 28 (Table4-6). This is approximately a **24%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in the critically ill population.

**> 65 years:** All-cause mortality among > 65 years age group was **64%** (9/14) within 28 days of treatment initiation in leronlimab + SoC group compared to **75%** (3/4) in placebo + SoC group (Table4-7). This is approximately a **14%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in > 65 years age group in critically ill population.

**£ 65 years:** All-cause mortality among £ 65 years age group was **10%** (3/29) within 28 days of treatment initiation in leronlimab + SoC group compared to **27%** (4/15) in placebo + SoC group (Table4-8). This is approximately a **61%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in £ 65 years age group in the critically ill population.

### 3.4.2 Primary endpoint (All-cause mortality at Day 28) – Additional Analyses

#### 3.4.2.1 Leronlimab + specific COVID-19 treatments vs. specific COVID-19 treatments alone

The study allowed prior and co-administration of any approved or off-label COVID-19 treatments as the standard of care therapies. Hence, subgroup analyses were performed to evaluate the treatment effect of leronlimab in subjects receiving these commonly used COVID-19 treatments. For the purpose of subgroup analyses, the following medications were considered “commonly used treatment for COVID-19: hydroxychloroquine or chloroquine with or without azithromycin,

remdesivir, dexamethasone (or other corticosteroids), monoclonal antibodies (such as bamlanivimab, casirivimab, imdevimab, siltuximab), immunomodulatory agents (such as baricitinib, sarilumab, clazakizumab, tocilizumab, anakinra), and convalescent plasma therapy. Approximately 80% of the participants received these medications (309/384). Leronlimab, when added on these “commonly used treatment”, seems to provide additional survival benefit at Day 28. Mortality rate was **17%** (34/205) in subjects receiving leronlimab + “commonly used treatment” compared to **23%** (24/104) in subjects who received “commonly used treatments” alone in the placebo group in the overall mITT population, a relative reduction in mortality by approximately 28%. **This was statistically significant with p value of 0.0319 using the logit model.** (Table 4-9)

**> 65 years:** All-cause mortality rate was **40%** (25/62) in subjects receiving leronlimab + “commonly used treatment” compared to **46%** (12/26) in subjects who received placebo + “commonly used treatments” in the > 65 years age group of overall mITT population, a relative reduction of approximately 13%. (Table 4-10)

**£ 65 years:** All-cause mortality rate was **6%** (9/143) in subjects receiving leronlimab + “commonly used treatment” compared to **15%** (12/78) in subjects who received placebo + “commonly used treatments” in the £ 65 years age group of overall mITT population, a relative reduction of approximately 59%. (Table 4-11)

#### **Critical population:**

Majority of the critically ill patients received these medications (54/62). Mortality rate was **25%** (9/36) in subjects receiving leronlimab + “commonly used treatment” compared to **39%** (7/18) in subjects who received “commonly used treatments” alone in the placebo group in the critically ill population. This is approximately a **36%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in the critically ill population. (Table 4-12)

**> 65 years:** All-cause mortality rate was **70%** (7/10) in subjects receiving leronlimab + “commonly used treatment” compared to **75%** (3/4) in subjects who received placebo + “commonly used treatments” in the > 65 years age group of critically ill population. This is approximately a **7%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in the > 65 years age group of critically ill population. (Table 4-13)

**£ 65 years:** All-cause mortality rate was **8%** (2/26) in subjects receiving leronlimab + “commonly used treatment” compared to **29%** (4/14) in subjects who received placebo + “commonly used treatments” in the £ 65 years age group of critically ill population. This is approximately a **73%** relative reduction in mortality observed with leronlimab when given in combination with other SoC therapies compared to SoC alone in the £ 65 years age group of critically ill population. (Table 4-14)

### 3.4.2.2 Leronlimab + Dexamethasone vs. Dexamethasone alone

Approximately 60% of the participants (233/384) received dexamethasone, a systemic corticosteroid. Among participants who received dexamethasone as the prior or concomitant standard of care treatment for COVID-19, the mortality rate within 28 days was lower in leronlimab group (leronlimab + dexamethasone) compared to patients who received dexamethasone (without leronlimab) as standard of care therapy [**16%** (25/155) vs **22%** (17/78)] in the overall mITT population. This is approximately a **26%** relative reduction in mortality observed with leronlimab when given in combination with dexamethasone compared to dexamethasone alone. (Table 4-15). The p value of 0.0552 using the logit model.

**> 65 years:** Among participants in > 65 years age group who received dexamethasone as prior or concomitant SoC treatment for COVID-19, the mortality rate within 28 days was lower in leronlimab group (leronlimab + dexamethasone) compared to patients who received dexamethasone (without leronlimab) as SoC therapy [**35%** (19/54) vs **45%** (10/22)] in the overall mITT population. This is approximately a **23%** relative reduction in mortality observed with leronlimab when given in combination with dexamethasone compared to dexamethasone alone in > 65 years age group of the overall mITT population. (Table 4-16)

**£ 65 years:** Among participants in £ 65 years age group who received dexamethasone as prior or concomitant SoC treatment for COVID-19, the mortality rate within 28 days was lower in leronlimab group (leronlimab + dexamethasone) compared to patients who received dexamethasone (without leronlimab) as SoC therapy [**6%** (6/101) vs **13%** (7/56)] in the overall mITT population. This is approximately a **53%** relative reduction in mortality observed with leronlimab when given in combination with dexamethasone compared to dexamethasone alone in £ 65 years age group of the overall mITT population. (Table 4-17)

#### **Critical population:**

Among critically ill participants who received dexamethasone as prior or concomitant SoC treatment for COVID-19, the mortality rate within 28 days was lower in leronlimab group (leronlimab + dexamethasone) compared to patients who received dexamethasone (without leronlimab) as SoC therapy [**21%** (5/24) vs **27%** (3/11)]. This is approximately a **24%** relative reduction in mortality observed with leronlimab when given in combination with dexamethasone compared to dexamethasone alone in the critically ill population. (Table 4-18)

### 3.4.3 Patients achieving OS 6 or higher (Discharged alive)

#### **Overall population:**

Evaluation of the clinical status at Day 28 was assessed with a 7-level ordinal scale (with higher score indicating better outcome). The study enrolled hospitalized patients with an ordinal scale (OS) Score of 2, 3, or 4 at baseline. The OS score of 6 refers to participant who is not hospitalized with limitation on activities and 7 refers to not hospitalized with no limitations on activities.



Leronlimab improved the probability of “discharged alive” at Day 28, to **49%** (126/259) from **43%** (54/125) in the placebo + SoC group, a relative improvement of approximately 13% among hospitalized patients of varying severity at baseline (from those needing supplemental oxygen to those requiring intubation) with a p-value of 0.0697 using the logit model. (Table 4-19A). The results of an additional analysis using multiple imputation for missing data are presented in Table 4-19B.

**> 65 years:** A numerically higher proportion of patients were discharged from hospital alive in the leronlimab + SoC **32%** vs placebo + SoC **21%** in > 65 years age group. (Table 4-20A). This is approximately a **54%** relative improvement or higher probability of discharged alive from hospital with leronlimab group compared to placebo (SoC alone) group. The results of an additional analysis using multiple imputation for missing data is presented in Table 4-20B.

**£ 65 years:** A numerically higher proportion of patients were discharged from hospital alive in the leronlimab + SoC **57%** vs placebo + SoC **50%** in £ 65 years age group. (Table 4-21A). This is approximately a **15%** relative improvement or higher probability of discharged alive from hospital with leronlimab group compared to placebo (SoC alone) group. The results of an additional analysis using multiple imputation for missing data are presented in Table 4-21B.

#### **Critical population:**

**28%** (12/43) of the critically-ill population (i.e., on invasive mechanical ventilation/intubated at baseline) who received leronlimab + SoC were discharged from the hospital within 28 days compared to only **11%** (2/19) patients in the placebo + SoC group (Table 4-22), a relative improvement of approximately 166% in the proportion of patients discharged within 28 days in leronlimab group compared to SoC alone (P-value of 0.0824)

**> 65 years: 21%** (3/14) of the critically-ill population in > 65 years age group who received leronlimab + SoC were discharged from the hospital within 28 days compared to none **0%** (0/4) of the patients in the placebo + SoC group (Table 4-23).

**£ 65 years: 31%** (9/29) of the critically-ill population in £ 65 years age group who received leronlimab + SoC were discharged from the hospital within 28 days compared to only **13%** (2/15) of the patients in the placebo + SoC group (Table 4-24). This is a relative improvement of approximately 133% in participants who received leronlimab compared to the placebo group.

#### **3.4.4 Change in clinical status of subject at Day 28 (on a 7 point ordinal scale)**

##### **Overall population:**

The improvement in clinical status according to the ordinal scale score at Day 28 was higher in the leronlimab + SoC group compared to the placebo + SoC group. The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+1.5)** in leronlimab + SoC group compared to **(+1.2)** in the placebo + SoC group (Table 4-25A). The results of an additional analysis using multiple imputation for missing data is presented in Table 4-25B.

**> 65 years:** The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+0.2)** in leronlimab + SoC group compared to **(-0.0)** in the placebo + SoC group in > 65 years age group (Table 4-26A). The results of an additional analysis using multiple imputation for missing data are presented in Table 4-26B.

**£ 65 years:** The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+2.1)** in leronlimab + SoC group compared to **(+1.7)** in the placebo + SoC group in £ 65 years age group (Table 4-27A). The results of an additional analysis using multiple imputation for missing data are presented in Table 4-27B.

**Critical population:**

The improvement in clinical status according to the ordinal scale score at Day 28 was higher in the leronlimab + SoC group compared to the placebo + SoC group. The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+1.4)** in leronlimab + SoC group compared to only **(+0.6)** in the placebo + SoC group in the critically ill population. (Table 4-28)

**> 65 years:** The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+0.2)** in leronlimab + SoC group compared to mean change (worsening) reported **(-0.3)** in the placebo + SoC group in the > 65 years age group of critically ill population. (Table 4-29)

**£ 65 years:** The mean change (improvement) in the ranking on an ordinal scale from baseline to Day 28 was **(+2.1)** in leronlimab + SoC group compared to only **(+0.9)** in the placebo + SoC group in the £ 65 years age group of critically ill population. (Table 4-30)

**3.4.5 Length of hospital stay (days)**

**Overall population:**

The average length of hospital stay was similar between the two treatment groups in the overall mITT population (21.4 days). (Table 4-31)

**> 65 years:** The average length of hospital stay was lower in leronlimab + SoC group **28 days** compared to the placebo + SoC group **31 days** in the > 65 years age group of overall mITT population. (Table 4-32)

**£ 65 years:** The average length of hospital stay was lower in leronlimab + SoC group **18 days** compared to the placebo + SoC group **19 days** in the £ 65 years age group of overall mITT population. (Table 4-33)

**Critical population:**

The average length of hospital stay was lower in leronlimab + SoC group **33 days** compared to the placebo + SoC group **39 days** in the critically ill population. This was statistically significant with **p value of 0.0050** using the Rank-ANCOVA model. (Table 4-34)

> **65 years:** The average length of hospital stay was lower in leronlimab + SoC group **37 days**) compared to the placebo + SoC group **42 days**) in the > 65 years age group of critically ill population. (Table 4-35)

£ **65 years:** The average length of hospital stay was lower in leronlimab + SoC group **31 days**) compared to the placebo + SoC group **38 days**) in the £ 65 years age group of critically ill population. (Table 4-36)

### 3.5 SAFETY ANALYSIS

Leronlimab has an extensive safety profile available based on data from more than 1000 patients treated across multiple studies and indications. Leronlimab was generally well tolerated with no major safety concerns. Participants have received weekly subcutaneous doses of leronlimab with the longest duration of exposure lasting 5+ years in HIV setting.

The overall incidence rate, frequency, and severity of adverse events and serious adverse events (SAEs) were similar between the leronlimab and placebo group in the CD12\_COVID-19 study.

An overview of all adverse events and serious adverse events (SAEs) reported in the study at the time of the data snapshot is provided in Table 4-37. There were 197 SAEs reported for 99 subjects (38.2%, 99/259) in the leronlimab (PRO 140) group and 98 SAEs reported for 47 subjects (37.6%, 47/125) in the placebo group. Additionally, an overview of all adverse events and serious adverse events (SAEs) reported in the critically ill population is provided in Table 4-38.

#### 4. SUMMARY TABLES

**Table 4-1: Analysis Population, All Subjects**

Parameter	Leronlimab 700 mg N=265 n(%)	Placebo N=129 n(%)	Total N=394 n(%)
Intent to Treat (ITT) population	265 (100.0)	129 (100.0)	394 (100.0)
Modified-Intent to Treat (mITT) population	259 (97.7)	125 (96.9)	384 (97.5)
Safety population	259 (97.7)	125 (96.9)	384 (97.5)

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-2: Summary of Demographics, mITT Population**

Parameter	Characteristic	Leronlimab 700 mg N=259	Placebo N=125	Total N=384
Gender	Male, n(%)	169 (63.8)	83 (64.3)	252 (64.0)
	Female, n(%)	90 (34.0)	42 (32.6)	132 (33.5)
Race	American Indian/Alaskan Native, n(%)	1 (0.4)	0 (0.0)	1 (0.3)
	Asian, n(%)	11 (4.2)	7 (5.4)	18 (4.6)
	Black/African-American, n(%)	29 (10.9)	23 (17.8)	52 (13.2)
	White, n(%)	133 (50.2)	70 (54.3)	203 (51.5)
Ethnicity	Other, n(%)	85 (32.1)	25 (19.4)	110 (27.9)
	Not Hispanic/Latino, n(%)	122 (46.0)	72 (55.8)	194 (49.2)
	Hispanic/Latino, n(%)	123 (46.4)	52 (40.3)	175 (44.4)
	Not Reported, n(%)	8 (3.0)	0 (0.0)	8 (2.0)
Age (Years) [1] n	Unknown, n(%)	6 (2.3)	1 (0.8)	7 (1.8)
	n	259	125	384
	Mean (SD)	58.82 (13.82)	58.51 (11.50)	58.72 (13.09)
	Median	59	58	59
Age Group	Min - Max	20-88	28-86	20-88
	< 40	26 (9.8)	8 (6.2)	34 (8.6)
	40-65	145 (54.7)	88 (68.2)	233 (59.1)
	> 65	88 (33.2)	29 (22.5)	117 (29.7)

[1] Age (Years) = Integer of [(date of informed consent - date of birth) / 365.25]

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-3: Mortality Status at Day 28, mITT Population**

Category	Leronlimab 700 mg N=259	Placebo N=125	Odds Ratio	95% CI
Subject Deceased, n (%)	53 (20.46%)	27(21.60%)	0.70	(0.39, 1.25)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data.  
 Note: All percentages are based on the number of subjects in the population and treatment group (N).  
 Note: No imputation performed for missing data less than 10%.

**Table 4-4: Mortality Status at Day 28, > 65 years, mITT Population**

Category	Leronlimab 700 mg N=88	Placebo N=29	Odds Ratio	95% CI
Subject Deceased, n (%)	36 (40.91%)	13 (44.83%)	0.79	(0.32, 1.93)

Note: Logistic model adjusted for stratification factor based on non-missing observed data  
 Note: All percentages are based on the number of subjects in the population and treatment group (N).  
 Note: No imputation performed for missing data less than 10%.

**Table 4-5: Mortality Status at Day 28, ≤ 65 years, mITT Population**

Category	Leronlimab 700 mg N=171	Placebo N=96	Odds Ratio	95% CI
Subject Deceased, n (%)	17 (9.94%)	14 (14.58%)	0.64	(0.30, 1.37)

Note: Logistic model adjusted for stratification factor based on non-missing observed data  
 Note: All percentages are based on the number of subjects in the population and treatment group (N).  
 Note: No imputation performed for missing data less than 10%.

**Table 4-6: Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, mITT population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=43</u>	<u>Placebo</u> <u>N=19</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	12 (27.91%)	7 (36.84%)	0.43	(0.10, 1.82)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

**Table 4-7: Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, mITT population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=14</u>	<u>Placebo</u> <u>N=4</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	9 (64.29%)	3 (75.00%)	1.00	(0.06, 15.99)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

**Table 4-8: Mortality Status at Day 28 - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=29</u>	<u>Placebo</u> <u>N=15</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	3 (10.34%)	4 (26.67%)	0.32	(0.06, 1.74)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

**Table 4-9: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, mITT Population**

Category	Leronlimab 700 mg N=205	Placebo N=104	Odds Ratio	95% CI
Subject Deceased, n (%)	34 (16.59%)	24 (23.08%)	0.48	(0.25, 0.94)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: All percentages are based on the number of subjects in the population and treatment group (N).

Note: Commonly used COVID-19 treatment includes hydroxychloroquine or chloroquine with or without azithromycin, anti-viral agents (remdesivir), dexamethasone (or other corticosteroids), monoclonal antibodies (such as bamlanivimab, casirivimab, imdevimab, siltuximab), immunomodulatory agents (such as baricitinib, sarilumab, clazakizumab, tocilizumab, anakinra), and convalescent plasma therapy.

**Table 4-10: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, > 65 years, mITT Population**

Category	Leronlimab 700 mg N=62	Placebo N=26	Odds Ratio	95% CI
Subject Deceased, n (%)	25 (40.32%)	12 (46.15%)	0.69	(0.26, 1.85)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects in the population and treatment group (N).

Note: Commonly used COVID-19 treatment includes hydroxychloroquine or chloroquine with or without azithromycin, anti-viral agents (remdesivir), dexamethasone (or other corticosteroids), monoclonal antibodies (such as bamlanivimab, casirivimab, imdevimab, siltuximab), immunomodulatory agents (such as baricitinib, sarilumab, clazakizumab, tocilizumab, anakinra), and convalescent plasma therapy.

**Table 4-11: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments, ≤ 65 years, mITT Population**

Category	Leronlimab 700 mg N=143	Placebo N=78	Odds Ratio	95% CI
Subject Deceased, n (%)	9 (6.29%)	12 (15.38%)	0.34	(0.14, 0.87)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects in the population and treatment group (N).

Note: Commonly used COVID-19 treatment includes hydroxychloroquine or chloroquine with or without azithromycin, anti-viral agents (remdesivir), dexamethasone (or other corticosteroids), monoclonal antibodies (such as bamlanivimab, casirivimab, imdevimab, siltuximab), immunomodulatory agents (such as baricitinib, sarilumab, clazakizumab, tocilizumab, anakinra), and convalescent plasma therapy.

**Table 4-12: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, mITT Population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=36</u>	<u>Placebo</u> <u>N=18</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	9 (25.00%)	7 (38.89%)	0.33	(0.07, 1.62)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

**Table 4-13: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, > 65 years, mITT Population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=10</u>	<u>Placebo</u> <u>N=4</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	7 (70.00%)	3 (75.00%)	1.06	(0.06, 17.55)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

**Table 4-14: Mortality Status at Day 28 - with Prior or Concomitant COVID-19 Treatments - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT Population**

<u>Category</u>	<u>Leronlimab 700 mg</u> <u>N=26</u>	<u>Placebo</u> <u>N=14</u>	<u>Odds Ratio</u>	<u>95% CI</u>
Subject Deceased, n (%)	2 (7.69%)	4 (28.57%)	0.20	(0.03, 1.37)

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).



**Table 4-15: Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, mITT Population**

Category	Leronlimab 700 mg N=155	Placebo N=78	Odds Ratio	95% CI
Subject Deceased, n(%)	25 (16.13%)	17 (21.79%)	0.47	(0.21, 1.02)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data  
Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-16: Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, > 65 years, mITT Population**

Category	Leronlimab 700 mg N=54	Placebo N=22	Odds Ratio	95% CI
Subject Deceased, n(%)	19 (35.19%)	10 (45.45%)	0.48	(0.16, 1.44)

Note: Logistic model adjusted for stratification factor based on non-missing observed data  
Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-17: Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use, ≤ 65 years, mITT Population**

Category	Leronlimab 700 mg N=101	Placebo N=56	Odds Ratio	95% CI
Subject Deceased, n(%)	6 (5.94%)	7 (12.50%)	0.40	(0.13, 1.27)

Note: Logistic model adjusted for stratification factor based on non-missing observed data  
Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-18: Mortality Status at Day 28 - with Prior or Concomitant Dexamethasone Use - Ordinal Scale 2 at Baseline, mITT Population**

Category	Leronlimab 700 mg N=24	Placebo N=11	Odds Ratio	95% CI
Subject Deceased, n(%)	5 (20.83%)	3 (27.27%)	0.34	(0.04, 2.60)

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data  
Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

**Table 4-19: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, mITT Population**

**(A) No Imputation, Missing as Missing**

Visit	Statistic	Leronlimab 700 mg N=259	Placebo N=125	Odds Ratio	95% CI
Day 28	Responders, n (%)	126 (48.6%)	54 (43.2%)	1.617	(0.96, 2.72)
	Non-Responders, n (%)	94 (36.3%)	52 (41.6%)		
	Missing, n (%)	39 (15.1%)	19 (15.2%)		

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**(B) Multiple Imputation**

Visit	Statistic	Leronlimab 700 mg N=259	Placebo N=125	Odds Ratio	95% CI
Day 28	Responders, n (%)	58.92%	54.88%	1.47	(0.89, 2.42)
	Non-Responders, n (%)	41.08%	45.12%		

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-20: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, > 65 years, mITT Population**

**(A) No Imputation, Missing as Missing**

Visit	Statistic	Leronlimab 700 mg N=88	Placebo N=29	Odds Ratio	95% CI
Day 28	Responders, n (%)	28 (31.8%)	6 (20.7%)	1.981	( 0.71, 5.55)
	Non-Responders, n (%)	49 (55.7%)	21 (72.4%)		
	Missing, n (%)	11 (12.5%)	2 (6.9%)		

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**(B) Multiple Imputation**

Visit	Statistic	Leronlimab 700 mg N=88	Placebo N=29	Odds Ratio	95% CI
Day 28	Responders, n (%)	39.32%	26.21%	1.80	( 0.65, 4.97)
	Non-Responders, n (%)	60.68%	73.79%		

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-21: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28, £ 65 years, mITT Population**

**(A) No Imputation, Missing as Missing**

Visit	Statistic	Leronlimab 700 mg N=171	Placebo N=96	Odds Ratio	95% CI
Day 28	Responders, n (%)	98 (57.3%)	48 (50.0%)	1.554	( 0.84, 2.89)
	Non-Responders, n (%)	45 (26.3%)	31 (32.3%)		
	Missing, n (%)	28 (16.4%)	17 (17.7%)		

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**(B) Multiple Imputation**

Visit	Statistic	Leronlimab 700 mg N=171	Placebo N=96	Odds Ratio	95% CI
Day 28	Responders, n (%)	69.12%	64.79%	1.32	( 0.74, 2.36)
	Non-Responders, n (%)	30.88%	35.21%		

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects in the population and treatment group (N).

**Table 4-22: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=43	Placebo N=19	Odds Ratio	95% CI
Day 28	Responders, n (%)	12 (27.9%)	2 (10.5%)	4.425	( 0.83,23.70)
	Non-Responders, n (%)	27 (62.8%)	16 (84.2%)		
	Missing, n (%)	4 (9.3%)	1 (5.3%)		

Note: Logistic model adjusted for stratification factor and age based on non-missing observed data

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

**Table 4-23: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=14	Placebo N=4	Odds Ratio	95% CI
Day 28	Responders, n (%)	3 (21.4%)		NA	NA
	Non-Responders, n (%)	11 (78.6%)	4 (100%)		

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

**Table 4-24: Proportion of Subjects Achieving a Category of 6 or Higher on the Ordinal Scale at Day 28 - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=29	Placebo N=15	Odds Ratio	95% CI
Day 28	Responders, n (%)	9 (31.0%)	2 (13.3%)	4.092	( 0.69,24.32)
	Non-Responders, n (%)	16 (55.2%)	12 (80.0%)		
	Missing, n (%)	4 (13.8%)	1 (6.7%)		

Note: Responders refer to subjects who achieved a category of 6 or higher at Day 28.

Note: Logistic model adjusted for stratification factor based on non-missing observed data

Note: All percentages are based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

Note: No imputation performed for missing data less than 10%.

Table 4-25: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, mITT Population

(A) No Imputation, Missing as Missing

Visit	Statistic	Leronlimab 700 mg N=259		Placebo N=125	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
Baseline	n	259		125	
	Mean (SD)	3.2 (0.68)		3.2 (0.70)	
	Median	3		3	
	Min-Max	2.0 - 4.0		2.0 - 5.0	
Day 28	n	220	220	106	106
	Mean (SD)	4.6 (2.49)	1.5 (2.36)	4.4 (2.46)	1.2 (2.27)
	Median	6	3	6	2
	Min-Max	1.0 - 7.0	-3.0 - 5.0	1.0 - 7.0	-3.0 - 4.0

Note: Rank ANCOVA model adjusted for stratification factor and age based on non-missing observed data

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

(B) Multiple Imputation, Rank ANCOVA Method

Visit	Statistic	Leronlimab 700 mg N=259		Placebo N=125	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
Baseline	n	259		125	
	Mean (SD)	3.2 (0.68)		3.2 (0.70)	
	Median	3		3	
	Min-Max	2.0 - 4.0		2.0 - 5.0	
Day 28	n	259	259	125	125
	Mean (SD)	4.7 (2.35)	1.5 (2.25)	4.6 (2.37)	1.4 (2.18)
	Median	6.0	2.0	6.0	2.0
	Min-Max	1.0 - 7.0	-3.0 - 5.0	1.0 - 7.0	-3.0 - 4.2

Note: Rank ANCOVA model adjusted for stratification factor and age based on non-missing observed data

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

Table 4-26: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, > 65 years, mITT Population

(A) No Imputation, Missing as Missing

Visit	Statistic	Leronlimab 700 mg N=88		Placebo N=29	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
	n	88		29	
	Mean (SD)	3.2 (0.68)		3.1 (0.62)	
<b>Baseline</b>	Median	3.0		3.0	
	Min-Max	2.0 - 4.0		2.0 - 4.0	
	n	77	77	27	27
	Mean (SD)	3.3 (2.57)	0.2 (2.46)	3.1 (2.30)	-0.0 (2.34)
<b>Day 28</b>	Median	2.0	-1.0	2.0	-1.0
	Min-Max	1.0 - 7.0	-3.0 - 4.0	1.0 - 7.0	-3.0 - 4.0

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data  
[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

(B) Multiple Imputation, Rank ANCOVA Method

Visit	Statistic	Leronlimab 700 mg N=88		Placebo N=29	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
	n	88		29	
	Mean (SD)	3.2 (0.68)		3.1 (0.62)	
<b>Baseline</b>	Median	3.0		3.0	
	Min-Max	2.0 - 4.0		2.0 - 4.0	
	n	88	88	29	29
	Mean (SD)	3.6 (2.50)	0.4 (2.37)	3.3 (2.35)	0.2 (2.40)
<b>Day 28</b>	Median	3.3	0.0	4.0	1.0
	Min-Max	1.0 - 7.0	-3.0 - 4.0	1.0 - 7.0	-3.0 - 4.0

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data  
[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

Table 4-27: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Rank ANCOVA, £ 65 years, mITT Population

(A) No Imputation, Missing as Missing

Visit	Statistic	Leronlimab 700 mg N=171		Placebo N=96	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
Baseline	n	171		96	
	Mean (SD)	3.2 (0.69)		3.3 (0.73)	
	Median	3.0		3.0	
	Min-Max	2.0 - 4.0		2.0 - 5.0	
Day 28	n	143	143	79	79
	Mean (SD)	5.2 (2.18)	2.1 (2.02)	4.9 (2.36)	1.7 (2.09)
	Median	6.0	3.0	6.0	3.0
	Min-Max	1.0 - 7.0	-3.0 - 5.0	1.0 - 7.0	-3.0 - 4.0

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

(B) Multiple Imputation, Rank ANCOVA Method

Visit	Statistic	Leronlimab 700 mg N=171		Placebo N=96	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
Baseline	n	171		96	
	Mean (SD)	3.2 (0.69)		3.3 (0.73)	
	Median	3.0		3.0	
	Min-Max	2.0 - 4.0		2.0 - 5.0	
Day 28	n	171	171	96	96
	Mean (SD)	5.3 (2.05)	2.1 (1.92)	5.1 (2.24)	1.8 (1.99)
	Median	6.0	3.0	6.0	2.9
	Min-Max	1.0 - 7.0	-3.0 - 5.0	1.0 - 7.0	-3.0 - 4.6

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.



**Table 4-28: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, Rank ANCOVA, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=43		Placebo N=19	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
	n	43		19	
<b>Baseline</b>	Mean (SD)	2.0 (0.00)		2.0 (0.00)	
	Median	2.0		2.0	
	Min-Max	2.0 - 2.0		2.0 - 2.0	
	n	39	39	18	18
<b>Day 28</b>	Mean (SD)	3.4 (2.29)	1.4 (2.29)	2.6 (1.75)	0.6 (1.75)
	Median	2.0	0.0	2.0	0.0
	Min-Max	1.0 - 7.0	-1.0 - 5.0	1.0 - 6.0	-1.0 - 4.0

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

Note: Rank ANCOVA model adjusted for stratification factor and age based on non-missing observed data

Note: No imputation performed for missing data less than 10%.

**Table 4-29: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, > 65 years, Rank ANCOVA, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=14		Placebo N=4	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
	n	14		4	
<b>Baseline</b>	Mean (SD)	2.0 (0.00)		2.0 (0.00)	
	Median	2.0		2.0	
	Min-Max	2.0 - 2.0		2.0 - 2.0	
	n	14	14	4	4
<b>Day 28</b>	Mean (SD)	2.2 (2.08)	0.2 (2.08)	1.8 (1.50)	-0.3 (1.50)
	Median	1.0	-1.0	1.0	-1.0
	Min-Max	1.0 - 6.0	-1.0 - 4.0	1.0 - 4.0	-1.0 - 2.0

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data

Note: No imputation performed for missing data less than 10%.

**Table 4-30: Summary of Change in Clinical Status (on a 7 point ordinal scale) at Day 28 - Ordinal Scale 2 at Baseline, £ 65 years, Rank ANCOVA, mITT Population**

Visit	Statistic	Leronlimab 700 mg N=29		Placebo N=15	
		Result	Change from Baseline [1]	Result	Change from Baseline [1]
	n	29		15	
<b>Baseline</b>	Mean (SD)	2.0 (0.00)		2.0 (0.00)	
	Median	2.0		2.0	
	Min-Max	2.0 - 2.0		2.0 - 2.0	
	n	25	25	14	14
<b>Day 28</b>	Mean (SD)	4.1 (2.15)	2.1 (2.15)	2.9 (1.79)	0.9 (1.79)
	Median	4.0	2.0	2.5	0.5
	Min-Max	1.0 - 7.0	-1.0 - 5.0	1.0 - 6.0	-1.0 - 4.0

[1] Baseline is the last available value before treatment. Change from baseline is based on patients with paired values.

Note: Rank ANCOVA model adjusted for stratification factor based on non-missing observed data

Note: No imputation performed for missing data less than 10%.

**Table 4-31: Summary of Length of Hospital Stay (Days), mITT Population**

Category	Statistic	Leronlimab 700 mg N=259	Placebo N=125	P-Value [1]
	n	259	125	
<b>Length of Hospital Stay (Days)</b>	Mean (SD)	21.4 (15.9)	21.4 (16.3)	
	Median	15.0	14.0	0.2733
	Min-Max	1.0 - 45.0	1.0 - 46.0	

Note: Based on the number of subjects in the mITT population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor and age.

Note: No imputation performed for missing data less than 10%.

**Table 4-32: Summary of Length of Hospital Stay (Days), > 65 years, mITT Population**

Category	Statistic	Leronlimab 700 mg N=88	Placebo N=29	P-Value [1]
	n	88	29	
<b>Length of Hospital Stay (Days)</b>	Mean (SD)	28.0 (15.9)	31.1 (14.6)	
	Median	41.0	42.0	0.3266
	Min-Max	2.0 - 43.0	6.0 - 43.0	

Note: Based on the number of subjects in the mITT population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor.

Note: No imputation performed for missing data less than 10%.

**Table 4-33: Summary of Length of Hospital Stay (Days), ≤ 65 years, mITT Population**

Category	Statistic	Leronlimab 700 mg N=171	Placebo N=96	P-Value [1]
	n	171	96	
<b>Length of Hospital Stay (Days)</b>	Mean (SD)	18.0 (14.8)	18.4 (15.7)	
	Median	11.0	11.0	0.5868
	Min-Max	1.0 - 45.0	1.0 - 46.0	

Note: Based on the number of subjects in the mITT population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor.

Note: No imputation performed for missing data less than 10%.

**Table 4-34: Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, mITT Population**

Category	Statistic	Leronlimab 700 mg	Placebo	P-Value [1]
		N=43	N=19	
	n	43	19	
Length of Hospital Stay (Days)	Mean (SD)	33.0 (10.7)	38.5 (7.60)	
	Median	40.0	42.0	0.0050
	Min-Max	9.0 - 45.0	20.0 - 46.0	

Note: Based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor and age.

Note: No imputation performed for missing data less than 10%.

**Table 4-35: Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, > 65 years, mITT Population**

Category	Statistic	Leronlimab 700 mg	Placebo	P-Value [1]
		N=14	N=4	
	n	14	4	
Length of Hospital Stay (Days)	Mean (SD)	37.1 (10.0)	41.8 (0.50)	
	Median	42.0	42.0	0.9806
	Min-Max	10.0 - 42.0	41.0 - 42.0	

Note: Based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor.

Note: No imputation performed for missing data less than 10%.

**Table 4-36: Summary of Length of Hospital Stay (Days) - Ordinal Scale 2 at Baseline, ≤ 65 years, mITT Population**

Category	Statistic	Leronlimab 700 mg	Placebo	P-Value [1]
		N=29	N=15	
	n	29	15	
Length of Hospital Stay (Days)	Mean (SD)	30.9 (10.6)	37.7 (8.39)	
	Median	30.0	42.0	0.0060
	Min-Max	9.0 - 45.0	20.0 - 46.0	

Note: Based on the number of subjects with Ordinal Scale of 2 at Baseline in the population and treatment group (N).

[1] p-value is from the rank-ANCOVA model adjusted for stratification factor.

Note: No imputation performed for missing data less than 10%.

Table 4-37: Overview of Adverse Events, Safety Population

Parameter	Leronlimab 700 mg		Placebo	
	N=259 n(%)	Events	N=125 n(%)	Events
<b>Subjects with <sup>3</sup> 1 AE</b>	<b>142 (54.8)</b>	<b>555</b>	<b>77 (61.6)</b>	<b>337</b>
<b>Subjects with <sup>3</sup> 1 SAE</b>	<b>99 (38.2)</b>	<b>197</b>	<b>47 (37.6)</b>	<b>98</b>
<b>By Severity</b>				
Subjects with <sup>3</sup> 1 AE Leading to Death	59 (22.8)	59	31 (24.8)	31
Subjects with <sup>3</sup> 1 Life-Threatening AE	17 (6.6)	83	8 (6.4)	41
Subjects with <sup>3</sup> 1 Severe AE	24 (9.3)	158	11 (8.8)	93
<b>By Causality</b>				
Subjects with <sup>3</sup> 1 Probably Related AE	1 (0.4)	1	0 (0.0)	0
Subjects with <sup>3</sup> 1 Possibly Related AE	8 (3.1)	8	9 (7.2)	16
<b>By Outcome</b>				
Subjects with <sup>3</sup> 1 AE Leading to Drug Withdrawal	1 (0.4)	1	1 (0.8)	1

Note: All percentages are based on the number of subjects in the safety population and treatment group (N).

Note: A subject is counted only once within each category, using the event with the worst-case intensity (by severity) or relationship (by causality).

Table 4-38: Overview of Adverse Events, Critical Population

Parameter	Leronlimab 700 mg		Placebo	
	N=43 n(%)	Events	N=19 n(%)	Events
<b>Subjects with <sup>3</sup> 1 AE</b>	<b>34 (79.1)</b>	<b>186</b>	<b>15 (78.9)</b>	<b>96</b>
<b>Subjects with <sup>3</sup> 1 SAE</b>	<b>24 (55.8)</b>	<b>43</b>	<b>14 (73.7)</b>	<b>30</b>
<b>AEs By Severity</b>				
Subjects with <sup>3</sup> 1 AE Leading to Death	12 (27.9)	12	9 (47.4)	9
Subjects with <sup>3</sup> 1 Life-Threatening AE	10 (23.3)	23	2 (10.5)	8
Subjects with <sup>3</sup> 1 Severe AE	4 (9.3)	55	3 (15.8)	39
Subjects with <sup>3</sup> 1 Moderate AE	5 (11.6)	62	1 (5.3)	25
Subjects with <sup>3</sup> 1 Mild AE	3 (7.0)	34	0 (0.0)	15
<b>AEs By Causality</b>				
Subjects with <sup>3</sup> 1 Possibly Related AE	3 (7.0)	3	1 (5.3)	3
Subjects with <sup>3</sup> 1 Remotely Related AE	0 (0.0)	9	0 (0.0)	0
Subjects with <sup>3</sup> 1 Unrelated AE	31 (72.1)	174	14 (73.7)	93
<b>AEs By Outcome</b>				
Subjects with <sup>3</sup> 1 AE That Led To Study Treatment Discontinuation	0 (0.0)	0	1 (5.3)	1

Note: All percentages are based on the number of subjects in the critical population and treatment group (N) with ordinal scale baseline of 2.

Note: A subject is counted only once within each category using the event with the worst-case intensity (by severity) or relationship (by causality).