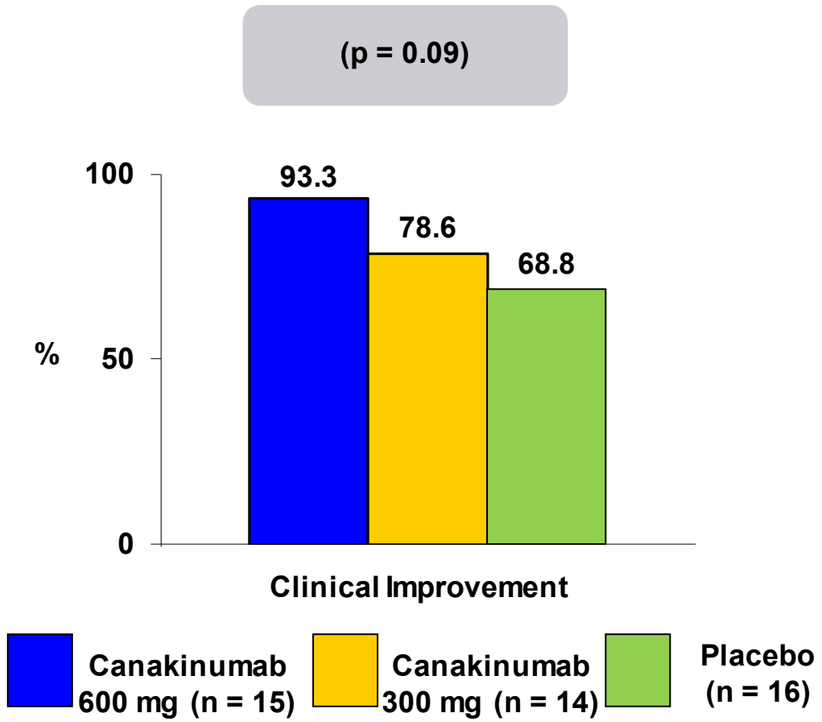
Three C Study

#AHA20

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients hospitalized with COVID-19 with evidence of cardiac injury and heightened inflammation were randomized in a 1:1:1 fashion to intravenous canakinumab (IL-1β inhibitor) 600 mg, canakinumab 300 mg, or placebo.



RESULTS

- Primary outcome was time to clinical improvement at 14 days. Recovery rate ratio for canakinumab 600 mg vs. placebo was 1.2 (95% CI 0.47-3.03, p = 0.47), and for canakinumab 300 mg vs. placebo was 0.60 (95% CI 0.22-1.62, p = 0.3)
- At day 28, 68.8% of placebo patients demonstrated clinical improvement compared with 93.3% of patients who received canakinumab 600 mg and 78.6% of patients who received canakinumab 300 mg (p = 0.09)

CONCLUSIONS

- Among hospitalized patients with COVID-19 and evidence of cardiac injury and heightened inflammation, canakinumab did not significantly improve outcomes at 14 days with either 300 mg or 600 mg dosing compared with placebo

Presented by Dr. Paul C. Cremer at AHA 2020.

Developed in collaboration with ACC's Fellows-in-Training, Medical Student Leadership Group, and the *ACC.org* Editorial Board