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# ADJUSTMENT TO THE PROTOCOL OF NIRMATRELVIR/RITONAVIR AND REMDESIVIR TREATMENT IN IMMUNOCOMPROMISED PATIENTS AT HIGH RISK OF PERSISTENT COVID AT A SECOND-LEVEL HOSPITAL

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## Background and Importance

Immunocompromised patients are at a higher risk of developing persistent COVID (pCOVID). In October-2023, our hospital implemented a multidisciplinary protocol developed together the Hematology department and the Antimicrobial Stewardship Program (PROA) to manage hematologic patients at high risk of pCOVID.

## Objective

To evaluate the adjustment to the protocol and the clinical outcomes of patients treated with the combination of nirmatrelvir/ritonavir (N/R) and remdesivir (RDV).

## Methods

- A retrospective observational study
- Patients treated with N/R+RDV: October-2023 ⇒ September-2024
- Statistics analysed: SPSSv.20.

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|---|---|
| **Demographic** | • Sex • Age |
| **Clinical variables** | • Hematologic status • Treatment • Severity<br>• Prior disease • Symptoms • COVID history<br>• PCR at days +5, +10 and +30 • Overall survival (OS) at 30 days |

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|---|---|
| **Protocol N/R+RDV**<br>Asymptomatic: 5-10 days<br>Symptomatic: 10 days | 1. Active disease (Non-Hodgkin Lymphoma (NHL)/Chronic Lymphocytic Leukemia (CLL)) treated with anti-CD20 + chemotherapy or BCL-2 (BCL2i) or BTK inhibitors (BTKi).<br>2. Patients undergoing hematopoietic stem cell transplant (HSCT) or CAR-T cell therapy.<br>3. Treatments with bispecific-antibodies, antibody-drug conjugates, or anti-CD19 antibodies. |

## Results

**32 cases**

♂ 53,1% ♀ 46,9%

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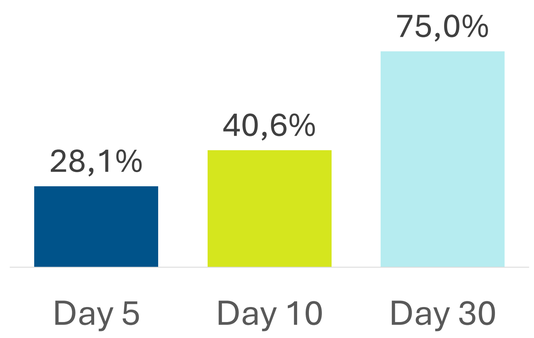
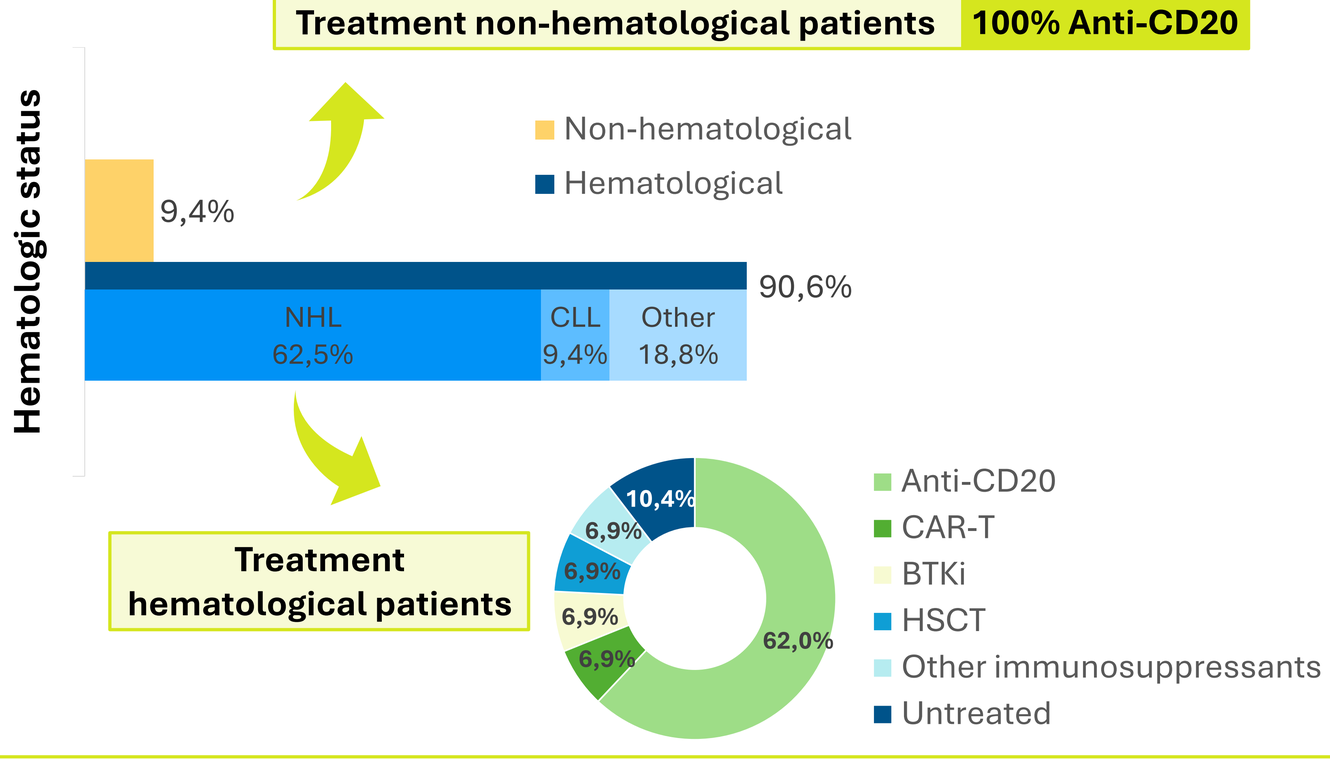
|---|---|
| **Median age** | 74 years [IQR = 64-79] |
| **Symptomatic** | 90,6% |
| **Prior antiviral treatment** | 65,6% |
| **Severity** | 84,4% mild-to-moderate |
| **Overall survival (OS)** | Median OS not reached |

| | |
|---|---|
| **Median initial PCR cycle** | **21** [IQR = 16 - 24,75] |
| **Median persistence time to PCR negativity** | **10 days** [95% CI 5 - 30] |

**PCR Negativity Over Time**

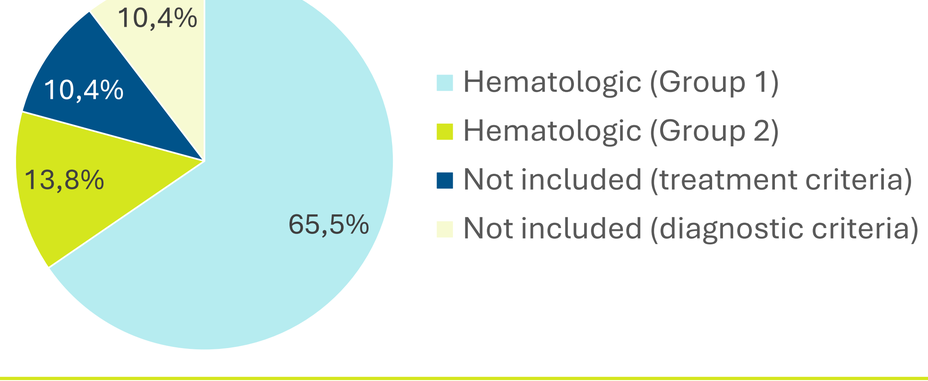



**Treatment non-hematological patients** **100% Anti-CD20**




**Overall protocol adherence** **71,9%**

**Hematologic patients' protocol adherence**




## Conclusion

- Adjustment to the N/R+RDV combination treatment protocol was satisfactory, with a high PCR negativity rate, demonstrating its effectiveness.
- However, study design limitations and case selection prevent definitive conclusions. The exclusion of non-hematologic patients suggests a need to review and expand the inclusion criteria to allow other immunocompromised patients to benefit from this combined therapy.

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