

# Clinical Trial Protocol: ImmunoFolate for the Treatment of ARDS

## Title:

A Phase 2 Randomized, Double-Blind, Placebo-Controlled Trial Evaluating the Safety and Efficacy of ImmunoFolate in Patients with Acute Respiratory Distress Syndrome (ARDS)

## 1. Background and Rationale

**ARDS** is a severe, life-threatening condition characterized by widespread inflammation in the lungs. ImmunoFolate, a novel pterin-based immunoregulatory compound, has been shown to modulate cytokine production (notably IL-12, IFN- $\gamma$  upregulation and TGF- $\beta$  downregulation) in preclinical studies, potentially reducing cytokine storm and improving pulmonary function in ARDS.

---

## 2. Objectives

### Primary Objective:

- To evaluate the efficacy of ImmunoFolate in improving the PaO<sub>2</sub>/FiO<sub>2</sub> ratio in patients with moderate-to-severe ARDS.

### Secondary Objectives:

- To assess mortality at Day 28 and Day 90.
  - To measure time on mechanical ventilation.
  - To evaluate ICU and hospital length of stay.
  - To assess inflammatory biomarkers (IL-6, TNF- $\alpha$ , IFN- $\gamma$ , CRP).
  - To assess safety and tolerability.
- 

## 3. Study Design

- **Type:** Randomized, double-blind, placebo-controlled
  - **Phase:** 2
  - **Centers:** Multi-center (optional depending on sponsor capacity)
  - **Subjects:** 100 patients with confirmed ARDS
  - **Randomization:** 1:1 (ImmunoFolate vs. placebo)
  - **Blinding:** Double-blind
  - **Duration:** 28-day treatment + 90-day follow-up
-

## 4. Inclusion Criteria

- Age 18–80
  - Diagnosis of ARDS per Berlin Criteria
  - $\text{PaO}_2/\text{FiO}_2 \leq 200$  mmHg
  - On mechanical ventilation  $\leq 48$  hrs at time of enrollment
  - Informed consent from patient or legally authorized representative
- 

## 5. Exclusion Criteria

- Known hypersensitivity to folates or pterins
  - End-stage chronic illness with life expectancy  $< 3$  months
  - Pregnancy or lactation
  - Active malignancy undergoing treatment
  - Immunosuppressive therapy within past 3 months
  - Participation in another interventional trial within 30 days
- 

## 6. Investigational Product

**Name:** ImmunoFolate

**Formulation:** Oral or IV (depending on pharmacokinetic data availability)

**Dose:** [To be determined from PK/PD studies or starting with 5 mg/day if oral; IV loading dose may be 1 mg/kg followed by maintenance]

---

## 7. Treatment Plan

- **Arm A:** ImmunoFolate once daily x 10 days or until extubation, whichever is sooner
  - **Arm B:** Placebo (matched) once daily x 10 days or until extubation
  - Concomitant therapies per standard of care allowed
- 

## 8. Outcome Measures

### Primary Endpoint:

- Change in  $\text{PaO}_2/\text{FiO}_2$  ratio from baseline to Day 7

### Secondary Endpoints:

- Mortality at Day 28 and Day 90
  - Ventilator-free days at Day 28
  - Change in inflammatory markers from baseline to Day 7
  - ICU and hospital length of stay
  - Adverse event rate
- 

## 9. Statistical Analysis

- **Sample Size Calculation:** Based on effect size of 30 mmHg improvement in PaO<sub>2</sub>/FiO<sub>2</sub> with SD of 50 mmHg,  $\alpha = 0.05$ , power = 80%
  - **Primary Analysis:** ANCOVA adjusting for baseline PaO<sub>2</sub>/FiO<sub>2</sub>
  - **Secondary Analyses:** Kaplan-Meier for survival, t-tests or non-parametric equivalents for continuous outcomes
  - **Safety Analyses:** Descriptive statistics; adverse events compared using Fisher's exact test
- 

## 10. Ethics and Regulatory

- Conducted per ICH-GCP
  - IRB/Ethics Committee approval required prior to enrollment
  - Written informed consent mandatory
  - Data Monitoring Committee (DMC) to oversee safety
- 

## 11. Data Management and Monitoring

- Electronic Data Capture system
  - Source data verification
  - Independent DMC for interim safety reviews
  - Protocol deviations and adverse events documented per FDA and sponsor guidelines
- 

## 12. Potential Risks and Benefits

### Risks:

- Unknown side effects, possible immune suppression or over-activation

### Benefits:

- Potential to reduce inflammation, improve oxygenation, and enhance survival in ARDS
- 

### 13. Timeline

- **Start-up/Regulatory:** 3 months
  - **Enrollment period:** 6–9 months
  - **Primary endpoint completion:** 1 month post last patient enrolled
  - **Final study report:** within 3 months of last patient last visit
-