

# Mechanism of Baricitinib supports artificial intelligence-testing in COVID-19 patients

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- Baricitinib is an oral Janus kinase (JAK) inhibitor that reversibly binds to JAK1 and JAK2. Via a signal transduction pathway involving STAT proteins, baricitinib modulates gene expression in immunological cells.
- Approved by EMA and AIFA for the treatment of moderate to severe active **rheumatoid arthritis RA** in patients with inadequate response or intolerance to DMARDs (monotherapy or in association with MTX) and **atopic dermatitis AD** in patient who are candidates for systemic therapy.
- Dosage: 4 mg q24h (2 mg if  $\geq 75$  years mg or CrCl 30-60 mL/min).
- Baricitinib reduces IL-6 and CRP levels in patients with RA or AD.

## Correspondence

### Baricitinib as potential treatment for 2019-nCoV acute respiratory disease

Given the scale and rapid spread of the 2019 novel coronavirus (2019-nCoV) acute respiratory disease, there is an immediate need for medicines that can help before a vaccine can be

might block the viral infection process. We identified baricitinib, which is predicted to reduce the ability of the virus to infect lung cells.

Most viruses enter cells through receptor-mediated endocytosis. The receptor that 2019-nCoV uses to infect lung cells might be ACE2, a cell-surface protein on cells in the kidney, blood vessels, heart, and, importantly, lung AT2 alveolar epithelial cells

the inhibition of AAK1.<sup>5</sup> However, these compounds bring serious side-effects, and our data infer high doses to inhibit AAK1 effectively. We do not consider these drugs would be a safe therapy for a population of sick and infected people.

By contrast, one of the six high-affinity AAK1-binding drugs was the janus kinase inhibitor baricitinib, which also binds the cyclin G-associated

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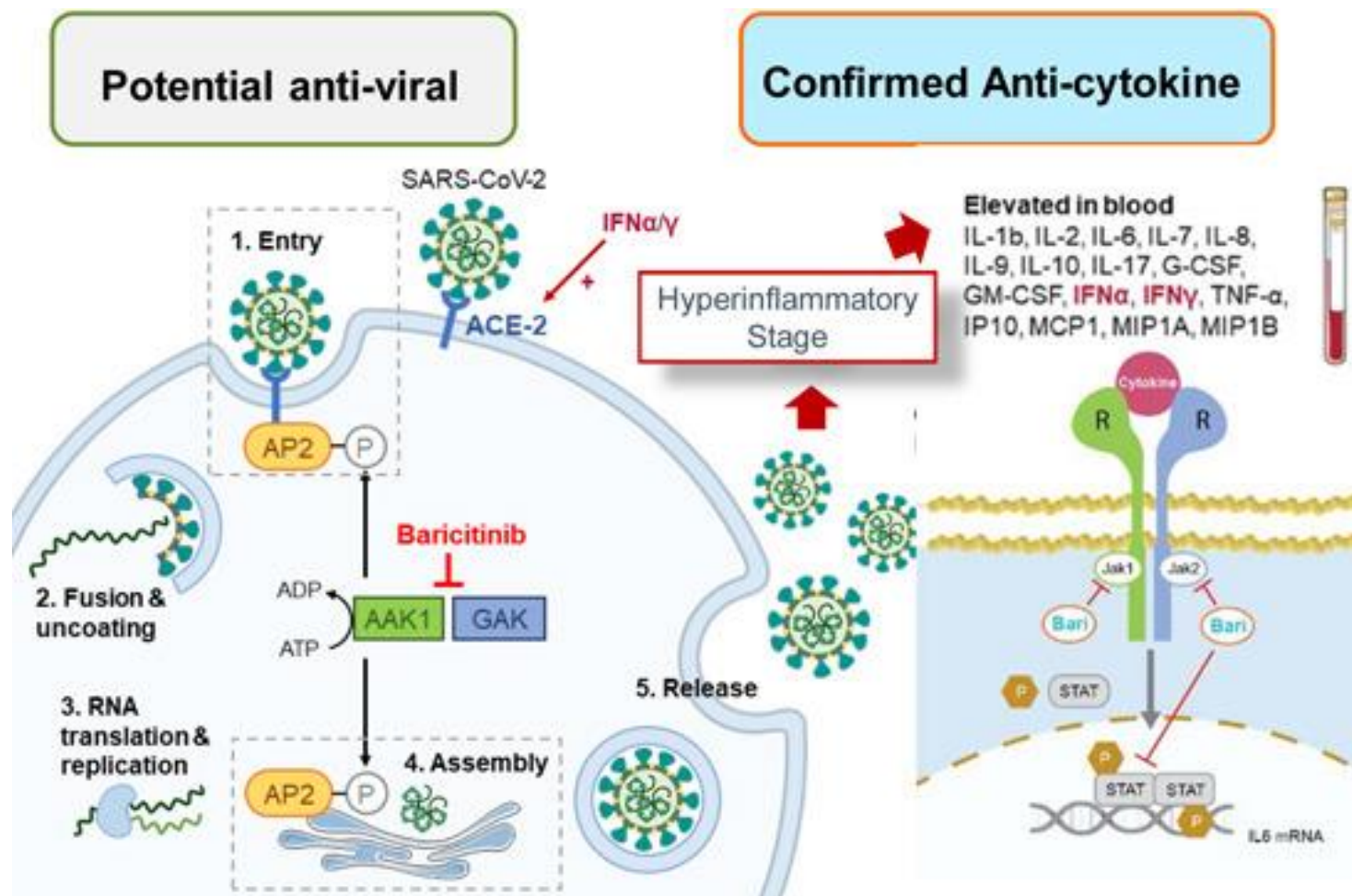
Publisher

February 3, 2020

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S0140-6736\(20\)30304-4](https://doi.org/10.1016/S0140-6736(20)30304-4)

This online publication has been corrected. The corrected version first appeared at thelancet.com on June 18, 2020

THE LANCET

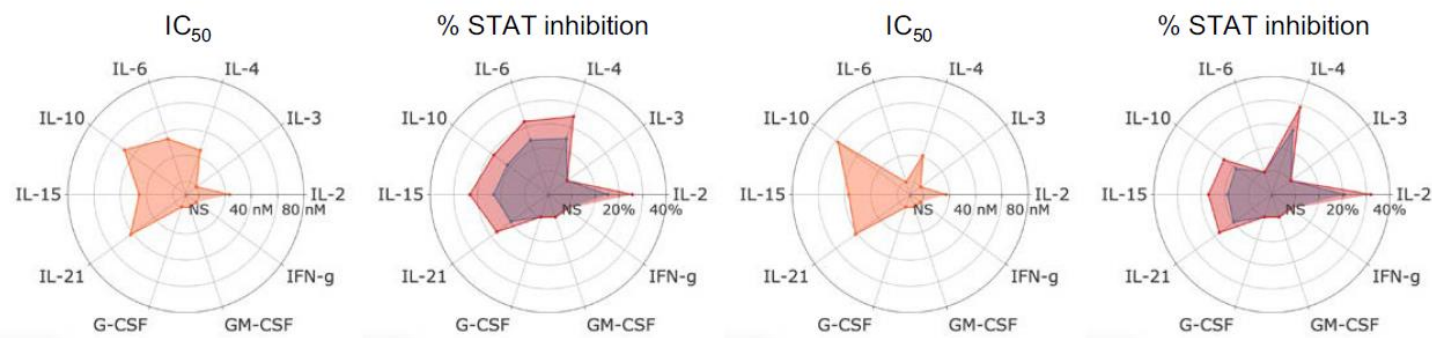


# Anti-cytokine effect

A

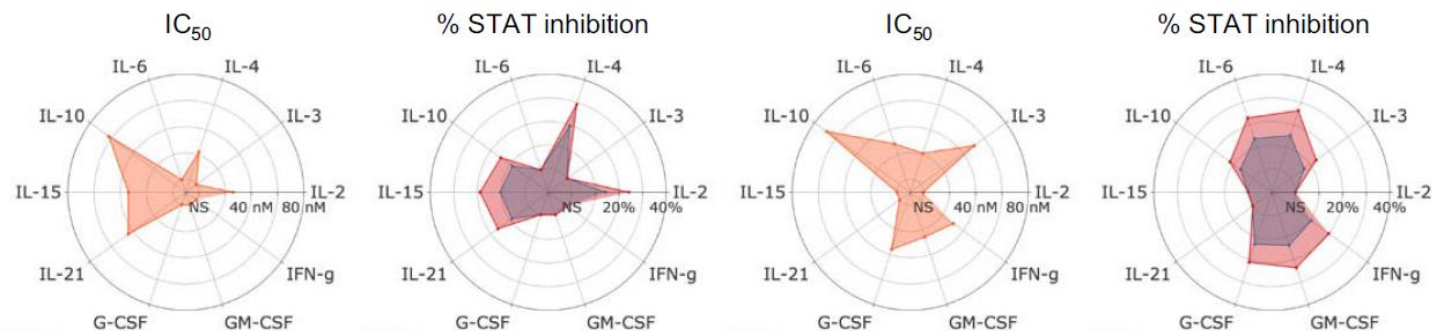
CD4<sup>+</sup> T cells

CD8<sup>+</sup> T cells



NK cells

Monocytes



● Baricitinib

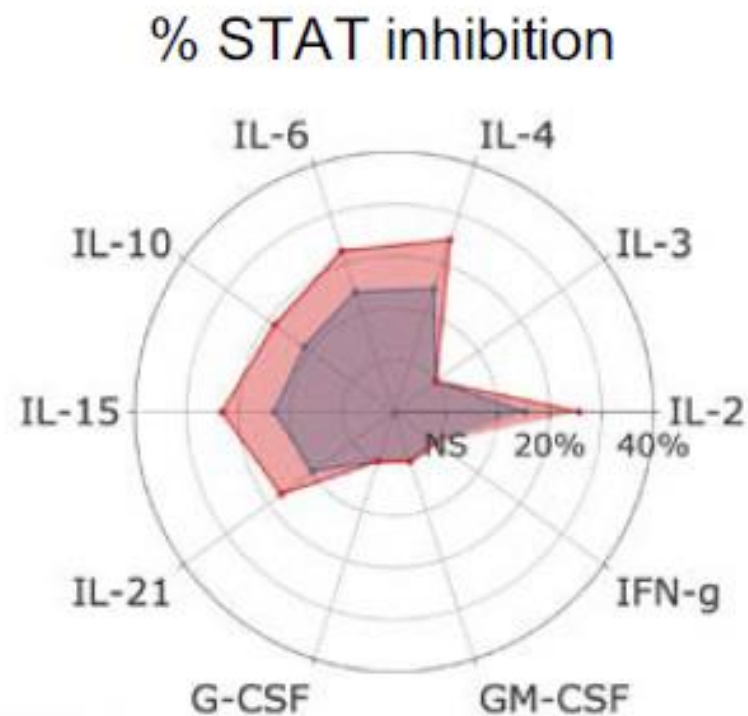
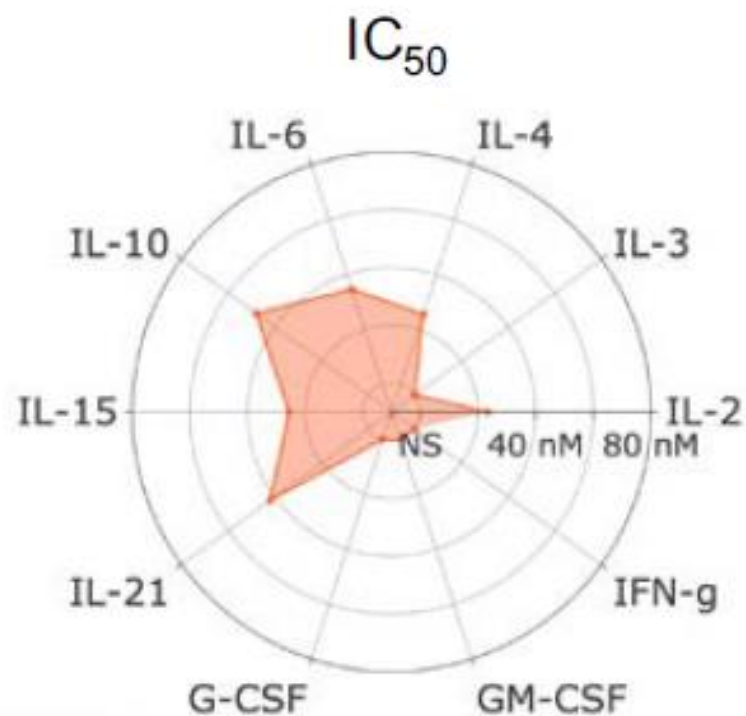
● Baricitinib 2-mg

● Baricitinib 4-mg

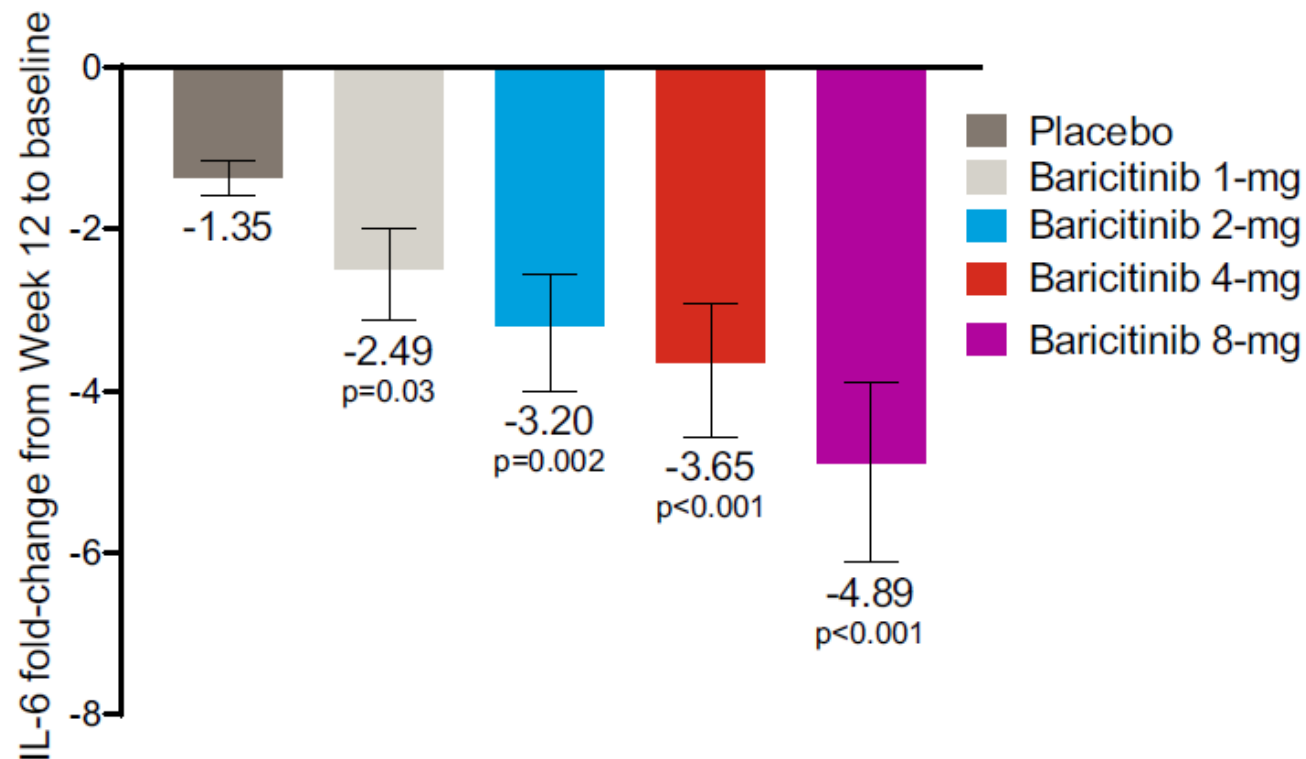
NS = no stimulation

A

CD4<sup>+</sup> T cells



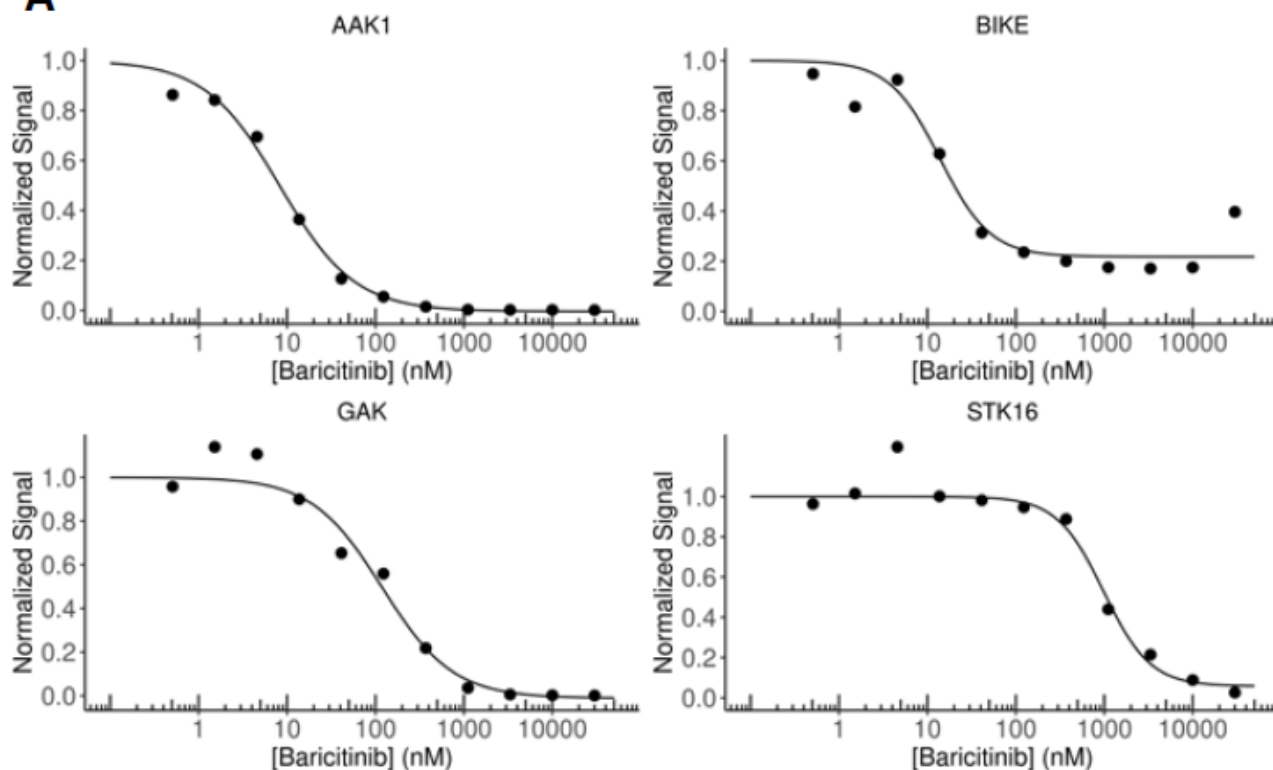
## Anti-cytokine effect



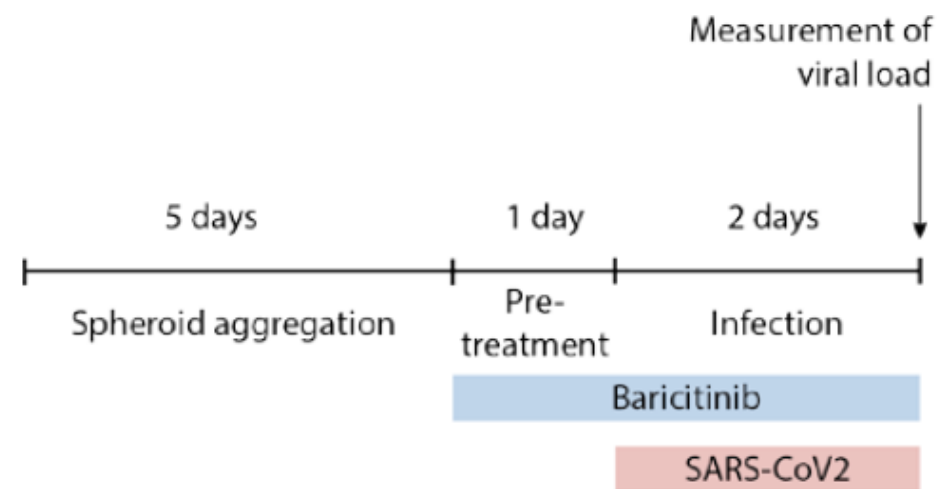
- Blood samples from the double-blind, randomized, placebo-controlled, phase 2b study on moderate-to-severe active adult-onset RA, despite stable MTX treatment.
- 12 weeks of treatment.

# Anti-viral effect

A



Baricitinib activity demonstrated affinity against NAKs within a [C] range of the approved doses of baricitinib for the treatment of RA.

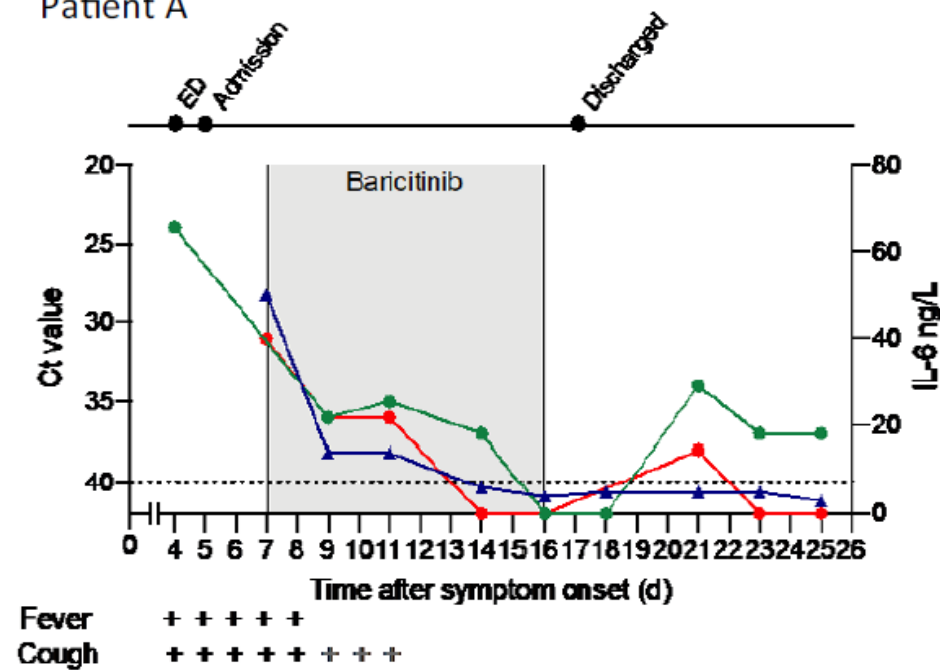


Pretreatment of spheroids with physiologically relevant concentrations of baricitinib significantly reduced viral load by 30–40%.

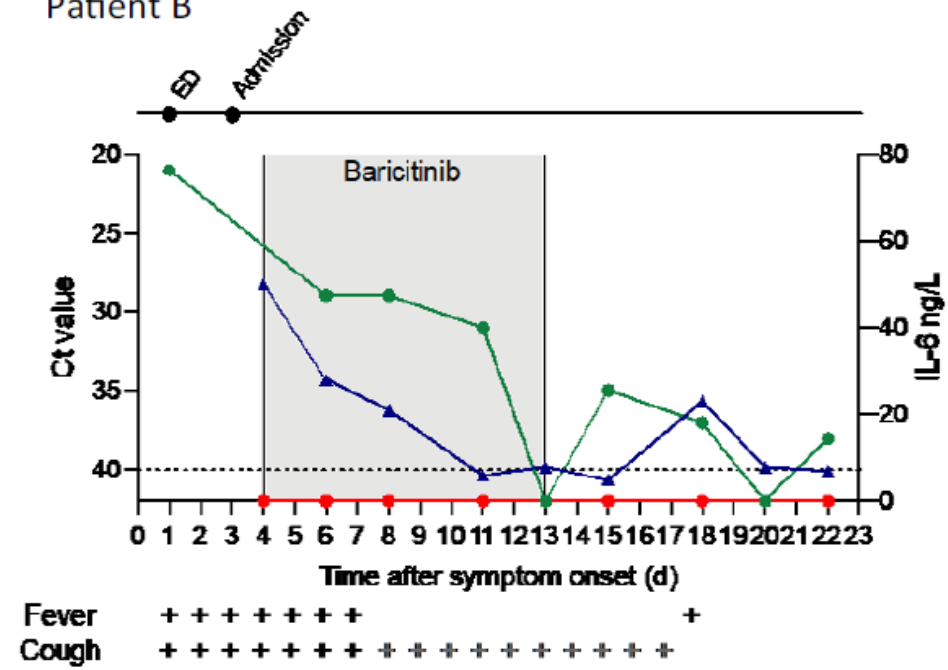
## Our "Fab Four"

|                                             | Patient A                      | Patient B                                               | Patient C                                             | Patient D                  |
|---------------------------------------------|--------------------------------|---------------------------------------------------------|-------------------------------------------------------|----------------------------|
| Age (years)                                 | 29                             | 76                                                      | 57                                                    | 51                         |
| Gender                                      | Female                         | Male                                                    | Male                                                  | Male                       |
| Coexisting conditions                       | None                           | AH, COPD, CAD                                           | AH, COPD                                              | Obesity                    |
| BMI                                         | 22                             | 28                                                      | 29                                                    | 35                         |
| Medications                                 | Combined oral contraception    | Losartan, propranolol, omeprazole, aspirin, LMW heparin | Losartan, hydrochlorothiazide, inhaled beclomethasone | None                       |
| Smoking                                     | No                             | Former                                                  | No                                                    | No                         |
| Data at presentation                        |                                |                                                         |                                                       |                            |
| Symptoms                                    | Fever, dry cough, and myalgias | Fever, dry cough                                        | Fever, dry cough, dyspnea                             | Fever, dry cough, headache |
| Blood oxygen levels PaO <sub>2</sub> (mmHg) | 111                            | 81                                                      | 62                                                    | 80                         |
| Alveolar oxygen gradient (KPa)              | 0                              | 4.7                                                     | 12.9                                                  | 4.9                        |
| SpO <sub>2</sub> (%)                        | 98                             | 97                                                      | 94                                                    | 91                         |
| RR/min                                      | 26                             | 32                                                      | 28                                                    | 28                         |
| Baricitinib dose/days on treatment          | 4 mg for 10 days               | 2 mg for 10 days                                        | 4 mg for 12 days                                      | 4 mg for 10 days           |

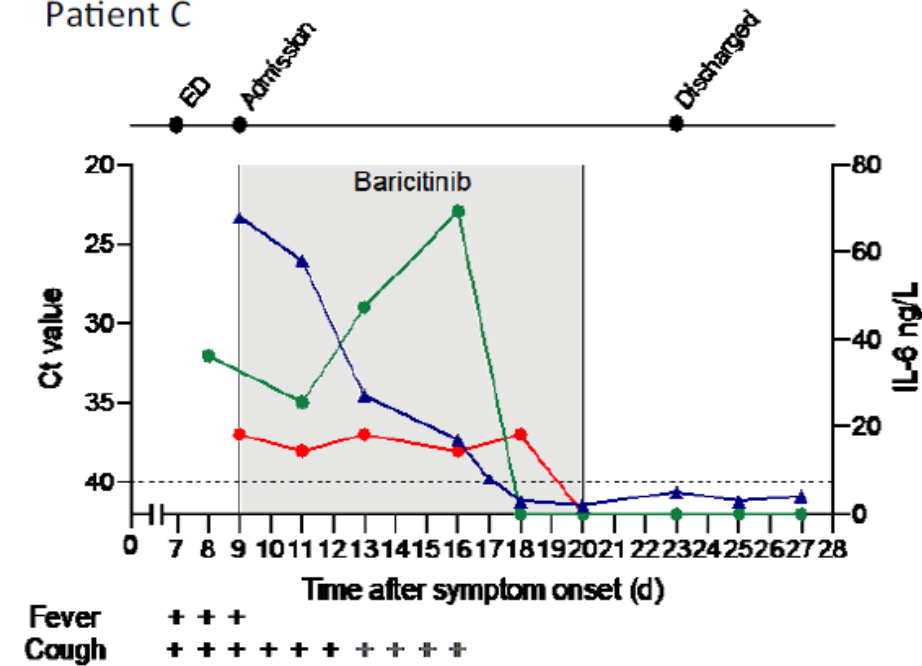
Patient A



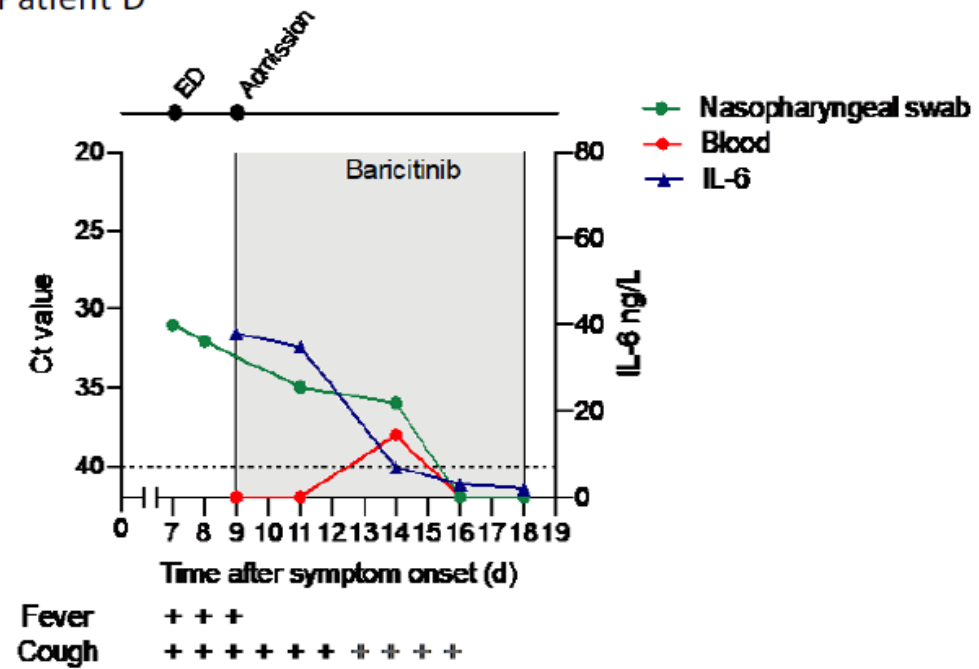
Patient B



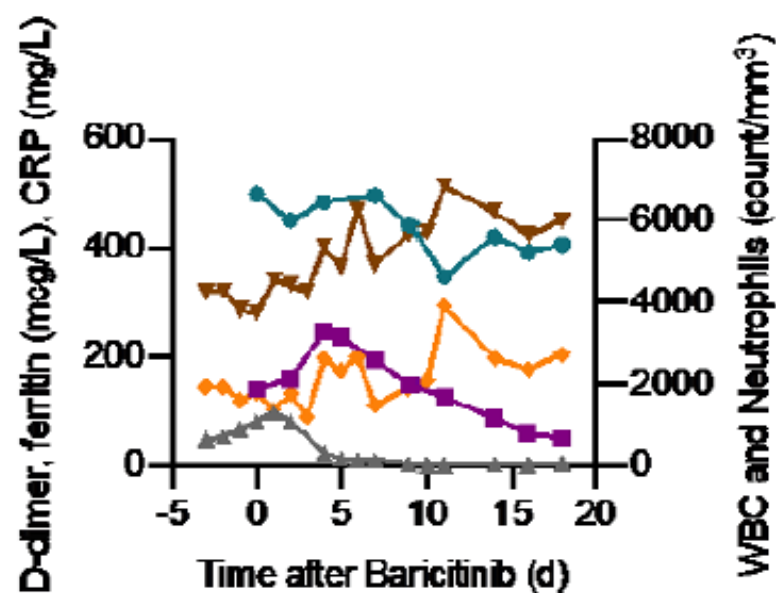
Patient C



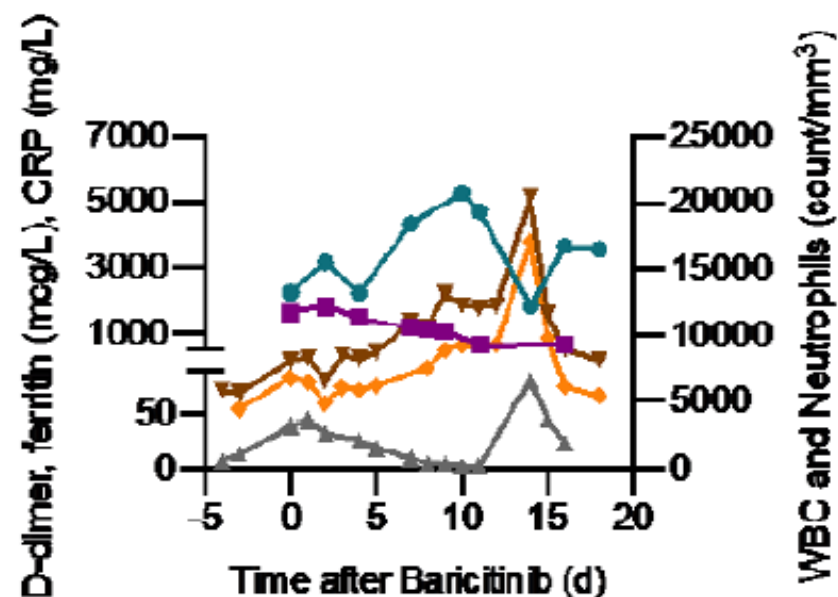
Patient D



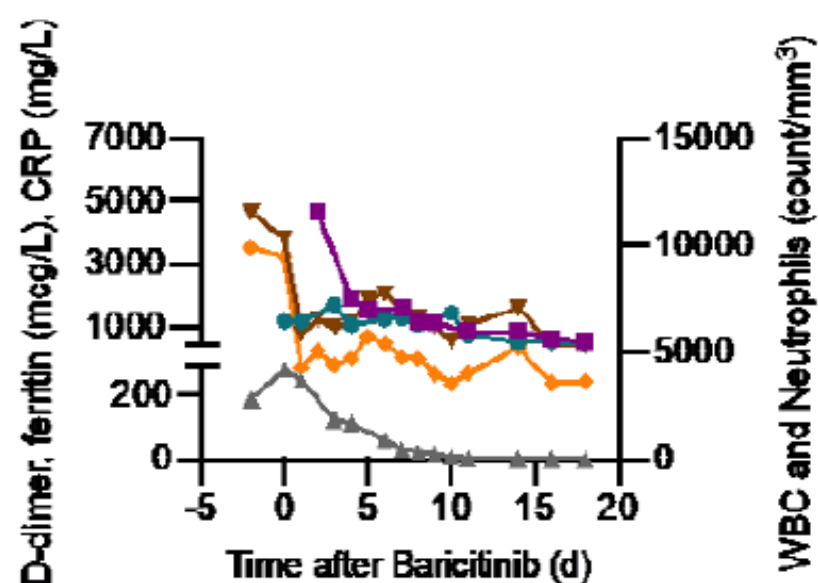
Patient A



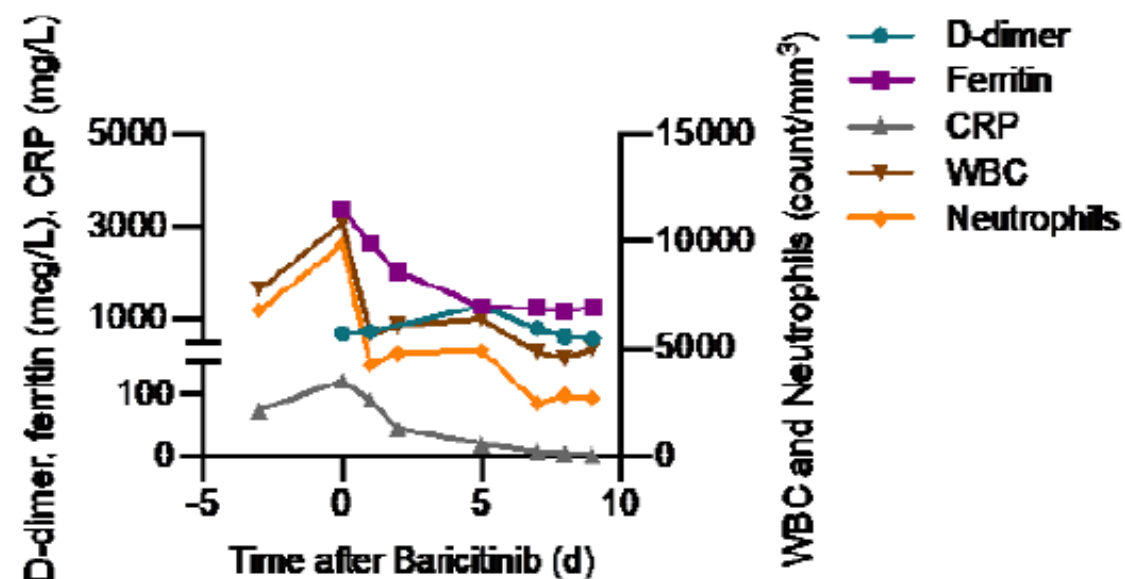
Patient B



Patient C



Patient D



● D-dimer  
 ■ Ferritin  
 ▲ CRP  
 ▼ WBC  
 ◆ Neutrophils

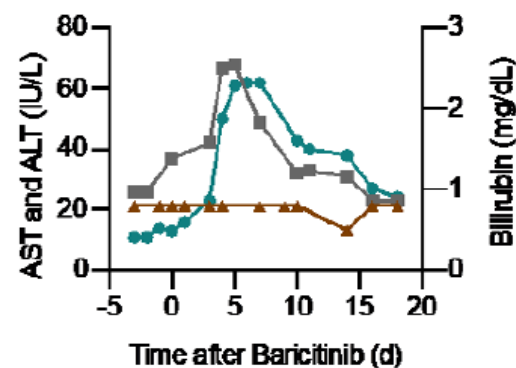
# Safety

No DVT/PE detected.

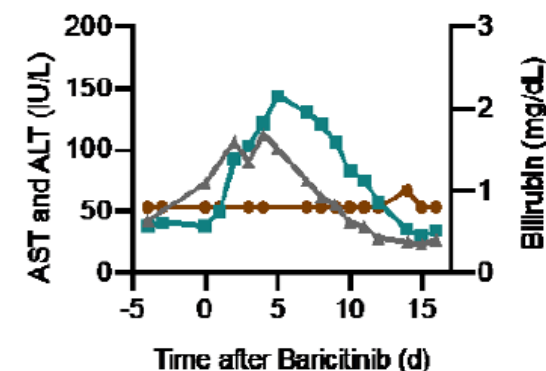
Mild and reversible elevation in AST/ALT.

No other adverse reaction detected.

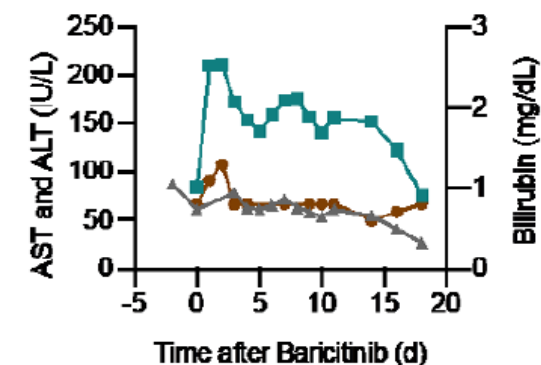
Patient A



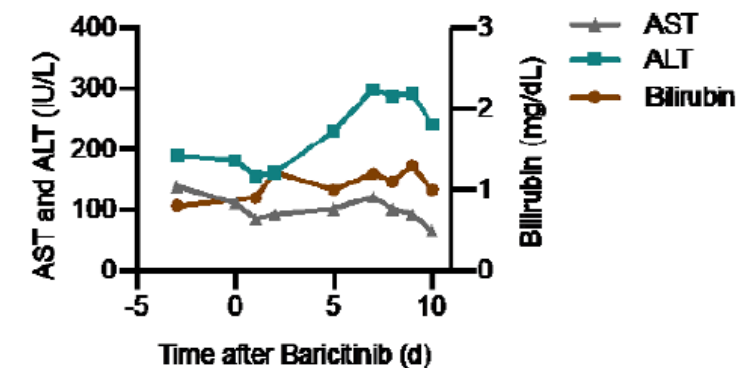
Patient B



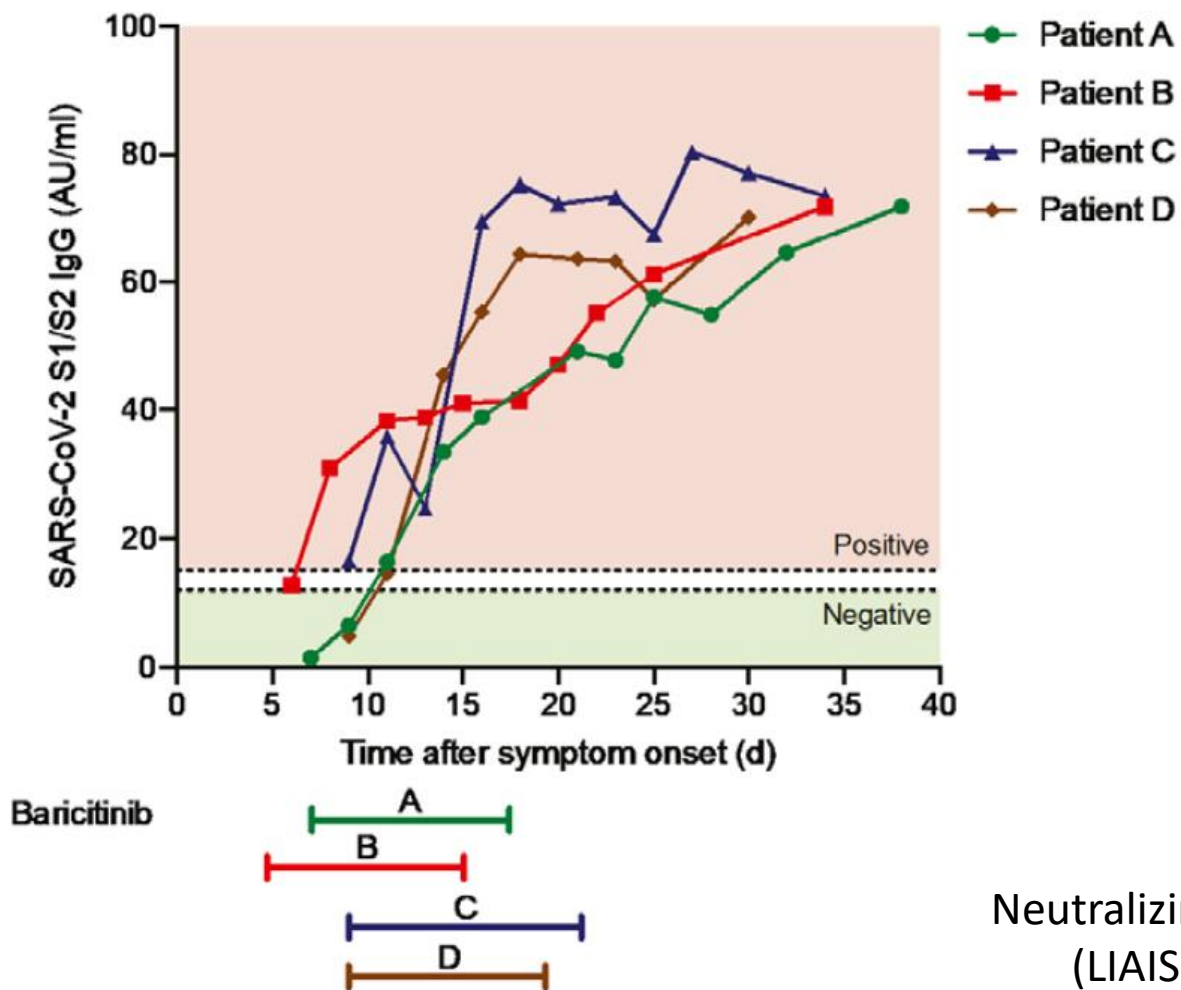
Patient C



Patient D



# Immune response



**All four patients achieved sero-conversion during baricitinib treatment.**

Neutralizing antibodies against the S1 and S2 spike proteins of SARS-CoV-2 (LIAISON SARS-CoV-2 S1/S2 IgG Kit, DiaSorin S.p.A., Saluggia, Italy)

## Conclusions

- Baricitinib **inhibits cytokines** implicated in COVID-19 cytokine storm.
- Baricitinib **may have an anti-viral effect**, blocking viral entry and propagation.
- In a pilot study, treatment with baricitinib was associated with improvement in clinical, radiological, and immunovirological parameters.
- Baricitinib treatment was **safe** and well tolerated.
- These data support further testing of baricitinib in randomized clinical trials.

ORIGINAL ARTICLE

## Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19

A.C. Kalil, T.F. Patterson, A.K. Mehta, K.M. Tomashek, C.R. Wolfe, V. Ghazaryan, V.C. Marconi, G.M. Ruiz-Palacios, L. Hsieh, S. Kline, V. Tapon, N.M. Iovine, M.K. Jain, D.A. Sweeney, H.M. El Sahly, A.R. Branche, J. Regalado Pineda, D.C. Lye, U. Sandkovsky, A.F. Luetkemeyer, S.H. Cohen, R.W. Finberg, P.E.H. Jackson, B. Taiwo, C.I. Paules, H. Arguinchona, N. Erdmann, N. Ahuja, M. Frank, M. Oh, E.-S. Kim, S.Y. Tan, R.A. Mularski, H. Nielsen, P.O. Ponce, B.S. Taylor, L.A. Larson, N.G. Rouphael, Y. Saklawi, V.D. Cantos, E.R. Ko, J.J. Engemann, A.N. Amin, M. Watanabe, J. Billings, M.-C. Elie, R.T. Davey, T.H. Burgess, J. Ferreira, M. Green, M. Makowski, A. Cardoso, S. de Bono, T. Bonnett, M. Proschan, G.A. Deye, W. Dempsey, S.U. Nayak, L.E. Dodd, and J.H. Beigel, for the ACTT-2 Study Group Members\*

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**A Study of Baricitinib (LY3009104) in Participants With COVID-19 (COV-BARRIER)**



**UNIVERSITÀ DEGLI STUDI  
DI MILANO**

The Journal of Clinical Investigation

CLINICAL MEDICINE

## Baricitinib restrains the immune dysregulation in patients with severe COVID-19

Vincenzo Bronte,<sup>1</sup> Stefano Ugel,<sup>1</sup> Elisa Tinazzi,<sup>2</sup> Antonio Vella,<sup>1</sup> Francesco De Sanctis,<sup>1</sup> Stefania Canè,<sup>1</sup> Veronica Batani,<sup>1</sup> Rosalinda Trovato,<sup>1</sup> Alessandra Fiore,<sup>1</sup> Varvara Petrova,<sup>1</sup> Francesca Hofer,<sup>1</sup> Roza Maria Barouni,<sup>1</sup> Chiara Musiu,<sup>1</sup> Simone Caligola,<sup>1</sup> ...  
adello,<sup>4</sup> Simonetta Friso,<sup>2</sup> Francesca Pizzolo,<sup>2</sup> Manuela Iezzi,<sup>5</sup> tti,<sup>7</sup> Paolo Bazzoni,<sup>7</sup> Mariaelisa Rampudda,<sup>7</sup> Andrea Cornel,<sup>7</sup>

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### Adaptive COVID-19 Treatment Trial 4 (ACTT-4)

Letters to the Editor/Journal of Infection 81 (2020) 647–679

673

#### Beneficial impact of Baricitinib in COVID-19 moderate pneumonia; multicentre study \*\*,\*



Dear Editor,

As recently discussed in the Journal,<sup>1</sup> baricitinib was safe and improved the clinical conditions in 12 patients with mild-moderate Coronavirus Disease 2019 (COVID-19) pneumonia. It is known that severe symptoms of COVID-19 may develop after a median of 8-days from illness-onset, with a median time to Intensive Care Unit (ICU) admission of 5 days from the dyspnea occurrence.<sup>2</sup> Currently, no antiviral therapies or vaccines are available. An uncontrolled

steroids were not allowed. If patients were discharged earlier than 2 weeks, they were requested to continue the ongoing therapy until the scheduled 14-days.

Temperature, respiratory and pulse rate, arterial blood gas analysis, blood pressure, blood cell count, liver and kidney tests function were daily assessed. IL-6 serum levels of (RayBio® Human IL-6 ELISA Kit, RayBiotech Co.,USA) were tested at baseline, week 1 and 2. Since low lymphocyte percentage can predict a poor prognosis<sup>6</sup>, patients were stratified at baseline as: lymphocytes >20%, >5% to <20%, and <5%.

Patients provided a written-informed consent. The off-label use of baricitinib was approved by the Hospital-Committee and