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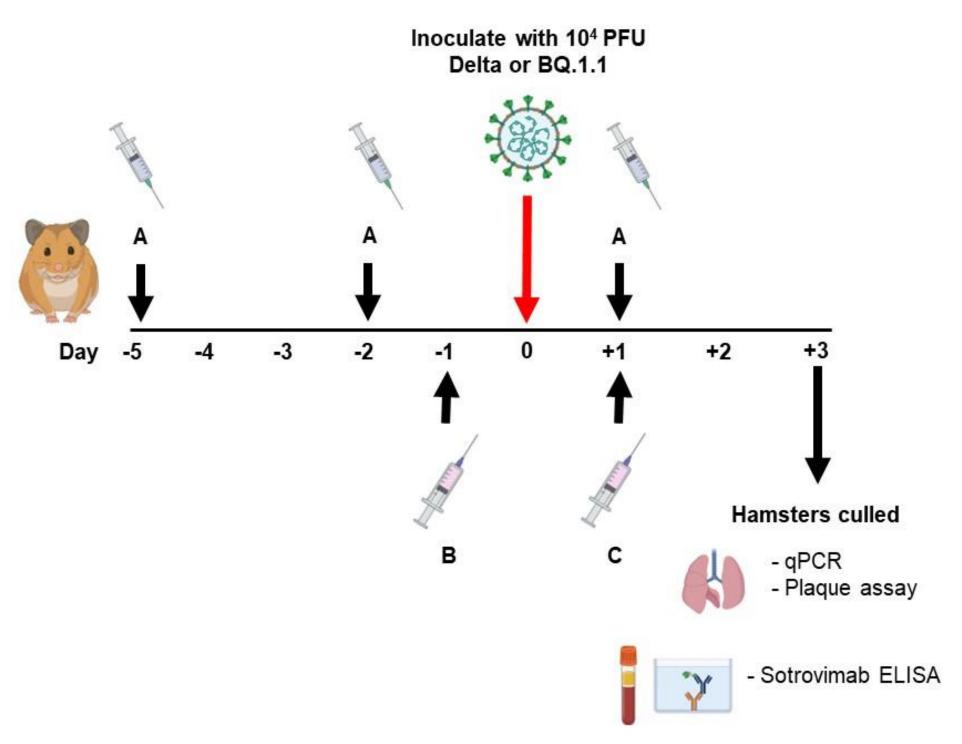
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BACKGROUND

- Sotrovimab (SOT) demonstrates molar potency against previous SARS-CoV-2 variants, reducing the risk of hospitalization and death in patients at high risk of progression to severe COVID-19¹.
- With the emergence of Omicron sub-lineages all mAbs have lost varying degrees of neutralization capacity and previously approved mAbs are no longer recommended by the WHO^{2,3}.
- The continued use of SOT is not supported by current PK-PD understanding of neutralisation. However, published preclinical studies indicate virological efficacy in prophylaxis for BQ.1.1^{4,5}.
- This study investigated the efficacy of SOT in healthy and immunocompromised hamsters infected with Delta or BQ.1.1 variants using models reflective of prophylaxis and treatment.

METHODS

Syrian Golden Hamsters (80-100g) were randomly Male assigned into groups and a subset was immunosuppressed using IP-administered cyclophosphamide (Fig. 1).

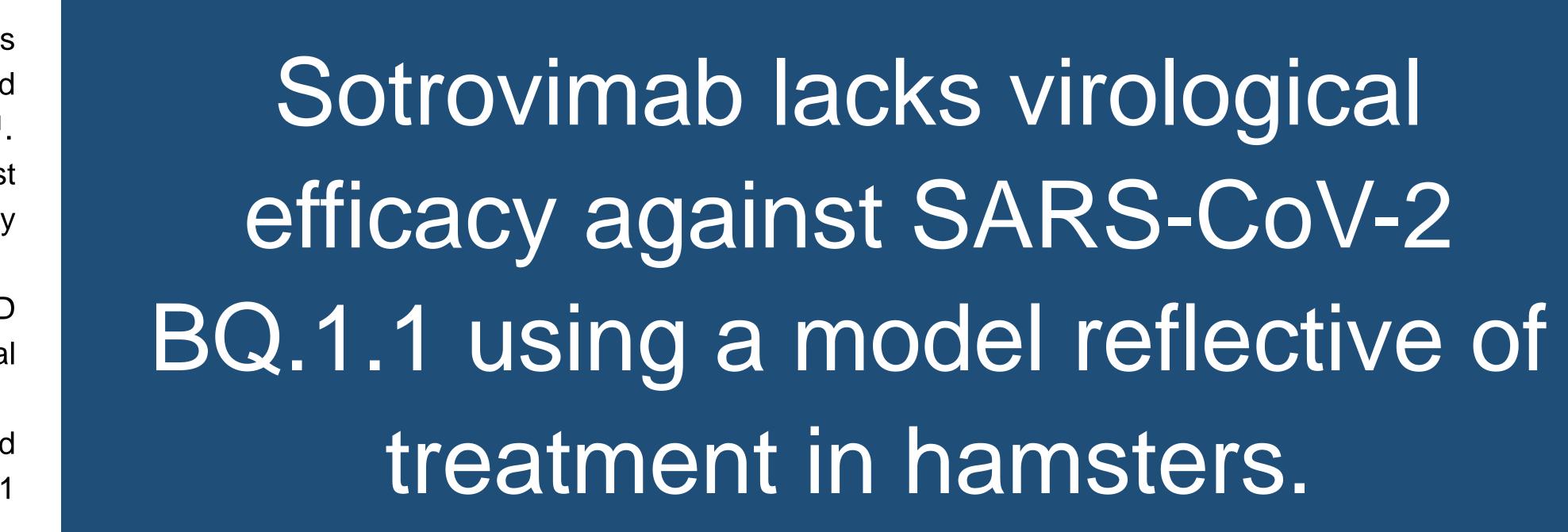


(A) Subset of hamsters immunosuppressed using IP-injected cyclophosphamide (100 mg/kg) (B) Intramuscular SOT (14 mg/kg) administered 24 h before inoculation (prophylaxis groups) (C) Intramuscular SOT (14 mg/kg) or vehicle control administered 24 h after inoculation (treatment groups)

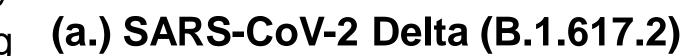
Figure 1. Diagrammatic representation of the experimental design employed.

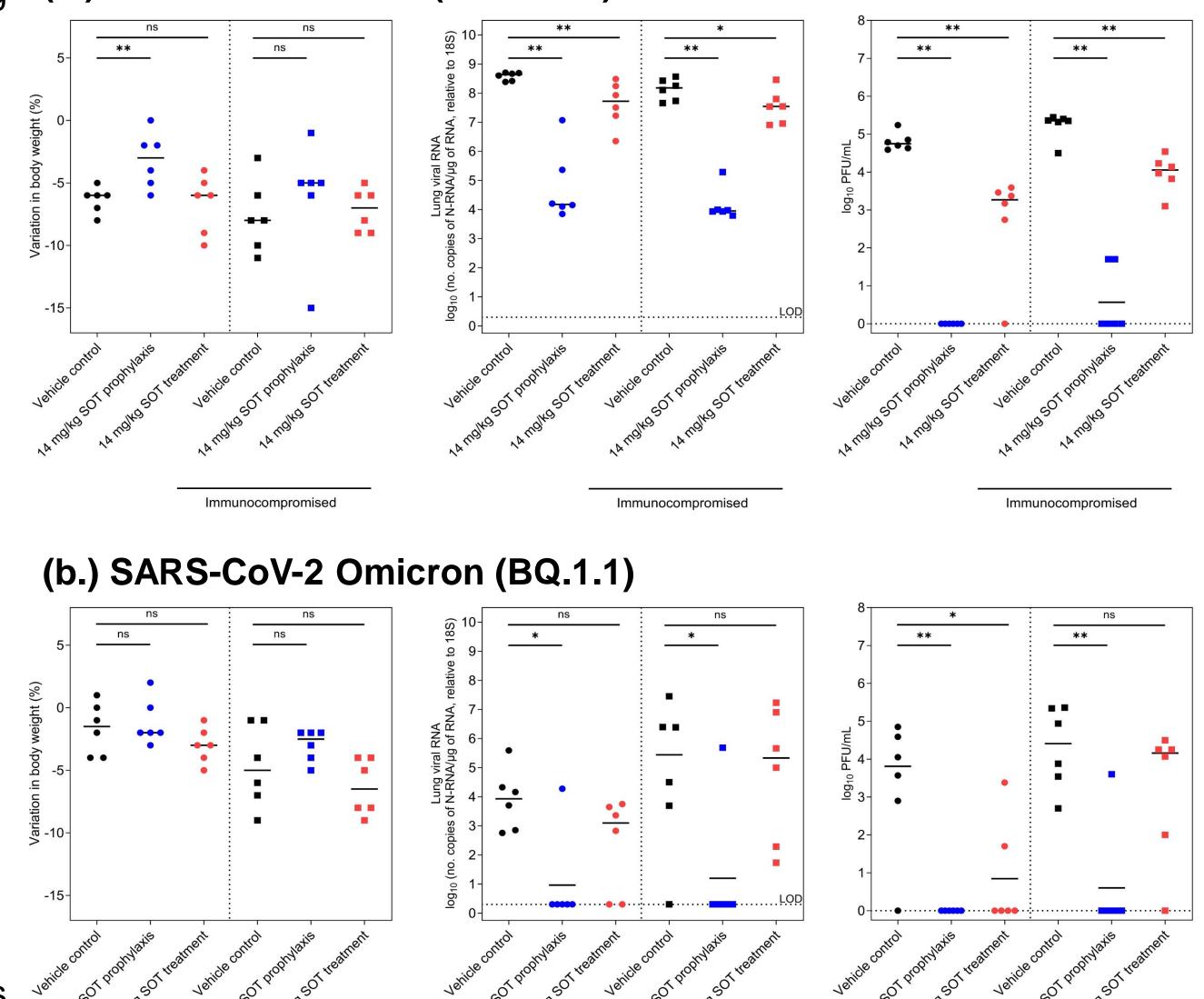
- Hamsters were administered SOT (14 mg/kg) or equal volumes of saline intramuscularly 24 h before or after inoculation.
- Hamsters were intranasally inoculated with 10⁴ PFU of SARS-CoV-2 Delta (B.1.617.2) or Omicron (BQ.1.1).
- At 3-dpi all hamsters were sacrificed, the lung was collected, and viral replication was quantified using qPCR and plaque assay.
- Terminal plasma samples were isolated for the quantitative detection of SOT using ELISA.
- Unpaired Mann-Whitney tests were applied to determine the significance between SOT-administered groups and controls.

Sotrovimab Lacks Efficacy in Treatment of Syrian Golden Hamsters Infected With SARS-CoV-2 BQ.1.1









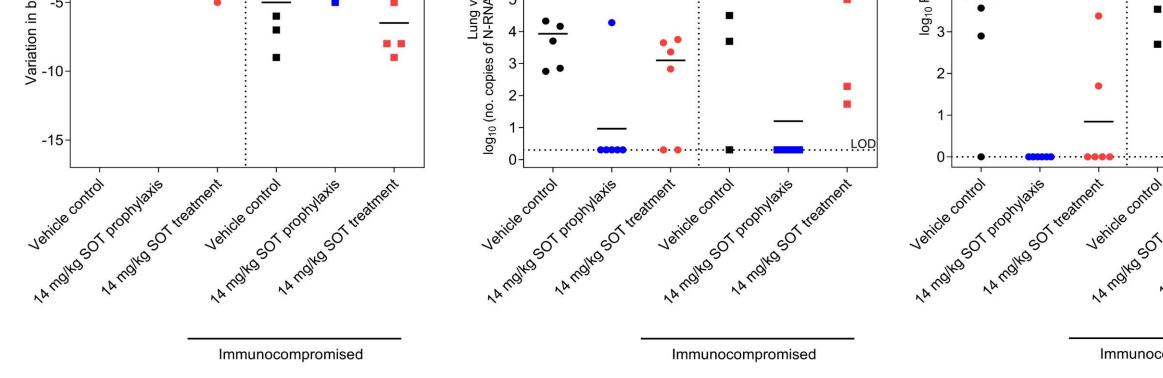


Figure 2. Virological efficacy of SOT in healthy and immunocompromised Syrian Golden Hamsters infected with (a.) SARS-CoV-2 Delta (B.1.617.2) or (b.) SARS-CoV-2 Omicron (BQ.1.1) utilizing experimental designs reflective of prophylaxis and treatment.

(left) Variation in hamster weight compared to -1-dpi, (middle) lung viral RNA, and (right) replicating lung viral titres at 3-dpi.

Horizontal bar represents the median value. Statistical significance, *P<0.05. ns, not significant. LOD, limit of detection.*

- At 3-dpi greater weight reductions the BQ.1.1observed for were inoculated animals compared to Delta, relative to controls, across all SOT-administered groups (Fig. 2).
- qPCR data (Fig. 2 & Table 1.) revealed statistically significant log₁₀fold reductions in pulmonary viral RNA in prophylaxis and treatment for Delta but only in prophylaxis for BQ.1.1-inoculated hamsters, relative to controls.
- Lung plaque data (Fig. 2) revealed a statistically significant reduction in viral titres for the SOT-treated, Deltainoculated, hamsters (1.32, P=0.001) but not for BQ.1.1-inoculated (1.35, P=0.186), relative to controls, in the immunocompromised groups.
- Hamster SOT plasma concentrations were comparable across Delta- and BQ.1.1-inoculated groups at 3-dpi: $44.13 \pm 5.40, 47.06 \pm 4.44 \ \mu g/mL,$ respectively, and were consistent with previous hamster studies⁴.

RESULTS

Table 1. Mean log₁₀ fold-changes in SARS-CoV-2 N-RNA, relative to vehicle control groups, in hamster lung samples at 3-dpi following inoculation with 10⁴ PFU Delta or BQ.1.1 variants.

Log ₁₀ fold-change in pulmonary viral RNA compared to vehicle control				
SARS-CoV-2	14 mg/kg SOT dosed 24h before inoculation		14 mg/kg SOT dosed 24h after inoculation	
variant	Healthy	Immunocompromised	Healthy	Immunocompromised
Delta	-3.65, P=0.001	-2.29, P=0.001	-0.38, P=0.004	-0.58, P=0.046
BQ.1.1	-1.36, P=0.011	-1.83, P=0.021	-0.52, P=0.063	-0.11, P=0.500

CONCLUSIONS

- risk COVID-19 patients⁶.
- when given in prophylaxis.
- use case.

ADDITIONAL INFORMATION

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Acknowledgements.

The research was funded by Unitaid as part of a COVID-19 supplement to project LONGEVITY (2020-38-LONGEVITY) and supported by the MRC via the G2P-UK National Virology Consortium.

References.

¹Bruel, T. et al. medRxiv (2023); ²Lamontagne, F. et al. BMJ (2020); ³Owen, A. et al. Lancet (2022); ⁴Driouich, J. et al. Antiviral Res (2023); ⁵Hérate, C. *et al.* Heliyon (2023); ⁶Aggarwal, N. *et al*. Int J Infect Dis (2023).



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 Previous preclinical studies have shown virological efficacy of SOT against BQ.1.1 in experimental designs reflective of prophylaxis for hamster⁴ and non-human primate⁵.

 Here, we demonstrate a lack of virological efficacy of SOT against BQ.1.1 in immunocompromised hamsters using an experimental design reflective of treatment.

 Virological efficacy was confirmed against the Delta variant in prophylaxis and treatment designs.

• These findings are consistent with SOT neutralisation PK-PD understanding from RCTs³ and observational studies for at-

Interestingly, SOT did not block infection of Delta or BQ.1.1

• The relevance of changes in viral RNA at high SOT concentrations, early in the profile, to longer-term prophylaxis is unclear and warrants further investigation.

 Caution should be taken when interpreting preclinical experimental designs that may not be reflective of the clinical

