### Effect of Crizanlizumab, a P-selectin Inhibitor, in COVID-19: A Placebo-Controlled, Randomized Trial

#### **Supplemental Appendix**

- Page 2. Supplemental Table S1. Data and Safety Monitoring Board (DSMB)
- Page 3. Supplemental Table S2. Inclusion and Exclusion Criteria
- Page 4. Supplemental Table S3. Sources of commercially available immunoassays used in the study.
- Page 5. Supplemental Table S4. WHO Clinical Progression Scale

#### **Supplemental Table S1. Data and Safety Monitoring Board (DSMB)**

Mark Creager, MD (Chair of DSMB), Anna Gundlach Huber Professor in Medicine, Geisel School of Medicine at Dartmouth, Director of the Heart and Vascular Center at Dartmouth-Hitchcock Medical Center, Dartmouth, NH

Paul E. Sax, MD, Professor of Medicine, Clinical Director, Infectious Disease Clinic, Harvard Medical School, Boston, MA

Julie Kanter, MD, Associate Professor of Medicine; Co-Director of the Comprehensive Sickle Cell Center, University of Alabama at Birmingham, AL

Supplemental Table S2. Inclusion and Exclusion Criteria		
Inclusion criteria	Willing to provide written informed consent.	
	2. Willing to comply with all study procedures and be	
	available for the duration of the study	
	3. Male or female ≥18 years of age	
	4. SARS-CoV-2 infection (COVID-19) within the past 10 d documented by laboratory test (NAT or RT-PCR)	
	5. Currently hospitalized	
	6. Symptoms of acute respiratory infection (at least one of the following: cough, fever > 37.5°C, dyspnea, sore throat, anosmia) within past 10 days	
	7. Radiographic evidence of pulmonary infiltrates	
	8. Requiring supplemental oxygen or the peripheral capillary oxygenation saturation (SpO2) < 94% on room air at screening.	
	9. Elevated D-Dimer > 0.49 mg/L	
	10. Negative pregnancy test for females of childbearing potential	
Key Exclusion	Use of home oxygen at baseline	
criteria	Current use of mechanical ventilation	
	Inability to provide informed consent	
	4. Do Not Intubate status	
	5. Prisoner or incarcerated status	
	<ul><li>6. Pregnant or nursing (lactating) women.</li><li>7. Participation in other interventional drug trials for COVID-</li></ul>	
	19 (emergency use or unblinded use of convalescent plasma is permitted).	
	8. INR > 3 or aPTT > 60	

## Supplemental Table S3. Sources of commercially available immunoassays used in the study.

Supplier	Analyte
R&D Systems (Minneapolis, MN)	Soluble P-selectin
	IL-6
	TNFalpha
Abcam (Cambridge, MA)	VWF
	Fibrinogen
	Thrombin-antithrombin
	complex
Lifespan Biosciences (Seattle, WA)	NT-proBNP
	Factor VIII
	Prothrombin fragment 1.2
	Plasmin-antiplasmin complex
Roche Diagnostics (Indianapolis, IN)	Troponin T
Meso Scale Diagnostics (Rockville, MD)	CCL2
	CCL3
	CCL4
	CCL13
	CCL22
	CCL24
	CCL26
	CXCL10
	IL-2
	IL-4
	IL-8
	IL-10
	IL-13
	Serum amyloid A
	VCAM-1
	ICAM-1

# **Supplemental Table S4. WHO Clinical Progression Scale.** WHO clinical scale for severity of COVID-19.

Score	Descriptor
0	Uninfected; no viral RNA detected
1	Asymptomatic; viral RNA detected
2	Symptomatic; independent
3	Symptomatic; assistance needed
4	Hospitalized; no oxygen therapy
5	Hospitalized; oxygen by mask or nasal prongs
6	Hospitalized; oxygen by NIV or high flow
7	Intubation and mechanical ventilation, pO2/FiO2 > 150 or SpO2/FiO2> 200
8	Mechanical ventilation, pO2/FiO2 < 150 (SpO2/FiO2 < 200) or vasopressors
9	Mechanical ventilation pO2/FiO2 < 150 and vasopressors, dialysis, or ECMO
10	Dead