NYU Grossman School of Medicine

Johns Hopkins School of Medicine

STOMP
Study of Tecovirimat for Human Monkeypox Virus

Unproven Interventions During Public Health Crises

AIDS ACTION BALTIMORE

The Case of Tecovirimat (TPOXX) for Mpox and the Tension Between Access and Evidence-Generation

Monday, May 22nd at 12:45 pm - 2:15 pm

BALTIMORE CITY HEALTH DEPARTMENT

SCT
Society for Clinical Trials

CUPA

Disclosures

- No Relevant Disclosures

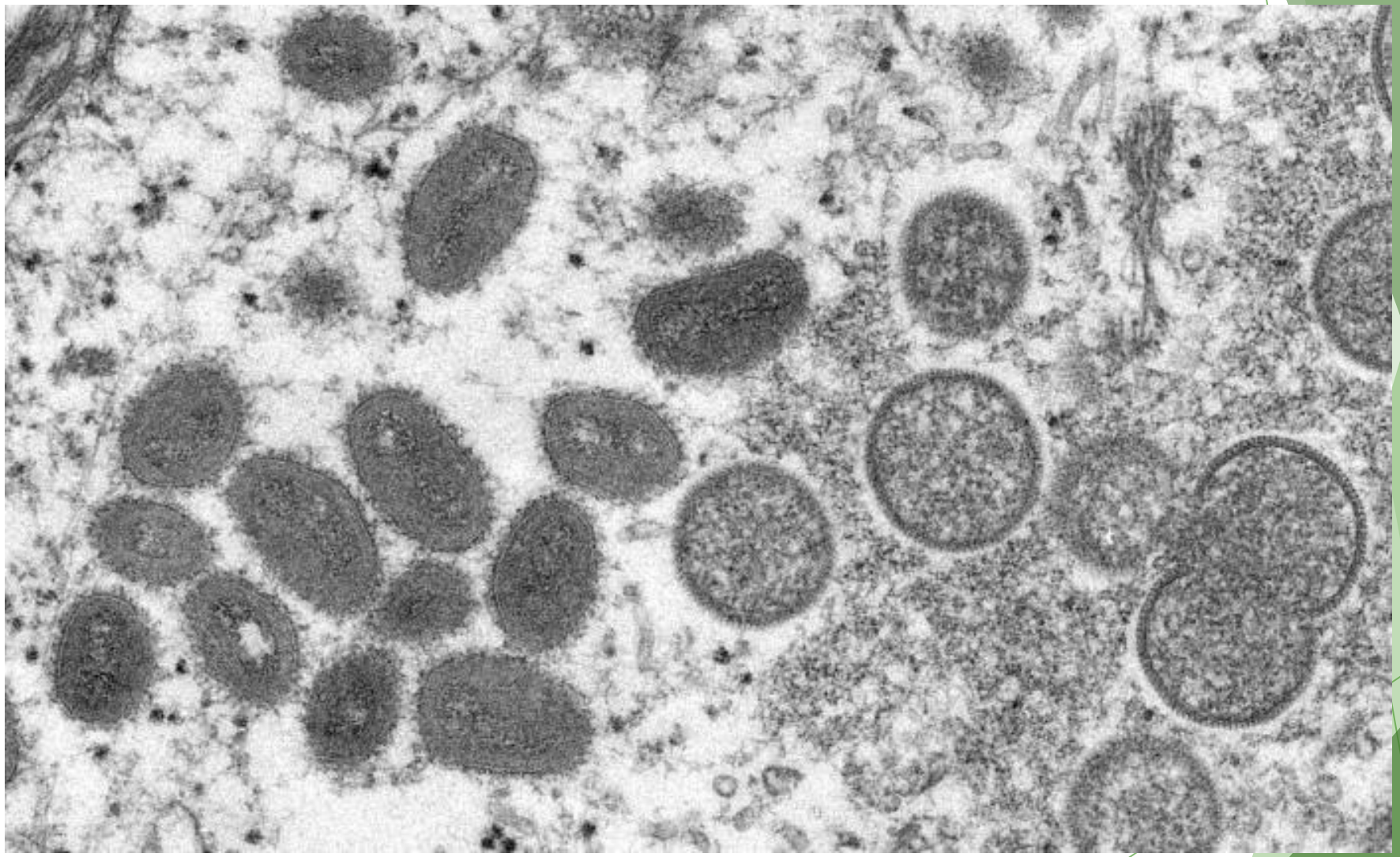
Our Panelists

- **Ali Moody**
  - Program Operator/Peer Navigator & Patient Advocate at AIDS ACTION Baltimore
- **Elizabeth Anne Gilliams MD, MS, MSc**
  - Medical Director of Sexually Transmitted Infections (STI) Services at Baltimore City Health Department; Instructor of Medicine at Johns Hopkins School of Medicine
- **Hayley Belli PhD**
  - Assistant Professor of Biostatistics at NYU Grossman School of Medicine; Co-Chair of Ethics & Real-World Evidence (ERWE) research project
- **Matthew M. Hamill MBChB, PhD, MPH, MSc**
  - Assistant Professor of Medicine at Johns Hopkins School of Medicine; Clinical Chief for Sexually Transmitted Infections (STI) Services at Baltimore City Health Department; Co-developer of AIDS Clinical Trials Group's (ACTG) Study of Tecovirimat for Human Mpox Virus (STOMP) protocol
- **Alen Agaronov ScD (Moderator)**
  - Postdoctoral Fellow of Medical Ethics at NYU Grossman School of Medicine

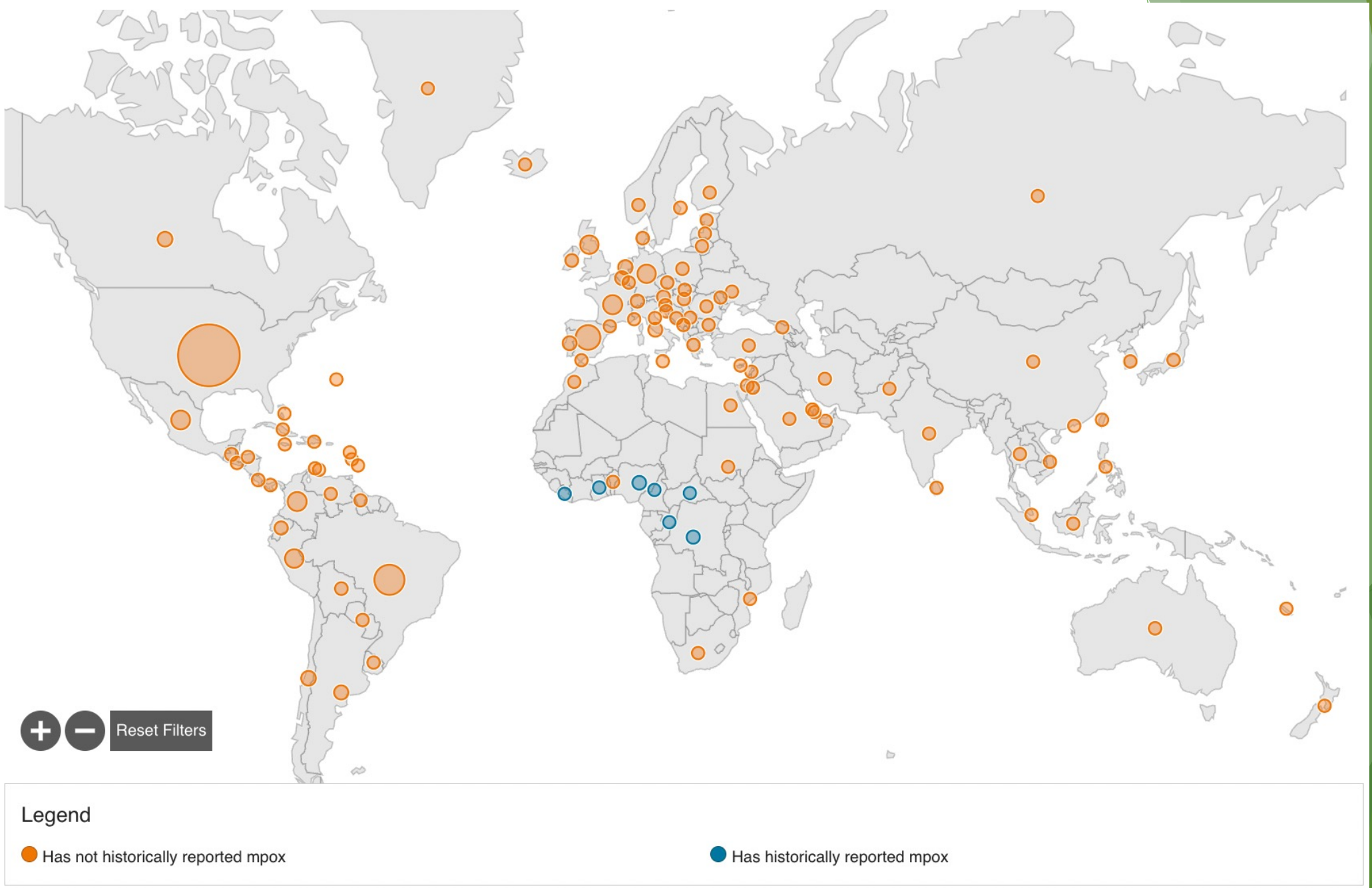
What’s Ahead

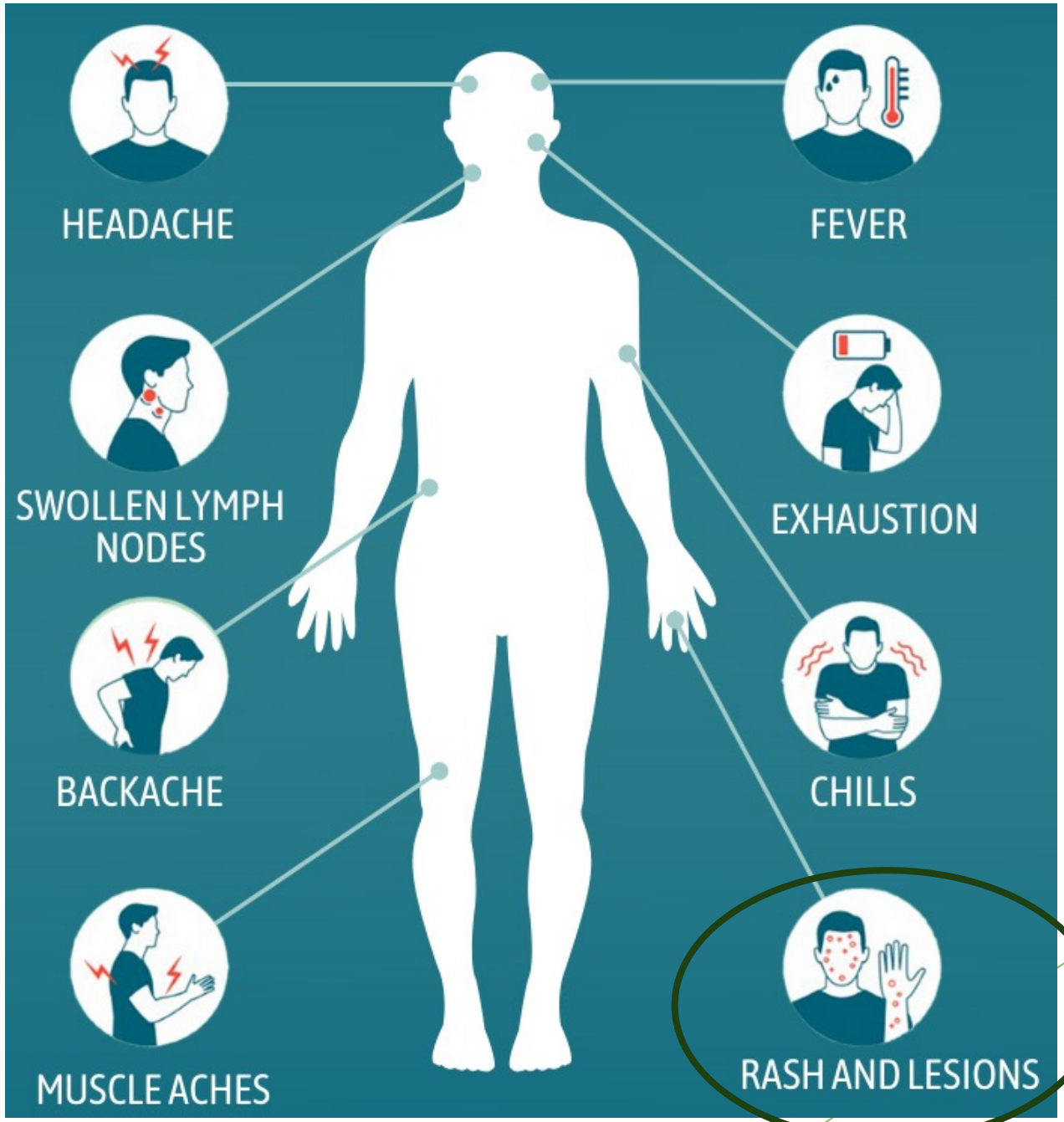
- Case overview
- Panelist case presentations
- Moderated discussion
- Moderated audience Q&A
- Closing remarks

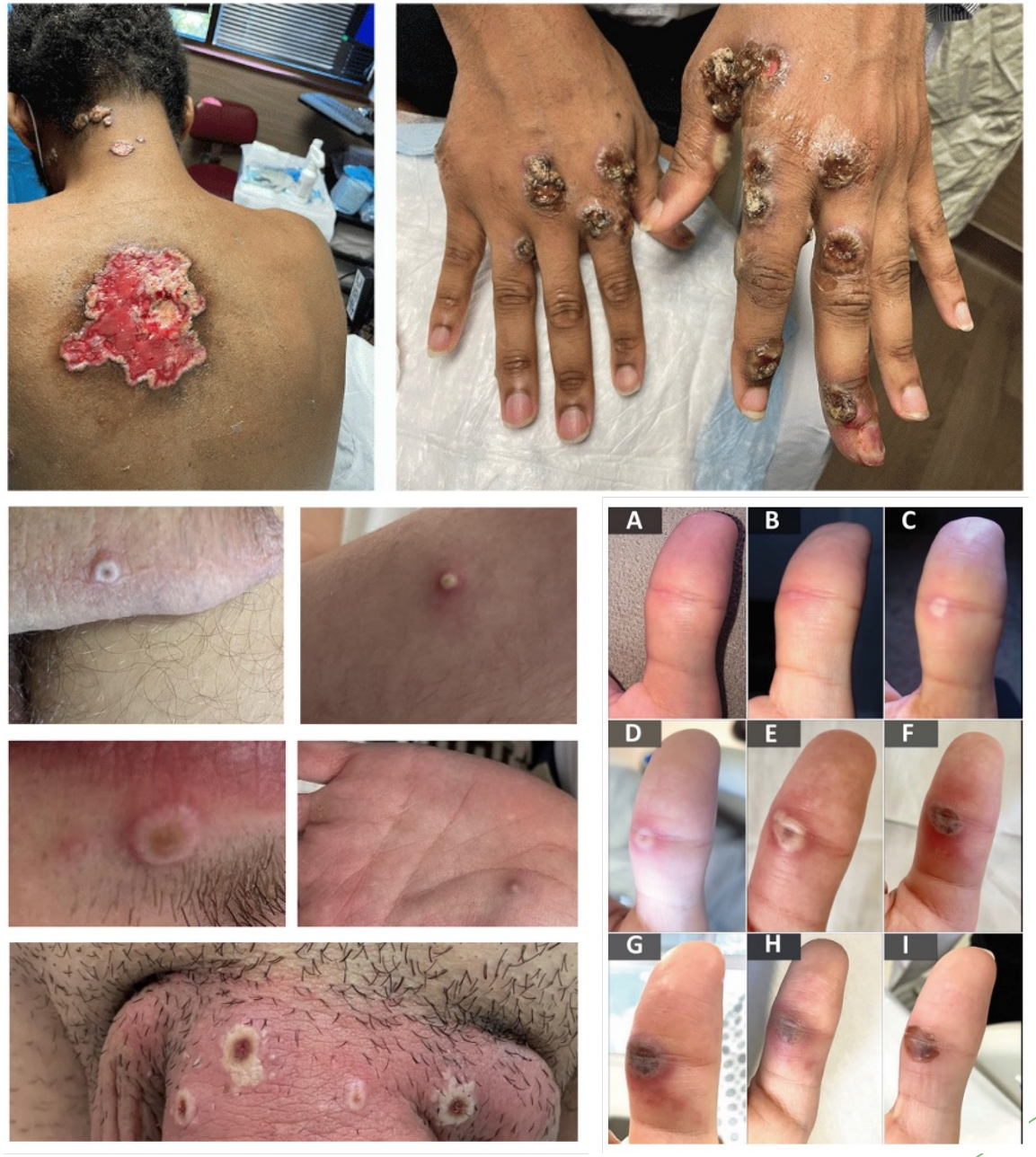
What is mpox?



CDC, 2003,
https://phil.cdc.gov/Details.aspx?pid=22664


Reset Filters
Legend
Has not historically reported mpox
Has historically reported mpox


HEADACHE
FEVER
SWOLLEN LYMPH NODES
EXHAUSTION
BACKACHE
CHILLS
MUSCLE ACHES
RASH AND LESIONS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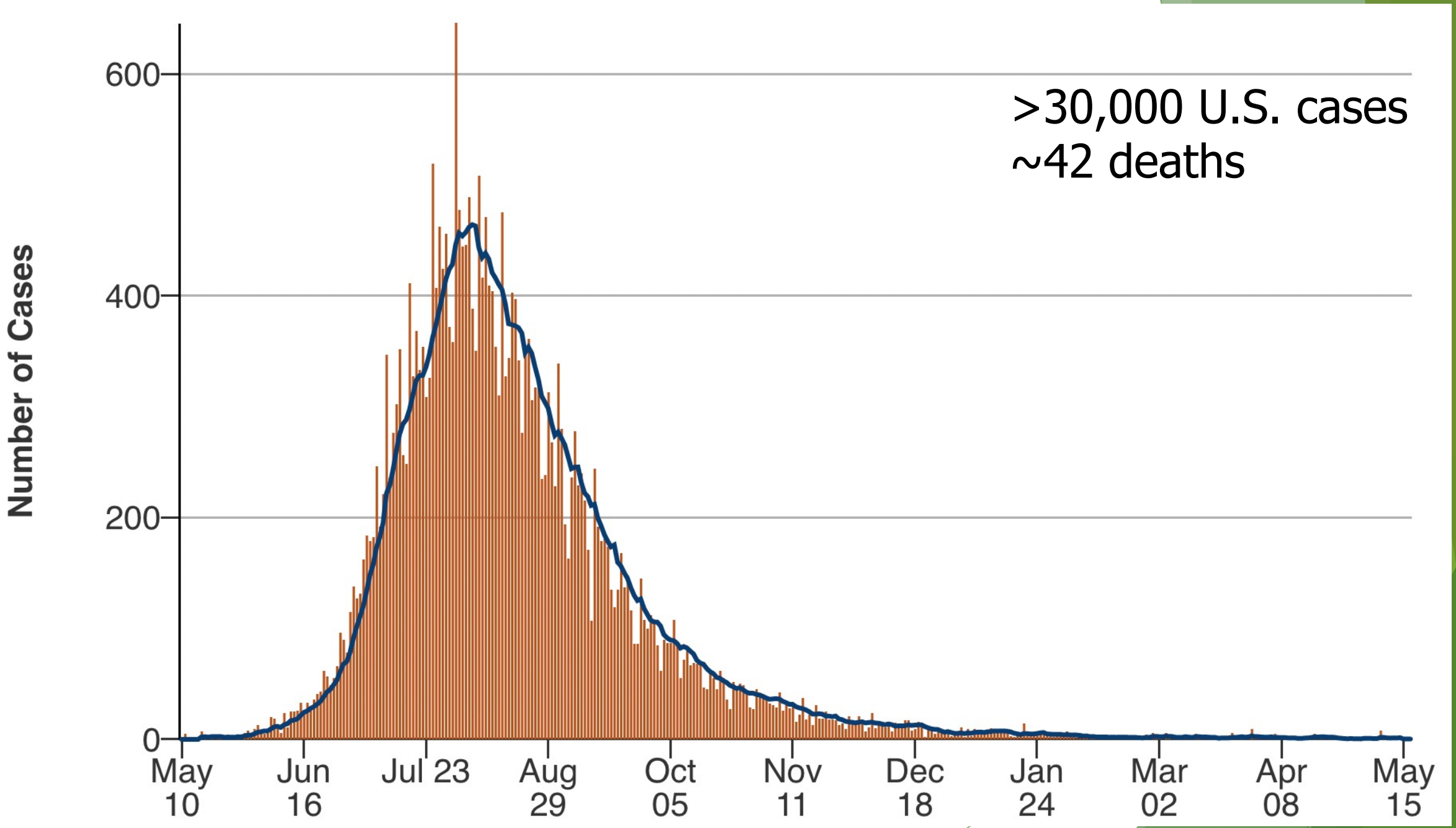
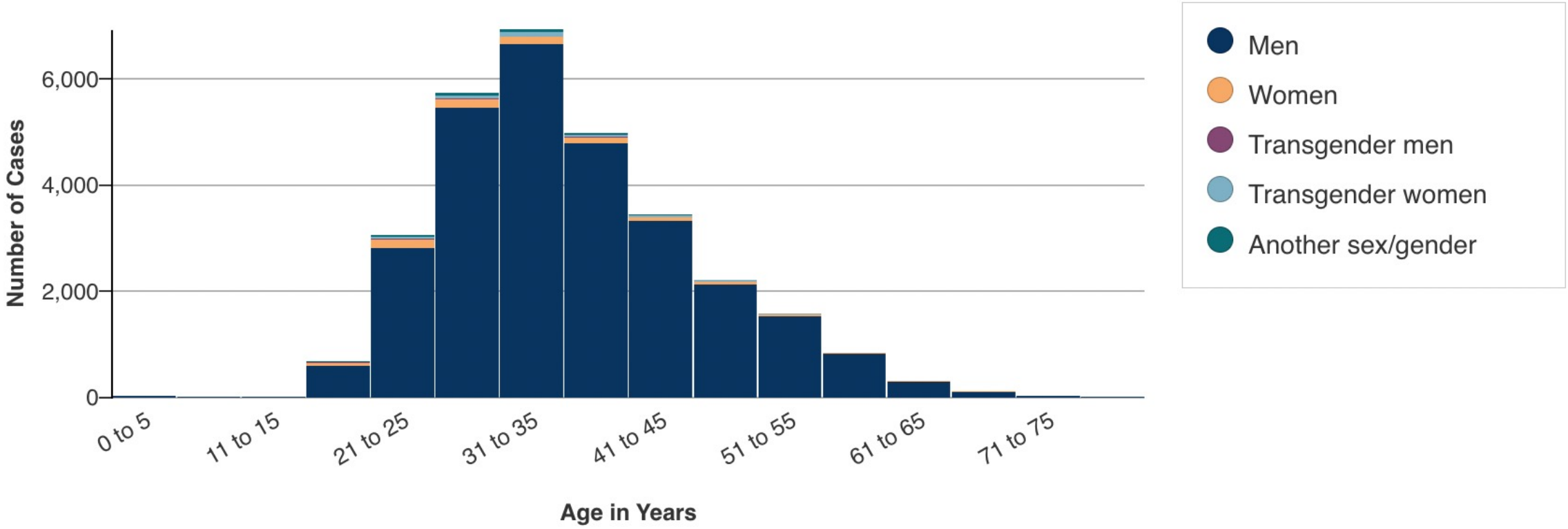
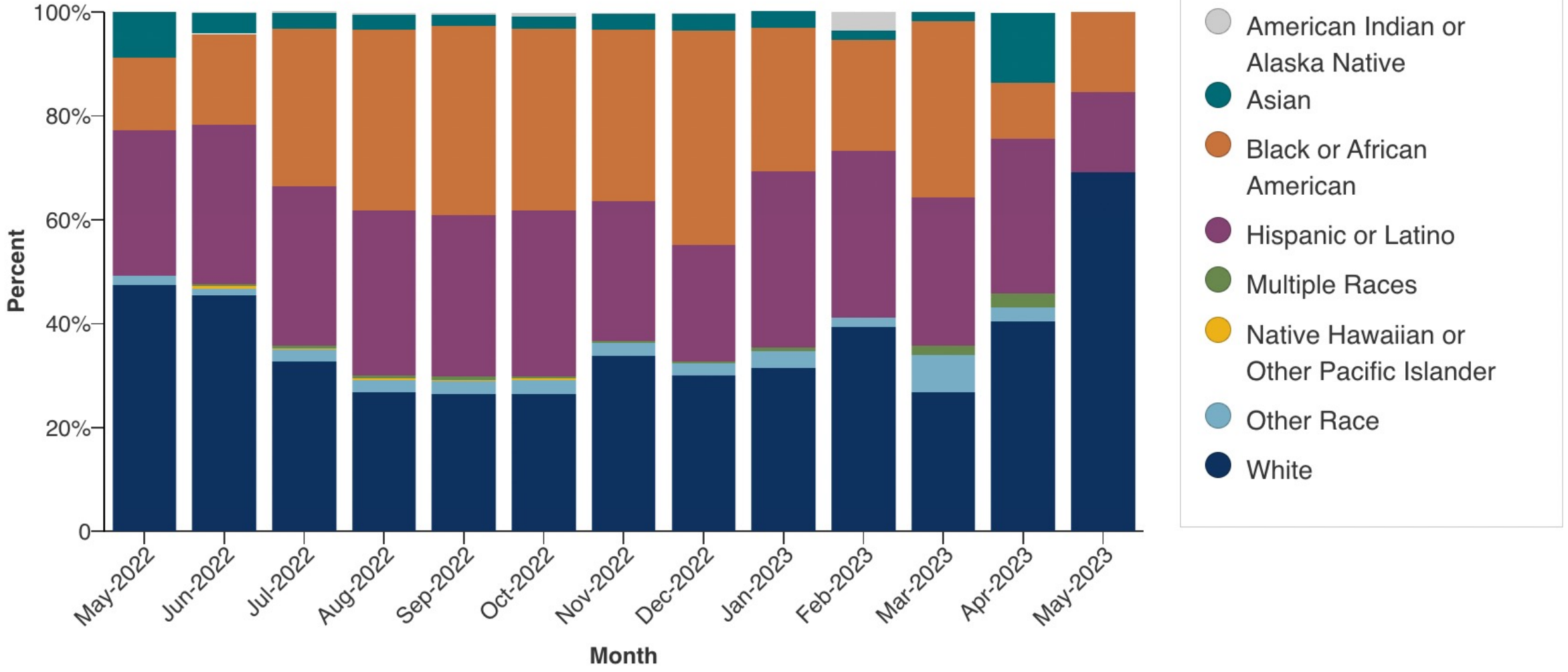
I

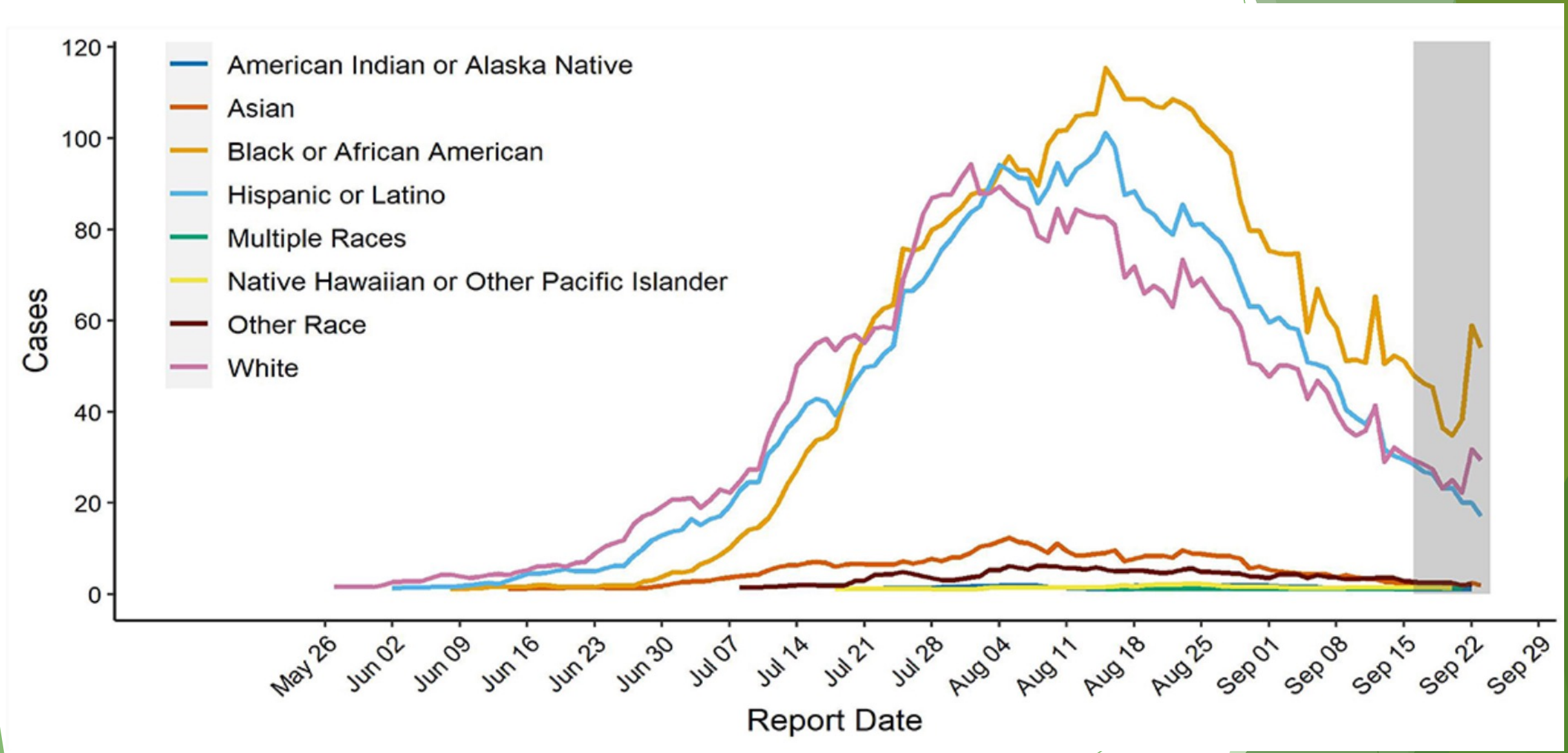

>30,000 U.S. cases
~42 deaths
Number of Cases
600
400
200
0
May 10
Jun 16
Jul 23
Aug 29
Oct 05
Nov 11
Dec 18
Jan 24
Mar 02
Apr 08
May 15

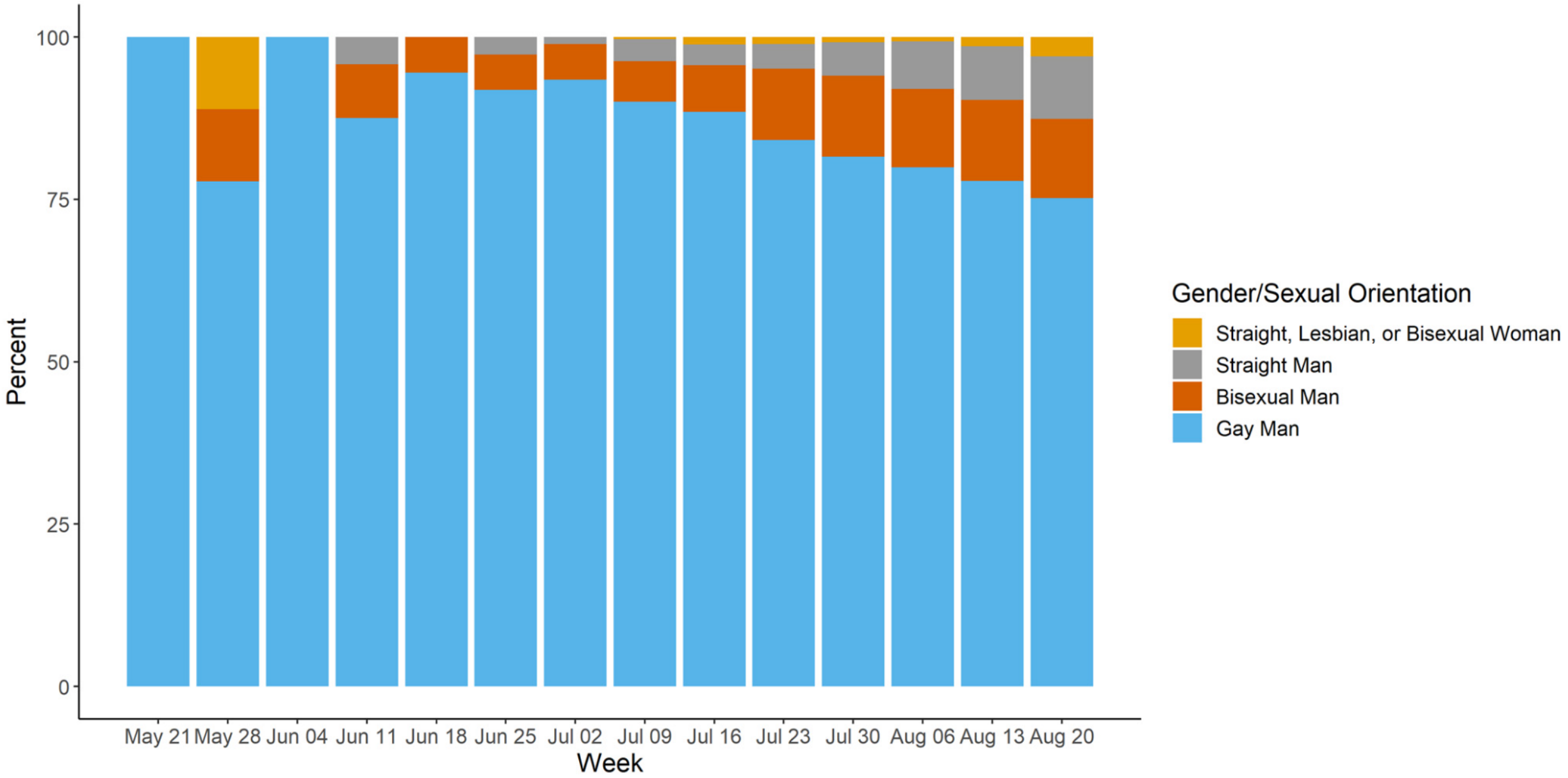
Mpox cases reported to CDC: Age and Gender

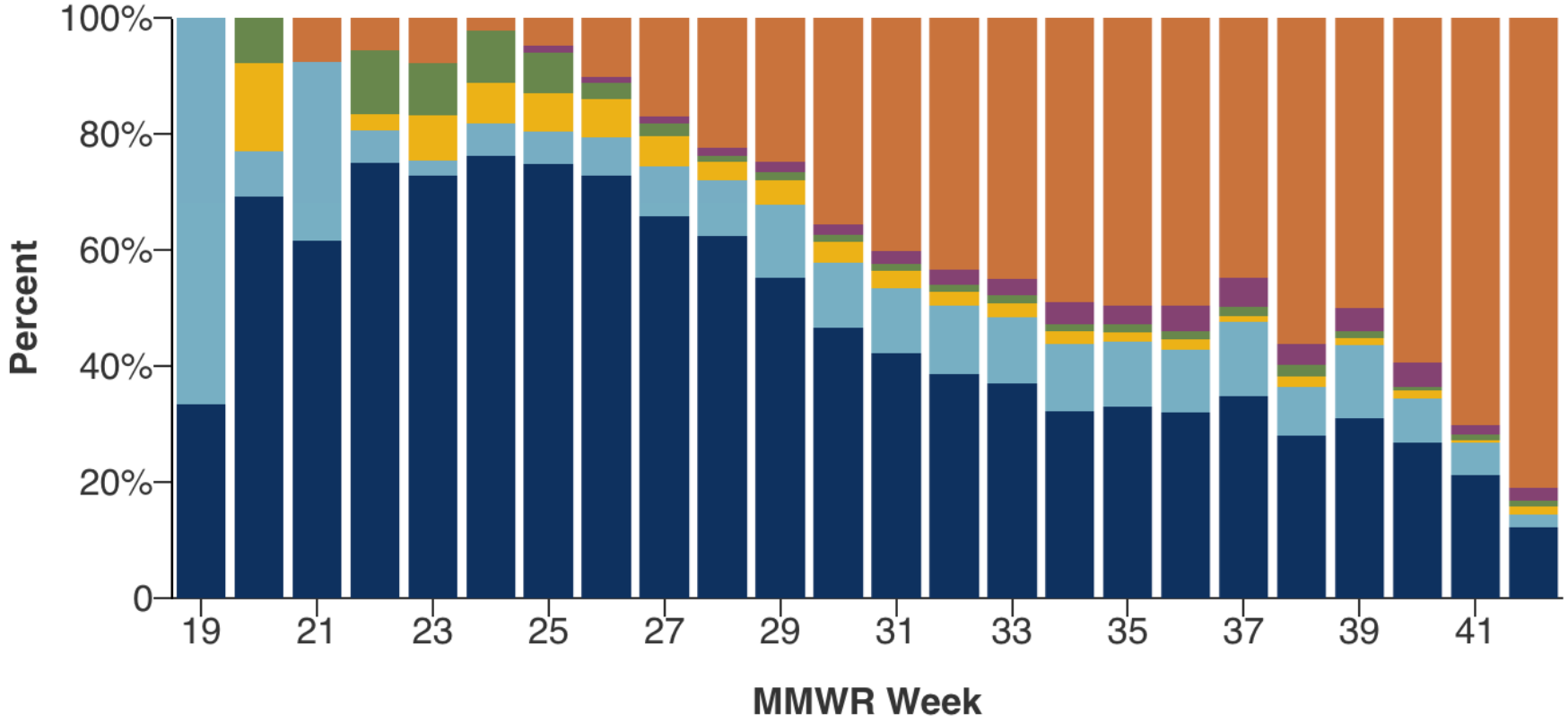


Proportion of All Cases by Race and Ethnicity by Month



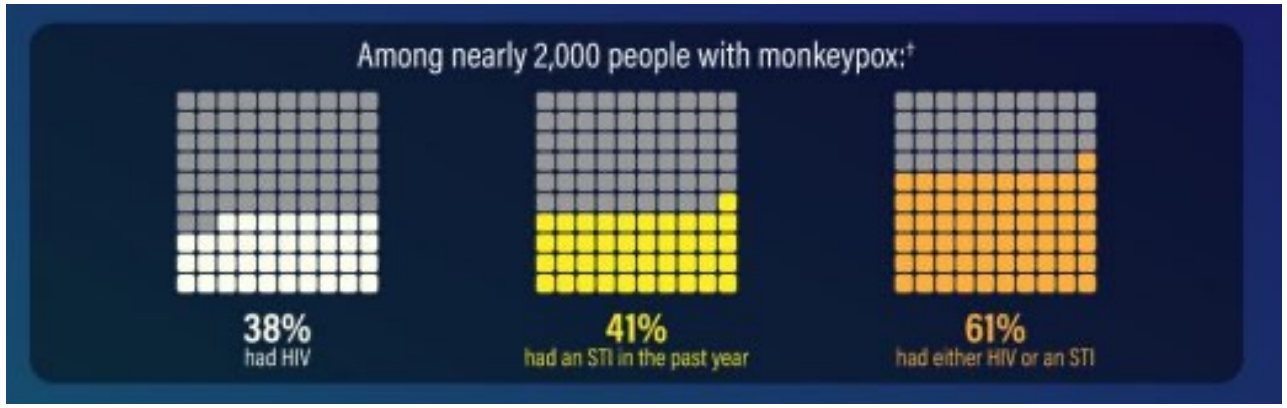

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Multiple Races
Native Hawaiian or Other Pacific Islander
Other Race
White
Cases
120
100
80
60
40
20
0
May 26
Jun 02
Jun 09
Jun 16
Jun 23
Jun 30
Jul 07
Jul 14
Jul 21
Jul 28
Aug 04
Aug 11
Aug 18
Aug 25
Sep 01
Sep 08
Sep 15
Sep 22
Sep 29
Report Date

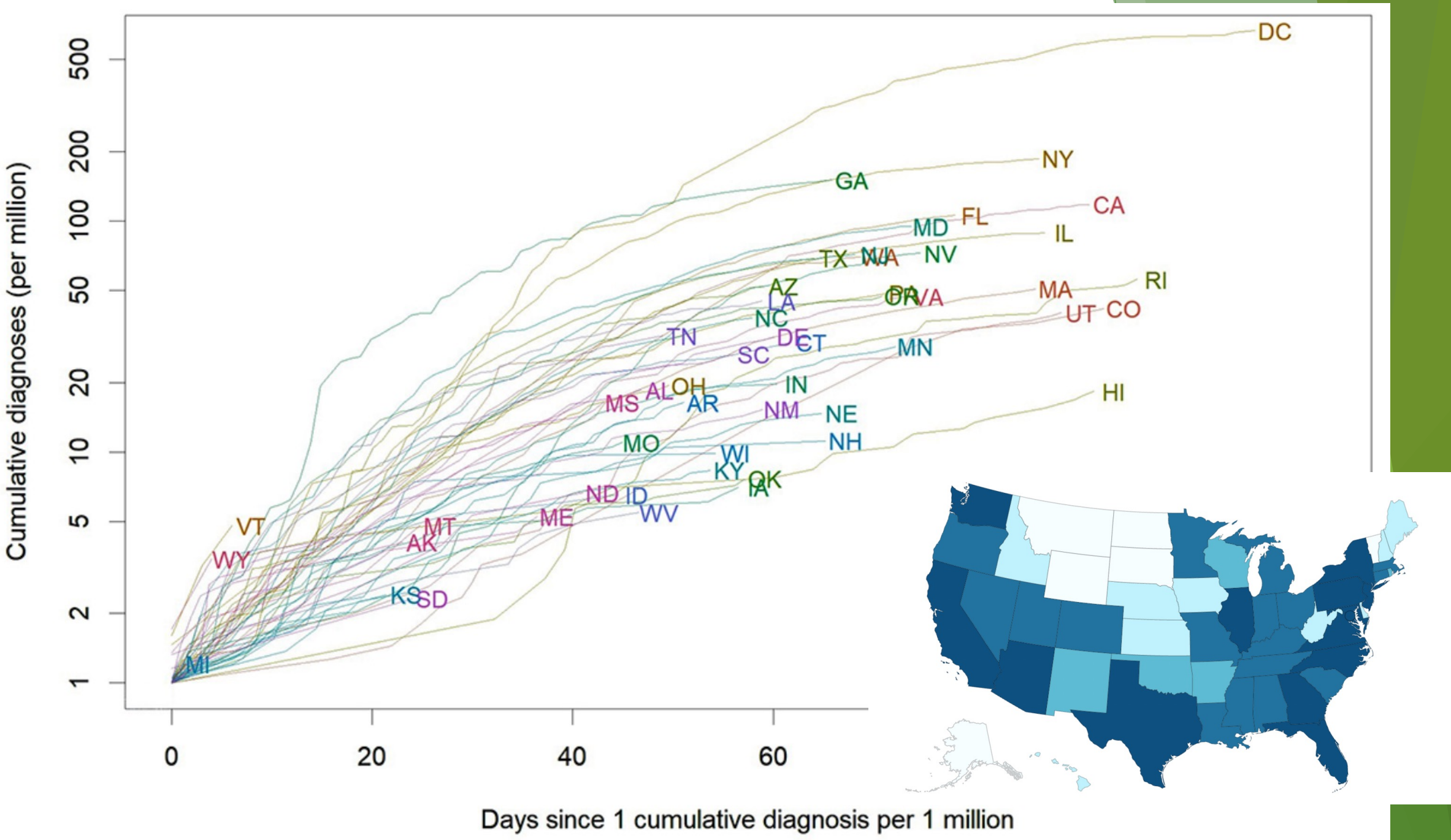

100
75
50
25
0
Percent
May 21
May 28
Jun 04
Jun 11
Jun 18
Jun 25
Jul 02
Jul 09
Jul 16
Jul 23
Jul 30
Aug 06
Aug 13
Aug 20
Week
Gender/Sexual Orientation
Straight, Lesbian, or Bisexual Woman
Straight Man
Bisexual Man
Gay Man



Sexual Contact History, Among Men

- Recent partners exclusively men
- No recent sexual partners
- Gender of all partners unknown/not specified
- Recent partners include men and other genders
- Recent partners exclusively women or other genders (no men)
- Missing sexual contact history




Cumulative diagnoses (per million)
1
2
5
10
20
50
100
200
500
0
20
40
60
Days since 1 cumulative diagnosis per 1 million
DC
NY
GA
CA
FL
MD
IL
TX
NV
AZ
RI
MA
LA
NC
UT
CO
TN
DE
CT
SC
MN
IN
HI
MS
AL
OH
AR
NM
NE
MO
NH
WI
KY
OK
IA
ND
ID
WV
ME
VT
MT
WY
AK
KS
SD
MI

What is TPOXX?

TPOXX (Tecovirimat) – Antiviral

- Oral/IV
- **Not FDA-approved for mpox**
  - EMA-approved for smallpox, cowpox, mpox
  - FDA-approved for **smallpox** (”Animal rule”)
    - Safety: 359 healthy human volunteers
    - Efficacy: Primates w/mpox and rabbits w/ rabbitpox

JYNNEOS - Vaccine

- Bavarian Nordic
- FDA-approved for smallpox and mpox in adults in 2019

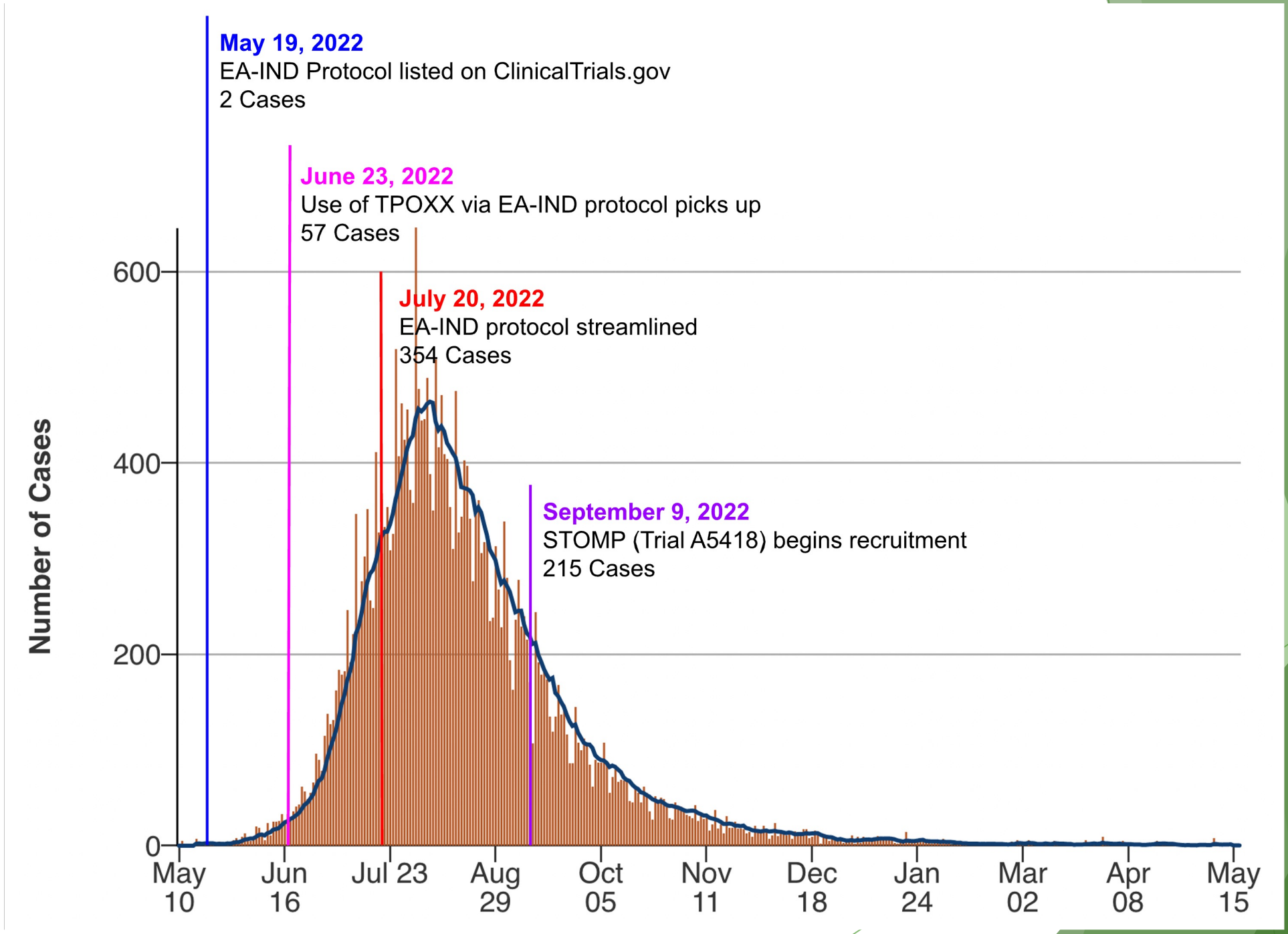
What is expanded access?

Access to Investigational Products

- **Expanded Access ("Compassionate Use")**
  - **"IND Protocol"** (HHS, FDA, CDC, BARDA, SIGA)

Other:

- ~~Clinical Trial~~ → STOMP Study of Tecovirimat for Human Monkeypox Virus
- ~~Emergency Use Authorization~~
- ~~Right to Try~~
- ~~Off-Label Use~~ →


May 19, 2022
EA-IND Protocol listed on ClinicalTrials.gov
2 Cases
June 23, 2022
Use of TPOXX via EA-IND protocol picks up
57 Cases
July 20, 2022
EA-IND protocol streamlined
354 Cases
September 9, 2022
STOMP (Trial A5418) begins recruitment
215 Cases
Number of Cases
600
400
200
0
May 10
Jun 16
Jul 23
Aug 29
Oct 05
Nov 11
Dec 18
Jan 24
Mar 02
Apr 08
May 15

AIDS Action Baltimore

Ali Moody

Program Operator/Peer Navigator & Patient Advocate at AIDS ACTION Baltimore

AIDS Action Baltimore

- AIDS Action Baltimore, Inc. (AAB) is dedicated to providing patient services for all people in Baltimore City.
  - The oldest CBO serving Baltimore over 34 years
  - Emergency financial assistance
  - HIV education, testing assistance
  - Navigation support for healthcare linkage
  - Retention in care, medication adherence, and access support
  - HIV prevention services, including outreach efforts and pre-exposure prophylaxis (PrEP) medication access

www.aidsactionbaltimore.org

Mpox and Baltimore

- **Quarterly Town Hall** on HIV and other public health topics that impact people living with HIV.
- **September 2022 -** First Town Hall on Mpox
  - Information on mpox wasn't fully flushed out.
  - The Gay male community was in a panic about acquiring mpox.
  - No vaccines were available in Baltimore.
  - TPOXX as a treatment may have been available at this time but this information would have went over the general public's head.
  - Fear
  - Misinformation
  - Stigma
- **November 2022 -** Second Town Hall on Mpox
  - AAB partnered with Baltimore City Health Department (BCHD) to make vaccines available at the Town Hall.

AAB Town Hall, March 2023

- **March 2023 -** Hosted an **"MPOX Update"**
  - Where are we now?
  - New infections in Baltimore dropping.
  - False sense of safety because media no longer talking about mpox.
- People don't know the difference between the TPOXX treatment and the JYNNEOS vaccine.
  - TPOXX isn't on the community radar because prevention was the target conversation to the public.
- Hard to get vaccines in Baltimore City from July 2022 to February 2023. Unclear why vaccines were primarily available in Baltimore County.
  - Getting access to those location sites was even harder for those who didn't drive.

Baltimore Queer and Gay Community

- Businesses discriminated against LGBT+ community
  - Misinformation in the media (e.g., groups most affected, targeted sub-cultures, homophobia, and ignorance)
  - It got a little scary here in the DMV.
- Gay Male Baltimore community was proactive when it came to navigating clinical care of mpox and the outcomes that were happening.
  - When one of us got information on vaccines that information was share with everyone's networks.
  - If individuals didn’t have access to a car people were carpooling to appointments.
- Uptick in individuals disclosing their mpox status online and documenting their experience on outlets like Facebook and Tic Tok.
  - I believe this helped with the stigma of MPOX.

Where are we now?

- People still don’t know what mpox is and how it will affect them in the future.
- Little public interest in learning about mpox due to messaging around Gay men.
- The broader community is perhaps more interested in the prevention of mpox over its treating.
- Need more transparency around TPOXX and its efficacy for the general public.
- Uptick of infections in Chicago…
  - More question than answers ahead…

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Sexually Transmitted Infections Services at Baltimore City Health Department

Elizabeth Anne Gilliams MD MS MSc

Medical Director for STI Services, BCHD Sexual Health Clinics
Clinical Associate, Johns Hopkins School of Medicine

Brandon M. Scott
Mayor, Baltimore City
Mary Beth Haller
Interim Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
health.baltimorecity.gov

Disclosures

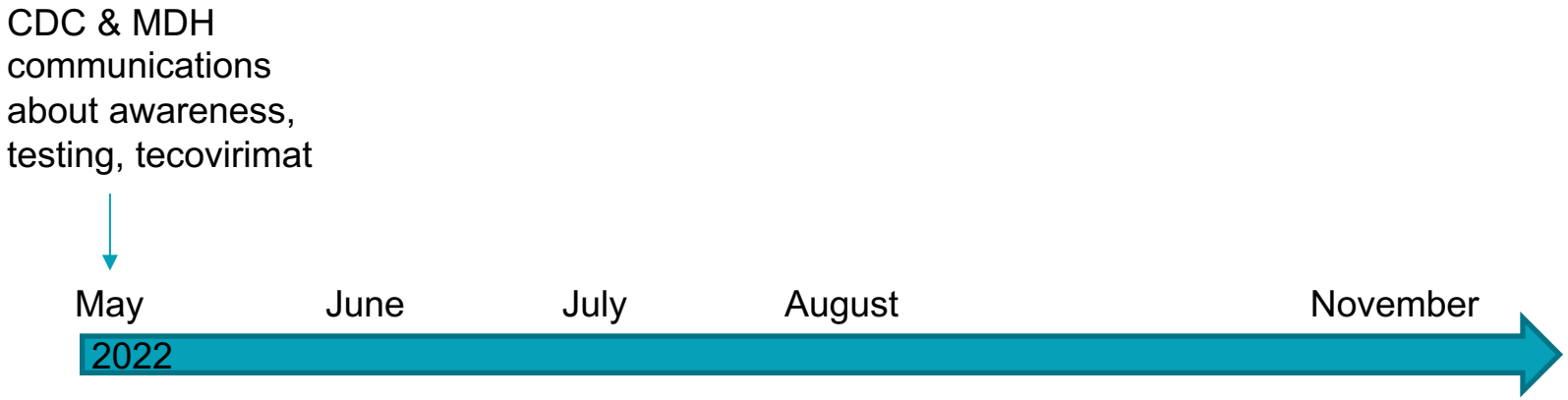
Also on the study team for STOMP/ ACTG A5418 at JHU

May- June 2022: Clinic preparedness

- Clinical Recognition
- Operational adaptations
  - Visit workflow & infection control
  - Testing via Maryland Dept of Health lab
  - Coordination with contact tracing

Lengthy patient visits (2 hours) and significant documentation burden

Tecovirimat: an evolving process



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Mary Beth Haller
Interim Commissioner of Health, Baltimore City

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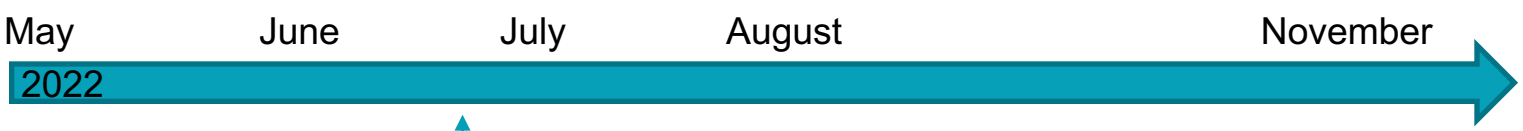
Tecovirimat: an evolving process

CDC & MDH communications about awareness, testing, tecovirimat

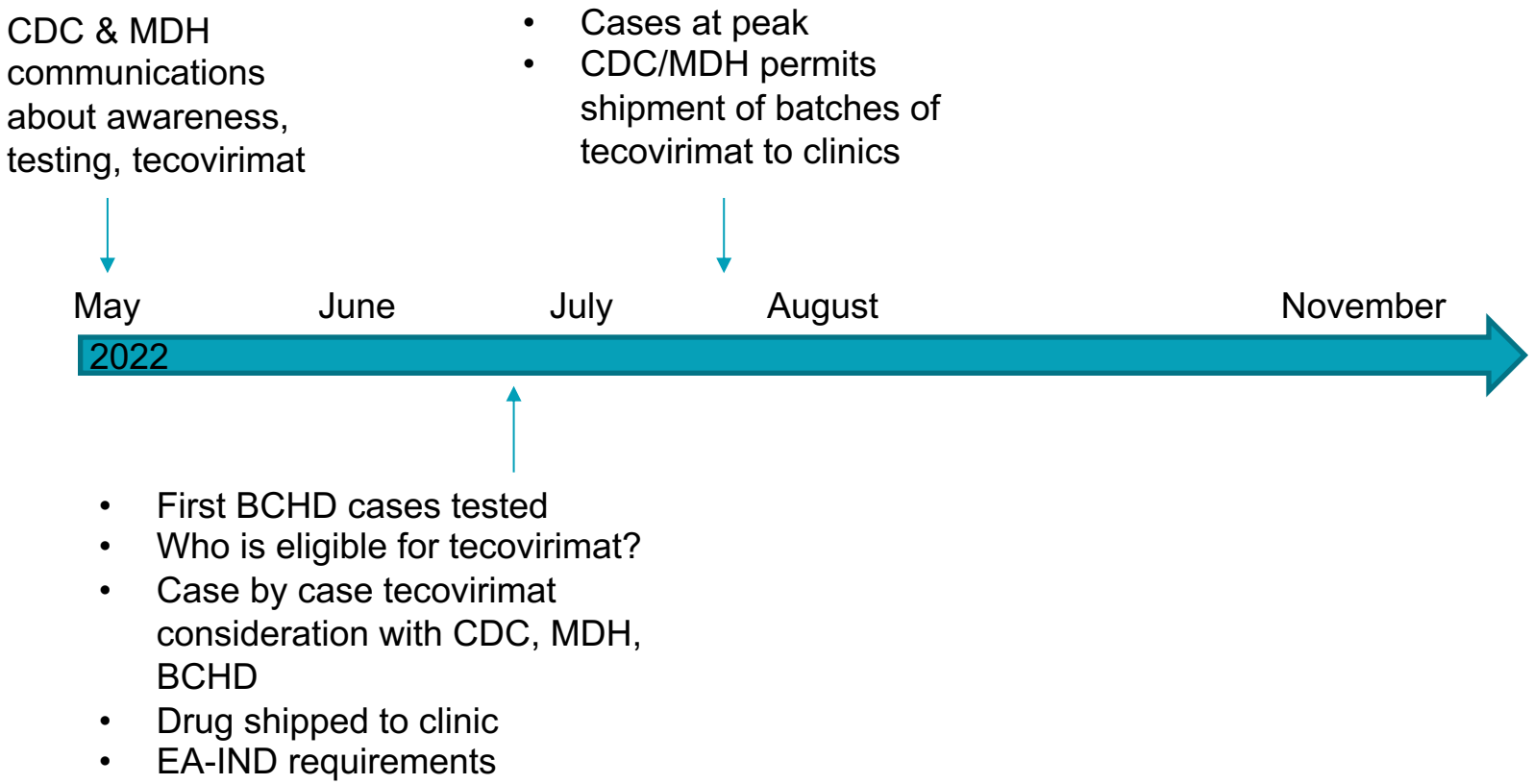


- First BCHD cases tested
- Who is eligible for tecovirimat?
- Case by case tecovirimat consideration with CDC, MDH, BCHD
- Drug shipped to clinic
- EA-IND requirements

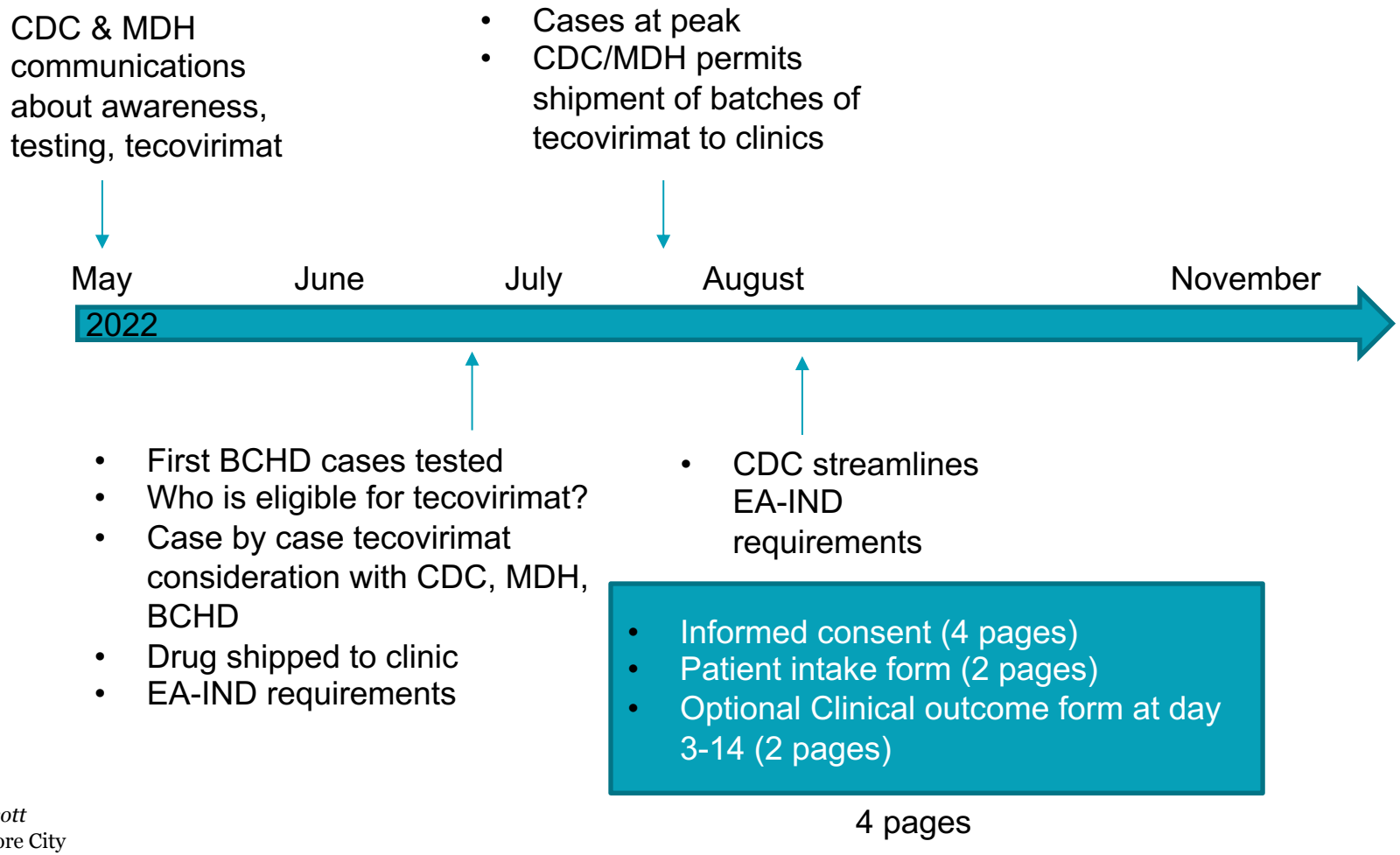
- *Provider's CV and FDA investigator form (2 pages)*
- *IRB Reliance agreement (2 pages)*
- Informed consent (4 pages)
- Patient intake form (6 pages)
- Day 1-7 clinical outcome form (3 pages)
- Day 8-14 clinical outcome form (3 pages)
- Day 21 clinical outcome form (3 pages)
- Drug accountability form (3 pages)

26 pages

Tecovirimat: an evolving process



Tecovirimat: an evolving process



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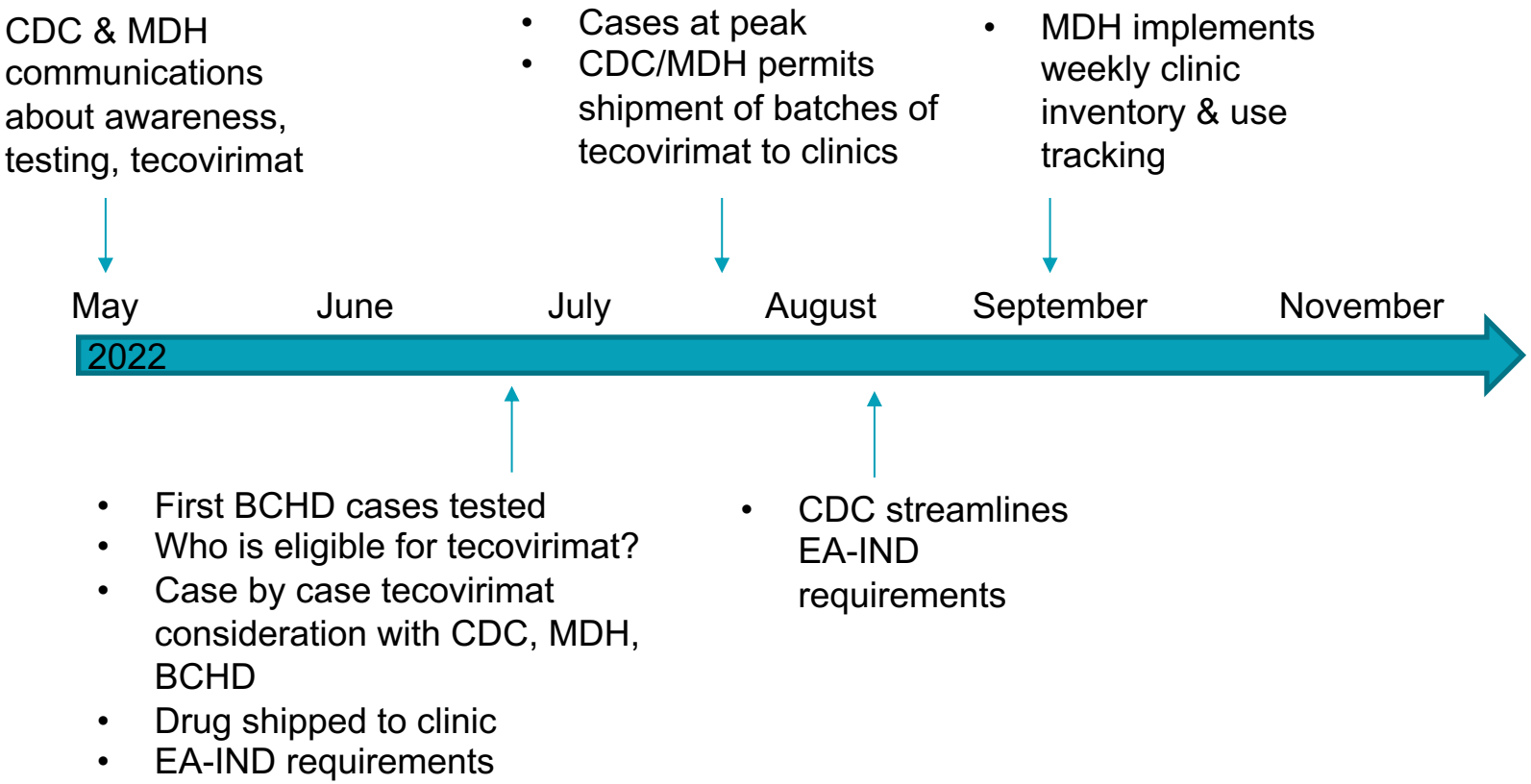
Tecovirimat: an evolving process



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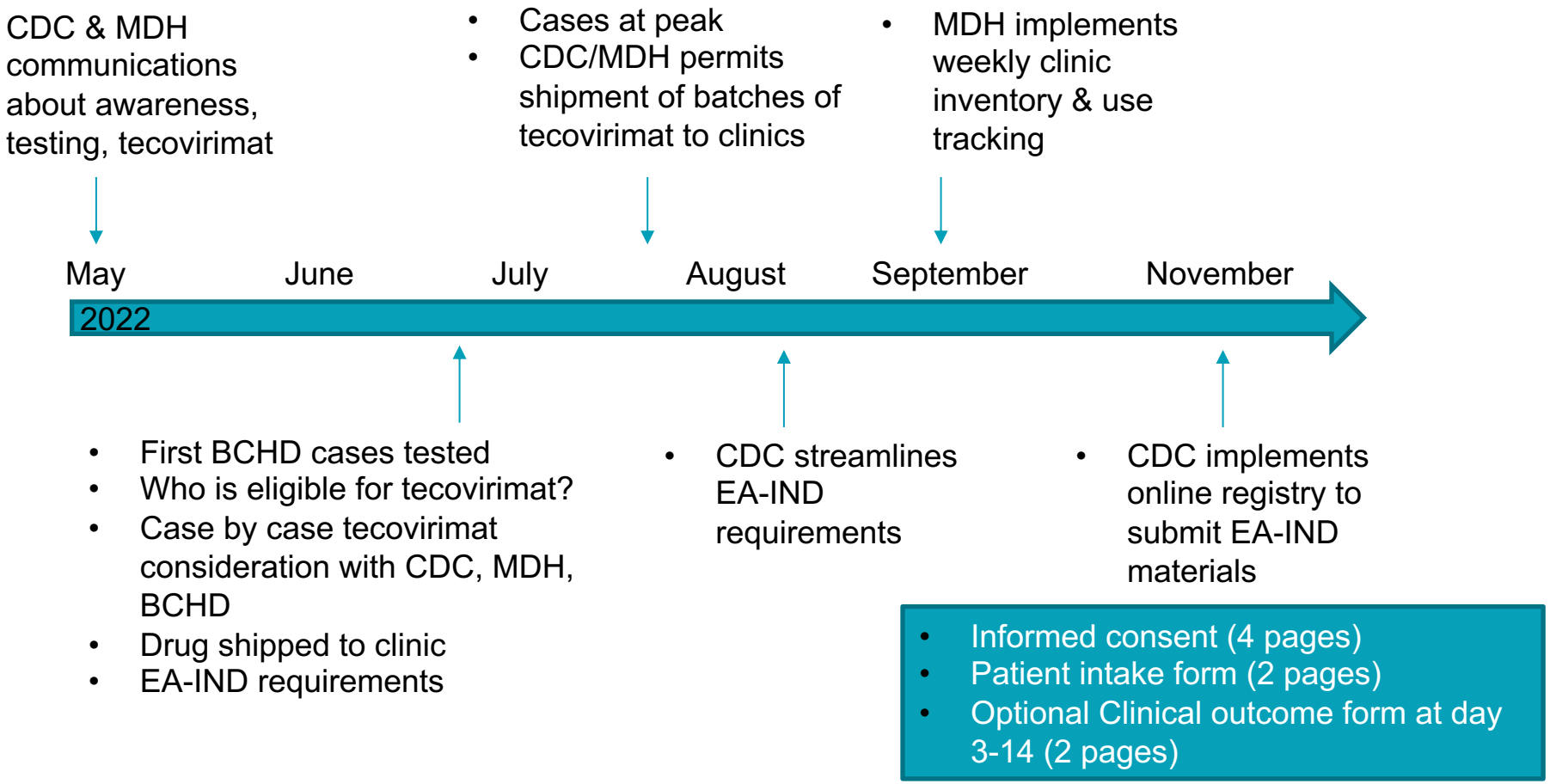
Tecovirimat: an evolving process



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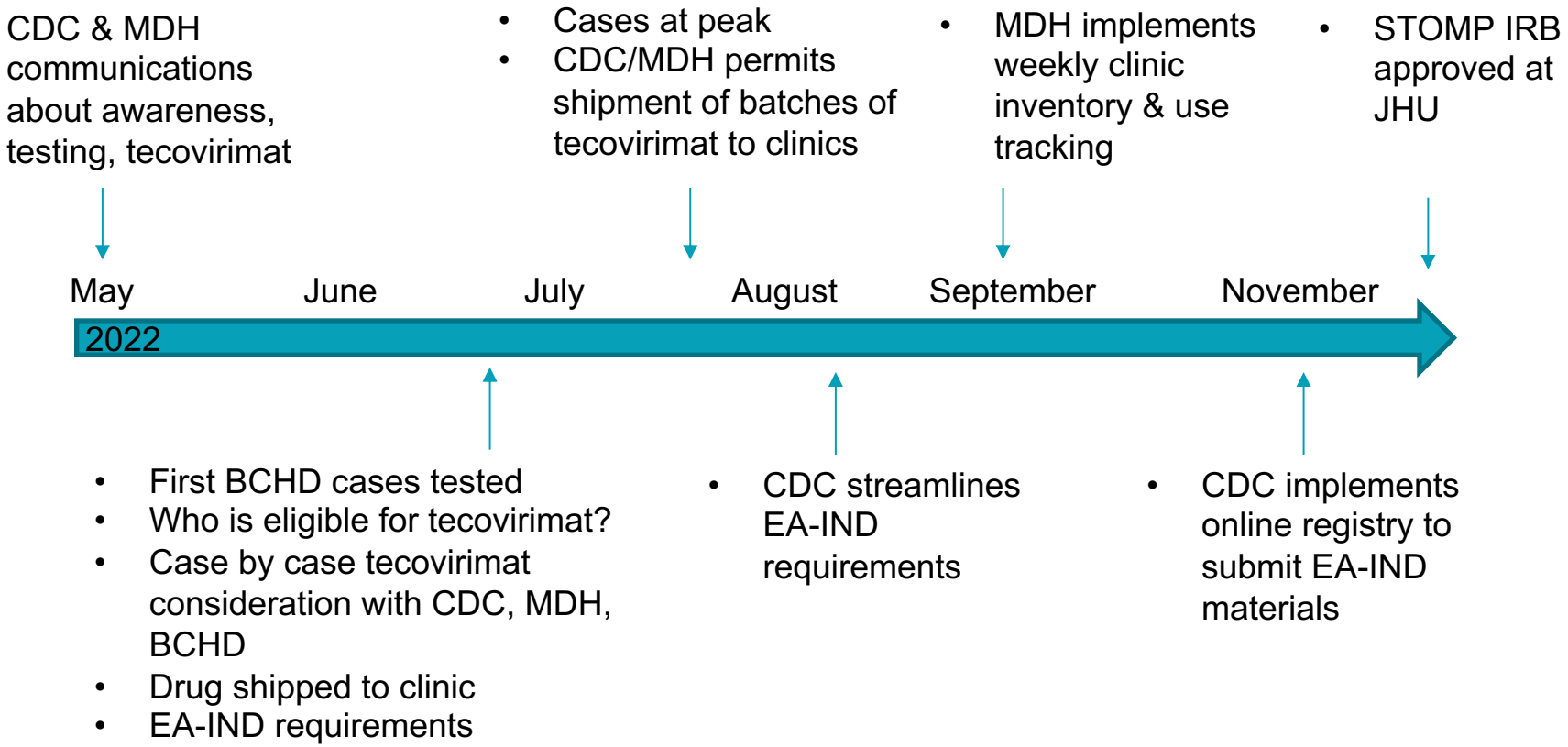
Tecovirimat: an evolving process



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Patient counseling on tecovirimat

- *All tecovirimat was offered under EA-IND (not study)
- Few concerns about safety
- Almost all eligible patients were willing to try
  - Even if efficacy not well defined

Where do we go from here?

- Continue to stock tecovirimat at clinics
- Efficacy still unclear
- How can procedures for EA-IND be made sustainable for providers?
  - Major access equity concerns

CDC Tecovirimat Expanded Access Investigational New Drug (EA-IND) Protocol

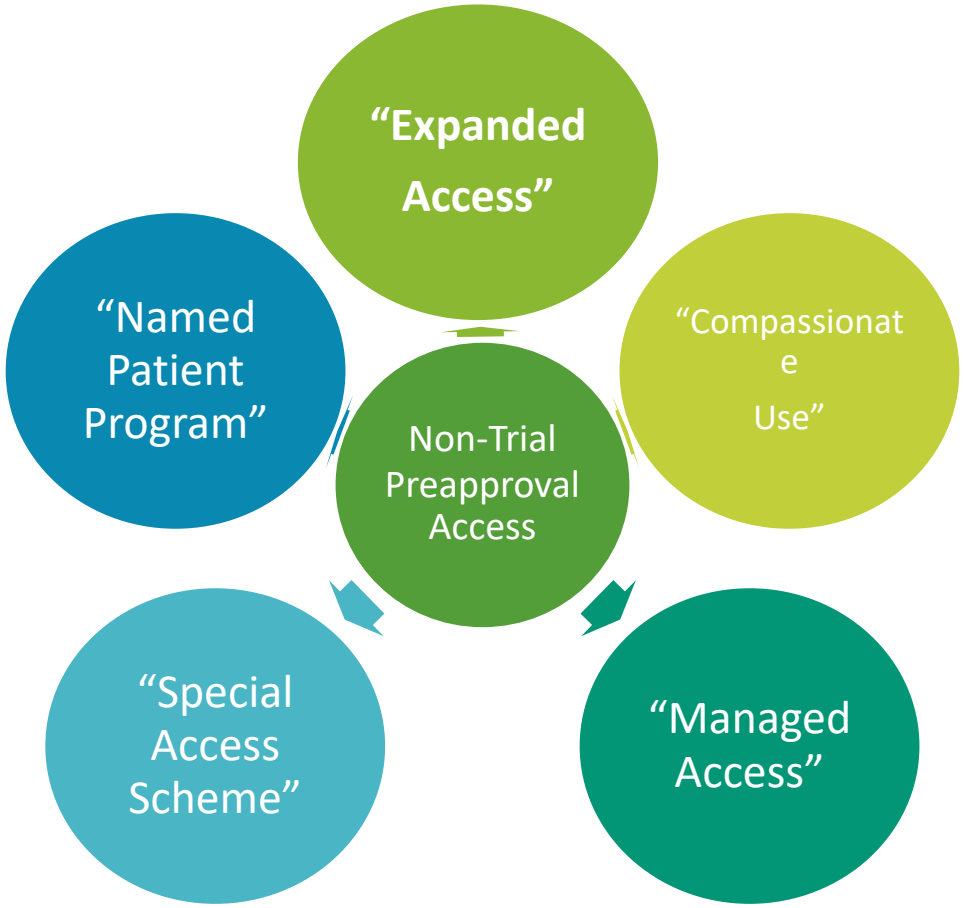
Hayley Belli PhD

Assistant Professor of Biostatistics at NYU Grossman School of Medicine
Co-Chair of Ethics & Real-World Evidence (ERWE) research project Member of Working Group on Compassionate Use & Pre-Approval Access (CUPA)

Disclosures

- Member of the New York City Observational Study of MPOX Immunity (NYC OSMI) study team
  - Role: Co-Investigator/Statistician

Expanded Access terminology and stipulations



- *Mechanism that enables patients with an unmet medical need to gain access to an unapproved medical product when they are unable to enter a clinical trial*

- Serious or life threatening condition
- No approved alternative available
- Cannot interfere with clinical development
- Positive benefit/risk assessment for patient

How do people access medical products before regulatory approval?

- **Clinical Trials [research]**. In the case of unapproved medical products, trials are intended to learn about safety & efficacy of product; used to support regulatory decision-making]

- **Non-Trial Preapproval Access [treatment]**
  - Expanded Access
  - Right to Try
  - Emergency Use Authorization

Let’s briefly set aside EA…

What are “Real World Data” and “Real World Evidence?”

According to the FDA

Real World Data (RWD)

- Data relating to patient health status &/or the delivery of health care routinely collected from a variety of sources:
  - Electronic health records (EHRs)
  - Medical claims & billing data
  - Mobile & wearable devices
  - Product & disease registries
- In EA, myriad possibilities for what can be considered RWD: lab values, functional outcomes, patient-reported outcomes, etc.

Real World Evidence (RWE)

- Clinical evidence regarding the usage & potential benefits or risks of a medical product derived from analysis of RWD

Important to differentiate that RWD is derived from sources <u>outside of</u> randomized controlled trials (RCTs)

https://www.fda.gov/science-research/science-and-research-special-topics/real-world-evidence

Promises and pitfalls of collecting RWD from Expanded Access programs in public health emergencies

- EA is intended for treatment not research
- RWD collected from EA may be of value by
  - Providing safety information
  - Generating hypotheses or inform the design of an RCT
  - Identifying biomarkers
  - Determining characteristics for stratification when randomizing in an RCT
  - Providing valuable data in the rare disease space where there are few patients
  - Providing valuable data in situations where RCTs are not feasible
  - Enhancing generalizability of RCTs as supplemental data
- When evaluating efficacy, <u>the data always must be fit for purpose and collected using rigorous methods</u>

https://www.cdc.gov/mmwr/volumes/71/wr/mm7137e1.htm

Information for Healthcare Providers: Tecovirimat (TPOXX) for Treatment of Mpox

Updated February 28, 2023 Print

On This Page

EAP should never hinder RCT enrollment!

STOMP Clinical Study Information

Providers should inform patients about the Study of Tecovirimat for Human Mpox Virus (STOMP) for their voluntary participation. If enrollment in STOMP is not feasible for a patient (e.g., a clinical trial site is not geographically accessible), tecovirimat use under CDC's expanded access protocol should be in concert with CDC's guidance for treatment. Demographics of patients receiving tecovirimat under the EA-IND are available on CDC's website.

https://www-cdc-gov.proxy.library.nyu.edu/poxvirus/mpox/clinicians/obtaining-tecovirimat.html

Findings from TPOXX EA-IND protocol

- From May-August 2022, 549 patients with virus treated with tecovirimat under EA protocol, 369 patients with outcome forms including hospitalization data for 331 patients.
- "Tecovirimat is generally well tolerated, and these data support continued access treatment with tecovirimat during current outbreak."
- "No control group was available for comparison; therefore, no conclusions can be drawn regarding the effectiveness of tecovirimat to treat monkeypox based on these data."

https://www.cdc.gov/mmwr/volumes/71/wr/mm7137e1.htm

Study of Tecovirimat for Human Mpox Virus (STOMP) Protocol

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Assistant Professor of Medicine at Johns Hopkins School of Medicine
Clinical Chief for STI Services at Baltimore City Health Department
Co-Developer of AIDS Clinical Trial Group's (ACTG) STOMP protocol

STOMP
Study of Tecovirimat for Human Monkeypox Virus

JOHNS HOPKINS
SCHOOL of MEDICINE

Disclosures

- Consulting
  - Roche diagnostics
  - GSK
- Writing royalties
  - Clinical Care Options
  - UpToDate

Tecovirimat for mpox - a very brief history

- 2018, Tecovirimat approved to treat **smallpox** by the under the "Animal Rule"
  - This rule allows findings from animal studies to support an FDA approval when human trials are not possible
  - No smallpox circulating to test Tecovirimat against a real-world infection, the drug qualified for this rule and was approved to treat smallpox
- The 2018 approval did not include **mpox**
  - CDC and FDA collaborated in 2022 to establish an Expanded Access—Investigational New Drug (EA-IND) pathway for Tecovirimat for use to treat mpox in the event of an outbreak

Call Center: 1-855-876-9997 (U.S. only)

STOMP

Study of Tecovirimat for Human Monkeypox Virus

STOMP About the Study Participating Research Sites

NOW ENROLLING REMOTELY ACROSS THE UNITED STATES!

Call today for more information: 1-855-876-9997

https://www.stomptpoxx.org/main

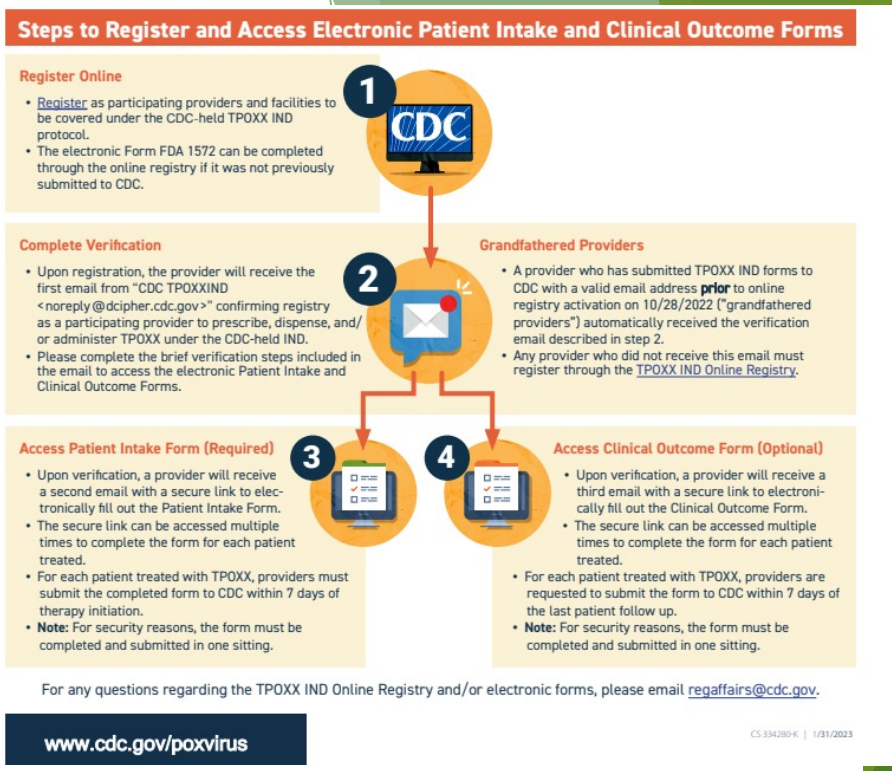
ACTG & STOMP protocol

- AIDS Clinical Trials Group (ACTG), established in 1987
- ACTG is the largest HIV clinical trials organization in the world and has conducted major trials that have advanced the standard of care for people living with HIV in the United States and around the world
- The ACTG is funded by the National Institutes of Health (NIH) through the National Institute of Allergy and Infectious Diseases (NIAID)
- The scientific priorities of the ACTG network include research to:
- Identify strategies to **cure and/or achieve a functional** cure for HIV
- Improve the **diagnosis** and **treatment** of **tuberculosis**, especially in those co-infected with HIV
- Identify strategies to cure **infectious hepatitis**
- Prevent or improve the treatment of, **non-infectious co-morbidities** and evaluate novel interventions targeting HIV Infection
- Improve the **treatment for viral related malignancies** in HIV-infected adults

https://www.massgeneral.org/medicine/infectious-diseases/treatments-and-programs/aids-clinical-trial-group

STOMP and other mpox protocols

- STOMP to enroll 530 people https://clinicaltrials.gov/ct2/show/NCT05534984
- 2 randomized arms TPOXX or placebo (2:1)
  - Double blind
  - If deterioration --> open label arm and receive TPOXX
  - Started 9/12/2022
  - EA-IND May 2022
- The third arm is open label
  - People with more severe mpox infection
  - people who have immune suppression
  - children
  - pregnant people
- Other studies
  - PLATINUM (UK)
  - https://www.platinumtrial.ox.ac.uk/ (paused 3 April 2023)
  - PALM initiated in 2018 in DRC (NIAID and the DRC Ministry of Public Health), N=450, phase 2. 1:1
    - Started Oct 2022
  - CAR EA (Clade 1) (12/2021 - 2/2022)



N Engl J Med. 2022 Dec 15;387(24):2294-2295. doi: 10.1056/NEJMc2210015. Epub 2022 Nov 30.

Tecovirimat for Monkeypox in Central African Republic under Expanded Access

Festus Mbrenga [1], Emmanuel Nakouné [1], Christian Malaka [1], Josephine Bourner [2], Jake Dunning [2], Guy Vernet [1], Peter Horby [3], Piero Olliaro [3]

Affiliations + expand

PMID: 36449745 PMCID: PMC10117058 DOI: 10.1056/NEJMc2210015

Design considerations

- Lots of discussions about randomization ration, 2:1 chosen to increase chance of active drug
- Discussions around open label and switch from randomized to open label
- Dose 600mg 359 healthy adults (18-79 years)
  - 336 participants received at least 23 of 28 doses of 600 mg tecovirimat in a twice daily regimen for 14 days [Gibson and Leibowitz 2019]
  - 59% female, 69% White, 28% Black/African American, 1% Asian, and 12% Hispanic or Latino ethnicity
  - Ten percent of the participants were 65 or older
- STOMP trial sites initially all existing ACTG sites in the US
  - Expansion outside of ACTG
  - Expansion outside of US: Peru, Brazil, South Africa, Mexico

https://actgnetwork.org/studies/a5418-study-of-tecovirimat-for-human-monkeypox-virus-stomp/

Evidence of tecovirimat efficacy

- Efficacy of tecovirimat in nonhuman primate (monkeypox (name in 2018)) and rabbit (rabbitpox) models
  - The minimum dose of tecovirimat required in order to achieve more than 90% survival in the monkeypox model was 10 mg per kilogram of body weight for 14 days
- CAR 600 mg BID
- EA-IND n= 549 (5/2022 - 8/2022)
- Among 369 patients, few adverse events were reported

Clinical Use of Tecovirimat (Tpoxx) for Treatment of Monkeypox Under an Investigational New Drug Protocol — United States, May–August 2022

Weekly / September 16, 2022 / 71(37);1190–1195

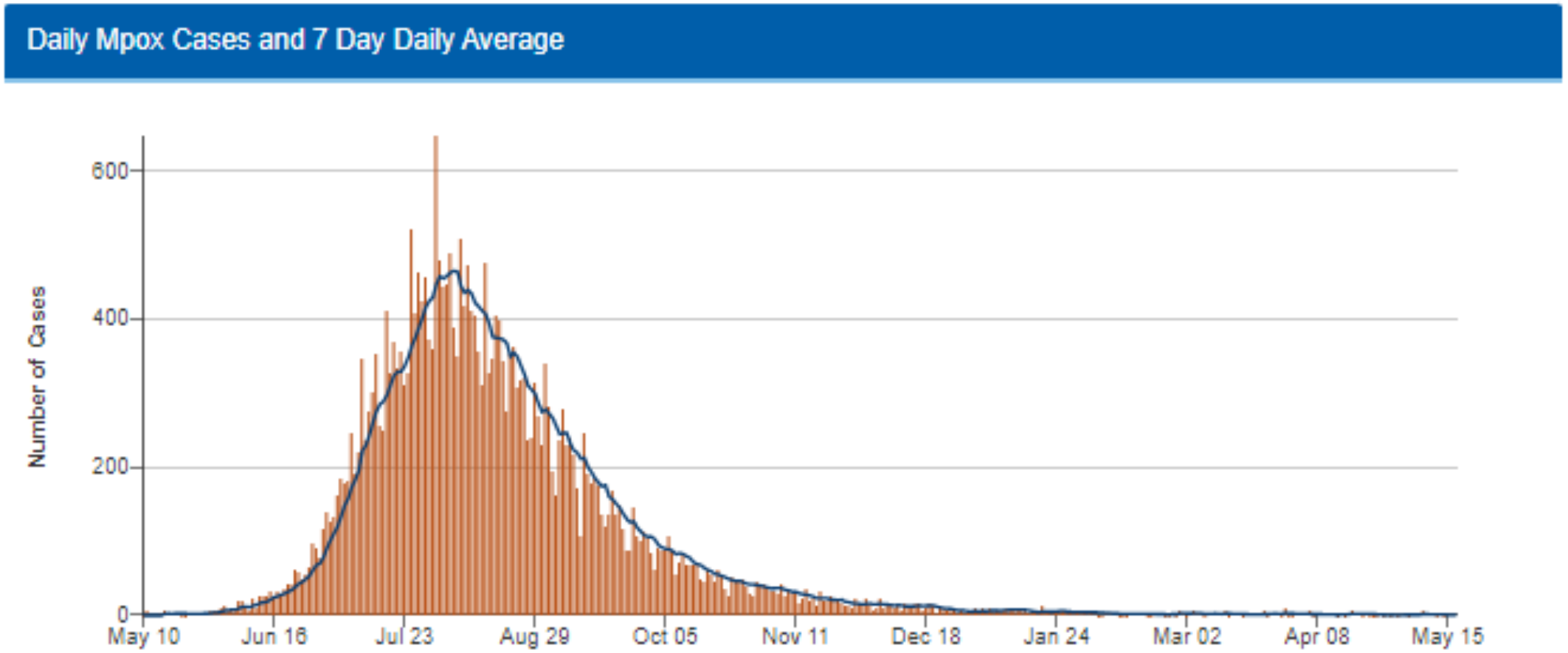
On September 9, 2022, this report was posted online as an MMWR *Early Release.*

Kevin O'Laughlin, MD[1,*]; Farrell A. Tobolowsky, DO[1,*]; Riad Elmor, MS[2]; Rahsaan Overton, MPH[1]; Siobhán M. O'Connor, MD[1]; Inger K. Damon, MD, PhD[1]; Brett W. Petersen, MD[1]; Agam K. Rao, MD[1]; Kevin Chatham-Stephens, MD[1]; Patricia Yu, MPH[1,†]; Yon Yu, PharmD[1,†]; CDC Monkeypox Tecovirimat Data Abstraction Team (VIEW AUTHOR AFFILIATIONS)

- STOMP if >120 kg dose is 600mg BID
  - Participants will be seen weekly through day 29
  - Participants will be seen at day 57 to assess for possible recrudescence of infection (i.e., new lesions occurring after initial resolution of disease)

STOMP status

- Continuing recruitment
- Slow



Moderated Discussion

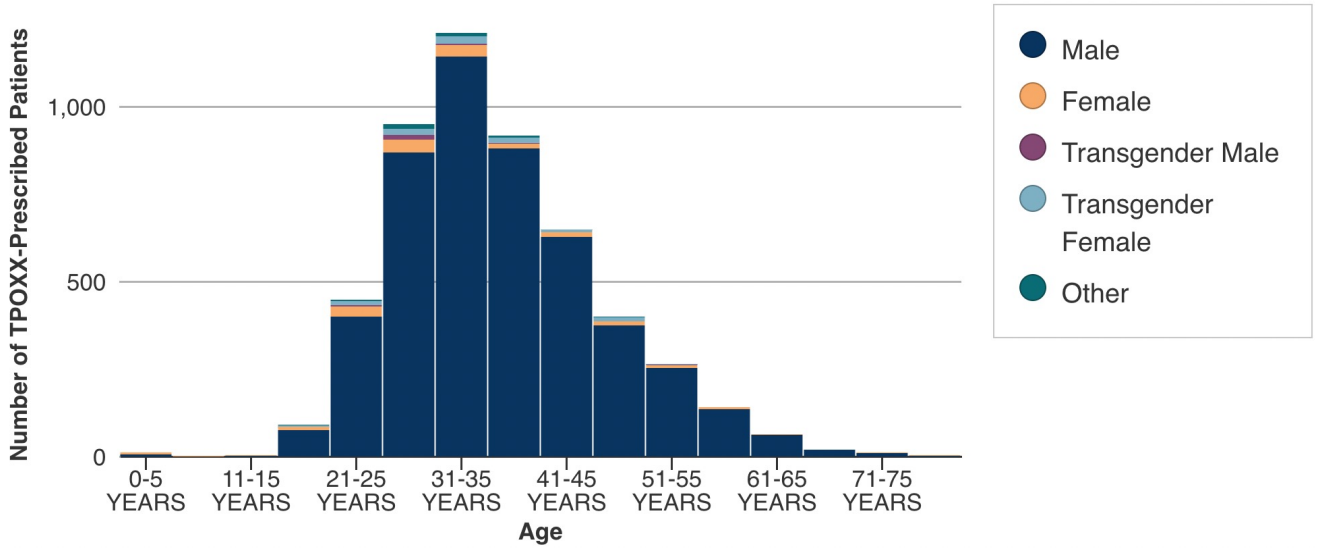
TABLE 2. Clinical outcomes abstracted from outcome forms of patients with *Monkeypox virus* infection who received tecovirimat (Tpoxx) under the Food and Drug Administration–regulated Expanded Access Investigational New Drug protocol (N = 369) — United States, May–August 2022

Outcome (no. unknown or missing)	No. (%)
Hospitalized (38)	
Yes*	23 (6.9)
Intensive care unit*	2 (0.6)
No	308 (93.1)
Outcome† (52)	
Recovered without sequelae	189 (59.6)
Recovered with sequelae	41 (12.9)
Not yet recovered	87 (27.4)
Days to subjective improvement§ (114)	
Median, days (IQR)	3.0 (2–4)
Adverse event¶ (29)	
Yes	12 (3.5)
No	328 (96.5)
Median no. of days to follow up after treatment initiation (IQR)**	
During treatment: assessment A (day 1–7)	6 (4–7)
During treatment: assessment B (day 8–14)	10 (8–13)
Posttreatment: assessment C	21 (20–23)
Assessment A (day 1–7) (156)	213 (57.7)
New lesions (22)	
Yes	25 (13.1)
No	166 (86.9)
All lesions crusted and healed with new layer of skin (59)	
Yes	49 (31.8)
No	105 (68.2)
Assessment B (day 8–14) (187)	182 (49.3)
New lesions (19)	
Yes	22 (13.5)
No	141 (86.5)
All lesions crusted and healed with new layer of skin (25)	
Yes	78 (49.7)
No	79 (50.3)
Assessment C (posttreatment) (225)	144 (39.0)
New lesions (7)	
Yes	3 (2.2)
No	134 (97.8)
All lesions crusted and healed with new layer of skin (11)	
Yes	119 (89.5)
No	14 (10.5)

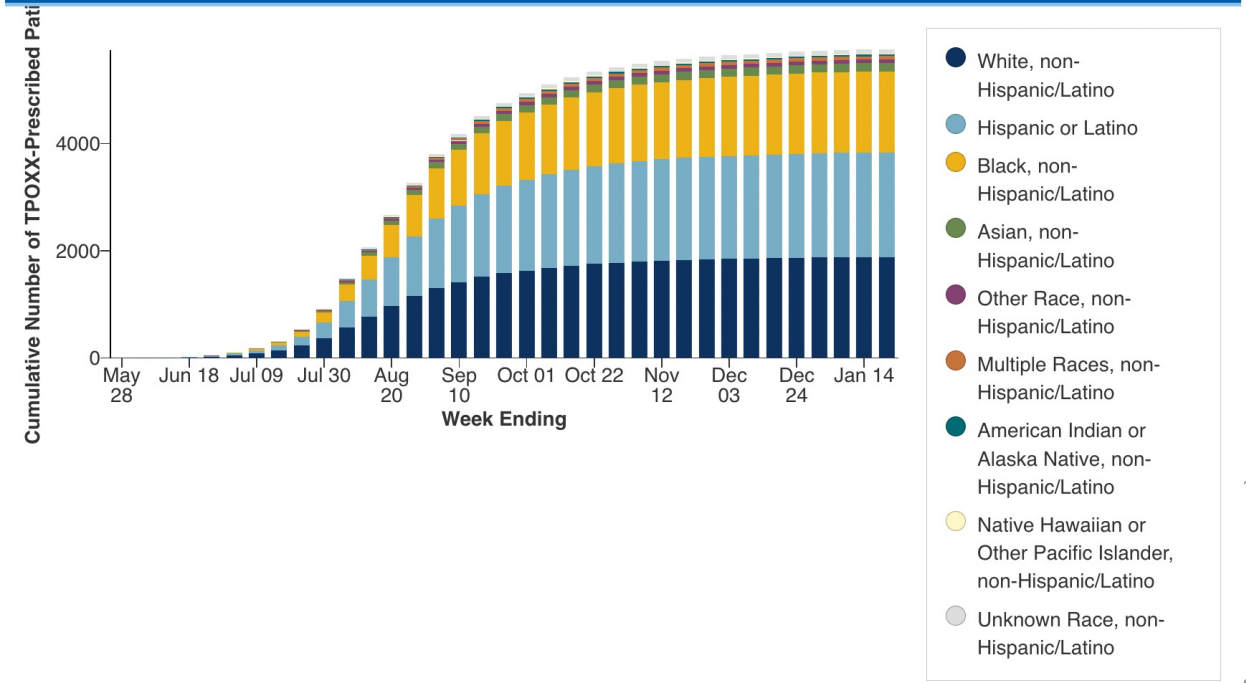

Morbidity and Mortality Weekly Report

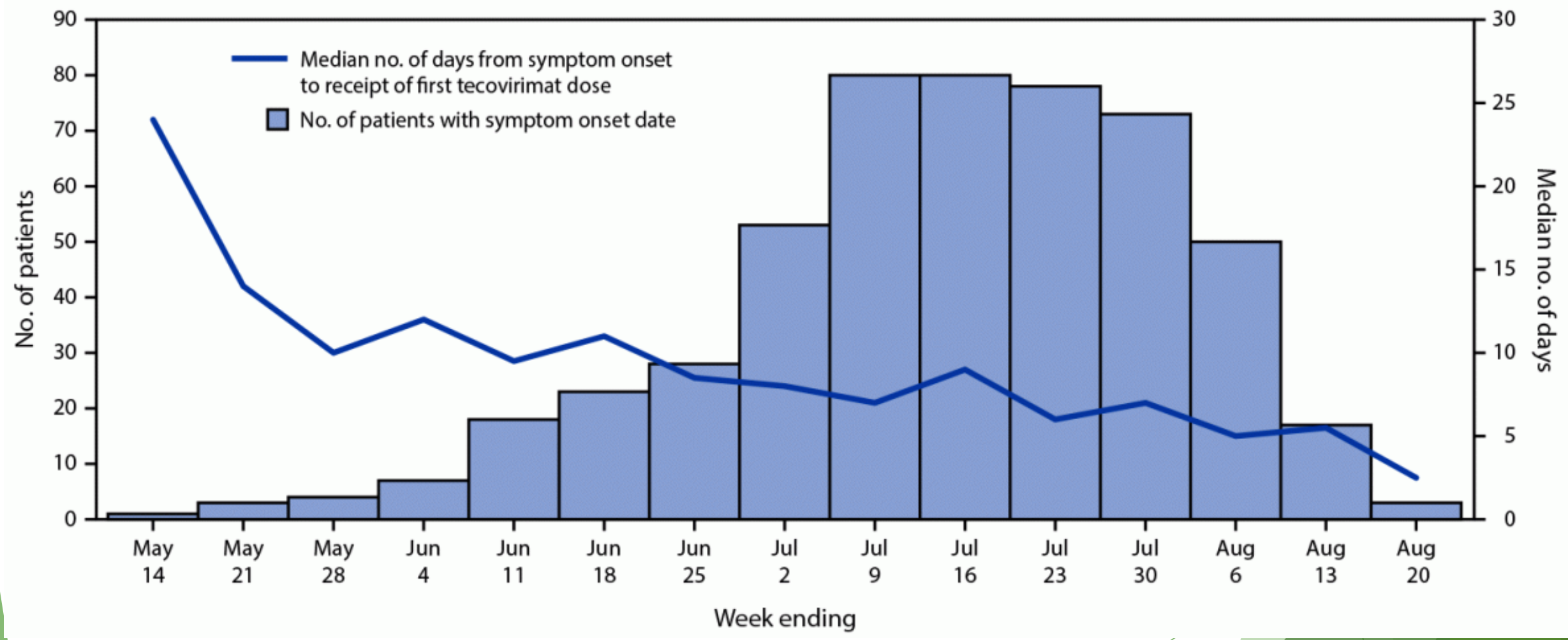
Clinical Use of Tecovirimat (Tpoxx) for Treatment of Monkeypox Under an Investigational New Drug Protocol — United States, May–August 2022

Cumulative Number of TPOXX-prescribed Patients Reported to CDC: Age and Gender



Cumulative Number of TPOXX-prescribed Patients Reported to CDC: Race/Ethnicity by Week




Median no. of days from symptom onset to receipt of first tecovirimat dose
No. of patients with symptom onset date
No. of patients
Median no. of days
Week ending
0
10
20
30
40
50
60
70
80
90
0
5
10
15
20
25
30
May 14
May 21
May 28
Jun 4
Jun 11
Jun 18
Jun 25
Jul 2
Jul 9
Jul 16
Jul 23
Jul 30
Aug 6
Aug 13
Aug 20

Gay, bisexual, and other men who have sex with men are taking steps to protect themselves and their partners from mpox.

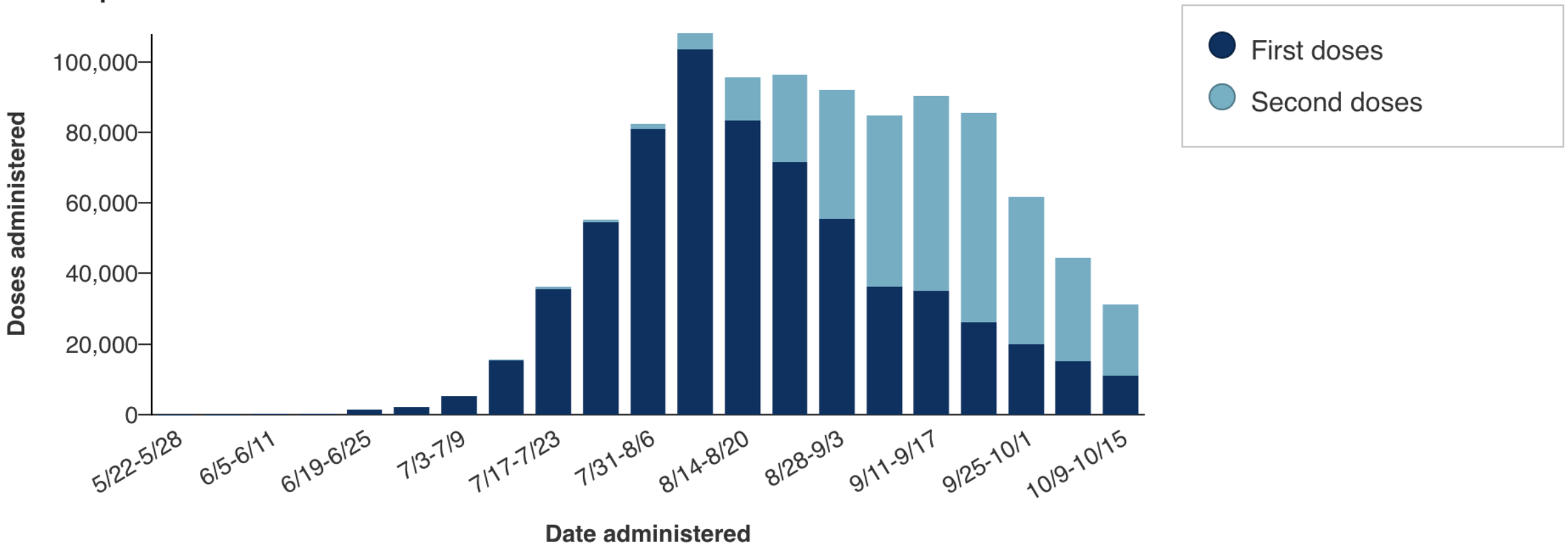
48%
reduced number of sex partners

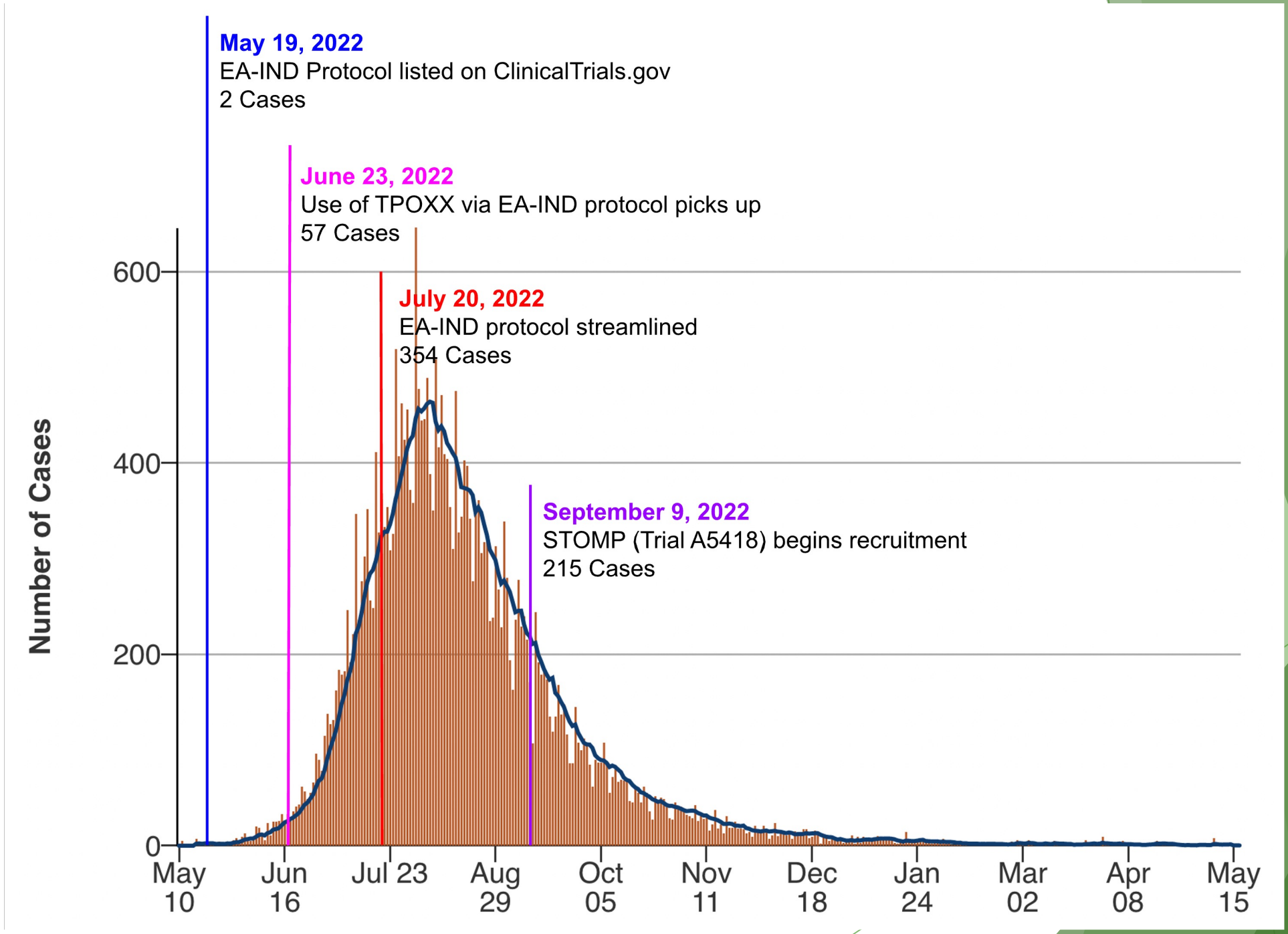
50%
reduced one-time sexual encounters

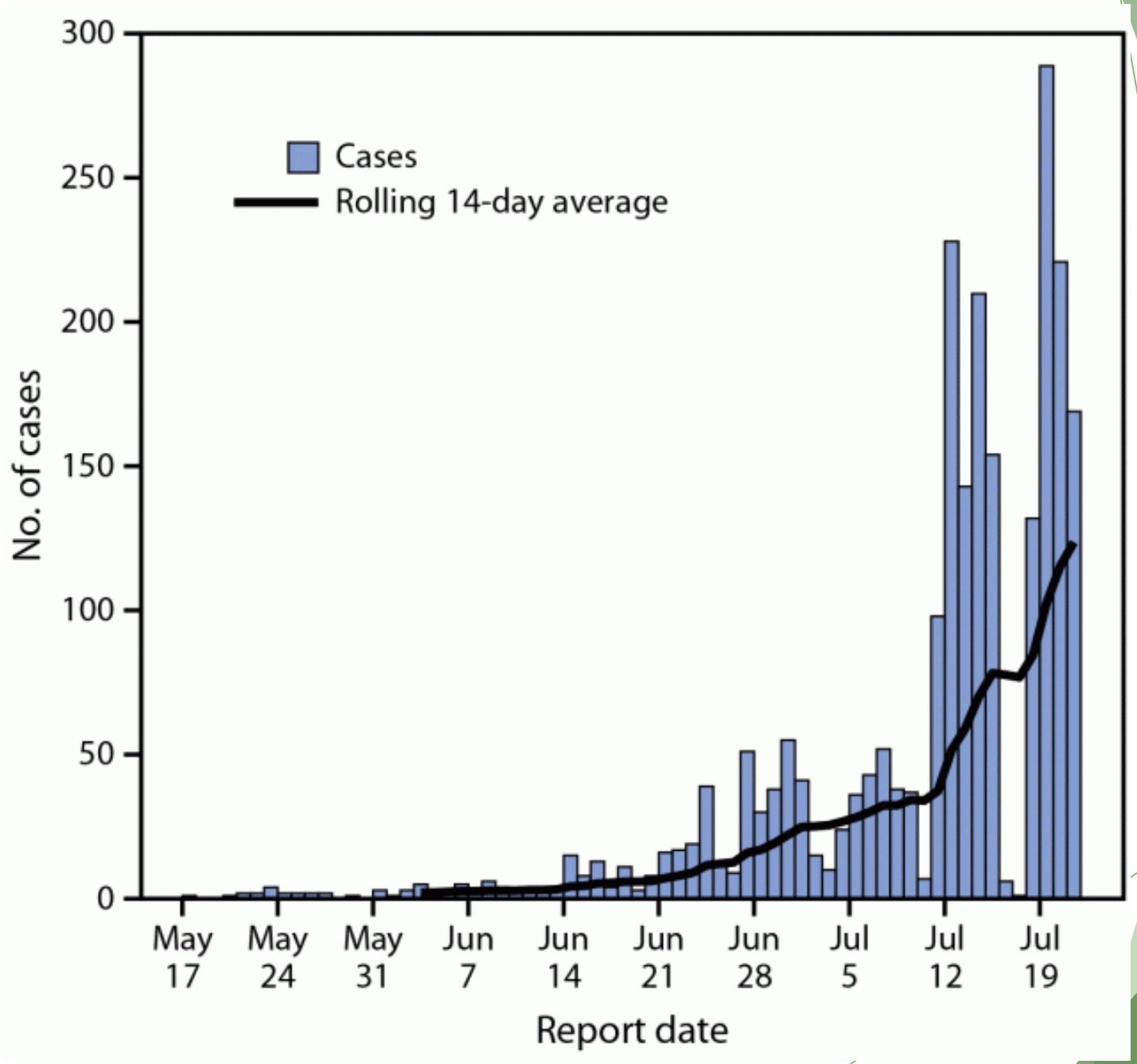
50%
reported reducing sex with partners met on dating apps or at sex venues

Monkeypox Vaccine Administered, by Dose Number and Date of Administration

Data Reported to CDC as of October 21, 2022




May 19, 2022
EA-IND Protocol listed on ClinicalTrials.gov
2 Cases
June 23, 2022
Use of TPOXX via EA-IND protocol picks up
57 Cases
July 20, 2022
EA-IND protocol streamlined
354 Cases
September 9, 2022
STOMP (Trial A5418) begins recruitment
215 Cases
Number of Cases
600
400
200
0
May 10
Jun 16
Jul 23
Aug 29
Oct 05
Nov 11
Dec 18
Jan 24
Mar 02
Apr 08
May 15


300
250
200
150
100
50
0
No. of cases
Cases
Rolling 14-day average
May 17
May 24
May 31
Jun 7
Jun 14
Jun 21
Jun 28
Jul 5
Jul 12
Jul 19
Report date

Forbes

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CDC Issues New Mpox Alert After 12 Confirmed Cases In Chicago

Bruce Y. Lee Senior Contributor
I am a writer, journalist, professor, systems modeler, computational and digital health expert, avocado-...

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May 17, 2023, 09:42am EDT

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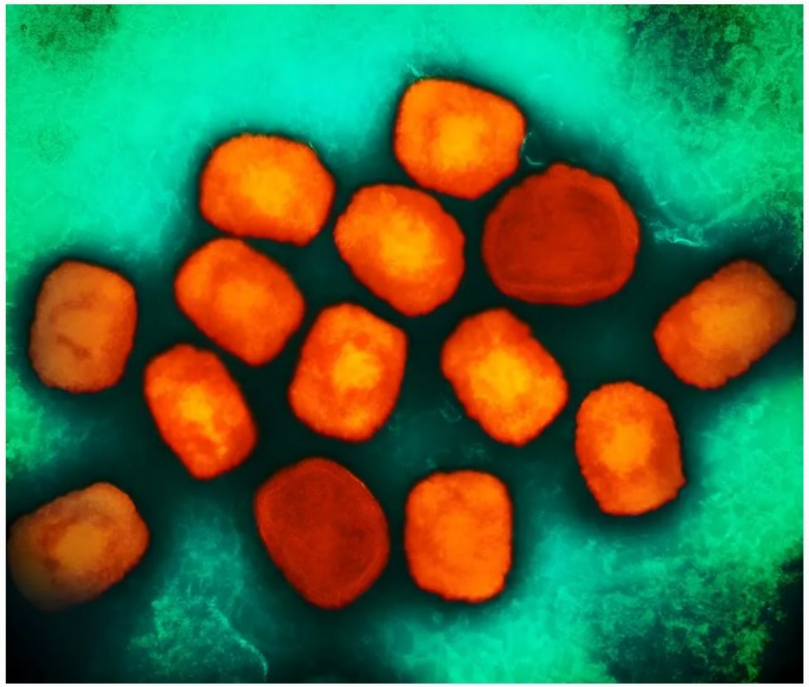

The Chicago Department of Public Health (CDPH) reported what they called a "resurgence of mpox." ... [+] BSIP/UNIVERSAL IMAGES GROUP VIA GETTY IMAGES

Closing Remarks

Thank you to the SCT Planning Committee

Thanks to Lisa Aguado!

NYU Grossman School of Medicine

CUPA

Johns Hopkins School of Medicine

Baltimore City Health Department

AIDS Action Baltimore

SCT Society for Clinical Trials

STOMP

Study of Tecovirimat for Human Monkeypox Virus