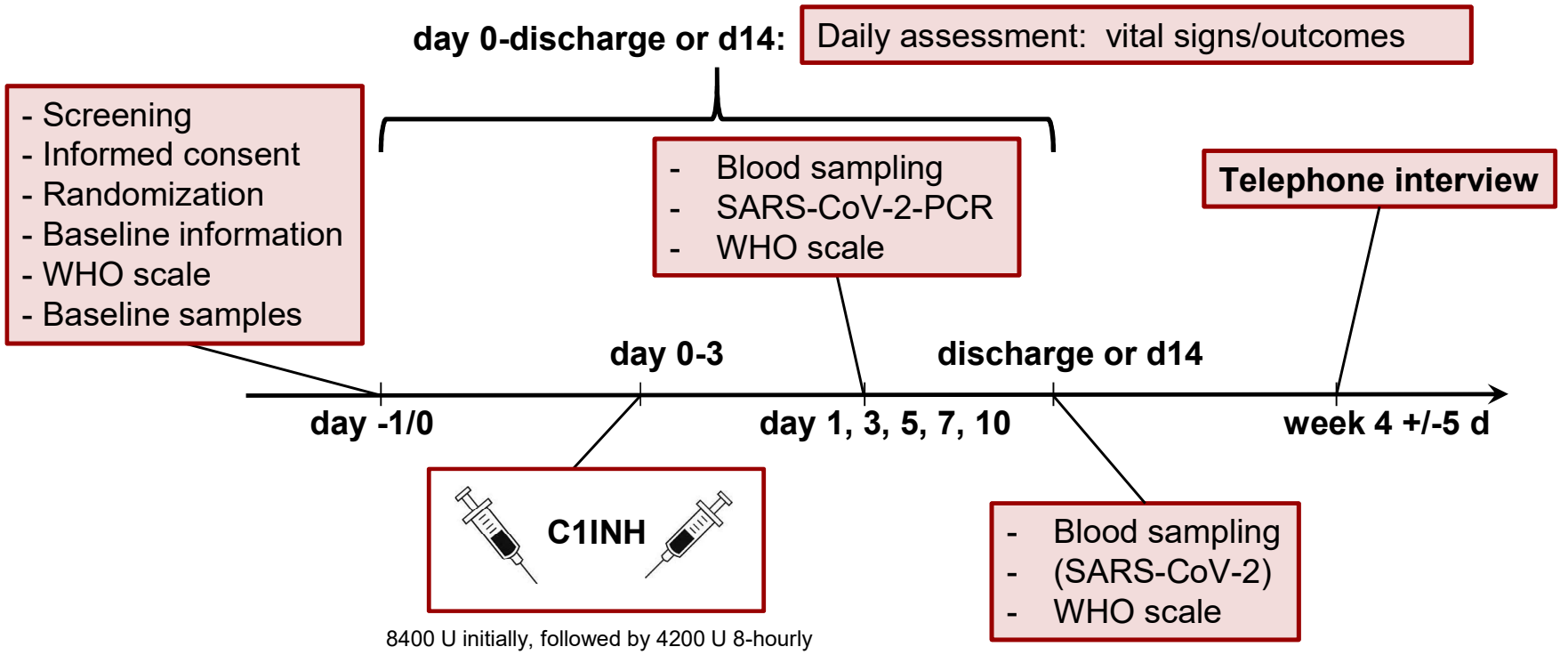
03
Current status

Study design

- **Study design**: open-label, multi-national (CH, Brazil, Mexico) randomized-controlled trial, n=120 patients, randomization in 2:1 ratio to conestat alfa for 3 days or standard of care
- **Target population:** non-critically ill patients with COVID-19 at risk for deterioration and admission to ICU



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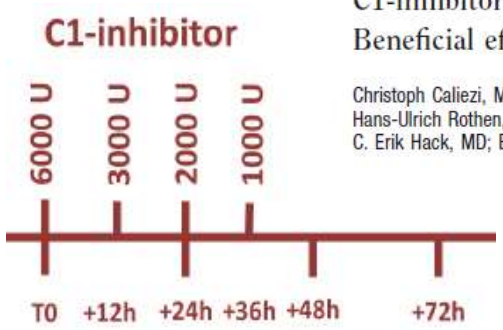
Dosing considerations



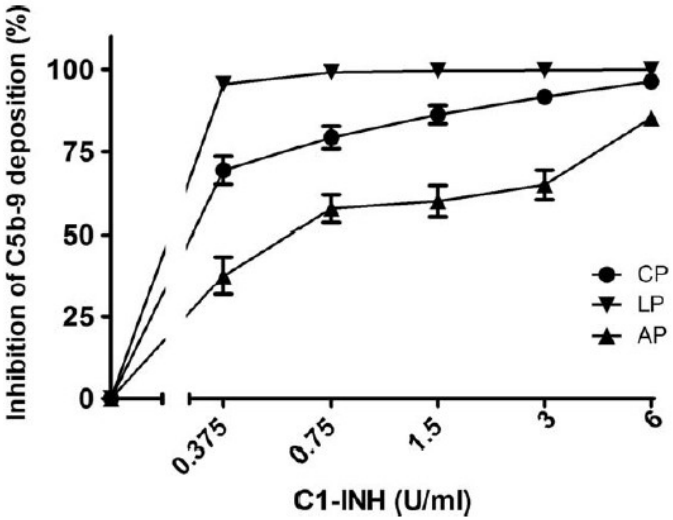
C1-inhibitor in patients with severe sepsis and septic shock: Beneficial effect on renal dysfunction

Christoph Caliezi, MD; Sacha Zeerleder, MD; Maurice Redondo, MD; Bruno Regli, MD; Hans-Ulrich Rothen, MD, PhD; Regula Zürcher-Zenklusen, MD; Robert Rieben, PhD; Jan Devay, PhD; C. Erik Hack, MD; Bernhard Lämmle, MD; Walter A. Wuillemin, MD, PhD

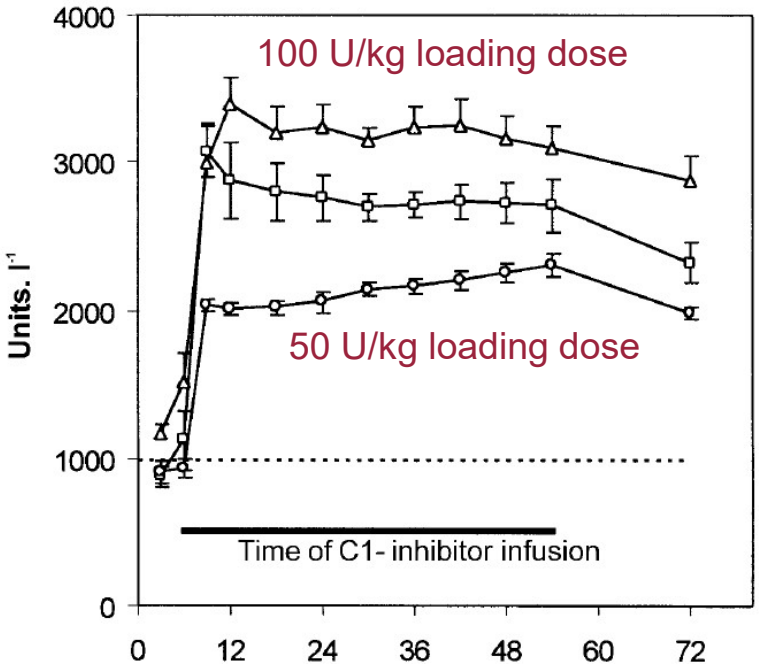
Continuous 48-h C1-inhibitor treatment, following reperfusion therapy, in patients with acute myocardial infarction

C. de Zwaan[1], A. H. Kleine[2], J. H. C. Diris[2], J. F. C. Glatz[4], H. J. J. Wellens[1], P. F. W. Strengers[3], M. Tissing[3], C. E. Hack[3], M. P. van Dieijen-Visser[2] and W. T. Hermens[4]

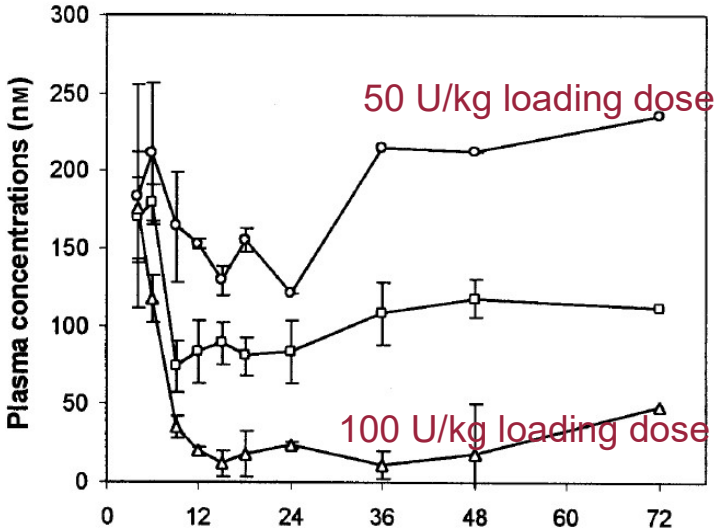
Complement inhibition



C1INH activity



C4b/c



De Zwaan C, Eur Heart J 2002
Caliezi C, Crit Care Med 2002
Poppelaars F, Clin Exp Immunol 2016

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