

A Phase 3, randomised trial investigating the safety, tolerability and immunogenicity of V116, an adult-specific pneumococcal conjugate vaccine, compared with PPSV23, in adults ≥ 50 years of age (STRIDE-10)

bodil Elbrond¹, Veronika Jotterand²

¹MSD Denmark, ²MSD, Lucerne, Switzerland

A Phase 3, randomised trial investigating the safety, tolerability and immunogenicity of V116, an adult-specific pneumococcal conjugate vaccine, compared with PPSV23, in adults ≥ 50 years of age (STRIDE-10)

Veronika Jotterand¹, Vinita Jagannath², Andrea Accini Diaz³, Juan Diego Velez⁴, Arna Letica⁵, Silvia Narejos Perez⁶, Rebecca Clark⁷, Yoseph Caraco⁸, Olaf Degen⁹, Kyung-Hwa Park¹⁰, Serhat Unal¹¹, Frederick Wittke¹², Kimberly Hurtado¹³, Clay Churchill¹³, Ying Zhang¹³, Doreen Fernsler¹³, Jianing Li¹³, Ulrike K Buchwald¹³, Heather Platt¹³

1MSD, Lucerne, Switzerland; 2MSD, London, UK; 3 IPS Centro Cientifico Asistencial S.A.S, Colombia; 4Fundacion Valle del Lili, Cali, Colombia; 5Optimal Clinical Trials, Auckland, New Zealand; 6CAP Centelles, Barcelona, Spain; 7Layton Medical Centre, Blackpool, UK; 8Hadassah-Hebrew University Medical Center, Jerusalem, Israel; 9University Medical Center Hamburg-Eppendorf, Hamburg, Germany; 10Chonnam National University Medical School, Gwangju, South Korea; 11Hacettepe University School of Medicine, Ankara, Turkey; 12MSD, Zurich, Switzerland; 13Merck & Co., Inc., Rahway, NJ, USA.

Background

Pneumococcal disease (PD) burden remains an unmet need in adults. V116 is an adult-specific pneumococcal conjugate vaccine containing prevalent serotypes associated with PD in adults from regions with established paediatric vaccination programmes. STRIDE-10 study evaluated the safety and immunogenicity of V116 compared to 23-valent pneumococcal polysaccharide vaccine (PPSV23) in pneumococcal vaccine-naïve adults aged ≥ 50 years.

Methods

Participants were randomised 1:1 to receive one dose of V116 or PPSV23. Pneumococcal serotype-specific opsonophagocytic activity (OPA) was measured at baseline (Day 1) and 30 days post-vaccination (Day 30). The primary objectives were to evaluate non-inferiority and superiority of immune responses for common and unique serotypes between V116 and PPSV23, respectively.

Results

In total, 1480 participants received either V116 (n=739) or PPSV23 (n=741). V116 was non-inferior to PPSV23 for the 12 common serotypes and was superior to PPSV23 for the 9 unique serotypes in V116, based on serotype-specific OPA geometric mean titres at Day 30 (Table 1). The proportion of participants with a ≥ 4 -fold rise in OPA from baseline to Day 30 following V116 was superior to PPSV23 for 8 out of 9 unique serotypes (except serotype 15C; Table 2). AEs were reported in 61.0% of V116 and 56.8% of PPSV23 recipients.

Conclusions

V116 is non-inferior to PPSV23 for the common serotypes and superior to PPSV23 for the serotypes unique to V116 based on OPA GMTs at Day 30 and has a safety profile comparable to PPSV23. These findings support V116 as a novel population-specific vaccine for the prevention of PD in adults.

Key words: Vaccinology, clinical trials, pneumococcal

Table 1. Analysis of OPA GMTs at Day 30 after vaccination

Pneumococcal serotype	V116		PPSV23		GMT ratio [†] (V116/PPSV23)	(95% CI) ^{†,‡}
	n	GMT [†]	n	GMT [†]		
Common serotypes in V116 and PPSV23 (non-inferiority analysis§)						
3	725	230.4	729	211.5	1.09	(0.96, 1.23)
7F	729	4876.7	732	3314.6	1.47	(1.29, 1.68)
8	730	3379.6	733	2882.1	1.17	(1.04, 1.32)
9N	728	7346.6	729	6545.9	1.12	(1.00, 1.26)
10A	725	4382.9	726	2818.7	1.55	(1.37, 1.77)