

# Translation and early phase research at MHH

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## ZKS & Early Clinical Trial Unit (ECTU)

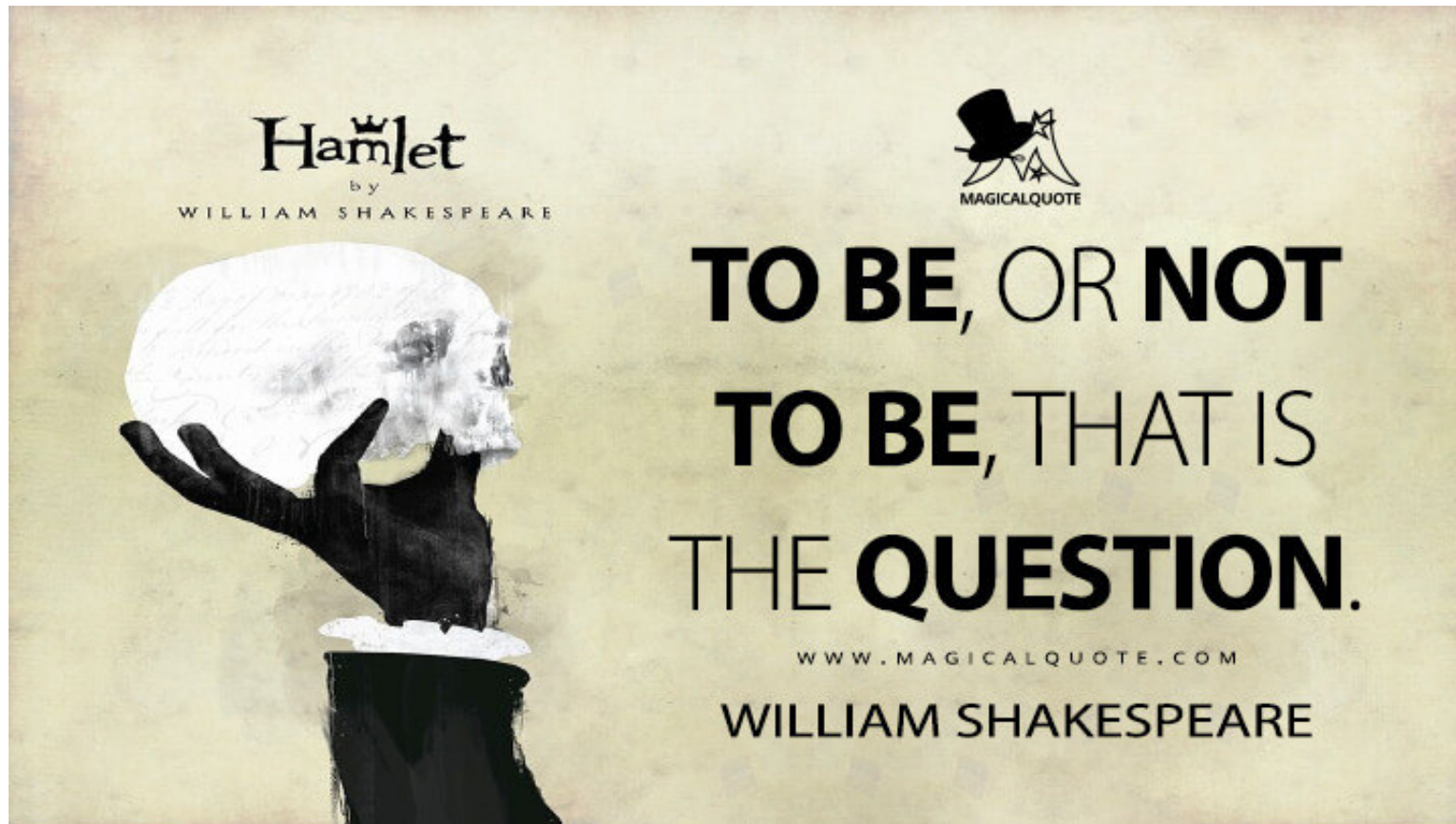
Prof. Dr. med. Christoph Schindler  
ZKS – Center for Clinical Trials, OE 8660 & 8661  
Feodor-Lynen-Straße 15  
30625 Hannover

MHH

Hannover Medical School



Zentrum für Klinische  
Studien der MHH



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# Translational Medicine

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- is a way to overcome the **extreme specialization**
- implies **evolution** in **thinking** and **organizing research centers**, especially also *university students*, in order to create a continuous flow of knowledge and bidirectional operation that goes **from the laboratory to the bedside**.
- Root is the **collaboration** between various professionals, each skilled and specialized in their field, knowledge of which can certainly be transformed into an **added value** as well as **economic ensuring** concrete results in even shorter time.

Translational Medicine @ UniSa, - ISSN 2239-9747 2013, 5(3): 5-6



## NIH Public Access

### Author Manuscript

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Published in final edited form as:

*Transl Res.* 2012 June ; 159(6): 430–453. doi:10.1016/j.trsl.2011.12.009.

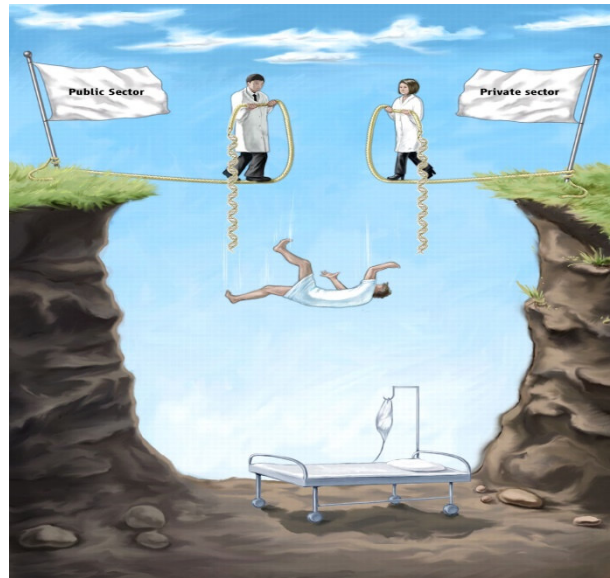
## Translational research in infectious disease: current paradigms and challenges ahead

Judith M. Fontana, PhD<sup>a</sup>, Elizabeth Alexander, MD<sup>b</sup>, and Mirella Salvatore, MD<sup>a,b</sup>

<sup>a</sup>Department of Public Health, Weill Cornell Medical College, New York, NY 10065.

<sup>b</sup>Department of Medicine, Weill Cornell Medical College, New York, NY 10065.

**Bridging the gaps:**  
„Turning scientific *promise*  
into clinical *practice*.“



**„Interdisciplinarity“**

*Basic Scientists and researchers,  
regulatory experts, project managers,  
physicians, clinician scientists, etc. ...*

Mills IG and Sykes RB: Taking risks  
with translational research. *Sci  
Transl Med.* 2, 24-10 2010

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# Requirements for Translational Medicine

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## Translation in University Medicine in Germany

- 1) **Research possibility:** 3.1 billion state contribution (LZB), 1.5 third p.
- 2) **Patient access:** 1.76 million in patients, 6.3 mio outpatients
- 3) **Infrastructure:** *variable* – at MHH: CRC Hannover (ECTU)

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## Translation in University Medicine

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- **170.000** employees in University Medicine work in institutions with an annual turnover of **15 – 17 billion** Euro (source: German Federal Office of Statistics)
- The **education** of young academics takes exclusively place in University Medicine
- Biomedical cutting edge research is *impossible* without University Medicine (e.g. Excellence Initiative)



German University Medicine is the *perfect place* to **conduct Translational Medicine Projects**, because all necessary requirements are fulfilled !

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## German Science Council – recommendations infrastructure

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- All **university hospitals** should continuously provide **basic infrastructure** for clinical trials (expert advise, administrative support and infrastructure).
- Establishment of comprehensive **Clinical Trial Units** as basic infrastructure
- **Permanent funding** of both *infrastructure* and *specialized staff* recommended (by german federal states or universities).
- **Reservation** of clearly defined independent spacial capacities *only* and *exclusively* for early phase proof of concept trials.

Strategiepapier für den Aufbau von Forschungsnetzwerken für klinische Studien in Deutschland. AG Infrastruktur in den Lebenswissenschaften des Forums Gesundheitsforschung, an BMBF 9.8.18

**Wissenschaftsrat** Empfehlungen Drs. 7301-18 ; **Hannover 19.10.2018**

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# Clinical Research Center (CRC) Hannover

## Concept – Translational Infrastructure

**Partner Alliance** consists of MHH University Medicine and two Life Science research organisations:

- Hannover Medical School (MHH)
- Fraunhofer Institute for Toxicology and Experimental Medicine (ITEM)
- Helmholtz-Center for Infectious Diseases (HZI)

### Purpose:

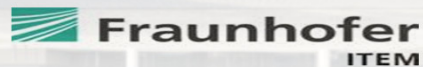
- **Provide Infrastructure for early clinical studies (MHH and ITEM); unique QMS**
  - **Phase I:** First-in-man
  - **Phase IIa:** Proof-of-concept
- Infrastructure for National Cohort (HZI)
- **Hannover Unified Biobank HUB (MHH)**



# CRC Hannover at MHH

✓ Translational Alliance Lower Saxony (TRAIN)

- 1) **BRICS** – biology and bioinformatics
- 2) **Centre of Drug Research** – drug discovery
- 3) **TWINCORE** – preclinical research in vaccine development
- 4) **CiiM** - Centre for Individualised Infection Medicine
- 5) **CRC** – early phase clinical research – translational infrastructure



Translationsallianz in Niedersachsen



**CiiM**

CENTRE FOR INDIVIDUALISED  
INFECTION MEDICINE



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# Clinical Research Center (CRC) Hannover

## Infrastructure for Early Phase Research

- ✓ **Research Ward 1**: Phase I unit with 20 intermediate care beds (CV-monitoring)
- ✓ **Research Ward 2**: comfortable accommodation for 20 study participants as inpatients
- ✓ **Outpatient area** for physical examination, medical and social interviews and for physician – patient interaction
- ✓ **Functional area** for special diagnostic procedures (eg. ECG, Echo, lung function, endoscopy (gastro-, colonoscopy, bronchoscopy, body plethysmography)
- ✓ **CRC Imaging Unit** (MRI for Clinical Research Purpose), 1.5 T MRI, 3T MRI
- ✓ **Central Biobanking** for research samples according to state of the art standards
- ✓ GMP-certified biomarker laboratory

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## Early Clinical Trial Unit (ECTU) at CRC

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**Photos:** Phase I Unit – MHH Medical Team ECTU

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# Clinical Research Center (CRC) Hannover

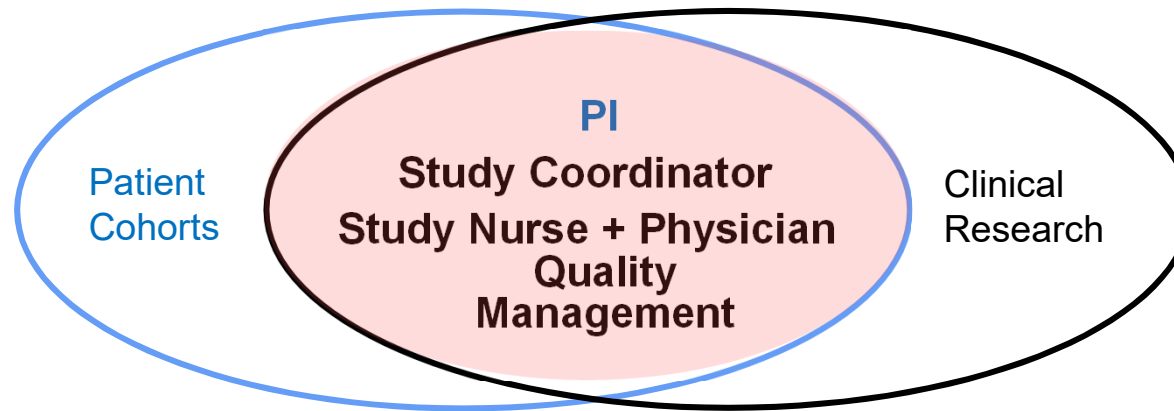
## Special Infrastructure Ophthalmology and ENT



# Clinical Research Center (CRC) Hannover

## Interdisciplinary Collaboration at MHH in the early phase

Medical  
Department



ECTU  
Team

- Medical and Scientific expertise of clinical department (PI)
- Responsibility for Medicine and Science
- Expert staff (e.g. specialized nurse)
- Recruiting of specific study populations

- Clinical Trials Operation / GCP expertise / Co-PI
- Responsibility for Quality Assurance (SOP system)
- Study Conduction (e.g. PK sampling) and coordination
- Study Team (Study Nurse, documentalist), study treatment and supervision

# Hannover Unified Biobank (HUB)

- Central Biobank of MHH
- Highest quality standards
- Standardized processes and automation
- Storage in nitrogen tanks at - 80 degree Celsius
- Tubes connected via Data Warehouse with clinical data

29  
Third party  
projects in 2022

3.205232  
Tubes stored

232  
projects

ISO 9001  
Certified since  
2015



„Die moderne Biobank-Infrastruktur und die Professionalität, Flexibilität und hohe Effektivität des Teams der Hannover Unified Biobank ermöglichen es uns, Bioproben von gleichbleibend hoher Qualität für unsere Forschungsprojekte zu nutzen. Dies ist ein wichtiger Grundstein für unsere Erfolge in der biomedizinischen Forschung.“

**PD Dr. Anke Kraft**

Klinik für Gastroenterologie, Hepatologie und Endokrinologie, Medizinische Hochschule Hannover

**Prof. Dr. Markus Cornberg**

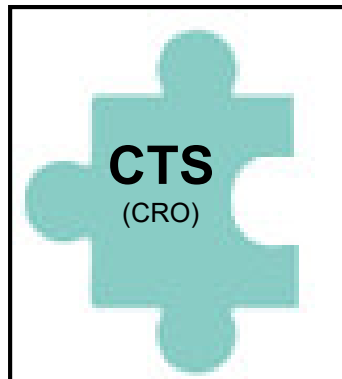
Zentrum für Individualisierte Infektionsmedizin (CiiM),  
c/o Clinical Research Center Hannover



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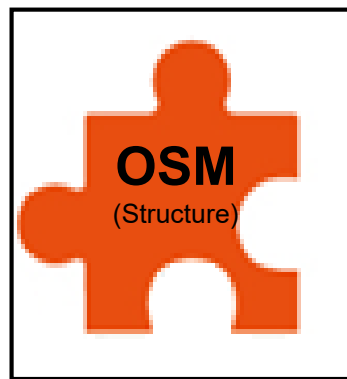
**MHH – ZKS**  
**Center for Clinical Trials**  
Staff Office of the CEO & President

section



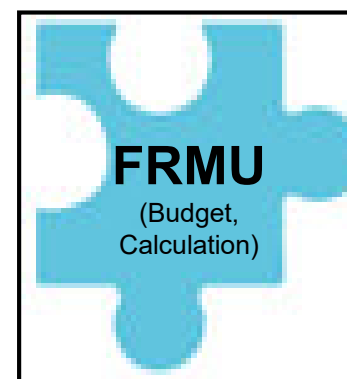
Clinical Trial Services

section



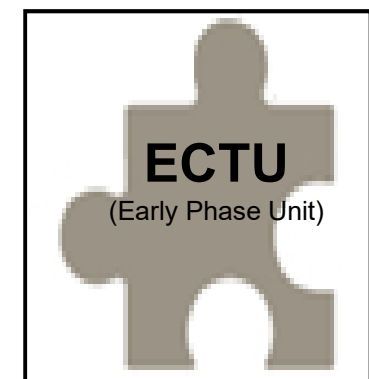
Structure and Quality

section



Financial Risk Management Unit

section



Early Clinical Trial Unit



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# Research Foci at MHH

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## I: Infection & Immunity



## II: Transplantation & Regeneration



## III: Biomedical Devices & Implants



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# Clinical Research Center (CRC) Hannover

## Collaboration with MHH Clinics and trial indications

- ✓ Immunology and Vaccination
- ✓ Neurology
- ✓ Psychiatry (Tourette, ADHS)
- ✓ Ophthalmology
- ✓ Ear Nose and Throat (ENT)

### Early Clinical Trial Unit:

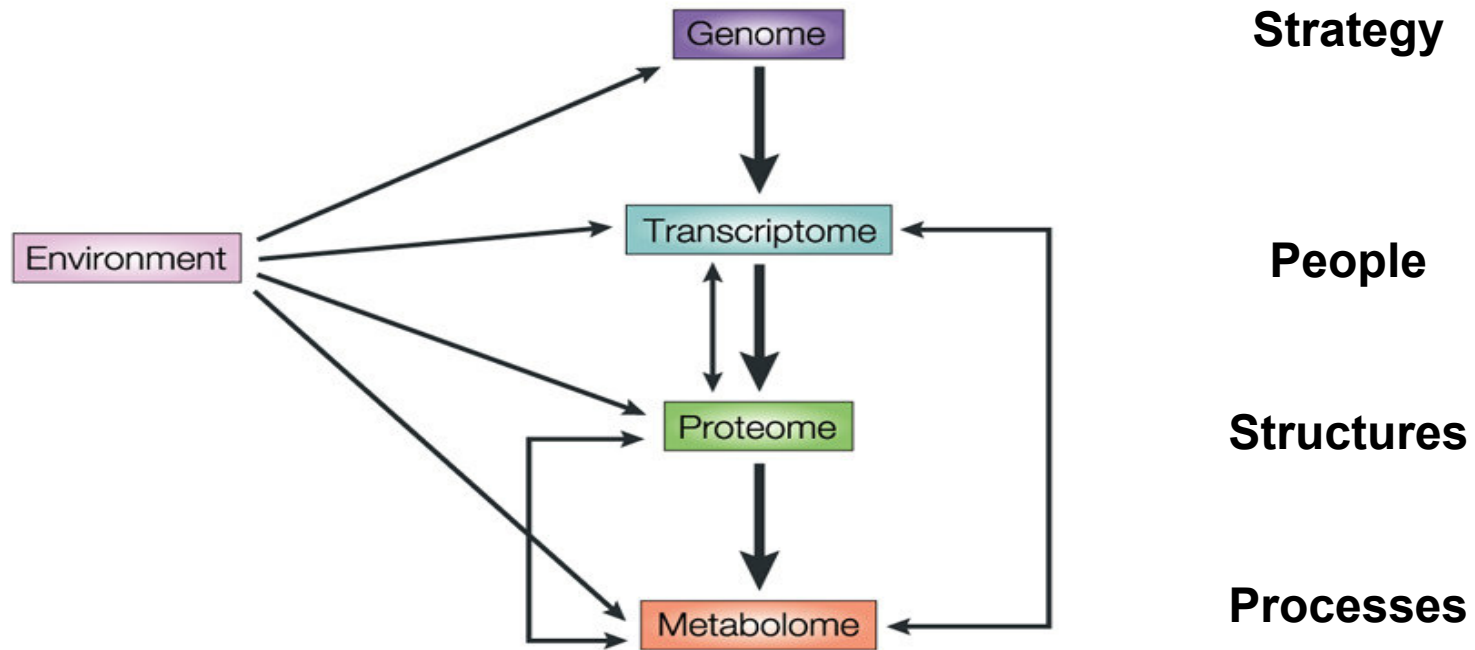
– Professional staff: 14



**70 – 80** patient contacts/month in complex early phase trials (ECTU only)

**Patient contacts 2022 (CRC in total):** 6703 patient contacts, 4202 for MHH

# Success in translation not ex nihilo



Nature Reviews | Cancer



## Pharmacological MRI (phMRI) of the Human Central Nervous System

H. Lanfermann · C. Schindler · J. Jordan ·  
N. Krug · P. Raab

Drug Development



## Usability of Functional MRI in Clinical Studies for Fast and Reliable Assessment of Renal Perfusion and Quantification of Hemodynamic Effects on the Kidney

The Journal of Clinical Pharmacology  
2017, 00(0) 1–7  
© 2017, The American College of  
Clinical Pharmacology  
DOI: 10.1002/jcph.1034

Tobias Getzin, MD<sup>1\*</sup>, Marcus May, MD<sup>2\*</sup>, Martina Schmidbauer, MD<sup>1</sup>,  
Marcel Gutberlet, PhD<sup>1</sup>, Petros Martirosian, PhD<sup>3</sup>, Reinhard Oertel, PhD<sup>4</sup>,  
Frank Wacker, MD<sup>1</sup>, Christoph Schindler, MD<sup>2†</sup>, and Katja Hueper, MD<sup>1†</sup>



Zentrum für Klinische  
Studien der MHH



Human Vaccines & Immunotherapeutics



ISSN: 2164-5515 (Print) 2164-554X (Online) Journal homepage: <http://www.tandfonline.com/loi/khvi20>

## Establishment of a cohort for deep phenotyping of the immune response to influenza vaccination among elderly individuals recruited from the general population

Manas K. Akmatov, Peggy Riese, Marcus May, Leonhard Jentsch, Malik W. Ahmed, Damaris Werner, Anja Rösel, Megan Tyler, Kevin Pessler, Jana Prokein, Inga Bernemann, Norman Klopp, Blair Prochnow, Stephanie Trittel, Aravind Tallam, Thomas Illig, Christoph Schindler, Carlos A. Guzmán & Frank Pessler

Investigational New Drugs

<https://doi.org/10.1007/s10637-018-0562-4>

PHASE I STUDIES



## Phase Ib study evaluating safety and clinical activity of the anti-HER3 antibody lumretuzumab combined with the anti-HER2 antibody pertuzumab and paclitaxel in HER3-positive, HER2-low metastatic breast cancer


Andreas Schneeweiss<sup>1</sup> · Tjong-Won Park-Simon<sup>2</sup> · Joan Albanell<sup>3</sup> · Ulrik Lassen<sup>4</sup> · Javier Cortés<sup>5,6</sup> ·  
Veronique Dieras<sup>7</sup> · Marcus May<sup>2</sup> · Christoph Schindler<sup>2</sup> · Frederik Marmé<sup>1</sup> · Juan Miguel Cejalvo<sup>8</sup> ·  
Maria Martinez-Garcia<sup>3</sup> · Iria Gonzalez<sup>3</sup> · Jose Lopez-Martin<sup>9</sup> · Anja Welt<sup>10</sup> · Christelle Levy<sup>11</sup> · Florence Joly<sup>11</sup> ·  
Francesca Michielin<sup>12</sup> · Wolfgang Jacob<sup>13</sup> · Céline Adessi<sup>12</sup> · Annie Moisan<sup>12</sup> · Georgina Meneses-Lorente<sup>14</sup> ·  
Tomas Racek<sup>12</sup> · Ian James<sup>15</sup> · Maurizio Ceppi<sup>13</sup> · Max Hasmann<sup>13</sup> · Martin Weisser<sup>13</sup> · Andrés Cervantes<sup>8</sup>

## Endocannabinoid Modulation Using Monoacylglycerol Lipase Inhibition in Tourette Syndrome: A Phase 1 Randomized, Placebo-Controlled Study

CNS

OPEN  
ACCESS

## Authors

Kirsten R. Müller-Vahl<sup>1</sup> , Carolin Fremer<sup>1</sup>, Chan Beals<sup>2</sup>, Jelena Ivkovic<sup>3</sup>, Henrik Loft<sup>3</sup>, Christoph Schindler<sup>4</sup>

## Affiliations

- 1 Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany
- 2 Abide Therapeutics, San Diego, CA, USA
- 3 H. Lundbeck A/S, Valby, Denmark
- 4 Clinical Research Center Core Facility, Hannover Medical School, Hannover, Germany.


## Key words

Tourette syndrome, endocannabinoid, monoacylglycerol lipase, Lu AG06466

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 revised 11.10.2021  
 accepted 12.10.2021  
 published online 2021

## Bibliography

Pharmacopsychiatry  
 DOI 10.1055/a-1675-3494  
 ISSN 0176-3679  
 © 2021. The Author(s).

 **Supplementary Material** is available under  
<http://doi.org/10.1055/a-1675-3494>

## ABSTRACT

**Introduction** Tourette syndrome (TS) is a complex neurodevelopmental disorder characterized by chronic motor and vocal tics. While consistently effective treatment is lacking, evidence indicates that the modulation of endocannabinoid system is potentially beneficial. Lu AG06466 (previously ABX-1431) is a highly selective inhibitor of monoacylglycerol lipase, the primary enzyme responsible for the degradation of the endocannabinoid ligand 2-arachidonoylglycerol. This exploratory study aimed to determine the effect of Lu AG06466 versus placebo on tics and other symptoms in patients with TS.

**Methods** In this phase 1b cross-over study, 20 adult patients with TS on standard-of-care medications were randomized to a single fasted dose of Lu AG06466 (40 mg) or placebo in period 1, followed by the other treatment in period 2. The effects on tics, premonitory urges, and psychiatric comorbidities were evaluated using a variety of scaled approaches at different time points before and after treatment.

**Results** All scales showed an overall trend of tic reduction,

**Pharmacopsychiatry 2022; 55 (3):  
 148 – 156 PMID: 34847610**

## BRIEF REPORT

### Monoacylglycerol Lipase Inhibition in Tourette Syndrome: A 12-Week, Randomized, Controlled Study

Kirsten R. Müller-Vahl, MD,<sup>1\*</sup> Carolin Fremer, MSc,<sup>1</sup> Chan Beals, MD,<sup>2</sup> Jelena Ivkovic, MD,<sup>3</sup> Henrik Loft, MSc, PhD,<sup>3</sup> and Christoph Schindler, MD<sup>4</sup>

<sup>1</sup>Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany <sup>2</sup>Abide Therapeutics, San Diego, California, USA <sup>3</sup>H. Lundbeck A/S, Valby, Denmark <sup>4</sup>Clinical Research Center Core Facility, Hannover Medical School, Hannover, Germany

**ABSTRACT: Background:** Modulation of the endocannabinoid system via monoacylglycerol lipase inhibition with Lu AG06466 (formerly known as ABX-1431) has previously been shown to reduce tics in patients with Tourette syndrome.

**Objective:** The aim of this study was to evaluate the efficacy and safety of Lu AG06466 in reducing tics, premonitory urges, and comorbidities in patients with Tourette syndrome.

**Methods:** This was a 12-week, multicenter, randomized, placebo-controlled, double-blind clinical trial of Lu AG06466 given at two dose levels in 49 adults with Tourette syndrome.

**Results:** Both treatment groups showed improvement on the Total Tic Score of the Yale Global Tic Severity Scale; the mean (95% CI) treatment difference at week 8 of 3.0 (0.1, 5.9) ( $P = 0.043$ ) favored placebo. No significant differences were seen for other endpoints assessing changes in tic severity, premonitory urges, quality of life, and common psychiatric

comorbidities. Treatment with Lu-AG06466 was generally safe.

**Conclusions:** There was no evidence that Lu AG06466 has efficacy in suppressing tics. © 2021 The Authors. *Movement Disorders* published by Wiley Periodicals LLC on behalf of International Parkinson and Movement Disorder Society

**Key Words:** tics; Tourette syndrome; Lu AG06466; ABX-1431; endocannabinoid modulator

Tourette syndrome (TS) is a chronic, childhood-onset neurodevelopmental disorder characterized by motor and vocal tics often associated with a spectrum of psychiatric disorders. Although the neurobiological basis of TS remains unclear, most evidence supports an involvement of cortico-striato-thalamo-cortical circuits.<sup>1</sup> In addition to dopaminergic dysfunction,<sup>2,3</sup> several other neurotransmitters are likely involved, including the endocannabinoid system,<sup>4</sup> which, in turn, has a complex functional interaction with the dopaminergic system.<sup>5</sup> Hitherto, the role of the endocannabinoid system in TS has been supported by accumulating clinical evidence suggesting that cannabis-based medicines, including  $\Delta^9$ -tetrahydrocannabinol (THC), act as agonists at central cannabinoid CB1 receptors<sup>6</sup> to reduce tics and comorbid symptoms.<sup>7-11</sup> In addition, alterations of cerebrospinal fluid levels of the endogenous ligands (endocannabinoids) have been found.<sup>12</sup>

We have previously reported the results of a single-dose phase 1b study that indicated that the monoacylglycerol lipase (MAGL) inhibitor Lu AG06466 (previously known as ARX-1431) reduces tics and pre-

## CNS

**Mov Disord 2021 Jun 12.**  
doi: 10.1002/mds.28681.  
Online ahead of print.

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Published online in Wiley Online Library  
(wileyonlinelibrary.com). DOI: 10.1002/mds.28681



# Publications Translation ZKS – ECTU 2022

- **Lancet Digital Health 2022** (MHH - IIT at CRC, CRO – Services of ZKS)
- **Nature Communications 2022** (MHH - IIT at CRC with HZI Braunschweig)
- **Clinical Infectious Diseases 2022** (Industry Research at CRC, ZKS - ECTU)

Predictive performance and clinical application of COV50, a urinary proteomic biomarker in early COVID-19 infection: a prospective multicentre cohort study

Jen A Steezen<sup>1</sup>, Ralph Wendt<sup>2</sup>, Yu-Ling Yu, Sven Kalbitz, Lutgarde Tahij, Justyna Skuy, Julia Reas, Jochen Metzger, Barbara Neuhäus, Armin Papkalla, Heiko von der Leyen, Alexandre Mebazoua, Emmanuel Dubégnon, Grace Szponarski, Milana Mironova, Aleksandra Cernakova-Taneva, Mercedes Salazar-Lazo, Mirna Pichotogio, Marek W Blyger, Lukasz Fudala, Magdalena Dziobkowska-Zabielko, Gunter Weiss, Tenzin Feld, Miriam Tzengmann, Johan Normak, Alexander Zwiefly, Stefan Schmidt, Michael Selmer, Benedikt Bureff, Miroslaw Rancisz, Magdalena Krupnicka, Lorenzo Galanese, Harald D Ruppelch, Beata Corwinowska, Björn Peters, Ana Nikolic, Katja Rehljins, Christoph Lübbert, Harald Mischak<sup>1</sup>, Joachim Beigel, on behalf of the CRT-CoV-U investigators

**Summary**

**Background** The SARS-CoV-2 pandemic is a worldwide challenge. The CRT-CoV-U pilot study generated a urinary proteomic biomarker consisting of 50 peptides (COV50), which predicted death and disease progression from SARS-CoV-2. After the interim analysis presented for the German Government, here, we aimed to analyse the full dataset to consolidate the findings and propose potential clinical applications of this biomarker.

**Methods** CRT-CoV-U was a prospective multicentre cohort study. In eight European countries (Austria, France, Germany, Greece, North Macedonia, Poland, Spain, and Sweden), 1012 adults with PCR-confirmed COVID-19 were followed up for death and progression along the 8-point WHO scale. Capillary electrophoresis coupled with mass spectrometry was used for urinary proteomic profiling. Statistical methods included logistic regression and receiver operating characteristic curve analysis with a comparison of the area under curve (AUC) between nested models. Hospitalisation costs were derived from the care facility corresponding with the Markov chain probability of reaching WHO scores ranging from 3 to 8 and fat-rate hospitalisation costs adjusted for the gross per capita domestic product of each country.

**Articles**

nature communications

Article <https://doi.org/10.1038/s41467-022-34487-z>

### Distinct immunological and molecular signatures underpinning influenza vaccine responsiveness in the elderly

Received: 20 October 2021  
Accepted: 26 October 2022  
Published online: 12 November 2022

Peggy Riese<sup>1,2,3,4,5</sup>, Stephanie Trittel<sup>1,2,3,4</sup>, Manas K. Akmatov<sup>2,3</sup>, Marcus May<sup>6</sup>, Jana Prokain<sup>7</sup>, Thomas Illig<sup>8</sup>, Christoph Schindler<sup>9</sup>, Birgit Sawitzki<sup>10,11</sup>, Yasmin Ellaki<sup>12</sup>, Stefan Flores<sup>13</sup>, Jochen Huehn<sup>14,15</sup>, Adrian J. Blakajewski<sup>16</sup>, Till Strowig<sup>3,8,10,11</sup>, Esteban A. Hernandez-Vargas<sup>17</sup>, Robert Goffers<sup>18</sup>, Bowen Zhang<sup>14,19</sup>, Yang Li<sup>14,19,20</sup>, Frank Pessler<sup>2,3,7</sup> & Carlos A. Guzman<sup>1,17</sup>

Seasonal influenza outbreaks, especially in high-risk groups such as the elderly, represent an important public health problem. Prevailing inadequate efficacy of seasonal vaccines is a crucial bottleneck. Understanding the immunological and molecular mechanisms underpinning differential influenza vaccine responsiveness is essential to improve vaccination strategies. Here, we show comprehensive characterization of the immune response of randomly selected elderly participants (≥ 65 years), immunized with the adjuvanted influenza vaccine Fluaad. In-depth analyses by serology, multi-parametric flow cytometry, multiplex and transcriptome analysis, coupled to bioinformatics and mathematical modelling, reveal distinguishing immunological and molecular features between responders and non-responders defined by vaccine-induced seroconversion. Non-responders are specifically characterized by multiple suppressive immune mechanisms. The generated comprehensive high dimensional dataset enables the identification of putative mechanisms and nodes responsible for vaccine non-responsiveness independently of confounding age-related effects, with the potential to facilitate development of tailored vaccination strategies for the elderly.

Clinical Infectious Diseases  
MAJOR ARTICLE



VPM1002 as Prophylaxis Against Severe Respiratory Tract Infections Including Coronavirus Disease 2019 in the Elderly: A Phase 3 Randomized, Double-Blind, Placebo-Controlled, Multicenter Clinical Study

Alexandra M. Blosser<sup>1,2</sup>, Sina Brückner<sup>1,3</sup>, Marcus May<sup>1</sup>, Gerald P. Parzmir<sup>1</sup>, Hrit Sharma<sup>1</sup>, Umesh Shaligram<sup>1</sup>, Leander Grode<sup>1</sup>, Stefan H. E. Kaufmann<sup>4,5,6</sup>, Mihai G. Netea<sup>1,7,8</sup> and Christoph Schindler<sup>9,10</sup>

<sup>1</sup>Vaccine Projekt Management GmbH, Hannover, Germany; <sup>2</sup>Sorum Institute of India Private Limited, Pune, India; <sup>3</sup>Max Planck Institute for Infection Biology, Berlin, Germany; <sup>4</sup>Hagler Institute for Advanced Study, Texas A&M University, College Station, Texas, USA; <sup>5</sup>Max Planck Institute for Multidisciplinary Sciences, Göttingen, Germany; <sup>6</sup>Department of Internal Medicine, Radboud University Medical Center, Nijmegen, The Netherlands; <sup>7</sup>Radboud Center for Infectious Diseases, Radboud University Medical Center, Nijmegen, The Netherlands; <sup>8</sup>Department for Immunology and Metabolism, Life and Medical Sciences Institute, University of Bonn, Bonn, Germany; <sup>9</sup>Clinical Research Center Core Facility, Hannover Medical School, Hannover, Germany; and <sup>10</sup>Center for Pharmacology and Toxicology, Hannover Medical School, Hannover, Germany

**Background.** Bacille Calmette-Guérin (BCG) vaccination can potentially reduce the rate of respiratory infections in vulnerable populations. This study evaluates the safety and efficacy of VPM1002 (a genetically modified BCG) as prophylaxis against severe respiratory tract infections including coronavirus disease 2019 (COVID-19) in an elderly population.

**Methods.** In this phase 3, randomized, double-blind, placebo-controlled, multicenter clinical trial, healthy elderly volunteers (N = 2064) were enrolled, randomized (1:1) to receive either VPM1002 or placebo, and followed up remotely for 240 days. The primary outcome was the mean number of days with severe respiratory infections at hospital and/or at home. Secondary endpoints included the incidence of self-reported fever, number of hospital and intensive care unit (ICU) admissions, and number of adverse events.



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Hannover Medical School

## Investigator Initiated Trial

## Vaccination



EudraCT No. 2020-004010-35

Study Protocol

Protocol Code No. MVA-S2-S-R01

### Study Protocol

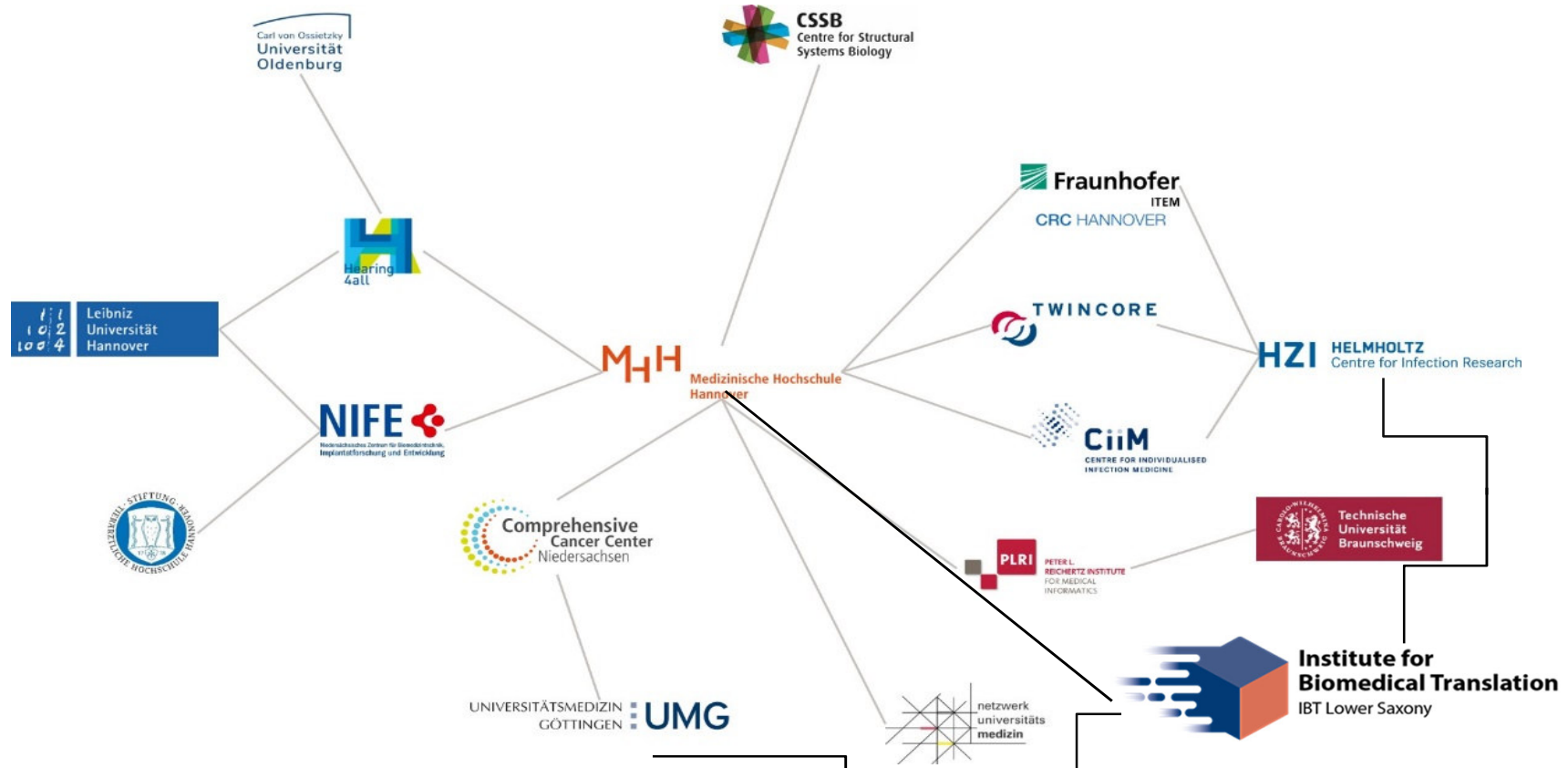
#### Study Title:

Safety, reactogenicity and immunogenicity of a novel MVA-SARS-2-ST vaccine candidate administered as inhalation boost in SARS-CoV-2 immunized adults – phase I Study

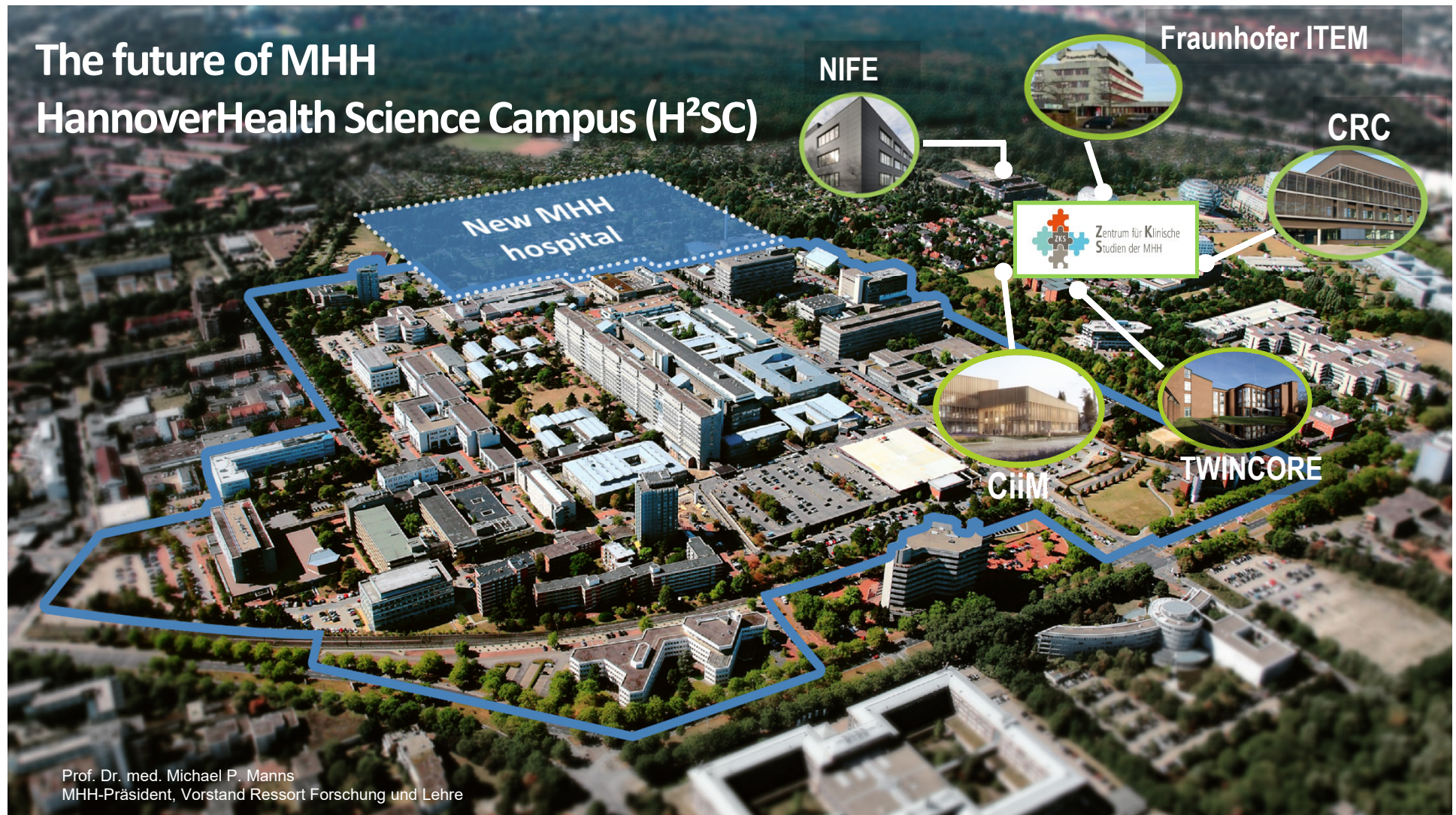




# MHH as Central Spider in Research Network of Northern Germany



# The future of MHH HannoverHealth Science Campus (H<sup>2</sup>SC)



Prof. Dr. med. Michael P. Manns  
MHH-Präsident, Vorstand Ressort Forschung und Lehre