

NEWS RELEASE

For Immediate Release

RESEARCH MANITOBA INVESTS \$500K OVER FIVE YEARS TO TREAT COMMUNITY-ACQUIRED PNEUMONIA WITH THE ATTACC-CAP TRIAL

Wednesday, June 28, 2023 – Winnipeg, Manitoba. Today, Research Manitoba is pleased to announce an important investment in a cutting-edge clinical trial led by University of Manitoba researcher Dr. Ryan Zarychanski that fosters local expertise and builds on excellence. The provincial support for Dr. Zarychanski and his project team includes a Research Manitoba investment of \$500,000 allocated over five years, designated to support the *Anti-thrombotic Therapy to Ameliorate Clinical Complications in Community-Acquired Pneumonia (ATTACC-CAP) trial* in Manitoba. The leveraged funding for this project includes a \$4,000,000 grant from the Canadian Institute for Health Research (CIHR) and contributions from other partners.

The ATTACC-CAP will be the second-largest clinical trial led out of Manitoba. The trial is an international, multicentre adaptive clinical trial to verify if heparin, a blood thinner, will improve outcomes in CAP - the most common cause of hospital admission in the world and the leading cause of global morbidity and mortality.

"Manitoba researchers are at the forefront of pioneering important medical breakthroughs, and Dr. Zarychanski's ambitious clinical trial holds immense promise to revolutionize the treatment of pneumonia," said Jeff Wharton, Minister of Economic Development. Investment and Trade. "This vital research is aimed at saving lives, and perfectly aligns with Manitoba's innovative new Life Sciences Strategy and our commitment to advancing healthcare and improving patient outcomes, both here at home and around the world."

"The ATTACC-CAP trial builds off the previous <u>COVID-19 research project that was funded by Research Manitoba</u>," said Karen Dunlop, CEO of Research Manitoba. "Investing in the ATTACC-CAP trial is an important endeavor that fits perfectly with our mandate in creating job growth and sustainability for clinical trials to be orchestrated in Manitoba. We are pleased to support Dr. Zarychanski and his team, which are part of a global effort in trial research in treating community-acquired pneumonia."

The ATTACC-CAP trial project goal is to evaluate if therapeutic-dose anticoagulation with heparin, compared with usual care thromboprophylaxis, reduces progression to ICU-level organ support and death in non-critically ill adult patients hospitalized with CAP. Antimicrobials and supportive therapy improve outcomes in CAP; however, therapies that modulate the host response are lacking. In non-critically ill patients admitted to hospital with CAP due to COVID-19, Zarychanski, a critical care physician and senior scientist at CancerCare Manitoba, and his team demonstrated in a CIHR and NIH-funded international multiplatform randomized controlled trial (mpRCT) that therapeutic-dose heparin, an antithrombotic with anti-inflammatory and possible antimicrobial effects, safely reduced intensive care unit -level organ support and mortality.

"The (ATTACC-CAP) trial will serve to recognize the University of Manitoba and create skilled jobs within our province. More importantly, still, the trial, and everything that orbits around such a venture, will leave Manitoba with profoundly more capacity to lead high-priority clinical trials through training, recruitment, and retention," said Zarychanski, professor of medicine (hematology and critical care) and community health sciences, Max Rady College of Medicine and College of Pharmacy, University of Manitoba.

The ATTACC-CAP trial will involve as many as 4,000 patients at more than 60 sites throughout Canada, the United States, and Brazil. Several local scientists, including co-principal investigator and junior faculty member Dr. Sylvain Lother, research personnel, and students from Winnipeg, will be involved in the trial.

Through Canadian leadership and international collaboration, the ATTACC-CAP trial will establish whether therapeutic-dose heparin reduces organ failure and death in non-critically patients hospitalized with CAP. Should this inexpensive and widely available treatment improve CAP outcomes, the results will represent a paradigm shift in how pulmonary infections are treated beyond antimicrobials and directly impact practice worldwide.

The first results from the ATTACC-CAP trial could be available as early as 2026.

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FOR MORE INFORMATION CONTACT:

Tammy Hildebrand, Manager, Communications, Research Manitoba

P: 204.942.8702 | E: tammy.hildebrand@researchmb.ca | W: researchmanitoba.ca

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