mRNA-1273

Sponsor Briefing Document Addendum

Vaccines and Related Biological Products

Advisory Committee

Meeting Date: 17 December 2020

Available for Public Release

Table of Contents

[1 Median Duration of Follow-up 3](#_Toc58842468)

[2 Solicited Adverse Reaction Definition for Lymphadenopathy 3](#_Toc58842469)

[3 Kaplan-Meier Estimates of Time to First Occurrence of COVID-19 Starting After Randomization, mITT – Interim Analysis 4](#_Toc58842470)

[4 Data to Support Efficacy Against Asymptomatic Infection 6](#_Toc58842471)

# Median Duration of Follow-up

This briefing document provides Phase 3 safety data from 2 different cut-offs:

* The initial interim analysis (“Interim Dataset”), with a data snapshot on November 11, 2020. This data represents a 7-week median follow-up for safety.
* The Primary Dataset, with a data snapshot on November 25, 2020. This dataset was described in the ModernaTX, Inc. briefing document as representing a median 8-week follow-up for safety. **Ultimately, these data represent 9-weeks of median follow-up, since the median follow-up time is 63 days.**

# Solicited Adverse Reaction Definition for Lymphadenopathy

Adverse reactions for axillary swelling and tenderness of the vaccination arm were solicited from participants for 7 days post each injection. This SAR was incorrectly described as lymphadenopathy in 3 locations in our briefing document. A more specific and easily understood term for this solicited adverse reaction is ‘axillary swelling and tenderness of the vaccination arm’ as per the footnote in Table 21. The current designation of lymphadenopathy may be mis-read as a generalized adverse event, which would not be consistent with the reactions actually solicited in the eDiary. The following sentences should be corrected:

Pg 12: More solicited local adverse reactions (ARs) (injection site pain, erythema, and swelling, and *axillary swelling and tenderness of the vaccination arm*) were reported by participants in the mRNA-1273 group than placebo, with a higher occurrence after the second injection (Table 3 and Table 4).

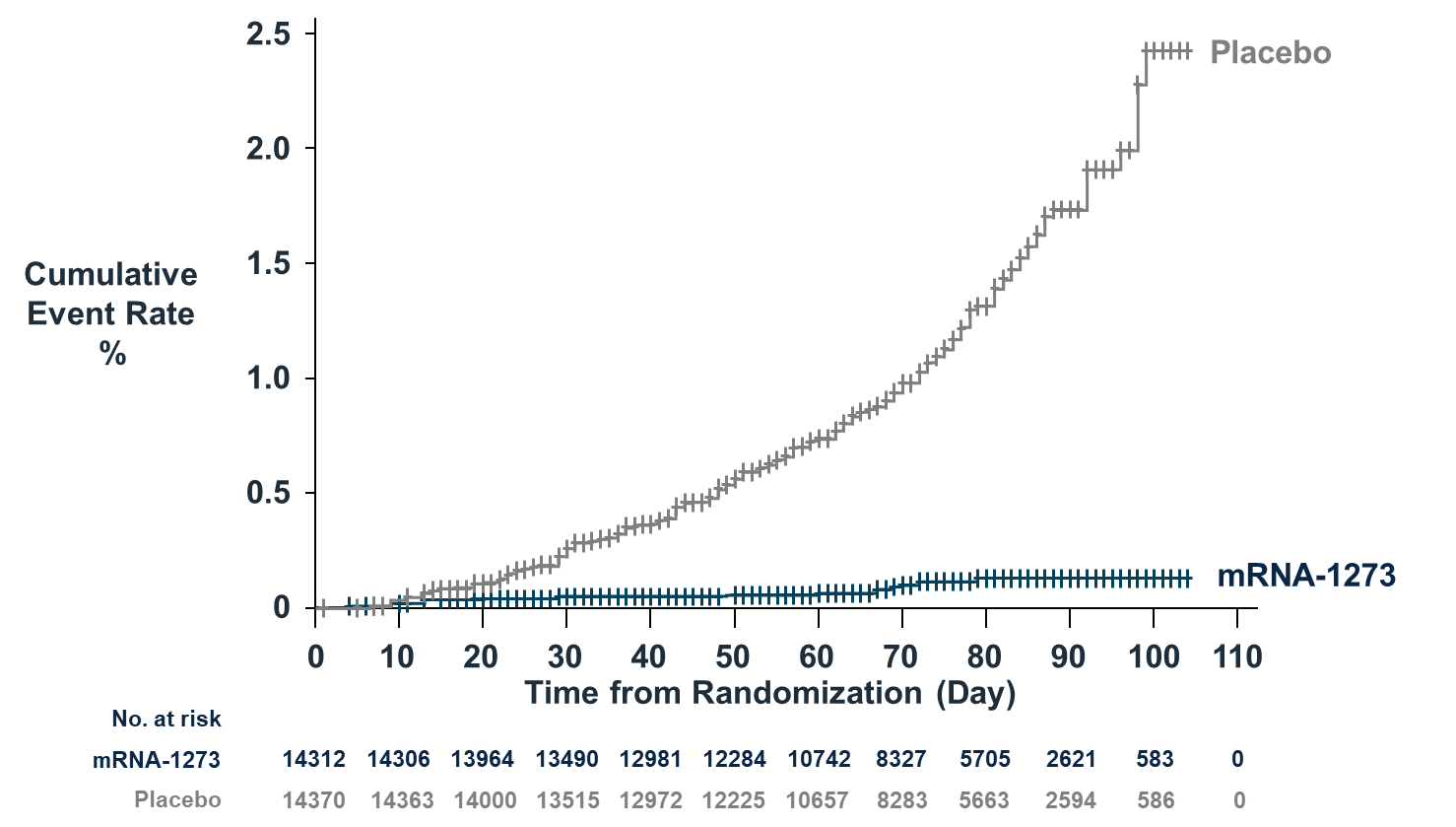
Pg 39: All participants were also assessed for safety endpoints, and were given an electronic diary (eDiary) to report a pre-specified list solicited local (injection site pain, erythema and swelling, and *axillary swelling and tenderness of the vaccination arm*) and systemic (headache, fatigue, myalgia, arthralgia, nausea/vomiting, chills, and fever) ARs for 7 days after each injection of IP and to prompt an unscheduled clinic visit for clinical evaluation and NP swab sample if they experienced any symptoms of COVID19.

Pg 58: The local solicited ARs assessed included pain, erythema, swelling, and *axillary swelling and tenderness of the vaccination arm* and the general solicited ARs included fever, headache, fatigue, myalgia, arthralgia, chills, and nausea/vomiting.

# Kaplan-Meier Estimates of Time to First Occurrence of COVID-19 Starting After Randomization, mITT – Interim Analysis

The Kaplan-Meier curve for the cases which have occurred since randomization is shown in the Figure below (Figure 1). The Cumulative Distribution Curves begin to separate between the mRNA-1273 and placebo groups as early as 14 days post-dose 1, supporting the secondary efficacy analysis for efficacy after the 1st vaccination.

Figure 1: Kaplan-Meier Estimates of Time to First Occurrence of COVID-19 Starting After Randomization, mITT – Interim Analysis



# Data to Support Efficacy Against Asymptomatic Infection

Our protocol-specified analysis on the efficacy against asymptomatic infection was not available at the time of the EUA submission. However, we did collect pre-dose 1 and pre-dose 2 nasopharyngeal swabs for SARS-CoV-2 virus and have performed a descriptive summary comparing the number of positive swabs at the pre-dose 2 timepoint in baseline seronegative participants to get an early idea on the possibility of prevention of asymptomatic infection. Amongst baseline negative participants, 14 in the vaccine group and 38 in the placebo group had evidence of SARS-CoV-2 infection at the second dose without evidence of COVID-19 symptoms. There were approximately 2/3 fewer swabs that were positive in the vaccine group as compared to the placebo group at the pre-dose 2 timepoint, suggesting that some asymptomatic infections start to be prevented after the first dose.

Table 1: Summary of Asymptomatic SARS-CoV-2 Infections as Measure by Scheduled Nasopharyngeal Swabs Prior to 2nd Injection, Per Protocol

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RT-PCR NP Swab Results | mRNA-1273  N=14,134 | | Placebo  N=14,073 | |
| n | % | N | % |
| No documented COVID-19 symptoms between 1st injection and 2nd injection | 14 | 0.1% | 38 | 0.3% |