

April, 2021

To Whom it May Concern:

I was transplanted with a liver at UCLA 2-23-06 due to a childhood autoimmune disease at age 6. I took my health seriously as a young adult, I lived a sober lifestyle. After the birth of my third child at age 30 my liver slowly began to decline over the course of 10 years. By age 40 10 months I was transplanted and it was a complete success. I continued to take my health seriously and lived a sober lifestyle as I do now. Last year my husband traveled to NYC March 8-12, 2020 and brought the coronavirus from NYC into our home in California. By March 17 I was in bed exhausted. On March 22 my husband took me to UCLA, I was extremely ill, I was so ill I was in a brain fog and it never occurred to me that I had the virus - I wasn't eating/drinking. My #1 concern was my liver as always. UCLA hydrated me and sent me home but did a COVID test before I left. UCLA called me April 23 and said I had tested positive for the virus. My husband took me to UCLA Friday, March 27 where I was admitted and put on tubular oxygen, I wasn't breathing well. Saturday, March 28 I was put on face mask oxygen and by Sunday, March 29 I was put on the ventilator. March 30 I briefly popped out of my comma, I was fighting with everything I had to live for my family. On April 1 I was extremely ill and the doctors didn't believe I was going to make it. In their last efforts they turned to Dr Otto Yang, Infectious Disease expert at UCLA for help. Dr Yang and his team scrambled to the FDA for approval of compassionate use of LERONLIMAB, at this time there was no hope, leronlimab was the last card in their back pocket. It was approved and I was injected with my first dose on April 2 at 5:30 pm. Within 68 hours I was taken off of the ventilator (my 55th Birthday) and went home April 10. A year later I'm very disheartened that few have been given this drug, many lives could've been saved. I'm begging you to give others suffering from COVID or a COVID long hauler the opportunity to try this drug. One year later I have had zero side effects. I believe 100% today I am alive due to LERONLIMAB.

Will it work for everyone? Maybe not but I'm the perfect case having under lying health issues that it does work. Again, I do not understand why you promote the other drugs: toxizulamab, hydroxychloroquine, resdemiver which didnot work for me. LERONLIMAB is what saved me.

I continued taking tacrolimus but stopped the mycophenlate (anti-rejection drugs) during my hospital stay and a month later. The LERONLIMAB, from my experience, could possibly replace anti-rejection drugs in current/future transplant patients. I documented myself very very well with photos, videos and notes of my 14 days while in the hospital. Of course from March 31-April 4 I was in an induced comma. I'm happy to share my documentation/story to help save lives and prove to the FDA it saved my life.

Please approve this drug, if not for compassionate use. If I had been given LERONLIMAB upon arrival at UCLA I would not have had to go on a ventilator and especially the trauma I experienced with the fear of death and the traumatic hallucinations that will haunt me forever. This can be prevented with the use of LERONLIMAB. Again, I'm more than happy to produce my personal archives of this experience to prevent others from experiencing this horrific traumatic experience. Thank you for your time and again I beg you to approve LERONLIMAB.

Sincerely,
Samantha Mottet

