

Dear colleagues,

### **RECRUITING PATIENTS FOR CLINICAL TRIALS FOR COVID-19 THERAPEUTICS**

We are still lacking proven, effective, treatments for Covid-19, but the UK is well placed to develop evidence to inform future patient treatment. Clinical trials are critical both to determining which treatments work and developing the evidence for safety, frequency and dose. This letter is to request your help. There are several complementary trial platforms across the range of severity. As new admissions fall due to the success of social/physical distancing measures it will become even more important that a high proportion of patients with Covid-19 are enrolled onto trials if we are to improve future treatment. We highlight here RECOVERY and ACCORD.

Thanks to the work of clinicians in many hospitals RECOVERY, which tests several drugs in hospitalised pre-critical patients has recruited at a remarkable pace, and at this point has over 9000 participants enrolled. RECOVERY is designed to detect even modest effects on survival. To obtain strong evidence requires large numbers e.g. 2000 participants per arm. If we can keep recruitment for RECOVERY high, above 1000 patients per week, we could have answers on some treatments in 5-7 weeks. This will allow us to move successful drugs into routine care. Currently enrolment to RECOVERY is at 13% of all admissions. We appreciate that the operational pressure from Covid-19 makes research hard, and local situations will lead to variability in ability to recruit, but increasing this proportion is important.

The Health Secretary recently announced ACCORD <https://www.gov.uk/government/news/covid-19-treatments-could-be-fast-tracked-through-new-national-clinical-trial-initiative> to facilitate smaller Phase II trials of 20-60 participants to test newer therapeutics. Experimental medicine early phase studies are being conducted via four platforms, one of which is ACCORD. These will work together coherently, with promising drugs being considered for inclusion in the existing larger Phase III platform trials (PRINCIPLE, RECOVERY, REMAP-CAP). We expect recruitment for the early phase studies to be focused on more specialist centres across the UK, especially those with Biomedical Research Centres in England or centres in the devolved nations with experience of such trials.

Other priority studies are listed here <https://www.nihr.ac.uk/covid-19/urgent-public-health-studies-covid-19.htm>. A lot of other valuable research is being undertaken across the health and care

system. It is important that this other research continues, subject to it not having a negative impact on the system's ability to recruit participants and provide the resources needed to support priority clinical studies. If you have any concerns or comments about the clinical trial landscape for COVID-19 therapeutics or are running an early phase trial not part of the above, please get in touch through the new Therapeutics Taskforce, which can be reached at [therapeuticstaskforce@dhsc.gov.uk](mailto:therapeuticstaskforce@dhsc.gov.uk).

Thank you again for your work so far. Improving treatment in the future is critical for our response to this new infection.



Dr Frank Atherton  
**Chief Medical Officer for  
Wales**



Dr Gregor Smith  
**Chief Medical Officer for  
Scotland**



Dr Michael McBride  
**Chief Medical Officer for  
Northern Ireland**



Professor Chris Whitty  
**Chief Medical Officer for  
England**



Professor Stephen Powis  
**National Medical Director  
NHS England and NHS  
Improvement**