

# Randomised Evaluation of COVID-19 Therapy: the RECOVERY trial

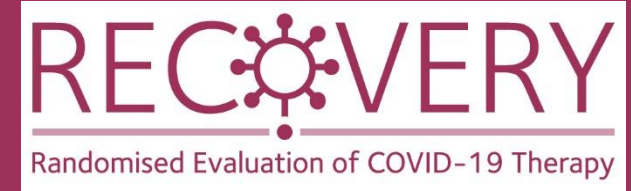
**Collaborators' Meeting**

**27<sup>th</sup> April 2021**

# Agenda

1. Introductions
2. Update on progress
3. REGN-COV2
4. Dimethyl fumarate
5. Baricitinib
6. New international arms
7. Trial procedures
8. Q&A

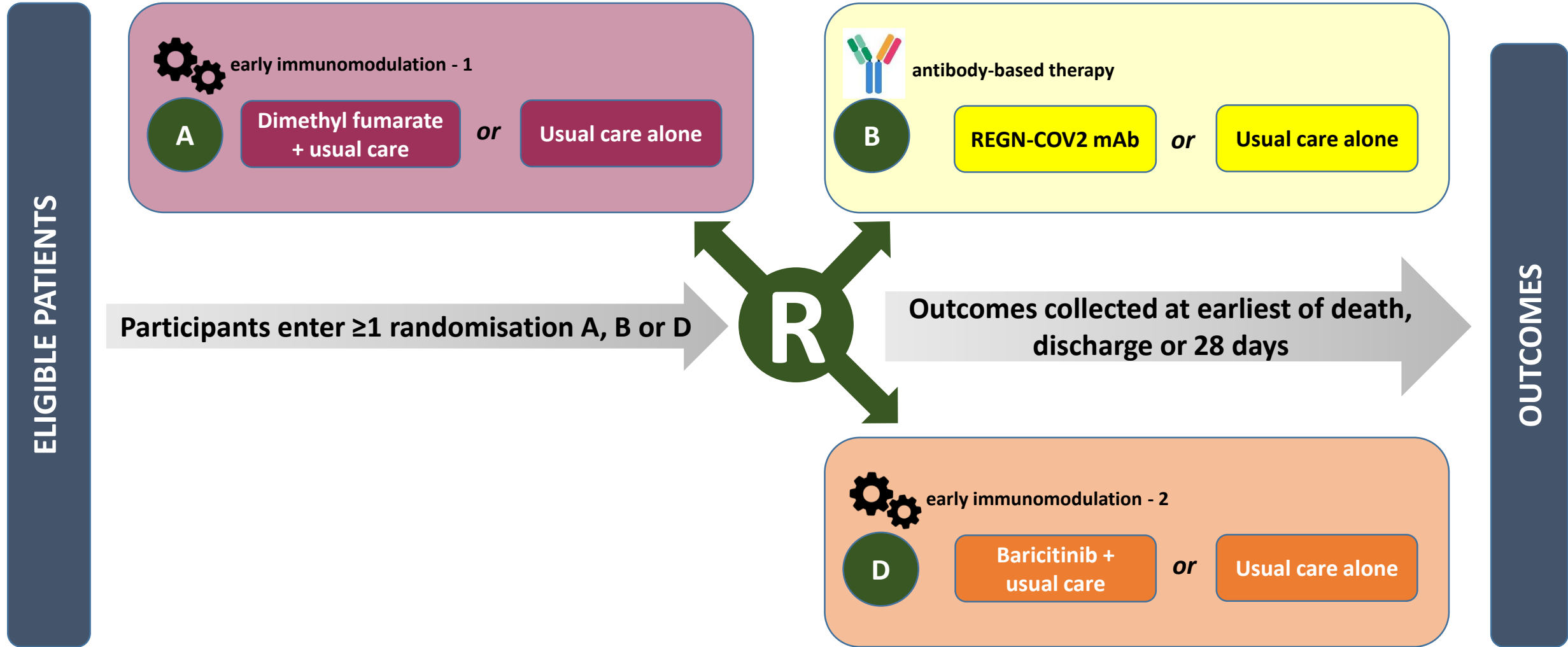
# Introductions



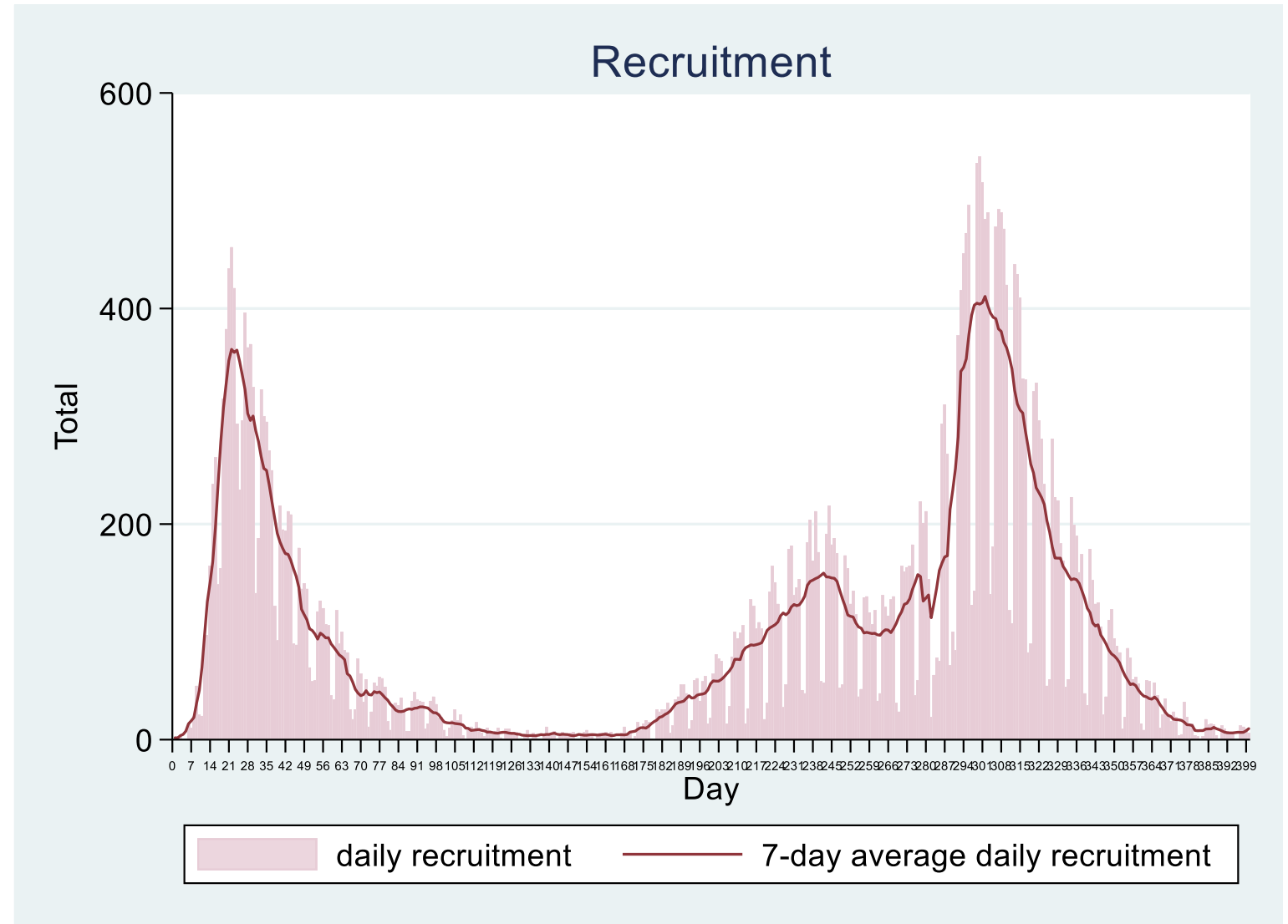
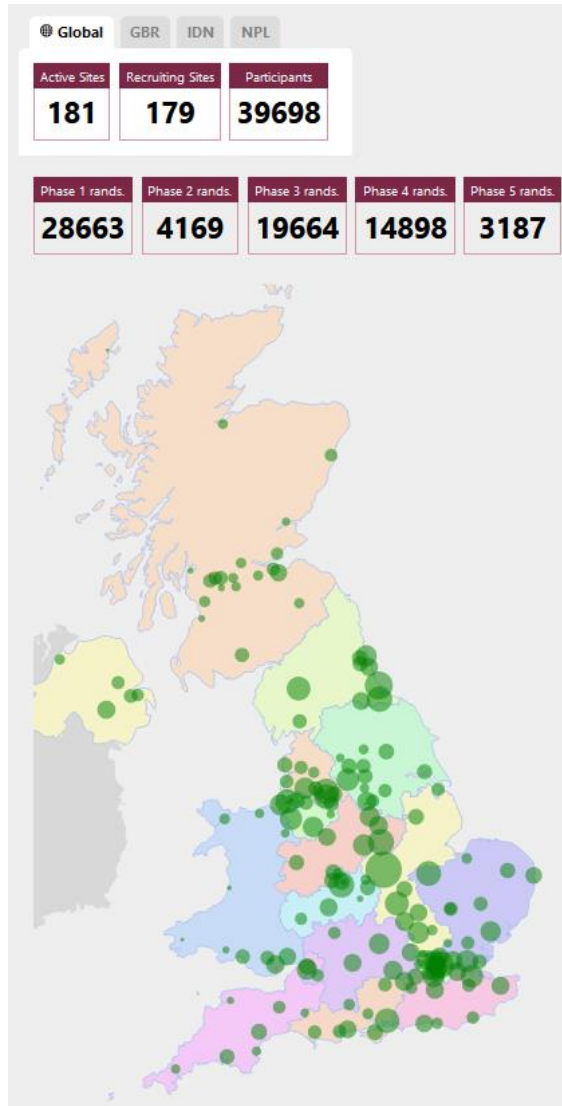
- One of the central study team will talk to the agenda
- If you have questions please enter them into the “Q&A” on the right side of your screen.
- Questions may be answered directly or to the whole group

# PROGRESS UPDATE

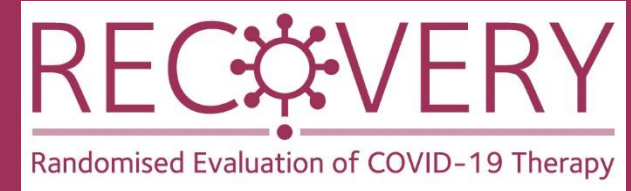
# Current design (adults)



# Recruitment by site and by time

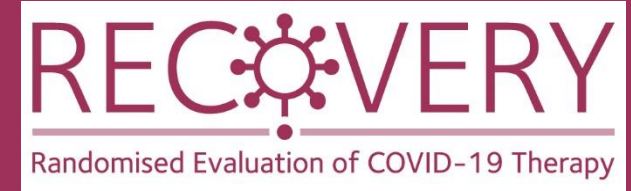


# Current numbers in comparisons



- REGN-COV2 vs usual care: ~9700
- Baricitinib vs usual care: ~3200
- Dimethyl fumarate vs usual care: 70

# Recruitment



- Recruitment will be a challenge over the coming weeks
- Many staff will be returning to previous research studies, but please do ensure that your site continues to have a strategy to identify, invite and recruit patients presenting with COVID-19
- It remains to be seen whether there will be a 'third wave' in the summer, but RECOVERY will remain open



**REGN-COV2**

# REGN-COV2

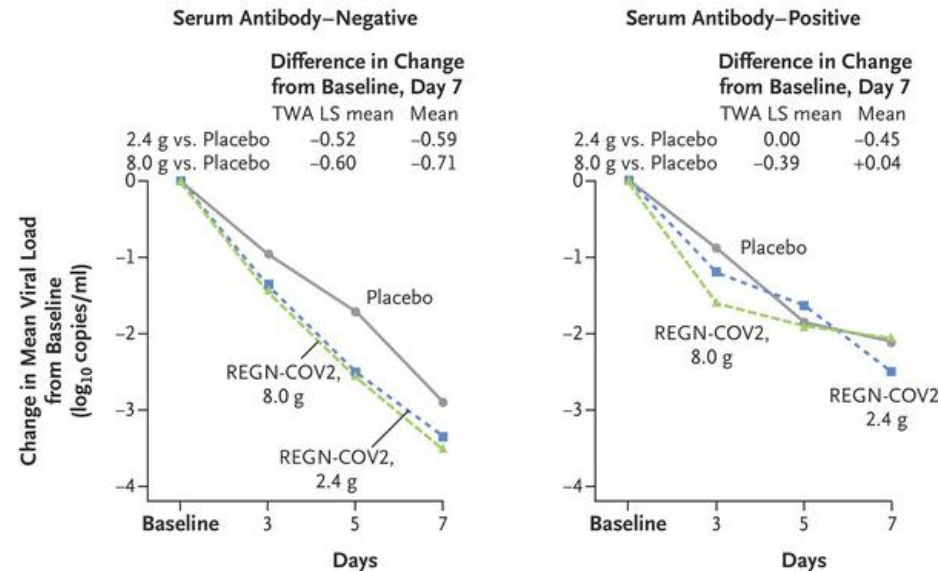


- 9700 people in comparison to date
- Other data on REGN-COV2 suggests the biggest effect might be expected in antibody negative patients (but these cannot be identified reliably on admission)
- Original aim was to recruit 12,000 participants; currently under review

# REGN-COV2 in outpatients

- Data presented in *NEJM* recently
  - 275 patients with PCR-proven SARS-CoV-2 infection not in hospital
  - Randomised between placebo, 2.4g or 8g (RECOVERY dose) of REGN-COV2 (1:1:1)
  - Key outcome: viral load

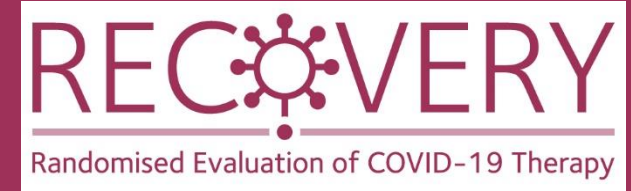
B Viral Load over Time According to Baseline Antibody Status



No. at Risk

Placebo	30	23	28	28	38	35	37	37
REGN-COV2, 2.4 g	35	32	34	34	27	26	27	27
REGN-COV2, 8.0 g	36	34	35	35	29	38	29	29

# Serum samples



- **All** participants entering REGN-COV2 comparison need to have serum sample collected prior to randomisation
- Must be taken for all participants in that comparison (regardless of allocation)
- **Please check whether any samples have not been returned to the central lab**

**DIMETHYL FUMARATE**

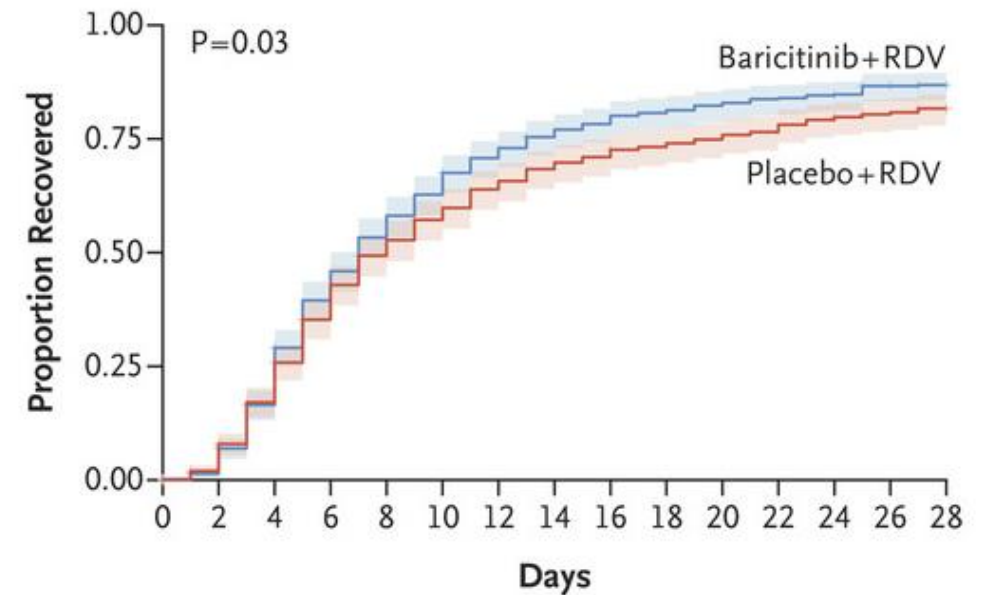
# Dimethyl fumarate

- Recently added to protocol and has been piloted at some sites
- Includes extra data collection on:
  - $S/F_{94}$  (measurement of oxygenation function of lungs)
  - Lab results
  - Tolerability of DMF
- Sites can still express an interest in participating in this arm

# BARICITINIB

# Baricitinib in COVID-19

- JAK/STAT system is key to immune activation so modulating it may be beneficial
- Data from ACTT-2 show quicker time to recovery

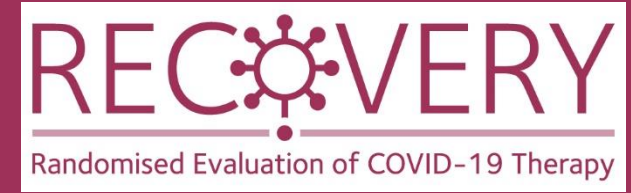


#### No. at Risk

Baricitinib+RDV	515	497	418	302	233	186	145	121	107	95	87	80	76	63	30
Placebo+RDV	518	495	417	322	251	211	178	156	143	131	123	115	102	92	44

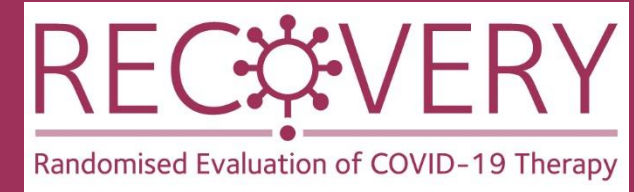


# Baricitinib in COVID-19: COV-BARRIER



- 1525 patients hospitalised with COVID-19 and at least one marker of inflammation (but not receiving invasive mechanical ventilation)
  - 79% on corticosteroids
- Randomised between baricitinib 4mg once daily and placebo
- Primary outcome: Progression to ventilation or death within 28 days

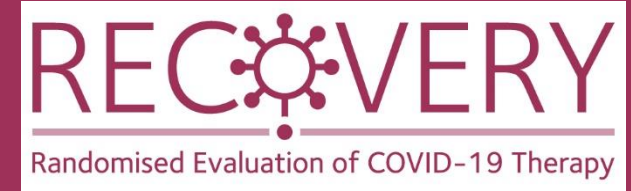
# Baricitinib in COVID-19: COV-BARRIER



- Trial results announced on 8 April:
  - Non-significant reduction in primary outcome:
    - aOR 0.85; 95% CI 0.67 – 1.08
  - Reduction in death (secondary outcome): 162 deaths in total
    - 8.1% vs 13.1%: HR 0.57, 95% CI 0.41 – 0.78
  - Reassuring safety data: similar proportions with SAEs (14.7% vs 18.0%)
    - Serious infection 8.5% vs 9.8%
    - VTE 2.7% vs 2.5%

# PROTOCOL V15.0

# Protocol V15.0








- Officially removes aspirin and colchicine from protocol
- Adds two new arms:
  - Infliximab (single dose 5 mg/kg IV)
  - High-dose dexamethasone (20mg for 5d then 10mg for 5d)
- New arms being started at international sites:
  - Would delay completion of baricitinib
  - Removal of aspirin and colchicine leaves no IMPs for international sites
  - Will be brought back to UK if another wave does occur

# TRIAL PROCEDURES

# Completeness of follow-up

- Weekly reminders highlighting participants randomised >28 days ago without complete form

## Follow-up form completion summary

Days Since Rand.	FU Not Completed	FU Completed	Total Rands.	Not Completed	Completed
7 ≤ 14	3 (100.0%)	0 (0.0%)	3		
14 ≤ 21	15 (88.2%)	2 (11.8%)	17		
21 ≤ 28	26 (56.5%)	20 (43.5%)	46		
28 ≤ 35	13 (34.2%)	25 (65.8%)	38		
> 35	1 (7.1%)	13 (92.9%)	14		
<b>Total</b>	<b>58 (49.2%)</b>	<b>60 (50.8%)</b>	<b>118</b>		

# Baseline samples

- Please don't forget baseline samples for participants in REGN-COV2 comparison!
- These will be key to interpreting the results

# Carry on recruiting!



- RECOVERY remains the largest global trial in COVID-19 and is an exemplar of what trials can do (both in and after pandemic)
- Current therapies are exciting, but need reliable data before they should be used routinely
- THANK YOU for all your support to date and please don't forget RECOVERY!