RECOVERY TRIAL PROTOCOL:

Country-Specific Appendix for Indonesia (Indonesia Appendix)

Summary

This country-specific appendix provides further details of RECOVERY trial procedures in Indonesia, and should be read together with the core RECOVERY protocol version 27.0 dated 13 Sep 2023. This appendix includes information relating to country-specific eligibility criteria and trial procedures. Indonesia-specific clarifications to the core protocol are listed in this Appendix, with reference to the sections affected. The section which is not applicable in Indonesia is greyed-out in the core protocol. The Ethic Committee Approval for Core Protocol is considered approval to the Country Specific Appendix.

ISRCTN50189673
EudraCT 2020-001113-21
EUCT 2023-507441-29-00

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ABBREVIATIONS

CAP	Community-acquired pneumonia
COVID-19	Corona Virus Disease 2019, the disease caused by SARS-CoV-2
eCRF	Electronic Case Report Form
GCP	Good Clinical Practice
GDPR	General Data Protection Regulation
ICH	International Council for Harmonisation
IA	Indonesia Appendix
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2

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1. VERSION HISTORY

The version of this Indonesian Appendix (IA) is given in the footer and in the table below. The current versions of the IA and core protocol should always be used, and can be confirmed by checking the study website (www.recoverytrial.net). This IA will not necessarily be updated with core protocol amendments if they have no impact on this document (so the current IA can be used with subsequent core protocol versions).

IA Version	Date	Brief Description of Changes
1.0	18-Jul-2024	Initial version. Aligned with core protocol V27.0 (13-Sep-2023)

2. GLOBAL CONTEXT

The core protocol describes a multinational randomised trial among patients hospitalised for pneumonia, including COVID-19, influenza, and community-acquired pneumonia related to other pathogens. The trial is being conducted in Indonesia as well as in other countries around the world, although no COVID-19 treatments are currently being evaluated in Indonesia.

The current treatments under evaluation are summarised in Table 1 in the protocol and below is the treatments under evaluation in RECOVERY in Indonesia.

Table 1: Current Comparison
(Treatments under evaluation in RECOVERY in Indonesia)

Condition	**Randomised comparisons, each vs. usual care alone**	**Eligibility criteria specific to comparison**
Influenza	Baloxavir	
	Oseltamivir	
	Low-dose corticosteroids	hypoxia; without suspected or confirmed SARS-CoV-2 infection
Community-acquired pneumonia	Low-dose corticosteroids	without suspected or confirmed SARS-CoV-2, influenza, TB[a] or PJP[b]
[a] active pulmonary tuberculosis; [b] *Pneumocystis jirovecii* pneumonia		

2.1 Governance in Indonesia and other countries

The trial will be conducted in compliance with the approved protocol, the Declaration of Helsinki 1996, the principles of Good Clinical Practice (GCP) as laid down by the ICH topic E6 (R2), EU Clinical Trials Regulation (CTR) [Regulation (EU) No 536/2014], and the General Data Protection Regulation (GDPR) [Regulation (EU) No 2016/679].

RECOVERY is registered with clinicaltrials.gov, study number NCT04381936.

3. CORE PROTOCOL CLARIFICATIONS

Indonesia-specific clarifications to the core protocol are listed below, with reference to the sections affected. The section which is not applicable in Indonesia is greyed-out in the core protocol.

3.1 Core protocol Section 2.1: Eligibility

Patients aged < 18 and patients with COVID-19 are not included in Indonesia. Patients are eligible for the study in Indonesia are:

(i) Hospitalised

(ii) Pneumonia syndrome

In general, pneumonia should be suspected when a patient presents with:

a) typical symptoms of a new respiratory infection (e.g. influenza-like illness with fever and muscle pain, or respiratory illness with cough and shortness of breath); and
b) objective evidence of acute lung disease (e.g. consolidation or ground-glass shadowing on X-ray or CT, hypoxia, or compatible clinical examination); and
c) alternative causes have been considered unlikely or excluded (e.g. heart failure).

However, the diagnosis remains a clinical one based on the opinion of the managing doctor (the above criteria are just a guide).

(iii) One of the following diagnoses:

a) Confirmed influenza A or B infection (including patients with SARS-CoV-2 co-infection and/or hospital-acquired infection)
b) Community-acquired pneumonia with planned antibiotic treatment (excluding patients with suspected or confirmed SARS-CoV-2, influenza, active pulmonary tuberculosis or *Pneumocystis jirovecii* pneumonia)

(iv) No medical history that might, in the opinion of the attending clinician, put the patient at significant risk if he/she were to participate in the trial

(v) Age ≥ 18 years old

In addition, if the attending clinician believes that there is a specific contra-indication to one of the active drug treatment arms (see core protocol Appendix 2) or that the patient should definitely be receiving one of the active drug treatment arms then that arm will not be available.

3.2 Core protocol Section 2.3.1: Baseline sample collection

Participants with influenza in Indonesia do not require baseline sample collection. The influenza diagnosis will be based on a rapid antigen test alone. In case of doubt, study clinician can test PCR (if this testing is locally available) to confirm diagnosis.
Participants with community-acquired pneumonia do not require any samples to be collected.

3.3 Core protocol Section 2.4: Randomised allocation of treatment for COVID-19

These comparisons are not open in Indonesia. Therefore core protocol section 2.4 is not applicable for Indonesia.

3.4 Core protocol Section 2.8.1: Follow-up swab samples

No follow-up samples will be collected in Indonesia. Therefore core protocol section 2.4 is not applicable for Indonesia.

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Core Protocol Section 3 Statistical Analysis is applicable for Indonesia as the statistical analysis and method applicable for all countries participants.

Core Protocol Section 4 Data and Safety Monitoring is applicable for Indonesia.

Core Protocol Section 5 Quality Management is applicable for Indonesia.

Core Protocol Section 6 Operational and Administrative Details is applicable for Indonesia, except the item specific for UK (grey-out)

3. APPENDIX 1: INFORMATION ABOUT THE TREATMENT ARMS, APPENDIX 2: DRUG SPECIFIC CONTRAINDICATIONS AND CAUTIONS

All patients in Indonesia will receive usual care alone or add on with below medication in the participating hospital. Information and contraindication about this treatments refers to core protocol Appendix 1 and 2.

- Corticosteroid in community-acquired pneumonia
- Corticosteroid in influenza
- Baloxafir in influenza
- Oseltamivir in influenza

4. APPENDIX 3: PAEDIATRIC DOSING INFORMATION

This section is not applicable in Indonesia.

5. APPENDIX 5: ORGANIZATIONAL STRUCTURE AND RESPONSIBILITIES

STREERING COMMITTEE

International Committee

Asia	
Chair	Do Van Dung
Regional Lead Investigators	Guy Thwaites, Jeremy Day
Independent members:	Vietnam : Nguyen Ngo Quang, Prof. Binh Indonesia: Erlina Burhan, Rianto Setyabudi ~~Bachti Alisjahbana~~ Nepal: Janak Koirala, Sudha Basnet
Other members:	Evelyne Kestelyn, Buddha Basnyat, Pradip Gyanwali, Raph Hamers, Peter Horby