

[name and address]

[ID number]

Dear parent/guardian of [child's name],

## Participation in the RECOVERY trial

On behalf of the University of Oxford, we wish to sincerely thank you for agreeing that [child's name] could participate in the Randomised Evaluation of COVID-19 Therapy (RECOVERY) Trial. This is the largest trial in the world to find effective treatments against COVID-19 for patients in hospital.

The only way to find out whether a potential treatment works is to test it in a randomised controlled trial. This is a study in which a number of similar people are randomly selected to receive a treatment or put into a group that does not receive the treatment. Researchers can then compare what happens to those who receive the treatment with what happens to those who don't.

With your consent [child's name] was randomly assigned to receive either standard hospital care alone or standard hospital care with an additional treatment.

COVID-19 has been described as the greatest health challenge in this generation. When the RECOVERY trial was launched in March 2020, we did not know if there were any effective treatments for hospitalised patients.

As a national priority, the trial was launched at exceptional speed. Almost 1,000 patients were recruited in the first 15 days alone, and over 21,000 patients have now been enrolled from 176 NHS hospitals across the UK. By participating in the RECOVERY trial, they have been part of an extraordinary achievement, both in the scale and speed of its delivery, and the impact of the results.

## Results so far

Your child's participation in RECOVERY has helped us to deliver four significant results so far. We have found out that:

- A treatment for malaria, **hydroxychloroquine**, does not prevent death or shorten the length of time a patient needs to stay in hospital.
- A widely-available steroid, **dexamethasone**, reduced deaths by one third in patients who received treatment with a ventilator and by one fifth in patients receiving oxygen only.
- An antiviral treatment that is commonly used to treat HIV, **lopinavir-ritonavir**, has no beneficial effects in patients hospitalised with COVID-19.
- **Azithromycin**, a widely used antibiotic that also reduces inflammation, is not an effective treatment for patients hospitalised with COVID-19.

You can read more about these results at the end of this letter and in the news section of the RECOVERY website at [www.recoverytrial.net/news](http://www.recoverytrial.net/news).

A crucial focus of this trial has been to share the results as soon as possible, so that any effective treatments can immediately be made available to patients. Within hours of the dexamethasone result being announced, doctors in the UK had started using it to treat patients; it is now used worldwide, potentially saving thousands of lives. Finding that treatments do not work is also important, as this means that resources can be focused on other treatments that look promising.

## Communicating with you

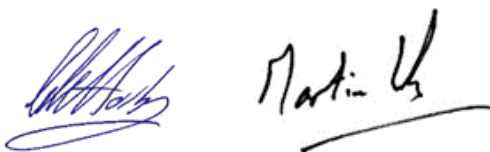
We will write to you periodically with updates on the progress of the trial. If you would like to receive updates via email instead, please sign up via our website at [www.recoverytrial.net/patients](http://www.recoverytrial.net/patients). You will also find information on how we handle your data here. You will need the study ID number shown at the top of this letter. You can opt out of these communications (or ask any questions about the trial or its results) at any time by contacting us by email, phone or post, using the contact details at the top of this letter. This letter was sent to you on behalf of RECOVERY by NHS Digital via APS (an NHS-approved mailing house).

## Joining our advisory group

We would also like to invite you to be part of a group to advise us on future communications and other aspects of the trial. If you would be interested in hearing more about this, please contact us. We really value the involvement of former patients and parents/guardians of children who have taken part in our research.

Thank you again for your support for this remarkable effort to save the lives of patients with COVID-19.

Yours sincerely,

The image shows two handwritten signatures in blue ink. The signature on the left is for Professor Peter Horby, and the signature on the right is for Professor Martin Landray. Both signatures are written in a cursive style.

Professor Peter Horby and Professor Martin Landray, Chief Investigators

## Further information about the treatments tested in the RECOVERY trial

To date, nine treatments have either been tested, or are currently being tested, in the RECOVERY trial. We have tested these treatments:

**Hydroxychloroquine (a treatment for malaria):** Hydroxychloroquine has been widely used to treat COVID-19 patients despite a lack of evidence. In early June, the information on hydroxychloroquine that we gathered from the RECOVERY trial was reviewed and we concluded that this drug did not reduce the number of deaths or the length of time patients with COVID-19 spent in hospital, or benefit patients in any other way. As a result, hydroxychloroquine was removed from the RECOVERY trial and guidelines for doctors have been updated.

**Dexamethasone (a steroid treatment):** The evidence from the trial on the use of dexamethasone was also reviewed in early June. We concluded that this drug reduced deaths by one third in patients who received treatment with a ventilator and by one fifth in patients receiving oxygen only. That means that for every eight patients on ventilators who receive the treatment, one death is prevented, and for every 25 patients on oxygen alone, one death is prevented. There was no benefit among those patients who did not require oxygen.

Within hours of these results being announced, doctors started using dexamethasone to treat patients in the UK. Dexamethasone is estimated to have saved more than half a million lives worldwide since announcement of this breakthrough result. We are continuing to test steroids as a possible treatment for children with COVID-19.

**Lopinavir-ritonavir (an antiviral treatment commonly used to treat HIV):** We have also found that there is no beneficial (or harmful) effect of lopinavir-ritonavir in patients hospitalised with COVID-19. This treatment had previously been recommended in many countries, but it has now been removed from the trial and relevant guidelines are being updated.

**Azithromycin (an antibiotic that also reduces inflammation):** We have recently found that azithromycin is not an effective treatment for patients hospitalised with COVID-19. Azithromycin had been widely used to treat COVID patients because of its theoretical potential to reduce lung inflammation.

RECOVERY is continuing to enrol patients to test different treatments. These are:

- **Aspirin** - commonly used to thin the blood
- **Colchicine** - a commonly used anti-inflammatory treatment
- **Convalescent plasma** - part of the donated blood from those who have recovered from COVID-19 which contains antibodies against the SARS-CoV-2 virus that causes COVID-19
- **Regeneron's antibody cocktail** - a new antibody treatment which is the first therapy that has been specifically designed as a potential treatment for COVID-19
- **Tocilizumab** - an anti-inflammatory treatment.

We expect that other treatments will be tested in the RECOVERY trial in the future. You can read more about the results from the trial and the treatments being tested on our website at [www.recoverytrial.net](http://www.recoverytrial.net).

The information in this letter may have changed since it was written. For the latest information on the RECOVERY trial, please visit the trial website, [www.recoverytrial.net](http://www.recoverytrial.net). The study is funded by UK Research and Innovation and the National Institute for Health Research. It is registered at ISRCTN50189673.