

RECOVERY trial investigators

15 January 2021



Dear Colleagues

Thank you very much indeed for your huge contribution to the RECOVERY trial. With your support, RECOVERY remains the largest trial of treatments in COVID-19, with over 28,000 participants to date. The speed of recruitment over these past, difficult few weeks has been incredible – over 5,000 patients have enrolled over the past 15 days.

The independent RECOVERY Data Monitoring Committee (DMC) held a routine meeting yesterday (14 January). We enclose a letter from the DMC thanking you and your teams for your outstanding work in RECOVERY. Please distribute this widely.

Convalescent plasma

On the advice of the Data Monitoring Committee, recruitment to the convalescent plasma arm has now been halted. Follow-up of all patients should continue.

The DMC reviewed data on patients randomised to convalescent plasma vs. usual care. The preliminary analysis based on 1873 reported deaths among 10,406 randomised patients shows no significant difference in the primary endpoint of 28-day mortality (18% convalescent plasma vs. 18% usual care alone; risk ratio 1.04 [95% confidence interval 0.95-1.14]; $p=0.34$).

The DMC saw no convincing evidence that further recruitment would provide conclusive proof of worthwhile mortality benefit either overall or in any pre-specified subgroup. The DMC therefore recommended that recruitment to the convalescent plasma portion of the study should cease and follow-up be completed.

Actions:

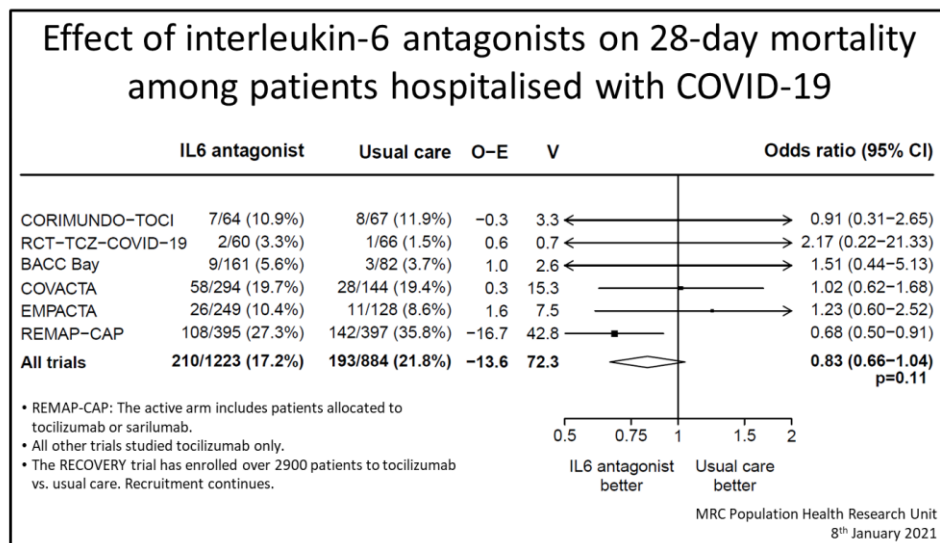
- The convalescent plasma arm has been removed from the randomisation system.
- Convalescent plasma should no longer be administered as part of the trial (patients recently randomised should not be given any further doses).
- Follow-up should continue as usual: a follow-up form should be completed for all patients following death, discharge from hospital, or 28 days.

- Baseline blood samples should continue to be stored and returned to the central laboratory in the usual way (and should continue to be collected prior to randomisation for patients entering the comparison of REGN-COV2 vs. usual care)
- The DMC have also recommended that the 72 hour early safety form is no longer required for any participants.

All other study arms continue as usual

As advised by the DMC, the recruitment of patients to all other treatment comparisons (tocilizumab, REGN-COV2, aspirin, and colchicine) vs. usual care remains open. Regeneron have increased supplies of REGN-COV2 for the trial.

In particular, the DMC reviewed the data on the tocilizumab comparison in the context of all previous published evidence (see figure below), including the recent pre-print publication from the REMAP-CAP investigators.



As of 12 January, the RECOVERY trial includes 3167 patients in the comparison of tocilizumab vs. usual care. Of these 1325 were on non-invasive ventilation and 477 were on invasive mechanical ventilation at randomisation (by comparison with 567 and 233 patients, respectively, in REMAP-CAP). The DMC concluded that recruitment to the comparison of tocilizumab vs. usual care should continue as planned for all eligible patients (including those requiring respiratory support). This has also been strongly recommended by the recent Faculty of Intensive Care Medicine/Intensive Care Society guideline update.¹

¹ <https://icmanaesthesiacovid-19.org/covid-cc-guideline-update>

We would like to thank you and all your colleagues for continuing to support the RECOVERY trial. You are making a huge difference to patient care both within the NHS and all around the world.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Peter Horby', with a large, sweeping underline.

Peter Horby PhD FRCP

A handwritten signature in black ink, appearing to read 'Martin Landray', with a horizontal line underneath.

Martin Landray PhD FRCP

Chief Investigators for the RECOVERY trial

Attached: RECOVERY DMC letter 14 January 2021
Letter of Appreciation from RECOVERY DMC 14 January 2021



Professor Peter Horby, Professor Martin Landray
RECOVERY trial Co-chairs
Nuffield Department of Population Health
Oxford

14th January 2021

Dear Peter and Martin

RECOVERY trial DMC report

The RECOVERY trial DMC reviewed the safety and efficacy data that were available today for the 26,560 patients randomised. For the interventions still in active recruitment, the numbers included in the comparison of each agent with its control were respectively: convalescent plasma (10,406), tocilizumab (3,167), REGN-COV2 (3,408), aspirin (6,367) and colchicine (3,863).

For convalescent plasma, we saw no convincing evidence that further recruitment would provide conclusive proof of worthwhile mortality benefit either overall or in any pre-specified subgroup. We therefore recommend that recruitment to the convalescent plasma portion of the study should cease and follow-up be completed.

For all the other treatments under study in RECOVERY, in the light of the available trial data and all relevant external information (including the recent pre-print publication of the REMAP-CAP results for Tocilizumab and Sarilumab), we see no cogent reason to modify the protocol or intake to the study. For all these treatments, we therefore recommend continuing recruitment.

We recommend that the collection of the supplementary 72-hour safety forms for convalescent plasma and REGN-COV2 could now cease.

The DMC will next review the safety and efficacy data for all treatments on 21st January 2021.

Yours sincerely

Professor Peter Sandercock, MA, DM, FRCPE, FESO, FWSO
Chairman RECOVERY trial DMC
Emeritus Professor of Medical Neurology, Centre for Clinical Brain Sciences

Cc DMC members, RECOVERY trial office.

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To all NHS and Research staff supporting the RECOVERY trial

14th January 2021

Letter of appreciation from the trial RECOVERY trial Data Monitoring Committee to all staff supporting the trial

I am writing to you on behalf of the RECOVERY trial Data Monitoring Committee. Our job is to monitor the accumulating study data in strict confidence, to ensure the safety of all trial participants and to advise the study team when the results for a particular treatment have become clear and should be made public.

We have been so impressed with the progress of the trial, and the quality of the data, we decided we should write a letter to thank you for your involvement in this national research effort.

RECOVERY has now recruited over 28,000 patients with COVID-19 from 176 hospitals around the UK and is the largest study in the world to test treatments for people admitted to hospital with COVID 19. It is identifying which treatments are effective and which are not. This monumental achievement is a great tribute to your efforts and the work of all the NHS staff involved in all the different areas of the NHS: health care, non-clinical support, laboratories, hospital administration and data management.

Your contributions are continuing to ensure the research yields results of the highest scientific quality and hence is of enormous importance to the treatment of patients not just in the UK, but also all around the world, both now and in the future. Your help is making this vital research possible despite the intense pressure experienced in the NHS during the pandemic.

Thank you for your continuing help and support. RECOVERY is a beacon of light in these difficult times.

With best wishes, yours sincerely

Professor Peter Sandercock,
On behalf of the RECOVERY trial DMC

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