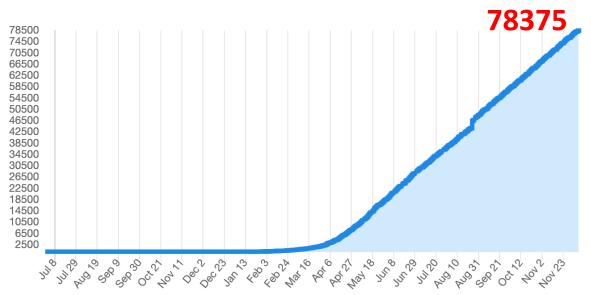
Updates and Controversies in COVID-19

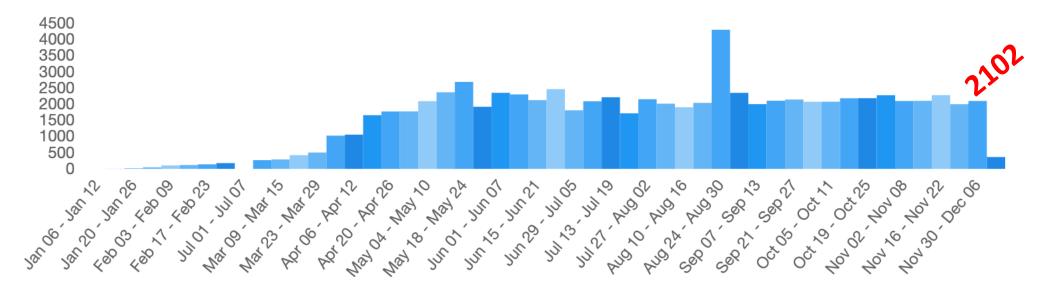
W. Cameron McGuire, MD, MPH

PCCSM Fellow

UC San Diego Health



Cumulative growth of papers in LitCovid



Hydroxychloroquine <u>still</u> does not work...

Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19

NEJM 11/19/2020

The RECOVERY Collaborative Group*

Hydroxychloroquine with or withoutAzithromycin in Mild-to-Moderate Covid-19NEJM 11/19/2020

A Cluster-Randomized Trial of Hydroxychloroquine for Prevention of Covid-19

NEJM 11/24/2020

Hydroxychloroquine still, <u>still</u> does not work

HCQ Shows Benefit

HCQ Doesn't Show Benefit

RCT

| Location | Study Type | N STUDY Location | | Study Type | N | |
|------------|--|--|---|---|---|--|
| n Hospital | Case-Cohort | 568 | Rosenberg | In Hospital | Retrospective | 1438 |
| n Hospital | Retrospective | 42 | VA Study | In Hospital | Retrospective | 368 |
| n Hospital | Retrospective | 80 | Boulware | PrEP | RCT | 821 |
| n Hospital | Retrospective | 2541 | Spanish | PrEP | RCT | 2300 |
| | | N = 3151 | Recovery | In Hospital | RCT | 4674 |
| | | | Orchid* | In Hospital | RCT | 470 |
| | | | Solidarity* | In Hospital | RCT | x |
| | | | Cavalcanti | In Hospital | RCT | 667 |
| r | n Hospital n Hospital n Hospital | n Hospital Case-Cohort n Hospital Retrospective n Hospital Retrospective | A HospitalCase-Cohort568A HospitalRetrospective42A HospitalRetrospective80A HospitalRetrospective2541 | LocationStudy typeNNin HospitalCase-Cohort568Rosenbergin HospitalRetrospective42VA Studyin HospitalRetrospective80Boulwarein HospitalRetrospective2541Spanishin HospitalRetrospective2541Corchid*in HospitalSolidarity*Solidarity | CocartonStudy TypeNRoleRecoveryin HospitalCase-Cohort568RosenbergIn Hospitalin HospitalRetrospective42VA StudyIn Hospitalin HospitalRetrospective80BoulwarePrEPin HospitalRetrospective2541SpanishPrEPN = 3151RecoveryIn HospitalIn HospitalOrchid*In HospitalIn Hospital | LocationStudy typeNN |

Discovery

In Hospital

N = 10738

Ongoing

N = 8932

Convalescent Plasma Hasn't Panned Out

JAMA | Original Investigation

Effect of Convalescent Plasma Therapy on Time to Clinical Improvement in Patients With Severe and Life-threatening COVID-19 A Randomized Clinical Trial

Ling Li, MD, PhD; Wei Zhang, MD; Yu Hu, MD, PhD; Xunliang Tong, MD, PhD; Shangen Zheng, MD; Juntao Yang, PhD; Yujie Kong, MD; Lili Ren, PhD; Qing Wei, MD; Heng Mei, MD, PhD; Caiying Hu, MD; Cuihua Tao, MD; Ru Yang, MD; Jue Wang, MD; Yongpei Yu, PhD; Yong Guo, PhD; Xiaoxiong Wu, MD; Zhihua Xu, MD; Li Zeng, MD; Nian Xiong, MD; Lifeng Chen, MD; Juan Wang, MD; Ning Man, MD; Yu Liu, PhD; Haixia Xu, MD; E. Deng, MS; Xuejun Zhang, MS; Chenyue Li, MD; Conghui Wang, PhD; Shisheng Su, PhD; Linqi Zhang, PhD; Jianwei Wang, PhD; Yanyun Wu, MD, PhD; Zhong Liu, MD, PhD JAMA June 3, 2020

Convalescent plasma treatment of severe COVID-19: a propensity score-matched control study

A Randomized Trial of Convalescent Plasma in Covid-19 Severe Pneumonia Nature Med Sept 20, 2020

NEJM Nov 24, 2020

There is Equipoise with Remdesivir...WHO recommends
against the use of
remdesivir in COVID-197. RECOMMENDATIONS FOR THERAPEUTICS
7.1 Remdesivir7. Recommendes
1.1 Remdesivir7. Recommendes
(1.1 Remdesivir)9 atients

20 November 2020

Conditional recommendation

We suggest against administering remdesivir in addition to standard care.

FDA Approval of Remdesivir — A Step in the Right Direction

NEJM Dec 2, 2020

Daniel Rubin, Ph.D., Kirk Chan-Tack, M.D., John Farley, M.D., M.P.H., and Adam Sherwat, M.D.

The place for remdesivir in COVID-19 treatment

Lancet Nov 26, 2020

There is Equipoise with Remdesivir...

Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19 A Randomized Clinical Trial

Remdesivir for 5 or 10 Days in Patients with Severe Covid-19

NEJM Nov 5, 2020

Jason D. Goldman, M.D., M.P.H., David C R LVA M R RS David S Hui M D

 Kristen M. Marks, M.D., Raffaele | Christoph D. Spinner, M.D., Mass
Ronald G. Nahass, M.D., Yao-She Robert H. Hyland, D.Phil., Anu (
Kuetkemeyer, S. Kline, D. Lopez de Castilla, R.W. Finberg, K. Dierberg, V. Tapson, L. Hsieh, T.F. Patterson, Christiana Blair, M.S., Xuelian W
Diana M. Brainard, M.D., Williar Kathleen M. Mullane, D.O., Ph
Karen T. Tashima, M.D., George Dia

Repurposed Antiviral Drugs for Covid-19 — Interim WHO Solidarity Trial Results

NEJM Dec 2, 2020

WHO Solidarity Trial Consortium*

So Where Does That Leave Us Therapeutically...?

| | | | | | | Duration of | | Duration of mechanical | Time to symptom | Time to viral | |
|--|-------------------------------------|---------------------------------|--------------------------------------|----------------------------------|---------------------------|-----------------------|---------------------|------------------------|--------------------|----------------------|----------------------|
| | Mortality | Mechanical ventilation | Adverse events | Admission to hospital | Viral clearance at 7 days | hospitalization | ICU length of stay | ventilation | resolution | clearance | Ventilator free days |
| Standard care* | 130 per 1,000 | 116 per 1,000 | 15 per 1,000 | 43 per 1,000 | 484 per 1,000 | 13 days | 13 days | 15 days | 11 days | 10 days | 11 days |
| Azithromycin | 6 (-40 to 62) | 1 (-60 to 90) | | | | 0.4 (-2.9 to 3.9) | | | | | -1.7 (-5.1 to 1.8) |
| Colchicine | -106 (-129 to 42) | | | | | -1.6 (-2.8 to -0.3)** | | | | | |
| Corticosteroids | -17 (-34 to 1)*** | -29 (-54 to 1)**** | | | 5 (-426 to 458) | -0.9 (-3.4 to 1.7) | -3.8 (-5.9 to -1.8) | -1.4 (-3.4 to 0.62) | | | 2.6 (0.2 to 5.0) |
| Favipiravir | 63 (-113 to 773) | | | | 81 (-301 to 399) | | | | | | |
| Hydroxychloroquine | 11 (-11 to 38)*** | 20 (-18 to 76)**** | 16 (-11 to 192)** | -26 (-38 to 12)** | 18 (-293 to 334) | 0.1 (-1.9 to 2.0) | | | -2.0 (-4.0 to 0.1) | -0.7 (-4.3 to 4.8)** | |
| Hydroxychloroquine + azithromycin | -48 (-103 to 66) | 58 (-32 to 216) | | | | 0.6 (-1.2 to 2.4)** | | | | | |
| Interferon beta | 2 (-35 to 35) | -13 (-60 to 45) | | | | | | | | | |
| Interferon gamma | | | | | 436 (-215 to 516) | | | | | | |
| Interferon kappa+ treefoil factor 2 | | | | | 290 (-334 to 503) | | | | | | |
| Lopinavir-ritonavir | -12 (-31 to 10) | 10 (-31 to 60)**** | | | -235 (-449 to 164) | -0.4 (-1.7 to 0.6)** | | | -1.0 (-4.1 to 3.2) | | |
| rhG-CSF | -102 (-124 to -41)*** | -96 (-108 to -68) | | | | -0.7 (-2.3 to 1.0)** | | | -0.8 (-4.5 to 4.6) | | |
| Remdesivir | -12 (-35 to 14)*** | -33 (-65 to 1)**** | 0 (-9 to 40) | | 14 (-429 to 460) | -0.2 (-1.9 to 1.2)** | | -1.3 (-4.1 to 1.5) | -2.0 (-4.2 to 0.9) | | |
| Tocilizumab | 5 (-46 to 81) | -35 (-80 to 54) | -8 (-15 to 300)** | | | -2.5 (-6.9 to 1.8) | -4.5 (-13.8 to 4.9) | | -1.8 (-5.0 to 3.4) | | 4.7 (-4.2 to 13.9) |
| Umifenovir | -130 (-130 to 870) | | | | | | | | | | |
| | | | | | | | | | | | |
| | Most beneficial | Intermediate benefit | Not different from SC | Harmful | | | | | | | |
| High/ moderate certainty | | | | | | | | | | | |
| Low/ very low certainty | | | | | | | | | | | |
| | | | | | | | | | | | |
| *Numbers presented are absolute risk differe | ences (95% CI) per 1000 patients | or mean difference (95% CI) | when compared to standard care | | | | | | | | |
| ** The best estimate of effect was obtained | from direct evidence | | | | | | | | | | |
| *** Fixed effects NMA estimates (vs standard care): Corticosteroids, -18 (-30 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir Ritonavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir, -14 (-26 the standard care) and the standard care (-20 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir, -14 (-26 to -7); Hydroxychloroquine, 10 (-5 to 29); Lopinavir, -14 (-26 to -7); Hydroxychloroquine, 10 (-5 to -7); Hydroxychloroquine | | | | | 5 to 9) | | | | | | |
| **** Fixed effects NMA estimates (vs standar | rd care): Corticosteroids, -57 (-85 | to -27); Hydroxychloroquine, 30 |) (-5 to 66); Lopinavir-Ritonavir, 2 | 9 (-3 to 63); Remdesivir, -24 (- | 51 to 5) | | | | | | |
| Empty cells: there was no evidence for the s | pecific intervention | | | | | | | | | | |
| rSG-CSF: Recombinant human granulocyte | colony-stimulating factor | | | | | | | | | | |
| | | | | | | | | | | | |
| Fig 2. Summary of effects compared with standard care | | | | | | | | | | | |

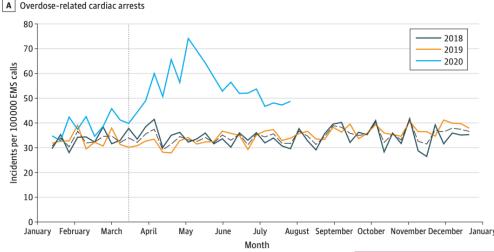
Some Quick Hitters...

Overdose-Related Cardiac Arrests Observed by Emergency Medical Services During the US COVID-19 Epidemic

Joseph Friedman, MPH¹; Leo Beletsky, JD, MPH²; David L. Schriger, MD, MPH³

» Author Affiliations | Article Information

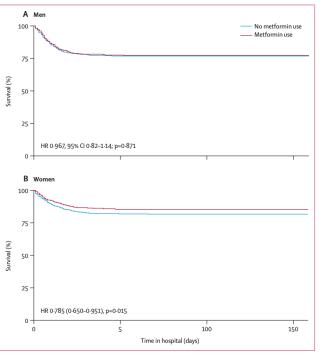
JAMA Psychiatry. Published online December 3, 2020. doi:10.1001/jamapsychiatry.2020.4218



Metformin and risk of mortality in patients hospitalised with COVID-19: a retrospective cohort analysis

Carolyn T Bramante, MD 2 [†] • Nicholas E Ingraham, MD [†] • Thomas A Murray, PhD • Schelomo Marmor, PhD Shane Hovertsen, PhD • Jessica Gronski, PhD • et al. Show all authors • Show footnotes

Open Access • Published: December 03, 2020 • DOI: https://doi.org/10.1016/S2666-7568(20)30033-7



Some (More) Quick Hitters...

Aspergillus Rates Aren't Increased in COVID-19 ARDS

JCM Accepted Manuscript Posted Online 4 December 2020 J Clin Microbiol doi:10.1128/JCM.02278-20

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Frequency of Positive Aspergillus Tests in COVID-19 Patients in Comparison to Other Patients with

Pulmonary Infections Admitted to the ICU

Erlangga Yusuf¹, Alieke Vonk¹, Johannes P.C. van den Akker², Lonneke Bode, Gregorius J. Sips¹, Bart

JA Rijnders¹, Jurriaan de Steenwinkel¹, Nelianne J. Verkaik¹, Marius Vogel¹, Menno van der Eerden³,

Mireille van Westreenen¹

VAP Rates in COVID-19 ECMO Patients are Increased

Ventilator-associated pneumonia in patients with SARS-CoV-2-associated acute respiratory distress syndrome requiring ECMO: a retrospective cohort study

Charles-Edouard Luyt , Tarek Sahnoun, Melchior Gautier, Pauline Vidal, Sonia Burrel, Marc Pineton de Chambrun, Juliette Chommeloux, Cyrielle Desnos, Jeremy Arzoine, Ania Nieszkowska, Nicolas Bréchot, Matthieu Schmidt, Guillaume Hekimian, David Boutolleau, Jérôme Robert, Alain Combes & Jean Chastre

Annals of Intensive Care **10**, Article number: 158 (2020) Cite this article