

Ongoing Living Update of COVID-19 Therapeutic Options: Summary of Evidence

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PAHO



Pan American
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Organization



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Organization
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Objetives

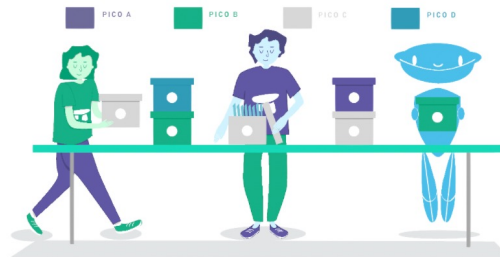
- Collect the best available evidence on pharmacological interventions for patients with COVID-19 or exposed to SARS-COV2
- Sustain a “living” update process in which every new piece of evidence is rapidly incorporated to the review
- Analice aquired evidence using standarized tools

Search



L·OVE repository

- **>300,000** records (articles screened 2 million approximately)
- Any type of article
- Automated: 41 databases + preprint + trial registries
 - Main sources screened hourly (eg. Pubmed, medRxiv)
- Manual: many other sources
- Studies included in systematic reviews (coming from any source)
→ **Largest repository** according to our own estimation



GRADE

Outcomes across studies

Summary of findings tables

Certainty of the evidence assessment



Author: YU, D, et al.
 Date: 2010-01-14
 Title: Small-molecule antipsychotics for acute psychosis
 Summary: A meta-analysis of randomized controlled trials comparing second-generation antipsychotics with first-generation antipsychotics for acute psychosis.

Outcome	Comparison	Intervention	Control	Risk of bias	Summary of Evidence		Quality
					Relative Risk	95% CI	
Mortality at 12 weeks (Relative up to 1 year)	Second-generation antipsychotics	Second-generation antipsychotics	First-generation antipsychotics	Low	0.95	0.78 to 1.15	MODerate
		First-generation antipsychotics	Second-generation antipsychotics	Low	1.05	0.88 to 1.24	MODerate
Adverse effects (Relative up to 1 year)	Second-generation antipsychotics	Second-generation antipsychotics	First-generation antipsychotics	Low	0.95	0.78 to 1.15	MODerate
		First-generation antipsychotics	Second-generation antipsychotics	Low	1.05	0.88 to 1.24	MODerate

High
 Moderate
 Low
 Very Low

Downgrade

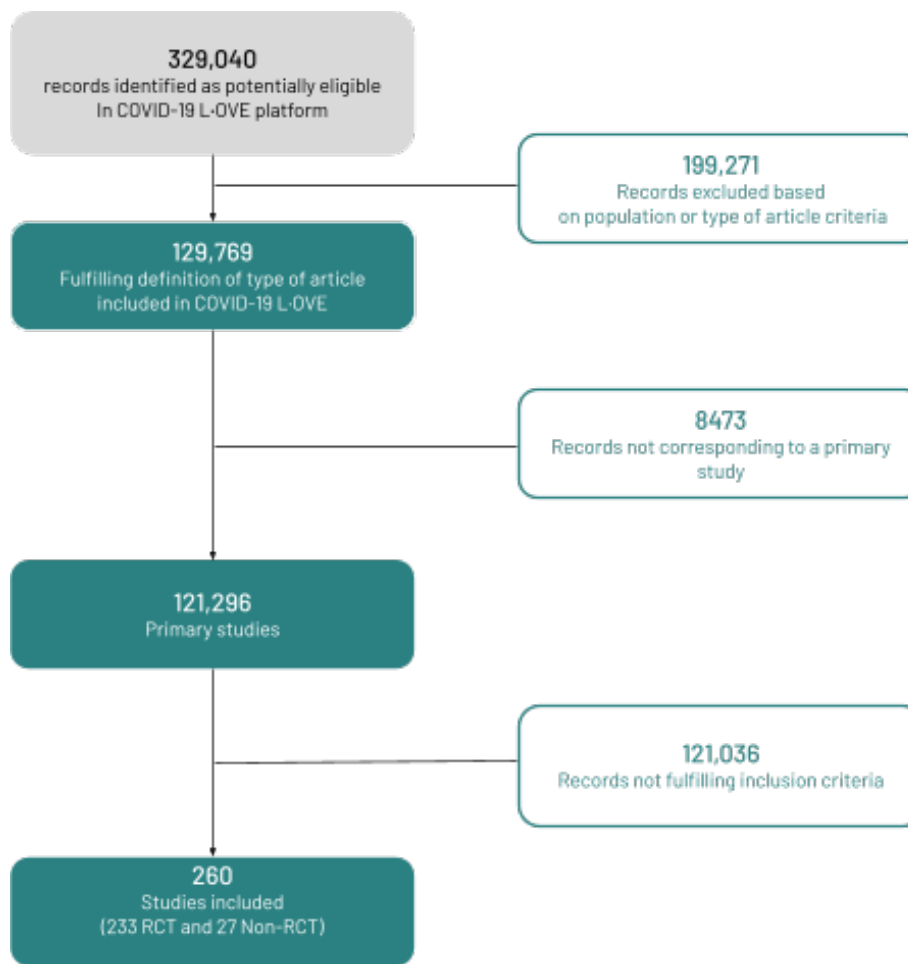
1. RoB
2. Inconsistency
3. Indirectness
4. Imprecision
5. Publication bias

Summary of the estimates of effects for every outcome

Upgrade

1. Big effect
2. Dose-response gradient
3. Confounders

Results



Intervention		Overall number of studies including the intervention, n=218	Mortality (n of studies)	Invasive mechanical ventilation (n of studies)	Symptom resolution (n of studies)	Prevention of infection (n of studies)	Adverse events (n of studies)
Hydroxychloroquine or Chloroquine	NEW	35	9	7	6	6	9
Ivermectin		22	7	1	7	3	2
Glucocorticoids		13	11	5	4		6
Convalescent plasma	NEW	12	11	6	4		3
Favipiravir	NEW	11	1		6		1
Lopinavir-Ritonavir	NEW	10	3	3	2		1
Tocilizumab	NEW	10	9	8	5		9
Azithromycin	NEW	6	3	2	2		1
Remdesivir		6	4 (*)	4	3		3
Umifenovir		5					
Coclichicine		4	3	2			1
Interferon beta-1a		4	3	3	2		



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Hydroxychloroquine or Chloroquine	NEW	35	9	7	6	6
Ivermectin		22	7	1	7	3
Glucocorticoids		13	11	5	4	6
Convalescent plasma	NEW	12	11	6	4	3
Favipiravir	NEW	11	1	1	6	1
Lopinavir-Ritonavir	NEW	10	3	3	2	1
Tocilizumab	NEW	10	9	8	5	9
Azithromycin	NEW	6	3	2	2	1
Remdesivir		6	4 (*)	4	3	3
Umifenovir		5	1	1	1	1
Cocchicine		4	3	2	1	1
Interferon beta-1a		4	3	3	2	1
Sofosbuvir +/- Daclatasvir		4	2	2	2	1
Vitamin C	NEW	4	4	4	2	1
Zinc	NEW	4	1	1	2	1
Bamlanivimab		3	1	1	2	3
IVIG		3	3	2	1	1
Mesenchymal cell transplantation		3	1	1	1	1
Vitamin D		3	1	1	1	1
ACEIs or ARBs (continuation)		2	2	2	1	1
Bromhexine Hydrochloride		2	1	1	1	1
Dutasteride	NEW	2	1	1	1	1
Leflunomide		2	1	1	1	1
Mouthwash (povidone iodine or essential oils)	NEW	2	1	1	1	1
Nitazoxanide	NEW	2	1	1	1	1
Ozone		2	2	1	1	1
Sarilumab	NEW	2	2	1	1	1
99mTc-MDP		1	1	1	1	1
ACEIs or ARBs (treatment)	NEW	1	1	1	1	1
Anakinra		1	1	1	1	1
Anticoagulants		1	1	1	1	1
Aprepitant		1	1	1	1	1
Artemisinin	NEW	1	1	1	1	1
Auxora		1	1	1	1	1
Azvadine		1	1	1	1	1
Baloxavir		1	1	1	1	1
Bamlanivimab + etesevimab		1	1	1	1	1
Bariotinib		1	1	1	1	1
BCG		1	1	1	1	1
Chloroquine nasal drops		1	1	1	1	1
Clarithromycin	NEW	1	1	1	1	1
CIGB-325		1	1	1	1	1
Cofactors		1	1	1	1	1
Darunavir-Cobicistat		1	1	1	1	1
Electrolyzed saline		1	1	1	1	1
Enisamium		1	1	1	1	1
Febuxostat		1	1	1	1	1
Febuxamine		1	1	1	1	1
Helium (inhaled)		1	1	1	1	1
Icatibant		1	1	1	1	1
IC1eK		1	1	1	1	1
IFN-alpha2b + IFN-gamma		1	1	1	1	1
IFX-1		1	1	1	1	1
INM05 (equine antibodies)		1	1	1	1	1
Interferon beta-1b		1	1	1	1	1
Interferon beta-1a (inhaled)		1	1	1	1	1
Interferon kappa + TFF2		1	1	1	1	1
Itolizumab		1	1	1	1	1

Intervention	Overall number of studies including the intervention, n=218	Mortality (n of studies)	Invasive mechanical ventilation (n of studies)	Symptom resolution (n of studies)	Prevention of infection (n of studies)	Adverse events (n of studies)
Levamisole		1	1	1	1	1
Lincomycin		1	1	1	1	1
Melatonin	NEW	1	1	1	1	1
Metisoprinol	NEW	1	1	1	1	1
Molnupiravir		1	1	1	1	1
Mouthwash (hydrogen peroxide)		1	1	1	1	1
N-acetylcysteine		1	1	1	1	1
Nasal hypertonic saline		1	1	1	1	1
Novafeon		1	1	1	1	1
Omega-3 fatty acids		1	1	1	1	1
Peg-IFN lambda		1	1	1	1	1
Progesterone		1	1	1	1	1
Prolectin-M		1	1	1	1	1
Propolis		1	1	1	1	1
Proxalutide		1	1	1	1	1
Quercetin		1	1	1	1	1
Ramipril		1	1	1	1	1
Recombinant Super-Compound IFN		1	1	1	1	1
REGN-COV2 (Regeneron)		1	1	1	1	1
Ribavirin		1	1	1	1	1
Ribavirin + Interferon beta-1b		1	1	1	1	1
Ruxofitinib		1	1	1	1	1
rhG-CSF		1	1	1	1	1
Sofosbuvir/ledipasvir	NEW	1	1	1	1	1
Steroids (inhaled)	NEW	1	1	1	1	1
Sulodexide		1	1	1	1	1
Telmisartan		1	1	1	1	1
Tnazavirin		1	1	1	1	1
α-Lipoic acid		1	1	1	1	1

(*) Inconsistent results between included studies. Beigel et al. informed mortality reduction with remdesivir while WHO SOLIDARITY found no significant differences. Pooled estimates show a small non-statistically significant mortality reduction (RR 0.94, 95%CI 0.82 - 1.06).

Mild patients (ambulatory)

Hydroxychloroquine	→	No benefits (High certainty)
Ivermectin	→	No benefits (Low certainty)
Lopinavir-ritonavir	→	No benefits (Moderate certainty)
Colchicine	→	Small benefits (Low certainty)
Steroids	→	Not assessed
Azithromycin	→	Not assessed

Moderate patients (patients with pneumonia without respiratory failure)

Hydroxychloroquine	→	No benefits (High certainty)
Ivermectin	→	No benefits (Low certainty)
Lopinavir-ritonavir	→	No benefits (Moderate certainty)
Colchicine	→	No benefits (Moderate certainty)
Steroids	→	No benefits (Low certainty)
Azithromycin	→	No benefits (Moderate certainty)
Conv. Plasma	→	No benefits (Moderate certainty)
Tocilizumab	→	Not assessed

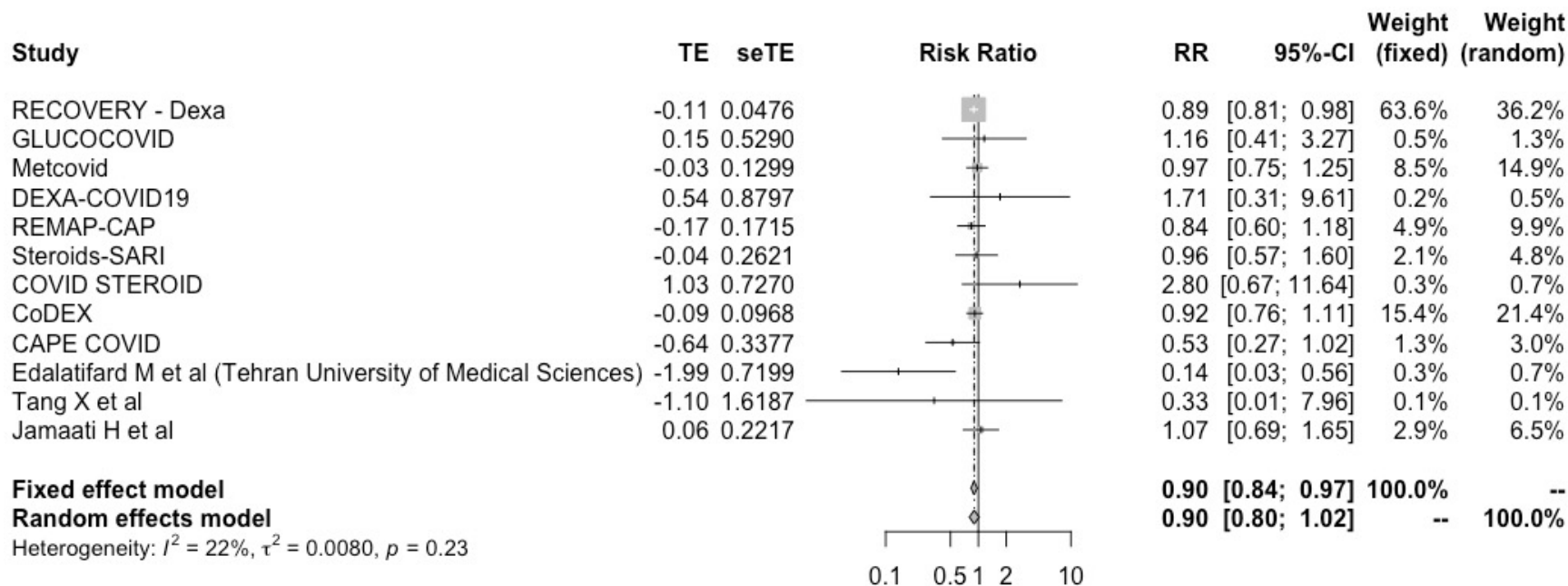
Severe and critical patients (patients with respiratory failure)

Hydroxychloroquine	→	No benefits (High certainty)
Ivermectin	→	No benefits (Low certainty)
Lopinavir-ritonavir	→	No benefits (Moderate certainty)
Colchicine	→	No benefits (Moderate certainty)
Steroids	→	Important benefits (Moderate certainty)
Azithromycin	→	No benefits (Moderate certainty)
Conv. Plasma	→	No benefits (Moderate certainty)
Tocilizumab	→	Important benefits (Moderate certainty)

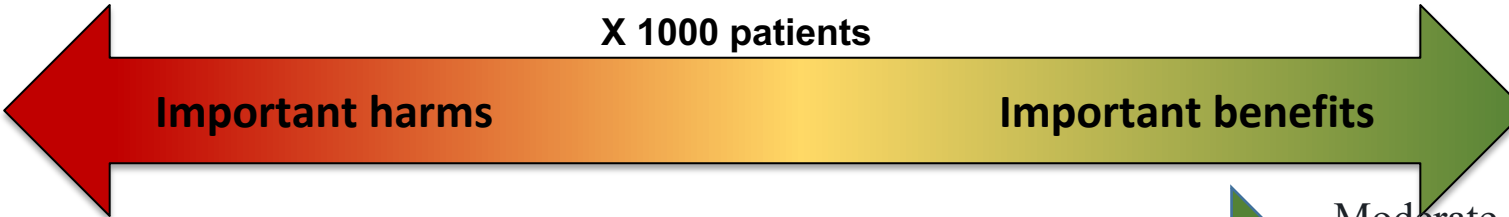
Systemic steroids

- 14 RCTs, 8115 patients

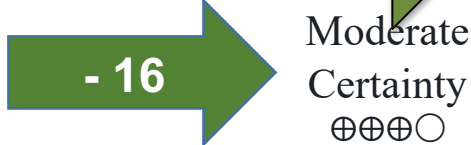
All cause mortality: Steroids vs. Standard of care



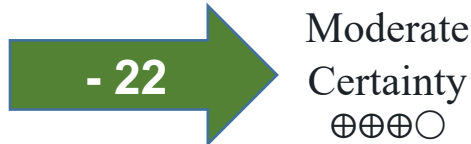
Systemic steroids



Mortality



Invasive mechanical ventilation



Time to symptom resolution



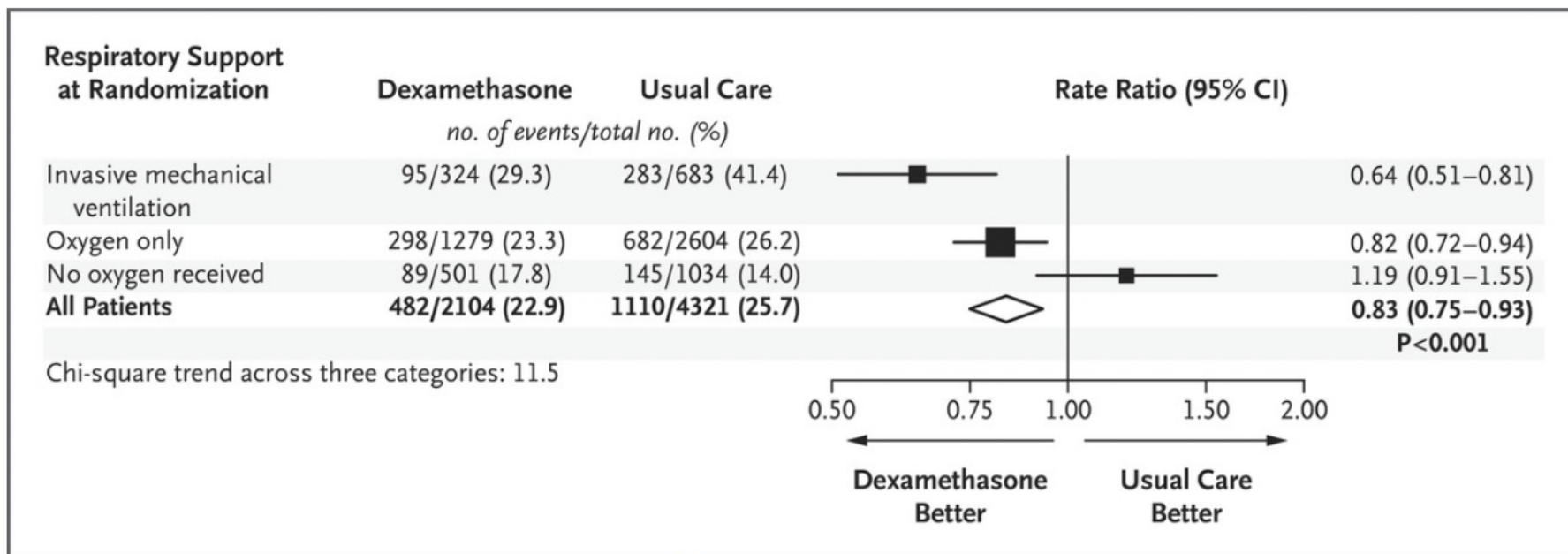
Symptomatic infection (prophylaxis)

No information

Severe adverse events



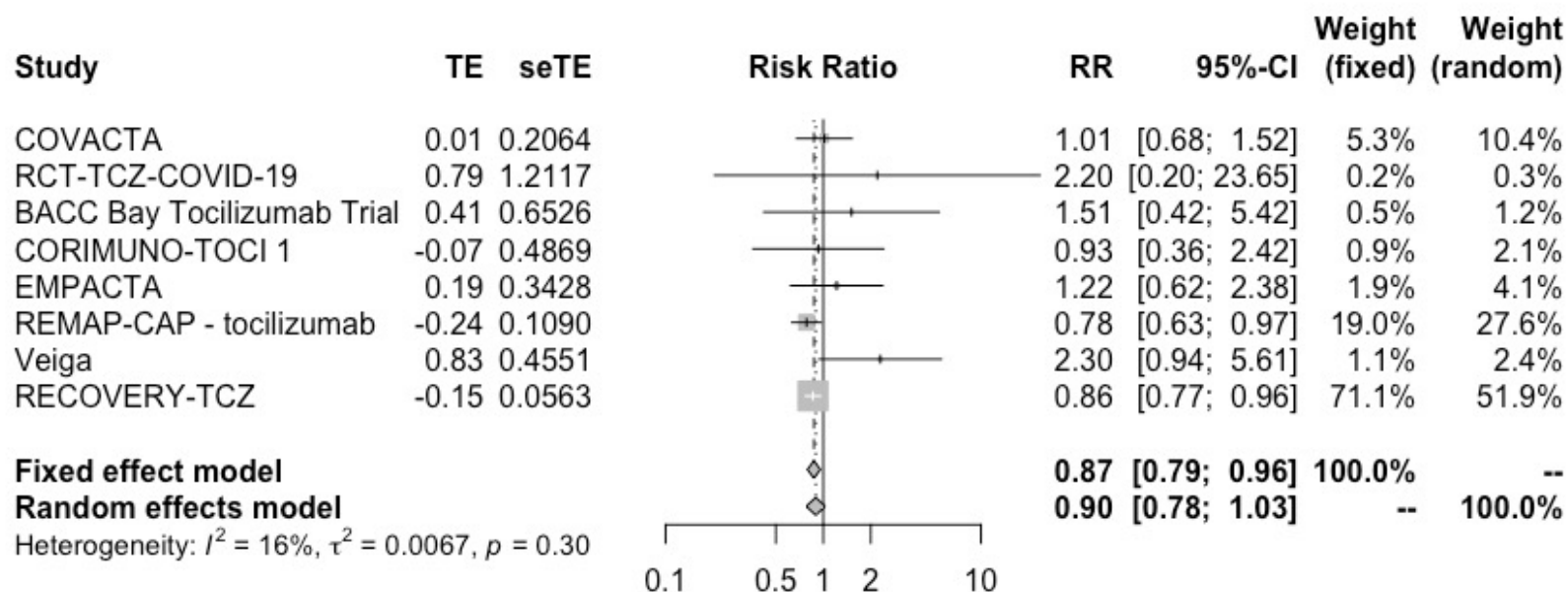
Systemic steroids in RECOVERY trial



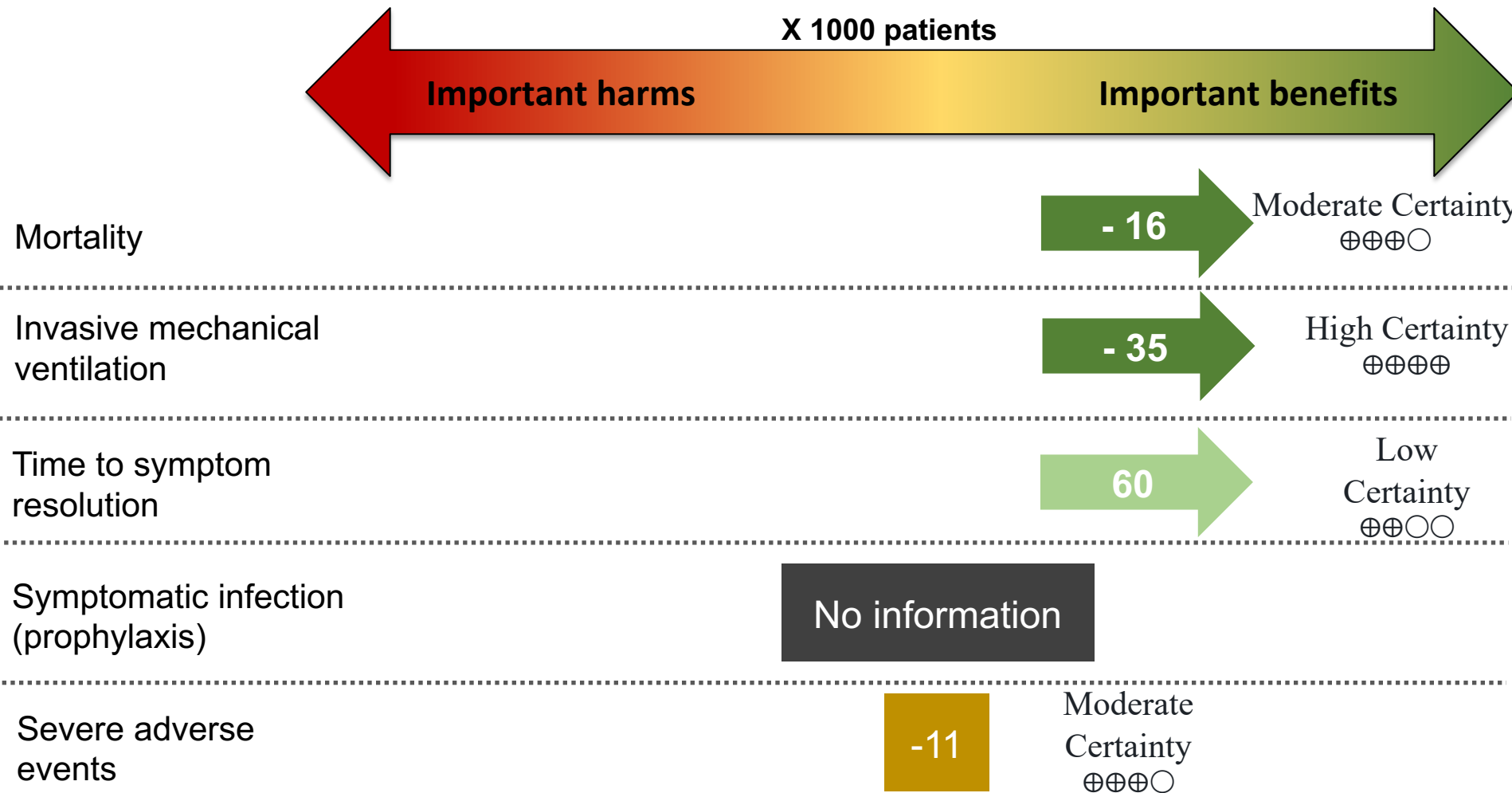
Tocilizumab

- 10 RCT, 6440 patients

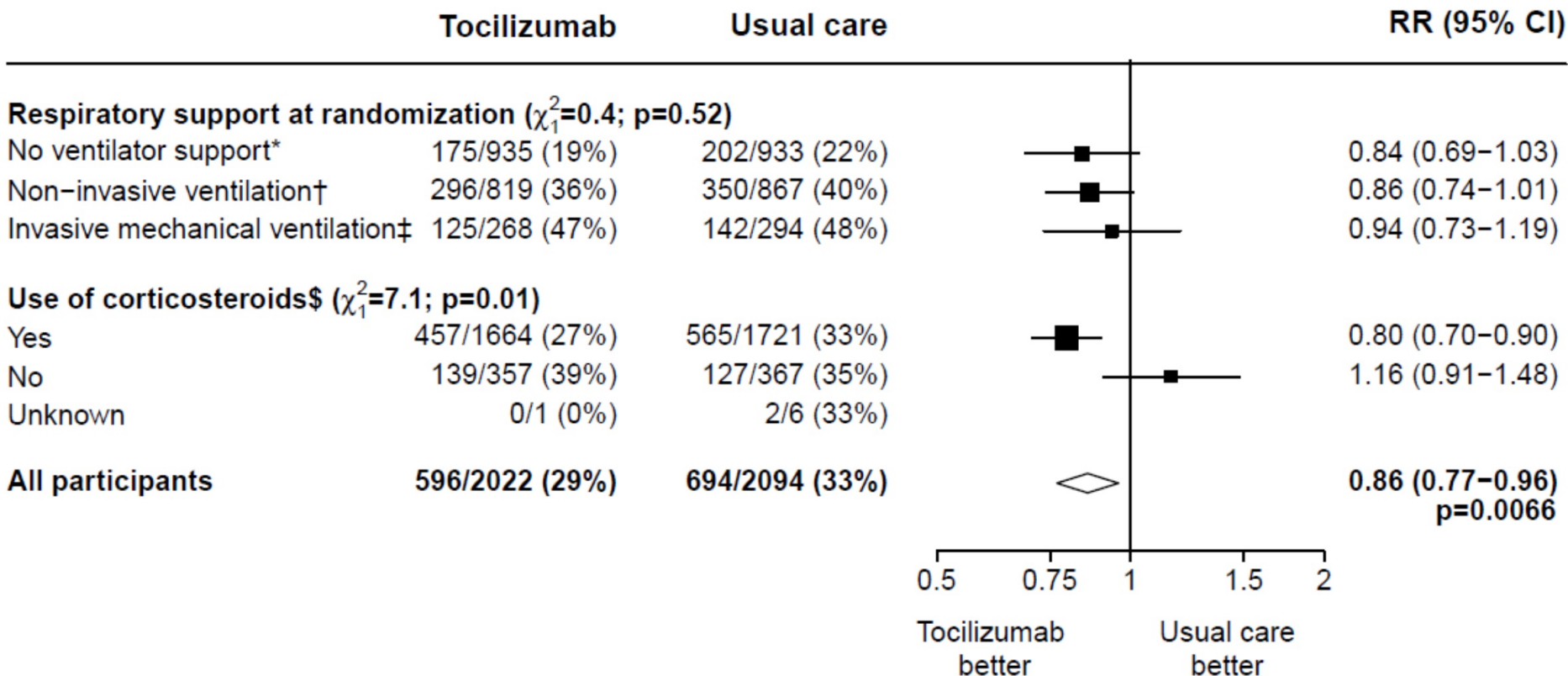
All cause mortality: Tocilizumab vs. Standard of care



Tocilizumab



Tocilizumab in RECOVERY trial



Without COVID-19

Exposed to SARS-CoV-2

No usefull pharmacological prophylactic interventions

COVID-19

Mild disease

Colchicine (Low certainty)

Moderate disease

No usefull pharmacological interventions

Severe to critical disease

Steroids (Moderate certainty);
Tocilizumab (Moderate certainty)

Thromboprophylaxis in hospitalized patients

- **No benefits of intermediate dose** (i.e LMWH 1 mg/kg a day) over standard dose (i.e LMWH 40mg a day)
doi:10.1001/jama.2021.4152
- **No benefits of full dose** (i.e LMWH 1m/kg twice a day) over standard dose (i.e LMWH 40mg a day)
<https://doi.org/10.1101/2021.03.10.21252749>

Manejo de los patients con COVID-19

COVID-19

**GUÍA PARA EL CUIDADO DE PACIENTES ADULTOS CRÍTICOS
CON COVID-19 EN LAS AMÉRICAS**

Versión 2

Actualizada al 29 de julio del 2020

NOTA

Este documento incluye los resultados de un proceso de adaptación rápida de guías. La información incluida en esta guía refleja la evidencia a la fecha publicada en el documento. Las recomendaciones se basaron en la evidencia disponible y su calidad (metodología GRADE) en el momento en que se publicó la guía. Sin embargo, reconociendo que hay numerosas investigaciones en curso, la Organización Panamericana de la Salud actualizará de forma periódica estas revisiones y las recomendaciones correspondientes.

OPS Organización Panamericana de la Salud
Organización Mundial de la Salud
Conócelo. Prepárate. Actúa.
www.paho.org/coronavirus

COVID-19

Flowchart for the management of suspected COVID-19 patients at the first level of care and in remote areas in the Region of the Americas

JULY 2020

NOTE

This document offers an algorithm for the management of COVID-19 patients at the first level of care and in remote areas, with focus on early case identification based on severity, and timely indications of remission. The flowchart incorporates the results of a process that included a review of the evidence and validation by experts in the Region. It is subject to revision as new evidence becomes available.

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COVID-19

Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews

RAPID REVIEW, 21 October 2020

Disclaimer

This document includes the results of a rapid systematic review of current available literature. The information included in this review reflects the evidence as of the date posted in the document. Yet, recognizing that there are numerous ongoing clinical studies, PAHO will periodically update these reviews and corresponding recommendations as new evidence becomes available.

PAHO Pan American Health Organization
World Health Organization
BE AWARE. PREPARE. ACT.
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Thank you!!