

Dear colleagues,

Novel Coronavirus: Clinical Trials

We are writing to ask that every effort is made to enrol COVID-19 patients in the national priority clinical trials; there are trials in primary care, hospital settings and ICUs.

As yet, there are no proven treatments for Covid-19. We need to gather reliable evidence through clinical trials. Using international evidence and UK expertise the most promising potential treatments, at this stage, have been identified and the UK is running national clinical trials to gather evidence across the whole disease spectrum.

The key three national trials are:

PRINCIPLE (higher risk patients in primary care trial). www.principletrial.org

RECOVERY (in hospital trial) https://www.recoverytrial.net/ For further information please email: recoverytrial@ndph.ox.ac.uk

REMAP-CAP (critically ill patient trial) https://www.remapcap.org/ For further information please email: ukremap-cap@icnarc.org

Other priority studies, including observational studies, are listed here https://www.nihr.ac.uk/covid-19/urgent-public-health-studies-covid-19.htm

These trials are being run as simply as they can to reduce the burden on the NHS, with adaptive designs so further treatments can be added if new promising candidates are identified. The results are essential to the future treatment of UK and global patients. We will ensure important results are disseminated rapidly to improve practice.

The faster that patients are recruited, the sooner we will get reliable results. While it is for every individual clinician to make prescribing decisions, we strongly discourage the use of off-licence treatments outside of a trial, where participation in a trial is possible. Use of treatments outside of a trial, where participation was possible, is a wasted opportunity to create information that will benefit others. The evidence will be used to inform treatment decisions and benefit patients in the immediate future.



Any treatment given for coronavirus other than general supportive care, treatment for underlying conditions, and antibiotics for secondary bacterial complications, should currently be as part of a trial, where that is possible.

Best wishes,

Dr Frank Atherton
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Wales

Dr Catherine Calderwood Chief Medical Officer for Scotland Dr Michael McBride Chief Medical Officer for Northern Ireland

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