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REMAP-CAP

IN THIS ISSUE:

Dear REMAP-CAP investigators,

The end of the year is a time to reflect. Not just on the past year this time, but on the past 2 years especially. Since the start of 2020, we've been working together vigorously to do what we had been preparing for since 2014: adapting REMAP-CAP to a pandemic.

Despite the preparations, the journey has been different from what we ever imagined. Lockdown and travel-ban were not in our dictionary prior to 2020; and we had never considered the pandemic that we were planning for would be so disruptive, affecting not just our daily work but also our personal lives so much. This has been hard, and still is hard, on all of us.

The pandemic has also shown that REMAP-CAP could do what it was designed for: Adapt in a pandemic, incorporate new promising interventions, adapt to a changing standard of care and quickly and effectively deliver results that change the clinical care of hospitalized and critically ill patients. Within 24 months of the start of the pandemic, we have been able to conclude on a total 7 domains and deliver 10 important conclusions for our patients. That has only been possible because of the many patients agreeing to participate in the trial, and because of our global #remapcapfamily delivering the trial in these challenging circumstances.

Since the last newsletter in June this year, we have added more domains to the trial (see www.remapcap.eu for an overview) and included our 10,000th patient globally, an amazing achievement. We have continued to train and educate participating sites, and currently 340 sites across the globe take part in the study. We hope you've enjoyed the national and international meetings, the livestreams, podcasts, and videos that aimed to help you understand the trial and its results; and to get to know the #remapcapfamily. Please continue to follow us on social media for the latest trial updates (see below), and to engage with colleagues around the world.

The pandemic is not over yet. Still, we hope 2022 will be the year where we transition to a post-pandemic REMAP-CAP and get ready for the future (even if it includes another pandemic). With our site investigators, we will focus on assessing how we can improve delivery of the trial. This will be done by site assessment and (where needed) re-training, increased attention to monitoring, and much more. We will reach out to you to help us understand your needs, and we hope to be able to engage with you even more (and hopefully more face to face!).

Thank you for being part of the #remapcapfamily and for all your work. I am looking forward to continuing to work with all of you, to improving care for patients with you, and I cannot wait to meet you face to face (hopefully) soon.

Wishing you a merry Christmas and a Happy New Year,
Stay safe,

On behalf of the REMAP-CAP team,
Lennie Derde
Global Chair of the International Trial Steering Committee
European Coordinating Investigator

RECRUITMENT UPDATE

We are proud to announce that the REMAP-CAP global trial included its 10,000th patient on 30NOV2021 in Australia.

As of 21 Dec 2021 REMAP-CAP is active in **340** sites in **21** countries worldwide and a total of **10,132** unique patients have been included, of which **8,972** are COVID-19 patients. These patients contributed to a total of **16,180** randomisations in the different domains.

Europe:
- **215** Activate Sites
- **6,579** Patient Inclusions
- **6311** COVID-19 Patients
- **12,611** Randomisations

A BIG WELCOME - new sites

Since the 1st of June 2021 we have welcomed **8 European sites** to the family. We are excited about making a difference in the treatment of CAP and COVID-19 patients together. A big welcome to:

- CHU Dijon Bourgogne, France
- Universitätsklinikum Tübingen, Germany
- IRCCS Ospedale San Raffaele, Italy
- University Hospital Leipzig, Germany
- ASST Spedali Civili di Brescia, Italy
- Laurentius Ziekenhuis, the Netherlands
- Centre Hospitalier de Dax, France
- Hospital de Tortosa Verge de la Cinta, Spain

PLATFORM CONCLUSION
Antiplatelet domain

On the 22nd of June 2021 the REMAP-CAP International Trial Steering Committee (ITSC) received correspondence from the REMAP-CAP Data Safety Monitoring Board (DSMB) notifying us of Platform Conclusions arising from an adaptive analysis.

It revealed that for patients with COVID-19 who are receiving organ support in an ICU, antiplatelet therapy, either with aspirin or P2Y12 inhibitor (which were found to be equivalent), was ineffective when compared to no antiplatelet therapy (OR = 0.99 [95% CrI 0.82 – 1.19], probability of OR < 1.2 = 98%). The unanimous recommendation of the DSMB was that this domain be closed for patients with severe COVID-19 (i.e. patients receiving organ support in an ICU). This recommendation has been accepted by the ITSC. Moreover, under the leadership of Charlotte Bradbury a manuscript has been submitted for publication.

MONITORING

Since the start of the pandemic, the number of REMAP-CAP sites has increased exponentially, and we have now recruited over 10.000 patients together. Due to travel restrictions, monitoring activities have been challenging. The sponsor, local monitors and site staff had to switch gears fast in implementing remote site initiations, and performing central monitoring. A remote monitoring plan has been created for this.

With the loosening of restrictions earlier in 2021, our monitors in Belgium, Estonia, Finland, France, Germany, Ireland, the Netherlands, Italy, Portugal, and Spain have now carried out a total of at least 66 monitoring visits.

Below: Our Dutch monitoring team in action together with a research coordinator in Haga Hospital in The Hague (NL).

NEW PUBLICATION

Another paper by the REMAP-CAP investigators in pre-print concludes:

In critically ill adults with confirmed Covid-19, treatment with convalescent plasma did not improve clinical outcomes.

The median adjusted odds ratio was 0.97 (95% credible interval 0.83 to 1.15) and posterior probability of futility (OR < 1.2) was 99.4% for convalescent plasma compared to control. In-hospital mortality was 37.3% in convalescent plasma group, and 38.4% in controls.

Access the full article here!

ANNOUNCEMENTS

TRANSITION TO eTMF

Since September the European sponsor team at UMCU has started the transition to an electronic trial master file (eTMF) with Florence Healthcare. This new way of working will make filing and archiving more time-efficient and traceable. It will enable for easy followup of documents with sites as well as drastically reduce the need for printing.

WE4YOU

The monthly WE4YOU webinar will resume in January 2022 and take place every first Wednesday of the month. An exception will be the January 2022 edition which will take place on the second Wednesday (12th of January). In this special edition we will usher in the New Year with Prof Anthony Gordon. He will present the road that REMAP-CAP has traveled so far and what we may expect to come. See you then!

MEDIA CAMPAIGN

The fourth REMAP-CAP introductory video is out. Check it out on our website.
Through our social media (LinkedIn, Instagram and Twitter) we hope to continue to reach all REMAP-CAP site staff, patients and their families to let them know why we do research and what we have achieved so far. Follow us on our platforms!

If you have ideas for our media campaign or would like to help, feel free to contact us at eu.remapcap@umcutrecht.nl

BMJ AWARD

The REMAP-CAP global family would like to congratulate Imperial College London and the UK team with the great achievement of their (joint) winining of the 2021 BMJ award for the REMAP-CAP trial.

FEATURED DOMAIN - Mechanical Ventilation

REMAP-CAP Mechanical Ventilation domain was added to the platform in July of 2020 and is available for patients with severe pneumonia. The objective of this domain is to determine the most effective mechanical ventilation strategies for the treatment of patients with severe pneumonia who are receiving invasive mechanical ventilation.

The investigation of the optimal ventilation strategy in CAP is complicated, and there is significant variation in routine clinical practice. This variation occurs in relation to the ventilator setting, for which there are multiple axes with variation in each axis. While international guidelines offer some principles for care of these patients, many of these recommendations rely either on weak evidence or on extrapolation of data from patients with acute respiratory distress syndrom (ARDS) which may not be justified for all patients with non-COVID-19 CAP or acute respiratory failure due to COVID-19. There is substantial uncertainty regarding optimal ventilation strategy.

In this domain participants who are intubated and are receiving invasive mechanical ventilation will be randomized to receive one of two mechanical ventilation strategies:

- Protocolised mechanical ventilation strategy
- Clinician-preferred mechanical ventilation strategy

To learn more about the mechanical ventilation domain and to participate in this domain, please contact us at eu.remapcap@umcutrecht.nl

The UMCU sponsor team wishes you a happy holiday season ahead


Part of the UMCU team

Merry Christmas and a Happy New Year from

• Albertine Smit • Claire-Marie Martis • Clementina Okundaye • Curt Brugman • Daniele Pazzola • Erika Groeneveld • Esmee Kester • Esther Kok • Esther Pots • Helen Leavis • Ilse Rietveld • Irma Scheepstra-Beukers • Janine van der Staaij • Jan-Peter van Suchtelen • Joline Claassen • Lennie Derde • Linda Rikkert • Lorraine Parker • Maaike Koelink • Marc Bonten • Marion Kwakkenbos • Mina Jafarzadeh • Miranda Hopman • Nicole Keijzer-Timmers • Nora Azergui • Roosmarijn van Amerongen • Sara Bari • Sarah Sayada • Sophie Post • Sonal Patil • Svenja Peters • Wilma van Bentum-Puijk •