

IN THIS ISSUE

- Welcome by Marc Bonten
- JAMA Publication
- Version 4; Core Protocol
- Featured domain: Corticosteroid
- Recruitment Update
- ECCMID Congress 2023
- Study updates

JAMA Publication

Effect of Angiotensin-Converting Enzyme Inhibitor and Angiotensin Receptor Blocker Initiation on Organ Support-Free Days in patients hospitalized with COVID-19.

In REMAP-CAP's ACE2 RAS domain we evaluated the effect of ACE inhibitor and ARB initiation on outcomes in hospitalized COVID-19 patients. Among 679 critically ill patients with available primary outcome data, initiation of an ACE inhibitor or ARB as treatment for COVID-19 did not improve, and likely worsened, clinical outcomes. The posterior probabilities that ACE inhibitors and ARBs worsened organ support-free days compared with control were 94.9% and 95.4%, respectively. Posterior probabilities that ACE inhibitor and ARB worsened hospital survival compared with control were 95.3% and 98.1%.

Read the full article [here](#).

Dear REMAP-CAP family,

I trust you all enjoyed the most recent REMAP-CAP publication, and there is more to come. From an operational perspective we're transiting from the pandemic setting to the pre-pandemic scenario with a focus on severe CAP and improving our processes based upon the lessons learned during the pandemic. We'll keep you posted on this.

On behalf of the REMAP-CAP team,
Marc Bonten



Version 4; Core Protocol

REMAP-CAP is working on Version 4 of the Core Protocol, expected for this year to be published. This will include changes to general aspects of the trial, some of which may affect your day-to-day operations. Once finalized, we will engage in discussions and organize re-training for the trial in collaboration with your country coordinator. We'll keep you posted!

Featured Domain: Corticosteroid

The Corticosteroid Domain was updated to include a new intervention to the already available three. Fixed duration Dexamethasone for 10 days is now available for adult patients suffering from severe non-pandemic pneumonia.

The intervention is available for patients in either moderate or severe state of illness.

The new arm may not be available in all countries, depending on approvals and local preferences.

Read more by accessing the protocol directly [here](#). Please reach out to your monitor or sponsor contact for more details on getting this intervention started at your site.

Recruitment Update

Worldwide

- 325 sites
- 12,373 unique patients
- 10,179 COVID-19 patients
- 21,788 randomisations

EU Israel Serbia UK Switzerland

- 208 sites
- 7,344 unique patients
- 6,810 COVID-19 patients
- 13,925 randomisations

Since our last issue in December 2022 we added the following new sites to the REMAP-CAP family:

- Serbia: CHC Dr Dragiša Mišović-Dedinje
- Switzerland: University Hospital Zürich
- Czech Republic: Nemocnice Teplice
- France: Centre Hospitalier de Béthune Beuvry
- United Kingdom : Ulster Hospital
- Netherlands: Maasstad Ziekenhuis
- Spain: Hospital Universitario de Jerez and Ramon y Cajal University Hospital



ECCMID Congress 2023

Lennie Derde, (Utrecht, Netherlands) summarised the principles of Adaptive platform trials and spoke about the achievement of our European and International collaborators in REMAP-CAP during ECCMID (as seen above), which fellow speaker Chris Butler (Oxford, United Kingdom) called “probably one of the most important clinical trials ever conducted”.

Read the full article [here](#).

Study Updates

The Simvastatin Domain was closed for recruitment on 9th January 2023. 2900 participants were randomized to the domain without having reached a pre-defined statistical trigger. The likelihood of meeting a statistical trigger for futility or superiority of simvastatin is low, despite ongoing recruitment to this domain. Therefore, the REMAP-CAP ITSC made the decision to close recruitment and report the results of this domain as soon as they are available. We would like to thank all sites who randomized patients in this domain for their contribution.