SUBGROUP ANALYSIS ABOUT EFFICACY OF EARLY USE OF REMDESIVIR IN COVID-19

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BACKGROUND

A greater benefit was suggested in early treatment of remdesivir against COVID-19

AIM

To develop a systematic review and methodological interpretation of subgroup analyzes according to timing use of remdesivir in COVID-19

MATERIAL AND METHODS

Search strategy in "Clinical Queries/Narrow" tool: [([Therapy/Narrow[filter]) AND (remdesivir AND covid)]

Selection criteria: Randomized clinical trials (RCTs) with subset analysis about early and late use of remdesivir (≤10 vs >10 days from symptom onset, or ≤9 vs >9 days)

Endpoints: All outcomes with subgroup analysis regarding timing of remdesivir

1º Consideration of statistical interaction, prespecification, biological plausibility and consistency of subgroup analysis

Two methodologies

2º Validated tool with preliminary questions to discard subgroup analyzes without minimal relevance and checklist → Score with recommendations of applicability in clinical practice

RESULTS

Results of bibliographic review:

20 results

17 results excluded

3 RCTs included

Endpoints considered: time to clinical improvement, mortality, viral load, clinical status at days 11 and 15

1º Methodology

Heterogeneity of subgroups: no statistical interaction in outcomes of RCTs

Pre-specification: in time to clinical improvement, and clinical status at day 15 of a RCT

Biological support: It was reasoned in each endpoint of RCTs.

Consistency: No consistency of subgroup analyzes were showed

2º Methodology (validated tool)

Preliminary questions, discarded applicability of subset analysis in 2 RCTs (absence of minimal relevance). Recommendation in the third RCT: checklist recommended a "null" recommendation (score: -3 points) of clinical applicability was reached for clinical status at day 11

CONCLUSION

No differences were found between early and late use of remdesivir in COVID-19. We developed the first study with systematic review and methodology about subgroup analysis of timing use of remdesivir.

REFERENCES AND/OR ACKNOWLEDGEMENTS