other clinical trials in different phases are still ongoing

elsewhere.

Immunomodulatory agents. SARS-CoV-2 triggers a

strong immune response which may cause cytokine

storm syndrome™\*'. Thus, immunomodulatory agents

that inhibit the excessive inflammatory response may

be a potential adjunctive therapy for COVID-19.

Dexamethasone is a corticosteroid often used in a wide

range of conditions to relieve inflammation through

its anti-inflammatory and immunosuppressant effects.

Recently, the RECOVERY trial found dexamethasone

reduced mortality by about one third in hospitalized

patients with COVID-19 who received invasive mechan-

ical ventilation and by one fifth in patients receiving

oxygen. By contrast, no benefit was found in patients

without respiratory support'”’.

Tocilizumab and sarilumab, two types of interleukin-6

(IL-6) receptor-specific antibodies previously used to

reat various types of arthritis, including rheumatoid

arthritis, and cytokine release syndrome, showed effec-

iveness in the treatment of severe COVID-19 by atten-

uating the cytokine storm in a small uncontrolled trial”.

Bevacizumab is an anti-vascular endothelial growth

‘actor (VEGF) medication that could potentially reduce

pulmonary oedema in patients with severe COVID-19.

Eculizumab is a specific monoclonal antibody that

inhibits the proinflammatory complement protein C5.

Preliminary results showed that it induced a drop of

inflammatory markers and C-reactive protein levels,

suggesting its potential to be an option for the treatment

of severe COVID-19 (REF."“’).