

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<sup>60,61</sup>. 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 mechanical ventilation and by one fifth in patients receiving oxygen. By contrast, no benefit was found in patients without respiratory support<sup>146</sup>.

Tocilizumab and sarilumab, two types of interleukin-6 (IL-6) receptor-specific antibodies previously used to treat various types of arthritis, including rheumatoid arthritis, and cytokine release syndrome, showed effectiveness in the treatment of severe COVID-19 by attenuating the cytokine storm in a small uncontrolled trial<sup>147</sup>. Bevacizumab is an anti-vascular endothelial growth factor (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 as an option for the treatment of severe COVID-19(REF.<sup>148</sup>)