

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Mon, 9 Mar 2020 09:57:48 +0000  
**To:** Casseti, Cristina (NIH/NIAID) [E]  
**Cc:** (b) (6)  
**Subject:** FW: Connecting with Tony Fauci  
**Attachments:** Baricitinib as potential treatment for 2019-nCoV acute respiratory disease.pdf

Please take a look and respond

-----Original Message-----

**From:** Collins, Francis (NIH/OD) [E] <(b) (6)>  
**Sent:** Monday, March 9, 2020 5:29 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)>; Erbelding, Emily (NIH/NIAID) [E] (b) (6)>; Austin, Christopher (NIH/NCATS) [E] (b) (6)>  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Subject:** FW: Connecting with Tony Fauci

Passing this on in case Bill Chin's idea might be of interest.

Francis

-----Original Message-----

**From:** William Chin (b) (6)>  
**Sent:** Sunday, March 8, 2020 10:48 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Cc:** Baker, Rebecca (NIH/OD) [E] (b) (6)>; Austin, Christopher (NIH/NCATS) [E] (b) (6)>; Roger Glass (b) (6)  
**Subject:** Connecting with Tony Fauci

Hi Francis et al, I write to get a message to Tony, who clearly is on the COVID-19 front lines of these days and "everywhere." At this early stage, you may agree that it is possible that containment and/or mitigation will not completely solve the current pandemic. Instead, effective treatment or amelioration of the worst complications is necessary. In this spirit, I have an idea that was spurred by a letter in Lancet last month authored by Al Benevolent (attached). In this communication they suggest that baricitinib (Ouminant; a JAK1/2 inhibitor registered by Lilly for the treatment of rheumatoid arthritis), using in silico techniques, might be useful in the treatment advanced COVID-19 pneumonia/ARDS identified. Baricitinib could possibly blunt the cytokine storm seen in the most severely affected patients via inhibition of JAK1/2, but also decrease viral entry in AT2 pulmonary cells and myocardial cells via inhibition of GAK and AAKI. It has a relatively short plasma half-life and hence could be more useful than Roche's tocilizumab/Actemra). Baricitinib has a good safety profile although as a drug to treat autoimmunity it is formally contraindicated in patients with infections, this could be offset by treatment patients with anti-virals such as Gilead's remdesivir, etc. Perhaps you folks have already thought about/discussed its use but if not I'd like a chance to chat about my additional thoughts. Thanks. Bill