From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Thu, 19 Mar 2020 02:33:41 +0000
To: Redfield, Robert R. (CDC/OD);Stephen Hahn;Birx, Deborah L. EOP/NSC
Cc: (b) (6);Troye, Olivia EOP/NSC;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Hicks, Hope C. EOP/WHO;kellyanne conway
Subject: FW: NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19 http://bit.ly/2x9IJi0

As per my prior e-mail. The medical people likely are aware of this. It just came out tonight. (b) (5)

From: Folkers, Greg (NIH/NIAID) [E] (b) (6)>
Sent: Wednesday, March 18, 2020 10:14 PM
Subject: NEJM: A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19 http://bit.ly/2x9IJi0

A Trial of Lopinavir–Ritonavir in Adults Hospitalized with Severe Covid-19

List of authors.

- Bin Cao, M.D., et al.

Abstract

Background

No therapeutics have yet been proven effective for the treatment of severe illness caused by SARS-CoV-2.

Methods

We conducted a randomized, controlled, open-label trial involving hospitalized adult patients with confirmed SARS-CoV-2 infection, which causes the respiratory illness Covid-19, and an oxygen saturation (Sao_2) of 94% or less while they were breathing ambient air or a ratio of the partial pressure of oxygen (Pao_2) to the fraction of inspired oxygen (Fio_2) of less than 300 mm Hg. Patients were randomly assigned in a 1:1 ratio to receive either lopinavir–ritonavir (400 mg and 100 mg, respectively) twice a day for 14 days, in addition to standard care, or standard care alone. The primary end point was the time to clinical improvement, defined as the time from randomization to either an improvement of two points on a seven-category ordinal scale or discharge from the hospital, whichever came first.

Results

A total of 199 patients with laboratory-confirmed SARS-CoV-2 infection underwent randomization; 99 were assigned to the lopinavir–ritonavir group, and 100 to the standard-care group. Treatment with lopinavir–ritonavir was not associated with a difference from standard care in the time to clinical improvement (hazard ratio for clinical improvement, 1.24; 95% confidence interval [CI], 0.90 to 1.72).