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EUROPEAN NETWORK FOR HEALTH TECHNOLOGY ASSESSMENT

EUnetHTA Joint Action 3 WP4

**“Rolling Collaborative Review” of Covid-19 treatments**

**NAFAMOSTAT FOR THE TREATMENT OF COVID-19**

**Project ID: RCR05**  
Monitoring Report

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| V 3.0   | 15/10/2020 | Third version   |
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## Conflict of interest

All authors and co-authors involved in the production of this living document have declared they have no conflicts of interest in relation to the technology and comparator(s) assessed according to the EUnetHTA declaration of interest (DOI) form. Conflict of Interest was evaluated following the [EUnetHTA Procedure Guidance for handling DOI form \(https://eunetha.eu/doi\)](https://eunetha.eu/doi).

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## LIST OF ABBREVIATIONS

|          |  |
|----------|--|
| AE       | Adverse Event  |
| CI       | Confidence Interval  |
| DOI      | Declaration of interest  |
| EUnetHTA | European Network of Health Technology Assessment                   |
| GRADE    | Grading of Recommendations, Assessment, Development and Evaluation |
| HR       | Hazard Ratio   |
| ICD      | International Classification of Diseases                           |
| MD       | Mean Difference  |
| MeSH     | Medical Subject Headings   |
| NA       | Not applicable   |
| NR       | Not reported   |
| OR       | Odds Ratio   |
| RCT      | Randomized Controlled Trial  |
| RCR      | Rolling Collaborative Review                                       |
| REA      | Relative Effectiveness Assessment                                  |
| RR       | Relative Risk  |
| SAE      | Serious Adverse Event  |
| SD       | Standard Deviation   |
| SMD      | Standardized Mean Difference                                       |
| WP4      | Work Package 4   |

## 1 OBJECTIVE

The aim of this EUnetHTA Rolling Collaborative Review is

- to inform health policy at the national/regional and at the European level at an early stage in the life-cycle of therapies which interventions are currently undergoing clinical trials,
- to monitor (ongoing studies and their results) permanently - in the format of a Living Document - potential therapies against covid-19,
- to present comparative data on effectiveness and safety of potential therapies and
- to support preparations for an evidence-based purchasing of regional/ national health politicians, if necessary.

To avoid redundancies and duplication, the EUnetHTA Rolling Collaborative Review will reuse sources from international initiatives to collect information and data on Covid-19 treatments.

The scope of the Rolling Collaborative Review is of descriptive nature. These **EUnetHTA Rolling Collaborative Reviews are not meant to substitute a joint Relative Effectiveness Assessment (REA)** adhering to the agreed procedures and aiming at critical appraisal of the clinical evidence based on the Submission Dossier submitted by the (prospective) Marketing Authorization Holder (MAH).

## 2 METHODS

This Rolling Collaborative Review is prepared according to the project plan (“Rolling Collaborative Review (RCR) on Covid-19 treatments: Project description and planning”, published [on the EUnetHTA website](#)) and will be updated monthly. Monthly updates are published on the EUnetHTA Covid-19 Website (<https://eunetha.eu/covid-19-treatment/>) and on the EUnetHTA Rolling Collaborative Review Sharepoint page each 15<sup>th</sup> of the month.

### 2.1 Scope

**Table 2-1 Scope of the RCR**

| Description       | Project Scope  |
|-------------------|--|
| <b>Population</b> | <p><b>Disease</b></p> <ul style="list-style-type: none"> <li>• SARS-CoV-2 is a novel coronavirus causing a respiratory illness termed Covid-19. The full spectrum of Covid-19 ranges from mild, self-limiting respiratory tract illness to severe progressive pneumonia, multi-organ failure, and death.</li> </ul> <p><b>ICD-Codes</b> (<a href="https://www.who.int/classifications/icd/covid19/en">https://www.who.int/classifications/icd/covid19/en</a>)</p> <ul style="list-style-type: none"> <li>• An emergency ICD-10 code of ‘U07.1 COVID-19, virus identified’ is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing.</li> <li>• An emergency ICD-10 code of ‘U07.2 COVID-19, virus not identified’ is assigned to a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available.</li> <li>• Both U07.1 and U07.2 may be used for mortality coding as cause of death. See the International guidelines for certification and classification (coding) of COVID-19 as cause of death following the link below.</li> <li>• In ICD-11, the code for the confirmed diagnosis of COVID-19 is RA01.0 and the code for the clinical diagnosis (suspected or probable) of COVID-19 is RA01.1.</li> </ul> <p><b>MeSH-terms</b></p> <ul style="list-style-type: none"> <li>• COVID-19, Coronavirus Disease 2019</li> </ul> <p><b>Target population</b><br/>(<a href="https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/">https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/</a>)</p> |

|                     |  |
|---------------------|--|
|                     | <ul style="list-style-type: none"> <li>Asymptomatic or pre-symptomatic Infection: Individuals who test positive for SARS-CoV-2 by virologic testing using a molecular diagnostic (e.g., polymerase chain reaction) or antigen test, but have no symptoms.</li> <li>Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnoea, or abnormal chest imaging.</li> <li>Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.</li> <li>Severe Illness: Individuals who have respiratory frequency &gt;30 breaths per minute, SpO<sub>2</sub> &lt;94% on room air at sea level, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) &lt;300 mmHg, or lung infiltrates &gt;50%.</li> <li>Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.</li> </ul>   |
| <b>Intervention</b> | Nafamostat (nafamostat mesylate, no ATC code) is a synthetic trypsin-like serine protease inhibitor ( <a href="https://pubchem.ncbi.nlm.nih.gov/compound/Nafamostat">https://pubchem.ncbi.nlm.nih.gov/compound/Nafamostat</a> ) on the market in Japan and South Korea as generic drug for intravenous use.  |
| <b>Comparison</b>   | Any active treatment, placebo, or standard of care.<br><br><b>Rationale:</b> Since there is no gold standard treatment any comparator is acceptable as well as the above listed interventions.   |
| <b>Outcomes</b>     | <p><u>Main outcome:</u></p> <ul style="list-style-type: none"> <li>All-cause Mortality (Survival)</li> </ul> <p><u>Additional Outcomes:</u></p> <p>Efficacy:</p> <ul style="list-style-type: none"> <li>Length of hospital stay,</li> <li>Viral burden (2019-nCoV RT-PCR negativity),</li> <li>Clinical progression (WHO Clinical Progression Scale measured daily over the course of the study),</li> <li>Rates of hospitalization and of patients entering ICU,</li> <li>Duration of mechanical ventilation,</li> <li>Quality of life.</li> </ul> <p>Safety:</p> <ul style="list-style-type: none"> <li>Adverse events (AE),</li> <li>Severe adverse events (SAE),</li> <li>Withdrawals due to AEs,</li> <li>Most frequent AEs,</li> <li>Most frequent SAEs.</li> </ul> <p><b>Rationale:</b> We will give priority according to the Core Outcome Set for Clinical Trials on Coronavirus Disease 2019 (<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102592/pdf/main.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102592/pdf/main.pdf</a>) and A minimal common outcome measure set for COVID-19 clinical research from the WHO Working Group on the Clinical Characterisation and Management of COVID-19 infection.</p> |
| <b>Study design</b> | Efficacy: randomised controlled trials (RCT)<br>Safety: observational studies (comparative or single-arm prospective studies and registries)   |

## 2.2 Sources of information

According to the project plan, this Rolling Collaborative Review is based on three main sources of information, as described below:

## 1. Summary of findings(SoF) table for published RCTs related to effectiveness and safety:

This table is based on the living systematic review and Network Meta-Analysis (NMA) created by the partnering institute of DEPLazio: [find the PROSPERO protocol here](#). DEPLazio provides updates for the SoF table on a monthly basis to the EUnetHTA partners authoring the respective Rolling CR documents who are integrating this information accordingly.

The literature search is conducted in the following databases:

- PubMed
- MEDLINE, accessed via OVID
- Embase, accessed via OVID

|                     |   |
|---------------------|---|
| <b>Population</b>   | <p>People affected by COVID-19, as defined by the authors of the studies. No limits in terms of gender or ethnicity.</p> <p>SARS-CoV-2 is a novel coronavirus causing a respiratory illness termed Covid-19. It started spreading in December 2019, and was declared a pandemic by the World Health Organisation on 11th March 2020. The full spectrum of Covid-19 ranges from mild, self-limiting respiratory tract illness to severe progressive pneumonia, multi-organ failure, and death.</p> |
| <b>Intervention</b> | Interventions for the treatment of people affected by COVID-19, including pharmacological interventions (e.g. antibiotics, antibodies, antimalarial, antiviral, antiretroviral, immune-suppressors/modulators, kinase inhibitors) and their combinations.   |
| <b>Comparison</b>   | Any active treatment, placebo, or standard of care.   |
| <b>Outcomes</b>     | <p>All-cause mortality</p> <p>Additional outcomes: Length of hospital stay, 2019-nCoV RT-PCR negativity, PaO<sub>2</sub>/FiO<sub>2</sub>, Duration of mechanical ventilation, radiological imaging, Adverse events, Severe adverse events.</p>  |
| <b>Study design</b> | Randomised controlled trials (RCT); no restriction on language of publication   |

To identify preprints of preliminary reports of work that have not been peer-reviewed, the following sources are searched:

- medRxiv Health Sciences
- bioRxiv Biology

In addition to the sources and strategies described above, registers of ongoing studies are screened. Key conferences and conference proceedings are considered. Appendix Table 6-1 describes in detail the sources searched, the search terms used and the dates at which the searches are executed.

### Data extraction, Risk of bias assessment, data synthesis:

Two reviewers from DEPLazio are screening search results, assessing full texts of studies and extract study characteristics and outcome data according to pre-defined criteria. The process of study selection is depicted as a flow diagram in Appendix Figure 6-1.

Risk of bias is assessed using the criteria outlined in the Cochrane Handbook for Systematic Reviews of Interventions [1].

Dichotomous outcomes are analysed by calculating the relative risk (RR) for each trial with the uncertainty in each result being expressed by its 95% confidence interval (CI). Continuous outcomes are analysed by calculating the mean difference (MD) with the relative 95% CI when the study used the same instruments for assessing the outcome.



The standardised mean difference (SMD) is applied when studies used different instruments. Pairwise meta-analyses is performed for primary and secondary outcomes using a random-effects model in RevMan for every treatment comparison [2]. Network meta-analysis (NMA) is performed for the primary outcome. For rating the certainty of the evidence, the GRADE approach is being used [3].

- Sources: <http://deplazio.net/farmacicoindex.html> for SoF (or <https://covid-nma.com/>)

## 2. Table(s) on published (peer reviewed) observational studies for safety results:

The literature search is conducted on a monthly basis.

The sources and search methods are described in more detail in Appendix Table 6-2.

|                     |   |
|---------------------|---|
| <b>Population</b>   | See project Scope   |
| <b>Intervention</b> | Nafamostat drug treatment   |
| <b>Comparison</b>   | Any active treatment, placebo, or standard of care.   |
| <b>Outcomes</b>     | See project Scope   |
| <b>Study design</b> | Inclusion criteria: Prospective non-randomised controlled trials, prospective case series (i.e. comparative or single-arm prospective studies), registries<br>Exclusion criteria: retrospective studies, case studies/ case reports, observational studies that do not report safety data |

Two researchers from NIPHNO carry out title and abstract screening and assess the full texts of all potentially eligible studies. The study selection process is depicted in a flow diagram (Appendix Figure 6-2).

One researcher of KCE extracts the data and assesses the risk of bias using Robins-I (<https://training.cochrane.org/handbook/current/chapter-25>).

Results are presented in tabular form for all included studies.

## 3. Table(s) on ongoing trials:

The following clinical trial registries are searched on a monthly basis:

- ClinicalTrials.gov: <https://clinicaltrials.gov/>
- ISRCTN: <https://www.isrctn.com/>
- European Clinical Trials Registry: <https://www.clinicaltrialsregister.eu/>

Inclusion criteria: Randomised controlled trials, Controlled trials

One researcher of KCE is searching and extracting the data for the eligible studies. At the drafting stage of each update, the author team verifies whether the status of previously identified studies has changed. This is done by verifying the date of the last update posted in the trial registers. In addition, trial register IDs of all previously identified studies are entered in both PubMed and Google (google.com) to verify if previously identified studies have been published since the last update. In Google, the first 10 hits are screened for this purpose.

Search methods are described in more detail in Table 6-3.

Data are presented in tabular form.

### 3 ABOUT THE TREATMENT

#### 3.1 Mode of Action

To enter into airway epithelial cells, coronaviruses rely on host cell proteases for activation of the viral protein involved in membrane fusion [4, 5]. The transmembrane protease, serine 2 (TMPRSS2) [6], has been shown to facilitate viral entry of the coronaviruses SARS-CoV, HCoV-NL63 and MERS-CoV in cells engineered to overexpress TMPRSS2. Trypsin-like serine protease inhibitors, camostat and nafamostat, inhibited viral entry [7-9]. At a dose of 30mg/kg, camostat caused survival in 60% of the mice in a lethal SARS-CoV BALB/c mouse model [10].

When SARS-CoV-2 emerged, loss- and gain-of-function experiments identified TMPRSS2 as a key mediator of cell infection through virus-cell fusion [11]. In addition to coronaviruses, TMPRSS2 and the structurally similar serine protease, human airway trypsin-like protease, have been linked to influenza virus activation. Active site inhibitors of these airway proteases (e.g. camostat and nafamostat) might thus have broad therapeutic applicability [4, 12].

The SARS-CoV-2 virus enters cells via its spike protein, first binding to the cell-surface enzyme ACE2. Then the spike protein is cleaved by furin at the S1/S2 site followed by cleavage by TMPRSS2 (or to some extent also TMPRSS13) at the S2' site. This triggers a conformation change that 'primes' the spike protein for fusion of the viral and cellular membranes, releasing the virus genome into the host cell. This process can be inhibited by either blocking furin or TMPRSS2 [13]. Note that these requirements differ from those of viral spreading through cell-cell fusion and involving cathepsin B and L. Unlike ACE2, TMPRSS2 does not appear to exert a cytoprotective role. Inhibiting the function of TMPRSS2 may therefore not exert adverse effects [14].

Camostat, its active metabolite GBPA/FOY 251 [11, 15], and nafamostat [15] directly inhibit TMPRSS2 enzymatic activity. This has been confirmed in a molecular dynamics and Markov model study (paper in preprint) [16]. All three molecules were also shown to inhibit the activation and cellular entry of SARS-CoV-2 [11, 17-19].

#### 3.2 Regulatory Status

Nafamostat mesilate (FUT-175, Futhan®, Nichi-Iko Pharmaceutical) is, like camostat, a trypsin-like serine protease inhibitor. Nafamostat 10mg for injection is on the market in Japan since 1986 for acute symptoms of pancreatitis; 50mg for injection is marketed since 1989 for disseminated intravascular coagulation and prevention of coagulation of perfused blood during extravascular circulation of patients with bleeding lesions or bleeding tendencies. Nafamostat is a serine protease inhibitor (with implications on coagulation, fibrinolysis, complement system, inflammatory cytokine release) and is quickly hydrolysed, the reason why it is typically administered as an intravenous drip. Meanwhile, multiple companies market nafamostat generics in Japan and South Korea (e.g. Futhan, SK Chemicals). Nafamostat is not approved for any use by EMA or FDA.

Sun Pharma in India has initiated manufacturing both the API and the finished product of nafamostat in India using technology from its subsidiary, Pola Pharma Japan [20]. Different initiatives are ongoing to prepare an oral formulation with or without slow release characteristics. For example, Ensycse in the US is developing different routes of administration of nafamostat through its subsidiary Covistat, including the oral and inhaled route ([www.covistat.com](http://www.covistat.com)). Nafamostat is also being developed for inhaled use in Japan by University of Tokyo, RIKEN, Nichi-Iko and Daiichi Sankyo [21], and in Germany, funded by the German federal ministry of education and research (BMBF) [22].

#### 3.3 Level of Evidence

Until now, no scientific publication on randomized clinical trials of nafamostat in Covid-19 patients could be identified.

In South Korea, three Covid-19 pneumonia patients over 65 years, requiring oxygen and progressing despite treatment with HCQ and lopinavir/ritonavir, improved and could be discharged after intravenous

administration of 200 mg daily of nafamostat for 4 to 13 days followed by oral camostat 3x200mg daily for 4 days [23]. Four more cases were treated successfully afterwards (personal communication on 28/5/2020 with Dr Ji-Young Rhee, corresponding author).

At Tokyo University hospital, 11 severely ill patients received nafamostat plus favipiravir. Ten out of 11 patients could be discharged [24]. In one patient, hyperkalaemia was reported but was quickly resolved after discontinuation of iv drip (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7412297/>).

In a report of four consecutive cases of hyperkalaemia in covid-19 patients in Japan requiring respiratory support the authors suggest a close monitoring at the start of nafamostat treatment at 200 mg daily.[25]

In Japan, many Covid-19 patients are treated off-label with nafamostat. About 30% of severe covid19 patients in Japan are treated with nafamostat iv (personal communication with Jun-ichiro Inoue, October, 29, 2020), hampering recruitment in randomized trials to treatment arms without nafamostat. Bleeding, including microbleeding in the brain, should be considered as a possible side-effect as nafamostat is a short acting anticoagulant [26].

A successful outcome in a case of severe respiratory failure was described after combination treatment of HCQ plus iv nafamostat in Japan (preprint by Iwasaka et al., available from <https://www.sciencedirect.com/science/article/pii/S1341321X20302713>).

An invitation-only mini-symposium took place October 29, 2020, hosted by Oxford University with preclinical experts and most of the investigators of the planned and ongoing trials. A total of 9 trials have been identified. Three trials have completed recruitment but no scientific article was identified yet. Positive clinical results were reported in the press for the placebo controlled trial of nafamostat conducted in Russia, sponsored by Chong Kun Dang Pharmaceuticals (<http://www.koreaherald.com/common/newsprint.php?ud=20210114001070>).

## 4 SUMMARY

There is a sound scientific rationale to investigate nafamostat in Covid-19 clinical trials. Such trials are currently ongoing.

**Table 4-1 Ongoing trials of single agent nafamostat**

|  |  |   |   |  |
|--|--|---|---|--|
| <b>Trial Identifier/registry ID(s)/contact</b>                                       | NCT04418128;<br>KCT0005003   | NCT04352400 (RACONA)                                  | NCT04473053; EudraCT2020-002230-32; ISRCTN14212905            | CTRI/2020/06/026220  |
| <b>Study design, study phase</b>   | 1:1 randomized open label  | 1:1 randomized placebo-controlled                     | 1:1:1 randomized single blind                                 | 1:1 randomized open label                                  |
| <b>Recruitment status</b>  | planned  | planned   | Recruitment complete  | Recruitment complete                                       |
| <b>Number of Patients, Disease severity*</b>   | 2x42 patients  | 2x128 patients  | 3x20 patients   | 2x20 patients  |
| <b>Setting (hospital, ambulatory,..)</b>   | hospital   | hospital  | hospital  | hospital   |
| <b>Intervention (generic drug name and dosage)</b>                                   | nafamostat 0.1 to 0.2mg/kg/hr (2.4 to 4.8mg/kg/day) for 10-14 days based on disease severity | nafamostat iv   | nafamostat 0.2mg/kg/hr for 7 days                             | nafamostat 0.1 mg/kg/hr as continuous infusion for 10 days |
| <b>Comparator (standard care or generic drug name and dosage)</b>                    | standard of care   | placebo   | inhaled TD139; standard of care                               | standard of care   |
| <b>Primary Outcome(s)</b>  | 7 point clinical scale   | 7 point clinical scale                                | Safety  | Clinical improvement                                       |
| <b>Sponsor/ lead institution, country (also country of recruitment if different)</b> | Gyeongsang University, South Korea (Contact: In-Guy Bae)                                     | Padova University, Italy, (Contact: Gian Paolo Rossi) | Edinburgh and Oxford University, UK (Contact: Kevin Dhaliwal) | Sun Pharma, India (Contact: Maulik Doshi)                  |

\*Mixed COVID-19, Mild, Moderate, Severe, Critical COVID-19

**Table 4-2 Ongoing trials of single agent nafamostat, continued**

|   |                                      |   |  |   |
|---|--------------------------------------|---|--|---|
| <b>Trial Identifier/registry ID(s)/contact</b>                    | NCT04623021                          | NCT04628143                                   | NCT04390594  | NCT04483960 (ASCOT)   |
| <b>Study design, study phase</b>                                  | 1:1 randomized open label            | 1:1 randomized open label                     | 1:1 randomized open label  | randomized open label adaptive platform trial; factorial assignment |
| <b>Recruitment status</b>   | Recruitment complete                 | Not yet recruiting                            | Recruiting   | Recruiting  |
| <b>Number of Patients, Disease severity*</b>                      | 2x52 patients,                       | 2x50 patients                                 | 2x93 patients  | 2400 patients   |
| <b>Setting (hospital, ambulatory,..)</b>                          | hospital                             | hospital                                      | hospital   | hospital  |
| <b>Intervention (generic drug name and dosage)</b>                | nafamostat iv (CKD-314, Nafabelltan) | nafamostat (CKD-314) as a continuous infusion | nafamostat 0.1 to 0.2mg/kg/hr for 10-14 days based on disease severity | nafamostat 0.2mg/kg/hr for 7 days                                   |
| <b>Comparator (standard care or generic drug name and dosage)</b> | standard of care                     | standard of care                              | standard of care   | standard of care  |

|  |  |  |   |  |
|--|--|--|---|--|
|  |  |  |   | other randomisations:<br>convalescent plasma or not;<br>low molecular weight heparin,<br>intermediate dose or standard<br>dose with or without aspirin |
| <b>Primary Outcome(s)</b>  | Time to clinical improvement<br>(2 points on 7 points scale)<br>up to day 28 | Time to clinical improvement<br>(2 points on 7 points scale)   | Viral load day 7  | Death or need for ventilation or<br>vasopressor/inotropic support<br>up to day 28  |
| <b>Sponsor/ lead institution, country<br/>(also country of recruitment if<br/>different)</b> | Chong Kun Dang Pharma,<br>South Korea (recruitment in<br>Russia)             | Chong Kun Dang Pharma,<br>South Korea (contact:<br>Dongho Kim) | Pasteur Institute, Dakar,<br>Senegal (contact: Fabien<br>Taieb) | Melbourne University, Australia<br>(contact: Naomi Perry)  |

\*Mixed COVID-19, Mild, Moderate, Severe, Critical COVID-19

**Table 4-3 Ongoing trials of combination therapies nafamostat**

|  |  |
|--|--|
| <b>Trial Identifier/registry ID(s)/contact</b>   | JPRN-jRCTs031200026  |
| <b>Study design, study phase</b>   | Randomized controlled trial                                |
| <b>Recruitment status</b>  | Slow recruitment, as nafamostat iv is considered effective |
| <b>Number of Patients, Disease severity*</b>   | 2x80 patients  |
| <b>Setting (hospital, ambulatory,..)</b>   | hospital   |
| <b>Intervention (generic drug name and dosage)</b>   | nafamostat iv + favipiravir tablets                        |
| <b>Comparator (standard care or generic drug name and dosage)</b>                            | favipiravir tablets  |
| <b>Primary Outcome(s)</b>  | Fever, SpO2, and chest image findings, PCR                 |
| <b>Sponsor/ lead institution, country<br/>(also country of recruitment if<br/>different)</b> | Tokyo University, Japan (Contact: Kyoji Moriya)            |

\*Mixed COVID-19, Mild, Moderate, Severe, Critical COVID-19

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## 6 APPENDIX

### 6.1 Search strategy to identify randomised controlled trials

DEPLazio, the Department of Epidemiology of the Regional Health Service Lazio in Rome, Italy is responsible for setting up the search strategy to identify randomised controlled trials (RCTs). DEPLazio performed a search in Medline, PubMed, and Embase, which has been updated weekly from March 2020 (Appendix Table 6-1). DEPLazio searched medRxiv.org (<https://www.medrxiv.org/>), bioRxiv.org (<https://www.biorxiv.org/>), and arXiv.org (<https://www.arxiv.org/>) for preprints of preliminary reports of randomised trials. The Cochrane Covid-19 Study Register (<https://covid-19.cochrane.org/>), ClinicalTrials.gov ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)) and World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) ([www.who.int/ictcp/en/](http://www.who.int/ictcp/en/)) were search in addition. Other sources included journal alerts, contact with researchers, websites such as Imperial College, London School of Hygiene and Tropical Medicine, and Eurosurveillance. We applied no restriction on language of publication.

We included randomised controlled trials (RCTs) comparing any pharmacological intervention against another pharmacological intervention or placebo or standard care (SC), for the treatment of individuals with Covid-19. We excluded studies comparing two dosages of the same pharmacological agent. We did not exclude studies on individuals with a comorbid disorder.

Four authors independently screened the references retrieved by the search, selected the studies, and extracted the data, using a predefined data-extraction sheet. The same reviewers discussed any uncertainty regarding study eligibility and data extraction until consensus was reached; conflicts of opinion were resolved with other members of the review team. Two authors independently assessed the risk of bias of the included studies with the Cochrane tool. Three authors used the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach, to evaluate the strength of evidence.

The methods described above are part of a living review of pharmacological agents for the treatment of Covid-19 conducted by the Department of Epidemiology of the Regional Health Service Lazio, Italy, to inform national regulatory agencies and clinicians, available at <https://www.deplazio.net/farmacicovid>. The review is registered on Prospero (CRD42020176914).



**Table 6-1 Search strategy to identify randomised controlled studies**

|               |                                |   |                   |
|---------------|--------------------------------|---|-------------------|
| <p>Pubmed</p> | <p>pubmed.ncbi.nlm.nih.gov</p> | <p>1. ((((((("Coronavirus"[Mesh]) OR<br/>         (coronavirus*[Title/Abstract] OR<br/>         coronavirus*[Title/Abstract] OR<br/>         coronavirinae*[Title/Abstract] OR<br/>         Coronavirus*[Title/Abstract] OR<br/>         Coronavirus*[Title/Abstract] OR<br/>         Wuhan*[Title/Abstract] OR Hubei*[Title/Abstract]<br/>         OR Huanan[Title/Abstract] OR "2019-<br/>         nCoV"[Title/Abstract] OR<br/>         2019nCoV[Title/Abstract] OR<br/>         nCoV2019[Title/Abstract] OR "nCoV-<br/>         2019"[Title/Abstract] OR "COVID-<br/>         19"[Title/Abstract] OR COVID19[Title/Abstract]<br/>         OR "CORVID-19"[Title/Abstract] OR<br/>         CORVID19[Title/Abstract] OR "WN-<br/>         CoV"[Title/Abstract] OR WNCov[Title/Abstract]<br/>         OR "HCoV-19"[Title/Abstract] OR<br/>         HCoV19[Title/Abstract] OR CoV[Title/Abstract]<br/>         OR "2019 novel"[Title/Abstract] OR<br/>         Ncov[Title/Abstract] OR "n-cov"[Title/Abstract] OR<br/>         "SARS-CoV-2"[Title/Abstract] OR "SARSCoV-<br/>         2"[Title/Abstract] OR "SARSCoV2"[Title/Abstract]<br/>         OR "SARS-CoV2"[Title/Abstract] OR<br/>         SARSCov19[Title/Abstract] OR "SARS-<br/>         Cov19"[Title/Abstract] OR "SARSCov-<br/>         19"[Title/Abstract] OR "SARS-Cov-<br/>         19"[Title/Abstract] OR Ncovor[Title/Abstract] OR<br/>         Ncorona*[Title/Abstract] OR<br/>         Ncorono*[Title/Abstract] OR<br/>         NcovWuhan*[Title/Abstract] OR<br/>         NcovHubei*[Title/Abstract] OR<br/>         NcovChina*[Title/Abstract] OR<br/>         NcovChinese*[Title/Abstract])))) OR<br/>         (((respiratory*[Title/Abstract] AND<br/>         (symptom*[Title/Abstract] OR<br/>         disease*[Title/Abstract] OR illness*[Title/Abstract]<br/>         OR condition*)) [Title/Abstract] OR "seafood<br/>         market*" [Title/Abstract] OR "food<br/>         market*" [Title/Abstract] AND<br/>         (Wuhan*[Title/Abstract] OR Hubei*[Title/Abstract]<br/>         OR China*[Title/Abstract] OR<br/>         Chinese*[Title/Abstract] OR<br/>         Huanan*)) [Title/Abstract])) OR ("severe acute<br/>         respiratory syndrome*") OR<br/>         ((corona*[Title/Abstract] OR<br/>         corono*[Title/Abstract] AND (virus*[Title/Abstract]<br/>         OR viral*[Title/Abstract] OR<br/>         virinae*[Title/Abstract])) AND ((((((randomized<br/>         controlled trial [pt]) OR (controlled clinical trial [pt]))<br/>         OR (randomized [tiab])) OR (placebo [tiab])) OR<br/>         (clinical trials as topic [mesh: noexp])) OR<br/>         (randomly [tiab])) OR (trial [ti])))) NOT (animals<br/>         [mh] NOT humans [mh]) AND<br/>         (2019/10/01:2020[dp])</p> | <p>03/05/2021</p> |
|---------------|--------------------------------|---|-------------------|

## 6.2 Search strategy to identify observational studies

As of October 2020, NIPHNO is responsible for setting up the search strategy to identify observational studies.

From September to December 2020, we received records that EPPI Centre has screened after searching weekly in Medline and Embase (until beginning of November 2020), from November onwards Microsoft Academics Graph (MAG). We supplemented these studies with a weekly search in Scopus (Elsevier). Detailed descriptions of the EPPI and NIPHNO searches are given at their websites [27, 28]. The retrieved hits were imported to a reference management tool, Endnote (Clarivate Analytics), for deduplication. We then searched the EndNote database using the generic names and synonyms for the included COVID-19 drugs.

From January onwards, an information specialist at NIPHNO has conducted searches in Medline (Ovid), Embase (Ovid) and Scopus (Elsevier) using the search strategy described in Table 6-2. To screen the references, two reviewers use a binary machine learning (ML) classifier. References that scored above the identified threshold of 30% certainty to be relevant were retained for screening; while those scoring below this threshold score were set aside.

Prior to using the binary ML classifier score to discard low scoring records, we screened 1028 references manually to train the classifier. The classifier is continuously being updated a long with new references being screened. References that have been set aside, can potentially be picked up in a later stage by a new classifier version. For drugs that have less than 5 publications included in the training batch, we combine the classifier with manual text word searches.

As a supplement we used Microsoft Academics Graph (MAG) to identify further relevant research. We used articles previously included in the EUnetHTA rolling collaborative review until last search and ran the Bring up-to-date function in EPPI Reviewer. Bring up-to-date uses the neural networks of MAG to identify publications similar to input articles, added to the MAG database.

**Table 6-2 Search strategy to identify observational studies**

| Database                                  | URL | Search terms / Search modality   | Date of search                            | Hits retrieved |
|---|-----|--|---|----------------|
| Embase<br>1974 to 2021                    |     | Lines 1 and 2 are copies of Ovid's Expert searches for covid-19 in MEDLINE and Embase  | From<br>06/04/2021<br>until<br>03/05/2021 | 1032           |
| Ovid<br>MEDLINE(R)<br>ALL 1946 to<br>2021 |     | <p>1 (((pneumonia or covid* or coronavirus* or corona virus* or ncov* or 2019-ncov or sars*).mp. or exp pneumonia/) and Wuhan.mp.) or (2019-ncov or ncov19 or ncov-19 or 2019-novel CoV or sars-cov2 or sars-cov-2 or sarscov2 or sarscov-2 or Sars-coronavirus2 or Sars-coronavirus-2 or SARS-like coronavirus* or coronavirus-19 or covid19 or covid-19 or covid 2019 or ((novel or new or nouveau) adj2 (CoV or nCoV or covid or coronavirus* or corona virus or pandemi*2) or ((covid or covid19 or covid-19) and pandemi*2) or (coronavirus* and pneumonia)).mp. or COVID-19.rx,px,ox,sh. or severe acute respiratory syndrome coronavirus 2.os.) use medall [COVID-19 in MEDLINE]</p> <p>2 (((pneumonia or covid* or coronavirus* or corona virus* or ncov* or 2019-ncov or sars*).mp. or exp pneumonia/) and Wuhan.mp.) or (coronavirus disease 2019 or 2019-ncov or ncov19 or ncov-19 or 2019-novel CoV or severe acute respiratory syndrome coronavirus 2 or sars-cov2 or sars-cov-2 or sarscov2 or sarscov-2 or Sars-coronavirus2 or Sars-coronavirus-2 or SARS-like coronavirus* or coronavirus-19 or covid19 or covid-19 or covid 2019 or ((novel or new or nouveau) adj2 (CoV or nCoV or covid or coronavirus* or corona virus or pandemi*2))</p> |   |                |

|  |  |  |  |
|--|--|--|--|
|  |  | <p>or ((covid or covid19 or covid-19) and pandemic*2) or (coronavirus* and pneumonia)).mp. or (coronavirus disease 2019 or severe acute respiratory syndrome coronavirus 2).sh,dj.) use oemez [COVID-19 in Embase]</p> <p>3 (COVID-19 serotherapy/ or Immunization, Passive/ or tocilizumab/ or camostat/ or nafamostat/ or AP301 peptide/ or Interleukin 1 Receptor Antagonist Protein/ or alunacedase alfa/ or darunavir/ or favipiravir/ or sarilumab/ or exp Interferons/ or gimsilumab/ or canakinumab/ or baricitinib/ or molnupiravir/ or Aspirin/ or mavrilimumab/ or exp Vitamin D/dt or Vitamin D Deficiency/dt or Ivermectin/) use medall [MeSH-terms for drugs in MEDLINE]</p> <p>4 (Hyperimmune globulin/dt or tocilizumab/ or camostat/ or camostat mesilate/ or nafamstat/ or solnatide/ or anakinra/ or darunavir/ or favipiravir/ or sarilumab/ or exp Interferon/ or gimsilumab/ or canakinumab/ or baricitinib/ or acetylsalicylic acid/ or mavrilimumab/ or exp Vitamin D/dt or Vitamin D Deficiency/dt or ivermectin/) use oemez [Emtree-terms for drugs in Embase]</p> <p>5 ((convalescent adj (plasma or sera or serum)) or serotherap* or ((atoxin or hyperimmunoglobulin or hyperimmune globulin or hyperimmune gammaglobulin) adj therap*) or passive immuni?ation or (tocilizumab or atlizumab or (MRA adj monoclonal antibod*) or MSB-11456 or MSB11456 or R-1569 or R1569 or RO-4788533 or RO4788533 or Actemra or Roactemra) or (camostat* or FOY-305 or FOY305 or FOY S 980) or (nafamostat or nafamstat or FUT-175 or FUT175) or (solnatide or AP301 or AP-301 or (TIP adj peptide)) or (anakinra or ((interleukin 1 or IL1 or IL-1) adj2 (antagonist or block* or inhibitor*)) or IL-1Ra or Kineret) or (alunacedase or APN01 or APN-01 or rhACE2 or recombinant human angiotensin converting enzyme 2 or GSK-2586881 or GSK2586881) or (darunavir or prezista or TMC-114 or TMC114 or UIC-94017 or UIC94017) or (favipi?avir or T-705 or T705 or Avigan or Olumiant) or (sarilumab or REGN-88 or REGN88 or SAR-153191 or SAR153191 or Kevzara) or (interferon* or (IFN adj1 (alpha* or beta* or gamma*)) or novaferon or CL-884 or CL884) or (gimsilumab or KIN-1901 or KIN1901 or morab-022 or morab022) or (canakinumab or ACZ-885 or ACZ885 or immunoglobulin G1 or Ilaris) or (baricitinib or LY-3009104 or LY3009104 or INCB-028050 or INCB028050 or INCB-28050 or INCB28050 or Olumiant) or (molnupiravir or MK-4482 or MK4482 or EIDD-2801 or EIDD2801) or (aspirin or acetylsalicylic acid) or (mavrilimumab or immunoglobulin G4 or CAM-3001 or CAM3001) or ((vitamin? D? or D?-vitamin?) adj4 (high-dose* or highdose* or supplement*)) or (ivermect* or MK-933 or MK933)).mp,bt,ot,du,dy,tn,nm. [other terms (title, abstract, author keywords and more) in MEDLINE and Embase]</p> <p>6 (20210406 OR 20210407 OR 20210408 OR 20210409 OR 2021041* OR 2021042* OR 2021043* OR 202105*).dt. use medall [time limits in MEDLINE]</p> <p>7 (20210406 OR 20210407 OR 20210408 OR 20210409 OR 2021041* OR 2021042* OR 2021043* OR 202105*).dc. use oemez [time limits in Embase]</p> |  |
|--|--|--|--|

|  |  |   |                                   |  |  |
|--|--|---|-----------------------------------|--|--|
|  |  | 8 | (1 and (3 or 5) and 6) use medall |  |  |
|  |  | 9 | (2 and (4 or 5) and 7) use oomezd |  |  |

### 6.3 Search strategy to identify ongoing studies

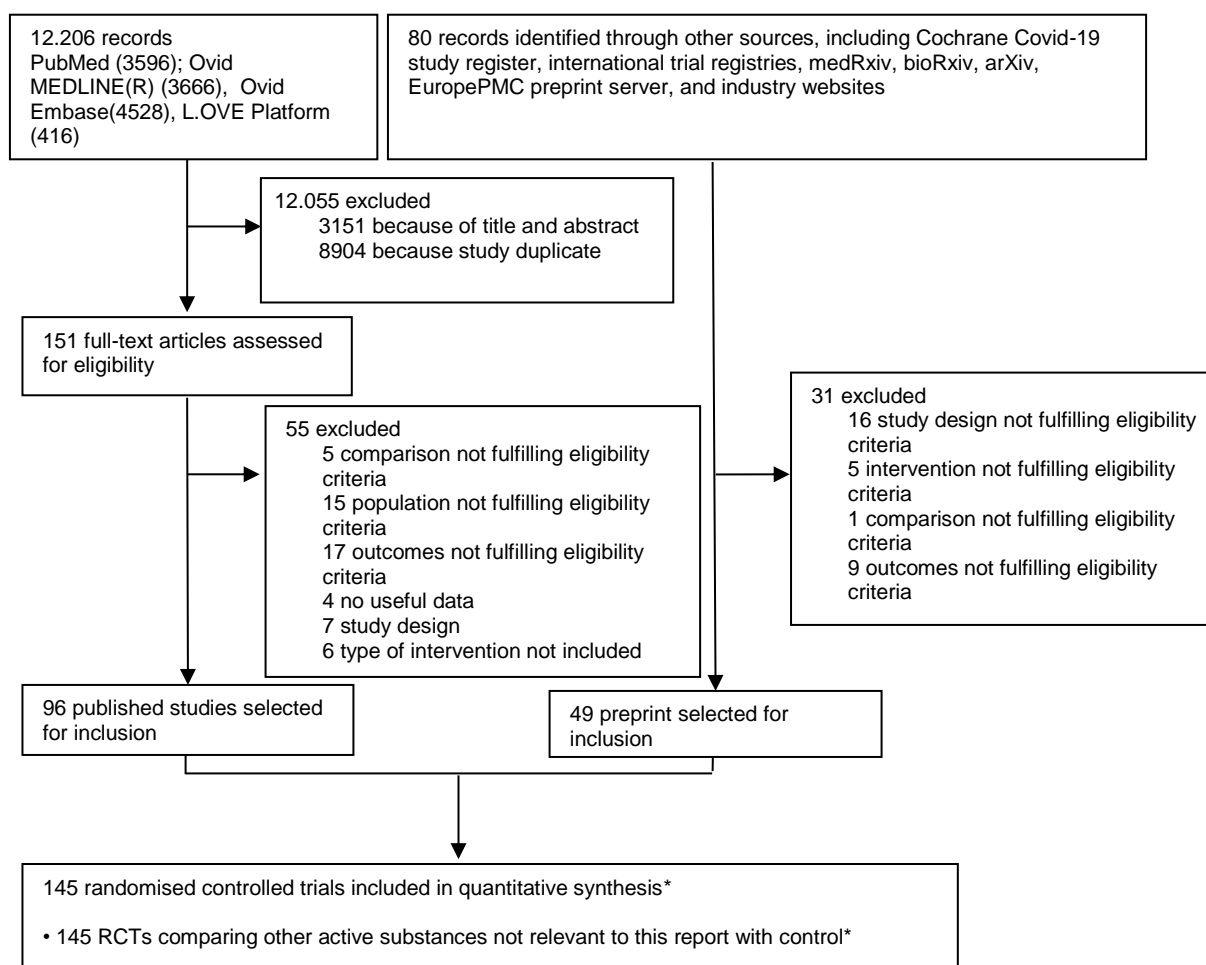
KCE is responsible for searching in trial registries to identify ongoing and unpublished studies. The combination of search terms related to COVID-19 and nafamostat are described in Table 6-3. In addition Google search is performed weekly for recent hits for “nafamostat”. Local trial registries are checked or investigators of identified trials are contacted to check the trial status, planned and ongoing studies are discussed during video conferences with investigators. Non-randomized trials are excluded.

**Table 6-3 Search strategy to identify ongoing studies**

| Database                          | URL   | Search line / search terms   | Date of search | Hits retrieved |
|-----------------------------------|---|--|----------------|----------------|
| ClinicalTrials.gov                | <a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>                       | “Basic search mode*”<br>Terms used at Condition or disease:<br><ul style="list-style-type: none"> <li>covid-19</li> </ul> Terms used at “other terms”:<br><ul style="list-style-type: none"> <li>nafamostat</li> </ul> | 11/05/2021     | 7<br>0 new     |
| ICTRP                             | <a href="https://apps.who.int/trialsearch/">https://apps.who.int/trialsearch/</a>           | Terms: Covid-19 and nafamostat   | 11/05/2021     | 10<br>0 new    |
| ISRCTN                            | <a href="https://www.isrctn.com/">https://www.isrctn.com/</a>                               | Advanced search mode<br>Search terms:<br><ol style="list-style-type: none"> <li>Condition: Covid-19 AND Interventions: Nafamostat</li> </ol>   | 11/05/2021     | 1<br>0 new     |
| European Clinical Trials Registry | <a href="https://www.clinicaltrialsregister.eu/">https://www.clinicaltrialsregister.eu/</a> | Basic search mode<br>Search terms:<br><ol style="list-style-type: none"> <li>covid-19 and nafamostat</li> </ol>  | 11/05/2021     | 1<br>0 new     |

\* In Basic Search mode, one term was added to the field “condition or disease” and one term in the field “other terms”.

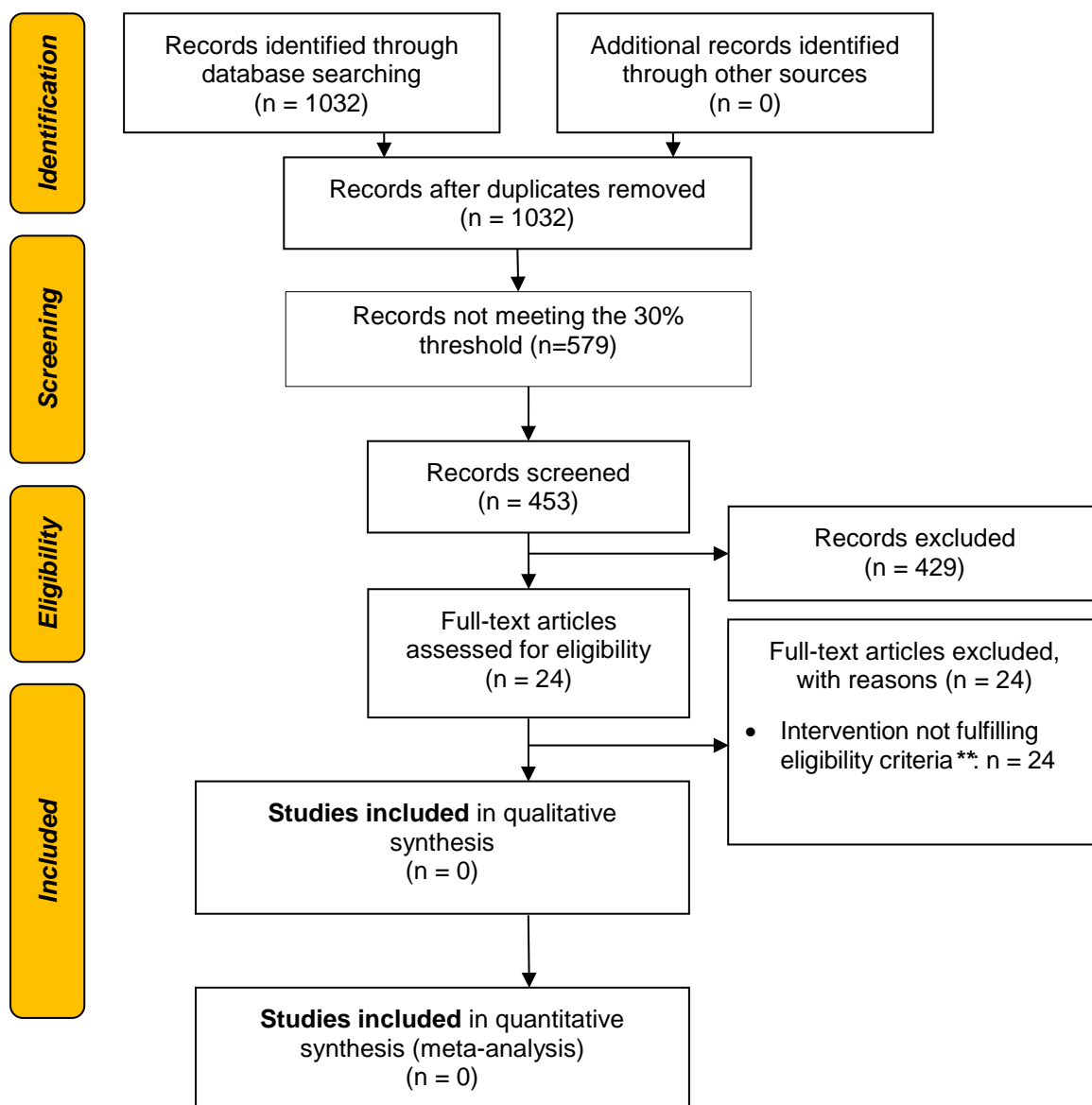
## 6.4 Flow diagrams



### Appendix Figure 6-1. Flow diagram depicting the selection process of RCTs

RCT = randomised controlled trial;

\* The selection process was part of an external project, see <https://www.deplazio.net/farmacocovid> and [Prospero ID CRD42020176914](https://www.prospero.org/CRD42020176914).



**Appendix Figure 6-2. Flow diagram depicting the selection process of observational studies**  
 \*\* studies evaluating active substances relevant to other EUnetHTA rolling collaborative reviews