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**Barbara Cuddon**  
**REC Manager**  
**Health Research Authority**  
Skipton House, 80 London Road, London SE1 6LH

**Dear Barbara,**  
**Re: Study Title: Randomized, Embedded, Multi-factorial, Adaptive Platform Trial for community - Acquired Pneumonia**  
**REC reference: 18/lo/0660**  
**EudraCT number: 2015-002340-14**  
**IRAS project ID: 237150**  
**Substantial amendment 1 (AM019) Expedited Approval**

I am submitting substantial amendment AM019 for the REMAP-CAP study.

**This involves changes to the Pandemic Appendix to Core:**

Full details of the changes are given in the “Summary of changes to Pandemic Appendix to Core Protocol v1.0 24 May 2020” document but in summary they are firstly to include changes due to accumulating knowledge and evidence of how the Appendix applies to COVID-19. Secondly, in some regions of the world a separate and new Core Protocol has been developed, termed REMAP-COVID, which combines elements of the REMAP-CAP Core Protocol with the Pandemic Appendix to the Core Protocol. The REMAP-COVID Core Protocol is used in countries and locations that were not participating in REMAP-CAP prior to the COVID-19 pandemic and where the only objective of the platform was to evaluate treatments in patients with proven or suspected COVID-19 infection. This version of the Pandemic Appendix achieves alignment between both sets of core documents.

**In addition, changes have been made to the Immunoglobulin domain:**

This application is to support a protocol amendment for the REMAP-CAP RCT stating RNA testing of convalescent plasma from recovered COVID-19 infected patients is no longer required before convalescent plasma is released to treat new patients with the disease.

NHS Blood and Transplant (NHSBT) started collecting convalescent plasma from recovered COVID-19 infected patients in mid-February. Donors with a laboratory confirmed diagnosis of SARS-CoV-2 infection and/or history of hospital admission have been prioritised for collections, but plasma has

also been collected from individuals with previous suspected SARS-CoV-2 infection without a laboratory confirmation. We delay collection until at least 28 days after clinical recovery from the infection to maximize the quality and quantity of neutralizing antibodies present in their donations. All donors have to fulfil the usual donor and donation screening criteria, and they cannot donate if showing any symptoms of infection.

To date, plasma has been collected from over 1,400 donors and all of these donations have been tested for SARS-CoV-2 RNA by Public Health England, Colindale. In order to determine how many of our convalescent plasma donors had a laboratory confirmed infection based on national reporting system, we have matched our data records with NHS Digital. A laboratory confirmed infection was evidenced in 46% of our donors and they had donated approximately 45 days post diagnosis (range 32 to 82 days).

SARS-CoV-2 RNA has not been detected in any of the 1432 convalescent plasma donations tested and reported to date. Our own experience is consistent with the most recent literature; SARS-CoV-2 viraemia has been mostly associated with early stages of severe infection and, has never been reported beyond 21 days from the diagnosis.

Based on NHSBT data and the accumulating and extensive published data, SARS-CoV-2 viraemia is not a safety concern in convalescent plasma donations collected at least 28 days post recovery. We therefore plan to discontinue SARS-CoV-2 RNA testing of convalescent plasma donations. It is also important to note that at the time of PCR reagent supply issues and shortage we may need to prioritise the use of PCR tests and in that case, it would be better to focus testing capacity into clinically relevant areas.

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