ISSUE 16 | DEC 2022

# REMAP-CAP

## IN THIS ISSUE



### Dear members of the REMAP-CAP family,

As 2022 comes to an end we can look back, again, on a very successful year.
With the pandemic calming down in Europe, REMAP-CAP still delivered important conclusions for patients. Moreover, the team has started to further improve trial quality based on the lessons learned during the pandemic, which also includes new interventions focusing on influenza infections. These activities will continue in 2023 and we sincerely hope that you remain as enthusiastic about REMAP-CAP as we do.

On behalf of the REMAP-CAP team,
Marc Bonten


## RECRUITMENT UPDATE

As of 22 December 2022, REMAP-CAP is active in 326 sites in 25 countries worldwide and a total of 12.034 unique patients have been included, a great milestone!
Of these, 10,104 are patients with suspected or proven COVID-19. These patients contributed to a total of 21,242 randomisations in the different domains.

Europe:
- 202 Activate Sites
- 7,153 Patient Inclusions
- 6,766 Patients with suspected/proven COVID-19
- 13,593 Randomisations

Since our last issue in June 2022 we added the following new sites to the REMAP-CAP family:
-University Clinic of Respiratory and Allergic Diseases Golnik in Slovenia
-University Clinical Centre Niš in Serbia
-Arcispedale S. Maria Nuova Reggio Emilia in Italy
-Fakultní nemocnice Královské Vinohrady in Czech Republic

## Study Updates:

**eCRF:** A new feature has been added to the Spinnaker database, which allows users to easily view participant eligibility data, and make corrections to the eligibility form after randomisation. Please reach out to your project manager for further information.

**New intervention:** (Dexamethasone) is now available in the **Corticosteroid** domain for patients with community-acquired pneumonia in Europe. Your project manager can provide an update on the approval status in your country.

## Investigator meetings

The number of REMAP-CAP sites has increased rapidly. About time for research teams to share valuable experience from their sites with other research teams! Different Investigator meetings took place.

In **Germany,** on 8 November 2022. Even though digitally via ZOOM, sites and Sponsor were grateful the meeting took place. The willingness and eagerness for restarting the study in Germany is present.

Also in **Spain,** on 13 December 2022. The Chair of the meeting was Prof. Julian de la Torre Cisneros. Spain has had a large growth in numbers of sites, the meeting was needed and well received by the enthusiastic investigators. Sharing information and experiences was the highlight of the day. It was a very valuable meeting!

A face to face meeting took place in the **Netherlands** on 8 December 2022, in the home town of the Sponsor team Utrecht. After years of collaborating virtually, the attendees could finally put faces to the names of their colleagues and were able to speak in person. Presentations about the road so far, the current sites' status, and the road ahead were given which inspired the sites willingness to participate. A look behind the scenes of project management was also provided and of course there was room for socializing.

Marc Bonten, Lennie Derde and all Sponsor team members thank all attendees and speakers who participated in the Investigator meetings.

## Publication

Long-term (180-Day) Outcomes in Critically Ill Patients With COVID-19 in the REMAP-CAP Randomized Clinical Trial have been published in JAMA.
Read the full article **here.**

## Ecraid Foundation

REMAP-CAP is now part of the Ecraid network, while UMC Utrecht remains the project Sponsor.
Ecraid stands for European Clinical Research Alliance on Infectious Diseases and is the long-term successor of the EU-funded COMBACTE and PREPARE projects. In the coming years, Ecraid will continue to develop a sustainable and not for-profit clinical research network. Read more on www.ecraid.eu.

## Featured Domain: Endothelial

Given the important pathophysiological role of pulmonary endothelial dysregulation in ARDS and severe COVID-19, the Endothelial Domain will test the potential benefits of interventions that modulate endothelial function. Patients with severe CAP or COVID-19 infection will be randomized to receive 'No endothelial modulator' (no placebo) or 'Enteral imatinib' at a loading dose of 800mg on study day 1, followed by 400mg administered once daily on study days 2-14.

It is recommended that full blood count (to monitor for cytopenia) and liver function tests (bilirubin, ALT +/- AST) should be performed, as part of usual care, at least twice per week whilst the patient is receiving enteral imatinib.

Imatinib may be used from hospital stock or procured as agreed with Sponsor. Contact your project manager for more information on this domain.

## Season's Greetings

The Sponsor team wishes you a happy holiday season.
Merry Christmas and a Happy New Year from
• Albertine Smit • Beatrijs Wolters •
• Clementina Okundaye • Curt Brugman • Dewi Caton •
• Esmee Kester • Helen Leavis • Ilse Rietveld •
• Irene Jongenelen • Janine van der Staaij •
• Kai Francke • Lennie Derde • Maaike Koelink •
• Marc Bonten • Marjolein Hensgens • Mechteld Brasz •
• Mina Jafarzadeh • Natascha Thieme •
• Roos van Amerongen • Sara Bari • Sarah Sayada •
• Sonal Patil • Svenja Peters • Wilma van Bentum-Puijk •