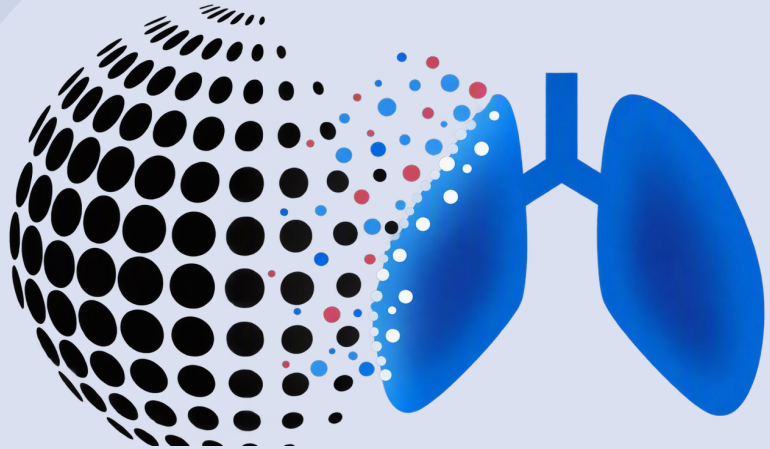
FUNDED BY
NIHR | National Institute for Health and Care Research

REMAP-CAP

UK Refresher - Oct 2026

Adults & Paediatrics



Study updates

Recruitment:

38 adult sites + 13 paed sites

- 107 pts last flu season
- Total: 428 adults + 64 paeds = **492 UK**
- **Globally >1000 flu patients**
- **Total = 16,461 (~6,000 non-COVID)**

SA43 - Core Protocol V4.0

SA44 - PIS/CF updates for Oseltamivir being stopped in adult severely ill pts

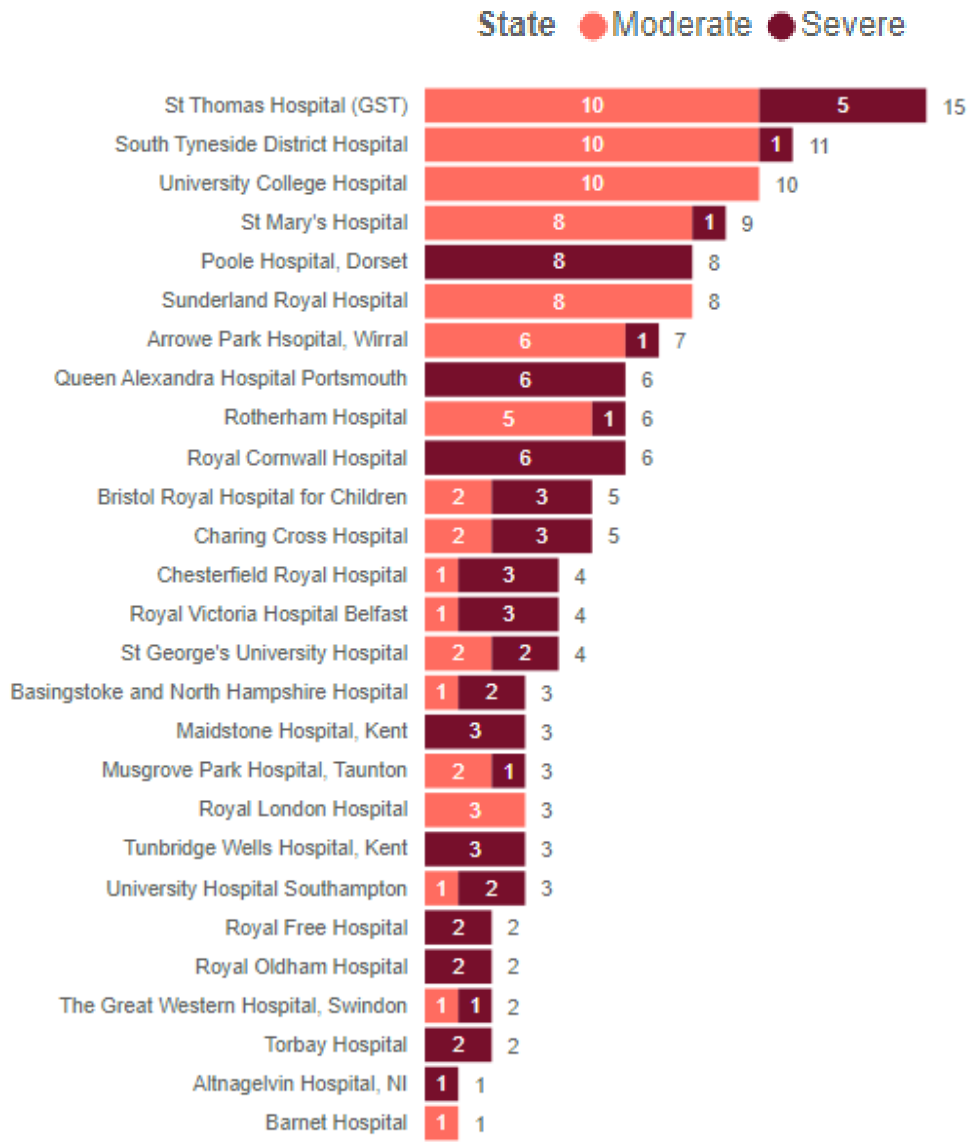
90-day mortality – adult critically ill patients

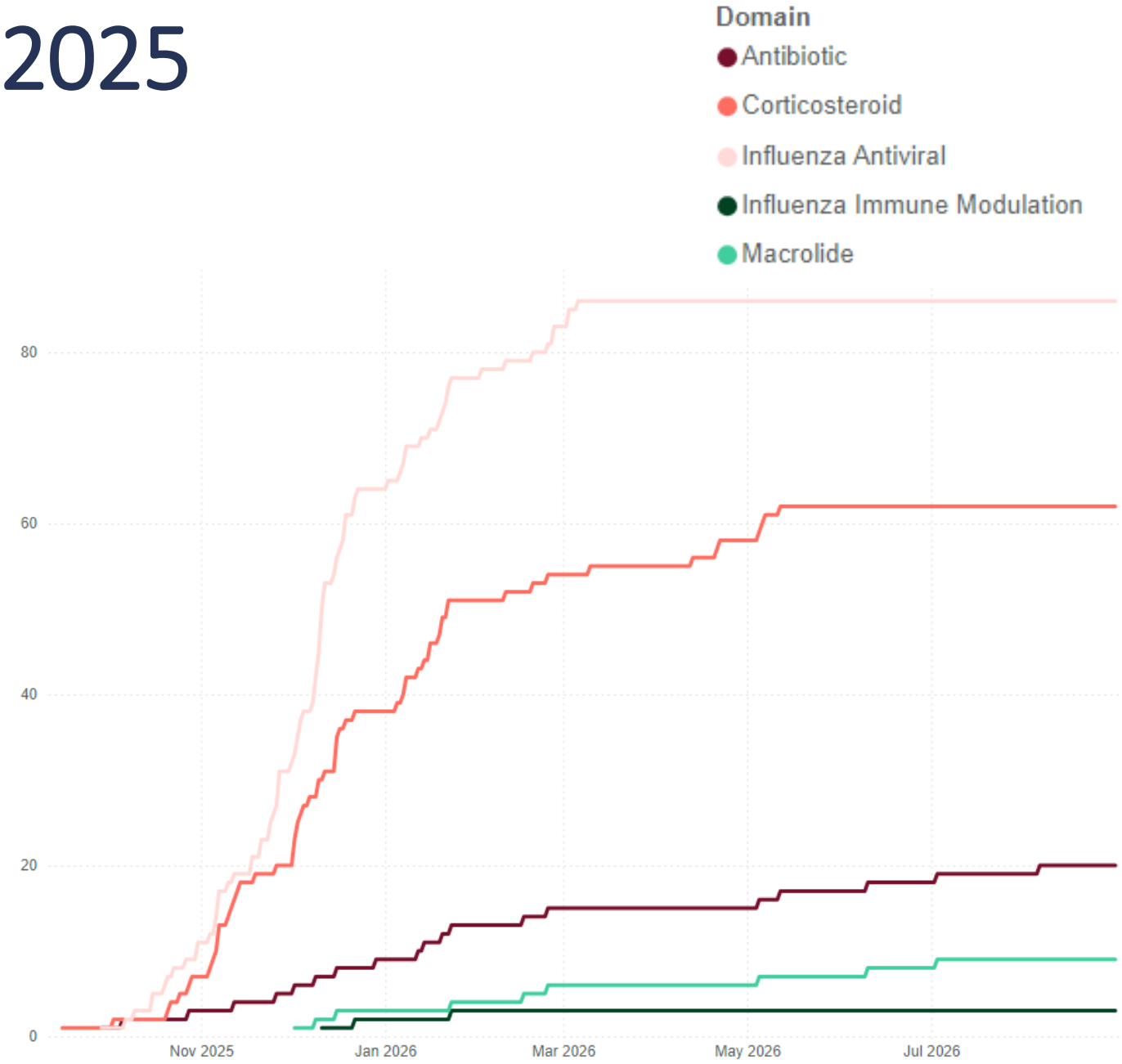
	5-day oseltamivir	10-day oseltamivir	No Antiviral
	(n=162)	(n=155)	(n=124)
90-day mortality	**32 (19.8%)**	**30 (19.4%)**	**17 (13.7%)**
aOR, Median (95% CrI)	2.13 (1.03 – 4.52)	2.17 (1.05 – 4.64)	**REF**
Posterior probability of futility (OR >0.83)	99.5%	99.5%	-
Posterior probability of harm (OR>1)	98.0%	98.2%	-
Posterior probability of efficacy (OR<1)	**2.0%**	**1.8%**	-

90-day mortality – eligible for no antiviral

	5-day oseltamivir	10-day oseltamivir	No Antiviral
	(n=69)	(n=56)	(n=124)
90-day mortality (%)	**13 (18.8)**	**12 (21.4)**	**17 (13.7)**
aOR, Median (95% CrI)	2.27 (0.88 – 5.94)	2.19 (0.82 – 5.69)	**REF**
Posterior probability of futility (OR >0.83)	98.2%	98.7%	-
Posterior probability of harm (OR >1)	96.3%	96.5%	-
Posterior probability of efficacy (OR <1)	**3.7%**	**3.5%**	-

Recruitment by Site - 2025





Funding

FUNDED BY
NIHR | National Institute for Health and Care Research

- Pandemic preparedness grant awarded for another 5 years from Jan 2027
- Per-patient payments to sites will be given for ALL recruited patients (not just flu) from Jan 2027

Refresher outline

- Team
- Objectives
- Trial Design
- Domains & Eligibility
- Consent Process
- Screening
- IMP
- SAEs
- Nasal swabs
- Training log
- Barriers
- GCP R3

UK Team



Anthony Gordon
UK Chief Investigator



Paul Mouncey
Co-Director of ICNARC



Carly Au
Senior Data Manager

Stef Keattch
Data Manager



Janis Best-Lane
Trial Manager



Aisha Anjum
Trial Manager



Lucy Stronach
Trial Monitor



Ashley Alexander
Trial Monitor



Lindsay Jack
Trial Monitor



Tina Reetun
Trial Monitor



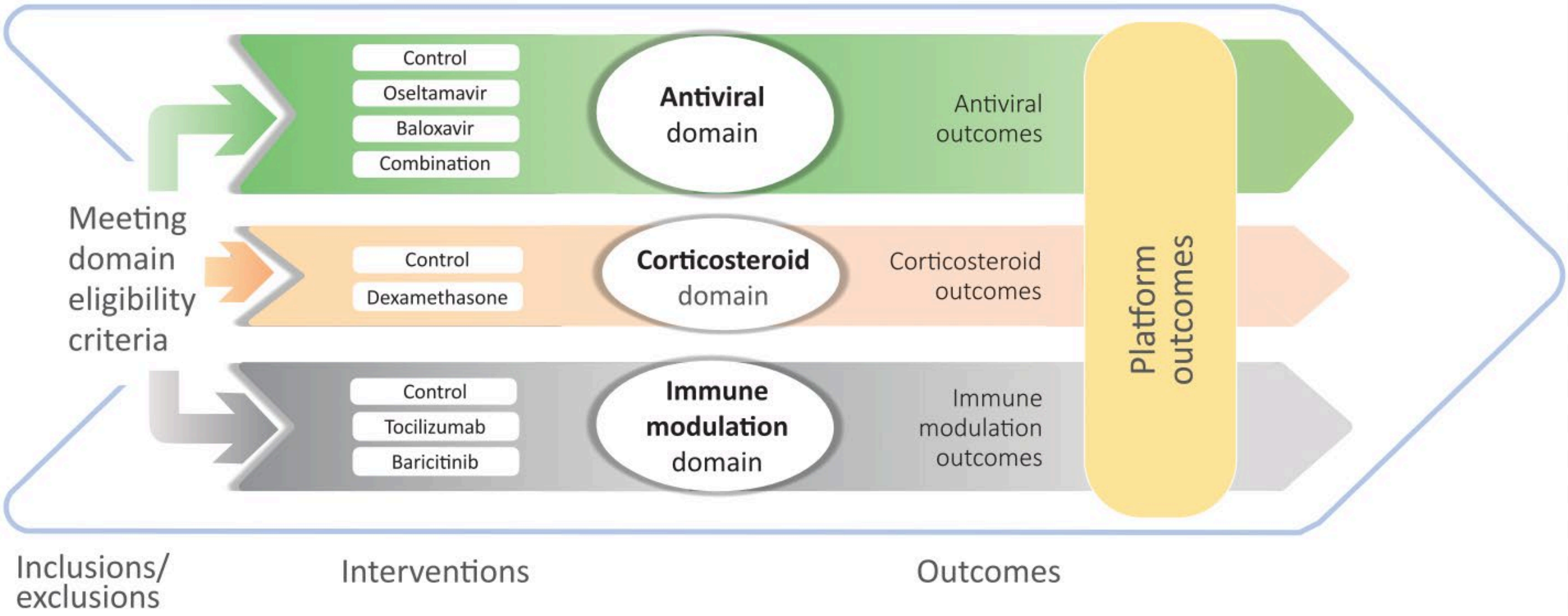
Millie Parke
Trial Coordinator

Objectives

Our inter-pandemic objectives are to determine in adults hospitalised with CAP:

- What is the optimal anti-viral treatment strategy for influenza?
- Do corticosteroids improve outcomes in influenza and bacterial CAP?
- What is the optimal initial antibiotic strategy in the severely ill?
- What is the optimal immune modulation strategy in the severely ill?
- Evaluate additional treatments over time.

Trial Design – Influenza stratum



Platform Eligibility: Protocol V4.0

Inclusion Criteria

- Adult or paediatric patient
  (28 days or older, CGA)
- Hospitalised (ward or ICU)
- Acute illness due to respiratory tract infection (CAP/HAP/secondary)

Exclusion Criteria

- ~~>14 days since hospital admission~~
- ~~>48 hours since ICU admission~~
- Death imminent within next 24hrs
- Expected hospital discharge within the next 24 hrs
- Previous enrolment in REMAP-CAP within the last 90 days

REMAP-CAP Strata: PANDA

Participants are now stratified by:

- Age, setting
- Pathogen, illness severity
- Other clinical features: shock, ARDs etc.

Patient Disease States

Adult

Adolescent >12 yrs

Paediatric ≤12 yrs

Severe state
(critically ill)

In ICU, receiving respiratory or cardiovascular organ failure support

Moderate state
(non-critically ill)

In ICU – no organ failure support
On ward – supplemental oxygen

Organ Failure Support

- High-flow oxygen
- Non-invasive ventilation
- Invasive mechanical ventilation
- Vasopressors or inotropes administered via continuous infusion

Organ Failure Support

Via nasal prongs or cannula using specialised device
FiO2 => 0.4 + flow rate of 30L/min
(or at least 2L/min/kg for children <15kg)

- **High-flow oxygen**
- **Non-invasive ventilation**
  - CPAP
  - BiPAP
  - NIPPV
- Invasive mechanical ventilation
- Vasopressors or inotropes administered via continuous infusion

REMAP-CAP Domains

Antibiotic

- Ceftriaxone + Macrolide
- Piperacillin-tazobactam + Macrolide
- Amoxicillin-clavulanate + Macrolide
- Moxifloxacin or Levofloxacin

Macrolide Duration

- Standard 3-5 days
- Extended 14 days
- Azithromycin / Clarithromycin / Roxythromycin

Antiviral

- No antiviral
- Oseltamivir
- Baloxavir
- Combination

Steroid

- No steroids
- Dexamethasone
- Hydrocortisone (ICU only)

Immune Modulation

- No Immune modulators
- Tocilizumab
- Baricitinib

Influenza Antiviral Eligibility

Inclusion criteria

- Confirmed influenza infection

Exclusion Criteria

- >96 hrs since hospital admission (moderate state)
- >48 hrs since **organ failure support started** (severe state)
- Already received 2 doses of oseltamivir or other neuramindase inhibitor, or 1 dose of baloxavir
- **Clinical decision to give another antiviral against flu**
- Allergy to interventions
- Pregnancy (Baloxavir)

REMAP-CAP antiviral interventions

Adults / Adolescents

Moderately ill
No antiviral (no placebo)
Oseltamivir for 5 days
Baloxavir on days 1 and 4
Oseltamivir for 5 days + Baloxavir on days 1 and 4

Severely ill
No antiviral (no placebo)
Baloxavir on days 1 and 4

Paediatrics

Moderately ill + Severely ill (no changes)
No antiviral (no placebo)
Oseltamivir for 5 days
Oseltamivir for 10 days
Baloxavir on days 1 and 4
Oseltamivir for 5 days + Baloxavir on days 1 and 4
Oseltamivir for 10 days + Baloxavir on days 1 and 4

Corticosteroid Eligibility

Inclusion Criteria

- Moderate state: any form of supplemental oxygen
- Severe state: Pneumonia

Exclusion Criteria

- **Confirmed SARS-CoV-2 infection**
- **HAP, except for flu**
- Intending to prescribe steroids for unrelated condition
- >24 hrs since **organ failure support started**
- Allergy to interventions

Influenza Immune Modulation Eligibility

Inclusion criteria

- Aged ≥2 years old
- Confirmed influenza infection
- Critically ill (severe disease state) and primary reason is respiratory infection
- CAP

Exclusion Criteria

- Confirmed SARS-CoV-2 infection
- >48 hrs since **organ failure support started**
- Immune suppression, including neutropenia
- Confirmed/suspected mycobacterial or invasive fungal disease
- Already received 1 dose of IL6 RA / JAKi or long term therapy prior to admission
- Allergy to interventions
- Pregnancy
- ALT/AST >5x upper limit of normal (Tocilizumab)
- Platelet count < 50 x 109 / L (Tocilizumab)
- Renal impairment at baseline (Baricitinib**)**

Antibiotic eligibility

Inclusion Criteria

- Adult, severely ill in ICU with CAP
- Empiric antibiotic therapy for bacterial pneumonia is considered appropriate

Exclusion Criteria

- >48 hours of IV antibiotic treatment for index illness
- >24 hrs since **organ failure support started**
- Specific antibiotic choice indicated
- Allergy to interventions
- Pregnancy (**Moxifloxacin or Levofloxacin**

Macrolide eligibility

Inclusion Criteria

- Adult, severely ill in ICU with CAP
- Allocated a macrolide in the antibiotic domain

Exclusion Criteria

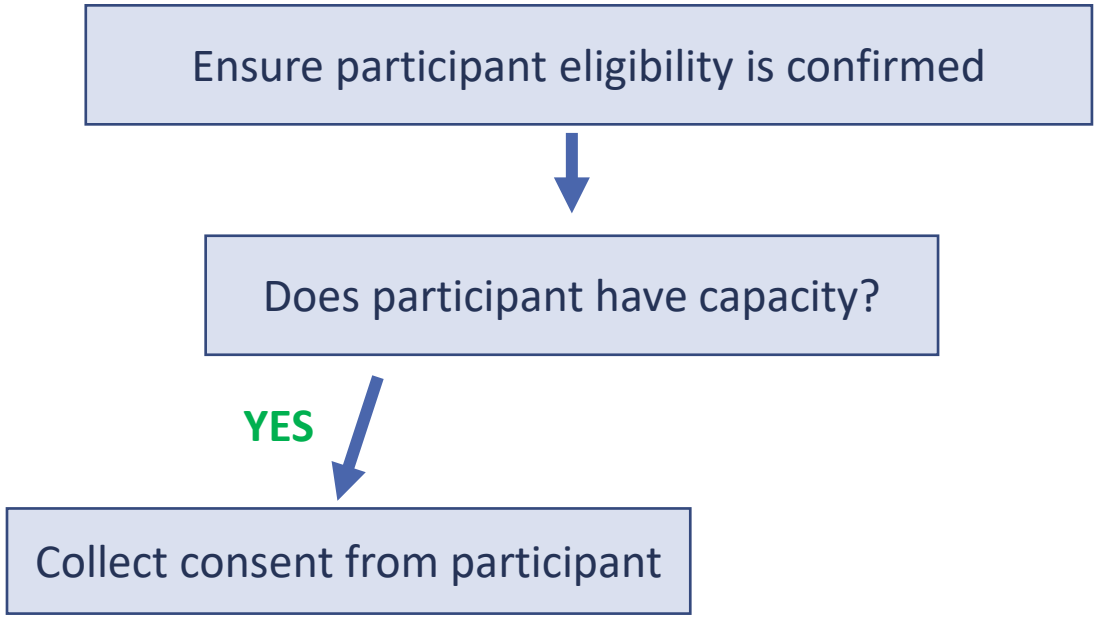
- Confirmation of or strongly suspect Legionella or other atypical pneumonia
- Macrolide already discontinued for > 36 hours



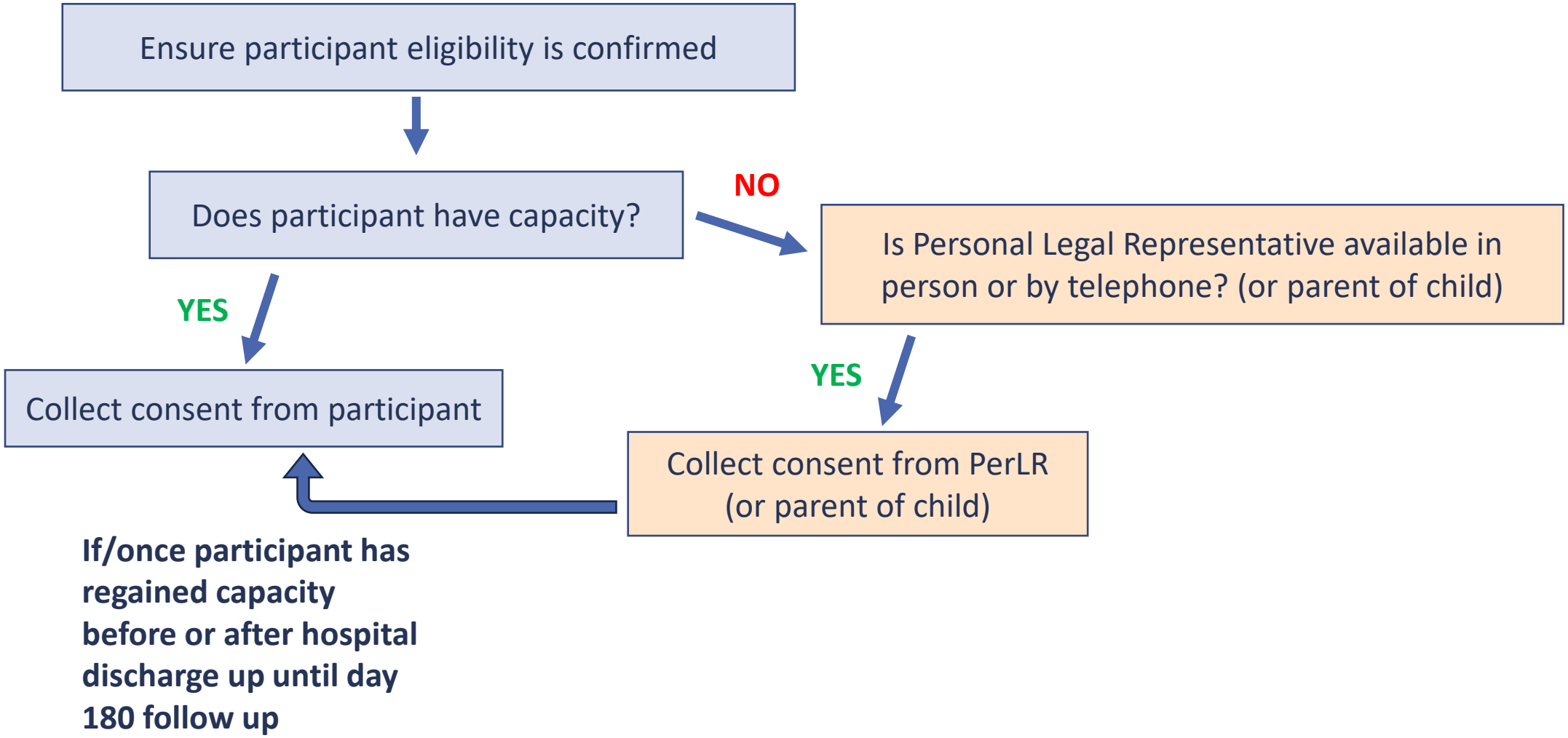
Questions?

Consent & Screening

Informed Consent Flow



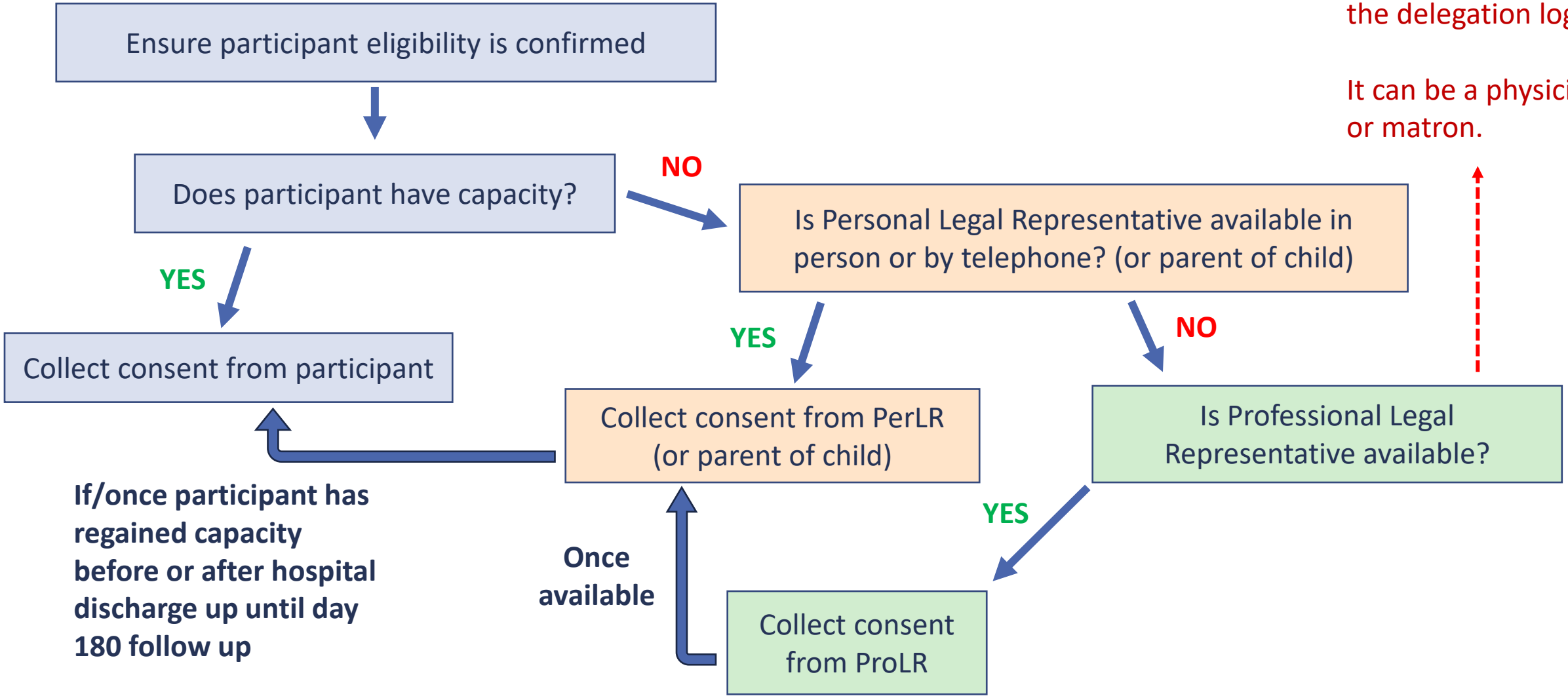
Informed Consent Flow



Informed Consent Flow

A ProLR must be independent of the study and NOT on the delegation log.

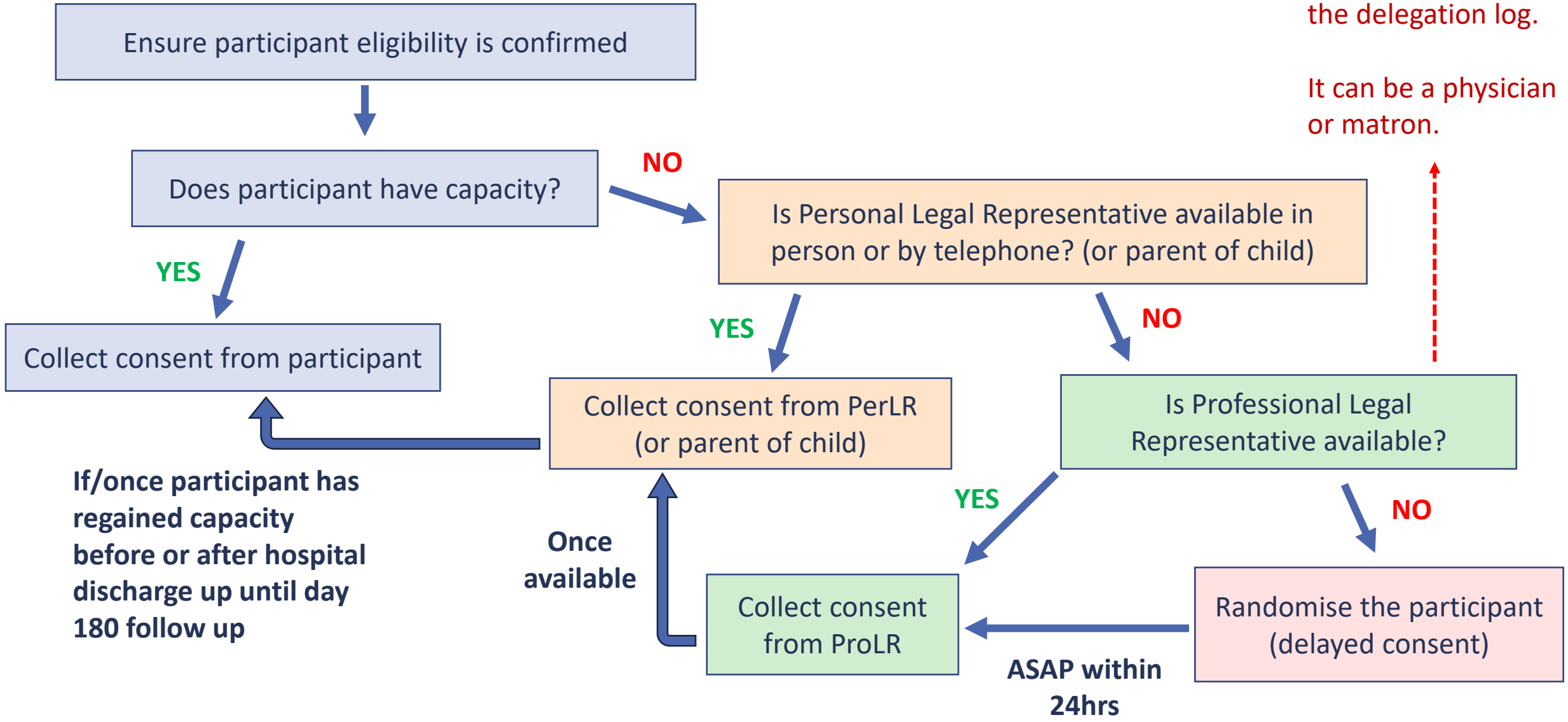
It can be a physician or matron.



Informed Consent Flow

A ProLR must be independent of the study and NOT on the delegation log.

It can be a physician or matron.



Consent Documents

PIS/CF documents will **NO LONGER** have treatment sections adapted.

Site to add Trust header and local contact details. Remaining info is non-editable

Translated PIS documents will be available with Am45.

Consent statement template is available, V1.0 24th June 2025 (optional).

PIS/CF types & formats:
- Full PISs for participant / PerLR / parent or guardian
- Summary PIS / CFs
- ProLR IS/CF
- Remote / telephone CF
- Video animation CF

Informed Consent: documentation

Source documentation must include information on:

- **Who** informed the participant/PerLR or parent/ProLR about the trial and **when/how** this was done
- Confirmation of **participant capacity or PerLR (or parent) availability** and reasons why
- **Method** for obtaining informed consent (including alternative methods).
- For ProLR consent: Verification that they are **not listed on delegation log** and are **independent of study**

This can be entered directly into the medical records or sites may use their own or our trial Consent Statement template + enter each consent discussion as a separate event on eCRF including **withdrawal of consent**

Informed Consent: retrospective

If ProLR consent has been taken:

- Attempts MUST be made to obtain consent from the Patient (or parent/guardian, for children) or PerLR as soon as available, ideally before hospital discharge
- If not, attempts MUST be made to obtain consent after discharge:
  - In person if they have a follow up appointment
  - Via telephone, followed by written consent by post/email

Please try to obtain telephone (remote) consent prior to postal written consent in case this is not returned or received (even if they have agreed they will send it back)

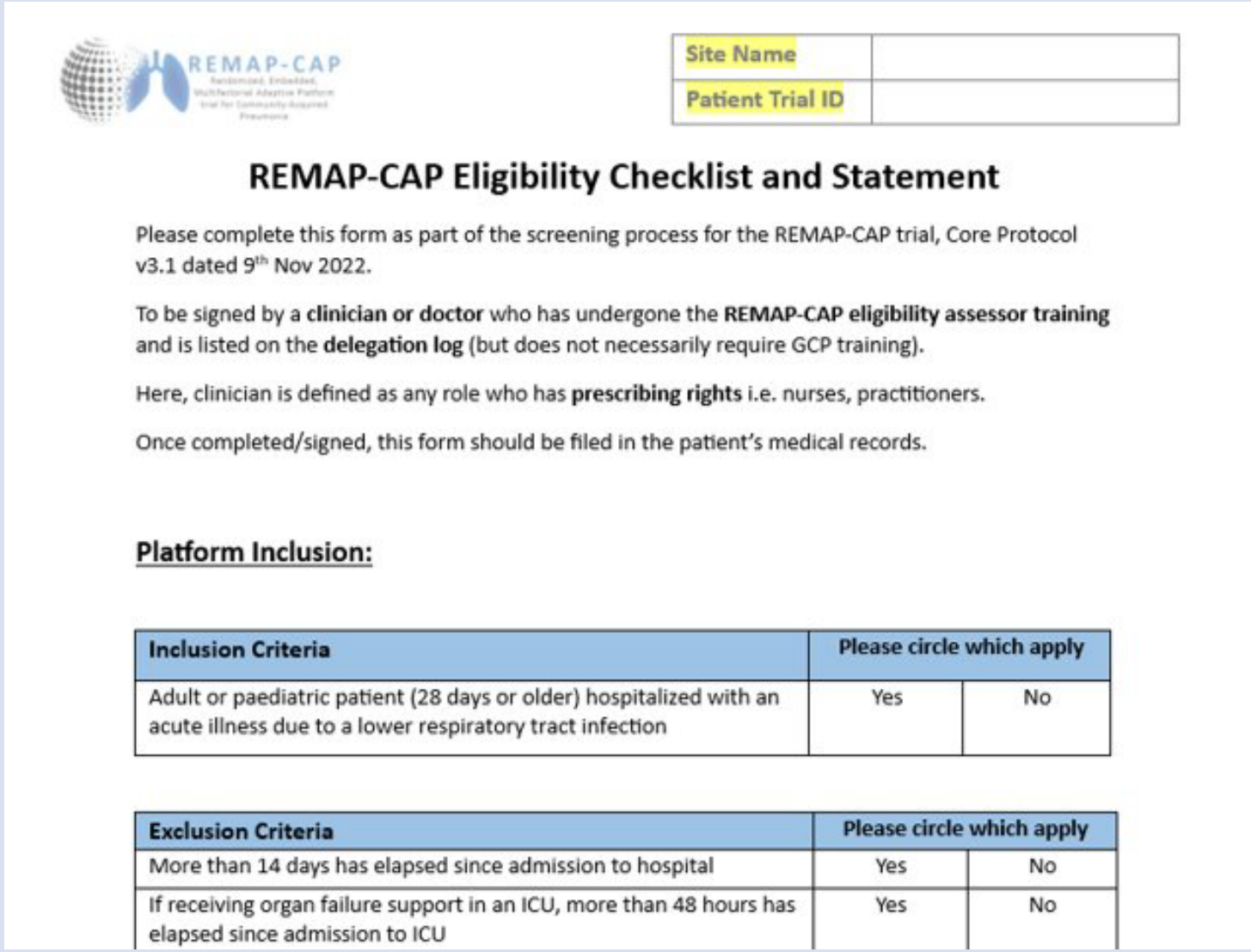
Screening

- Complete screening and enrolment log on paper/spreadsheet
- Confirm eligibility (inclusion criteria) with a doctor/practitioner and document in source notes
- May use ‘eligibility worksheet’ as guidance - replicates eCRF
- Enter eligible patient in eCRF and go through all eligibility Qs
- Participant will be randomised, or if a screen failure they will be added to the eCRF screening list

If consent intends on being collected but not yet obtained, **SAVE the eCRF** and complete the rest later.

Eligibility Checklist & Statement

- Optional - sites may use their own template or write directly in medical records
- V3.0, 16th Feb 2026



REMAP-CAP

Site Name	
Patient Trial ID	

REMAP-CAP Eligibility Checklist and Statement

Please complete this form as part of the screening process for the REMAP-CAP trial, Core Protocol v3.1 dated 9th Nov 2022.

To be signed by a **clinician or doctor** who has undergone the **REMAP-CAP eligibility assessor training** and is listed on the **delegation log** (but does not necessarily require GCP training).

Here, clinician is defined as any role who has **prescribing rights** i.e. nurses, practitioners.

Once completed/signed, this form should be filed in the patient's medical records.

Platform Inclusion:

Inclusion Criteria	Please circle which apply	
Adult or paediatric patient (28 days or older) hospitalized with an acute illness due to a lower respiratory tract infection	Yes	No

Exclusion Criteria	Please circle which apply	
More than 14 days has elapsed since admission to hospital	Yes	No
If receiving organ failure support in an ICU, more than 48 hours has elapsed since admission to ICU	Yes	No

Other Procedures

IMP Requirements

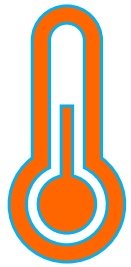
IMP	Ordering	Temp. Monitoring	Pharmacy Account.	Ward Account.	Returns	Destruction
External stock via Roche: Baloxavir + Tocilizumab	Trial specific	Trial specific	Trial specific	Not required	Not required	Trial specific
Hospital stock: All other IMP	Routine	Routine	Routine	Routine	Routine	Routine

Note: An exception for labelling will be submitted in Am45 for hospital stock, as per new regulations.

IMP Documents

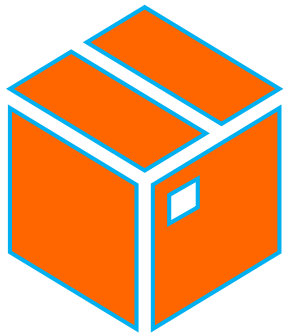
- IMP Pharmacy Guide v5.0
- IMP Order Form (Baloxavir and Tocilizumab)
- IMP AoR Form (Baloxavir and Tocilizumab)
- IMP Pharmacy Accountability Logs (Baloxavir and Tocilizumab)
- IMP Destruction Logs (Baloxavir and Tocilizumab)
- IMP Temperature Logs (if sites don't have their own e-system logs)

IMP Shipment



Baloxavir / Tocilizumab will arrive with a temperature logger:

- Please switch off
- Follow enclosed instructions for returning to Roche (reuseable device)
- See Roche Manual Extract for Sites
- Complete relevant field on AoR



SAEs

- ✓ Only **related** SAEs and **DSA specific** SAEs to be reported
- ✓ Initial report within **24 hrs** of being known by site staff
- ✓ Follow up/final reports
- ✓ All entered and signed via eCRF (back up paper SAE form)

Nasal Swabs

1

For flu antiviral and immune modulation domains only.

Kits provided by us via post.

Do NOT use own swabs.

2

Three nasal swabs: day 1 (rand), day 3 and day 7 (+/- 24 hrs).

NOT a PD if sample is missed.

Samples can be kept at room temp until postage.

3

Each sample will have a unique barcode number (stickers provided).

Enter sample details on eCRF and complete swab tracker (template on website).

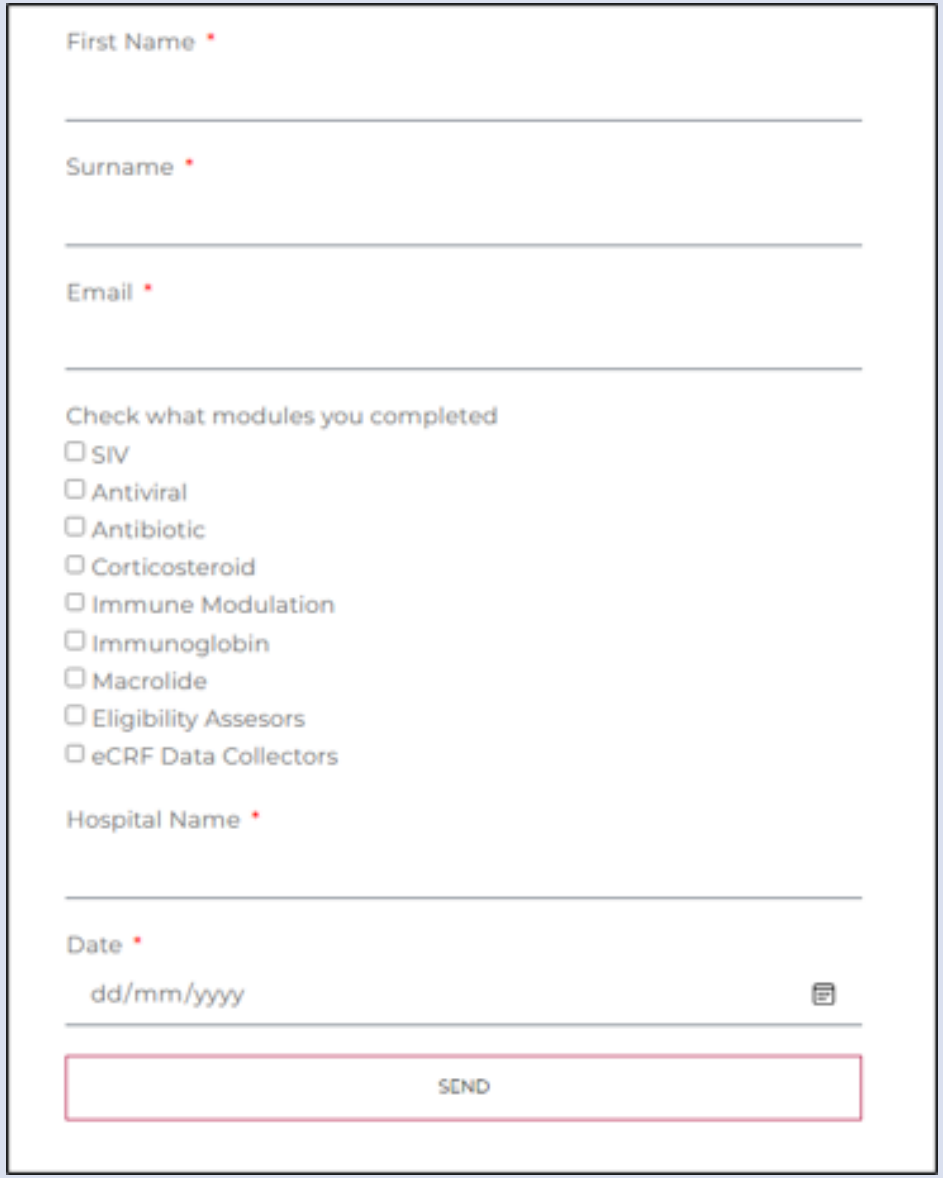
4

Post back in pre-paid safe-boxes provided. Send day 1 & 3 samples together, then day 7 separately – as samples are viable for up to 5 days only.

Can send multiple patients' samples together.

E-Training Log

- There is a single electronic training log following review of training modules.
- Can be accessed on the website here: https://remapcap.co.uk/training-for-staff/
- Once completed, please send your confirmation of training email to: ukremap-cap@icnarc.org


First Name *

Surname *

Email *

Check what modules you completed

- SIV
- Antiviral
- Antibiotic
- Corticosteroid
- Immune Modulation
- Immunoglobin
- Macrolide
- Eligibility Assesors
- eCRF Data Collectors

Hospital Name *

Date *

dd/mm/yyyy

SEND

Barriers

- Antiviral domain: 2 or more doses of oseltamivir given as standard practice/hospital policy
- Timeout for eligibility
- Communication between A&E/ward staff or labs and research teams for flu positive patients
- Availability of IMP out of hours (Baloxavir and Tocilizumab)
- Availability of Professional Legal Representative for consent of incapacitated patients who have no NOK immediately available
- Staff resource i.e. no PI or RNs – sites can ask for support from RDN agile workforce

ICH-GCP E6 R3

Effective date for Revision 3 was 23rd July 2025 in the EU.

Mandatory in the UK as of 28th April 2026.

Please file your (updated) GCP certificates in the ISF and share with Trial Management team for TMF filing, if not already.

Contacts



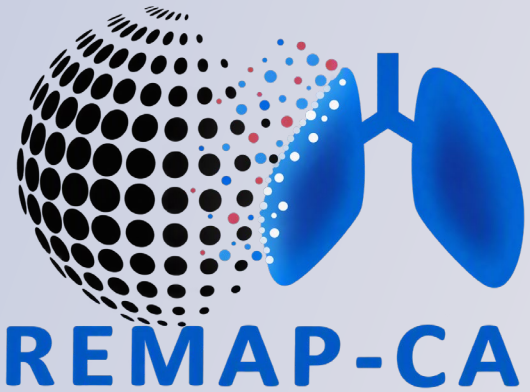
Any Questions? Feedback?

General e-mail address:

ukremap-cap@icnarc.org

Website:

www.remapcap.co.uk



Thank you

#REMAPCAPFAMILY