Dear REMAP-CAP sites,

RE: Antiplatelet Domain Platform Conclusion

I am writing to inform you that on the 22nd of June 2021 the REMAP-CAP International Trial Steering Committee (ITSC) received correspondence from the REMAP-CAP DSMB notifying us of Platform Conclusions arising from an adaptive analysis.

This adaptive analysis revealed that for patients with COVID-19 who are receiving organ support in an ICU, antiplatelet therapy, either with aspirin or P2Y12 inhibitor (which were found to be equivalent), was ineffective when compared to no antiplatelet therapy (OR = 0.99 [95% CrI 0.82 – 1.19], probability of OR < 1.2 = 98%). The unanimous recommendation of the DSMB was that this domain be closed for patients with severe COVID-19 (i.e. patients receiving organ support in an ICU). This recommendation has been accepted by the ITSC.

In addition, in light of the recent publication of results from the RECOVERY trial, which found that treatment with aspirin did not improve 28-day mortality, the REMAP-CAP ITSC have decided to also close the Antiplatelet Domain to patients with moderate COVID-19 (i.e. hospitalised patients not receiving organ support in an ICU). These data are reflective of high-quality evidence from a large randomised trial, which further suggest that antiplatelet therapy is not associated with improved outcomes for patients with COVID-19.

For participants who have received an allocation to any active intervention in the Antiplatelet Domain we recommend stopping the study treatment unless the treating clinician believes that continuing the assigned treatment is in the best interests of the individual patient.

Whilst we work to complete follow-up, analyse and report these findings as soon as possible, we request that sites make this information available only to relevant staff prior to a public statement, which should be issued shortly.

As part of this routine adaptive analysis the DSMB also reviewed the other domains included in the Pandemic Statistical Model (the Macrolide Duration Domain, Vitamin C Domain, and Simvastatin Domain), as well as safety reports for all active domains. At this time the DSMB had no safety concerns and has recommended continuing enrolment to these domains.

I would like to thank the investigators, research coordinators, participants and their families, who continue to support REMAP-CAP for their contribution to these important findings.

Sincerely,

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