

**Author(s):** Cruciani F, De Crescenzo F, Vecchi S, Saulle R, Mitrova Z, Amato L, Davoli M.

**Question:** Should Monoclonal antibodies compared to Placebo be used for COVID19 patients?

**Setting:** Outpatient

| Certainty assessment                                  |                   |              |               |              |             |                      | № of patients         |                   | Effect                           |   | Certainty    |
|---|-------------------|--------------|---------------|--------------|-------------|----------------------|-----------------------|-------------------|----------------------------------|---|--------------|
| № of studies  | Study design      | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Monoclonal antibodies | Placebo           | Relative (95% CI)                | Absolute (95% CI)                                       |              |
| <b>All-cause mortality</b>                            |                   |              |               |              |             |                      |                       |                   |                                  |   |              |
| 2 <sup>1,2</sup>                                      | randomised trials | not serious  | not serious   | not serious  | not serious | none                 | No deaths reported    |                   |                                  |   | ⊕⊕⊕⊕<br>HIGH |
| <b>Number of patients with any adverse event</b>      |                   |              |               |              |             |                      |                       |                   |                                  |   |              |
| 2 <sup>1,2</sup>                                      | randomised trials | not serious  | not serious   | not serious  | not serious | none                 | 96/597<br>(16.1%)     | 44/249<br>(17.7%) | <b>RR 0.82</b><br>(0.60 to 1.12) | <b>32 fewer per 1.000</b><br>(from 71 fewer to 21 more) | ⊕⊕⊕⊕<br>HIGH |
| <b>Number of patients with serious adverse events</b> |                   |              |               |              |             |                      |                       |                   |                                  |   |              |
| 2 <sup>1,2</sup>                                      | randomised trials | not serious  | not serious   | not serious  | not serious | none                 | 2/597<br>(0.3%)       | 3/249<br>(1.2%)   | <b>RR 0.31</b><br>(0.05 to 1.86) | <b>8 fewer per 1.000</b><br>(from 11 fewer to 10 more)  | ⊕⊕⊕⊕<br>HIGH |
| <b>SARS-CoV-2 clearance</b>                           |                   |              |               |              |             |                      |                       |                   |                                  |   |              |
| 1 <sup>2</sup>  | randomised trials | not serious  | not serious   | not serious  | not serious | none                 | 161/418<br>(38.5%)    | 56/152<br>(36.8%) | <b>RR 1.05</b><br>(0.82 to 1.33) | <b>18 more per 1.000</b><br>(from 66 fewer to 122 more) | ⊕⊕⊕⊕<br>HIGH |

#### References

- Weinreich DM, Sivapalasingam S, Norton T, Ali S, Gao H, Bhoire R, Musser BJ, et al. REGN-COV2, a Neutralizing Antibody Cocktail, in Outpatients with Covid-19. *N Engl J Med.* 2021 Jan 21;384(3):238-251. doi: 10.1056/NEJMoa2035002. Epub 2020 Dec 17.
- Gottlieb RL, Nirula A, Chen P, Boscia J, Heller B, Morris J, et al. Effect of Bamlanivimab as Monotherapy or in Combination With Etesevimab on Viral Load in Patients With Mild to Moderate COVID-19: A Randomized Clinical Trial. *JAMA.* 2021 Jan 21:e210202. doi: 10.1001/jama.2021.0202. Epub ahead of print.