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Question: Should Monoclonal antibody CT-P59 compared to Standard treatment be used for COVID-19 patients?
Setting: Outpatient

№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Monoclonal antibody CT-P59	Standard treatment	Relative (95% CI)	Absolute (95% CI)	Certainty
Certainty assessment							**№ of patients**		**Effect**		
All-cause mortality											
1 [1, a]	randomised trials	not serious	not serious	not serious	not serious	none	No death reported				⊕⊕⊕⊕ HIGH
SARS-CoV-2 clearance											
1 [1]	randomised trials	not serious	not serious	not serious	not serious	none	93/101 (92.1%)	86/103 (83.5%)	RR 1.10 (0.99 to 1.22)	83 more per 1.000 (from 8 fewer to 184 more)	⊕⊕⊕⊕ HIGH
Progression / exacerbation of disease											
1 [1]	randomised trials	not serious	not serious	not serious	not serious	none	4/105 (3.8%)	9/111 (8.1%)	RR 0.47 (0.15 to 1.48)	43 fewer per 1.000 (from 69 fewer to 39 more)	⊕⊕⊕⊕ HIGH
Number of patients with any adverse event											
1 [1]	randomised trials	not serious	not serious	not serious	not serious	none	31/105 (29.5%)	34/110 (30.9%)	RR 0.96 (0.64 to 1.43)	12 fewer per 1.000 (from 111 fewer to 133 more)	⊕⊕⊕⊕ HIGH
Number of patients with serious adverse events											
1 [1]	randomised trials	not serious	not serious	not serious	not serious	none	No serious adverse event reported				⊕⊕⊕⊕ HIGH

Explanations
a. For the included study only the arm with the CT-P59 antibody at 40 mg / kg (dose approved by EMA) was considered in the analysis.

References

1. Joong Sik E, Michael I, Anca S-C, Oana S, Liliana-Lucia P, Yeon-Sook K, et al. Efficacy and safety of CT-P59 plus standard of care: a phase 2/3 randomized, double-blind, placebo-controlled trial in outpatients with mild-to-moderate SARS-CoV-2 infection. PREPRINT (Version 1) available at Research Square; 2021. DOI:10.21203/rs.3.rs-296518/v1