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Question: Should Polyclonal antibody INM005 compared to Standard treatment be used for COVID-19 patients?

Setting: Inpatient

Certainty assessment							№ of patients		Effect		Certainty
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Polyclonal antibody INM005	Standard treatment	Relative (95% CI)	Absolute (95% CI)	
All-cause mortality											
1 ¹	randomised trials	not serious	not serious	not serious	not serious	none	8/118 (6.8%)	14/123 (11.4%)	RR 0.60 (0.26 to 1.37)	46 fewer per 1.000 (from 84 fewer to 42 more)	⊕⊕⊕⊕ HIGH
Number of patients discharged											
1 ¹	randomised trials	not serious	not serious	not serious	not serious	none	105/118 (89.0%)	103/123 (83.7%)	RR 1.06 (0.96 to 1.17)	50 more per 1.000 (from 33 fewer to 142 more)	⊕⊕⊕⊕ HIGH
Progression / exacerbation of disease											
1 ¹	randomised trials	not serious	not serious	not serious	not serious	none	15/118 (12.7%)	23/123 (18.7%)	RR 0.68 (0.37 to 1.24)	60 fewer per 1.000 (from 118 fewer to 45 more)	⊕⊕⊕⊕ HIGH
Number of patients with any adverse event											
1 ¹	randomised trials	not serious	not serious	not serious	not serious	none	52/119 (43.7%)	55/124 (44.4%)	RR 0.99 (0.74 to 1.31)	4 fewer per 1.000 (from 115 fewer to 138 more)	⊕⊕⊕⊕ HIGH
Number of patients with serious adverse events											
1 ¹	randomised trials	not serious	not serious	not serious	not serious	none	16/119 (13.4%)	25/124 (20.2%)	RR 0.67 (0.38 to 1.19)	67 fewer per 1.000 (from 125 fewer to 38 more)	⊕⊕⊕⊕ HIGH

References

1. Lopardo G, Belloso WH, Nannini E, Colonna M, Sanguineti S, Zylberman V et al. BD-specific polyclonal F(ab')₂ fragments of equine antibodies in patients with moderate to severe COVID-19 disease: A randomized, multicenter, double-blind, placebo-controlled, adaptive phase 2/3 clinical trial. *EClinicalMedicine*, Volume 34, 100843