Tocilizumab cuts progression to ventilation or death in COVID-19

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(HealthDay)—Tocilizumab reduces the risk for progression to ventilation or death among hospitalized patients with COVID-19 pneumonia, according to a study published online Dec. 18 in the *New England Journal of Medicine.*

Carlos Salama, M.D., from the Icahn School of Medicine at Mount Sinai Hospital in New York City, and colleagues randomly assigned patients hospitalized with COVID-19 pneumonia who were not receiving mechanical ventilation to receive either standard care plus one or two doses of tocilizumab or placebo (249 and 128 patients, respectively).

The researchers found that the cumulative percentage of patients who had received mechanical ventilation or who had died by day 28 was 12.0 and 19.3 percent in the tocilizumab and placebo groups, respectively (hazard ratio, 0.56; 95 percent confidence interval, 0.33 to 0.97; P = 0.04). Tocilizumab was favored over placebo for clinical failure as assessed in a time-to-event analysis (hazard ratio, 0.55; 95 percent confidence interval, 0.33 to 0.93). By day 28, death from any cause occurred in 10.4 and 8.6 percent of those in the tocilizumab and placebo groups, respectively (weighted difference, 2.0 percentage points; 95 percent confidence interval, ?5.2 to 7.8). Serious adverse events occurred in 15.2 and 19.7 percent of patients in the tocilizumab and placebo groups, respectively, in the safety population.

"Ongoing trials are underway to provide clarity on the patient subgroups that are most likely to benefit from specific immunomodulatory therapies," the authors write.

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More information: Abstract/Full Text