To the next of kin

Trial information for clinical trial assessing hospitalised patients with COVID-19 and severe hypoxia

Title

Higher vs. Lower Doses of Dexamethasone in Patients with COVID-19 and Severe Hypoxia: the COVID STEROID 2 trial

Introduction

Your relative is admitted to hospital with severe COVID-19. Due to his/her current condition, your relative cannot give consent, and we therefore ask you to give proxy consent on his/her behalf to participate in a clinical trial. The trial was commenced during emergency care, and the condition of your relative made us unable to ask him/her directly if he/she wanted to participate in the trial. Participation in the trial is voluntarily, and you can refuse to participate on behalf of your relative; this will not affect the current or future care of your relative.

Before you decide whether to give proxy consent for your relative to continue in the trial, you must fully understand what the trial is about and why we conduct it. Please read this participant information thoroughly. Additionally, the participation information will be explained to you verbally. During this conversation, you can also ask questions. To minimise the risk of viral transmission, we will inform you orally by telephone. Feel free to put the phone on speaker and bring a family member or friend to the conversation.

If you decide that your relative can continue in the trial, we will ask you to sign the attached consent form. Please spend the time you need before you decide and remember that you are entitled to at least 24 hours to make the decision. Your relative will be asked for consent as soon as his/her condition allow so.

Participation in the trial is voluntarily, and you can withdraw your consent at any time; this will not affect the current or future care of your relative.

Background

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a novel virus that can cause severe infection in the airways (COVID-19). COVID-19 was first described in China in December 2019.

Low-dose corticosteroids is now part of the standard care of COVID-19 patients requiring oxygen therapy as it improves the survival of these patients. Some evidence suggest that higher doses of corticosteroids are beneficial for patients with respiratory failure due to bacterial infections, but it is unclear if higher doses of corticosteroids are also beneficial in patients with severe COVID-19. Other evidence suggests that higher doses of corticosteroids may cause serious adverse reactions. We hypothesise that higher doses of corticosteroids are beneficial in patients with severe COVID-19, but we cannot guarantee that this will be the case for your relative.

Aim

We aim to assess if a higher dose of dexamethasone (12 mg) as compared to the standard lower dose of dexamethasone (6 mg) increases the number of days alive without life support (i.e. mechanical ventilation, blood pressure support, renal replacement therapy) in patients with COVID-19 and severe oxygen deficiency.

Methods

In this trial, your relative is either randomised to dexamethasone 12 mg or 6 mg daily for 10 days. The participants are treated in two different ways so that we can assess the effects of higher doses of corticosteroids. This is done by comparing the participants receiving higher doses of corticosteroids (12 mg dexamethasone) with the participants receiving lower doses (6 mg dexamethasone). At present, we do not know if your relative is receiving higher or lower doses of dexamethasone. This will be undisclosed until the end of the trial.

At the end of the trial, we will compare the use of life support, any side effects, length of stay in hospital, survival and quality of life between participants receiving higher vs. lower doses of dexamethasone.

The trial is conducted in 1000 patients at hospitals in Denmark, Sweden, Switzerland and India.

Half a year after participation, we will call your relative with a questionnaire about his/her health-related quality of life.

Gain from participation in the trial

Your relative may gain from participation in the trial, but this is not certain. Participation in the trial will help us gain important knowledge about the best treatment for COVID-19. This knowledge will improve the care of future patients with COVID-19 and other coronavirus infections. The trial is associated with minimal risks as patients at high risk of side effects are excluded from participation.

Who CAN participate?

Your relative can participate in the trial if he/she is 18 years or older and hospitalised with COVID-19 requiring high-flow oxygen therapy or mechanical ventilation.

Who CANNOT participate?

Your relative cannot participate, if he/she:

- already receives higher doses (>6 mg dexamethasone or equivalents) of corticosteroids for other diseases than COVID-19
- has received corticosteroid for COVID-19 for 5 days or more
- has a severe fungal infection
- has active tuberculosis
- is allergic to dexamethasone

Women younger than 60 years of age must have a negative pregnancy test before participation in the trial.

Discontinuation of trial medications

You may at any time during the trial withdraw your proxy consent without providing a reason for this. This will not affect the current or future care of your relative. The doctors may also choose to discontinue the trial medication. In this case, you will be notified and provided a reason for the discontinuation.

Disadvantages

The trial does not cause any disadvantages for your relative.

Adverse reactions, risks and complications

Dexamethasone is a frequently used and well-known drug. The most common adverse reactions are transitory adrenal insufficiency, Cushing's syndrome, manifestation of latent diabetes mellitus, muscle atrophy and/or osteoporosis.

Serious side effects are uncommon. They include allergic reactions (very uncommon and usually not serious), severe infections (uncommon, but serious) and bleeding from the gastrointestinal tract (uncommon and usually not serious).

There may be other risks from trial participation, which we do not know of yet. If we suspect any adverse effects, which we haven't already told you about, we will inform you immediately.

Confidentiality

All information will be treated confidentially, and the trial results will be reported with full anonymity for your relative. The Medicines Agency, the Good Clinical Practice unit, the Sponsor and the site investigator have access to your relative's hospital files to ensure that the trial is conducted as agreed upon. These persons are subject to professional secrecy.

Funding of the trial

Initiator and sponsor of the trial is Professor Anders Perner at Rigshospitalet in Copenhagen and doctors from several intensive care units and medical departments in Denmark, Sweden, Switzerland and India. Together they have obtained private funding from The Novo Nordisk Foundation (5.000.000 DKK). The money is being used for data collection and salaries for trial staff.

None of the investigators have financial affiliation with companies or foundations that could have interests in the outcome of this trial.

Insurance

Your relative will be covered by the hospital insurance.

Access to the trial results

When the trial is completed (expected June 2021), the results will be published in an international scientific journal. If you want information about the trial results, including any implications for you, please contact the investigators (contact details provided below).

Contact

With this information we hope that you have enough insight into the consequences of trial participation for your relative to make the decision. Further information about the trial can obtained by contacting the investigators (contact details provided below).

Yours sincerely

Anders Perner
Professor, senior intensive care specialist
Department of Intensive Care, Rigshospitalet
Blegdamsvej 9, 2100 København Ø
Tel.: 3545 4131
E-mail: anders.perner@regionh.dk

[Name of primary investigator]
[primary investigator's site]
[primary investigator's contact details]