<table>
<thead>
<tr>
<th><strong>Study Design</strong></th>
<th>Multicenter, open-label RCT - <strong>Severe COVID-19</strong> - (1:1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Italy – 24 hospitals</td>
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<tr>
<td><strong>Inclusion</strong></td>
<td>Severe COVID-19 with PaO₂/FiO₂ ratio 200-300 and inflammatory phenotype defined by fever and elevated C-reactive protein (10 mg/dL and/or increased level to at least twice admission measurement)</td>
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<tr>
<td><strong>Exclusion</strong></td>
<td>ICU admission (invasive or noninvasive mechanical ventilation)</td>
</tr>
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<td><strong>Intervention</strong></td>
<td>Tocilizumab 8 mg/kg IV (up to 800 mg), followed by second dose after 12 h</td>
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<tr>
<td><strong>Control</strong></td>
<td>Standard of care</td>
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</tbody>
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<thead>
<tr>
<th></th>
<th><strong>Tocilizumab</strong></th>
<th><strong>Control</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Tocilizumab</strong></td>
<td>n=60</td>
<td>n=63</td>
</tr>
<tr>
<td><strong>Primary Composite Outcome</strong></td>
<td></td>
<td></td>
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<tr>
<td>Clinical Worsening within 14 days since randomization *</td>
<td>17 (28.3%)</td>
<td>17 (27%)</td>
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<tr>
<td><strong>Secondary Outcomes</strong></td>
<td></td>
<td></td>
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<tr>
<td>14- &amp; 30-day mortality</td>
<td>1 (1.7%) - 2 (3.3%)</td>
<td>1 (1.6%) - 1 (1.6%)</td>
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<tr>
<td>14- &amp; 30-day ICU admission</td>
<td>6 (10.0%) - 6 (10.0%)</td>
<td>5 (7.9%) - 5 (7.9%)</td>
</tr>
</tbody>
</table>

**Comments:**
* Clinical worsening definition: 1) ICU admission requiring MV; 2) PaO₂/FiO₂ ratio < 150; 3) Death from any cause
- Unclear number of patients treated with corticosteroids in the different groups

**Abbreviations:**
CRP, C-reactive protein; ICU, intensive care unit; PaO₂/FiO₂, partial pressure of arterial oxygen to fraction of inspired oxygen; RCT, randomized controlled trial