RCT-TCZ-COV	ID-19 – Salvarani C,	et al. <i>JAMA Intern Med</i> 2021 (Published:	Oct 20, 2020)
Study Design	Multicenter, open-label RCT - Severe COVID-19 - (1:1)		
Location	Italy – 24 hospitals		
Inclusion	Severe COVID-19 with PaO <sub>2</sub> /FiO <sub>2</sub> 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)		
Exclusion	ICU admission (invasive or noninvasive mechanical ventilation)		
Intervention	Tocilizumab 8 mg/kg IV (up to 800 mg), followed by second dose after 12 h		
Control	Standard of care		
		Tocilizumab n=60	Control n=63
Primary Comp	osite Outcome		
Clinical Worsening within 14 days since randomization *		17 (28.3%)	17 (27%)
Secondary Out	tcomes		
14- & 30-day mortality		1 (1.7%) - 2 (3.3%)	1 (1.6%) - 1 (1.6%)
14- & 30-day ICU admission		6 (10.0%) - 6 (10.0%)	5 (7.9%) - 5 (7.9%)
Comments:			

- \* Clinical worsening definition: 1) ICU admission requiring MV; 2) PaO<sub>2</sub>/FiO<sub>2</sub> 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; PaO<sub>2</sub>/FiO<sub>2</sub>, partial pressure of arterial oxygen to fraction of inspired oxygen; RCT, randomized controlled trial