**Study Design**
Multicenter, RCT, open label, platform trial – **Severe COVID-19 – (1:1)**

**Location**
UK – 131 hospitals

**Inclusion**
Severely ill COVID-19 pneumonia (hypoxia with oxygen saturation <92% on air or requiring oxygen therapy) and evidence of systemic inflammation (CRP ≥ 75 mg/L)

**Exclusion**
Hypersensitivity to tocilizumab, evidence of active tuberculosis infection or clear evidence of active bacterial, fungal, viral or other infection (besides COVID-19).

**Intervention**
Tocilizumab 400 mg to 800 mg IV (second dose if no improvement after 12-24h)

**Control**
Standard of care

<table>
<thead>
<tr>
<th><strong>Primary/Secondary Outcomes</strong></th>
<th><strong>Tocilizumab n=2022</strong></th>
<th><strong>Control n=2094</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: 28-day mortality</td>
<td>29%*</td>
<td>694 (33%)</td>
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<tr>
<td>Discharged alive from hospital within 28 days</td>
<td>54%**</td>
<td>47%</td>
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<tr>
<td>Receipt of invasive mechanical ventilation or death</td>
<td>33%***</td>
<td>38%</td>
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<tr>
<td>- Invasive mechanical ventilation</td>
<td>12%****</td>
<td>15%</td>
</tr>
<tr>
<td>- Death</td>
<td>27%****</td>
<td>31%</td>
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</table>

**Comments:**
- *p=0.0066 - **p<0.0001 - ***p=0.0005 - ****p=0.01
Corticosteroids within 7 days prior to first dose was 82% in the toci arm and 82% in the control arm.

**Abbreviations:**
CRP, C-reactive protein; ICU, intensive care unit; IV, intravenously