

Written evidence submitted by Professor Jonathan Van-Tam, Deputy Chief Medical Officer,
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Subject: New potential treatments being processed through clinical trials

Thank you for your letter dated 7th July. I was particularly pleased to give evidence to the Committee because I could set out the impressive UK wide effort to research treatments and to speak to the largest trial for COVID-19 treatments in the world in RECOVERY, a testament to the researchers, the National Institute for Health Research (NIHR), the NHS, and the thousands of patients. The three results so far: dexamethasone, hydroxychloroquine and lopinavir/ritonavir have changed global practice.

I completely agree that the work must continue at pace to find further treatments and we are well placed to do this. In terms of nationally prioritised studies the RECOVERY trial is still evaluating azithromycin, tocilizumab and convalescent plasma so I expect results on those in due course. REMAP-CAP is evaluating lopinavir/ritonavir, interferon-beta, anakinra, tocilizumab, sarilumab, heparin and convalescent plasma for use in the critically ill. PRINCIPLE is evaluating azithromycin for higher risk patients in primary care.

The ACCORD and ACCORD aligned phase two trials are studying the following drugs: bemcentinib, MEDI3506, ravulizumab, baricitinib, gemtuzumab ozogamicin (Mylotarg), calquence (Acalabrutinib), zilucoplan, REMSIMA (infliximab), namilumab, galectin inhibitor and nafamostat as recommended by the government tasked expert prioritisation panel.

The other prioritised drugs recommended for trial by the prioritisation panel are: nebulised heparin, spironolactone & dexamethasone in combination, anti-CSF-1R (emactuzumab) and ticagrelor. However, the prioritisation panel is scheduled to meet again shortly to re-look at the treatments for priority research considering any new evidence to ensure the most promising are progressed.

As well as the nationally prioritised trials there are also many other clinical trials taking place, many of which are run by pharmaceutical companies studying their own drugs. The clinical trials environment in the UK, with the availability of the National Institute for Health Research Clinical Research Network, creates a desire to do trials here and we should capitalise on that.

Because of the welcome reduction in COVID-19 cases in the UK the progress of all treatment trials will be slow, as there will be few patients to recruit from. Since it is plausible that in the upcoming autumn and winter we will see a significant upsurge in cases, it is crucial that we are ready should that unfortunately happen to recruit as many volunteers as possible to trials.

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