

# RECOVERY Trial – Preliminary Results

- Large simple randomized trial comparing dexamethasone 6 mg (IV or PO, daily, up to 10 days) to usual care in hospitalized patients with COVID-19
- Conducted at 176 hospitals in the UK, N=6,425 (1:2 randomization)
- Patients: mean age 66 years, 63% men, mean symptom duration 9 days
  - At randomization: 16% on mechanical ventilation or ECMO, 60% on supplemental oxygen, 24% on neither
- Dexamethasone reduced overall age-adjusted 28-day mortality by 17% (21.6% vs 24.6%, RR 0.83; 95%CI 0.74 to 0.92; P<0.001)
  - Mortality reduction was greatest (29.0% vs 40.7%, RR 0.65 [95%CI 0.51 to 0.82]; p<0.001) for adult patients on mechanical ventilation or ECMO
  - Mortality was reduced by about 20% (21.5% vs 25.0%, RR 0.80 [95% CI 0.70 to 0.92]; p=0.002) in patients on supplemental oxygen
  - Dexamethasone did not reduce mortality in patients not receiving supplemental oxygen (17.0% vs 13.2%, RR 1.22 [95% CI 0.93 to 1.61]; p=0.14)
    - This result could represent a concerning signal for harm in this group
  - In prespecified subgroups, dexamethasone's benefit may be limited to men, individuals age <70 years, and those having symptoms > 7 days prior to treatment