

Summary comparison of hydroxychloroquine clinical trials compared to doctor experience claiming success.

Hydroxychloroquine Criteria	Frontline Doctor's HCQ Protocol	HENRY FORD Health System trial	WHO SOLIDARITY trials	UK – Oxford RECOVERY trial	NIH ORCHID study
Study type	Case study Field Experience Global reports	Large scale retrospective analysis control multi-centre trial 6 hospitals	Global – Randomised control trial (more 30 countries)	UK – Randomised control trial (registered clinical trial units – 175 NHS Trusts)	USA – Randomised, blinded control multi-centre clinical trial (34 hospitals)
Trial Dates	Start: Feb 2020 Still ongoing	Start: 10 March 2020 Stop: 2 May 2020	Start: 18 March 2020 Stop: 4 July 2020	Start: 23 March 2020 Stop: 4 June 2020	Start: 9 April 2020 Stop: 20 June 2020
Treatment setting	Outpatient / Home	Hospitalised Patients	Hospitalised Patients	Hospitalised Patients	Hospitalised Patients
Disease stage at start of treatment	Early - usually day 4-7 doc visit. Triage assessment, mod-high risk patient, start immediately, not lab confirmed	Mid-Late stage start within 24-48 hr of admission	Late stage “hospitalised with definite COVID-19” Chloroquine or HCQ given interchangeable!	Late stage: clinically suspected or confirmed SARS-CoV-2, no age limit.	Mid to Late: Start after lab confirmed SARS-CoV-2 has respiratory symptoms < or = 10 days, and within 48 hrs hospital arrival.
Study numbers	Triage assessment mod-high risk only	Total: 2541 patients	Treatment: 954 Control: 4088	Treatment: 1561 “Usual care”: 3155	Treatment: 242 Placebo: 237
HCQ dosage/treatment	400mg first 24 hrs, cumulative 2000-2800mg over 5 to 7 days respectively. Always with Zinc and Azithromycin*	800mg first 24 hrs (+/- azithromycin), cumulative 2400mg over 5 days	2000-2400mg first 24 hrs, cumulative 9600mg over 10 days (drug and rate vary b/w country, WHO protocol vague.	2400mg first 24 hrs, cumulative 9600mg over 10 days	800mg first 24 hrs cumulative 2400mg over 5 days
Primary Outcome Endpoint	Prevent Hospitalisation	Day Mortality/Morbidity	Day 28 Mortality & hospital stay	Day 28: Mortality (results to affect global treatment strategies)	Day 14 & 28 Mortality/Morbidity
Conclusion	Early combination treatment with HCQ + Zn + Azithromycin prevents need for hospitalisation for COVID-19	“Our analysis shows that using HCQ helped save lives” Dr Steven Kalkanis	“HCQ appear to have little or no effect on hospitalised CIVID-19 as indicated by overall mortality”	“HCQ does not reduce the risk of death among hospitalised patients.”...but does not address prophylaxis or “less severe SARS-CoV-2 infection.”	“Finding do not support use of HCQ for treatment of COVID-19 treatment among hospitalised adults”
Published	Yes	Yes - IJID	Yes - NEJM	Yes - NEJM	Yes