Heat map for Clinical Trials

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Notes: This sheet documents includes data from trials whose results have already been reported partially or fully.

		Serial No	1	2	3	4	5	6	7	8	9	10	11
		Brief ref (with embedded link)	Gautret (2020a)	Gautret (2020a)	Gautret (2020b)	Jun (2020)	Cao (2020)	Gao (2020)	Janssen (2020)	Zhang (2020)	Zhang (2020)	Xu (2020)	Cai (2020)
		Size of trial	26 (Total 36)	6 (Total 36)	80	15 (Total 30)	94 (Total 199)	100	30	27 families and 124 health care workers	27 families and 124 health care workers	21	35 (Total 80)
		Type of trial	Open label non-randomized clinical trial	Open label non-randomized clinical trial	Open label observational trial	Prospective	Randomized, controlled, open-label trial	Multicenter clinical trials	single center, open label, randomized, and controlled trial	Retrospective case-control cohort study	Retrospective case-control cohort study	Retrospective	Open-Label, nonrandomized, Control Study
		Arm of study or full study	Arm	Arm	Full Study	Full Study	Full Study	Full study	Full study	Arm	Arm	Full Study	Full Study
		Trial outcome (1: Positive; 0: No outcome, -1: Negative)	1	1	1	1	-1	1	0	1	-1	1	1
Category (original indications)	Target	Drug candidate											
Anti-malarial	Heme polymerase inhibitor	Chloroquine	No	No	No	No	No	Yes	No	No	No	No	No
Anti-malarial	Affects the function of lysozomes	Hydroxychloroquine	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
Anti-viral	RNA polymerase inhibitor	Remdesivir	No	No	No	No	No	No	No	No	No	No	No
Anti-viral	Protease inhibitor	Lopinavir/Ritonavir	No	No	No	No	Yes	No	No	No	No	No	No
Anti-viral	RNA polymerase inhibitor	Favipiravir	No	No	No	No	No	No	No	No	No	No	Yes
Anti-viral	Influenza capdependent endonuclease inhibitor	Baloxavir Marboxil	No	No	No	No	No	No	No	No	No	No	No
Anti-viral	Protease inhibitor	Darunavir	No	No	No	No	No	No	Yes	No	No	No	No
Anti-viral	Inosine-5'-monophosphate dehydrogenase 1 inhibito	Ribavirin + IFN beta	No	No	No	No	No	No	No	No	No	No	No
Anti-viral	RNA polymerase inhibitor	Galidesivir	No	No	No	No	No	No	No	No	No	No	No
Anti-viral	reversible competitive inhibitor of influenza neuraminidase	Oseltamivir	No	No	No	No	No	No	No	No	Yes	No	No
Anti-viral	Fusion inhibitor of viral envelope with cell membranes	Umifenovir	No	No	No	No	No	No	No	Yes	No	No	No
Anti-viral	Serine Protease Inhibitor	Camostat mesylate	No	No	No	No	No	No	No	No	No	No	No
Antiinflammatory small molecule	Janus-associated kinase inhibitor	Ruxolitinib	No	No	No	No	No	No	No	No	No	No	No

Anti-viral immunostimulant adjuvant	JAK1/2 activator through receptor IFN receptor	Interferon beta	No	No	No	No	No	No	No	No	No	No	No
Immuno-suppressant Monoclonal Antibody	Inhibitor of IL-6 mediated signaling	Tocilizumab	No	No	No	No	No	No	No	No	No	Yes	No
Immunomodulatory Monoclonal Antibody	IL-12 and IL-23	Ustekinumab	No	No	No	No	No	No	No	No	No	No	No
Antibiotic	Potassium ionophore	Nigericin	No	No	No	No	No	No	No	No	No	No	No
Antibiotic	Peptidoglycan polymerization inhibitor	Teicoplanin	No	No	No	No	No	No	No	No	No	No	No
Anti-parasitic	Invertebrate Glycine and GABA Receptor Subunit alpha 3 and Beta 3 Agonist	Ivermectin	No	No	No	No	No	No	No	No	No	No	No
		Others											
Antibiotic	23S rRNA inhibitor	AZT	No	Yes	Yes	No	No	No	No	No	No	No	No
Anti-viral	CYP3A inhibitor	Cobistat	No	No	No	No	No	No	No	No	No	No	No
		Outcomes											
		Brief ref (with embedded link)	Gautret (2020a)	Gautret (2020a)	Gautret (2020b)	Jun (2020)	Cao (2020)	Gao (2020)	Janssen (2020)	Zhang (2020)	Zhang (2020)	Xu (2020)	Cai (2020)
		Primary outcome	Virological clearance at day-6 post-inclusion	Virological clearance at day-6 post-inclusion	i) an aggressive clinical course requiring oxygen therapy or transfer to the ICU after at least three days of treatment, ii) contagiousness as assessed by PCR and culture, and iii) length of stay in the ID ward	Negative conversion rate of COVID-19 nucleic acid in respiratory pharyngeal swab on days 7 after randomization	The time to clinical improvement	Not available	Not available	Prophylaxis, not treatment	Prophylaxis, not treatment	Changes in body temperature, respiratory function, and CT findings before and after treatment with tocilizumab	Changes in chest computed tomography (CT), viral clearance, and drug safety
		Secondary outcome	Virological clearance overtime during the study period, clinical follow-up (body temperature, respiratory rate, long of stay at hospital and mortality), and occurrence of side-effects	Virological clearance overtime during the study period, clinical follow-up (body temperature, respiratory rate, long of stay at hospital and mortality), and occurrence of side-effects	No	Negative conversion rate of COVID-19 nucleic acid in respiratory pharyngeal swab on days 7 after randomization	Mortality at day 28, the duration of mechanical ventilation, the duration of hospitalization in survivors, and the time (in days) from treatment initiation to death	Not available	Not available	Prophylaxis, not treatment	Prophylaxis, not treatment	Changes in body temperature, respiratory function, and CT findings before and after treatment with tocilizumab	Changes in chest computed tomography (CT), viral clearance, and drug safety

Result	57.1% of patients treated with HCQ were virologicaly cured	100% of patients treated with HCQ and AZT were virologicaly cured	66/80 (81%) of patients showed favorable clinical outcome and were discharged.	All patients showed improvement in follow-up examination	Lopinavir–ritonavir treatment did not significantly accelerate clinical improvement, reduce mortality, or diminish throat viral RNA detectability in patients with serious Covid-19Had adverse events that include gastrointestinal adverse events including nausea, vomiting, and diarrhea	Chloroquine phosphate is superior to the control treatment in inhibiting the exacerbation of pneumonia, improving lung imaging findings, promoting a virusnegative conversion, and shortening the disease course, adverse effects not reported.	Darunavir and Cobistat treatment was not effective.	Arbidol post-exposure prophylaxis (PEP) was a strong protective factor against the development of COVID-19 (Odds ratio 0·011 , 95% CI 0·001-0·125, P=0·0003 for family members and Odds ratio 0·049, 95%CI 0·003-0·717), P= 0·0276 for health care workers). Arbidol could reduce the infection risk (Post Exposure Prophylaxis – PEP) of the novel coronavirus inhospital and family settings.	Oseltamivir was associated with an increase in COVID-19 infection (Odds ratio 20·446, 95% CI 1·407-297·143, P= 0·0271)	All patients received standard care including lopinavir, methylprednisolone, other symptom relievers and oxygen therapy, and added with tocilizumab. 75.0% patients lowered their oxygen intake, lung lesion opacity absorbed in 90.5% patients, % of lymphocytes in peripheral blood returened to normal in 52.6% patients, C-reactive protein decreased in 84.2% patients. No obvious adverse reactions were observed. 90.5% patients were discharged on 13.5 days after the treatment with tocilizumab and the rest are recovering well.	Favipiravir (FPV) showed better therapeutic responses on COVID-19 in terms of disease progression and viral clearance. A shorter viral clearance time was found for the FPV arm versus the control arm (Lopinavir/Ritonavir + IFN-alpha) (median (interquartile range, IQR), 4 (2.5–9) d versus 11 (8–13) d, P < 0.001). The FPV arm also showed significant improvement in chest imaging compared with the control arm, with an improvement rate of 91.43% versus 62.22% (P = 0.004). Fewer adverse events were found in the FPV arm than in the control arm.