

Studying corticosteroid utilization in the treatment of community-acquired pneumonia in Japan through an international adaptive platform trial, REMAP-CAP

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Relevant Financial Disclosure

Ko IIDA, MD

- I have nothing to disclose

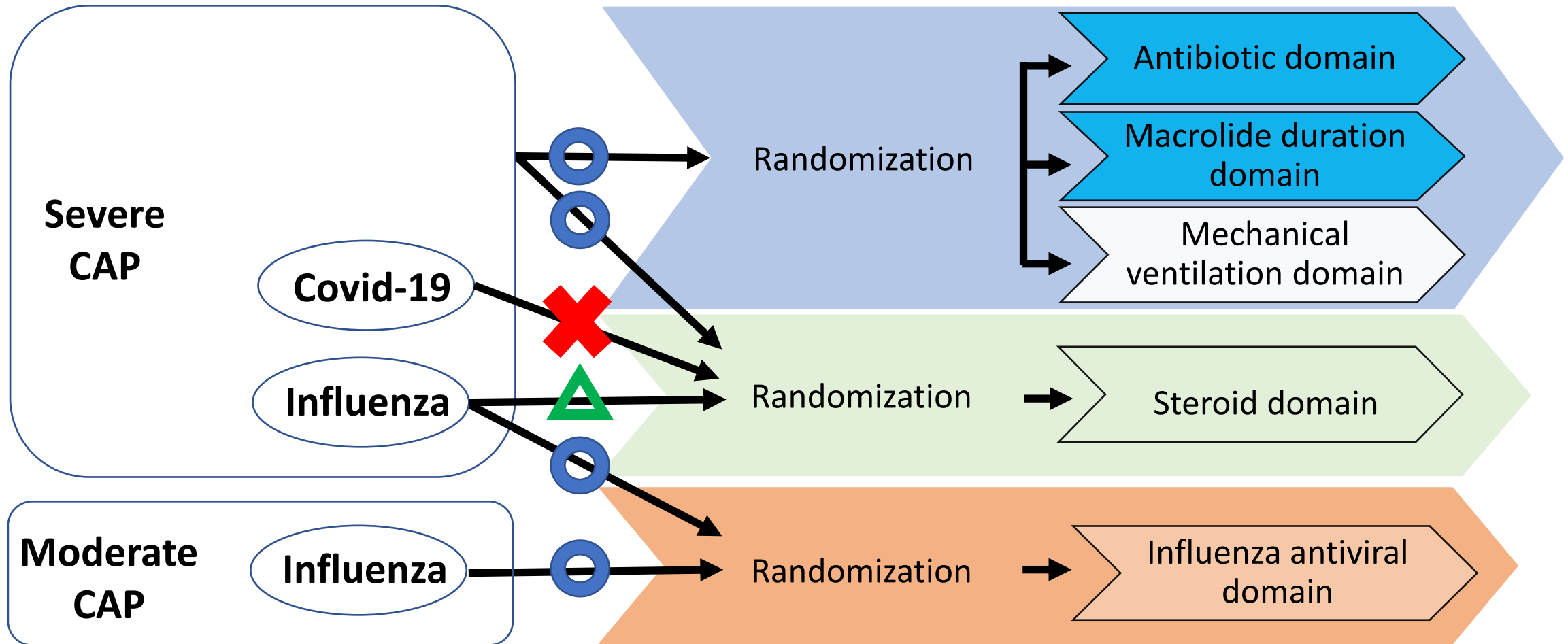
Introduction

- REMAP-CAP: A Randomised, Embedded, Multi-factorial, Adaptive Platform trial for Community-Acquired Pneumonia
- REMAP-CAP enables the simultaneous assessment of multiple therapeutic strategies on community-acquired pneumonia (CAP) across domains.
- A total of 325 sites across 25 countries have participated in the trial, including 32 sites in Japan.
- REMAP-CAP findings contributed to evidence regarding therapeutic options for COVID-19, such as anticoagulation, tocilizumab and sarilumab therapies.¹⁾²⁾³⁾

References

- 1) N Engl J Med 2021; 385: 777
- 2) N Engl J Med 2021; 385: 790
- 3) N Engl J Med 2021; 384: 1491

Interventions addressed by REMAP-CAP JAPAN



Background

- CAP leads to pulmonary and systemic inflammation.
- Corticosteroids are expected to have an anti-inflammatory role that mitigates the consequences of pneumonia.
- There is a clinical equipoise about the role of corticosteroids among patients hospitalized due to CAP.

Aim

- To determine the effective strategies of different corticosteroid interventions for severe CAP.
- To share some experiences of practical operations when we incorporate the REMAP-CAP for the steroid domain protocol in Japan.

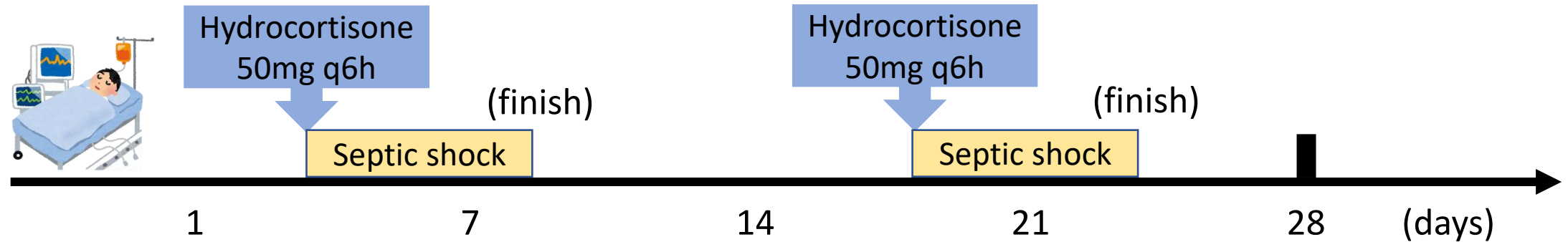
Material and method

The overview of steroid domain

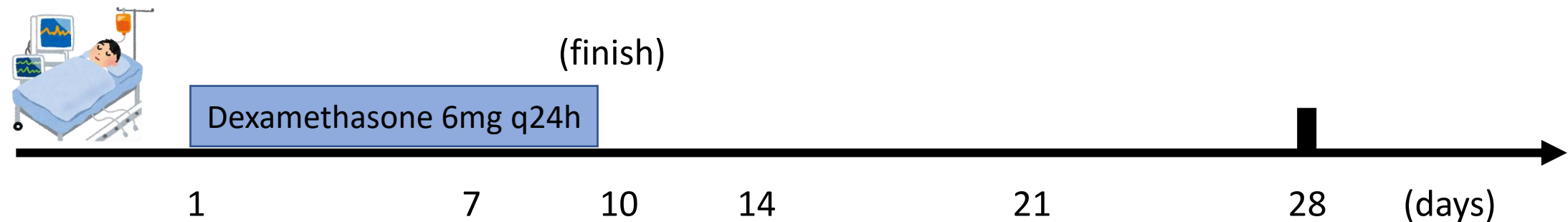
Patients	Severe CAP * not including patients in the pandemic infection
Intervention	<input type="checkbox"/> Shock-dependent hydrocortisone while patients are in septic shock <input type="checkbox"/> Dexamethasone 10 days
Endpoints	Primary endpoint : All-cause mortality at 90 days Secondary endpoint : ICU mortality, ICU length of stay(LOS), hospital LOS, ventilator free days, Organ failure free days at 28 days etc.

Differences in the two interventions of steroid domain

Shock-dependent hydrocortisone



Dexamethasone



Results

- Through the local implementation process of the corticosteroid domain, we are able to develop the ability to respond immediately against next pandemic.
- Additionally, we can discuss with researchers globally about the domain.

Discussion

- REMAP-CAP enrolled patients very rapidly during the pandemic.
- A global-network clinical trial is essential to respond to future outbreaks.⁴⁾
- Every country must ensure REMAP-CAP operation aligns with local ethical guidelines and regulations.

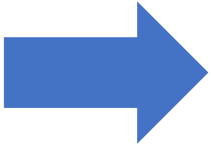
Reference

4) Lancet Infect Dis 2022; 22: e153

Discussion

The overview of steroid domain in global

Patients	Moderate CAP	Severe CAP
Intervention	<input type="checkbox"/> No corticosteroids <input type="checkbox"/> Fixed duration dexamethasone	<input type="checkbox"/> No corticosteroids <input type="checkbox"/> Fixed duration hydrocortisone <input type="checkbox"/> Shock-dependent hydrocortisone <input type="checkbox"/> Fixed duration dexamethasone



The overview of steroid domain in Japan

Patients	Severe CAP
Intervention	<input type="checkbox"/> Shock-dependent hydrocortisone <input type="checkbox"/> Fixed duration dexamethasone

Why Japan Regional Management Committee(RMC) modified Japan Regional Specific Appendix as above?



- Fixed duration hydrocortisone was cancelled globally.
- Corticosteroids is widely used in patients with septic shock in Japan.
- Dexamethasone is approved for severe states alone in Japan.

Conclusion

- When introduced to Japan, local adaptation is important to address operational issues and to ensure feasibility of the trial.
- This exercise will facilitate better understanding of the local adaptation of the global protocol and lead to improved pandemic preparedness.