Correspondence on 'Interleukin-6 receptor blockade with subcutaneous tocilizumab in severe COVID-19 pneumonia and hyperinflammation: a case–control study' by Potere *et al*

I read with interest the recent case–control study by Potere *et al*, which describes the potential efficacy and safety of tocilizumab in patients with severe COVID-19 pneumonia and hyperinflammation.[1] Since publication of this analysis, new information on anti-inflammatory therapies in COVID-19 has become available. The RECOVERY trial randomised 2104 patients with COVID-19 to receive dexamethasone 6 mg daily or usual care for up to 10 days.[2] In the overall cohort, dexamethasone significantly reduced the incidence of 28-day mortality from 26% to 23%. The benefits of dexamethasone on mortality were greatest in those patients undergoing mechanical ventilation (41% vs 29%) or receiving supplemental oxygen without mechanical ventilation (26% vs 23%) at baseline. A clinical trial of sarilumab, another interleukin-6 receptor blocker, failed to meet its primary and key secondary endpoints.[3] The lack of efficacy in the sarilumab clinical trial contrasts with the reported efficacy in the Potere *et al* study. It would be of great interest to analyse the results of the analysis by Potere *et al* in the context of these findings. In particular, an analysis according to concurrent use of systemic corticosteroids would allow for estimation of whether the benefits in this observational analysis may be attributable to background corticosteroid use.

Leo Buckley

Department of Pharmacy Services, Brigham and Women's Hospital, Boston, MA, USA

Correspondence to Dr Leo Buckley, Brigham and Women's Hospital, Boston, MA 02115-6195, USA; lfbuckley@bwh.harvard.edu

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ORCID iD
Leo Buckley http://orcid.org/0000-0003-1570-1486

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