### Table 9. GRADE evidence profile, Recommendation 9

**Question:** Remdesivir compared to no antiviral treatment for hospitalized patients with COVID-19 and oxygen saturation >94% without supplemental oxygen

<table>
<thead>
<tr>
<th>Certainty assessment</th>
<th>№ of patients</th>
<th>Effect</th>
<th>Certainty</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>№ of patients</td>
<td>Effect</td>
<td>Relative (95% CI)</td>
<td>Absolute (95% CI)</td>
</tr>
<tr>
<td></td>
<td>5-day treatment with remdesivir</td>
<td>no remdesivir</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td>RR 0.12 (0.01 to 2.15)</td>
<td>18 fewer per 1,000 (from 20 fewer to 23 more)</td>
</tr>
<tr>
<td>Clinical improvement at day 11 (assessed with: &gt;=2-pt improvement on 7-pt scale; higher = better)</td>
<td></td>
<td></td>
<td>RR 1.16 (1.00 to 1.34)</td>
<td>97 more per 1,000 (from 0 fewer to 206 more)</td>
</tr>
<tr>
<td>Serious adverse events</td>
<td></td>
<td></td>
<td>RR 0.52 (0.24 to 1.14)</td>
<td>43 fewer per 1,000 (from 68 fewer to 13 more)</td>
</tr>
</tbody>
</table>

#### GRADE Working Group grades of evidence

**High certainty:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate certainty:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low certainty:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low certainty:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

#### Risk of bias

- Study limitations
- Inconsistency: Unexplained heterogeneity across study findings
- Indirectness: Applicability or generalizability to the research question
- Imprecision: The confidence in the estimate of an effect to support a particular decision
- Publication bias: Selective publication of studies

#### CI: Confidence interval; RR: Risk ratio

**Explanations**

- Co-treatments were not balanced between arms: 45% of patients randomized to control arm received HCQ or CQ compared to 11% in 10-day arm or 8% in five-day arm; lopinavir/ritonavir was 22% in control arm, 6% in 10-day arm, and 5% in five-day arm.
b. Open-label trial design may have led to different clinical practices (co-interventions and time of hospital discharge).

c. The 95% CI includes the potential for both appreciable benefit as well as the potential for harm. Few events reported do not meet the optimal information size and suggest fragility in the estimate.

d. The 95% CI may not include a clinically meaningful benefit.

e. Spinner 2020 reported an odds ratio of 1.65 (95% CI: 1.09, 2.48); however, compared to relative risks, odds ratios tend to overestimate the effect with baseline risk is high.

References