Da tutto il mondo 161 eminenti professori e dottori contestano lo studio sull'idrossiclorochina pubblicato su Lancet

La rivista medica The Lancet il 29 maggio ha pubblicato una correzione a un recente studio che avrebbe scoperto che i farmaci antimalarici: Idrossiclorochina e clorochina erano collegati a un aumentato rischio di mortalità negli ospedali e a una maggiore frequenza di ritmi cardiaci irregolari.

Lo studio, intitolato “Idrossiclorochina o clorochina con o senza un macrolide per il trattamento di COVID-19: un'analisi del registro multinazionale”, e pubblicato il 22 maggio, includeva registrazioni di 96.032 pazienti di 671 ospedali in sei continenti. I pazienti erano stati ricoverati in ospedale tra il 20 dicembre 2019 e il 14 aprile 2020.

Lo studio ha portato l'OMS a sospendere temporaneamente la sperimentazione con l'idrossiclorochina su pazienti COVID-19 e all'organismo di regolamentazione del Regno Unito, MHRA, a chiedere la sospensione temporanea nel Regno Unito. La Francia ha anche cambiato la sua raccomandazione nazionale del farmaco nei trattamenti COVID-19 e ha interrotto tutti gli studi. In Italia, l'Aifa (asservita ai vari Ricciardi dipendente dell’OMS e consulente di Speranza), sospende immediatamente l'autorizzazione sull'utilizzo dell'idrossiclorochina per il trattamento dell'infezione da Sars-CoV-2 sia in ambito ospedaliero, sia in quello domiciliare.

Questo, nonostante sia dimostrato sul campo che la cura funziona e nonostante nello studio pubblicato non ci fosse “nessuna revisione etica” e “variazioni insolitamente piccole riportate nelle variabili di base, negli interventi e nei risultati”, nonché “nessuna menzione dei paesi o degli ospedali che hanno contribuito alla fonte di dati e nessun riconoscimento ai loro contributi“. Una richiesta agli autori d'informazioni sui centri che hanno contribuito è stata respinta.

Tra gli scienziati firmatari della lettera aperta (si veda sotto) altre preoccupazioni riguardavano il fatto che le dosi giornaliere medie d'idrossiclorochina erano superiori alle quantità raccomandate dalla FDA e che, secondo quanto riferito, i dati dei pazienti australiani non sembravano corrispondere ai dati riportati dal governo.

In risposta alla correzione emessa da Lancet il 29 maggio, James Watson, analista statistico presso il tailandese Center for Tropical Medicine and Global Health dell'Università di Oxford, che ha guidato la stesura della lettera, ha dichiarato a BuzzFeed News che gli autori dello studio avevano fallito nell'affrontare tutti i punti citati nella stessa lettera.

Lettera aperta in originale

Open letter to MR Mehra, SS Desai, F Ruschitzka, and AN Patel, authors of **“Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID19: a multinational registry analysis”. Lancet. 2020 May 22:S0140-6736(20)31180-6. doi: 10.1016/S0140-6736(20)31180-6. PMID: 32450107**

and to Richard Horton (editor of The Lancet).

Concerns regarding the statistical analysis and data integrity

The retrospective, observational study of 96,032 hospitalized COVID-19 patients from six continents reported substantially increased mortality (~30% excess deaths) and occurrence of cardiac arrhythmias associated with the use of the 4-aminoquinoline drugs hydroxychloroquine and

chloroquine. These results have had a considerable impact on public health practice and research.

The WHO has paused recruitment to the hydroxychloroquine arm in their SOLIDARITY trial. The UK regulatory body, MHRA, requested the temporary pausing of recruitment into all hydroxychloroquine trials in the UK (treatment and prevention), and France has changed its national recommendation for the use of hydroxychloroquine in COVID-19 treatment and also halted trials.

The subsequent media headlines have caused considerable concern to participants and patients enrolled in randomized controlled trials (RCTs) seeking to characterize the potential benefits and risks of these drugs in the treatment and prevention of COVID-19 infections. There is uniform agreement that well conducted RCTs are needed to inform policies and practices.

This impact has led many researchers around the world to scrutinize in detail the publication in question. This scrutiny has raised both methodological and data integrity concerns. The main concerns are listed as follows:

1. There was inadequate adjustment for known and measured confounders (disease severity, temporal effects, site effects, dose used).
2. The authors have not adhered to standard practices in the machine learning and statistics community. They have not released their code or data. There is no data/code sharing and availability statement in the paper. The Lancet was among the many signatories on the Wellcome statement on data sharing for COVID-19 studies.
3. There was no ethics review.
4. There was no mention of the countries or hospitals that contributed to the data source and no acknowledgments of their contributions. A request to the authors for information on the contributing centres was denied.
5. Data from Australia are not compatible with government reports (too many cases for just five hospitals, more in-hospital deaths than had occurred in the entire country during the study period). Surgisphere (the data company) have since stated this was an error of classification of one hospital from Asia. This indicates the need for further error checking throughout the database.
6. Data from Africa indicate that nearly 25% of all COVID-19 cases and 40% of all deaths in the continent occurred in Surgisphere-associated hospitals which had sophisticated electronic patient data recording, and patient monitoring able to detect and record “nonsustained [at least 6 secs] or sustained ventricular tachycardia or ventricular fibrillation”. Both the numbers of cases and deaths, and the details provided, seem unlikely.
7. Unusually small reported variation in baseline variables, interventions and outcomes between continents (Table S3).
8. Mean daily doses of hydroxychloroquine that are 100 mg higher than FDA recommendations, whereas 66% of the data are from North American hospitals.
9. Implausible ratios of chloroquine to hydroxychloroquine use in some continents. For example, in Australia 49 received chloroquine and 50 received hydroxychloroquine. However, chloroquine is not readily available in Australia and administration requires authorization from the Therapeutic Goods Administration.
10. The tight 95% confidence intervals reported for the hazard ratios appear inconsistent with the data. For instance, for the Australian data this would imply about double the numbers of recorded deaths as were reported in the paper.

The patient data were obtained through electronic health records, supply chain databases, and financial records. The data are held by the US company Surgisphere. In response to a request for the data Professor Mehra replied: **“Our data sharing agreements with the various governments,**

countries and hospitals do not allow us to share data unfortunately."

Given the enormous importance and influence of these results, we believe it is imperative that:

1. The company Surgisphere provides details on data provenance. At the very minimum, this means sharing the aggregated patient data at the hospital level (for all covariates and outcomes).
2. Independent validation of the analysis is performed by a group convened by the World Health Organization, or at least one other independent and respected institution. This would entail additional analyses (e.g. determining if there is a dose-effect) to assess the validity of the conclusions.
3. There is open access to all the data sharing agreements cited above to ensure that, in each jurisdiction, any mined data was legally and ethically collected and patient privacy aspects respected.

In the interests of transparency, we also ask The Lancet to make openly available the peer review comments that led to this manuscript being accepted for publication.

This open letter is signed by clinicians, medical researchers, statisticians, and ethicists from across the world. The full list of signatories and affiliations can be found below.

Elenco dei firmatari

1. Dr James Watson (Statistician, Mahidol Oxford Tropical Medicine Research Unit, Thailand).
2. Professor Amanda Adler (Triallist & Clinician, Director of the Diabetes Trials Unit, University of Oxford, UK). Dr Ambrose Agweyu (Medical researcher, KEMRI-Wellcome Trust Research Programme, Kenya).
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4. Professor Juan-Manuel Anaya (Clinician, Universidad del Rosario, Colombia).
5. Professor Nicholas Anstey (Clinician, Menzies School of Health Research, Australia).
6. Professor Yaseen Arabi (Clinician and researcher, King Saud Bin Abdulaziz University for Health Sciences, Saudi Arabia).
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8. Professor Michael Avidan (Clinician, Washington University in St Louis, USA).
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13. Dr Ruanne Barnabas (Physician Scientist, University of Washington, USA).
14. Professor Karen Barnes (Clinical Pharmacology, University of Cape Town, South Africa).
15. Professor Enrico Bucci (Systems Biologist, Temple University, USA).
16. Professor Buddha Basnyat (Clinician, Head of the Oxford University Clinical Research Unit - Nepal, Nepal). Professor Philip Bejon (Medical researcher, Director of the KEMRI-Wellcome Trust Research Programme, Kenya).
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Credits

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