

Canadian COVID-19 Collaboration Trial Inventory

Date: July 10, 2020

Trial Acronym/ Name	Title	Population	Intervention(s)	Contact(s)	Clinicaltrials.gov Identifier	Comments (e.g., sex subgroup analysis pre-specified?)
ACT	Anti-Coronavirus Therapies (ACT) to prevent progression of COVID-19	Symptomatic patients with COVID 19 Outpatient trial N=2500, Inpatient trial N=1500	Outpatient trial: (2x2 Factorial) i) Colchicine vs. control ii) Aspirin vs. control Inpatient trial: (3x2 Factorial) i) Interferon Beta vs. control ii) Colchicine vs. control iii) ASA+ Rivaroxaban vs. control	John Eikelboom, Richard Whitlock, Emilie Belley-Cote, Sanjit Jolly ACT.ProjectTeam@PHRI.ca	NCT04324463	Amendment pending for Additional arms
ARCTICA	Accelerated Remote Cardiopulmonary Tele-POCUS by Augmented Intelligence in Covid-19 Assessment	GIM physicians attending COVID-19 Units & at geographically remote sites. TGH, Queen's, Dalhousie Additional sites invited if funded	Evaluation of Training and Workflow Implementation Study of a "Hub and Spoke Model" ML objective pending additional funding.	Amer Johri amerjohri@gmail.com	Not done	CCS C3i

ATTACC	Antithrombotic Therapy to Ameliorate Complications of COVID-19	≥18 years, confirmed COVID-19, who require hospitalization anticipated to last ≥72 hrs, enrolled <72 hours of hospital admission or of COVID-19 confirmation (n=3,000)	Therapeutic-dose anti-coagulation for the treatment of hospitalized patients with COVID-19 (low-molecular weight heparin [tinzaparin, enoxaparin, or dalteparin] or unfractionated heparin) vs. control	Patrick Lawler (Patrick.Lawler@uhn.ca) Michael Farkouh (Michael.Farkouh@uhn.ca)	NCT04372589	
COVID-RASi	Improving COVID-19 Outcomes with RAS inhibitors	*Age>65 yrs *Hx of ≥ 1 of CVD/PVD/HTN/DM/Obesity *Not on RASi 865 Inpatient + 330 Outpatient	(1) ACEi or (2) ARB or (3) No RASi In 1:1:1 ratio Death>>Mech ventilation>>ICU Adm >> Hospitalization	Peter Liu (peter.liu@utoronto.ca) Malaika Mohammed (mmohammed@ottawaheart.ca) Shaun Goodman (goodmans@chrc.net) Michael Farkouh (Michael.Farkouh@uhn.ca)	Being registered	Sex based analysis; ACEi/ARB combo; ?Harm; Viral status
RAAS-COVID	Holding RAAS-i in patients admitted with COVID-19	Any in-patients within 48 hours of admission on ACEi/ARB. Patients with HFrEF, recent HF decompensation, prior hypertensive crises are excluded	1) Continue ACEi/aRB 2) Hold ACEi/ARB and clinician can restart after 7 days at his/her clinical discretion	Abhinav Sharma (Abhinav.sharma@mcgill.ca)	Being registered	

COVI	Contact tracing application for COVID-19	Any individual with a mobile phone and data plan	Targeted behavioural intervention based on calculated risk of having covid-19	https://covicanada.org/faq/ Abhinav Sharma Abhinav.sharma@mcgill.ca	Being registered	
NACMI registry	North American COVID-19 ST-segment elevation myocardial infarction (NACMI) registry: Rationale, design, and implications	STEMI + COVID confirmed or suspected	To create a multi-site data base entry for this Registry – Multi-site across North America Also, want to compare to historical cohort of US and Canadian groups.	Payam Dehghani pdehghani@mac.com	Not done	CIHR pending for Canadian historical cohort; substudies includes US/Canadian comparison/ EKG Core Lab substudy/ Angio Core lab