We are writing you for your help.

The COVID-19 pandemic is an unparalleled moment in our history, comparable with the emergence of HIV infection in the 1980s. It has understandably rapidly resulted in the upending of our society, massive disruption of healthcare, and widespread fears.

Early advancement in HIV therapeutics was hampered by the sabotaging of clinical trials: patients who were enrolled in randomized clinical trials shared the medications the received (so that there was no difference between the treatment and control arms), there was an early failure to recognize that the benefit of treatment was likely to occur before patients had advanced disease, and some patients and advocacy groups championed “compassionate use” of drugs which appeared beneficial in *in vitro* and animal studies over entry into clinical trials.

We are seeing similar challenges with COVID19. Several agents have shown interest based on *in vitro* and animal data. To date, we have a single clinical trial of 199 patients published early online by the New England Journal of Medicine, comparing lopinavir-ritonavir and placebo in Chinese patients with severe COVID19 infection; this study was published with record speed as a negative study, although unfortunately its premature discontinuation and lack of power have left clinicians with uncertainty over the potential benefit of the lopinavir-ritonavir. A second study, also published online, involves administering hydroxychloroquine with or without azithromycin to 20 patients, and comparing their viral load to a convenience sample of 16 patients. There is no published clinical experimental data supporting the use of tocilizumab or demisivir.

Despite the expectedly marked paucity of informative data on the utility of any of the aforementioned agents in COVID-19, their early adoption in clinical use is widespread. This has been accelerated today by announcements by President Trump who is strongly advocating for widespread use of hydroxychloroquine and azithromycin. This demand is threatening the rapid evaluation of these and other novel treatments, similar to what was experienced with HIV.

Despite clinicians, patients, and other people demanding access to these medications, we believe that it is unethical to expose patients to these drugs—which carry at least as much risk of harm as they do of benefit—outside of clinical trials. Additionally, allowing patients access to these medications outside of clinical trials will deplete our available stock of these drugs, and will jeopardize our ability to properly study their utility in trials that compare study drug versus “standard of care". Such use also threatens the availability of patients who depend on on-label use of these drugs access to them (e.g. hydroxychloroquine for rheumatoid arthritis). Finally, clinicians will most likely be reaching for these drugs when patients are at their sickest—a situation which history dictates is the least likely time to reap a drugs benefit.

We are therefore asking you to use your authority and influence to halt use of all of these agents in COVID19 outside of clinical trials or approved indications.

Sincerely,

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