

1 **Favipiravir for treating novel coronavirus (COVID-19) patients: protocol for a systematic**
2 **review and meta-analysis of controlled trials**

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17 **Strengths and limitations of this study**

18 • In the protocol, all stage of study conducted by two reviewers independently and
19 supervised by a third reviewer.

20 • This systematic review may produce the first meta-analysis that provides evidence
21 regarding the safety and effectiveness of favipiravir on COVID-19 patients.

22 • The small number of studies published in this field when writing a protocol can be one of
23 the most important limitations.

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26 **Favipiravir for treating novel coronavirus (COVID-19) patients: protocol for a systematic**
27 **review and meta-analysis of controlled trials**

28 **Abstract**

29 **Introduction**

30 An outbreak of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) was reported in
31 Wuhan, China in mid-December 2019, and declared a pandemic by the World Health
32 Organization (WHO) on March 11, 2020. Due to the unknown nature of the disease and the lack
33 of specific drugs, several potential treatments were used for patients. This systematic review and
34 meta-analysis will evaluate studies of the effects of Favipiravir in COVID-19 pneumonia.

35 **Methods and analysis**

36 We will search electronic databases including LitCovid hub, PubMed, Scopus, ISI web of
37 Sciences, Cochrane, and Embase using keywords related to COVID-19 and Favipiravir. We will
38 search the reference lists of all included studies and reviews. We will also search for clinical trial
39 registries, such as clinicaltrial.gov for the ongoing clinical trials. Two investigators (MAZ and
40 SH) will independently screen titles, abstracts, and full-text of included studies based on
41 eligibility criteria. These investigators will also independently extract data and appraise the
42 quality of studies. All potential discrepancies will be resolved through consultation with the
43 third reviewer. Data synthesis will be conducted using the Review Manager software (version
44 5.3) or CMA (version 2). Statistical heterogeneity will be assessed using a standard I^2 test. A
45 funnel plot, Egger's test, and Begg's test will be used for asymmetry to explore possible
46 publication bias.

47 **Ethics and dissemination**

48 The findings of this systematic review with proportional meta-analysis will help to identify the
49 safety and efficacy of Favipiravir for COVID-19 patients. Knowledge gained from this research
50 will also assist physicians in selecting better treatment options and developing a guideline in this
51 field.

52 PROSPERO registration number: CRD42020180032

53 **Introduction**

54 An outbreak of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) was reported in
55 Wuhan, China in mid-December 2019, and declared a pandemic by the World Health
56 Organization (WHO) on March 11, 2020^{1, 2}. Novel coronavirus 2019, named COVID-19 by
57 WHO, characterized by several symptoms including fever, cough, and shortness of breath. This
58 disease is more severe in men, the elderly, and people with other chronic health conditions, such
59 as high cardiovascular disease, diabetes, chronic respiratory disease, and hypertension^{3, 4}. As of
60 14 April 2020, nearly 2,000,000 people have been diagnosed with COVID-19 and about 120,000
61 deaths in the world⁵.

62 As escalating pandemic of COVID-19 and potential impact on global health preparing effective
63 therapeutic options is urgently needed⁶. In addition to other drugs such as lopinavir, ritonavir,
64 ribavirin, and chloroquine phosphate, which are used to treat this disease, the use of Favirapir
65 is also being initiated in many clinical trials^{7, 8}. Favipiravir is a purine nucleic acid analog and
66 virus RNA dependent RNA polymerase (RdRp) inhibitors that sold under the brand name
67 Avigan, which is an antiviral medication approved in 2014 by Japan Pharmaceuticals and
68 Medical Devices Agency for the treatment of influenza A virus infection. It is also being studied
69 to treat several other viral infections including COVID-19^{9, 10}.

70 While the use of Favipiravir drug is being applied for the treatment of COVID-19 patients,
71 uncertainty remains about its safety and effectiveness. Therefore, we aim to systematically
72 review the available literature of the application of Favipiravir in COVID-19 patients to examine
73 the empirical evidence of the effects of this drug for COVID-19 pneumonia. We intend to
74 provide vigorous evidence for clinical practice in treating COVID-19 patients.

75 **Methods and analysis**

76 *Protocol and registration*

77 This protocol has been registered in the PROSPERO International Prospective Register of
78 Systematic Reviews (CRD42020180032), on 5 February 2020. We have arranged this protocol
79 following the Preferred Reporting Item for Systematic Review and Meta-analysis (PRISMA-P)

80 statement (Appendix 1)¹¹. Also, this systematic review and meta-analysis will report according
81 to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)
82 statement¹².

83 *Eligibility criteria*

84 All types of clinical trials (study design) that have investigated the safety and efficacy of
85 Favipiravir (intervention) compared with other control groups (comparison) for treatment of
86 patients with confirmed infection with SARS-CoV2 (population) will be included. There will be
87 no restrictions concerning gender, age, ethnicity, blinding, follow-up, or publication status.
88 Publications in English and Farsi will be included. Survival of the patients at the end of treatment
89 and follow up will be the primary outcome, followed by the time and rate of the patient with a
90 negative test for the COVID-19. Additional outcomes will consist of a decreased rate of
91 symptoms, proportion transferred to the ICU, length of stay in the hospital, ICU length of stay,
92 quality of life, and adverse events (outcomes). Articles with unavailable full text in English or
93 Farsi languages or whose full text is not accessible will be excluded from the study. Also, studies
94 that have insufficient or incomplete data will not be incorporated.

95 *Information sources and search strategy*

96 Two independent reviewers (MA-Z and SH) will search electronic databases including PubMed,
97 Scopus, ISI web of Sciences, Cochrane, Embase, LitCovid hub¹³, and Scientific Information
98 Database¹⁴ using keywords combination (MeSH term and free term), such as "2019 nCoV" OR
99 2019nCoV OR "2019 novel coronavirus" OR COVID-19 OR "new coronavirus" OR "novel
100 coronavirus" OR "SARS CoV-2" OR (Wuhan AND coronavirus) OR "SARS-CoV" OR "2019-
101 nCoV" OR "SARS-CoV-2" and Favipiravir OR Avigan. We will search the reference lists of all
102 included studies, reviews, and clinical trial registries, for an ongoing clinical trial (see Appendix
103 2 for the final proposed PubMed search strategy).

104 *Study records*

105 After importing records to EndNote X7 software and removing duplicate records, two reviewers
106 (SH and DGh) will independently screen titles, abstracts and full-texts of included studies based
107 on predefined eligibility criteria to identify studies concerning safety and efficacy of Favipiravir

108 among patients with COVID-19. A kappa (κ) statistic will be used to calculate the extent of
109 inter-observer agreement on the independent inclusion of articles. All potential discrepancies
110 will be resolved by consultation with a third reviewer (MA-Z).

111 *Data extraction and data items*

112 Two reviewers (SH and DGh) will independently extract data from included studies using a pre-
113 piloted data extraction form. We will pilot this form using at least three examples of included
114 studies, and if there is an agreement above 90%, it will be approved. The data extraction form
115 includes the following items; authors name, year of the publication, study design, study sample,
116 country of origin, mean age of participants, gender, the severity of diseases, comorbidities, type
117 of intervention and dose, control group, follow up, randomization, blinding, allocation
118 concealment, primary and secondary outcomes, and adverse events. All potential discrepancies
119 will be resolved by consultation with a third reviewer (MA-Z).

120 *Risk of bias in individual studies*

121 Two reviewers (SH and DGh) will independently assess the risk of bias among the included
122 studies. We will assess the risk of bias of the included studies using Cochrane Collaboration
123 criteria including seven items of selection bias (random sequence generation and allocation
124 concealment), performance bias, detection bias, attrition bias, reporting bias, and other bias. Any
125 discrepancies will be resolved by consultation with a third reviewer (MA-Z).

126 *Data synthesis*

127 Statistical analyses will be carried out using the RevMan software (version 5.3) or CMA (version
128 2). We will conduct analyses employing risk ratios (RR) and mean differences (MD) with 95%
129 confidence intervals for dichotomous continuous data, respectively. Statistical heterogeneity will
130 be tested using Cochran's Q statistic and quantified using the I^2 statistic. If possible, we will
131 perform subgroup analyses based on dose, follow up time, level of disease and age group. The
132 Mantel-Haenszel method and the DerSimonian and Laird inverse variance method will be used
133 for dichotomous outcomes and continuous outcomes, respectively. The fixed or random-effects
134 model will be used to pool the data based on the level of heterogeneity and the number of studies

135 in each unit of analyses. A funnel plot, Egger's test, and Begg's test will be used for asymmetry
136 to explore possible publication bias.

137 **Patients and public involvement**

138 We will not collect primary data, then, ethical approval will not be required.

139 **Ethics and dissemination**

140 The onset of COVID-19 and its subsequent pandemic situation is becoming a substantial global
141 health emergency ¹⁵. This systematic review and meta-analysis will be carried out to investigate
142 the world's relevant literature on the safety and effectiveness of Favipiravir in the treatment of
143 COVID-19 patients. Favipiravir, a purine nucleic acid analog, and potent RdRp inhibitor played
144 an important role in the treatment of influenza and Ebola in recent years ⁹. Several drugs such as
145 chloroquine, arbidol, remdesivir, and favipiravir are currently undergoing clinical studies to test
146 their efficacy and safety in the treatment of coronavirus disease 2019 in many countries such as
147 Iran, Japan and China ^{7, 8}. To date, there is no gold standard for the treatment of COVID-19 as
148 evidence is poor ¹⁶. The findings of this systematic review and meta-analysis will help to
149 evaluate the potential safety and effectiveness of Favipiravir compared to other drugs. We hope
150 the knowledge gained from this research will also assist physicians in selecting better treatment
151 options and developing a guideline in this field.

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158 **Patient consent for publication:** Not applicable

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163 and DGh screened the included studies, Pilot data extraction form, extracted data, and quality
164 appraisal. MA-Z and SH performed meta-analysis. MA-Z and SH wrote the manuscript draft. All
165 authors read, revised and approved the final manuscript.

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