

Table 2: Other outcomes deemed core but not in all COS

Scope of the meta COS: Patients being treated in hospital for confirmed or suspected COVID-19				
Outcome domain	WHO COS [3]	Jin et al [4]	Qiu et al [5]	Tong et al [6]
Key stakeholder groups included; geographical location				
	Health professionals, funders, policymakers; International	Health professionals; China	Health professionals, patients, public; China	Health professionals, patients, public; International
Viral burden		✓	✓	
<i>- text describes additional information in each COS</i>	In a study of hospitalised patients with COVID-19 confirmed, the time to viral load negativity would not be a core outcome since molecular testing capacity would be limited and serial assay not possible in many situations.	Time to 2019-nCoV RR-PCR negativity	Time taken by SARS-CoV-2-RNA to become negative Proportion of patients negative for SARS-CoV-2 Declining speed of SARS-CoV-2 Viral load	
Respiratory rate		✓	✓	
<i>- text describes additional information in each COS</i>		Respiratory rate	Improvement in respiratory rate Time to achieve a normal respiratory rate	

Oxygen saturation		✓	✓	
<i>- text describes additional information in each COS</i>		Oxygen saturation	Blood oxygen saturation or prevalence of improvement	
Oxygen intake			✓	
<i>- text describes additional information in each COS</i>			Oxygen intake: -Duration of supplemental oxygenation -Frequency of requirement for supplemental oxygen -Prevalence of supplemental-oxygen requirement -Oxygen-intake method	
Mechanical ventilation		✓	✓	
<i>- text describes additional information in each COS</i>		PaO2/FiO2 Respiratory failure occurred and mechanical ventilation required Duration of mechanical ventilation	PaO2/FiO2 Mechanical ventilation: -Duration of mechanical ventilation -Frequency of requirement for mechanical ventilation -Prevalence of mechanical ventilation	
Pulmonary imaging		✓	✓	
<i>- text describes additional information in each COS</i>		Lesions progression within 24–48 h in pulmonary imaging	Inflammation absorption or time to recovery	

<p>Length of hospital stay</p> <p><i>- text describes additional information in each COS</i></p>		✓		
<p>Clinical symptom: fever</p> <p><i>- text describes additional information in each COS</i></p>		✓	✓	
<p>Clinical symptom: cough</p> <p><i>- text describes additional information in each COS</i></p>		✓		

Clinical symptom: fatigue <i>- text describes additional information in each COS</i>		✓		
		Score of clinical symptoms: a total score of six common and important clinical symptoms, including fever, cough, fatigue, shortness of breath, diarrhea, and body pain, each of which can be scored as 0 (no), 1 (mild), 2 (moderate), or 3 (significant).		
Clinical symptom: shortness of breath <i>- text describes additional information in each COS</i>		✓	✓	✓
		Score of clinical symptoms: a total score of six common and important clinical symptoms, including fever, cough, fatigue, shortness of breath, diarrhea, and body pain, each of which can be scored as 0 (no), 1 (mild), 2 (moderate), or 3 (significant).	Dyspnea prevalence Prevalence of dyspnea clearance	Shortness of breath
Clinical symptom: diarrhea <i>- text describes additional information in each COS</i>		✓		
		Score of clinical symptoms: a total score of six common and important clinical symptoms, including fever, cough, fatigue, shortness of breath, diarrhea, and body pain, each of which can be scored as 0 (no), 1 (mild), 2 (moderate), or 3 (significant).		

Clinical symptom score <i>- text describes additional information in each COS</i>		✓	✓	
		Score of clinical symptoms: a total score of six common and important clinical symptoms, including fever, cough, fatigue, shortness of breath, diarrhea, and body pain, each of which can be scored as 0 (no), 1 (mild), 2 (moderate), or 3 (significant).	Clinical symptom score	
Shock <i>- text describes additional information in each COS</i>		✓		
		Shock occurrence		
Organ failure (in addition to pulmonary) <i>- text describes additional information in each COS</i>		✓		✓
		Complicated with other organ failure		Multiorgan failure
Need for ICU treatment <i>- text describes additional information in each COS</i>		✓		
		ICU treatment required		

<p>Recovery</p> <p>- text describes additional information in each COS</p>			✓	✓
			Recovery time or recovery prevalence	
<p>Improvement</p> <p>- text describes additional information in each COS</p>			✓	
			Improvement from severe type to ordinary type	
<p>Progression</p> <p>- text describes additional information in each COS</p>	✓		✓	
	<p>WHO Clinical Progression Scale, measured daily over course of study – relevant components for hospitalised patients:</p> <ul style="list-style-type: none"> - oxygen by mask or nasal prongs; - oxygen by NIV or high flow; - intubation & mechanical ventilation, $pO_2/F10_2 \geq 150$ or $SpO_2/ F10_2 \geq 200$; - mechanical ventilation $pO_2/F10_2 < 150$ ($SpO_2/F10_2 < 200$) or vasopressors; - mechanical ventilation $pO_2/F10_2 < 150$ and vasopressors, dialysis, or ECMO 		Prevalence and time of progressing to severe or critical types	
<p>Inflammation</p> <p>- text describes additional information in each COS</p>			✓	
			CRP level and time for CRP recovery	

Lymphocyte <i>- text describes additional information in each COS</i>			✓	
			Lymphocyte count	
Virus antibody <i>- text describes additional information in each COS</i>			✓	
			Virus antibody level	
Arterial blood-gas analysis <i>- text describes additional information in each COS</i>			✓	
			Arterial blood-gas analysis	
Pneumonia <i>- text describes additional information in each COS</i>			✓	
			Pneumonia severity index	

15th March 2021

[3] <http://www.comet-initiative.org/Studies/Details/1528>

Lead: John Marshall, University of Toronto, Canada on behalf of the WHO Working Group on the Clinical Characteristics of COVID-19 infection

Summary: WHO has published a master protocol for COVID-19 studies, which recommends the outcomes to be measured in each of these. The WHO Working Group undertook a consensus exercise to agree a COS and the report is now published: [https://doi.org/10.1016/S1473-3099\(20\)30483-7](https://doi.org/10.1016/S1473-3099(20)30483-7)

[4] <http://www.comet-initiative.org/Studies/Details/1523>

Lead: Junhua Zhang, Evidence-Based Medicine Center, Tianjin University of Traditional Chinese Medicine, Tianjin, China

Summary: This COS is published - <https://www.sciencedirect.com/science/article/pii/S2095809920300424?via%3Dihub>

A Case Report Form for this COS has been drafted. Please contact Janneke van't Hooft, janneke@stanford.edu, to obtain a copy.

[5] <http://www.comet-initiative.org/Studies/Details/1507>

Lead: Ruijin Qiu, Dongzhimen Hospital, Beijing University of Chinese Medicine, China

Summary: The COS is now published: <https://www.frontiersin.org/articles/10.3389/fphar.2020.00781/full>

[6] <http://www.comet-initiative.org/Studies/Details/1548>

Lead: Allison Tong, University of Sydney, Australia

Summary: This COS is now published: https://journals.lww.com/ccmjournal/Fulltext/2020/11000/Core_Outcomes_Set_for_Trials_in_People_With.10.aspx

The study has a particular focus on patients, family and community members. You can visit the website for more information about this study: <https://www.covid-19-cos.org>.