

## From Coincidences to Coincidences, Covid and the “Boston Connexion” Serves Gilead’s Remdesivir?

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We bring to the attention of our readers this important article of France Soir, translated from the French (by France Soir)

*Each day brings new developments in what is now commonly known as the “LancetGate”. The WHO’s latest flip-flop, relayed by the many media who quickly relayed the fray against HCQ in the study published on May 22, is a perfect illustration of this. As is the one announcing tonight that [The Lancet is withdrawing the Mehra et al. study](#) after much criticism.*

France Soir, far from following the media wolf pack, puzzled by these disturbing results, had already obtained and published on May 23 an [exclusive interview with Dr. Mehra](#), the main author of this study.

[The often evasive answers produced by Dr Mandeep R. Mehra](#), a physician specializing in cardiovascular surgery and professor at Harvard Medical School, did not produce confidence, fueling doubt instead about the integrity of this retrospective study and its results.

We have already published the results of our initial investigations [in several articles](#). However, the reported information that Dr. Mehra had attended a conference sponsored by Gilead – producer of remdesivir, a drug in direct competition with hydroxychloroquine (HCQ) – early in April called for further investigation.

It is important to keep in mind that Dr. Mandeep Mehra has a practice at the Brigham and Women’s Hospital (BWH) in Boston.

The study published on May 22 in The Lancet, based on the collection, processing and analysis of massive data from the shared medical records of 96,032 patients in 671 hospitals worldwide by Surgisphere, was preceded by another study published on May 1<sup>st</sup>, 2009 in the New England Journal of Medicine, where Dr. Mehra was also the main author.

That study relied on the shared medical records of 8,910 patients in 169 hospitals around the world, also by Surgisphere.

Funding for the study was “Supported by the William Harvey Chair in Cardiovascular Medicine at Brigham and Women’s Hospital. The development and maintenance of the collaborative surgical outcomes database was funded by Surgisphere.”

The study published on March 1<sup>st</sup> sought to “... assess the relationship between cardiovascular disease and drug therapy with in-hospital death in patients hospitalized with Covid-19 who were admitted between December 20, 2019 and March 15...”.

The study published on May 22 sought to evaluate the efficacy or otherwise of chloroquine and hydroxychloroquine, alone or in combination with a macrolide antibiotic.

It is therefore noteworthy that within 3 weeks, 2 large observational retrospective studies on large populations – 96,032 and 8,910 patients – spread around the world were published in two different journals by Dr. Mehra, Dr. Desai and other co-authors using the database of Surgisphere, Dr. Desai’s company.

These two practising physicians and surgeons seem to have an exceptional working capacity associated with the gift of ubiquity.

The date of May 22 is also noteworthy because on the very same day, the date of the publication in The Lancet of the highly accusatory study against HCQ, another study was published in the New England Journal of Medicine concerning the results of a clinical trial of...remdesivir.

In the conclusion of this randomized, double-blind, placebo-controlled trial, “remdesivir was superior to placebo in shortening the time to recovery in adults hospitalized with Covid-19 and evidence of lower respiratory tract infection.”

Concretely: on the same day, May 22nd, one study demeaned HCQ in one journal while another claimed evidence of attenuation on some patients through remdesivir in another journal.

It should be noted that one of the main co-authors, Elizabeth “Libby” Hohmann, represents one of the participating hospitals, the Massachusetts General Hospital in Boston, also affiliated with Harvard Medical School, as is the Brigham and Women’s Hospital in Boston, where Dr. Mandeep Mehra practices.

Coincidence, probably.

Upon further investigation, we discovered that the first 3 major clinical trials on Gilead’s remdesivir were conducted by these two hospitals:

“While COVID-19 continues to circle the globe with scientists following on its trail, Massachusetts General Hospital (MGH) and Brigham and Women’s Hospital (BWH) are leading the search for effective treatment.

“Both hospitals are conducting clinical trials of remdesivir.”

MGH has joined what the National Institute of Health (NIH) describe as the [first clinical trial](#) in the United States of an experimental treatment for COVID-19, sponsored by the National Institute of Allergy and Infectious Diseases, part of NIH. MGH is currently the only hospital in New England to participate in this trial, according to a list of sites shared by the hospital.

“It’s a gigantic undertaking, with patients registered in some 50 sites across the country, getting better.

“The NIH trial, which can be adapted to evaluate other treatments, aims to determine whether the drug relieves the respiratory problems and other symptoms of COVID-19, helping patients leave hospital earlier.

As a reminder, the NIAID/NIH is led by Antony Fauci, a staunch opponent of HCQ.

Coincidence, probably.

“At the Brigham, two additional trials initiated by Gilead, the drug developer, will determine whether it alleviates symptoms in patients with moderate to severe illness over five- and ten-days courses. These trials will also be randomized, but not placebo controlled, and will include 1,000 patients at sites worldwide. Those patients, noted Francisco Marty, MD, Brigham physician and study co-investigator, will likely be recruited at an unsettlingly rapid clip.”

As a result, the first major clinical trials on remdesivir launched on March 20, whose results are highly important for Gilead, are being led by the MGH and BWH in Boston, precisely where Dr. Mehra, the main author of the May 22nd HCQ trial, is practising.

Small world! Coincidence, again, probably.

Dr. Marty at BWH expected to have results two months later. Indeed, in recent days, several US media outlets have reported Gilead’s announcements of positive results from the remdesivir clinical trials in Boston:

“Encouraging results from a new study published Wednesday on remdesivir for the treatment of patients with COVID-19.

Brigham and Dr. Francisco Marty worked on this study, and he says the results show that there is no major difference between treating a patient with a five-day versus a 10-day regimen.

“Our understanding of the spectrum of severity of SARS-CoV-2 infection and the presentations of COVID-19 continues to evolve,” said Francisco Marty, MD, a physician specializing in infectious diseases at Brigham and Women’s Hospital and Associate Professor of Medicine at Harvard Medical School.

“Gilead Announces Results of Phase 3 Remdesivir Trial in Patients with Moderate COVID-19

- One study shows that the 5-day treatment of remdesivir resulted in significantly greater clinical improvement compared to treatment with the standard of care alone
- The data come on top of the body of evidence from previous studies demonstrating the benefits of remdesivir in hospitalized patients with IDVOC-19

“We now have three randomized controlled trials demonstrating that remdesivir improved clinical outcomes by several different measures,” Gilead plans to submit the complete data for publication in a peer-reviewed journal in the coming weeks.

These results announced by Gilead a few days after the May 22 publication of the study in the Lancet demolishing HCQ, a study whose main author is Dr. Mehra, are probably again a coincidence.

So many coincidences adds up to coincidences? Really?

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