Washington University School of Medicine Leads Development of a New COVID-19 Risk Assessment Tool for Comparing New Therapies and a Registry Towards Developing an Improved Approach for Future Respiratory Pandemics

Lead by Washington University, researchers in the field of critical care outcomes have collaborated to set up an open-access website that provides an outcome risk assessment calculator for severe COVID-19 patients getting various treatments. https://covid19score.azurewebsites.net/

The website's Registry also enables easy point and click capabilities to collect data on patients admitted to ICUs with COVID-19 worldwide. The resulting database will be analyzed to create better predictive models for a second wave of COVID-19 and for future respiratory pandemics.

In this current COVID-19 pandemic, there are now more than 100 different drugs being evaluated for treatment of severely ill patients. The newly released TOWARDS A COVID-19 SCORE™ (TACS) risk-assessment tool can help improve the precision of these clinical trials.
https://www.medrxiv.org/content/10.1101/2020.04.15.20066860v1

TACS was developed specifically for patients with severe respiratory distress. It provides a baseline risk assessment for hospital mortality and prolonged mechanical ventilation on ICU admission. Centers now conducting trials of new therapies can access the easy-to-use TACS risk-assessment Calculator for patients in treatment and control arms. This will improve the precision and usefulness of these important therapeutic comparisons.

Those who contribute to the TACS Registry will have the opportunity to store and download their patients' data and to contribute to the aggregate data collected worldwide. This Registry will enable the development and validation of new models that continually assess mortality risk and estimated time on a mechanical ventilator for patients with severe respiratory diseases. Users who contribute patient data and outcomes will be able to apply for access to the aggregate data to perform their own analyses.

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