**Supplement 7. Data Extraction Outcomes.**

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| **Author** | **Mortality Definition**(short-term, e.g 28-day, 30-day, in-hospital, overall) | **Mortality (%)****(quantification)** | ***Effect on Mortality******(summary described in words)*** | **Viral Clearance****Definition**(i.e. according to RT-PCR in respiratory specimens) | **Viral clearance (days)****(quantification)** | ***Effect on viral clearance*** ***(summary described in words)*** | ***Effect on Length of hospital stay (days)*** | ***Effect on need for mechanical ventilation (%)*** | **Oxygenation Definition**(as defined by the investigators) | ***Effect on oxygenation (quantification)*** | ***Effect on respiratory secondary outcomes (time on ventilator/ventilator free days)*** | ***Effect on secondary infection*** |
| **Angus REMAP-CAP****ref 34** | In-hospital Mortality | Fixed 7 day course of hydrocortison30% (41/137)Shock-dependent course of hydrocortison26% (37/141)Placebo33% (33/99) | Relative to the no steroids group, the median adjusted odds ratios from the primary model were (fixed dose) 1.03 (95 CI 0.53-1.95), (shock dose) 1.10 (95 CI 0.58-2.11) yielding 54% and 62% Bayesan posterior probabilities of superiority. | NR | NR | NR | Mean adjusted hazard ratio length of stay hospitalFixed 0.99Shock0.94Probability of superiority of hydrocortisonFixed 43%Shock 31% | NR | NR | NR | Mean adjusted odds ratio Respiratory support free daysFixed 1.45Shock 1.31Probability of hydrocortison superiorityFixed 94%Shock 85% | NR |
| **Bani-Sadr****ref 39** | Death within 16 days median | Before-periode(Corticosteroids not recommended): n = 17 (20%)After-period (use of corticosteroid therapy): n = 31 (18%) | The after period was not associated with a lower risk of death (HR 0.86 95% CI 0.47 – 1.56). | NR | NR | NR | NR | NR | The after period (use of corticosteroids) more frequent oxygen therapy was required). | Oxygen use Beforen = 52 (61,9%)Aftern = 125 (76,7%)Maximal oxygen therapyBefore 5 litresAfter 5,7 litres | NR | Antibiotic therapyBefore 80 (95%)After 162 (95,9%)(broad spectrum antibiotics) |
| **Cao et al.****ref 80** | Overall mortality | Overall mortality 16,7%Died in corticosteroid group n=11/51 (64.7%) p=0.184 | No differences in mortality among those who did or did not receive steroids. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Chen Zhu Hong****ref 70** | NR | NR | NR | A cycle threshold (Ct)value of 40 or more was defined as negative in at least two sequential respiratorytract samples collected at more than a 24 -h interval | Median duration of viralshedding since illness onset18.0 days corticosteroids vs. 12.0 days no corticosteroidsP<0.001Hazard ratio (95% CI) 0.60 (0.39–0.94) P=0.024 | Corticosteroid use wasassociated with delayed clearance of viral RNA | NR | NR | NR | NR | NR | NR |
| **Chroboczek et al.****ref 72** | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | Corticosteroid therapyaffected the risk of intubation with a risk difference (ATE) of -47.1% (95% CI -71.8 to -22.5)Odds ratio (95% CI) < 0.001 (3.24 x 10-06 to .09) p=.004 | NR |
| **Dequin(CAPE COVID)****ref 35** | Death on day 21 | Steroid n=11 (14,7%)Placebo n= 20 (27,4) | The observed post hoc analysis of proportions of death at day 21 was not statistically significant. Study underpowered due to stop of the trial. | NR | NR | NR | NR | Day 21 Steroid: n=17 on mechanical ventilation(22.7 %)Placebo:n= 17 on mechanical ventilation (23,3 %) | Day 21High flow oxygen therapy versus Low flow oxygen therapy | High flowSteroids n=3 (4%)Placebo:n=0 0%)Low Flow OxygenSteroids n=1 (1,3%)Placebo n=4 (5,5 %) | Prone positionSteroid: 36 (47%)Placebo:39 (53,4%)ECMOSteroid 2 (2,7%)Placebo:2 (2,7%)Inhaled nitric oxide(iNO):steroids 5 (6.7%)placebo 11 (15%) | infections on day 28Steroids:n=28 (37,7%)Placebo:n=30 (41%) |
| **Fadel et al****ref 38** | In-hospital all-cause mortality. | Standard of care: n=21, 26.3%Early steroid: n=18, 13.6%OR 0.45 (95% CI 0.22-0.91)p=0.024 | methylprednisolone had a reduced rate of the pri-mary composite endpoint of death, ICU transfer, and mechan-ical ventilation | NR | NR | NR | median hospital length of stay in daysStandard of care: n=8 (5-14)Early steroid: n=5 (3-7)p<0.001 | Overall:Standard of care:n= 36 (44.4%)Early steroid: n=38 (28.8%)p=0.020Respiratory failure requiring mechanical ventilation:Standard of Care: n=26 (36.6%)Early steroid: n=26 (21.7%)p=0.025 | NR | NR | NR | NR |
| **Fang Mei Yang****ref 40** | NR | NR | NR | ∼2–3 throat swabs or sputumsamples were routinely collected once per week from all patientsfor reverse transcription-polymerase chain reaction (RT-PCR) test-ing to assess viral clearance. If the RT-PCR test result was nega-tive, the test was repeated the next day to avoid false-negative re-sults. | Time to SARS-CoV-2 RNA clearance (days),mean ± SDSevere patients:Steroid: 18.8±5.3Non-steroid: 18.3±4.2 | there was no significant differ-ence identified in both patients in the general groupand patients in the severe group | NR | NR | NR | NR | NR | NR |
| **Feng Ling Bai****ref 66** | Overall mortality | death in critical patients n=21/52 (40.4%) | NR | NR | NR | NR | Hospital length of stay - daysSteroids: 22 days (17-32)Non-steroid: 15 days (11-22)p<0.001 | NR | NR | NR | NR | NR |
| **Fernandez Cruz****ref 41** | In-hospital mortality | Steroids: n=16, 13.9%Controls: n=55, 23.9%HR 0.36 (95% CI 0.14-0.93)p=0.035 | In-hospital mortality was lower in patients treated with steroids than in controls.Steroid treatment reduced mortality by 41.8% relative to no steroidtreatment (relative risk reduction, 0.42 [95% confidence interval, 0.048 to 0.65]). | NR | NR | NR | NR | NR | PaO2/FiO2 (mmHg) | Steroids: 263 (112.1)Controls: 267 (78.9)p=0.878 | NR | NR |
| **Gazzaruso****ref 42** | NR | 0% vs. 36.5% in ‘without steroids’ | NR | NR | NR | NR | NR | NR | NR | Oxygen saturation 90.7% versus 88.0% (no corticosteroids) | NR | NR |
| **Gong Guan Jin** **ref 43** | NR | NR | NR | The timeof viral nucleic acid negative conversion is calculated as the timeinterval between the two consecutive negative detections of newcoronavirus nucleic acid and the onset of illness | Steroid: 29.11±6.61Non-steroid: 24.44±5.21p<0.05 | Time required for nucleic acidnegative conversion in the corticosteroids treatment group waslonger than that in the non‐corticosteroids treatment group | NR | NR | P/F ratiommHg | Steroid: 236.61 ± 47.13Non-steroid:358.19 ± 38.82 | Corticosteroids therapy can ef-fectively improve oxygenationand prevent disease progression. | NR |
| **Horby****ref 23** | 28-day mortality | Dexamethasone: 22.9%Usual care: 25.7%(rate ratio, 0.83; 95% con-fidence interval [CI], 0.75 to 0.93; P<0.001) | Mortality at 28 days was significantly lower inthe dexamethasone group than in the usual care group | NR | NR | NR | Median duration of hospitalizationDexamethasone: 12 daysUsual care: 13 days | Dexamethasone: 5.7%Usual care: 7.8% | NR | NR | The risk of progression to invasive mechanicalventilation was lower in the dexamethasonegroup than in the usual care group (risk ratio,0.77; 95% CI, 0.62 to 0.95) | NR |
| **Huang Song Xu****ref 45** | Death rate | n= 0/11,0% low dose versus n=2/10, 20% high dose | There were no significant differences in death rate | NR | NR | NR | the duration of hospitalizationwas significant longer in the high-dose groupmean23.3 days (low-dose) versus 32.3days (high-dose)p=0.01 | NR | NR | NR | Respiratory supportmean13.3 days (low-dose) vs. 11.6 days (high-dose).Not significant | NR |
| **Huang Yang Shang****ref 81** | NR | 0% | There wereno statistically significant differences between the 2groups inadministration ofglucocorticoid | NR | NR | NR | NR | NR | NR | NR | NR | Four of 34 patients developedsecondary infections, but there were no statistically sig-nificant differences between the improvement and deteri-oration subgroups. |
| **Hu wang hu****ref 44** | Mortality | 0% | NR | A cycle threshold value (Ct-value)of 40 or more for the two genes was defined as negative. | Median Daysglucocorticoid group: 18 days (15−23) versus non-glucocorticoid group 20 days (18−23)p= 0.55 | There was no significant difference with regard to the negativeconversion rate of viral nucleic acid and duration time of negativetransformation of viral nucleic acid between the glucocorticoid therapyand the non-glucocorticoid therapy groups. | NR | NR | NR | NR | There was no statistical difference inthe cure rate of COVID-19 pneumonia patients between the gluco-corticoid therapy and non-glucocorticoid therapy groups (73 [84.9 %]vs 15 [83.3 %], p = 0.85). | NR |
| **Jeronimo****ref 36** | 28-day mortality | Steroids: 37.1% versus 38.2% placeboP=0.629 | no evidence of improved survival in the overall population with a short course ofintravenous methylprednisolone.However, a subgroup analysis found a lowermortality in patients over 60 years who received methylprednisolone. | NR | NR | NR | median days: methylprednisolone 10 days versus 9 days placebop=0.296 | Need for mechanical ventilationMP 34% versus placebo 33.7%  | NR | NR | No significant difference was seen between patients. | Sepsis was not higher in patient using methylprednisolone |
| **Keller** **ref 73** | in-hospital mortality | Odds radtio 1.13 (0.71-1.80) | Early treatment with glu-corticoids is not associated with decreased mortality. | NR | NR | NR | NR | Mechanical ventilationOdds ratio 1.55 (0.88-2.73) | NR | NR | Early treatment with glu-corticoids is not associated with decreased need for mechanical ventilation . | NR |
| **Li Hu Song****ref 46** | NR | NR | NR | No definitionsuggestion from manuscript is that HR eludes to risk of no more viral shedding after 30 days  | high-dose (80 mg/day; aHR, 0.67 [95%CI, .46–.96]; P = .031) versus low-dosecorticosteroids (40 mg/day; aHR, 0.72[95% CI, .48–1.08]; P = .11)  | high-dose (but not low-dose)corticosteroids potentiallydelayed viral shedding of patients withCOVID-19. | NR | NR | NR | NR | NR | NR |
| **Li Li Yin** **ref 47** | In-hospital-mortality | Corticosteroids n=1/55, 1.8%. Non corticosteroids 0/55, 0%. | There was no significant difference between the two groups in mortality

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 | Two consecutive negative tests for SARS-CoV-2 with at least 24-h intervals. | Median days Corticosteroids 18 days versus non-corticosteroids 11 days. P<0.001 | Prolonged virus clearance time in steroid group | Corticosteroid 23 days (17–28) versus non-corticosteroids 15 days (12–20) | NR | NR | NR | NR | Corticosteroids increased the use of antibiotics.corticosteroids = 49 (89.1%) versus non-corticosteroids 13 (23.6%) p=0.001 |
| **Li Zhou li****ref 48** | NR | NR | NR | NR | NR | NR | NR | Mechanical ventilation early-start group 10.6% [5/47]) versus control group 33.3%[7/21]P = 0.037 | NR | NR | The proportion of patients requiring invasive mechan-ical ventilation was significantly lower in the early-start group than in the control group.The duration from onset of symptoms to invasive mechanical ventilation did not significantly differbetween two groups. | NR |
| **Liu Zheng Huang** **ref 50** | NR | NR | NR | SARS-CoV-2 negative-conversion days of each patient | Steroid: 10.0 ± 5.3 daysNon-steroid: 10.0 ± 7.9 days | no statis-tical difference | NR | NR | NR | Oxygenation improved significantly, no numbers reported | NR | NR |
| **Lui Fang Deng** **ref 49** | NR | NR | Treatment neither significantlyshortened the disease course nor improved the prognosis. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Liu Zhang Wu** **ref 82** | In-hospital death | Glucocorticoids group n=76/289, 59.8% | Administrationof glucocorticoids seemed to increase the risk of deterioration to severe disease after admission. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Lu Chen Wang****ref 51** | 28-day mortality | Steroid: n=79/151, 52.3%Non-steroid: n=5/93, 5.4%(adjusted OR 1.05; 95% CI 0.15–7.46)p>0.3 | Every 10-mg increase in dosage was associated with additional 4% mortality risk (adjusted HR 1.04, 95% CI 1.01–1.07) p=0.003 | NR | NR | NR | NR | NR | SpO2/FiO2 (mmHg) | SpO2/FiO2:Steroid: 259 (121-303)Non-steroid: 297 (279-388)p<0.01Case-control:SpO2/FiO2:Steroid: 291 (212–452)Non-steroid: 294 (246–396)p=0.57 | NR | NR |
| **Ma Qi Deng****ref 52** | Non-survivor | Corticosteroid group n=2/47, 4.3% versus non-corticosteroid group n=2/25, 8.0% | Corticosteroid therapy could not reduce the mortality | SARS-CoV-2 RNA RT-PCR tests revealed negative twice | Mean corticosteroid group 16.1 days versus non-corticosteroid group 19.4 days.p=0.184 | Not associated with delayed viral clearance. Time of viral clearance seemed to decrease in corticosteroid group. | Mean corticosteroid group 18.7 days versus non-corticosteroid group 21.0 days.p=0.212 | NR | NR | Mean time of mechanical ventilation corticosteroid group 9.6days versus non-corticosteroid group 12.8 days.p=0.376 | NR | NR |
| **Ma Zeng Zhan****ref 53** | Mortality (not further specified) | n=3/62, 4.8% in severe cases with corticosteroidsn=0/64, 0% in non-severe cases with corticosteroids | it was notpossible to assess the association between corticosteroid use andmortality due to: 1) low death rate among the studycohor; 2) the study was designed and aimed to describe the use ofcorticosteroids among COVID-19 patients rather than assessing theassociation between corticosteroid use and mortality outcome. | viral shedding was defined as the time from the date ofsymptom onset to the date when two consecutive throat-swab with aninterval more than 24 h were negative for viral species. | In severe cases: median 19.0 (cortico +) versus 17.5 daysp=0.123in non-severe casesmedian 20.0 (cortico +) versus 17.0 daysp=0.001 | results demonstrated a significantprolonged viral shedding time existed in nonsevere patientsreceiving corticosteroid treatment. | In severe cases: Median 20 (cortico+) versus 16 daysp=0.091In non-severe cases, median19 (cortio+) versus 12.0 daysP<0.001 | Need for mechanical ventilationIn severe cases: n=9/62, 14.5 % (cortico+) versus n=1/20, 5.0% (cortico-)p=0.461 | NR | NR | NR | Antibioticsin severe cases:95.2%(cortico+) versus 60.0%p<0.001in non-severe cases:79.7%(cortico+) versus 33.9% (cortico-)p<0.001The proportion of patients receiving antibiotic therapyin the corticosteroid group was significantly higher than in thenoncorticosteroid group. |
| **Majmundar****ref 54** | in-hospital death | n=8/60, 14.5% (in steroid versus 34/145, 22% (in non-corticosteroids)p=0.114 | Patients who received corticosteroids werefound to have a lower in-hospital death rate, however not statistical significance likely due to a smaller samplesize. | NR | NR | NR | Length of stay (days), median9 days in corticosteroid-group versus 7 days in non-corticosteroids.p=0.025 | intubated18.9% in corticosteroid-group versus 25.35% in non-corticosteroids.p=0.334 | SpO2/Fio2 ratioMedian | Steroids: 190 (IQR,92.5–298.44) versusNon-steroid: 339.29 (IQR, 278.13–419.05)P < 0.001 | NR | NR |
| **Mikulska****ref 55** | Death during follow-up | methylprednisolone: n=13/45, 28.9%Tocilizumab: n=4/29, 13.8%Combined therapy n=5/56, 8.9% | Early tocilizumab/methylprednisolone improved overall survival | NR | NR | NR | NR | NR | PaO2/Fio2, median mmHg | Methylprednisolone 201 versus tocilizumab 203 | No difference | NR |
| **Nelson****ref 56** | 60-day mortality | Methyprednisolon n=15/48, 31%versusControl 29/69, 42%.p=0.236 | A statistically nonsignificant trend toward reduced mortality in methylprednisolone group | NR | NR | NR | Hospital discharge day 28: steroids 17% versus control 19%.p=.776Hospital discharge day 60 steroids 45% versus control 36%.p=.374 |  | NR | NR | Increased probability of extubation28 day v entilator free-days (mean) 6.21 methylprednisolon versus 3.14 control.p=0.058 | NR |
| **Rodirquez-Bano****ref 57** | 21-day mortality | Intermediate-high dose of corticosteroids(IHDC) 18.8% (22/117)p=0.08(versus no treatment)Pulse dose of corticosteroids(PDC) 10.3% (8/78)p=0.84 (versus no treatment) | No significantassociation between Intermediate-high dose of corticosteroids or combination therapy and outcome. | NR | NR | NR | NR | Mechanical ventilationIHDC 1.7%(2/117)PDC 5.1% (4/78)no treatment 5.5% (19/344) | NR | Need for oxygen suppletionIHDC 6.8% (8/117)PDC 10.3%(8/78)No treatment 4.7%(16/344) | NR | NR |
| **Rubio****ref 68** | In-hospital-mortality | Tocilizumab11.1% (1/9)Hazard ratio 1glucocorticoid pulses8.3% (5/60)Hazard ratio 0.064 (0.03-1.181) p=0.065Combination4.4% (1/23)Hazard ratio 0.02 (0.0004-0.835) p=0.040 | The combination of glucocorticosteroid pulses seems to be associatedwith a better prognosis of the disease, with a clear tendencytowards lower mortality | NR | NR | NR | NR | IntubationTocilizumab16.7% (1/6)Glucocorticoid pulses5% (3/60)Combination 4.4% (1/23) | NR | NR | Lower need for intubation | NR |
| **Salton****ref 58** | 28-day mortality | MP-treated patients n=6/83, 7.2%versusControl-group 21/90, 23.3%p=0.05 | MP-treated patients had a 28 day lower risk of all-cause death than untreated ones | NR | NR | NR | The hospital length of stay did not differ between the groups | Mechanical ventilationMethylprednisolonen=14/83,16.9%versus Control26/289, 28.9%p=0.095 | NR | NR | Significant increasement of mechanical ventilation-freedays (p=0.003) and median invasive mechanical ventilation days in methylprednisolone group (p=0.031) | NR |
| **Shen Zheng Sun****ref 59** | Case fatality rate | Severe patients:Glucocorticoids: 13.04%No glucocorticoids: 0%p=0.681All patients (mild+severe)Glucocorticoids: 12%No glucocorticoids: 0%p<0.05 | As deaths only occurred in the severe-critical group, this comparison was inadequate to draw inferences on the impact of glucocorticoid use. | Time from onset to negative nucleic aciddetection in pharyngeal swab/blood sample | in median days. Mild patients blood sampleGlucocorticoid: 18 days (11-22)No glucocorticoid: 13 days (9-16)p=0.003Mild patients, pharyngeal swabGlucocorticoid: 8 (6-11)No glucocorticoid: 8 (5-11)p=0.436Severe-critical patients, blood sample:Glucocorticoid: 22.5±8.7No glucocorticoid: 25.7±7.5p=0.502Severe-critical patients, pharyngeal swab:Glucocorticoid: 15.4±7.24No glucocorticoid: 8.3±0.58p=0.170 | Patients with mild disease using glucocorticoid tended to have longer viral shedding in blood | Median in total cohort: 15 days | In total cohort 7.1% | NR | NR | NR | NR |
| **Shi Wu Wang****ref 71** | NR | NR | NR | Sheddingcessation was defined as the occurrence of 2 consecutive RT-PCRnegative results of respiratory specimens in a 24-hour interval. | Unadjusted Hazard ratio 0.85 (95% CI 0.46-1.57)P = 0.599Adjusted Hazard ratio 1.00 (95% CI 0.53-1.89)p=0.990 | Corticosteroid treatment was not independent factor of duration of SARS-CoV-2 RNA shedding | NR | NR | NR | NR | NR | NR |
| **Tomazini****ref 37** | All cause mortality 28-days | Dexamethason 85/151 (56.3%)versusStandard care 91/148 (61.5%)Adjusted hazard ratio 0.97 (0.72 to 1.31) p= .85 | Mortality rates were high and not significantly differentbetween groups | NR | NR | NR | NR | NR | NR | Ventilator free days Dexamethasone 6.6 versus Standard care 4.0p=0.04Mechanical ventilation duration in daysdexamethason 12.5 versus standard care 13.9p=0.11 | Intravenous dexamethasone plus standard care, com-pared with standard care alone, resulted in a statistically sig-nificant increase in the number of ventilator-free days (days alive and free of mechanical ventilation) over 28 days. | Secondary infectiondexamethasone 33/151 (21.9%) versus standard care 4/148 (29.1%)Absolute difference (95% CI)7.2 (−3.3 to 17.7) |
| **Wang Jiang He****ref 60** | Mortality rate | Steroid: 2/26 (7.7%)Non-steroid: 0/20 (0%)p=0.714 | Nosignificant difference of mortality rate was observed betweenthe two groups (P = 0.714). | NR | NR | NR | NR | Steroid: 11.5% (3/26)Non-steroid: 35% (7/20)p=0.05 | NR | Steroid use resulted in faster improvement of SpO2, no numbers reported. | NR | NR |
| **Wang Yang Li****ref 67** | Mortality rate | Corticosteroids-treated group: n=4/10, 40%Overall 5/67, 7.5% of total patients | Because of the limited sample in this work, the correlation be-tween use of corticosteroids and death should be interpreted withcaution. | NR | NR | NR | NR | NR | NR | In corticosteroid group SpO2<90 6/10, 60%,SpO2 >90 4/10, 40% | NR | NR |
| **Whang Zhang Yu****ref 69** | 15-day mortality | Total steroid group 19% (65/341)Low Dose steroid10.4% (26/249)High dose Steroid42.4%(39/92(Low dose versus high dose P<0.0001 | Low-dose glucocorticoid treatment or no glucocorticoid use was associated with a lowerhazard compared with high-dose treatment. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Wu Huang Zhu****ref 62** | 28-day mortality | In critical cases:Corticosteroid group 44% (70/159)versus non corticosteroid-group15.6%(14/90)p<0.001In severe cases:Corticosteroid group15.9% (83/531)versusNon-corticosteroid group2.6% (26/983)P<0.001 | Compared with thenon-corticosteroid group, the in-hospital mortality was sig-significantly higher in the corticosteroid use group. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Wu Chen Cai****ref 61** | NR | Methylprednisolon 46% (23/50)Control61.8% (21/34)p=0.003(Hazard ratio 0.38; 95% CI 0.20-0.72) | Among patients with ARDS, steroids decreased the risk of death compared to non-steroids. | NR | NR | NR | NR | NR | NR | NR | NR | NR |
| **Xu Chen Yuan****ref 63** | In-hospital mortality in 21 days | 1.8% (2/113) of all patientsUnknown how much in the corticosteroid group. | NR | viral RNA clearance in the first 21 days after ill-ness onset.Endpoint: 3 consecutive samples negative, with the first neg-ative sample defining the duration of shedding).a Ct value of 40 or more was defined as a negative result. | In corticosteroid group 40.5% (37/117)viral shedding <15 dayswhile65.4% (76/117) viral shedding≥15 days | Corticosteroid (P = .025)wasrelated to prolonged viral RNA shedding time.OR 1.38, 95% CI .52–3.65 | NR | NR | NR | NR | NR | NR |
| **Yang Lipes****ref 64** | In-hospital mortality | Corticosteroid group: 20%, 3/15. | No comparison to a control group | NR | NR | NR | NR | NR | P/F ratio | An average increase in the arterial partial pressure of oxygen/fraction of inspired oxygen (i.e., P/F) ratio of 44 was detected 24 hours after steroid administration. | NR | NR |
| **Zha Li Pan****65** | NR | 0 patients died | NR | NR | In median days Steroid: 15 days (14-16)Non-steroid: 14 days (11-17)p=0.87 | NR | In median days Steroid: 20 days (18-21)Non-steroid: 17 days (15.5-19.5)p=0.14 | NR | NR | NR | NR | NR |