

Notes from a meeting via Zoom between Dr. Tess Lawrie (TL) and Dr. Andrew Hill (AH)

+/- 12 AM 18th of July, 2021

Conversation lasted approximately 44 minutes.

- Greetings
- TL expressed her concern over the quality of Dr. Hill's review; She remarked that one study was not a RCT although he stated it was. She also asked why one study that reported mortality data was not included in the Meta analysis.
- AH seemed unperturbed by these facts and shrugged them off .
- TL then asked how we both can have the same evidence yet different conclusions.
- AH kept on the referring to other people who were 'saying different things' and who did not agree. He also kept on about IC 50 to which TL expressed that it has no relevance in the meta-analysis in terms of real patients.
- TL also expressed her concern that the report was of very poor quality and contained many flaws.
- AH shrugged.
- TL asked AH to retract the paper and offered to help him correct it.
- AH didn't respond then disagreed with TL. AH seemed to be uninterested in doing any further work on the paper and he seemed satisfied with it as it was.
- TL again asked how we can come up with the same evidence yet different conclusions and expressed that she is a Dr of medicine and has signed the Hippocratic oath, her patients are her first concern.
- TL then enquired why all the data was not graded by him.
- AH showed a screen with metaevidence.org whence the risk of bias he used was derived.
- TL said she would examine the site. She reminded him that if he were to be a co-author on the Cochrane review he would have to do the evidence grading himself .
- TL asked about the author's list and said there was him and somebody from Imperial College and then the rest of the authors are from the trials that he was analysing and said that this was very irregular because it inherently biases the conclusion and which needs to be independent.
- AH replied yes.
- TL then asked him who was giving him input and who was he talking to as there were no other names listed and who was influencing his conclusions. TL mentioned that none of the other authors would have drawn the same conclusions.
- AH said he was in a 'sensitive position' –
- TL mentioned that people were dying and needed this medication. AH might not see it but physicians at the coal-face do.
- AH responded that there are a lot of different opinions about that...

- TL interjected and said that we are the ones looking at the data and it doesn't matter what other people think. We are the ones with the experience to look at the data and reassure everybody that it is a safe and cheap medication. It's very clear.
- AH said that it is not as simple as that...
- TL said we have enough evidence that it is simple and that she was shocked that AH wasn't taking responsibility for his decision.
- TL asked again who was paying him...
- AH said to look at the Metaevidence group who had looked at the data...
- TL interjected to tell him that they have no relevance to the analysis, that there are Cochrane rules on how one evaluates the evidence and individual studies and there are rules on how one interprets the data. One cannot just put in at the end that "there an impression that we need more trials 'cause meta-analyses are not reliable, which I found to be a very bizarre statement. She chatted re Norwegian Cochrane groups rules. **TL said that it is not on to only meta-analyse death when there were many other outcomes available and then call for more trials and put more people at risk. She explained that one can't ethically do more RCT's and say "you've got a 1% chance of dying if you get ivermectin and 8% chance if you are in the control group. Would you like to participate?"**
- AH said that fundamentally both his and TL's conclusions on the survival benefit was exactly the same. Both were both finding a significant effect of survival.
- TL said; I graded my evidence and that I'm absolutely sure it prevents death, we are just not sure by how much.
- TL asked AH again who was influencing his conclusion.
- AH evaded the question and started talking about the metaevidence group....
- TL interrupted; the metaevidnce group had nothing to do with us...
- AH responded; The WHO are also looking at the metaevidence site and there a woman called Dominique Costagliola, a top statistician for the EMEA who looked at the studies and said they said that the quality is not good enough to make a judgement on survival.
- TL replied that AH should trust himself and have the faith to correct his paper.
- AH said that the data right now will not get the drug approved.
- TL said that it wasn't up to AH, he doesn't get to make that decision. That they need to provide the evidence as a Cochrane review and then discuss implementation and what happens.
- TL: The truth will come out. Down the line it will be known all these barriers to the truth being told to the public. This is an opportunity to acknowledge errors in the review, change the conclusions and come on board with the definitive Cochrane review.
- TL: Asked why more trials are needed when we have the evidence. That it is unethical. It smacks of corruption and AH is being played.
- AH expresses that he didn't think so.
- TL said that the review is flawed, it is rushed and not properly put together, the outcomes that are of interest to patients are clinical outcomes and not animal studies...
- AH: There's a big school of thought... that animal studies...
- TL interjected: it's obvious to doctors what counts; if a patient dies it counts... animal studies have no bearing on clinical practice.

- AH said that he was getting the opposite criticism. Everything that we are doing cannot be true.
- TL said that one can't fudge death! Its bad research, she says.
- AH said: Well, it's a difficult situation...
- TL interjected again and said that no it is not; I don't have a paymaster so I can tell the truth.
- AH: I think what's going to happen is that you will complete your Cochrane review which will show the same survival effects that I am showing and you'll reach a conclusion that it's time to stop... what have we got...
- TL interjects and says: We are not just looking at deaths but also time to PCR negativity, mechanical ventilation, positive Covid tests after prophylaxis, admission to ICU's and all the outcomes that are clinically meaningful.
- TL asks: How can you deliberately try and mess it up?
- AH says: It's not messing it up, its saying we need a short time for more studies –that there are already on-going – and we're going to get the results, **rest assured I'm not going to let this last for a long time.**
- **TL interjects. The fact that you are say you are not going to let this last for a long time makes you realise the impact of your work. How long are you going to carry on and let people die unnecessarily? What time-line have you allowed for this then?**
- AH responds that it's all got to go to the WHO, the NIH and the FDA and the EMEA and they've go to decide when they think enough is enough...
- TL responds that how do they decide when nobody is giving them good evidence synthesis; cause AH's certainly not good.
- AH says; well when yours comes out in the very near future at the same time there will be other trials which will nail it.
- TL replies to say that it is already nailed.
- AH says that this is not the view of the WHO or the FDA, it simply isn't. The problem is that if we stop now we might get nowhere, no approval, people will say well that's not enough, they'll say the trials are too small, not properly blinded, not high quality etc. That's the real risk; I don't want to take that risk...
- TL; But you'd rather take the risk of loads of people's lives. If you and I stood together on this we could present a united front and we could make it happen and save lives and prevent NHS workers from getting infected and prevent the elderly from dying.
- AH says a trial in Argentina is about to end, would you stop it?
- TL: we can talk about that, according to our study... maybe 8 deaths. We could probably let them finish... but hospitalised patients who are severely ill I'd say no... if nobody wanted to stop, and then let the trials on mildly ill patients continue...
- AH responds; what about the studies we don't know the results for...Colombia etc.?
- TL says it doesn't matter, we know that if people don't get ivermectin they have a greater chance of dying.
- AH disagrees, saying we've got 2000 with 5000 in trials pending , if we make the claim on the 2000 and the 5000 show something else what do we do?
- TL says they cannot show something else because we have evidence that ivermectin works.... We're getting nowhere because I can see that you have an agenda, whether you admit to it or not and it is to kick this as far down the road as you can. We are not; we are

trying to save lives. That what we do. I'm a doctor and I'm going to save as many lives as I can and I'm going to do that by getting the message on ivermectin though clearly.

- TL says that unfortunately your work is going to impair that and you seem to be able to bear the burden-
- AH says yes.
- TL continues and says - of many many deaths. How are we to work together on this review?
- AH says that he is very happy to give TL as much data as he can so she can do an independent review, looks like the results you are going to get will be very similar but with a greater degree of rigour, I want make sure were also aligned with the people doing living meta analysis and include the metaevidence he was talking to them on a weekly basis trying to update them so that everybody is getting to the same conclusion...if they are not ..
- TL interjects saying; to your conclusion?
- AH responds; no, no, let's talk about the conclusion that the data says and what the implications are, they are two different things. We're agreeing on what the effect of ivermectin is on survival in the current data, what we're not agreeing on is what we should do about it...
- TL says that Its obvious what you do about it, you grade the evidence and you have not graded the evidence...
- AH says; (difficult to hear) it's in the back...
- TL asks; who is paying you?
- AH says; its UNITAID and recites their stock phrase about their research objectives.
- **TL asks; So who's conclusions are those on the review that you have done? Who is not listed as an author who has actually contributed?**
- **AH says well I don't really want to get into it...**
- **TL says that it needs to be clear, I would like to know who are these other voices that are in your paper that are not acknowledged? Does UNITAID have a say, do they influence what you write?**
- **AH answers; yes, UNITAID has a say in the conclusions to the paper.**
- **TL asks who it is in UNITAID giving you an opinion on your evidence.**
- **AH says; well it's just the people there...**
- **TL asks if UNITAID is a charity.**
- **AH responds yes.**
- **TL says so they have a say in your conclusions?**
- **AH says Yes.**
- TL asks if AH could give her a name of a person in UNITAID so that she can share her evidence and help them to understand it.
- AH says he'll think about it and will offer TL a name. He then says it's difficult because he has this role where he's supposed to produce this paper and we're already in a difficult balance that there are some people who say that we are already overstepping the mark and that this is too strident because the mechanism of action doesn't support it, I know I keep on going back to...
- TL interjects asking who are these people saying this?
- AH answers that it's just feedback he's getting form all kinds of different scientists... not just authors.

- TL responds saying that there are other examples of drugs that we don't know how they work but they do work...
- **AH says that the mechanism of action lobby is very strong and its ...**
- TL asks ; who is this lobby? It can only come from vaccines as it's only through them that you have to find the mechanism of action and you have to look at laboratory markers. When you give paracetamol to somebody and the persons temperature goes down you don't look at their blood to see what's going on and if you don't find anything happening you don't say well the person's temperature didn't go down... You can't look at somebodies blood markers and say they can't really have died or not died because we didn't find evidence of it in the mechanism of action.
- Ah remarks that by example, there was a hepatitis drug called Phosofodeclavir (?) earlier this year and there were 3 randomised studies and one non, er, partially randomised study that showed an apparent survival benefit and there were significantly lower rates of hospitalisation of people who took the Phosofodeclavir vs control and the mechanism of action suggested that drug wouldn't achieve the concentrations to get antiviral activity, wouldn't reach the IC50. So the original metaanalysis was presented and a much larger definitive study was set up and at the time, the metaanalysis said we've seen this effect on survival, on hospitalisation, and its too early to tell, we need a larger study, the larger study was ran and showed that actually a slightly higher death rate among the people who took phosphodescalsivir vs placebo, in a large placebo controlled trial. And that an example, a warning from the mechanism of action people of how things can go wrong if you believe preliminary studies. These were...
- **TL says, OK look I can see we have reached a dead end as you seem to have a whole lot of excuses to justify bad research practice so.... I'm really really sorry about this Andy,**
- **AH says; yeah**
- **TL continues; you've been saying quite clearly to me, and in your body language, that you're not entirely comfortable with your conclusions and that you're in a tricky position because of whatever influence people are having on you including the people who have paid you and who have written that conclusion for you. So I'm really sorry cause I was really really really looking forward to working together with you...**
- **AH murmurs; yes**
- TL continues ...and showing a united front and showing...look at us scientists coming together for the truth...
- AH again murmurs; yes
- TL continues; and I'm afraid...
- **AH interjects; you've got to understand I'm in a difficult position I'm trying to steer a middle ground, its extremely hard...**
- **TL interjects; a middle ground ... it's not a middle ground, what you have done is taken a position on the other extreme calling for further trials that are going to kill people... This will come out, and you will be culpable and I don't understand why you don't see that because the evidence it there and you are not just denying it but your work is actually actively obfuscating the truth... you seem like a nice guy but you've kind of been misled somehow.**

- AH responds; well what I hope that this stalemate we're in doesn't last very long, a matter of weeks; I guarantee I'll push for it to last for a short amount of time as possible.
- TL asks; so how long do you think the stalemate will go on for?
- AH responds; from my side every single trial that comes through were going to be aggressively adding it on and I think end of Feb well be there. 6 weeks.
- TL asks; how many people die every day?
- AH; Well there is a whole group of people who think ivermectin is complete rubbish ...
- TL; I'm not talking about them; I'm saying we know the evidence. How many people die a day?
- AH; Oh sure 15 000 people die ...
- TL; ok so its 15 000 times 6 weeks...
- AH says; yes, my goal is to get the drug approved and to do everything I can to get it approve so it reaches...
- TL; you're not doing everything you can, everything you can would involve saying to those people who are paying you I can see this prevents deaths so I'm not going to support this conclusion, anymore, and I'm going to tell the truth... Any way if you want to come on-board with the Cochrane review say now otherwise I'll let the others know ...
- AH responds; What I'm prepared to do is give you everything that comes my way that's public domain that can help you, I think that in terms of the conclusions maybe its better if you write the review with your conclusions and I will try to support you best I can with the data that comes through but for now my responsibility is to get as much support as I can to get this drug approved as quickly as...
- TL; Well you are not going to get it approved the way you've written that conclusion... you've actually shot yourself in the foot, and you've shot us all in the foot, everybody trying to do something good you have actually, completely destroyed it.
- AH responds that that's where we have to agree to differ.
- TL says; Well I don't know how you sleep at night, honestly...
- AH chuckles and says let's leave it there and as I said I'll continue to send you everything I can and let's hope this drug gets approved as soon as possible.
- TL; well it won't be with your help, that for sure.

Conversation ends