Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

laryngeal mask airway (LMA), the i-gel (Intersurgical Ltd, Berkshire, UK). This type of LMA was used in all patients in the control group of our VESPA trial. We agree with Dr Aretha that positive end-expiratory pressure of up to 8 cm H_2O can be safely and effectively delivered through such LMA, because this has been demonstrated previously.[2] Having said so, a key component of our VESPA strategy was the recruitment maneuver that was performed immediately after intubation, which was also repeated if there was any accidental disconnection of the ventilatory circuit. This maneuver involved 10 consecutive breaths with a plateau pressure of 40 cm H_2O and a positive end-expiratory pressure of 20 cm H_2O. These high pressures could not be safely and effectively delivered through any LMA. This is the rationale behind the use of an endotracheal tube for the VESPA strategy. A strategy with all VESPA parameters, except for the recruitment maneuver administered through a second-generation LMA, may be successful as well, but we would need further studies to prove so. Moreover, the main objective of preventing atelectasis is to enhance our yield in the peripheral bronchoscopy that follows (or not) the endobronchial ultrasound scanning. In our practice we use an endotracheal tube for all robotic peripheral bronchoscopies because the robotic arm is designed to dock to an endotracheal tube and not an LMA.

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Limitations on PassItOn Design and Execution Should Temper Negative Conclusions

To the Editor:

The authors of the Passive Immunity Trial for Our Nation (PassItOn) randomized controlled trial conclude that COVID-19 convalescent plasma (CCP) was ineffective in the treatment of hospitalized patients with COVID-19 in this issue of *CHEST*.[1] That conclusion must be tempered by trial design and execution issues that may have been biased against the primary outcome.

CCP is an antiviral agent and generally not beneficial in critically ill patients in whom the disease process is driven by nonviral factors, such as the host response or existing tissue damage. A prior study, available in preprint form in the summer of 2020, demonstrated that patients that received mechanical ventilation did not benefit from CCP.[2] PassItOn included a substantial number of patients whose condition required mechanical ventilation or extracorporeal membrane oxygenation (12.9%) and an additional 23% of patients who received high-flow oxygen therapy or noninvasive ventilation. Other concerns are that approximately 5% of those patients in the treatment group received no CCP and that a further 10.8% of transfused CCP units did not contain neutralizing antibody (nAb). Plotting PassItOn vs other CCP trials finds the PassItOn trial within the plethora of studies with negative results because of late usage and/or low nAb titers (Fig 1).[3] Taken together, the combination of a significant percentage of patients in the post viral stage of illness and inclusion of patients who did not receive nAbs in the treatment group may have obscured any signal of CCP efficacy and led to the negative outcome. CCP that contains sufficient amounts of nAb is a rational, available, and relatively inexpensive treatment for COVID-19 that is effective when used early in the

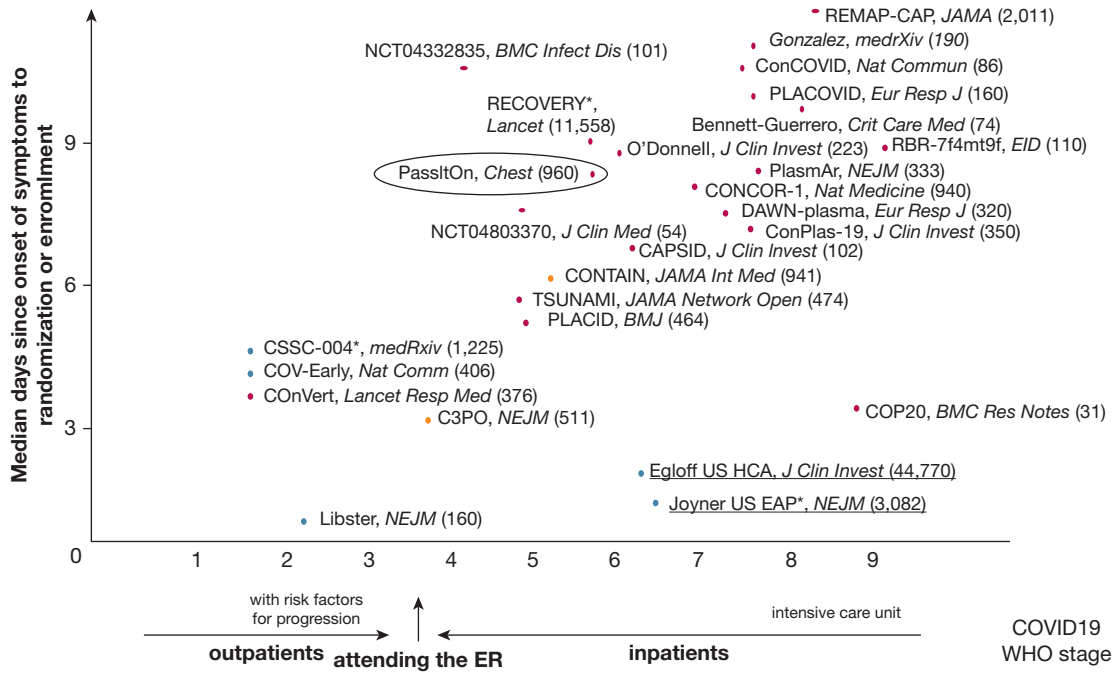

Figure 1 – *COVID-19 convalescent plasma randomized controlled trials and large uncontrolled trials reported as of July 17, 2022, are plotted according to timing of intervention and disease severity (according to World Health Organization 11-category ordinal scale)*[5]*: Blue represents trials that met the primary end point with statistical significance; orange represents trials that failed to meet the primary end point but showed trends in favor of COVID-19 convalescent plasma; red represents trials that failed to show benefit in the primary end point.*

viral stage of disease.[3,4] The negative outcome of PassItOn must be interpreted in that context.

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Late Treatment for COVID-19 With Convalescent Plasma

To the Editor:

We read with great interest the Passive Immunity Trial for Our Nation (PassITON) published in this issue of *CHEST* that reported no difference in a 28-day mortality rate or secondary outcomes between hospitalized