Rapid Response:

Re: Waste in covid-19 research

Dear Editor

Urgent call for greater multilateralism and coordination of COVID-19 trials

Glasziou and colleagues highlight the waste in COVID-19 research which amplifies pre-existing failures.[1] We believe the situation goes beyond waste.

First, delaying publication of trial results once data have been collected and analysed is unethical. It leads to ongoing use of ineffective and potentially toxic compounds, plus avoidable and potentially harmful initiation of new studies using the same compounds.

Second, the sheer number of small trials runs the risk of falsely finding apparent benefit, which is complicated by the potential misuse of such unvetted research by the press and political leaders to encourage unproven treatments.

Third, while we welcome the larger adaptive studies including WHO SOLIDARITY, UK RECOVERY (ISRCTN50189673) and the French DISCOVERY (NCT04315948) trials which are recruiting thousands of participants, many of these are evaluating a remarkably limited list of similar compounds. Virtually all of them include hydroxychloroquine as a key arm, although results from trials to date suggest absence of effect and the risk of severe adverse effects such as QTc prolongation, especially at higher doses and when combined with azithromycin. We need to diversify the agents under investigation.

Fourth, the quality of reporting is worrying. For example, conflicting information on remdesivir based on limited data illustrates a further challenge. A small Chinese trial[2] showed no evidence of efficacy, while a larger US study, only currently reported through a press release, apparently found a 31% reduction in time to recovery.[3] Similarly, the WHO hinted at “potentially positive data” from unnamed drugs.[4] To expedite publication, perhaps researchers and journals can focus on protocol-driven reporting of trial objectives, methods, protocol deviations, results and key limitations. Taking weeks to write elegant discussion sections should be sacrificed. Although, the need to rapidly translate emerging evidence into practice has never been more urgent, this is no excuse for sloppiness, as errors cost lives. Conducting and rapidly reporting high-quality trials is possible but will require a greater multilateralism that seems to currently evade us. Global collaboration on COVID-19 trials is in our enlightened self-interest to pursue and represents the global public-good challenge of our time.

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References

1 Glasziou PP, Sanders S, Hoffmann T. Waste in covid-19 research. BMJ 2020;369. doi:10.1136/bmj.m1847
2 Wang Y, Zhang D, Du G, et al. Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial -. The Lancet Published Online First: 29 April 2020. doi:https://doi.org/10.1016/S0140-6736(20)31022-9
3 NIH Clinical Trial Shows Remdesivir Accelerates Recovery from Advanced COVID-19 | NIH: National Institute of Allergy and Infectious Diseases. http://www.niaid.nih.gov/news-events/nih-clinical-trial-shows-remdesivir... (accessed 15 May 2020).
4 WHO sees 'potentially positive data' in treating coronavirus. Reuters. 2020.https://www.reuters.com/article/us-health-coronavirus-who-idUSKBN22O1HG (accessed 15 May 2020).

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