TGHN Intervention Trial Working Group 1st call Minutes

COVID Hub - Minutes

Date: 27/05/20
Location: Zoom

Introduction

The ongoing establishment of 'COVID-19 working Groups' is addressing the discussion and consensus building around identified research gaps across low resource settings. All attendees of 'open workshops' have been invited to participate by completing a survey and expressing their interest in the 'COVID-19 working Groups'. The purpose of these groups is leading to the creation of communities of practice.

At 13:00 BST on the 27th May, The Global Health Network supported the first virtual meeting for the 'Intervention Trial Working Group'. The meeting was organised in response to questions raised in a COVID Research Hub workshop which highlighted the need for greater discussion of the need for running trials in relation to the COVID-19 pandemic

1) Evaluating interventions for treating COVID-19 including drugs or the development of medical devices;
2) Finding ways to prevent the initial development or recurrence of a COVID-19 in limited-resource settings.

The purpose of this meeting is that teams can be formed from across the globe to share ideas, gather consensus, form collaborations and seek funding. These groups can share and engage widely to support rapid research implementation during this pandemic. We can fully support the operations of these groups and so your precious time can be spent on these key discussions

Attendees

Over 60 people registered to attend from across Africa, Asia and Latin America.

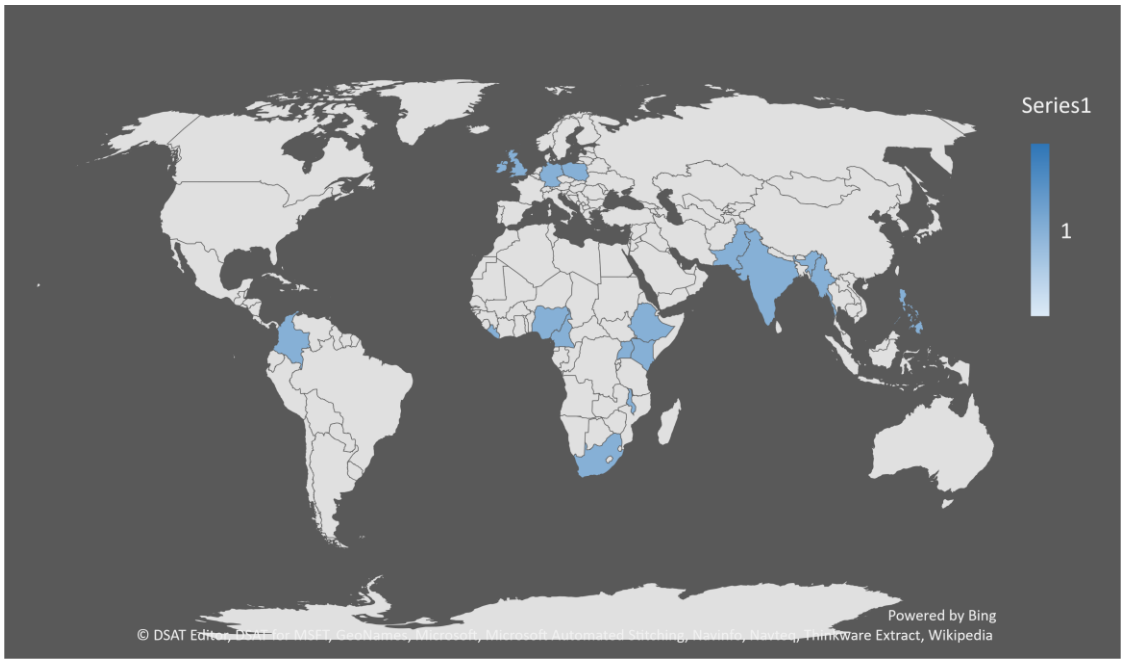

Fig 1. Location of the WG1st meeting attendees.

TGHN team	Trudie Lang, Davide Balardi, Ryan Walker, Jamie Parker, Nicole Feune de Colombi.
Attendees who spoke	Dr Mariam Hassan, Dr Mathildah Chithila-Munthali, Farah Asif, Retha Britz, Welile Sikhondze
	Asmus, Festus Rao, Myra Orunga
Rest of Attendees	Adeniyi Aderoba, Asmus BLT, Santosh Kumar, Elia Kwizera, Farkhanda Ghafoor, Isaac Bulndi, Javier Ibanez, Katherin Cabrera, Kelvin Thiong'o, Myo Khin, Oscar Kaswaga, Liã Bárbara Arruda, Niranja K Matham, Mbunka Muhamed Awolu, Minyanga Nkhoma, Mogana Flomo, Noel Patson, Oumer Berta, Dr Premjeeth Moodbidri, Resen korboi, Dr. Tomabu Adjobimey, Tomasz Urbanik

Summary of comments

Two main themes emerged from the thematic analysis highlighting research priorities within the COVID-19 Intervention Trial Open Working Group 1st meeting (Fig. 2.).

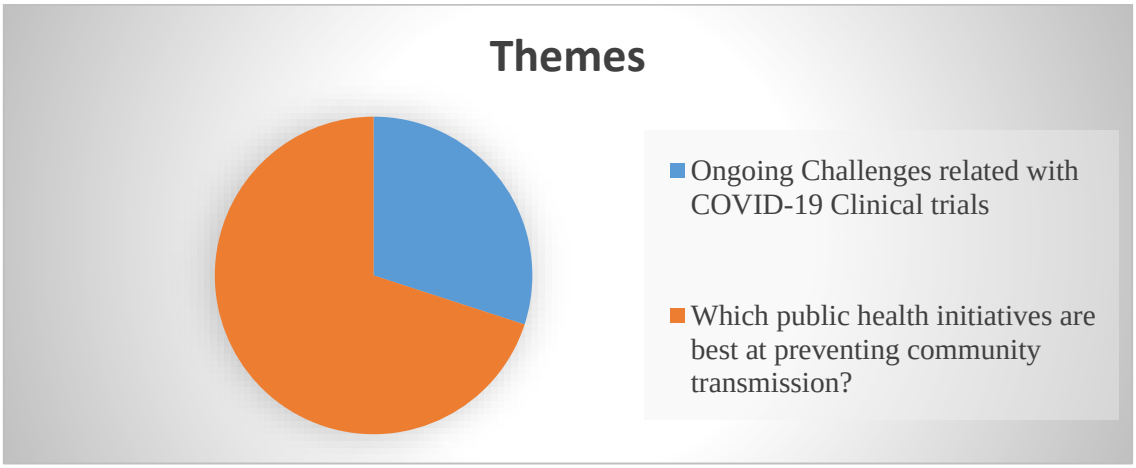

Fig 2. Two main themes for research priority within COVID-19 identified from Intervention Trial Open Working Group 1st meeting feedback review.

Within these it was then possible to categorise the questions, comments, and discussions to further specific areas.

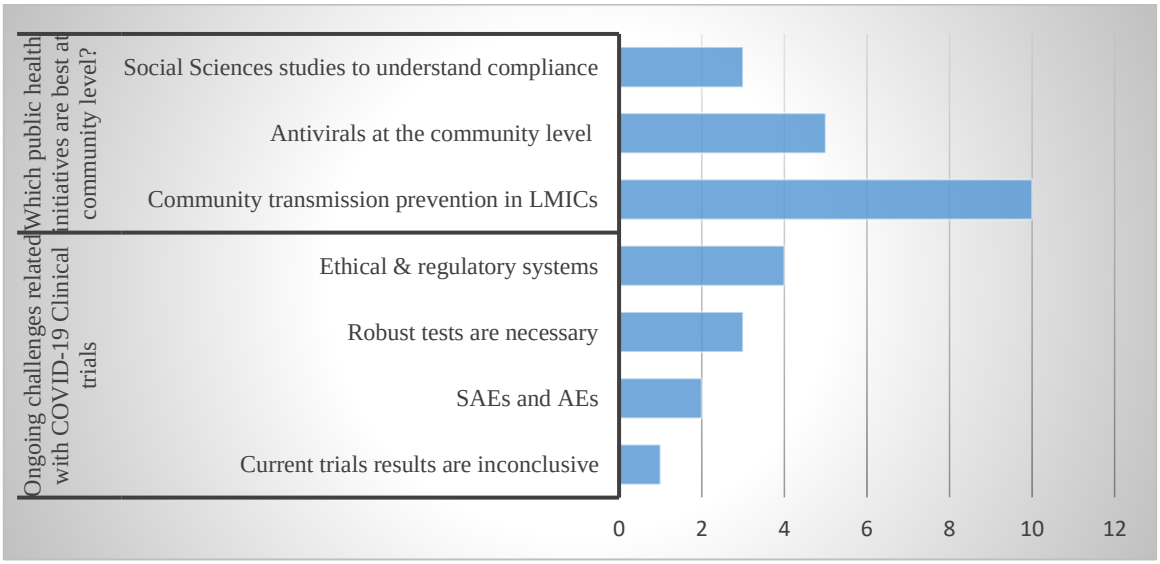

Fig. 3. Categorisation of questions, comments and discussions to specific areas

Ongoing Challenges related with COVID-19 Intervention Trial

This working group is concerned with intervention trials. There are 300 registered on www.clinicaltrials.gov – lots of antiviral & supportive therapies as well as immune responses. Yet, there are lots of questions to answer.

Current evidence on the use of different repurposed drugs has derived from case studies, series or small studies with no comparison groups and often with conflicting results. Hence current research is hypothesis-generating but inconclusive. Further studies are needed.

Within this call, group members clarified that new challenges are rising regarding current ongoing COVID-19 therapeutic trials. One example mentioned was the HCQ arm of the SOLIDARITY trial. A danger signal in that arm has resulted in discussion with national bioethics committees. SOLIDARITY committee has decided to review evidence of the trial so far as well as using both randomised and non-randomised evidence from the literature. Until then the Chloroquine/HCQ arms of the SOLIDARITY trial are put on hold – no new patients on these drugs are being recruited although those already randomised will continue treatment. The group concluded that there is a definite need for precaution. Robust tests are necessary – there can be no lowering of research standards even if they have to be faster. A synchronised system with ethical & regulatory bodies working in efficient and trustworthy ways is also key.

Which drugs, interventions and public health initiatives are best?

"At the moment we are in a very important window in this pandemic". The most important public health measure now is prevention. There is a need to prevent a rise in community infection. But because disease is still new, there is not as much information on how best achieve this. Running studies which evaluate what works in term of stopping the spread is obviously important, and yet lagging.

There is a narrow therapeutic window for testing antiviral drugs. Should the focus be on new or existing antivirals? Most of the developed world, from where the majority of researchers are from, focus on hospitals, whereas in LMIC's community prophylaxis is considered more important. Therapeutic clinical trials should focus on testing antivirals at the community level because antivirals tend to work best early in an infection. On exploration of early community based viral drug use, the star drugs so far have mostly been repurposed drugs: Ritonavir, Remdesivir, Chloroquine, HCQ, tocilizumab. However, there is a lack of international RCT's on these, and so no conclusive evidence. There are still unknowns whether antivirals can be repurposed, and even then, challenges regarding availability and costs of post-trial access to developing world.

Furthermore, the group concluded that there is a need to understand broader measures: which are most effective? One participant commented: "*Currently am working within a county health facility and my main concern is on assessing whether the public health interventions put in place are actually bearing fruits or not. […] This will assist us know loop holes that can fuel community spread within our territories*." Qualitative research is needed to understand the lack of engagement and low compliance in certain communities. There is lots of misinformation leading to misperceptions around risk. Also, working from home/restriction of movement may not be feasible for large numbers of people in LMIC's, specially focusing on marginalised populations. Hence, we need to observe and comprehend the attitudes/perceptions of the community.

Researching the efficacy of public health measures using platform trial for mixed method studies

By the end of the call, it was clear that the members were facing a unique opportunity for using mixed research methods addressing hard & soft questions. Platform trials were also mentioned as these allow

the flexibility needed to learn more about populations affected/outcome measures/disease characterisation as you go.

From here it was derived the idea of generating a protocol go forward for platform trial for mixed method studies to be planned.

Moving forward the following were highlighted to be taken into special consideration:

- Under study populations

"Which is going to be the logic group population number at each stage, is the population manageable?"

- Ethical issues regarding intervention trials during pandemics:

"*if we have one study group who is complying with public health measures and one who isn't is this ethical? It might be theoretically possible but ethics of letting people not comply to social distancing etc is questionable."*

"How do we define consent process to be ethical especially in the midst of all the misconceptions about clinical trials going on?"

Members agreed that whatever is done must be GCP compliant and of high standards**.**

- The role of Community Engagement to enable trials

With the aim of carrying out the trials on communities, some will take it as having been exposed to some poisonous drugs. What measures should one take to create awareness so as the participants will take part with full trust?

- Study Operations, in conjunction with data management and data standards.

"After the trial starts, which is going to be the best formula to follow under the stored data, its standards and how the data will be managed?"

Call to action and next steps

Following this first meeting, there was an agreement in the need for a platform (for which TGHN will be providing – details to come) where members of the team will be able to post information on funding calls, specific resource and tool a well as a forum chat for members to form new collaborations and plan future work.

Intervention Trial studies are very important! There has clearly been a loud call for community-based research and a platform trial for a mixed method study to be planned; going forward we should try and design a protocol which anyone can use in their setting with a robust methodology for people to use freely. We are contacting those who came forward to lead this project and move forward with this idea.

Platforms and initiatives like this also have the opportunity to drive the research agenda and funding for relevant priority research questions

Thanks to all panellists & attendees for joining – very exciting!

If you are involved in Intervention Trial and you have not joined this group yet, please get in touch and share any relevant protocols, associated tools and your experience. You can get in touch here info@theglobalhealthnetwork.org'