The Effects of Covid-19 on Cancer Treatment and Oncology Clinical Research

Okan Safak*

Editorial Office, Journal of Health and Medical Research, Belgium

*Corresponding Author**

Okan Safak
Editorial Office, Journal of Health and Medical Research, Belgium
E-mail: healthres@peerjournal.org

Received: 15-Jan-2023, Manuscript No. JHMR-23-89215; **Editor assigned:** 17-Jan-2023, Pre QC No. JHMR-23-89215 (PQ); **Reviewed:** 24-Jan-2023, QC No. JHMR-23-89215 (Q); **Revised:** 27-Jan-2023, Manuscript No. JHMR-23-89215 (R); **Published:** 03-Feb-2023, doi: 1037532.jhmr.2023.5.1.131

Abstract

The COVID-19 pandemic is expected to have long-lasting effects on cancer clinical trials, which could speed up patient access to novel medicines. With the help of recent data on global clinical trials gathered by IQVIA, an international panel of oncology experts explores the pandemic's long-term effects on cancer clinical trials and suggests solutions for clinical trial stakeholders. The epidemic has brought to light the need for novel trial designs that speed up research, reduce risks and burdens for patients, and optimize the goals and endpoints of clinical trials while minimizing testing.

Keywords

Cancer care • Clinical research • Real-world evidence • Collaborative framework COVID-19

Introduction

The Coronavirus Disease-19 (COVID-19) pandemic promises to have long-lasting effects on cancer clinical trials, from hastening the adoption of new operational approaches and cutting-edge clinical trials to tightening collaboration among all clinical trial stakeholders that may speed up patient access to novel treatments. Oncology clinical trials and cancer patient care have been affected differently by the pandemic in different areas and nations. The high mortality rate linked to some cancers has undoubtedly encouraged patients and medical professionals to continue receiving treatment. However, some healthcare facilities did not permit people with non-emergent medical conditions. People postponed screening procedures, which resulted in a decrease in new cancer diagnoses; this is anticipated to soon lead to an increase in diagnoses of advanced stages of the disease.

New methods for operating oncology trials

Even before concerns regarding COVID-19, the decision to enroll in oncology studies was challenging due to the time, travel, expense, and stress that these trials can have on patients and their families. Institutions tried to reduce the amount of time patients spend on their property during the pandemic by limiting and streamlining processes in the sense of optimizing unit flow and substituting in-person appointments with remote choices. These treatments successfully lessened the cost of care and clinical trials for patients while also reducing the risk of COVID infection. Clinical trial participation may be made easier while increasing the number of participants by streamlining clinical visits and having some visits and treatments take place in patients' homes, among other operational improvements.

Studies of various types in oncology that could profit from novel operational strategies

In IQVIA's experience, a hybrid strategy would be preferable than a purely virtual one for the majority of oncology clinical studies. For non-interventional research like long-term follow-up studies, the latter is more suitable. Even though most clinical trials could benefit from novel strategies, it's crucial to evaluate each study in light of its own unique characteristics, including its phase (e.g., early versus late phase), the drug or intervention being tested, its mode of action, the route of administration (e.g., oral versus intravenous), its safety and tolerability profile, the patient population, and its objectives and endpoints.

Modern clinical trials

To speed up research while lowering risks and patient burden, new trial designs are required, particularly for randomized trials against a placebo or an ineffective standard of care. The epidemic is driving optimization of clinical trial objectives and endpoints, which are being evaluated, while testing is being decreased. Trials will be more comparable to cancer clinical practice with this approach. The eligibility requirements are being relaxed to aid with patient recruitment and to permit enrollment completion. According to observational research conducted in the United States, the United Kingdom, and Brazil, COVID-19 has disproportionately affected minority ethnic populations. Due to a number of factors, including lower socioeconomic level and a higher prevalence of comorbidities, minorities have higher death rates. Minority populations have thus far been underrepresented in COVID-19 clinical trials that have provided race and ethnicity categories, including the most recent vaccine trials. The inclusion of at-risk populations in COVID-19 investigations should be prioritized and encouraged, and reporting on their participation would increase the data's capacity to be generalized.

Conclusion

The innovation in clinical research observed during the pandemic might be leveraged and further accelerated by a new collaborative structure between stakeholders in oncology trials, including decision makers. By removing the technological and cultural obstacles to implementing new operational procedures and cutting-edge clinical studies, this could reduce the time it takes for patients to get new therapies. Pharmaceutical corporations should think about cooperating with governmental, administrative, and health authorities to build on the good effects of COVID-19 on oncology clinical trials, ideally with the assistance of medical societies, investigators, CROs, payers, providers, and patients. The pandemic has prompted increased collaboration among clinical trial stakeholders, resulting, for instance, in quicker Institutional Review Board (IRB) and regulatory clearance of protocols and even quicker regulatory approvals (for vaccinations, for example). Plans should be further developed in order to streamline revisions and reduce bureaucracy for trial approval. Since a streamlined worldwide strategy is required, the ideal objective of a single IRB across sites and nations might be sought through a contract between regulatory agencies to reduce complications brought on by regional needs. The new collaborative framework may be able to overcome obstacles to the adoption of decentralized clinical trials with patient-centric virtual home-based components since trials must be developed with the patient at their center. In addition to bringing clinical trials closer to actual practice and providing a mechanism to involve more minority patient populations in clinical trials, this could lessen the load of pointless examinations, tests, and travel. Access to virtual patients could be facilitated by a more universal medical license system.

Cite this article: Safak O. The Effects of COVID-19 on Cancer Treatment and Oncology Clinical Research. J Health Med Res. 2023, 5 (1), 001