Research integrity during pandemics/public health emergencies: reflections on COVID-19 research

Tom Lutalo

Uganda Virus Research Institute Research Ethics Committee (UVRI REC)

ANREC: 14th September 2021

Outline

- **Why research Integrity**
- **UVRI Experience**
- **Steps to take as researchers**

In looking for people to hire, look for three qualities: integrity, intelligence and energy. And if they don't have the first, the other two will kill you

Warren Buffet's quote

During health emergencies

- **Unethical processes and fraud risk factors increase**
  - **weakened internal controls**
  - **easier to rationalize actions**
  - **fraud triangle (opportunity, pressure, and rationalization)**

Why research integrity ?

- **A need for robust, evidence-based conclusions**
- **potentially compromised the ability of researchers to undertake effective compliance monitoring**
- **supervision and oversight**
- **tremendous effect on all examined accounts of scholarly publications**
  - **faster mean time to acceptance for COVID-19 papers is apparent**
  - **has (partially) come at the expense of non-COVID-19 papers**
  - **significant reduction in international collaboration for COVID-19 papers**

Why research integrity ?...

- **Failing to follow standard guidelines will have a detrimental effect on research**
- **bad practices will distort our knowledge of COVID-19 supervision and oversight**
- **will obstruct or delay our efforts to stop the pandemic and save lives**
- **Ethical research governance has been overtaken by political decisions**
- **non-scientifically reviewed decisions driven by individualism instead of a scientific good**

What is needed during health emergencies

- a platform that clearly sets out the competencies around which to pivot the integrity being sought
- how to assess the proficiency with which the researcher is able to apply that integrity

UVRI experience

- COVID-19 propelled researchers to begin the search for diagnostic tests, treatments and vaccines in earnest
- Researchers call to inform instead of submitting a protocol
- All evaluated diagnostic kits have a manufacture's performance of 100% (sensitivity and specificity)
- Evaluation at UVRI is per protocol
- 96% of evaluated diagnostic kits not recommended to Ministry of Health
- Substandard research amid the rush to publish
- Submissions to pre-print servers where fewer quality checks are made

UVRI Experience

- **Implications for patients, clinicians, and potentially government policy**
- **As of August 2021, a total of 6454 studies for COVID-19 were registered on the international clinical trial registry *ClinicalStudies.gov***
- ***As of September 2021 UVRI has received over 50 COVID 19 protocols of which only 28 have passed quality check for review (Protocol team and content checks)***
- ***All active protocols needed amendment (adding Risk Management Plan)***

Submission and review of Protocols

- **Online submissions vs Hard copies-Quality of review**

<u>Additional requirements:</u>

- **Risk management plans-mitigation measures**
- **Operation warp speed-therapeutics and Vaccine development-political interference vs scientific review e.g.**
- **Hydroxychloroquine: CDC-Evidence is insufficient to support treatment of COVID-19 with hydroxychloroquine (HCQ) and guidance from NIH recommends against its use. But was promoted "politically".**
- **Adaptive design for Therapeutics**
- **Placebo controlled trials-?extent of use**

Reviews and follow-ups

- Joint reviews: online vs face to face-impact on quality of review
- Expedited/Fast Track reviews
- Modified follow-up and interview conduction
  - Phone interviews
  - Home visits in lockdown: loss of privacy and unintentional stigma created
- Pregnant women involvement in vaccine research with limited safety data

Emergency Use Authorisation (EUA)

- **Therapeutics**
  - **Cocktails-Monoclonal antibodies Vs Placebo trials-extent of continued placebo use. New emerging data and amendments**
  - **Remdesivir: *a pendulum in a pandemic-SOLIDARITY Vs ACTT-1 studies* (https://www.bmj.com/content/bmj/371/bmj.m4560.full.pdf).**

- **Vaccines**
  - **EUA and multiple vaccines platforms**
  - **Monitoring safety and efficacy-Politics vs Scientific review: *Russian scientists rolled out the country's COVID-19 vaccine last summer, beating Western vaccine producers to the finish line. But scarce data, broken promises, and corruption have led the vaccine to lose its luster.* (*https://carnegieendowment.org/2021/08/03/russia-s-vaccine-diplomacy-is-mostly-smoke-and-mirrors-pub-85074).***
  - **Continued use of Placebo controlled design in new vaccine development:**
    - **Placebo vs EUA vaccines as control group.**

Publication processes

- **A comparative analysis revealed that RCTs were disseminated earlier (median 79 days; IQR 52–131) when compared to observational studies (median = 144 days; IQR 69–206) ($p = 0.003$) (*Science Progress. April 2021*)**
- **Several papers have been retracted from high impact journals in which the average period till publication was only 33 days**
- **In some cases, retraction of papers occurred within 10–48 days**
- **the huge number of publications in short time creates confusion for readers during the early phases of the pandemic**

Publication processes…

- Retraction of papers is alarming but ensures research integrity and correctness of scientific information
- The abbreviated processes affects patient care and public awareness
- It is imperative to follow rapid but rigorous ethical standards for research approval
- A need for research conduct and peer-review processes for diagnostics, therapeutic and vaccine research during health emergencies

COVID-19 and clinical trials

Impact of COVID-19 on the conduct of clinical trials

FDA Guidance on Conduct of Clinical Trials of Medical Products During the COVID-19 Pandemic (March 2020)

Thank you