

Significant gender disparities revealed in COVID-19 clinical trial leadership

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Less than one-third of COVID-19 clinical trials are led by women, which is half the proportion observed in non-COVID-19 trials, according to research led by Queen Mary University of London, University of St Andrews, Brigham and Women's Hospital and Harvard Medical School.

The study suggests that [gender disparities](#) during the pandemic may signify not only a lack of women's leadership in international [clinical trials](#) and new research projects, but also may expose the imbalances in women's access to research activities and funding during health emergencies.

The results of the study are being publicized to mark International Women's Day on Monday 8 March. This year's theme is 'Choose To Challenge' which aims to encourage people to challenge and call out gender bias and inequality.

The research team searched a database of all COVID-19 clinical [trials](#) from 1 January 2020 to 26 June 2020 and recorded the gender of the principal investigator of each clinical trial, where that data were available (1,548 clinical trials). They then looked at the same information from clinical trials on breast cancer and type 2 diabetes as a comparison.

The results, published in the journal *Clinical Microbiology and Infection*, showed that only 27.8 percent (430/1548) of principal investigators among COVID-19-related studies were women, which is significantly different compared to 54.9 percent (156/284) and 42.1 percent (56/133) for breast cancer and type 2 diabetes trials over the same period, respectively.

Lead researcher Professor Chloe Orkin from Queen Mary University of London said: "The COVID-19 pandemic offers numerous opportunities for research and leadership that could equalize opportunity in a new field, but the results suggest the opposite.

"The pandemic has reinforced the prevailing gender norms in which men continue to both allocate and be allocated the lion's share of funding, leadership and authorship roles. There is an urgent need to challenge the

structural and institutional biases that favor men.

"Research teams that are diverse and representative of society are better able to generate a broad range of ideas and innovations that are relevant for all groups, especially those most impacted by COVID-19. Increasing the representation of women and minoritised groups in leadership positions may also provide valuable role-modeling for future generations of scientists."

The authors say that, before COVID-19, women occupied fewer leadership positions, led fewer funded studies, and applied for and received less grant funding than men. The 'motherhood penalty' (employment gap that occurs when women take parental leave) impacts the rate of academic advancement and in turn the receipt of institutional support to secure funding. These imbalances contribute to systemic inequalities that hamper women's access to and progress in science.

Data also suggest that across all disciplines, despite an increased number of peer-reviewed articles submitted to journals during the pandemic, women published fewer papers than men in 2020. This may indicate a similarly reduced involvement of women in research leadership positions and an imbalanced distribution of grants and funding—important indicators of advancement in a scientist's academic career.

The authors explain that one potential contributor for this discrepancy seen in COVID-19 clinical trials is the speed demanded by the research agenda during the pandemic. The sense of urgency in starting clinical trials may lead to an abandonment of any checks and balances around equality and inclusion that would have otherwise encouraged the involvement of women scientists.

Dr. Muge Cevik, virologist and clinical lecture in infectious diseases, University of St Andrews, said: "As a community, we must recognize

that there is a tendency to "turn to men" in times of crisis both for leadership and scientific expertise, highlighting the need to challenge this culture. This may include setting up review committees that are gender balanced, available funding to be provided to equal number of PIs, or funding gender balanced trial teams, and overall ensuring that funding agencies are aware of the lack of women leadership in clinical trials."

Co-author Professor Paul Sax, Brigham and Women's Hospital and Harvard Medical School, said: "Given the long and unfortunate legacy of imbalance in gender representation in biomedical research, it is critically important that men promote and augment the work of their [women](#) colleagues. It is only through this support that we can ensure more equitable gender participation in science—a process that ultimately will benefit everyone."

More information: Muge Cevik et al. Gender disparities in COVID-19 clinical trial leadership, *Clinical Microbiology and Infection* (2021). [DOI: 10.1016/j.cmi.2020.12.025](https://doi.org/10.1016/j.cmi.2020.12.025)

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