COVID reforms in cancer care and research could have long-term benefits

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A new review led by Professor James Spicer considers the reforms in cancer care and research made due to the pandemic, arguing that some have left a positive legacy that could improve the post-COVID conduct

of clinical cancer research.

Following the implementation of lockdown restrictions, cancer patients were identified as a vulnerable group requiring protection from COVID. This meant a significant change to cancer care procedures and clinical trial processes to protect patients. The commentary, published in the *British Journal of Cancer*, reviews the impact of these changes and argues that they provide an opportunity for some positive reforms, including streamlining trial procedures and patient visits.

One example of this can be found in the rise of telemedicine during the pandemic—including online reviews with patients at home—which have been much more widely used in general clinical care and, according to the authors, should be applied where appropriate in clinical trials.

The administrative burden and delay associated with trial approval processes were also addressed during the pandemic to accelerate prioritized trials such as ones for COVID vaccines. This provides hope that, with the will and sufficient resources, these improvements could be applied more generally to future trials.

Such changes were often associated higher patient satisfaction with clinical trials, likely due to the reduction in traveling time and expenses for check-ups and trial tests—a common barrier for people who want to participate in such trials.

The authors also explain how a centralized approach, where all tests are conducted at one clinical trial center, dissuades patients who live further away or lack the means to make such trips. Removing these barriers by allowing tests to be conducted at other sites could, therefore, create a more geographically and demographically diverse pool of clinical trial participants.

"The COVID pandemic was a disaster for cancer clinical trials, because it became much harder to offer safe study participation to vulnerable patients. Redeployment of trials staff to acute COVID care and the delivery of COVID trials also had a major impact. However, the medical community did learn many positive lessons in the efficient delivery and streamlined regulation of clinical trials, and we must ensure these insights are now implemented to benefit as many patients as possible," says James Spicer, Professor of Experimental Cancer Medicine

More information: Cienne Morton et al, Revitalising cancer trials post-pandemic: time for reform, *British Journal of Cancer* (2023). DOI: 10.1038/s41416-023-02224-y

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