

COVID19 CLINICAL RESEARCH COALITION

ACCELERATING CLINICAL RESEARCH TO MEET THE SPECIFIC NEEDS OF RESOURCE-LIMITED SETTINGS

Facilitate trials

- Rapid and joint protocol reviews by ethics committees and regulatory agencies
- Approvals for the importation of study medications through agreed coordinated fast-track mechanisms

Network initiatives

 build on each others' strength and ensure effective and prompt scale up of research while addressing bottlenecks and jointly

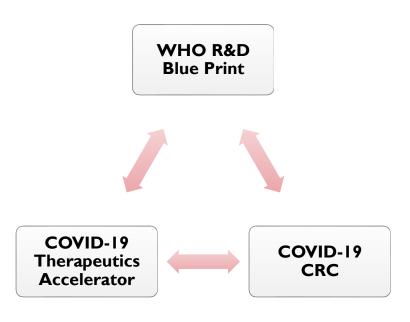
Ensure standardized and rapidly shared data

- Simple standards collection of key endpoints
- Sufficient for robust analysis of efficacy and safety data

Propose data governance

- Efficient, transparent, and swift data governance framework to share outcomes swiftly before publication

The work of the Coalition is guided by the WHO COVID-19 R&D Blueprint and the COVID-19 Therapeutics Accelerator





FOCUS OF THE COVID-19 CRC

6 work packages:

- Therapeutics e.g. early stage disease, village-based treatment, severe illness
- Preventive medicines e.g. preventive treatment for health care workers (HCW), post exposure prevention
- Vaccines
- Diagnostics testing or validating diagnostic tools
- **Social Science** examining the social determinants of the disease e.g. behavioural studies, ethical issues
- Epidemiology and modelling

Key areas of accelerated collaboration

- Ethics
- Data sharing
- Pharmacometrics
- Accelerated registration strategies
- Supply and quality assurance....

Proactively support acceleration of trials proposed by members of the coalition,

such as, in the therapeutic area:

- Therapeutics work package Early diagnosis and treatment – e.g., ANTICOV (Coordinator: DNDi)
- Preventive medicines and diagnosis work packages – Prevention of Coronavirus Disease (COPCOV) in health care workers and high-risk groups (investigator: MORU)
- Other protocols as they emerge from members consultations



SUPPORTING ACTIVITIES FOR COVID 19 CLINICAL RESEARCH COALITION

- Membership development: emphasis on effective representation and leadership of LMICs
- Virtual infrastructure development and management: promote and facilitate dialogue between 200-500 experts via various working groups
- Scientific support: Accelerating development of networked COVID-19 clinical trials in resourcelimited settings
 - key principles of standardization and data sharing, supply of trial drugs materials
- Facilitation of members dialogue and cocreation: ensure results-orientation, best practice, and dissemination of tools
- **External communications:** Ensure effective mobilisation, representation and dissemination

- Develop a live COVID-19 systematic trial review and metadata capture: extract, curate and incorporate new clinical trial registrations and relevant data as they become available
- Global data sharing and standards: Tools, systems, and support to facilitate standardized collection, aggregation, and analysis of clinical data
 - Development of COVID-19 CDISC TAUG development and dissemination: Support each trial under the coalition to develop a CDSIC-compatible CRF
 - Medicine quality for COVID-19: Mapping, monitoring and analysing medicine quality reports and supply during the COVID-19 pandemic response

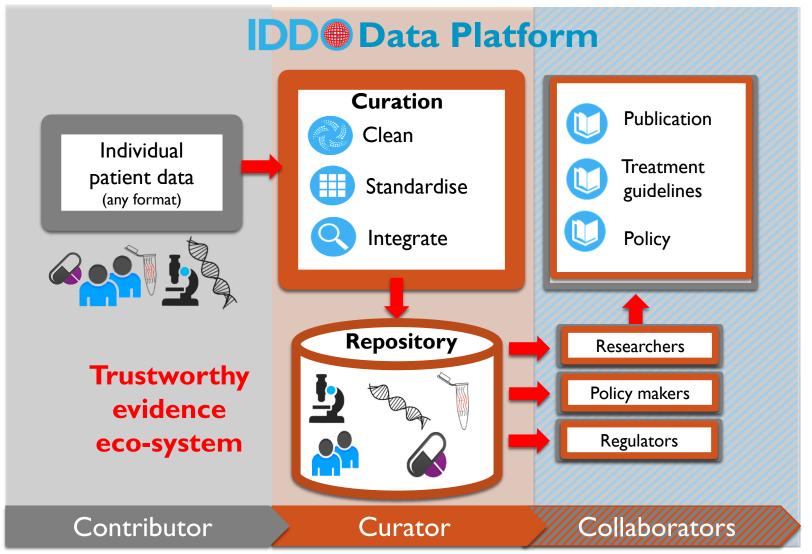




IDDO & ISARIC

Infectious Diseases Data Observatory (IDDO) & International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC)





https://www.iddo.org/

ISARIC

INTERNATIONAL SEVERE ACUTE RESPIRATORY AND EMERGING INFECTION CONSORTIUM

- Prevent illness and deaths from infectious disease outbreaks.
- Global federation of clinical research networks
- Coordinated, research response to outbreak-prone infectious diseases

Clinical Data collections – CRFs collection of standardised clinical data to improve patient care and inform the public health response.

Data Management and Hosting - a secure electronic data capture system

Clinical characterization protocol - standardised protocol that enables data and biological samples to be collected rapidly in a globally-harmonised manner.

COVID Clinical Trials

- I. Severe Disease Treatment Trials
- 2. Hospitalised patients
- 3. Prophylaxis Vaccine and drug
- 4. Post exposure prophylaxis high risk groups

Challenges:

Urgency

Variable caseload – few to swamped

Overlap and competition

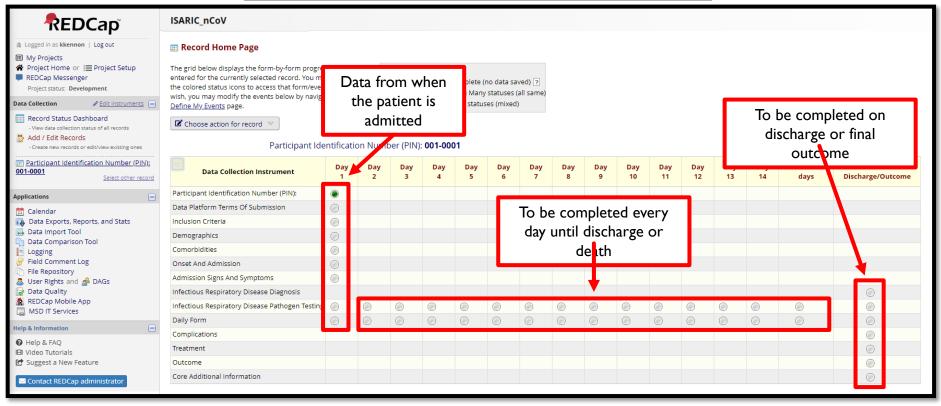
Heterogeneous dosing regimens

Singularly Underpowered

PROMOTE KEY RCTS

- Quality: design, RCT, prospective, ethical,
- Inclusive Protocol sharing and multiple sites
- Committed to early data sharing and metanalyses
- Data management CDISC standards
 - RECOVERY https://www.recoverytrial.net/ (> 6000 patients)
 - ASCOT https://clinicaltrials.gov/ct2/show/NCT04280705
 - PRINCIPLE https://doi.org/10.1186/ISRCTN86534580
 - REMAPCAP https://www.remapcap.org/background
 - SOLIDARITY https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments

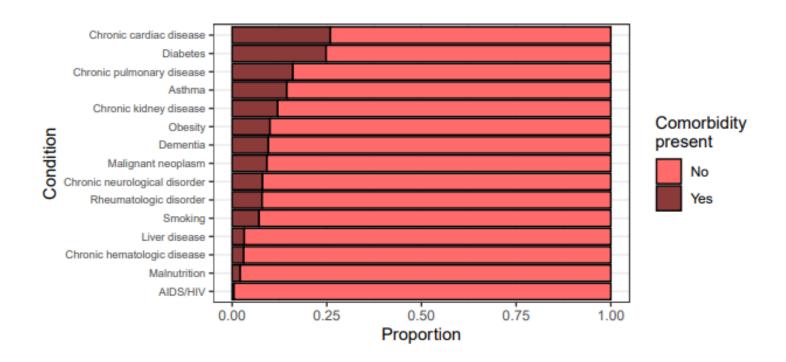
DATA ENTRY SCHEDULE





International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC)

8th April – 10,363 patients from 240 sites, 25 countries Cohort data on 3316 - > 14 days follow-up <u>Automated reports</u>





For more information – please contact:-

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