

Research disruptions and recovery

doi:10.1111/codi.15069

Dear Sir,

With the COVID-19 pandemic the routine work of surgeons has been reduced to release resources to critical care and other functions. This is necessary and right in order to protect the health of our communities now. As a consequence, many of us who undertake clinical research have seen our work suspended. With a rich portfolio of colorectal research, this includes studies such as ROSSINI2, PITSTOP and MASH, and has delayed the start of other important studies such as ELF 2 and Damascus. When we return to something akin to normality, we shall be looking to re-establish the studies in a timely manner. Funders have generally been flexible with regards to the disruption and have provided guidance on how the disruption might be managed [1]. There is no doubt that they may be asked to provide additional support for studies in progress, which may have an impact on future funding opportunities.


This disruption and pause in work might, however, provide an opportunity. In order to avoid drowning in the deluge of extension requests that will arrive towards the end of the pandemic, the Health Research Authority (HRA) could allow currently approved studies to extend recruitment commensurate with lost time without the need for prior approval. The process of securing approvals to conduct even low-risk surgical research in the UK is Byzantine in complexity. Securing central approvals to a change in terms of this research as simple as adding a site can be a drawn-out affair. Many of our prior efforts to secure approvals are now at risk of

‘timing out’, and approvals will need to be sought to refresh or extend recruitment and follow-up periods from the central HRA.

If the HRA acts promptly, additional delays of months for studies which wish to resume recruitment in a period after they were due to have closed could be avoided. Such action would also allow resources to be moved to processing, with the expected surge in requests for new approvals as clinical practice redevelops momentum following the current crisis. In addition, attention could also turn to development of a streamlined process for the set up of low-risk studies (e.g. observational) to optimize the recovery of our vibrant research community.

M. Lee*† , **S. Brown†** , **S. Moug‡** ,
D. Vimalachandran§ and **A. Acheson¶** 

*Department of Oncology and Metabolism, The Medical School, University of Sheffield, Sheffield, UK; †Department of General Surgery, Sheffield Teaching Hospitals, Sheffield, UK; ‡Department of General Surgery, Royal Alexandra Hospital, Paisley, UK; §Department of General Surgery, Countess of Chester Hospital, Chester, UK, and ¶Department of General Surgery, Nottingham University Hospital, Nottingham, UK
E-mail: m.j.lee@sheffield.ac.uk

 @wannabehawkeye

Received 23 March 2020; accepted 24 March 2020; Accepted Article online 8 April 2020

Reference

- 1 DHSC issues guidance on the impact of COVID-19 on research funded or supported by NIHR. <https://www.nihr.ac.uk/news/dhsc-issues-guidance-on-the-impact-on-covid-19-on-research-funded-or-supported-by-nihr/24469> (accessed 23/03/2020).