

## Mapping the recovery of cancer research

### Introduction

The pandemic has had a significant impact on the NIHR Clinical Research Network (CRN) Portfolio non-COVID research (Figure 1), as many routine NHS services were disrupted during the first wave and research staff were diverted to frontline care, or Urgent Public Health (UPH) COVID-19 studies.

This project is part of the DHSC ‘Recovery, Resilience and Growth’ (RRG) programme. It was delivered as a collaboration between Cancer Research UK (CRUK), NHS England and NHS Improvement (NHSE/I), the UK Clinical Research Collaboration (UKCRC) Clinical Trials Network and the NIHR CRN with the aim of exploring whether sharing information about the status of cancer clinical services and research studies would enable research to be directed to those sites best able to deliver the study, thereby increasing the rate of recovery of the research system. The project entailed two key elements:

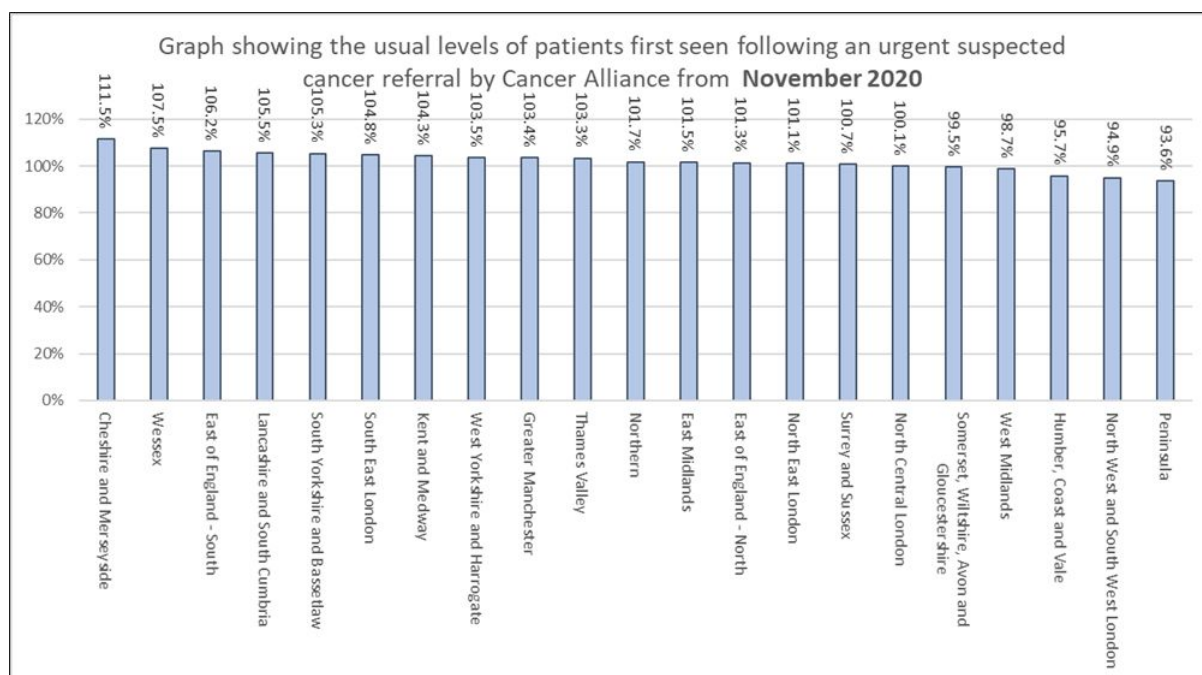
1. Comparing data on clinical services (from NHSE/I) and recruitment into cancer research studies (NIHR CRN and Experimental Cancer Medicine Centres, and CRUK).
2. A survey to obtain insights into factors which have enabled and restricted recruitment into a selected number of cancer studies during the pandemic.



**Figure 1: Impact of COVID-19 on clinical research recruitment in England<sup>1</sup>**

<sup>1</sup> (Data Source: NIHR CRN Open Data Platform. Data refreshed 26/01/21. Recruitment data for January 2021 is still being received so January figures should not be regarded as complete. The commercial UPH bar in October/November 2020 is the Novavax study.)

These data show that the NIHR CRN Portfolio successfully adapted to deliver UPH studies, but that the existing portfolio did not return to pre-pandemic levels. This is in contrast to many cancer services, which returned to pre-pandemic levels by November 2020 (Figure 2).



**Figure 2: Recovery of cancer referrals in England<sup>2</sup>**

This report describes some of the work done to understand the patterns of trial activity in relation to patterns of cancer service provision. Even though the project focussed on cancer, findings may similarly apply to other research that isn't related to COVID-19.

### 1. Bringing together NHSE/I data on clinical services and NIHR CRN recruitment data

NHSE/I and NIHR CRN have jointly developed a report on the status of cancer clinical research studies (which includes trials and other well-designed studies) for sharing with the leadership of NHSE/I, and other NHS organisations. This report combines research activity data from the NIHR CRN with measures of service provision from NHSE/I's Cancer Recovery Taskforce Data Analysis (including diagnostic and treatment waiting times).

Following the production of this initial report, analysts from NHSE/I and NIHR CRN are working to feed NHSE/I data into the NIHR CRN's Open Data Platform (ODP). This will allow users of ODP to compare research activity data with service data at a Trust, CCG and regional level. This new dashboard will be available by the end of March 2021 and will be updated monthly as new data is made available from NHSE/I.

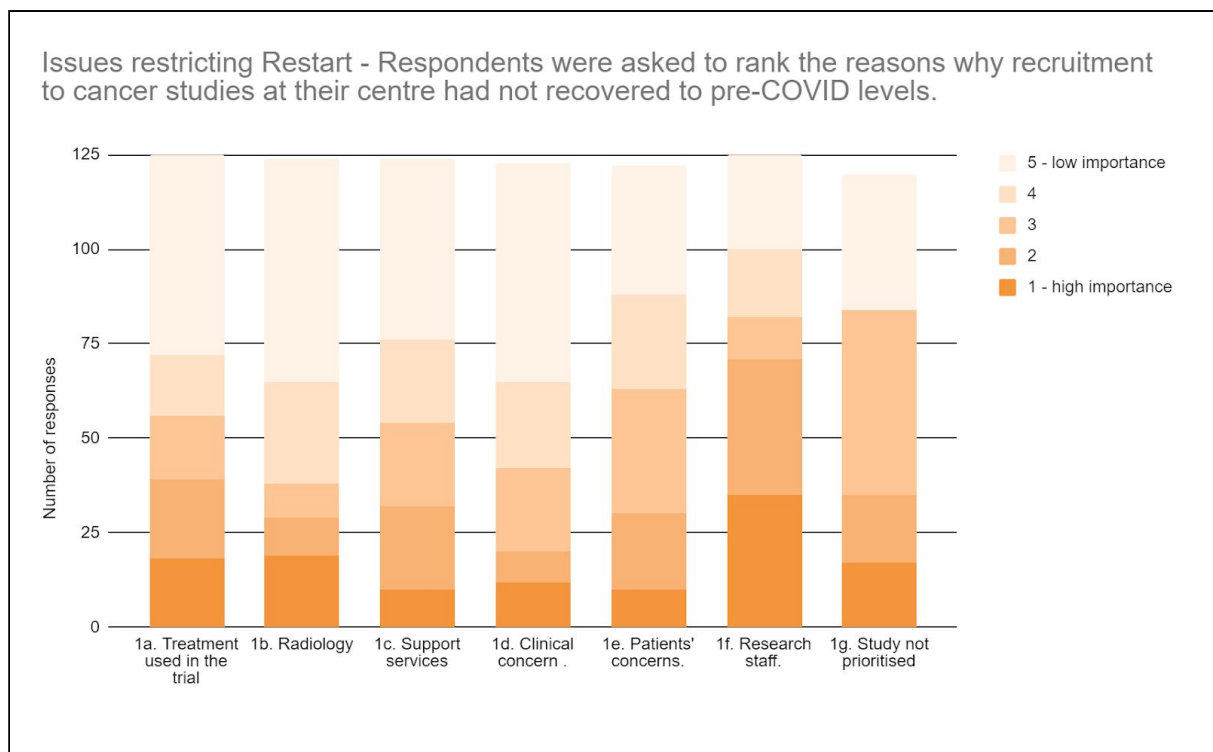
<sup>2</sup> Numbers of patients seen in a first outpatient appointment following urgent referrals from GP (Source: CWT publication)

## 2. Survey on restarting cancer research

CRUK selected 10 non-commercial research studies. Each study included a mixture of sites that were recruiting successfully and others which were not. The rationale for this selection was that such studies may provide the best opportunity to redirect resources and increase recruitment. They also offered the opportunity to explore whether, as anticipated, the status of clinical services was the key indicator of the ability of sites to recruit to research studies. The working group, working with UKRD, created a [short survey](#) which was circulated via the NIHR Local Clinical Research Networks to Principal Investigators and R&D departments for completion.

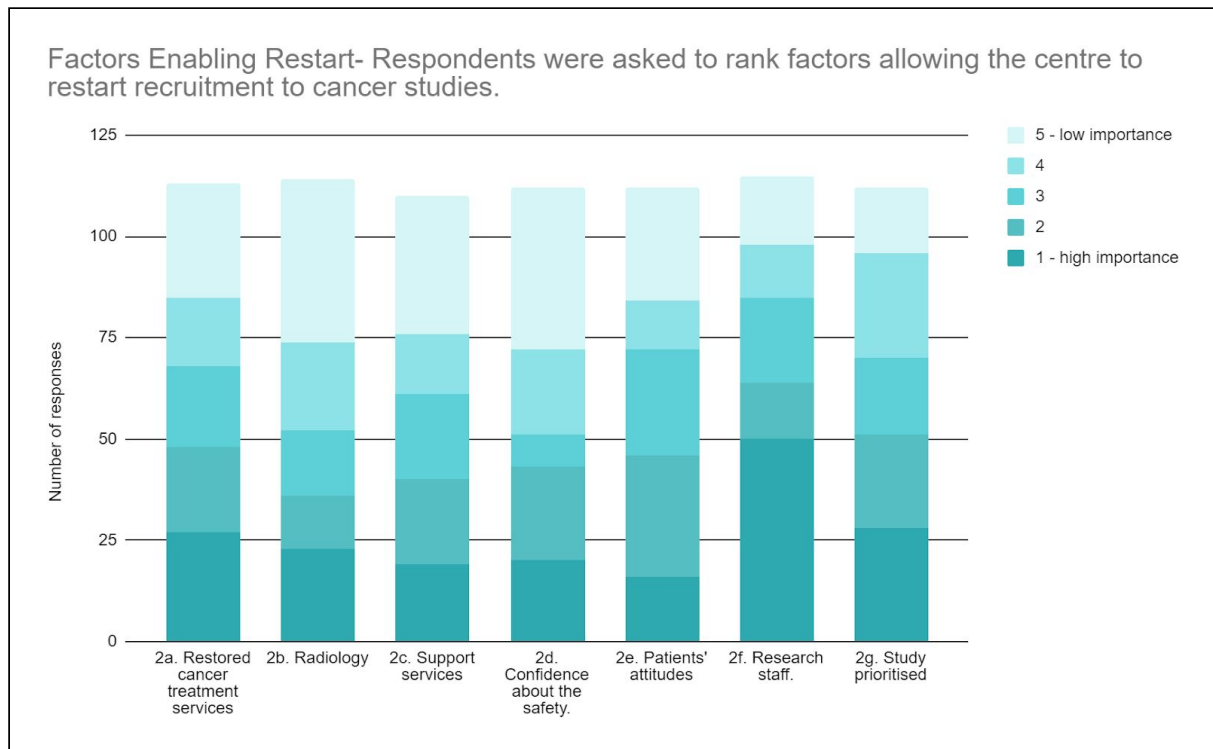
### Survey findings

- There were 86 responses, detailed responses can be found [here](#). Please note some responses included more than one study.
- Responses covered 44 Trusts and 13 of 15 NIHR Local Clinical Research Networks.
- Sites which did not respond may not have been able to do so for a number of reasons (for example they may have been under significant clinical pressure). We acknowledge the survey findings represent the view of a subset of sites.
- 83 responses were provided by R&D departments, 42 by Principal Investigators.
- Shortage of research staff due to redeployment, illness or isolation was identified as being an important reason for studies not recovering to pre-COVID recruitment levels. Conversely for centres which did successfully manage to recruit the availability of research staff (who may have previously been redeployed/ isolating/ working from home etc) was identified as the most important factor.
- Feedback included in the free text questions of the survey highlighted both challenges and opportunities to recruitment into the selected studies (see [slides](#)).



### Figure 3: Reasons why recruitment to studies has not recovered to pre-COVID levels

(Chart details the number of responses received for each question. For each question respondents were asked to detail on a scale of 1 (highest) to 5 (lowest) their understanding of the importance of the impact of each issue on a centre's ability to recruit to a study or studies. Please note the questions have been abbreviated in the chart.)



### Figure 4. Factors that have allowed centres to restart recruitment to studies

(Chart details the number of responses received for each question. For each question respondents were asked to detail on a scale of 1 (highest) to 5 (lowest) their understanding of how important resolving each issue was to their centre being able to restart recruitment. Please note the questions have been abbreviated in the chart.)

## Conclusions

- Staff availability (in the context of redeployment, illness, and isolating) was the single most important factor in determining whether study sites are recruiting successfully.
- The status of the clinical service at a site is an important determining factor. This cross agency project has highlighted the extent to which clinical service capacity and the ability to deliver research are interconnected. A reasonable conclusion to draw from this interdependence is that clinical research flourishes when the clinical service is resilient.
- It is recognised that currently there is not sufficient capacity in the system to support recruitment into cancer trials at pre-pandemic levels and ensure restoration of cancer clinical services.
- Prioritisation of cancer studies in line with the [Restart Framework](#) is also noted as a helpful factor in enabling recruitment.
- The survey response size did not allow for analysis of regional or organisational differences.

- The close joint working between CRUK, NHSE/I, the UKCRC Clinical Trials Network and NIHR CRN has been a very valuable exercise, particularly in developing a joint approach to data and 'soft-intelligence' sharing, designed to improve the delivery of clinical trials at pace and scale.
- While this work has been undertaken in cancer, we suspect that similar drivers and barriers will exist across other specialties.

## Recommendations

- We recommend this report is shared with the research community, including Principal Investigators via CRUK, NHSE/I, NIHR Local Clinical Research Networks (and their partner organisations), R&D Forum, UKRD, the CTU Network, AMRC and AUH.
- We recommend NHSE/I and NIHR CRN consider whether similar reviews would be beneficial in other clinical specialities, recognising that surveys impose additional demands on the research workforce.
- Longer term, it would be useful to build on this experience to co-develop bespoke research study performance reports with other medical research charities and funding partners.
- Research staff should be deployed in line with the NIHR [guidance](#).
- Initiatives aimed at increasing the clinical research workforce, some of which have been in development since before the pandemic, will be an important element of the recovery and resilience plan for clinical research, if recovery of recruitment to clinical trials is not to be further delayed.
- The project team noted with enthusiasm the intention of NHSE/I to review patient access to clinical trials in each of the Cancer Alliances. This is an excellent patient-centered initiative which will be supported by the continuation of the constructive collaboration, including data-sharing, between NIHR CRN, CRUK and NHSE/I which has been established during this project.