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For the **Lancet Commission on Prostate Cancer** website see <https://www.icr.ac.uk/our-research/research-divisions/radiotherapy-and-imaging/prostate-and-bladder-cancer-research/commission-on-prostate-cancer/>

antigen PET-CT, are likely to be increasingly important in treatment decisions in the future. Both imaging and DNA technologies are potentially scalable, relatively affordable, and often available in LMICs, so the challenge is to identify optimal strategies for deployment. Inevitably, these sorts of changes have potential cost and delivery challenges for all health-care systems but also present important opportunities to reshape and optimise care.

The *Lancet* Commission on Prostate Cancer will seek to assess these diagnostic and treatment developments, determine what is likely to constitute the best approach in different health-care settings, and make policy and clinical practice recommendations. The Commission will follow four broad themes in prostate cancer: improving the evidence base in LMICs; reducing the risk of overdiagnosis while increasing detection of clinically curable disease; better treatment selection; and optimising treatment for advanced disease. The Commission will also make recommendations for future global investment and research priorities. Information is a powerful tool for change and we will seek to empower not only health-care professionals and providers but also men and their families. Patients will participate in the Commission's work.

The Commissioners are diverse in terms of gender, ethnicity, and geography, and include global experts from a range of settings and with specialist expertise across the disease spectrum, including clinicians, epidemiologists, health economists, statisticians, and geneticists (appendix). The Commissioners range from early career to established researchers who all share a deep knowledge and commitment to improving the outcomes of men with prostate cancer. The Commission

is chaired by Nick James, Institute of Cancer Research and Royal Marsden Hospital London, UK. He will be assisted by four working group chairs: Felix Feng, Silke Gillissen, James N'Dow, and Ian Tannock. The Commission intends to be open and to seek inputs from as broad a range of sources as possible worldwide. Administrative support for the Commission is being provided by the Institute of Cancer Research. A Commission website has been set up with more details on the planned work streams. We welcome contact and input from interested parties.

NJ reports honoraria from Athenex as a prostate cancer advisory board member, from Bayer as an oncology EMEA advisory board member, and from AAA International, Novartis, Janssen, and Sanofi as an advisory board member; grants, speaker's fees, and non-financial support from Janssen; grants and personal fees from Astellas; personal fees from Clovis; and grants and personal fees from Merck, Roche, and AstraZeneca all related to prostate cancer. NL and RH declare no competing interests.

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See Online for appendix



Priorities for COVID-19 research response and preparedness in low-resource settings

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COVID-19 poses particular threats in low-resource settings, which typically have underfunded health-care systems and insufficient influence on the global health research agenda. Leadership and coordination have been shown in COVID-19 research in such settings, particularly across Africa, building on earlier experience from research on diseases such as Ebola virus disease and HIV. However, global coordination to achieve a coherent

research response and ensure sufficient context-specific research has been challenging.

As funders and researchers, we recognised the need to facilitate collective efforts in low-income and middle-income countries (LMICs) early in the pandemic. The Global Research Collaboration for Infectious Disease Preparedness (GloPID-R)¹ and the UK Collaborative on Development Research (UKCDR) are both collaborative

groups of research funders. Each has working groups specific to research on epidemic preparedness and response in LMICs; together they established the COVID-19 Research Coordination and Learning Initiative (COVID CIRCLE)² to align and strengthen their response in, with, and for LMICs. The COVID-19 Clinical Research Coalition³ hosted by the Drugs for Neglected Diseases initiative (DNDi) was established to facilitate and accelerate COVID-19 research in LMICs, ensure that the needs of LMICs are considered, and strive for equitable access to solutions. Within the context of these groups, the initiatives have sought to support a cohesive research response by aligning funders to joint principles;² mapping research to ensure visibility and improve coherence;⁴⁻⁷ supporting development of locally identified, context-specific research priorities;^{8,9} and supporting researcher interaction and collaboration through working groups.

Funding by global research funders for COVID-19, as captured in the UKCDR and GloPID-R COVID-19 project tracker, has plateaued in the past 4 months.⁷ In March, 2021, the COVID-19 Clinical Research Coalition, GloPID-R, UKCDR, and partners held a consultative meeting for researchers and funders to review and discuss COVID-19 research in LMICs.

Much innovative and rapid research has been undertaken to help stem the COVID-19 pandemic, often building on pre-established research capacity and partnerships—eg, the International Severe Acute Respiratory and emerging Infection Consortium; the Pan-African Network for Rapid Research, Response and Preparedness for Infectious Diseases Epidemics; the African Coalition for Epidemic Research, Response and Training; the Zika Preparedness Latin American Network; and the ZIKAlliance. Large international trials, including RECOVERY, REMAP-CAP, and WHO SOLIDARITY, have provided definitive answers for the treatment of hospitalised COVID-19 patients.¹⁰ But substantial gaps remain. Thinly spread global funding has, in other instances, resulted in a proliferation of underpowered, heterogeneous studies that have had little impact.⁶ Difficulties and delays in obtaining funding, ethics clearance, regulatory permissions, and implementing clinical studies in the COVID-19 pandemic, especially in LMICs, have not been easy to overcome.

The COVID-19 pandemic has direct and indirect consequences for public health in LMICs due to the existing fragility of the health systems, resulting in obstacles to both the assessment and deployment of

effective COVID-19 treatments and vaccines. There are insufficient data on the short-term and longer-term impacts of COVID-19 on all-cause morbidity and mortality in LMICs. Disease surveillance in LMICs is also constrained and needs improvement through strengthening of sequencing capacity to rapidly identify outbreaks and new SARS-CoV-2 variants. These multiple factors require a greater coordinated intersectoral research and funder response to COVID-19, which must be led by scientists from LMICs with global scientific support (figure).

Research is integral to effective containment of COVID-19. Greater mobilisation of international and domestic funding will ensure a more sustainable and translatable research response. Strengthening research capacity must be embedded in research funding across LMICs to support the COVID-19 response now and to prepare to manage future infectious disease threats effectively. Such programmes need to be informed by local contexts and be driven by regionally and nationally identified priorities. Lessons learned in LMICs have global relevance and require global attention.

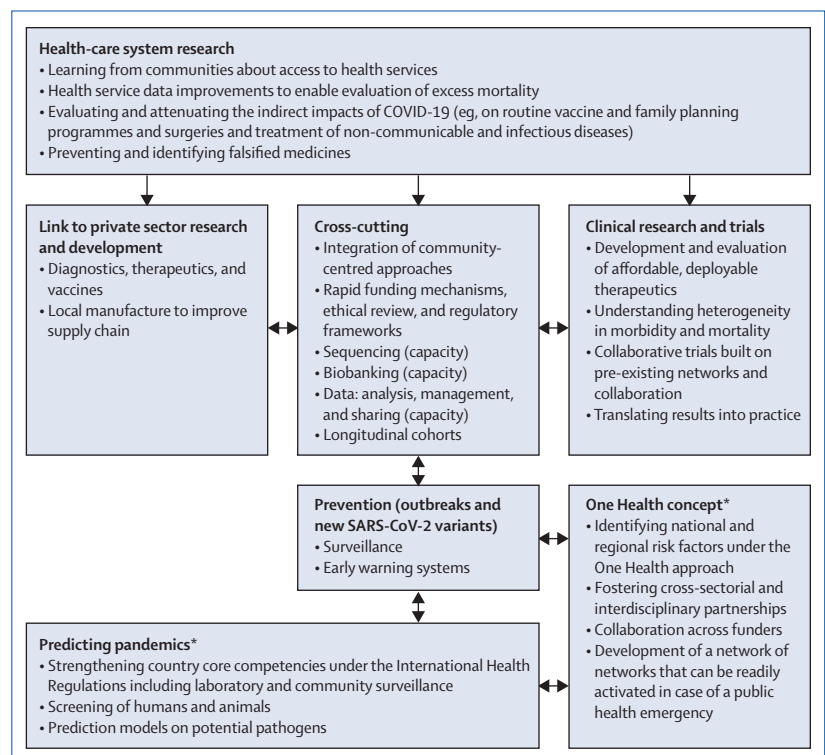


Figure: Research priorities and systems needs for COVID-19 and epidemic research response and preparedness in low-resource settings

*Indicates longer-term goals.

Increased research coordination is needed to improve the coherence of the research response affecting LMICs. Effective, rapid, and consolidated research funding has been provided, including by the European and Developing Countries Clinical Trials Partnership (EDCTP), to which the European Commission, the UK, and several European and African participating states have allocated further funds. Global identification of research priorities have also been provided by WHO through the Coordinated Global Research Roadmap on Novel Coronavirus¹¹ in collaboration with GloPID-R and the work of its R&D Blueprint Team, and the UN Research Roadmap for the COVID-19 Recovery.¹² At the regional level, an all of Africa approach led by the Africa Centres for Disease Control and Prevention, African Academy of Sciences, WHO Regional Office for Africa, and the African Union Development Agency has resulted in a consolidated regional research agenda, which now needs funding support to accelerate implementation.¹³ However, other regions such as Latin America, one of the hardest hit by COVID-19, does not have a regional research agenda yet, and national research funding has not been prioritised by governments in recent decades. Similarly, links between academia and research funders need to be enhanced across Asia, where the pandemic is accelerating.

The usual models for research planning, funding, and delivery require reform to ensure we can combat COVID-19 in LMICs through improved collaboration and accelerated implementation. We will all gain from greater inclusion and collaboration as researchers and funders from across the world.

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