Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Strengthening the global effort on COVID-19 research

Research funders recognise that there is a need to coordinate COVID-19 research funding to prevent duplication and improve impact and that this needs to facilitate ongoing improved coordination for future infectious disease epidemics and pandemics.

Two research funder coordination groups, the UK Collaborative on Development Research (UKCDR) and the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), have agreed a set of principles to align research funders towards a coordinated effort for supporting high-quality research for the most pressing global needs in epidemics and pandemics (panel). These principles are proposed for endorsement by research funders, donors, governments or any other entities supporting research to address the most pressing global needs around COVID-19 and for future epidemics and pandemics. They aim to improve relevant research outputs, ensure outputs are shared rapidly to permit consolidation and review, inform policy and practice, and ensure lessons are learned to improve responses within this pandemic and for future epidemics and pandemics.

The seven principles build on best practice guidance generated by the previous work of UKCDR, GloPID-R, WHO, the European Commission, and others. They provide a basis for guiding both funder and researcher expectations for COVID-19 and for future epidemics and pandemics. The principles are globally applicable, but of particular importance for research in lower resourced settings.

Given the urgency, scale and resource limitations, there is a particular risk that research needs in resource-limited countries are not adequately addressed for the COVID-19 pandemic, that research outputs fail to inform real-time policy in these settings, and that capacity is not sustained to address future outbreaks. The research community has already taken steps to respond to this challenge through the creation of the global coalition to accelerate COVID-19 clinical research in resource-limited settings.[1] Global research funders are now launching further calls to support research in low-income and middle-income countries for COVID-19.

The UKCDR and GloPID-R funder groups have agreed to align to further strengthen their response with the formation of a new jointly hosted initiative for COVID-19 research coordination and learning (COVID-CIRCLE) in accordance with these principles, with a particular focus on resource-limited settings. This will build on the COVID-19 Research Project Tracker by UKCDR and GLoPID-R, a live database of funded research projects on COVID-19 that has been helping funders and researchers identify gaps and opportunities and inform future research investments or coordination needs.

***Panel:* Funder principles for supporting high-quality research for the most pressing global needs in epidemics and pandemics**

The principles aim to address good practice in relation to:

- Alignment to global research agendas and locally identified priorities
- Research capacity for rapid research
- Supporting equitable, inclusive inter-disciplinary and cross-sectoral partnerships
- Open science and data sharing
- Protection from harm
- Appropriate ethical consideration
- Collaboration and learning through enhanced coordination

MTB is executive director of UKCDR. YY is chair of GLoPID-R. JM is co-chair of GLoPID-R. PP is chair of the UK Strategic Coherence for Official Development Assistance-funded Research Board. We declare no competing interests.

*Alice Norton, Jeffrey Mphahlele, Yazdan Yazdanpanah, Peter Piot, *Marta Tufet Bayona*
m.tufet@ukcdr.org.uk

UK Collaborative on Development Research, London NW1 2BE, UK (AN, MTB); South African Medical Research Council, Pretoria, South Africa (JM); Research and Action Targeting emerging Infectious Diseases (REACTing) Task Force, Inserm, Paris, France (YY); and London School of Hygiene & Tropical Medicine, London, UK (PP)

1 COVID-19 Clinical Research Coalition. COVID-19 Research Coalition to accelerate COVID-19 clinical research in resource-limited settings. *Lancet* 2020; **395:** 1322–25.

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Recurrence of breast cancer after anaesthesia

Daniel Sessler and colleagues[1] compared regional (paravertebral blocks and propofol) with general (sevoflurane and opioid-based analgesia) anaesthesia on breast cancer recurrence in their randomised controlled trial. They concluded that regional anaesthesia did not reduce cancer recurrence after surgery for primary breast cancer compared with general anaesthesia.

We congratulate our colleagues for their great efforts in completing this relatively large clinical trial in such an important area of research.[2] However, we would like to invite the authors to elaborate on our comments.

First, the prognosis of breast cancer varies greatly with cell phenotype; for example, triple-negative breast cancer can behave very differently to the triple-positive oestrogen receptor, progesterone receptor, and excess human epidermal growth factor receptor 2. This study only analysed and included oestrogen receptors. The recurrent incidence of triple-negative breast cancer is high during the first few years with a peak at 3 years after surgery, but more than 50% of oestrogen receptor-positive breast cancers reoccur between 5 years and 10 years after surgery.[3] Thus, long-term follow-up is needed to reveal recurrence risk of breast cancer; however, the median follow-up duration in this study was only 36 (IQR 24–49) months.

Second, the trial duration lasted from 2007 to 2018, and during this period surgical and anaesthetic techniques, chemotherapy and radiotherapy, and

For the **funder principles** see https://www.ukcdr.org.uk/resource/funder-principles-for-research-in-epidemics/

For **GloPID-R funding opportunities** see https://www.glopid-r.org/funding-opportunities/

For the **COVID-19 Research Project Tracker** see https://www.ukcdr.org.uk/funding-landscape/covid-19-research-project-tracker/