

Part 2

Monoclonal Antibodies

The time has come to give you all an update regarding monoclonal antibodies as a treatment for COVID19. Unfortunately, I will be the bearer of bad news. Both Eli Lilly and Regeneron have started their clinical trials and moved in rapid succession. However, the quick pace was not meant to be. Katie Thomas's article "Coronavirus Antibody: Clinical Trials of Drugs are Taking Longer than Expected breaks down the reasons as follows. She writes "Researchers at a dozen clinical trial cites said that testing delays, staffing shortages, and reluctant patients were complicating their effort to test monoclonal antibodies..." Consequently, Thomas describes Regeneron as not being able to make initial data available until the end of September. Additionally, she cites Eli Lilly's chief scientific officer as saying "...he now hopes for something before the end of the year."

The most inexcusable reason for slow clinical trials is the lack of testing. Thomas describes test results taking as long as five days to get results. At the same time, the Regeneron Trial requires that a person receive the antibodies within a week of showing symptoms. Thomas also explains that both trials require administrations of the antibody therapies within three days of a positive COVID19 test. As a reader of this article, I am appalled to learn that we still have not gotten our act together on COVID19 testing.

The staff shortages are unsurprisingly linked to inefficient tests. Thomas describes many hospitals being overran by patients. Ironically, there are far too many patients for hospitals to set aside room for the clinical trials to take place. Consequently, this leads me to conclude that if we had more tests, the hospitals would not be as over ran. Thus, I find it important for the CDC to take a much larger role in fighting COVID19 and remedy our testing difficulties quickly.

In order to have a clinical trial, one must have patients willing to participate. Unfortunately, people are reluctant to participate in the COVID19 Monoclonal Antibodies Trials. The article gives opposite reasons for such reluctance. Thomas quotes Dr. Jason Morris who runs an Eli Lilly testing cite as saying “Many people associate clinical trials with treatments that are given in life-or-death situations, and don’t want to risk taking an experimental drug for an illness they may overcome on their own. Others have the opposite rationale: They don’t want to go through the hassle of a trial only to receive a placebo.” The reasons for not participating in a Corona Virus Antibody trial are understandable.

Besides that, if I did not get any better, and I would be saddened and angry. However, the reasons for participating in the trial are compelling. First and foremost, these trials may prove the antibodies to be effective. More importantly, using science for fighting the greatest challenge of our time is a must.

In order for the trials to be successful, Regeneron and Eli Lilly need to fix or find their ways around long testing times, staff shortages, and reluctant patients. Furthermore, the CDC needs to build a robust testing program. This is causing hospitals to be overran. Besides that, for anyone thinking of participating in the Regeneron or Eli Lilly trials, I would first hope they contact their doctor and explain what is going on. Next, after receiving sound medical advice, I would hope they would participate.

Coronavirus Antibody: Clinical Trials of Drugs Are Taking ...

<https://www.nytimes.com/2020/08/14/health/covid-19-antibody-treatments.html>