

**Pharma Conference 2020: Volatile isothiocyanates and bioactivity in *Physorhynchus chamaerapistrum* Neelam Sherwani - Sultan Qaboos University, Sultanate of Oman****Neelam Shrwani***Sultan Qaboos University, Sultanate of Oman, Oman*

Coronavirus disease 2019 (COVID 19) is overshadowing society across the world, and it will redefine many aspects of how we live and work in the future. In a crisis, people are rightly looking for solutions from their leaders and experts, and their response and actions will define them for years to come. COVID 19 may also be such a defining moment for clinical pharmacology in terms of its role in drug development and therapy. Though most drug development takes years from discovery to approval, for the COVID 19 pandemic, drug development is on a fundamentally different timeline. Broadly speaking, there are three horizons for development of COVID 19 therapies, which include treatments for infection induced morbidities such as acute respiratory distress syndrome (ARDS) or concomitant bacterial superinfections. It is clear that clinical pharmacologists will play a key role in all of these development horizons. However, the overall expectations related to horizons 2 and 3 are arguably not radically different from the time before the crisis, albeit there will most likely be considerably more investment in infectious diseases in general and specifically in coronavirus therapies. The speed at which horizon 1 is developing on a day to day basis is unprecedented, and we believe that this is where the most urgent and critical need for clinical pharmacology leadership is required. The list of approved drugs that may be repurposed to provide benefit in COVID 19 infected patients has been growing rapidly,<sup>1</sup> and many are currently being tested or indeed used clinically in critically ill patients. At present, there are more than 200 registered clinical trials involving COVID 19 patients. Conventional drug development paradigms and trial designs do not fit well with the urgency and limited window of opportunity at the individual patient level and scale of the crisis. The clinical pharmacology remit to get the right drug and indeed the right dose in every patient has never been clearer,<sup>4</sup> but in the context of the COVID 19 pandemic we need to add as soon as possible. Patients in greatest need may not have the time to benefit from an overly cautious approach,

whereas they may also be at highest risk of experiencing exaggerated and previously unknown (r) (i) (4) (c)

