Correspondence

The pandemic agreement: an African perspective

Your Editorial on efforts to agree a global pandemic treaty (*Nature* **629**, 727; 2024) emphasizes that genomic surveillance and pathogen and data sharing are key to effective infection control and development of therapies.

With investment spurred by COVID-19, more than 70% of African Union (AU) member states have developed local capacity to sequence pathogen genomes (M. Makoni *Lancet Microbe* **1**, e318; 2020), and more than 170,000 genomes of the virus SARS-CoV-2 have been sequenced and shared. In collaboration with AU member states, the Africa Centres for Disease Control and Prevention (CDC) is creating a biobanking network across the continent to address pathogen sharing.

Led by the AU and the Africa CDC, a Common African Position on Pandemic Prevention, Preparedness, and Response was adopted in February 2024 (see go.nature.com/3xqvrhs). Agreement on a pathogen-access and benefit-sharing system — which will allow rapid exchange of sequence data and equitable and timely access to countermeasures for pandemic preparedness and response — will be the most crucial outcome of the pandemic treaty. Sharing of pathogen data, reciprocated with multilateral benefits, can provide a guarantee of safety and equity for people all over the world, whether in higher- or lower-income countries.

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Abandoning RCTs won't help cancer treatment

An Outlook article in May argued that randomized controlled trials (RCTs) should be phased out for cancer drugs to speed up approvals (E. Schattner *Nature* **629**, S13; 2024). We recognize the need to streamline the flow of fundamental biology discoveries into clinical applications, but have concerns.

Even when accelerated approval enables the use of compounds that showed promising activity in early-phase trials, confirmatory RCTs remain desirable. Many cancer drugs that are granted accelerated approval do not meet efficacy criteria in subsequent RCTs (I. T. T. Liu *et al. JAMA* **331**, 1471–1479; 2024). Widespread use of such drugs could expose recipients to toxicity without clinical benefit, increase treatment costs and hinder the development of more-effective treatments.

The article proposes that artificial intelligence (AI) systems could overcome some of these issues. But the 'black box' nature of much of AI prevents clinicians understanding why the systems make certain recommendations, posing separate ethical questions.

Improving the equity and sustainability of health systems, for example by accelerating often lengthy price negotiations between regulators and drug companies, is arguably a better way to deliver benefits than is abolishing RCTs.

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Balance risks and benefits of AI for scientific writing

Dritjon Gruda's Careers Column on his use of the chatbot ChatGPT offers valuable insights into the benefits of integrating generative artificial intelligence (AI) into academic writing, editing and peer-review processes (see *Nature* https://doi.org/gtzb44; 2024).

As researchers who have sometimes struggled with articulating intricate concepts, we find his suggestions for using ChatGPT to improve the clarity and coherence of academic papers compelling. But potential pitfalls warrant further discussion. Using ChatGPT collaboratively and iteratively, as described by Gruda, is essential to maintain the originality and authenticity of academic work, and to ensure that AI tools do not inadvertently homogenize scientific writing or diminish the unique voices and critical-thinking skills of individual authors.

A similar balance must be struck in the use of AI to summarize and organize feedback in peer review. Stringent measures are needed to protect the confidentiality and intellectual property of submitted manuscripts. It will also remain crucial to recognize the limitations of AI in understanding nuanced scientific arguments and making editorial decisions that require deep domain expertise.

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