Update on Trial Reporting Requirements

Deborah A. Zarin, M.D.
Director, ClinicalTrials.gov
November 2016
• Design and conduct of clinical trials was left to individual investigators
  • No specific training required
  • Not much oversight of analytic methods
    • E.g., absence of scientific review of protocols at institutional level
• Individual investigators decided whether, when and how to disseminate results of clinical trials
  • Institutions assumed that fundamental academic incentives would ensure that this would happen;
  • But widespread appreciation that not all results would be reported
## Policies that Disrupted the Status Quo

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<thead>
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<tbody>
<tr>
<td>Scope</td>
<td>Registration &amp; Results Reporting</td>
<td>Registration &amp; Results Reporting</td>
<td>Registration</td>
</tr>
<tr>
<td>Phase</td>
<td>Not Phase 1</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Intervention Type</td>
<td>Drugs, Biologics, &amp; Devices regulated by the FDA</td>
<td>All</td>
<td>All</td>
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<tr>
<td>Funding</td>
<td>Any</td>
<td>NIH</td>
<td>Any</td>
</tr>
<tr>
<td>Enforcement</td>
<td>Up to $10,000/day; Loss of US Federal funding</td>
<td>Loss of NIH funding</td>
<td>Refusal to publish</td>
</tr>
</tbody>
</table>
New World Order

• We have examined the CRE and it’s not pretty
  • Many poorly designed studies
  • Lack of fidelity to trial protocols (or lack of firm protocols)
  • Selective reporting
• FDAAA and NIH policies explicitly hold institutions accountable for reporting of their clinical trials
• A lot of work to be done
When the final NIH Policy on Dissemination of NIH-Funded Clinical Trial Information is implemented, all NIH-funded investigators including NCI investigators will be subject to the NCI policy. The NCI Trial Access policy will then be updated accordingly or withdrawn.
Friday, September 16, 2016

HHS takes steps to provide more information about clinical trials to the public

In an effort to make information about clinical trials widely available to the public, the U.S. Department of Health and Human Services today issued a final rule that specifies requirements for registering certain clinical trials and submitting summary results information to ClinicalTrials.gov. The new rule expands the legal requirements for submitting registration and results information for clinical trials involving U.S. Food and Drug
Part II

Department of Health and Human Services

42 CFR Part 11
Clinical Trials Registration and Results Information Submission; Final Rule
NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information

Notice Number: NOT-OD-16-149

Key Dates
Release Date: September 16, 2016
Effective Date: January 16, 2017

Related Announcements
NOT-OD-15-019

Issued by
National Institutes of Health (NIH)

Purpose

Summary
The National Institutes of Health (NIH) is issuing this policy to promote broad and responsible dissemination of information from NIH-funded clinical trials through ClinicalTrials.gov. The policy establishes the expectation that all investigators conducting clinical trials funded in whole or in part by the NIH will ensure that these trials are registered at ClinicalTrials.gov, and that results information of these trials is submitted to ClinicalTrials.gov. The policy is complementary to the statutory and regulatory reporting requirements. These are section 402(j) of the Public Health Service Act, as amended by Title VII of the Food and Drug Administration (FDA) Amendments Act of 2007 (FDAAA), and the regulation Clinical Trial Registration and Results Information Submission, at 42 CFR Part 11. Hereafter, we refer to section 402(j) as the statute and 42 CFR Part 11 as the rule or regulation. This policy as well as the rule were posted in the Federal Register.

Supplemental Information
On November 19, 2014, and in tandem with the publication of the Notice of Proposed Rulemaking (NPRM) on Clinical Trial Registration and Results Submission, the NIH issued a complementary draft policy for public comment on the Dissemination of NIH-funded Clinical Trial Information\(^1\,\,2\). The draft policy proposed that all NIH-funded awardees and
Title VIII of the Food and Drug Administration (FDA) Amendments Act of 2007 (FDAAA) expanded the legal mandate for sponsors and others responsible for certain clinical trials of FDA-regulated drug, biologic, and device products to register their studies and report summary results information to ClinicalTrials.gov, which is managed by the National Library of Medicine at the National Institutes of Health (NIH). The statute expanded registration requirements and provided a legally defined timeline with specific requirements for the systematic reporting of summary trial results. Although statutory components took effect before 2010, the FDAAA directed the Department of Health and Human Services (HHS) to issue regulations regarding certain statutory provisions and to consider possible expansion of the requirements through rulemaking.

devolved the final rule, which was made publicly available on September 16, 2016. Simultaneously, the NIH issued a complementary final policy, under which NIH-funded awardees and investigators will be expected to submit registration and results information for all NIH-funded clinical trials, whether or not the trials are covered by the FDAAA requirements.

Here, we summarize and highlight key points about the final rule (see box).

BACKGROUND

The FDAAA established legal requirements for sponsors and designated principal investigators (i.e., responsible parties) to report specified clinical trial information for certain applicable clinical trials to ClinicalTrials.gov. In addition to registration, the statute established a system and man-
# Key Clinical Trial Reporting Requirements

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Scope</strong></td>
<td>Registration</td>
<td>Registration &amp; Results Reporting</td>
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</tr>
<tr>
<td><strong>Phase</strong></td>
<td>All</td>
<td>Not Phase 1</td>
<td>All</td>
</tr>
<tr>
<td><strong>Intervention Type</strong></td>
<td>All</td>
<td>Drugs, Biologics, &amp; Devices regulated by the FDA</td>
<td>All (e.g., including behavioral interventions)</td>
</tr>
<tr>
<td><strong>Funding Source</strong></td>
<td>Any</td>
<td>Any</td>
<td>NIH</td>
</tr>
<tr>
<td><strong>Enforcement</strong></td>
<td>Refusal to publish</td>
<td>Criminal proceedings and civil penalties (up to $10,000/day); Loss of HHS funding</td>
<td>Loss of NIH funding</td>
</tr>
</tbody>
</table>
Effective Date Jan 18, 2017

• FDAAA Final Rule Requirements
  • Registration: Study Start Date ≥ January 18, 2017
  • Summary Results: Primary Completion Date ≥ January 18, 2017

• NIH Policy Requirements
  • Study Start Date ≥ January 18, 2017
  AND
  • Funding application (e.g., grants, other transactions, contracts) first submitted ≥ January 18, 2017
Scope of Reporting Policies

• FDAAA- Final Rule (42 CFR Part 11)
  • Non-phase 1 interventional studies (clinical trials) of drug, biologic or devices
  • Includes IND exempt studies
  • Includes single arm trials
  • Includes studies of diagnostic technologies, including in vitro diagnostics
  • Includes studies of unapproved products

• NIH trial reporting policies
  • All NIH funded interventional studies (clinical trials)
  • Includes phase 1; studies without drugs/devices; etc
Other Changes under Final Rule

• Can “opt out” of device lockbox
• Additional baseline measures required
  • Race/ethnicity
  • Measures associated with outcome measures
• Full protocol/SAP must be submitted with results
• All cause mortality data must be submitted
• Records posted after 30 days regardless of QC status
NIH IC Extramural Staff need to monitor Broader set of Trials

• FDAAA: ACTs
  • NIH plans to withhold funding to sponsors of NIH-funded ACTs that cannot be verified to be compliant
  • Following full implementation, external parties can generally determine compliance

• NIH Policy: All NIH-funded clinical trials
  • Applies to funding applications after Jan 18, 2017 for trials initiated after Jan 18, 2017
  • Must ensure registration and results reporting
  • Systems may need to be altered
NCI Trials that Started in 2015

368 Total NCI-Sponsored and Funded Interventional Studies (pACTs + Trials)

146 NCI-Sponsored and Funded Trials

177 NCI-Funded pACTs

45 NCI-Sponsored pACTs

Total NCI-Sponsored and Funded Interventional Studies (pACTs + Trials)
The Results Database
Figure 1. Trials by 80 Sponsors Estimated to Be Subject to Proposed Results Reporting.
The ClinicalTrials.gov Results Database — Update and Key Issues

Deborah A. Zarin, M.D., Tony Tse, Ph.D., Rebecca J. Williams, Pharm.D., M.P.H., Robert M. Califf, M.D., and Nicholas C. Ide, M.S.

ABSTRACT

BACKGROUND
The ClinicalTrials.gov trial registry was expanded in 2008 to include a database for reporting summary results. We summarize the structure and contents of the results database, provide an update of relevant policies, and show how the data can be used to gain insight into the state of clinical research.

METHODS
We analyzed ClinicalTrials.gov data that were publicly available between September 2009 and September 2010.

RESULTS
As of September 27, 2010, ClinicalTrials.gov received approximately 330 new and 2000 revised registrations each week, along with 30 new and 80 revised results submissions. We characterized the 79,413 registry and 2178 results of trial records available as of September 2010. From a sample cohort of results records, 78 of 150 (52%) had associated publications within 2 years after posting. Of results records available publicly, 20% reported more than two primary outcome measures and 5% reported more than five. Of a sample of 100 registry record outcome measures, 61% lacked specificity in describing the metric used in the planned analysis. In a sample of 700 results records, the mean number of different analysis populations per study group was 2.5 (median, 1; range, 1 to 25). Of these trials, 24% reported results for 90% or less of their participants.

CONCLUSIONS
ClinicalTrials.gov provides access to study results not otherwise available to the public. Although the database allows examination of various aspects of ongoing and completed clinical trials, its ultimate usefulness depends on the research community to submit accurate, informative data.
Key Concepts

• The Basic Results Database requires the reporting of what was done; it does not require a change in study design or study procedures;

• Quality Assurance is designed to ensure that results are complete and meaningful; it does not ensure that studies are valid, useful, or interesting!

• The intended audience is “readers of the medical literature.”
4 Scientific Modules

- Participant Flow
- Baseline Characteristics
- Outcome Measures
- Adverse Events

Administrative Information
e.g., “Certain Agreements”
Question: Which parts would you NOT need to write a journal article?

• Baseline Characteristics
  • One table, for each arm and overall
  • Age (continuous or categorical)
  • Gender

• Participant Flow
  • # Started and # completed each arm

• Outcome Measures
  • Summary data for each prespecified Primary and Secondary Outcome Measure (per arm)

• Adverse Events
  • Table of all Serious Adverse Events (per arm)
  • Table of “other” Adverse Events that occur in more than 5% of participants (per arm)
What Does QA Address?

• Tables should convey study design, conduct, and analysis

• Data must make sense
  • Measure name, units, and data must match
  • Use words precisely (e.g., incidence, rate)
  • No invalid entries
    • E.g., 823 hours/day; “time to survival”
  • No missing parameters or data

• Results record must be logical and internally consistent
We Have Observed Lack of Key Competencies

• Certain types of errors reflect lack of understanding of trial design and analysis
• Sometimes this is related to the fact that the investigator is not involved in the data reporting
• Sometimes it is not...
Examples of Errors

• “Time to survival” listed as an outcome measure, without understanding that it is an illogical entry;

• More participants analyzed for an outcome measure than started the study (and no recognition that this was a problem);

• P-value reported, but investigator denied that it was based on a “statistical test”;

• Confidence interval reported, but no parameter listed (and investigator denied that there was a parameter)
Diffusion of Responsibility

• In order to enter results data, one must be able to:
  • Describe the participant flow
  • Describe the prespecified outcome measures (e.g., including units of measurement)
  • Identify the analysis population for each measure

• For many trials, nobody can be identified who can do this!

• Many investigators do not consider it their role

• When there is a journal article, not considered the author’s role

• The statisticians cannot always explain what was done

• Who’s role is it?
Conclusions: Our results highlight the need to search ClinicalTrials.gov for both unpublished and published trials. Trial results, especially serious adverse events, are more completely reported at ClinicalTrials.gov than in the published article.
Indacaterol–Glycopyrronium versus Salmeterol–Fluticasone for COPD

Jadwiga A. Wedzicha, M.D., Donald Banerji, M.D., Kenneth R. Chapman, M.D., Jørgen Vestbo, M.D., D.M.Sc., Nicolas Roche, M.D., R. Timothy Ayers, M.Sc., Chau Thach, Ph.D., Robert Fogel, M.D., Francesco Patalano, M.D., and Claus F. Vogelmeier, M.D., for the FLAME Investigators*

ABSTRACT

BACKGROUND
Most guidelines recommend either a long-acting beta-agonist (LABA) plus an inhaled glucocorticoid or a long-acting muscarinic antagonist (LAMA) as the first-choice treatment for patients with chronic obstructive pulmonary disease (COPD) who have a high risk of exacerbations. The role of treatment with a LABA–LAMA regimen in these patients is unclear.

METHODS
We conducted a 52-week, randomized, double-blind, double-dummy, noninferiority trial. Patients who had COPD with a history of at least one exacerbation during the previous year were randomly assigned to receive, by inhalation, either the LABA indacaterol (110 μg) plus the LAMA glycopyrronium (50 μg) once daily or the LABA salmeterol (50 μg) plus the inhaled glucocorticoid fluticasone (500 μg) twice daily. The primary outcome was the annual rate of all COPD exacerbations.

RESULTS
A total of 1680 patients were assigned to the indacaterol–glycopyrronium group, and 1682 to the salmeterol–fluticasone group. Indacaterol–glycopyrronium showed not only noninferiority but also superiority to salmeterol–fluticasone in reducing the annual rate of all COPD exacerbations; the rate was 11% lower in the indacaterol–glycopyrronium group than in the salmeterol–fluticasone group (3.59 vs. 4.03; rate ratio, 0.89; 95% confidence interval [CI], 0.83 to 0.96; P=0.003). The indacaterol–glycopyrronium group

Online publication of a *NEJM* original article reporting the results of the FLAME Trial (NCT01782326) explicitly linked to results information posted on ClinicalTrials.gov:

“The protocol includes a list of 27 secondary outcome measures; we report data for 19 of these outcomes here and in Sections 4 and 5 in the Supplementary Appendix. **The outcomes for which data are not reported herein can be found at ClinicalTrials.gov** ([https://clinicaltrials.gov/ct2/show/results/NCT01782326](https://clinicaltrials.gov/ct2/show/results/NCT01782326)).”

Source:
Indacaterol–Glycopyrronium for COPD exacerbations: a double-blind, double-dummy, randomized, parallel-group, non-inferiority trial (FLAME; NCT01782326)

Jadwiga A. Wedzicha, M.D., Donald Banga, M.D., R. Timothy Ayers, M.Sc., C. Vogelmeier, M.D., for the FLAME Investigators.


ClinicalTrials.gov Identifier: NCT01782326
First received: January 30, 2013
Last updated: May 5, 2016
Last verified: May 2016

This study has been completed.
Sponsor: Novartis Pharmaceuticals
Information provided by (Responsible Party): Novartis (Novartis Pharmaceuticals)

Measured Values

<table>
<thead>
<tr>
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<th>QVA149</th>
<th>Long Acting B2 Agonist (LABA) and Inhaled Corticosteroid (ICS)</th>
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</thead>
<tbody>
<tr>
<td>Number of Participants Analyzed [units: participants]</td>
<td>1528</td>
<td>1556</td>
</tr>
<tr>
<td>Rate of COPD Exacerbations [units: COPD Exacerbations/year]</td>
<td>3.59</td>
<td>4.03</td>
</tr>
<tr>
<td>Least Squares Mean (95% Confidence Interval)</td>
<td>3.28 to 3.94</td>
<td>3.68 to 4.41</td>
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Statistical Analysis 1 for Rate of COPD Exacerbations

<table>
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<tr>
<th>Groups [1]</th>
<th>All groups</th>
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</thead>
<tbody>
<tr>
<td>Non-Inferiority/Equivalence Test [2]</td>
<td>Yes</td>
</tr>
<tr>
<td>Rate Ratio [4]</td>
<td>0.69</td>
</tr>
<tr>
<td>95% Confidence Interval</td>
<td>0.83 to 0.96</td>
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</table>

The protocol includes a list of 27 outcomes here and in Sections 4.4 and 4.5. All data are not reported herein can be found on ClinicalTrials.gov. Secondary outcomes, including hospitalization, include exacerbation severity, the first moderate or severe exacerbation and the annual rate of all exacerbations. We also assessed the change from 0 to 12 hours (in a subgroup analysis) in the validated COPD exacerbations. We observed a lower percentage of patients with higher scores indicating worse exacerbations in the QVA group than in the ICS group (24 patients, p = 0.02 for the difference between groups). Rescued medication was lower in the QVA group than in the ICS group (24 patients, p = 0.01).
Implications of New QC Posting Practices – 2 NCI Case Studies
• Outcome Measure
  • Title: “Immune Response”
  • Description: “…an enhanced PSA-specific T-cell immune response greater than or equal to…”

• Arm Information
  • Number of Arms: “1”
  • Arm Title: “Phase 2”
  • Arm Description: “Phase 2 patients are randomized among 4 arms…”
## NCT00060528 – Post-QC Review

<table>
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<th>Arm/Group Title</th>
<th>No GM</th>
<th>Rec-hGM</th>
<th>rF-GM (10^7pfu), Vaccine subcutaneously x1</th>
<th>rF-GM (10^8), Vaccine subcutaneously x1</th>
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</thead>
<tbody>
<tr>
<td>Arm/Group Description</td>
<td>Vaccine subcutaneously with no GM</td>
<td>Vaccine subcutaneously with Rec-hGM</td>
<td>Vaccine subcutaneously with rF-GM (10^7pfu)</td>
<td>Vaccine subcutaneously with rF-GM (10^8)</td>
</tr>
<tr>
<td>Number of Participants Analyzed</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<tr>
<td>Measure Type: Number Units: Participants</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
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</table>
NCT00082017 – Pre-QC Review

• Outcome Measure
  • Title: “Clinical Response Rate”
  • Description: “…the **percentage of participants** with a response addressed by the International Workshop to…”

<table>
<thead>
<tr>
<th></th>
<th>UCN-01 for T-cell Lymphomas - Cohort 1 Every 28 Days</th>
<th>UCN-01 for T-cell Lymphomas - Cohort 2 Every 21 Days</th>
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</thead>
<tbody>
<tr>
<td>Number of Participants Analyzed</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Response Rate [units: Percentage of participants]</td>
<td>Complete response: 18</td>
<td>Complete response: 0</td>
</tr>
<tr>
<td></td>
<td>Complete response unconfirmed: 0</td>
<td>Complete response unconfirmed: 0</td>
</tr>
<tr>
<td></td>
<td>Partial response: 9</td>
<td>Partial response: 0</td>
</tr>
<tr>
<td></td>
<td>Progressive disease: 54</td>
<td>Progressive disease: 4</td>
</tr>
</tbody>
</table>

33
NCT00082017 – Post-QC Review

<table>
<thead>
<tr>
<th>Arm/Group Title</th>
<th>UCN-01 for T-cell Lymphomas - Cohort 1 Every 28 Days</th>
<th>UCN-01 for T-cell Lymphomas - Cohort 2 Every 21 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm/Group Description:</td>
<td>Cycle 1: 45 mg/m^2/day continuous intravenous infusion 1 to 3 days (72 hours) for total dose of 135 mg/m^2. Cycle 2: 45 mg/m^2/day continuous intravenous infusion 1 to 2 days (36 hours) for total dose of 68 mg/m^2. Repeat cycles every 28 days.</td>
<td>Cycle 1: 45 mg/m^2/day continuous intravenous infusion 1 to 3 days (72 hours) for total dose of 135 mg/m^2. Cycle 2: 45 mg/m^2/day continuous intravenous infusion 1 to 2 days (36 hours) for total dose of 68 mg/m^2. Repeat cycles every 21 days.</td>
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<td>Number of Participants Analyzed</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Measure Type: Number Units: Percentage of participants</td>
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<td></td>
</tr>
<tr>
<td>Complete response</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Complete response unconfirmed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Partial response</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Progressive disease</td>
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<td>45</td>
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<tr>
<td>Stable disease</td>
<td>9</td>
<td>33</td>
</tr>
<tr>
<td>Not evaluable</td>
<td>9</td>
<td>22</td>
</tr>
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</table>
What is our Goal?

1. Make it as straightforward as possible for the motivated person with the requisite knowledge to enter results

2. Make it as clear as possible what the requisite knowledge is:
   a) Clinical research knowledge and skills
   b) Understanding of specific trial, and access to summary data
Upgrades from ClinicalTrials.gov

- User-focused improvements to data entry system
- 12 PhD level quality reviewers are available for 1:1 assistance at any stage in process
  - “navigator” process available to walk you through complete data entry
- Reports within the system to help organizational administrators keep track of the status of their records
- Email and other warning system in place to alert Responsible Parties when there are problems that require attention
Requesting One-on-One Help with Results

Results Section

Enter Results: Results submission is required by FDAAA 801 for certain applicable clinical trials of drugs, biologics and devices. Note: other clinical trials may need to have results submitted based on other funder or sponsor policies.

For more information see: When Do I Need to Register and Submit Results?

Need help with Results? Contact ClinicalTrials.gov PRS to request one-on-one assistance from one of our experts.

Message to ClinicalTrials.gov Staff

Requesting one-on-one assistance with Results.

* Your Email Address: register@clinicaltrials.gov

* Message: Let us know if you have specific questions about your record or if you need general help with Results.

If you would like to speak with someone by phone, please complete the following information:

Phone Number: ______________________

Best Dates/Times (with time zone): ______________________

Send Cancel

* Required fields
Reactions to 1-to-1 Results Navigation

• “The session with clinicaltrials.gov was highly effective, and indeed we worked out methods for reporting side effects for crossover studies.”
• “I've been very impressed with how responsive the PRS team has been with my questions. Additionally, the quality and completeness of the answers has been fantastic.”
• “We so appreciate the time and the discussion yesterday and especially your continued interest in helping us seek the best possible resolution with our challenges with the results section of this study.”
• “Thank you so much for your clear explanation. It helps me a lot.”
• “I cannot thank you enough for helping me work through this. ... I have learned a lot, and have saved all the informational links for future use with the site.”
Heard on the Street:

• “You only have to register if you’re planning to publish…”
• “We never planned to analyze those data [arm]…”
• “FDAAA will never be enforced…”
• “All of our investigators publish…”
• “Some studies aren’t designed to produce meaningful results, so it would be misleading.”
• “You ask for data that we don’t have…”
• “We don’t have enough statistical help…”
• “The data are archived…”
• “We can’t afford to support this effort…”
# FDAAA “Basic” Results Reporting by NCI Sponsored and NCI Funded

All data as of 11/1/2016

<table>
<thead>
<tr>
<th></th>
<th># of Registered pACTs</th>
<th># Registered Trials (&quot;pACTs&quot;) That May Need Results</th>
<th>% Reporting Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total*</td>
<td>Reporting Results**</td>
</tr>
<tr>
<td>NCI--sponsor</td>
<td>1,035</td>
<td>652</td>
<td>601</td>
</tr>
<tr>
<td>Other NCI funded</td>
<td>2,690</td>
<td>1,609</td>
<td>711</td>
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</table>

*Total = [Non-phase 0/1 interventional studies AND (IND or IDE OR a drug, biologic, or device AND at least one US site) AND completed after December 2007] AND [Primary Completion Date ≥ 1 Year]

**Reporting Results = Trials for which summary results are posted or submitted to ClinicalTrials.gov OR delayed submission of results are acceptable (i.e. submission of a certification or an extension request)
FDAAA “Basic” Results Reporting by Top 10 NIH Grant Recipients (FY2014)

<table>
<thead>
<tr>
<th>Sponsor Rank</th>
<th># Registered Trials (“pACTs”) That May Need Results</th>
<th>% Reporting Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>REPORTING RESULTS</td>
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<td>106</td>
<td>24</td>
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<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>10</td>
<td>138</td>
<td>12</td>
</tr>
</tbody>
</table>
• Assessed whether institutions reported results and whether they were reported “on time”
  • Analysis included trials of unapproved drugs or devices (if a certification was not on file)

• “The worst offenders included four of the top 10 recipients of federal medical research funding from the National Institutes of Health: Stanford, the University of Pennsylvania, the University of Pittsburgh, and the University of California, San Diego.”
High-level Implications of Recent Policies

• Transparency
  • Traditionally, investigators decided whether, when, and how to report results
  • Current policies promote systematic reporting of trial information

• Accountability
  • Organizations that sponsor studies will be held responsible for their conduct and reporting
    • Requires fundamental changes throughout the CRE: funders, sponsors, investigators
  • Key Message: The time to decide if study is worth reporting is BEFORE the participants are put at risk, not AFTER

• Leadership is key!
Final Rule Webinar Series

• Available at: http://clinicaltrials.gov/ct2/manage-recs/present

1. Overview of the Final Rule – effective and compliance dates, applicability of final rule, and results submission for unapproved products

2. Final Rule Clinical Trial Registration Information Submission Requirements - who, when, what, and update requirements

3. Final Rule Clinical Trial Results Information Submission Requirements - who, when, what, update requirements, posting, & quality control
Under the law, it says you must report. If you don’t report, the law says you shouldn’t get funding. I’m going to find out if it’s true [that the research centers aren’t reporting the results] and if it’s true, I’m going to cut funding. That’s a promise.

Vice President Joe Biden
June 29, 2016
Additional Resources

International Committee of Medical Journal Editors (ICMJE) Policy
http://www.icmje.org/publishing_10register.html

HHS Final Rule Clinical Trials Registration and Results Information Submission
https://www.federalregister.gov/d/2016-22129

NIH Policy on the Dissemination of Clinical Trial Information

National Cancer Institute (NCI) Policy Ensuring Public Availability of Results from NCI-supported Clinical Trials
http://grants.nih.gov/grants/guide/notice-files/NOT-CA-15-
Contact us: register@clinicaltrials.gov

ClinicalTrials.gov information (Submit Studies page)
http://clinicaltrials.gov/ct2/manage-recs

Office of Extramural Research (OER)
http://grants.nih.gov/Clinicaltrials_fdaaa/

Food and Drug Administration (FDA)
http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/FDAsRoleClinicalTrials.govInformation/default.htm
Select Publications

Available at:
http://www.clinicaltrials.gov/ct2/resources/pubs


