



NCI Clinical Trials Reporting Policy

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NCI Clinical Trials Reporting Policy: Premise

- Fundamental premise (ample precedent) that results of all NIH-funded research must be shared to contribute to the general body of science, and ultimately, to the public health
- Grantee/contractee institutions are expected to make the results of their activities available to the research community and to the public at large

Problem:

- Long lag time to publication of results, even for positive studies
- Negative studies or incomplete studies are frequently never published due to lack of journal and/or investigator interest
- Limits in FDAAA (FDA Amendment Act) legislation leave out certain studies from the requirement to publish results in clinicaltrials.gov

FDAAA Reporting Requirements

- Registration required for:
 - Phase 2-4 trials
 - Drug, device, or biologic
 - IND/IDE or one site in U.S.
 - Includes IND exempt studies
- Results reporting required, in general, within 12 months of the *earlier* of estimated/actual primary completion date
- Results reporting required for studies of **approved** products (or products that become approved)
- Enforcement Provisions, including
 - Withholding of NIH grant funding
 - Up to \$10,000/day fines

FDAAA: Gaps in Results Reporting

- Phase 0 – 1 trials
- Results required ONLY for studies of APPROVED PRODUCTS
- Some surgical trials are not covered as only devices under FDA jurisdiction are subject to FDAAA
- Proposed NCI Policy applies to diagnostic, preventive, behavioral and supportive care studies, some of which may not use agents/devices under FDA jurisdiction

100 Months after Completion: Two Thirds of NIH-Supported Clinical Trials Published

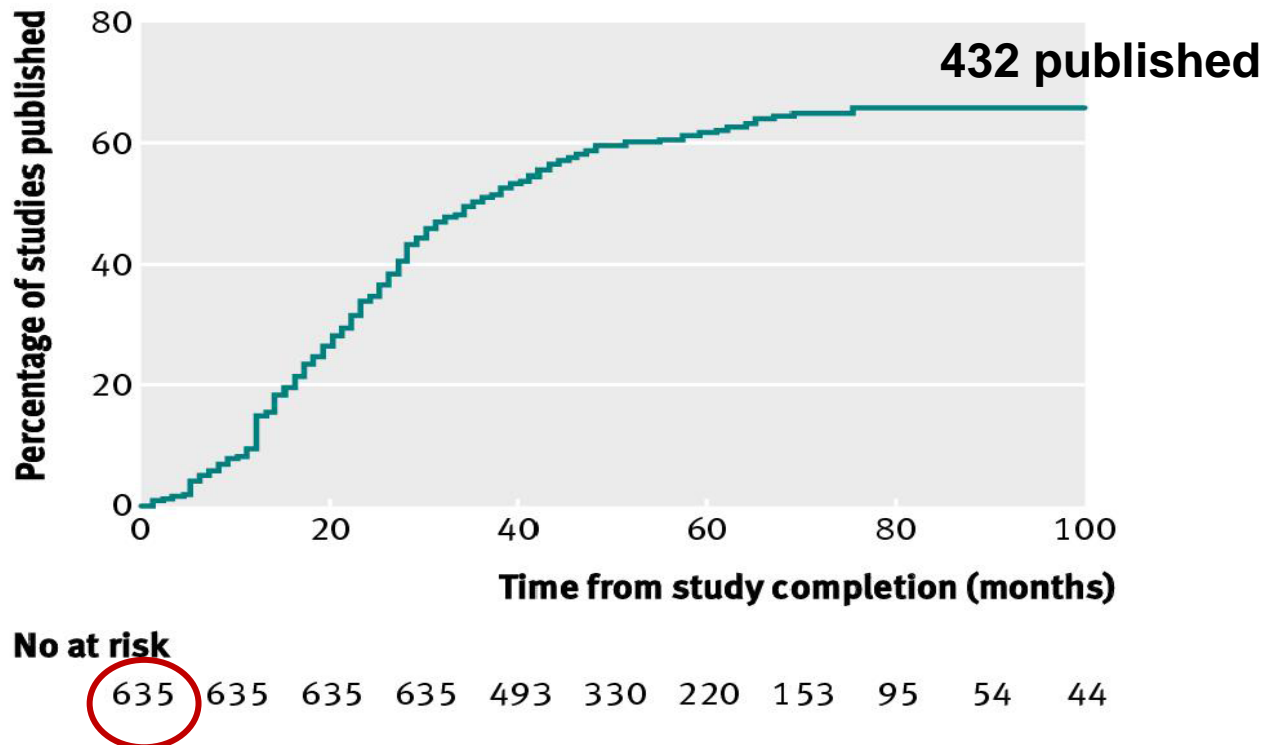
BMJ

BMJ 2011;344:d7292 doi: 10.1136/bmj.d7292 (Published 3 January 2012)

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BMJ 2011;344:d7292 doi **RESEARCH**

Publication of NIH funded trials registered in ClinicalTrials.gov: cross sectional analysis



Take Home Messages

- Fewer than half of NIH funded trials registered after September 2005 within ClinicalTrials.gov and completed by December 2008 were published in a peer reviewed biomedical journal indexed by Medline **within 30 months** of trial completion
- After a median of 51 months after study completion, a third of NIH-funded trials remained unpublished

Why Publish Incomplete Studies?

- Studies stopped for toxicity, poor accrual, or other reasons may still prove valuable to other researchers and patients, even if only to avoid duplication, wasted effort, or to improve knowledge of side effects

Proposed NCI Clinical Trials Reporting Policy

Principle

Rapid, public access to final trial results for investigators, clinicians, and patients is particularly important for cancer research trials because the results of such research have the potential to directly affect patient care

Covered Trials

- All NCI-supported interventional clinical trials whether extramural or intramural, across all disciplines and trial phases, whether completed or not

Excluded Studies

- Observational studies and any interventional clinical trial in which no subjects are enrolled

NCI-Supported: Definition

- All trials financially supported – whether in whole or in part – by NCI. In the case of NCI-designated Cancer Centers, the Policy *does not apply to the subset of trials which, although they may benefit from core support from a Center grant, are funded privately and in which the data from the trial belong to the private funder*. However, NCI-support does include those Cancer Center trials, funded at least in part by NCI, where the data resides with the academic investigator

When Must Trials Be Reported?

- NCI will align its policy with clinicaltrials.gov to avoid confusion
- Results are expected to be published within twelve (12) months of a trial's Primary Completion Date
 - Primary Completion Date: date final subject had final collection of data for the primary outcome. Data from incomplete trials must also be reported within 12 months of the date the last subject had data collected even if the trial does not achieve its primary aim

What Must Be Reported? (all results reported by arm)

- Participant Flow
 - Number Started
 - Number Completed
- Baseline Characteristics
 - Number of Participants
 - Age and Gender
- Outcome Measures
 - Summary results for primary and secondary outcome measures
 - Statistical analyses, as appropriate
- Adverse Events
 - “Serious” and “Other” by Organ System

Where Must Trials Be Reported?

- Final Trial Results must be reported in a publicly accessible manner
 - Peer-reviewed scientific journal (in print or on-line)
 - On-line registration and reporting with a publicly accessible registry dedicated to the dissemination of clinical trial information such as ClinicalTrials.gov.
 - Journals willing to publish in abbreviated format, esp. negative or incomplete trials with less rigorous peer review than full-length articles
- NCI not mandating a particular mechanism; either journal publication or registry submission acceptable; the goal must be public accessibility
 - If publication is selected, then the NIH Public Access Policy (<http://publicaccess.nih.gov/>) requires submission to PubMed Central upon acceptance; public availability no later than 12 mos. after publication

Compliance & Public Input

- Term of award for grants or deliverable for contracts
- NCI Program/Project Officers will enforce this policy at time of final progress report or an alternative date for larger grants to trial networks
- Non-compliance may result in funds recovery or withholding future support
- Proposed policy published in NIH Guide: NOT-CA-14-005
 - Comments were uniformly supportive
- NIH Guide Notice was shared with CTEP clinical investigator distribution list
 - Most comments were positive although one respondent was concerned about the added workload

Next Steps

- Input from Clinical Trials Advisory Committee (CTAC)
- Presentation to joint NCAB-BSA meeting in June 2014
- Resolution of Support?
- Implementation by Fall 2014