Introduction to:
ClinicalTrials.gov

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Agenda

- What is CT.gov
- Past history
- The future
What is CT.gov

• Web-based resource that provides easy access to information on publicly and privately supported clinical studies on a wide range of diseases and conditions.
  – Information provided and updated by Sponsor or PI of study
  – Access to patients, family members, sponsors, researchers….

• Maintained by the National Library of Medicine (NLM) at the National Institutes of Health (NIH).

• **NOTE:** CT.gov is only a tool by which to comply with relevant regulations.
The History

• 1997: FDA Modernization Act (FDAMA)
  – Registration of drug trials for serious or life threatening diseases
  – CT.gov as the site went live in 2000

• 2004: WHO creates International Clinical Trials Registry Platform
  – “The registration of all interventional trials is a scientific, ethical and moral responsibility”
The History

• 2005: International Committee of Medical Journal Editors (ICMJE) requirements for publication
  – Registration
  – Broader scope – any intervention used to modify biomedical or health related outcome

• 2007: FDA Amendments Act (FDAAA)
  – Broadened scope for registration – drugs and devices
  – Introduced results reporting for certain trials
Policy Requirements - Recap

FDAAA Results & AE Reporting

FDAAA Registration

ICMJE Registration
The ‘Motives’

• Improve public access to clinical trials
  – Increasing enrollment

• Information for clinicians
  – Help patients find appropriate trials

• Information for researchers
  – “ClinicalTrials.gov registry enables researchers to get a snapshot of a specific field and observe changes over time in trial design, including numbers of subjects accrues, and it can inform clinical trial design…”  J of Pain, 2013:14;405-11
The ‘Motives’

• Address the concern that much research is never published
  – **Timeliness**: “Despite recent improvement in timely publication, fewer than half of trials funded by NIH are published in peer reviewed biomedical journals indexed by MEDLINE within 30 months of trial completion. Moreover, after a median of 51 months after trial completion, a third of trials remained unpublished.” BMJ 2012;344
  – **Biased reporting**: Difficulty publishing negative results

• Address the concern that the results reported do not always reflect the protocol
Lilly Sold Drug for Dementia Knowing It Didn’t Help, Files Show

By Margaret Cronin Fisk, Elizabeth Lopatto and Jef Feeley - June 12, 2009 00:01 EDT

June 12 (Bloomberg) -- Eli Lilly & Co. urged doctors to prescribe Zyprexa for elderly patients with dementia, an unapproved use for the antipsychotic, even though the drugmaker had evidence the medicine didn’t work for such patients, according to unsealed internal company documents.

In 1999, four years after Lilly sent study results to the U.S. Food and Drug Administration showing Zyprexa didn’t alleviate dementia symptoms in older patients, it began marketing the drug to those very people, according to documents unsealed in insurer suits against the company for overpayment.

Regulators required Lilly and other antipsychotic drug-makers in April 2005 to warn that the products posed an increased risk to elderly patients with dementia. The documents show the health dangers in marketing a drug for an unapproved use, called off-label promotion, said Sidney Wolfe, head of the health research group at Public Citizen in Washington.
Kaplan-Meier estimates for ulcer complications according to traditional definition. Results are truncated after 12 months, no ulcer complications occurred after this period. Adapted from Lu 2001.

Status as of September, 2013

- 152,806 Registered studies since Feb 2000
- 10,019 results reported since Sept. 2008

  - About 70% posted with need for revision
  - About 50% are voluntary – not required by FDAAA
  - About 50% of CT.gov results entries not available elsewhere
The Future

• US/FDA/CT.gov
  – Possible expansion by rulemaking
    • Results reporting to trials of unapproved products?
    • Include technical or lay narrative summary with results?
    • Include protocol?
  – More on sanctions

• Global
  – EMA – patient level data to be made available