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**Memorandum**

To: Trialists

Fr: Curtis Meinert

Re: A modest proposal

Registration of trials commenced in 2000 with [ClinicalTrials.gov](http://ClinicalTrials.gov). The World Health Organization opened its registration platform in 2005 consisting of 16 registration sites.

	Name/website	Trials	Other studies	Total registered
	ClinicalTrials.gov (ClinicalTrials.gov)	229,405	59,685	289,090
	<b>WHO registry sites</b>			
1	Australian New Zealand Clinical Trials Registry (ANZCTR)	14,647	1,989	16,636
2	Brazilian Clinical Trials Registry (ReBec)	2,559	4,078	6,637
3	Chinese Clinical Trial Registry (ChiCTR)	10,734	8,542	19,276
4	Cuban Public Registry of Clinical Trials (RPCEC)			
5	EU Clinical Trials Register (EU-CTR)			33,557
6	German Clinical Trials Register (DRKS)	4,622	2,925	7,547
7	India Clinical Trials Registry (CTRI)	11,839	4,448	16,287
8	Iranian Registry of Clinical Trials (IRCT)			18,657
9	ISRCTN Registry (ISRCTN)			17,552
10	Japan Primary Registries Network (JPRN)			37,156
11	Pan African Clinical Trial Registry (PACTR)	877	779	1,656
12	Peruvian Clinical Trial Registry (REPEC)			
13	Republic of Korea Clinical Research Information Service (CriS)	2,426	877	3,303
14	Sri Lanka Clinical Trials Registry (SLCTR)			
15	Thai Clinical Trials Registry (TCTR)			2,412
16	The Netherlands National Trial Register (NTR)			7,342
	<b>Totals</b>	<b>277,109</b>	<b>83,323</b>	<b>477,108</b>

The counts in the table above are as of November 2018. Some sites provide counts of trials and other studies, some provide only total counts without any breakdown by study type, and some do not provide any summary counts (Cuban, Peruvian, and Sri Lanka sites).

Registration is now part of the fabric of trials. Most IRBs require evidence of registration before investigators are allowed to start enrollment but even so we still have no way of tracking the state and nature of trials because of lack of a common vocabulary and data system across registration sites and because trials can be registered in multiple sites. Multiple registrations may help people looking for trials to enroll in, but they are problematic when trying to combine results from different registries to track the state and nature of trials.

Hence, my modest proposal: Shut down the WHO registry platform and shunt registrations to [ClinicalTrials.gov](http://ClinicalTrials.gov) by agreement with the National Library of Medicine and the World Health Organization. As it is now we have a hodgepodge of systems.

The advantages of the merger would be:

- 1: A single registry for trials regardless of where done in the world;
- 2: A common vocabulary for registrants instead of the 17 that now exist;
- 3: A single dataset for characterizing the state and nature of trials; presently such assessments are limited to the subset of trials registered in [ClinicalTrials.gov](http://ClinicalTrials.gov) because it has a data system for analysis.

A side benefit of the merger is that [ClinicalTrials.gov](http://ClinicalTrials.gov) routinely trolls for publications having [ClinicalTrials.gov](http://ClinicalTrials.gov) registration numbers and then automatically posts the citations to registration files. This means that publications with NCT numbers are posted without having to rely on investigators to do updating. That feature as authors and editors adopt the practice of publishing registration numbers will eventually allow more accurate estimates of the actual publication rate of completed trials.

Trialists have done their part by registering trials. Now it is time for a unified single system of registration so we can track the state and nature of trials, regardless of where in the world they are done.