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3 March 2016

Memorandum

To: Trialists

Fr: Curtis Meinert

Re: On fixing the trouble in River City

The trouble in River City (18 February 2016 memo) is with investigators completing trials and not publishing. Indications (memos 7 January 2016 and 3 February 2016) are that less than one-third of NIH-funded completed trials and only about 20% of completed industry-funded trials are published.

The publication record for NIH-funded trials is especially troublesome. There failure to publish is not only a betrayal of trust with those studied but also of taxpayers funding the trials.

To be fair, failures to publish includes cases where investigators tried to publish but did not succeed because of rejections by editors, but most failures are likely due simply to investigators not trying.

The fixes involve investigators, sponsors, IRBs, the ICMJE, and ClinicalTrials.gov if we are to have a better handle on publications.

Investigators

An investigator should not undertake a trial if not committed to publishing. One way to help ensure that is by establishing a publication policy before trials start. The key elements of the policy should be:

1. Written commitment to publish when the trial is finished or stopped early regardless of the nature or direction of results
2. Commitment to publish in peer-reviewed, indexed, medical journals
3. Commitment from sponsors to fund paper writing efforts
4. Assurance that investigators have sole responsibility for analyses and for what is written and concluded (sponsors may have rights of review but not rights to dictate what is reported)
5. Willingness to make data available to others after results have been published

The policy may also specify authorship guidelines and whether to allow presentations prior to publication.

Sponsors

1. Maintaining arms length separation from investigators in relation to conduct of the trial and in paper writing

2. Willingness to limit input on paper writing to review without authority to require changes
3. Commitment to fund analysis and paper writing after completion of the trial through acceptance of the primary results manuscript or through the 4th rejection of the primary results manuscript

IRBs

1. Ensure that trials approved are registered on ClinicalTrials.gov or other approved registries
2. Require statement of commitment to publish from investigators as condition for approval
3. Require statement from sponsors committing to facilitate publication on completion of the trial
4. Proscribe appeals to altruism in consents as a reason for participation absent commitment by investigators to publish on completion
5. Require an account from investigators at end of trial if not published as to reasons for not publishing

ICMJE

The International Committee of Medical Journal Editors (ICMJE), in an editorial published September 2004, announced that trials started after 1 July 2005 had to be registered before the start of enrollment in order to be considered for publication in the journals represented in the editorial (twelve) and that abstracts accompanying publications contain registration numbers. Since then over 2,100 journals have signed onto the ICMJE reporting requirements but with a spotty record recording registration numbers. Less than 30% of all 2015 full length publications indexed to the publication type [randomized controlled trial] have registration numbers reported. This means either that the majority of randomized trials are not registered or, more likely, that journal editors are not doing what they signed onto.

The National Library of Medicine (NLM) trolls (daily; personal communication) MEDLINE for publications indexed as having ClinicalTrials.gov registration numbers and adds them to registrations if not already there. The failure to include registration numbers in publications means that the harvests of ClinicalTrials.gov are marginally productive. The ICMJE should take steps to ensure journals signing onto the policy do what they signed on for.

ClinicalTrials.gov

One of the items on my wish list for ClinicalTrials.gov (8 September 2015) was that publications containing primary results be identified. As it stands now, there is no way of knowing if any of the publications listed are of results without "eyeballing".