



6 August 2013

Memorandum

To: Trialists

Fr: Curtis Meinert

Re: The perception of trialists

I am a trialist, but do not admit to it.

I hate it when people ask me what I do. I learned my lesson years ago when I tried to explain what I did to my father. It was like talking to the hand.

My dislike of the question is why I never talk to seat mates. If a seat mate ignores the clues, I smile and pretend I do not understand English.

Over the years I have tried various gambits but never with any success. Early on I would say I was a biostatistician but invariably the seat mate would want to know what biostatisticians did and if they knew, then they would want to know the odds of the Yankees winning the World Series.

Later I switched to saying I was an epidemiologist but then it was only a matter of time before the person asked me about a skin rash they had. Then I switched to saying I was a teacher but then the seat mate would want to know what I taught and then I had to admit it was about clinical trials.

After that gambit, I would say I was a researcher but then the person would want to know what I researched. If I said I was a trialist then the person would want to know where I went to law school. Now I just play deaf if a person talks to me.

But the other reason for not admitting to what I do is because of the perception of trialists. The meta-analysts and systematic reviewers, though they depend on them for their livelihood, regard them as a stingy secretive lot when it comes to data sharing.

The public sees us as a seedy lot in bed with drug companies – a cadre that does the bidding of the drug industry by publishing when results are positive and withholds results when they are not to the drug company's liking.

I expect that if one surveyed 100 people in Sleepy Eye as to what trialists do most of them would say they test drugs and if one asked who funds trials they would say drug companies.

**Counts of interventional studies by treatment studied and funder as found on
ClinicalTrials.Gov as of 16 July 2013**

Treatment tested	No.	Funder			
		Industry	NIH	Federal*	All others ⁺
Drug	83,469	42,625	11,878	13,153	28,630
Device	11,763	5,225	520	804	5,829
Vitamin	3,171	784	607	698	1,723
Mineral	407	149	40	50	210
Surgery	9,537	2,283	1,238	1,369	5,943
Radiation	8,598	2,235	2,235	2,283	4,154
Life style	1,140	96	209	271	779
Psych-social	499	30	203	222	252
Counseling	2,260	160	636	783	1,337
Diet	6,837	1,201	1,020	1,246	4,437
Exercise	4,007	410	600	841	2,781
Total	131,688	55,198	19,186	21,720	56,075
No. registered	120,491	51,406	16,416	19,343	50,960

* NIH and/or other Federal funding

+ Individual, university, foundation, etc

Of the 120,491 interventional studies registered as of 16 July 2013, there were 83,469 that involved drugs as study treatments (69% of the total; count obtained by entering "drug" in the "interventions" search field for advanced searching). Counts for other search terms in the "interventions" field are as listed above. Some trials involve combinations of interventions, e.g., like surgery and radiation, but not many as reflected by the fact that the totals at the bottom of the table are not strikingly larger than the totals on the first line of the table.

Even though 69% of the studies involved drug treatments only 51% were funded in part or exclusively by industry (counts obtained by checking "Industry" in the "Funder type" search box).

There is no convenient way to ascertain the number of publications in PubMed that involve drugs as study treatments, short of hand counting. We did that for the publication type [randomized controlled trial] (RCT) and appearing in JAMA and the NEJM in 2012. The results are as summarized below.

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2012 JAMA and NEJM publications indexed to RCT

Journal	No. indexed RCT	No. involving drug treatments
JAMA	66	18
NEJM	132	63
Total	198	81

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