Pharmaceutical Industry Issues Its Plan For Voluntary Clinical Trials Registry

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I
n the face of bad publicity and im-
perative restrictions trade groups re-
presenting pharmaceutical companies have proposed a voluntary plan for using a clinical trials registry as well as results databases by midyear.

“The ‘Joint Proposal the Disclosure of Clinical Trial Information via Clinical Trials Registries and Databases,’ issued by the Pharmaceutical Research and Manu-
facturers of America (PhRMA), sister or-
ganizations in Europe and Japan, and the International Federation of Pharmaceu-
tical Manufacturers and Associations (IFPMA) covers all nonexemptor (non-phase I) clinical drug trials and has two major requirements:

1. Clinical trials registry listing. All tri-
als initiated on or after July 1, 2005, must be included in a clinical trials registry. Tri-
als that are now underway must be in-

Each trial ‘should be given a unique identifier to ensure transparency of clinical trial results that would permit tracking the trial results through multiple databases. The U.S. government’s trial registry site (www.clinicaltrials.gov) was specifically promoted as an acceptable registry model. 2. Timely posting of results. Results for all trials completed after Jan. 6, 2005, must be posted in a timely manner, generally within 1 year after the drug is first ap-
proved and commercially available in any country, or, for trials completed after ap-
proval, within 1 year of trial completion. An exception is made if posting would compromise publication in a peer-re-
viewed journal.

The database should include results of all non–phase I trials ‘conducted on a drug that is approved for marketing and is commercially available.’ ”

In a September 2004 editorial, Kamran Abbasi, acting editor of the BMJ, called www.clinicaltrials.gov restrictive in its require-
ments that drug trials follow certain U.S. requirements, including the filing of an investigational new drug application at the Food and Drug Administration. His journal is concerned that many non-drug, non–NIH-sponsored trials from develop-
ing countries would be ‘physically impossible’ to conform to the ‘restrictive entry criteria will not be met by many trials worldwide.’ Mr. Abbasi wrote.

Requiring worldwide adherence to FDA regulations also concerns the IFPMA, Mr. Gajewski said, because “more and more trials are being conducted in develop-
ing countries.”

He declined to comment, however, on the next steps in moving forward with the clinical trials registration and the databases, given that some of these are events in-
volving nonpublic, industry-related issues.

On Oct. 12, PhRMA launched its own results data-
base for use by health care professionals and the gener-
al public (www.clinicalstudyresults.org). The database provides a home for indus-
try-sponsored drug clinical trials completed since October 2002 for all approved drugs.

Other study reporting sites have been developed by specific pharmaceutical companies. These include the Glaxo-
SmithKline Clinical Trial Register, which encompasses clinical trials completed since the formation of GSK on December 27, 2000—a move in part due to settlement of the GSK lawsuit involving the antidepres-
sant Paxil (paroxetine). (See box.)

In a statement, GSK “welcomed” the official announce-
ment of the joint position paper and declared that the company will con-
tinue to post on its own site as well as “post information about GSK-sponsored patient trials initiated on or after Nov. 1, 2004, on clinicaltrials.gov.”

Not everything went wrong for big pharma last year, but it might have seemed that way to some companies. At-
tacks came on several fronts, from journal articles to journal editorials to the courts, and even legislators in the U.S. Congress and British Parliament.

In May, a report in the Jour-
nal of the American Medical Associa-
tion highlighted the need for full disclosure by the industry of drug trial out-
comes. An-Wen Chan, M.D., and colleagues at the Centre for Statistics and Medicine, Oxford, England, reviewed the original reports behind 122 published studies of 102 clini-
cal trials. They found that overall, 50% of efficacy out-
comes and 65% of harm out-
comes per trial were incom-
pletely reported. Furthermore, 86% (42 of 49) of trial investiga-
sors surveyed denied the ex-
istence of unreported out-
comes despite clear evidence to the contrary (JAMA 290: 2457–65).

“The reporting of trial out-
comes is not only frequently incomplete but also biased and inconsistent with protocols,” the au-
tors wrote. Published articles, as well as re-
views that incorporate them, may therefore be unreliable and overestimate the benefits of an intervention,” the au-
tors wrote.

In June, the American Med-
ical Association endorsed the concept of clinical trial regis-
tration, and GlaxoSmithKline was sued by the state of New York for concealing negative information from clinical trials related to Paxil.

In August, GSK agreed to a settlement that required post-
ing a summary on its corpo-
rate Web site of every compa-
ny-sponsored drug trial com-

In September, Forest Labora-
tories, manufacturers of the
antidepressants Lexapro (esci-
talopram) and Celexa (citalo-
pram) in a separate agreement with the state of New York, said it would post clinical study results completed since Jan. 1, 2000, for its marketed drugs.

That same month, the Inter-
national Committee of Medi-
cal Journal Editors issued a re-
quirement that clinical trials be re-
ported by July 1, 2005, for results to be published in member journals.

Problems with cyclooxy-
gene-2 (COX-2) drugs came to
light, and Merck pulled Vioxx (rofecoxib) off the market after its own study revealed an asso-
ciation between the use of the drug and an increased the risk of cardiovascular events.

In October, bills were intro-
duced (but not passed) in the U.S. Congress that would man-
date registration of all clinical trials and provide penalties of up to $10,000 per day for non-
compliance.

And in November 2004, the Medicines and Healthcare Prod-
ucts Regulatory Authority (the British version of the U.S. FDA) announced its intention to add members of the general public to its regulation of medicines committee, in part to limit in-
dustry influence.

From Courts to Congress, Several Pharmaceutical Companies Took Heat in 2004

Office Staff Embrace Patient E-Mailing

SAN FRANCISCO — Nonpharmacist staff in 10 primary care clinics initially were leery of giving patients the abili-
ty to e-mail their doctors, but they be-
came more enthusiastic 6 months after using an electronic communication sys-
tem, a study of 76 staff members found.

Physicians might be more willing to offer electronic communications to pa-
tients if e-mails could be triaged by their staff, Anne F. Kittler and her asso-
ciates said in a poster presentation at the triennial congress of the International Medical Informatics Association. The study suggests that staff can overcome their initial reservations to embrace the benefits of electronic communications, said Ms. Kittler of Partners HealthCare System, Wellesley, Mass.

Physician assistants of 76 staff be-
fore adoption of Patient Gateway, a se-
cure Web portal for electronic com-
munication with patients, found that 44 feared that patient e-mails would in-
crease their workload and 27 (35%) were enthusiastic about adopting the system, 28 (37%) were hesitant, and the rest were indifferent or unsure about it. A majority already used e-mail in their daily work routine, usually to commu-
nicate with physicians or other staff in the practice.

After full implementation of Patient Gateway in three of clinics, half of 21 staff members who had used the sys-
tem for at least 6 months were en-
thusiastic about the system, surveys found. The proportion of staff mem-
bers hesitant to use the system dropped to 20% (four people). A majority said that Patient Gateway either reduced or did not change their overall workload.

They particularly found the system helpful for dealing with requests for medication refills, the investigators re-
ported.

All the clinics used electronic health records before adding Patient Gateway.

—Sherry Boschert