Data Transparency
Changes in NIMH Clinical Trials

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Need for change

- Treatment development in mental disorders is stalled
- Industry has reduced its investment
- Mental health burden unchanged
- IOM report in 2010 – critical of CT enterprise (NCI)
- BMJ report (Ross et al. 2012)of ‘lack of’ or ‘slow’ publication rates
- Criticisms of oversight of NIH funded clinical research

- Three areas of Improvement
  - Efficiency
  - Transparency
  - *Impact – Dissemination of Information to Public*

Taking Stock- NIMH Clinical Trials

- Reliable tracking only for n>150
- 2012 data –
  - 64% behind (below 80% recruitment target)
  - Majority had difficulty recruiting in 1st year
  - Mean time for target enrollment was 4 years
  - Poor registration rates at CT.gov
  - No Cost Extension (NCE; upto 3) were common

Accelerate Development

- Experimental Medicine Approach
- Interventions – Scientific Probes + Test of Efficacy
- Feb 2014 – 4 Funding Opportunity Announcement (FOA)
  - Target identification and engagement
  - Quicker ‘go/no go’ decisions
  - Negative trials should also be informative
  - Expecting ‘vigor’ in review, oversight, and monitoring

Expectations

- Stricter review criteria
- Clearly defined Milestones
- Site Monitoring : Pro-active & For cause
- CT.gov registration and data entry
- Centralized/single IRB
- Data sharing
- Shorter cycles – FAST trials (2-3 years),R's: 4 years Vs. 5 years
- Faster publication expectations

Progress to Date: Efficacy

- Milestones required for all trials with close monitoring
  - Proactive action for slow recruitment
  - Monthly updates for studies in trouble
- 79% on track in 2014 (up from 64% in 2012)
  - 39% ahead of milestones
- 70% starting enrollment within the first year
- >80% are still being completed in No Cost Extension (NCE)
  - Majority are completing in 1st NCE

Efficiency

100% clinical studies are now screened for:

- » Risk Level Determination
- » Adequacy of Human Subject Protection (HSP) plan
- » All done preferably ‘prior’ to funding

Site Monitoring of Clinical Trials

- » Routine Site monitoring
- » Site Initiation
- » Interim Visits
- » Site close out visit
- » For Cause Site Monitoring

Transparency

Reporting in Clinicaltrials.gov

Registration : >90% in 2015 (from ~60% in 2012)
Target – 100% compliance in 2016

Results and Adverse Events Reporting : Currently below 60%

Publication of Trials (Reporting results)

Ross et al. BMJ 2008 – NIH wide results

46% reported results within 30 months of completion

Median time to publication – 23 months (14-36)

NIMH DATA (Trials completed in 2010-2011; n=115)

- 87% were published (included methods papers)
- Mean time to publication – 6 months (0-3.5 years)
- Mean publication rate – 11 papers/trial
- Median publication rate – 6 papers/trial
- 18 citations per publication

Transparency: Data Sharing

- All CTs required to share data every six months
  - Currently only needed for projects over $500K/year
  - Will be required for ‘all’ projects
- Data release either at publication or 1 yr. after completion of trial

- Public Databases
  - NDAR (National Database for Autism Research)
  - RDoCDB (Research Domain Criteria Database)
  - NDCT (National Database for

Thank you