Disclosures should not be delayed

Delayed disclosure of some of the registered trial data would not be in the patients’ interests. It might lead to acceptance of unethical research and could occasionally even have lethal consequences.

1. One of the problems is that the study of some interventions does not follow the standard approach for the development of new drugs over phases I to IV. For example, drugs developed to improve the condition of patients with severe metabolic deficiencies may never reach phase III before they are approved for marketing. Such drugs recently became available for treatment of Gaucher’s and Fabry’s diseases.

2. For other diseases, a high-risk strategy may be acceptable early on in clinical research because the disease is very serious, and drug development may never go beyond phase I. An example of this is severe combined immunodeficiency. A young patient with that disease who was in a relatively good and stable condition was treated via a retroviral vector with gene therapy, that was thought to be beneficial, but killed the patient. Development of lymphoproliferative disease has also been described after gene therapy for this disease.

3. As the examples illustrate, with serious diseases, it is not meaningful to describe therapeutic attempts within the framework of phases I to IV, as there may be only one phase, namely when the treatment is given to patients for the first time. It would also be rather meaningless for many such trials to discuss whether they are exploratory or hypothesis-testing since the idea is that if the treatment is successful, the effect could be so dramatic, that is would be unethical to do any trials with an untreated control group.

4. It would be very useful for parents of children with serious diseases, and patient organisations, to have full access to all registered trial data of high-risk treatments, as it would help them decide on a rational basis whether to accept or decline invitations to experiments with similar treatments while they are awaiting the outcome of the first such experiment. It would also be useful for competing companies with similar interventions to know about the full trial data, as it could be unethical to expose more patients than absolutely necessary to such treatments, as the tragedy with the above patient illustrates.

5. There are additional arguments against delayed disclosure. It would create situations where judgment is essential. This would be difficult to administer and could lead to long disputes and errors, which could lead to acceptance of unethical research elsewhere. It would not be possible to predict in every individual case whether non-disclosure could be harmful to patients. Differential disclosure is therefore bound to lead to scandals sooner or later. This is not what patients and societies need. We need a new era of openness and transparency, and we need to re-instate public trust in industry-sponsored research which seems to be at a historically low level at present (1). This public trust can only be re-instated if the industry discloses trial details fully, from the start of all studies in humans, including those in non-patient volunteers who may also suffer the harms of drugs.

6. The argument that immediate full disclosure could place a company at a competitive disadvantage is frequently heard but it is not tenable. Patients recruited for a study are entitled to know what the study is about in some detail, and this would make it possible for patient organisations to spread the type of information on the internet that several companies have argued should not always be disclosed when the trial is registered. The argument can be made that patients who want to obtain a second opinion about whether or not to volunteer for a trial should be allowed to get a copy of the trial protocol, or, at the very least, to see the full protocol, just as the investigators are entitled to see the full protocol details. It should be remembered that patients are indispensible partners in research, and this must be respected.

7. It would seem to be impossible to decide on a time frame for non-disclosure. It would neither be reasonable to have a fixed time for all projects, nor to let the companies decide on the time on a case-to-case basis, or to expect registries to negotiate with companies for each project when the information should no longer be considered commercially sensitive.
8. Full disclosure would enable patients with rare diseases to volunteer for the trials, which would benefit both companies and patients in the long run.

9. Companies argue that it is the competition that drives the discovery of new treatments, but the fact is that most breakthroughs in health care have come from publicly sponsored research (2,3). The subsequent drug development is not difficult and can be undertaken by most companies. Another fact is that there is very little innovation in the pharmaceutical industry. For example, the industry was not interested in developing drugs against cancer or AIDS as these areas were not considered profitable, and it was the considerable public investment that led to development of drugs that were subsequently taken over by the companies (3).

10. Arguments about competitiveness are unconvincing for other reasons. First, society’s obligations towards the patients who participate in trials - and all other patients - must take precedence over commercial interests (1). Second, the argument can be used to support almost any doubtful practice, such as allowing selective publication of data and trials. Third, any influence on competitiveness is fair as it applies to all companies, and there is no documentation that increased openness and transparency would diminish the industry’s willingness to further investments in drug development. In fact, considering that the pharmaceutical industry for long periods of time has been the most profitable of all industries, it is not even likely to happen.

References


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Peter C. Gotzsche
Director, MD, DrMedSci, MSc
The Nordic Cochrane Centre
Rigshospitalet
Copenhagen
pcg@cochrane.dk