Length of cancer trials has more than halved over past 30 years

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The average length of cancer trials has fallen over the last 30 years from seven to three years, a new research report has shown (*British Journal of Cancer* 2005;92:811-4).

The analysis shows that the median duration of trials that recruited at least 90% of the target number of participants fell from 7.2 years during the period 1971-5 to 2.7 years in the period 1996-2000.

The study's authors, from the UK Medical Research Council's Clinical Trials Unit, used the national register of cancer trials (NRCT) of the Co-ordinating Committee for Cancer Research to evaluate trends in the design and conduct of randomised controlled trials in cancer.

One in five of the registered clinical trials looked at breast cancer. There were almost twice as many studies on breast cancer as on lung cancer between 1971 and 2000; and these two malignancies accounted for a third of the trials.

The research also shows that the average number of patients in

trials has risen and that the proportion of multicentre studies has grown, at the expense of single centre trials.

The authors point out that although the register is the longest established register of prospective cancer trials in the United Kingdom, it is not compulsory for trials to be routinely registered, and most drug companies do not routinely register their trials. "The NRCT should therefore only be considered representative of publicly funded and charity funded UK trials," they say.

A total of 610 trials were registered, but the analysis was restricted to 520. Of these, 114 trials were on breast cancer and 59 on lung cancer. The number of trials on colorectal, ovarian, stomach, and prostate cancer and leukaemia and lymphoma ranged from 20 to 50.

The largest funders of trials recorded in the register were the Medical Research Council, which backed 30% of trials, and Cancer

Research UK, which funded a further 27%. The next largest funders registered were drug companies (17%), other charities (14%), and the NHS or Department of Health (7%).

Most trials were multicentre (83%), and the proportion of single centre trials conducted in the United Kingdom fell from 40% in 1971-5 to 5% in 1996-2000.

"Trials on the NRCT have been conducted in a wide variety

of cancer types, although almost a third of these trials have been in either breast cancer or lung cancer. Overall, there has been a sustained rise in the total numbers of patients entering UK cancer trials over time with a trend towards larger, multi-centre trials, greater recruitment targets and, importantly, a marked reduction in the average time taken to complete recruitment to trials," wrote the authors. □

Psychological therapy is better than debriefing for PTSD

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People with post-traumatic stress disorder (PTSD) should be offered psychological treatment rather than drug treatment or the widely used practice of debriefing. This is the recommendation of a guideline for the NHS in England and Wales published this week.

The guideline, from the National Institute for Clinical Excellence, says that up to 30% of people who experience an exceptionally threatening or catastrophic event may develop the disorder. The most characteristic symptom is reliving aspects of the traumatic event in a vivid and distressing way, including flashbacks, nightmares, and repetitive and distressing intrusive images or other sensory

impressions from the event.

After reviewing all the available evidence, including unpublished data from drug trials, the group that developed the guideline took the unusual step of recommending against a common practice used to treat the disorder. They advised that people who experience a traumatic event should not be given brief, single-session interventions, often termed debriefing.

The facilitator of the guideline's development, Stephen Pilling, a clinical psychologist and coordinator of London's National Collaborating Centre for Mental Health, explained: "We found little evidence of benefit from a single psychological intervention in people with PTSD [post-traumatic stress disorder], and some evidence of harm."

He said that debriefing may not allow enough time for people to work adequately through the traumatic event and associated emotional and psychological feelings. "PTSD is associated with incomplete pro-

cessing of a traumatic event, so effective therapy needs to allow a person to fully process what happened."

The guideline recommends that all people who have post-traumatic stress disorder be offered several sessions of psychological treatment—either cognitive behaviour therapy or eye movement desensitisation and reprocessing (a technique in which the therapist guides the patient to move his or her eyes in a random way while the patient talks about the trauma).

Mr Pilling said, "The key factor that makes these treatments effective is that they are structured psychological treatments that focus specifically on the traumatic event, in contrast to other more general therapies, such as counselling."

The guideline also says that trauma focused psychological therapy should be used as a routine first line treatment for adults in preference to drug treatments.

Mr Pilling said, "We were not able to find very convincing evi-

dence for efficacy of drug treatment in PTSD. So, in contrast to US guidelines, which recommend use of SSRI [selective serotonin reuptake inhibitor] antidepressants as first line treatment, we advised against this." He added that the guideline group had reviewed unpublished as well as published trials to reach the decision.

The guideline also emphasises the need to improve the detection and management of the disorder in children, because the effects could be very long lasting. It said that detection of the disorder could be improved by asking children directly about their experiences.

Children and young people with the disorder, including those who have been sexually abused, should be offered a course of trauma focused cognitive behaviour therapy, adapted as needed to suit their age, circumstances, and level of development. □

NICE's guideline on the management of post-traumatic stress disorder is available at www.nice.org.uk