Commentary: Why industry should register and disclose results of clinical studies—perspective of a recovering academic

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Although it's not typical, in a scholarly publication such as the *BMJ*, to add a personal perspective to a commentary, I believe that in this situation my background is relevant to the discussion. My doctoral dissertation, written in 1988, dealt with the topic of publication bias, which was well described in the Ottawa statement appearing in this issue.¹ Since then, I've contributed to several studies of factors affecting publication, including an early empirical demonstration of publication bias.²

About six months ago, I moved from a university, where I had spent 15 years, to a position in a large pharmaceutical research and development group. Registration and disclosure of the results of clinical studies have, not surprisingly, been topics of numerous conversations where I work.

At this point, as suggested in the Ottawa statement, there is no longer any doubt that studies, whether sponsored by pharmaceutical companies or otherwise, will be registered and their results will be disclosed. This must be viewed as an overall positive step. The debate has changed focus from whether the research process will become more transparent, to how to carry out registration and disclosure. In the long run, openness of the research process will be good for patients, their families, their caregivers, and ultimately for business.

The key area of disagreement between industry positions³⁻⁴ and other proposals relates to the scope of registries. Specifically, the issue is whether all early phase, exploratory studies, or those not testing hypotheses, require registration and disclosure.

As noted in the Ottawa statement, the industry position is that results from exploratory studies may be provided if the results are regarded as "medically important," and the results could change the labelling of products. Furthermore, results from failed investigational compounds may also be provided if medically important. Clearly, the definition of "medically important" is both crucial to this discussion and subjective in nature. A key component of the interpretation at Johnson & Johnson Pharmaceutical Research and Development is whether the results indicate harm or lack of efficacy, in which case we will disclose results. We would not rely on results of uncontrolled studies in support of efficacy, but when there is suggestion of harm, we have an obligation at our company to report that information. We believe this approach is consistent with the spirit of the Ottawa statement.

What about the question of ethical obligations to research participants? Clearly, we owe our research participants a huge debt. Does that debt extend to full public disclosure of small, uncontrolled studies? By no means am I arguing against disclosure. However, as scientists, we are all aware of the difficulty in interpreting results of small, uncontrolled studies. Even with larger, well controlled studies, there is potential for individual study results to conflict with each other or

with the results of meta-analyses of the same questions.⁵⁻⁶ How then are individual patients, or doctors, to interpret conflicting results, especially when the scientists conducting the research are themselves not unanimous in their conclusions?

So for now, my conscience and I have reached an accord. It is not in anybody's best interest, least of all that of the patients, their families, and their healthcare providers, for industry to withhold vital information on the efficacy and safety (or lack thereof) of marketed products. Prospective registration and full disclosure of study results are steps whose time has come. Disclosure, however, means that we will all have to help patients and doctors understand the limits of conclusions that can be drawn from various study designs and help them understand what these studies mean, and do not mean. Groups such as the Cochrane Collaboration, conducting systematic reviews of existing studies, will have a vital role to that end.

Competing interests: JAB is a full time employee of Johnson & Johnson Pharmaceutical Research and Development.

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Endpiece

The fully established physician

We sometimes see a remarkable difference between the behaviour of a physician at his first setting out and afterwards when he is fully established in reputation and practice. In the beginning he is affable, polite, humane, and assiduously attentive to his patients; but afterwards, when he has reaped the fruits of such behaviour, and finds himself independent, he assumes a very different tone, he becomes haughty, rapacious, careless, and often somewhat brutal in his manner. Conscious of the ascendancy he has acquired, he acts a despotic part, and takes a most ungenerous advantage of the confidence which people have in his abilities.

Gregory J. *Lectures on the duties and qualifications of a physician*. London: W Strahan and T Cadell, 1772:25

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