# ClinicalTrials.gov Modernization and How to Provide Your Input

Rebecca J. Williams, Acting Director, ClinicalTrials.gov March 6, 2020



### Agenda

- ClinicalTrials.gov Background
- Modernization Overview
- Request for Information (RFI)
- Provide Your Input

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### Overview



Abbreviations: AE, adverse event; CFR, Code of Federal Regulations; DoH, Declaration of Helsinki; FDAAA, Food and Drug Administration Amendments Act; FDAMA, Food and Drug Administration Modernization Act; ICMJE, International Committee of Medical Journal Editors; NIH Policy, NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information; NPRM, Notice of Proposed Rulemaking; and WHO, World Health Organization.



Benefits of Comprehensive Registration and Results Reporting

All contribute to increased public trust in clinical research

- Honor commitment to participants that their contributions will advance science; support enrollment
- Mitigate publication bias
- Advance stewardship and accountability
  - Identify unmet research needs
  - Facilitate complete reporting
  - Avoid unnecessary study duplication
  - Evaluate research integrity
- Support evidence-based medicine

# ClinicalTrials.gov Modernization

Ensure ClinicalTrials.gov continues to be a trusted and valued premier public health resource that provides maximum value to the public and serves its mission well into the future.



### Who is Modernization For?



#### Internal

Information specialists, reviewers, developers

Management, policy, oversight



#### **External**

Patients, healthcare providers, and related organizations

Data submitters (investigators, sponsors, 3<sup>rd</sup> party services)

Researchers and journal editors



# Aim 1: Collect complete and informative information about clinical studies





National Library of Medicine

# Aim 2: Facilitate use of information to help the public and researchers find studies of interest

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studies conducted around the world.		
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#### linicalTrials.gov API





## ClinicalTrials.gov: Information Scaffold





## ClinicalTrials.gov Key Roles and Principles

- Sponsor or investigator
  - Submits study information directly to ClinicalTrials.gov; keeps up-to-date
  - Responsible for safety and validity of study and following applicable laws and regulations
- NLM conducts a limited quality control (QC) review
  - Identifying apparent errors, deficiencies, or inconsistencies
  - Listing does not mean study itself has been evaluated by U.S. government
- Site lists information for many uses, including research participation
  - Participation is an important personal decision; encourage learning about all options and consulting with health care provider and other trusted advisors

**Source:** Disclaimer <u>https://clinicaltrials.gov/ct2/about-site/disclaimer</u>



### ClinicalTrials.gov Modernization Overview

#### Clinical Research Life Cycle



#### **Current year: Engagement**

- Engage with stakeholders to determine and validate approach and specifications
  - Request for Information (RFI) and Public Meeting
- Develop modernization roadmap
- Enhance internal business processes

Future (years 2 – 5): Implementation

- Implement modernization roadmap
  - User testing/evaluation and continue engagement
  - Improvements to support compatibility across clinical trial lifecycle (seamless end-to-end process)
  - Upgrade system infrastructure components



#### Request for Information (RFI): ClinicalTrials.gov

Modernization

Notice Number:

NOT-LM-20-003

#### Key Dates

#### Release Date:

December 30, 2019

#### Response Date:

March 14, 2020

#### **Related Announcements**

None

#### Issued by

National Library of Medicine (NLM)

#### Purpose

#### Introduction

The purpose of this Request for Information is to solicit public input to guide the National Library of Medicine (NLM) in planning infrastructure enhancements aimed at users and submitters of ClinicalTrials.gov as part of a multi-year modernization initiative.

### **Request for Information (RFI)**

• "... we aim to gather information to help maximize the value of ClinicalTrials.gov to its many users, while continuing to provide essential services to support existing legal and policy requirements."

#### March 14 – responses due



https://grants.nih.gov/grants/guide/notice-files/NOT-LM-20-003.html

### We Request Your Input on These Topics

Website functionality

Information submission



Data standards

<u>Note</u>: RFI not intended to modify existing legal and policy requirements for clinical trial registration and results submission



### 1. Provide Your Input: Website Functionality

- a. Uses that are not currently supported and examples of other good models
- b. Resources that should be linked from ClinicalTrials.gov and explanation of why such resources are useful
- c. Examples of how you currently use site, what features work well, and what could be improved
- d. Describe whether uses are dependent on wide range of studies or more limited and explain any limiting criteria that are useful to you



POLL: What is the primary task you are trying to accomplish using ClinicalTrials.gov?

- A. Register a trial or submit results information
- B. Search for trials for myself or someone else
- C. Conduct research on clinical trials, such as a landscape analysis or systematic review
- D. None of the above



# ClinicalTrials.gov Users by Role

# 42% Patients and Caregivers, including:

- 24% Patient
- 8% Family/friend of patient
- 5% Healthcare provider
- 5% Healthy person

#### 9% Not Categorized ("Other")

# 49% Researchers and Others, including:

- 26% Scientist/researcher
- 8% Clinical research support (e.g., regulatory affairs)
- 6% Clinical trials staff
- 5% Student/educator
- 3% Medical communications
- 2% Librarian or information professional
- <1% IRB or ethics committee member

Source: ClinicalTrials.gov Qualtrics Survey Data: 1 July 2019 – 31 December 2019 (n=3,399)

### Recent Website Updates

- Options to improve first search precision

   A. Recruitment status
   B. Location
- Research participation resources and disclaimer
  - Help people learn what ClinicalTrials.gov listing does and doesn't mean
- Search results options; filters and custom display



### Beta API (Application Programing Interface)

- Supports 3<sup>rd</sup> party electronic use of ClinicalTrials.gov content
- Over 300 search fields available (current API has 24 key fields)
- Formats: XML, JSON, SVI, tree
- Query and Info URLs
- Documentation and interactive training demos
- <a href="https://clinicaltrials.gov/api/gui">https://clinicaltrials.gov/api/gui</a>

ClinicalTrials.gov A		API Home (BETA)
Contraction of the second	tion programming interface (APU) is being made av it is intended to replace the og looking for information about elinical stud	
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parameters in URLs. Clicking on a and Conditions. If you ar	ials gov study records data. The API is designed for en query URLs retrieves study records from ClinicalTria re looking for information about clinical studi	da.gov. Use of Clinical Trials.gov data is subject to these $\underline{T}_{0CIIII}$
Documentation		
Documentation	Use the following links to learn about the Cl	inicalTrials gov APL
Documentation	Use the following Inks to learn about the C	inicalTrials gov APL Description

Use the following demonstrations to explore and develop the three types of <u>gaugy UELs</u> available for accessing different levels of API data from ClinicalTrials.gov.		
Query URL Type	Description	Example
full Studies	Retrieves all context from the first study record returned for a submitted query by default. Returns up to 100 study records per query when the minimum rank and maximum rank parameters are set in a query URL and up to 100,000 records using the Full Studies interactive demonstration.	https://ChaisalTrialo.gov/api/quory /full_atadiosTergersheart+attack
Study Fielda	Retrieves the values of one or more fields from up to 100,000 study records returned for a submitted query by default. Returns up to 1,000 study records per query when the minimum rank and maximum rank parameters are set in a query URL and up to 100,000 records using the Study Fields interactive demonstration.	https://ClinicalTrials.gov/api/quory /atudy_Belds/tenges/heart-attackh fields=NCTHLCondition_BriefTitle
Field Values	Retrieves a unique list of values for one study field from all study records returned for a submitted query.	https://ClinicalTrials.gov/api/goory /Bold_values/repr:/heartvattachik field=Condition

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## Content of ClinicalTrials.gov (as of Jan 10, 2020)

Study and Interv	vention Type	Number Registered Studies (% Total)	No. Studies with Posted Results (% Total) ***
Total Records		326,612	40,841
Interventional Studies		257,482 (79%)	38,361 (94%)
Type of	Drug or biologic	144,503	29,807
Intervention*	Behavioral, other	83,013	7,279
	Surgical procedure	27,089	2,068
	Device**	32,977	5,063
Observational Studies		67,671 (21%)	2,480 (6%)
Expanded Acces	S	603	N/A

\*A study may include more than one type of intervention, meaning that a single study may be counted more than once.

\*\*A total of 856 applicable device clinical trials have been submitted as "delayed posting" under FDAAA/Part 11 (i.e., in "lockbox") and are not included in the counts of trials.

**\*\*\***Results are required to be submitted only for certain studies.

Source: ClinicalTrials.gov Trends, Charts, Maps (Jan 10, 2020) https://clinicaltrials.gov/ct2/resources/trends



### Location of Registered Studies (as of Jan 10, 2020)



Location of Study Sites	Number Registered Studies (% Total)
United States (U.S.) only	110,661 (34%)
Both U.S. and non-U.S.	17,051 (5%)
Non-U.S. Only	160,085 (49%)
Not provided	38,815 (12%)
Total	326,612 (100%)

Source: ClinicalTrials.gov Trends, Charts, Maps (Jan 10, 2020) https://clinicaltrials.gov/ct2/resources/trends



### 2. Provide Your Input: Information Submission

- a. Steps in submission process that would most benefit from improvements
- b. Opportunities for alignment with organization processes, such as interoperability with clinical trial management software or tools
- c. Novel or emerging methods for enhancing quality and submitted content and displayed on ClinicalTrials.gov
- d. Informational materials that would make process easier
- e. Ways to credit, incentivize, or recognize efforts of individuals and organizations submitting complete, accurate, and timely information



POLL: Have you registered a study or submitted results information to ClinicalTrials.gov?

- A. Yes, registration only
- B. Yes, registration and results information
- C. No, no experience with registration or results submission
- D. No, not personally but a member of my team has
- E. Yes, but we use a third party to help ensure information is submitted to ClinicalTrials.gov



# Basics of Registration Information Submission

#### ClinicalTrials.gov PRS

Protocol Registration and Results System

- Interactive data entry or automated upload
- Anyone can enter data, but "responsible party" must submit
- Content reflects:
  - Legal requirements
  - International standards
  - Good reporting practices
- NIH grant application aligns with subset of content

Overanization la Universe Desta del UD-	
Organization's Unique Protocol ID:	
* Brief Title:	
	Special Characters
[*] Acronym: (if any)	If specified, will be included at end of Brief Title in parentheses.
* Study Type:	Interventional (or clinical trial) — participants assigned to intervention(s) based on a protocol
	Observational participants not assigned to intervention(s) based on a protocol; typically in context of routine care
	Expanded Access availability of an experimental drug or device outside of a clinical trial protocol
Cancel * Requi	ired ired if Study Start Date is on or after January 18, 2017
	itionally required (see Definitions)



# Basics of Registration Information Submission

#### ClinicalTrials.gov PRS

Protocol Registration and Results System

#### • Structure supports:

- Complete reporting
- > Efficient quality review
- Consistent data display
- Detailed search and integration of other NLM resources
- Aligns with good reporting practices (CONSORT)

* Study-Specific Baseline Measure Title:	Weight			
Baseline Measure Description:	Edit Additional information about	t the measure (e.g., description	of scale)	
		Remuverol	Placebo	Total
Overall Numb	er of Baseline Participants:	101	99	200
Baseline Anal	ysis Population Description:			
* Measure Type:	Mean	T		
* Measure of Dispersion:	Standard Deviation	•		
	Number Analyzed: Participants	101 participants Edit	99 participants Edit	200
		Mean 77.03	Mean 78.53	Mean 77.77
		Standard Deviation	Standard Deviation	Standard Deviation



### Quality Control Review Process and Volume

- Quality control review focused on identifying apparent errors, deficiencies, or inconsistencies
- Review all registration study records < 5 days
  - ~1,200 new registration records per week (includes new records and previously reviewed records that did not meet QC review criteria)
  - ~6,600 updated registration records per week
- Review all results study records < 25 days
  - ~280 new results records per week (includes new records and previously reviewed records that did not meet QC review criteria)
  - ~140 updated results records per week



### PRS: Example of Automated Validation Rule

#### **ERROR** – Information is missing

Edit	Arm/Group Title	Remuverol	Placebo	Total
	<ul> <li>Arm/Group Description</li> </ul>	Participants received Remuverol 15	Participants received Remuverol pla	
<u>Edit</u>	<b>Overall Number of Baseline Participants</b>	ERROR : The Overall Number of Baseline Participants has not been entered.	99	
	<ul> <li>Baseline Analysis Population Description</li> </ul>			

#### **CORRECTED** – Missing information added

Edit	Arm/Group Title	Remuverol	Placebo	Total
	Arm/Group Description	Participants received Remuverol 15	Participants received Remuverol pla	
Edit	<b>Overall Number of Baseline Participants</b>	101	99	200
	Baseline Analysis Population			
	Description			



### Quality Control Review Example

#### **Baseline Measures – Example**

	Drug X
GOG Performance Status [units: participants]	
0	48
1	27
2	4

#### **Baseline Measures – Example Corrected**

	Drug X
Gynecological Oncology Group (GOG) Performance Status	
[units: participants]	
0 – Fully Active	48
1 – Restricted Strenuous Activity, Ambulatory	27
2 – Ambulatory, Difficulty Walking	4
3 – Limited Self-Care, Partly Confined to Bed	0
4 – Completely Disabled, No Self-Care	0

5-point, ordinal scale specifying patient's ability to perform activities from 0 (fully active) to 4 (completely disabled, no self-care)



### Results Submission "Success:" Industry and Non-Industry Orgs

Sample: initial results submitted > 1 May 2017 and QC reviewed < 30 Sept 2018

		Cycle 1		Cycle 2	
Org Type	# Orgs	#Records	% Success	#Records	% Success
Industry	572	2780	31	2140	77
Non- Industry	777	3486	17	2359	63
All	1349	6266	23	4499	70

Source: N Engl J Med 2019; 381:1966-74. DOI: 10.1056/NEJMsr1907644



## Top 5 Major Issues for Results

- **1** Invalid or inconsistent unit of measure
- **2** Insufficient information about a scale used for assessment
- **3** Inconsistency between information in different parts of record
- **4** Written results or conclusions
- **5** Unclear baseline or outcome measure



# **PRS Guided Tutorials**

- Launched August 2019
- Access on ClinicalTrials.gov or PRS
- Results submission content first
  - Registration content expected in March 2020
- Collecting feedback via survey
  - https://bit.ly/2N1mMHV
  - Further evaluation underway  $\bullet$



this information is translated is shown here in the CONSORT Flow Diagram to Participant Flow Table Crosswalk

#### **CONSORT Diagram to Participant Flow Table Crosswalk**





### 3. Provide Your Input: Data Standards

- Input on ways to balance use of standards while also retaining flexibility to accurately reflect content of study protocol and statistical analysis plan
- b. Name specific standards and explain how they may be useful in improving data quality, enabling reuse of data to reduce reporting burden, or improving consistency and management of data on ClinicalTrials.gov



#### **Clinical Trial Lifecycle Opportunities**



**Clinical Trial Milestones** 

# POLL: Which is most important to you to be addressed first with improved features? (Pick your top TWO)

- A. Website functionality enhance public site features for finding and managing trials of interest
- B. Information submission credit, incentivize, or recognize efforts of submitting timely information
- C. Information submission enhance interoperability with existing software applications or tools
- D. Information submission support submission quality with more automated support
- E. Information submission provide more informational materials and resources
- F. Data standards enhance submission or reuse of clinical trial information



### Submitting Feedback

- "The Insider's Guide to Effective Commenting on NIH Policies" (from the NIH Office of Science Policy)
  - Be specific
  - Provide data
  - Answer the questions
  - Include new ideas
  - Emphasize what matters most
- Reference: <u>https://osp.od.nih.gov/2018/06/08/insides-guide-effective-</u> <u>commenting-nih-policies/</u>



### Submitting Feedback - Reminders

- March 14, 2020 is the deadline for submitting feedback using webbased form accessible from the RFI:
  - <u>https://grants.nih.gov/grants/guide/notice-files/NOT-LM-20-003.html</u>
- Submitted responses will be posted publicly without change after the close of the comment period.
  - Do not include proprietary, classified, confidential, or sensitive information
  - Do not include personally identifiable information you do not wish to be made public
- RFI not intended to modify existing legal and policy requirements for clinical trial registration and results submission



# Public Meeting – April 30, 2020

- We will share a summary of the RFI responses and initial interpretation of themes and priorities
- Opportunity for further discussion and clarification of topics
- Hosted at the NIH in Bethesda, MD and also available by videocast
- More details on how to register
  - Modernization information page: <u>https://clinicaltrials.gov/ct2/about-site/modernization</u>



# Stay up to date with *Hot Off the PRS!*

- E-mail bulletin
- Provides timely updates for PRS users on new information about the PRS and ClinicalTrials.gov
- Sign up: <u>https://bit.ly/33qcZBb</u>



#### Celebrating 20 Years of ClinicalTrials.gov and Looking to the Future

ClinicalTrials.gov acting director Rebecca Williams, PharmD, MPH, has authored a guest post on the National Library of Medicine Musings from the Mezzanine blog. Read her post to learn more about opportunities to engage with us to enrich and modernize ClinicalTrials.gov.

#### **ClinicalTrials.gov Modernization RFI and Webinar**

As part of the ClinicalTrials.gov Modernization initiative, we have issued a Request for Information (RFI) to solicit comments on the following topics: website functionality, information submission processes, and use of data standards. To learn more about the initiative, the RFI, and how to share your feedback, please register to join the webinar on January 22, 3:30-4 pm ET.

A recording of the webinar and slides will be made available for those who cannot attend live.



### NLM Wants to Hear From You!



#### Now

#### Learn more about Modernization



14 Mar 2020

Submit comments to the RFI *before* March 14, 2020 https://grants.nih.gov/grants/guide/

notice-files/NOT-LM-20-003.html



**30 Apr 2020** Save the date – Public meeting to learn about RFI comments

<u>https://events-</u> <u>support.com/events/ClinicalTrials-</u> <u>gov\_Modernization\_Public\_Meeting</u>



## **Thank You**

Questions? Submit to the ClinicalTrials.gov Information Team National Library of Medicine <u>register@clinicaltrials.gov</u>

**ClinicalTrials.gov Modernization Information** 

https://clinicaltrials.gov/ct2/about-site/modernization