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March 30, 2016

Dr. Darren B. Taichman
Secretary, International Committee of Medical Journal Editors
Executive Deputy Editor, *Annals of Internal Medicine*
American College of Physicians
190 N. Independence Mall West
Philadelphia, PA 19106

Dear Dr. Taichman,

I am writing to offer my support and provide feedback on the clinical trial data sharing proposal you and your colleagues from the International Committee of Medical Journal Editors (ICMJE) published in a recent editorial in the *Annals of Internal Medicine* and other member journals.[1]

ICMJE's proposal to require, as a condition of being considered for publication, that authors share the de-identified patient data on which their results are based is a significant step forward in improving the transparency of clinical trials for consumers and the academic medical community. Access to the data underlying trial results provides an avenue for independent confirmation of results, additional research, and further analyses of the data set – raising the bar for academic rigor and integrity and speeding the progress of medical research.

I believe this proposal can also help address the patchwork landscape of current regulations around clinical trial data sharing. Because regulatory agencies have different protocols and requirements for data sharing related to the drugs and devices they approve, access to data about a clinical trial often hinges on which agency handles a regulatory submission – rather than on the value of this data to consumers and researchers. By requiring data sharing as a condition of publication, your journals can synchronize and expand existing data sharing practices.

I am encouraged by your proposal's potential to improve compliance with existing regulations related to the reporting of clinical trial results. As you know there are several ongoing efforts to increase data sharing, but these efforts each face unique challenges. U.S. law has required the posting of clinical trial research results to the ClinicalTrials.gov database

[1] Darren B. Taichman et al., "Sharing Clinical Data: A Proposal from the International Committee of Medical Journal Editors." *Annals of Internal Medicine* (January 20, 2016) (http://annals.org/article.aspx?articleid=2482115).

since the adoption of the Food and Drug Administration Amendment Act (FDAAA) in 2007.[2] However, recent reports have highlighted serious shortcomings in trial sponsors' compliance with this law, in part due to a lack of final regulations, which impedes federal agencies' abilities to enforce these reporting requirements. The European Medicines Agency has developed a data-sharing policy that would require patient-level data to be disclosed following drug approval. This plan has been delayed due to stakeholder disagreement about how to share this data. By requiring researchers to file a data sharing plan when they initially register a trial, your proposal will increase pressure on trial sponsors to post results in a timely fashion, regardless of the type of trial, the country of origin of the research, and whether or not the research is being performed to support approval of a new medical product.

I am also heartened that your proposal can help address the conflicts of interest that arise when clinical trials are funded by industry sponsors who stand to profit from favorable research results. By ensuring that trial results receive independent scrutiny from outside reviewers, data sharing makes it less likely that industry can buy the results they want. Data transparency is a key step in improving the integrity of our clinical trial system.

As you develop and implement this data-sharing requirement, I urge you to craft clear standards for how – in cases where data cannot be made public – qualified researchers will be entitled to access the data underlying published results. I recognize that some types of data may necessitate additional protections to preserve the rights of trial participants and clinical trial researchers. However, these protections should not place undue burdens on researchers or restrict access to an overly narrow pool of researchers, nor should they be used to shield data from public view when no legitimate justification exists for restricting public access.

Finally, as you continue your much-needed work on strengthening data sharing, clinical trial transparency, and research integrity, I ask that you consider ways that your journals can encourage the publication of trials that produce null, inconclusive, or negative results. These trials are less likely to find their way into the pages of major medical journals, meaning the de-identified patient data on which they are based would remain unavailable to third-party researchers, participants in the trial, and the public. The impact of this data-sharing initiative only reaches as far as the research that actually gets published by your member journals. Yet, as a recent study in *JAMA Oncology* emphasized, negative trial results have a "sizeable scientific impact."[3] Encouraging the publication of trials that produce null, inconclusive, or negative results will help to further speed medical progress, uphold the ethical standards of human subjects research, and help to hold industry sponsors accountable. I urge you to consider this issue and the contributions you can make to addressing it.

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[2] Charles Piller, "Failure to Report: A STAT Investigation," *STAT* (December 13, 2015) (http://www.statnews.com/2015/12/13/clinical-trials-investigation/). Jennifer E. Miller, David Korn, and Joseph S. Ross, "Clinical Trial Registration, Reporting, Publication and FDAAA Compliance: A Cross-Sectional Analysis and Ranking of New Drugs Approved by the FDA in 2012." *BMJ Open* 5 (November 12, 2015) (http://bmjopen.bmj.com/content/5/11/e009758.full).

[3] Joseph M. Unger, William E. Barlow, Scott D. Ramsey, Michael LeBlanc, Charles D. Blanke, and Dawn L. Hershman, "The Scientific Impact of Positive and Negative Phase 3 Cancer Clinical Trials," *JAMA Oncology* (March 10, 2016) (online at http://oncology.jamanetwork.com/article.aspx?articleid=2499777).

I applaud your efforts to improve the transparency of clinical trial data and published research, and I plan to closely follow the development of the requirements recommended in your proposal.

Sincerely,

Elizabeth Warren
United States Senator

CC: Ms. Sylvia Burwell, Secretary of Health and Human Services
Dr. Robert Califf, Commissioner of the U.S. Food and Drug Administration
Dr. Francis S. Collins, Director of the National Institutes of Health