



# FASEB

Federation of American Societies  
for Experimental Biology

*Representing Over 120,000 Researchers*

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March 4, 2015

Comments submitted via [www.regulations.gov](http://www.regulations.gov): RIN 0925-AA52, Docket Number NIH-2011-0003

Dear Mr. Moore,

The Federation of American Societies for Experimental Biology (FASEB) appreciates the opportunity to comment on the Department of Health and Human Services's (HHS's) Notice of Proposed Rulemaking (NPRM) "Clinical Trials Registration and Results Submission." FASEB is composed of 27 scientific societies, collectively representing over 120,000 biological and biomedical researchers. The Federation recognizes the importance of standardized and transparent reporting for clinical trial information for the medical, research, and patient communities, and we applaud the efforts of the National Library of Medicine (NLM) to develop the ClinicalTrials.gov website into a robust resource. Sharing information about clinical trials, including high-level demographics of the subject population and summary results, can help the scientific community avoid unnecessary duplication of studies and increase detection of adverse events across trials. Despite these major social benefits, FASEB has several concerns about the proposed rule.

The proposed rule will enhance the utility of the ClinicalTrials.gov website by expanding the requirements for trial registration and the amount of data submitted per trial. However, if not implemented with appropriate financial and staffing resources, the proposed substantial changes could result in large volumes of data with low utility for both the scientific community and the public. Therefore, FASEB strongly recommends that HHS either (A) delay finalization of the rule until the concerns listed below have been addressed, or (B) amend the NPRM to include a transition period during which additional resources would be provided to facilitate registration, reporting, and enhance the ability to address emerging system problems in real time. A gradual

roll-out would allow HHS to remain flexible and treat this period as a time to rapidly improve ClinicalTrials.gov rather than focus on enforcement.

**More attention must be directed to privacy protections and potential re-identification of human subjects**

The technological landscape is rapidly changing, and an increasing amount of and types of data are becoming re-identifiable. FASEB believes privacy and data security issues will require persistent attention from HHS and NLM staff. HHS should also consider the risk of harm from inaccurate re-identification or speculation of the identities of participants and their outcomes. There are many other types of data misuse, and HHS must proactively work to mitigate all of these risks.

**Ensure the capacity of NLM staff and digital resources to accommodate the anticipated sharp influx of users and uploads of large datasets, as well as track and enforce compliance**

One of FASEB's greatest concerns is the capability of NLM to receive, store, and process clinical trial data assuming full compliance with the proposed rule. The proposed rule and the draft NIH companion policy expand the types of clinical trial types required to register and report data to ClinicalTrials.gov and will increase substantially the volume and frequency of data uploaded to the database. Similarly, although Title VIII of the Food and Drug Administration Amendment Act of 2007 (FDAAA) already provides enforcement actions for non-compliance, we anticipate that increased awareness of these provisions will increase vigilance of institutions and investigators to report clinical trial data. It is critical that HHS and NLM ensure that existing resources – both digital and human – are capable of managing high volume data uploads and customer service requests prior to full implementation of the proposed rule or proceeding with enforcement actions.

**Emphasis should be on collaborative mechanisms rather than punitive sanctions to ensure data sharing**

While financial penalties or restriction of federal funds serve as powerful mechanisms to ensure compliance, FASEB encourages HHS to partner with the scientific community to develop strategies to make data sharing a non-burdensome, collaborative, and even prestigious activity for investigators, institutions, and industry. Efforts to streamline data preparation and uploads to ClinicalTrials.gov from existing common clinical data systems and strategies to ensure that investigators receive citable credit for shared datasets could serve as meaningful incentives to data sharing.

Improving the interface for submitting trial data would minimize challenges and overall effort faced by investigators serving as the designated “responsible party” for a clinical trial. HHS should collaborate with the providers of commonly used clinical data management systems to develop export tools specifically for submitting results to ClinicalTrials.gov. Such tools – some of which are already under development through initiatives like NIH’s Big Data to Knowledge (BD2K) – would eliminate duplicative effort and would reduce human error associated with manual data entry. The timeframe required to create such tools should be taken into consideration when finalizing plans for implementation and enforcement of the proposed rule.

FASEB also encourages HHS to develop strategies to balance the costs and benefits associated with data sharing between the original investigator and secondary users. Currently, most of the cost and effort associated with data sharing is borne by the original investigator, with secondary users benefiting from and building upon this initial investment. To promote a culture of responsible and high quality data sharing, repositories need to ensure that deposited data is discoverable, reusable, and citable. There are opportunities to improve all of these aspects within ClinicalTrials.gov. To achieve the goal of a resource that would allow robust queries and aggregation of clinical trial data, HHS should support the development of such tools for the website, perhaps through a targeted grant mechanism. Similarly, adding a formatted citation to each trial page would enhance citation of ClinicalTrials.gov data and establish it as a reputable, public source of information related to clinical trials.

#### **Mitigate the challenges for institutions and clinical research teams with limited resources**

Another concern with the proposed rule is that it increases reporting requirements to an extent that could make the conduct of clinical research prohibitive to investigators without substantial institutional resources or experience. At a time when the physician-scientist population continues to dwindle and researchers continue to face mounting difficulties in recruiting diverse populations into clinical studies, insufficient resources could be a substantial barrier, particularly for new investigators or those from less research intensive environments. Therefore, we encourage HHS and other federal funders of research to consider offering administrative supplements or other resources to facilitate compliance in the early stages of implementation. Costs associated with reporting and compliance should also be considered for future grants.

FASEB appreciates the decision to defer the requirement of non-technical and technical summary statements at this time. We agree that providing this sort of information poses many challenges and additional time is necessary to develop guidelines to ensure such a resource is meaningful for all intended audiences. In this spirit, we recommended that HHS avoid requiring

data fields and elements beyond those in the proposed rule until other reporting issues have been addressed.

**The proposed timelines for posting trial results may lead to premature interpretation of outcomes**

Much of the proposed rule is focused on improving communication of clinical trial information to the public. Therefore we are concerned that the proposed rule's reliance on incremental rollout of clinical trial data is not only inefficient, but could lead to premature analysis and/or misinterpretation of trial outcomes. Inaccurate or incomplete data could mislead clinicians and patients, inadvertently reducing patient safety.

FASEB believes that it is more important to post accurate trial data rather than posting data within a specific timeframe. For example, data processing and analysis may require more than one year to complete for some clinical trials. Rushed submission of results could increase the risk of participant privacy being compromised. We also appreciate that the outcomes of many clinical trials may go unpublished. Therefore, we recommend that HHS revise the timeframe for reporting results.

In conclusion, FASEB recognizes the need to provide more information on clinical trials and appreciates the opportunity to provide comments on this proposed rule. The efforts of HHS and NLM to develop ClinicalTrials.gov into a robust information source for clinicians, patients, and researchers are commendable and the proposed rule would build upon this success. However, we encourage HHS to address the concerns outlined in this letter prior to finalizing and implementing the rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph R. Haywood". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Joseph R. Haywood, PhD  
FASEB President