Lessons learned from SPIRIT

September 25, 2019

An-Wen Chan, MD DPhil FRCPC

Phelan Scientist, Women's College Research Institute

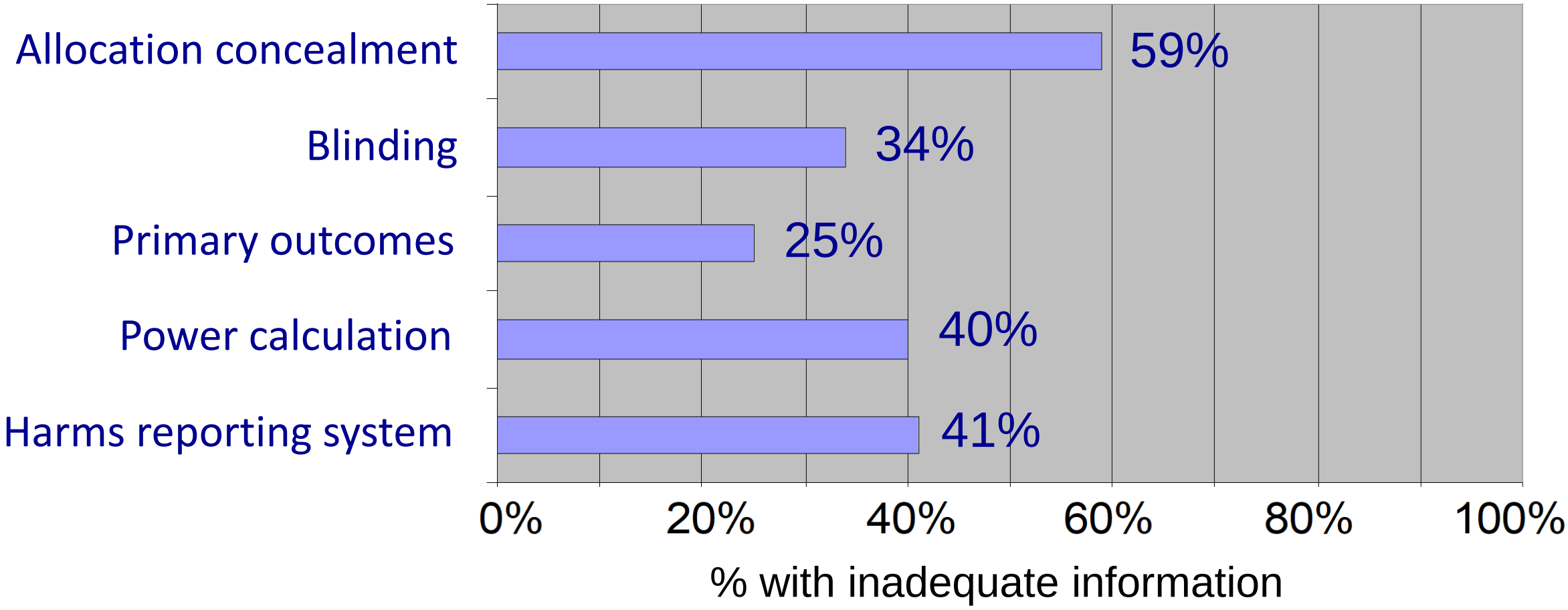
Associate Professor, Dept of Medicine, University of Toronto

Relevant roles

- Founder & Chair, SPIRIT/SEPTRE
- Co-chair, CONSORT
- Chair, WHO Advisory Panel,

  International Clinical Trials Registry Platform

Trial protocols lack important information



Chan A-W *et al*, *JAMA* 2017, *BMJ* 2008, *JAMA* 2004; Mhaskar R *et al*, *J Clin Epid* 2012; Scharf O, *J Clin Oncol* 2006; Pildal J, *BMJ* 2005; Hróbjartsson A *et al, J Clin Epid* 2009

RESEARCH AND REPORTING METHODS | Annals of Internal Medicine

SPIRIT 2013 Statement: Defining Standard Protocol Items for Clinical Trials

An-Wen Chan, MD, DPhil; Jennifer M. Tetzlaff, MSc; Douglas G. Altman, DSc; Andreas Laupacis, MD; Peter C. Gøtzsche, MD, DrMedSci;

BMJ

RESEARCH METHODS AND REPORTING

SPIRIT 2013 explanation and elaboration: guidance for protocols of clinical trials

An-Wen Chan,[1] Jennifer M Tetzlaff,[2] Peter C Gøtzsche,[3] Douglas G Altman,[4]

THE LANCET

SPIRIT 2013: new guidance for content of clinical trial protocols

International adoption

- Endorsement
  - >120 journals (World Assoc of Medical Editors, Lancet, BMJ)
  - Ethics regulators (UK Health Research Authority)
  - Funders (NIHR, Swiss National Science Foundation)
  - Industry (GSK, J&J)
- Translations in 6 languages by WHO and others
- >600 protocols published based on SPIRIT
- 50,000 website users per year (www.spirit-statement.org)

Incentives

- Quality
- Transparency
- Efficiency

Burden of revisions

288 industry protocols submitted for ethics approval:

- 92% required revisions
  - Protocol content (45%)
  - Other related information (20%)

Russ H, *German Med Sci* 2009

Burden of amendments

Among >3,400 industry protocols:

- Average 3 amendments per trial
- One third classified as avoidable

1 amendment	9 weeks of trial delay 4 weeks of registration delay

Getz KA, *Drug Info J* 2011; IMS Health 2012

Enforcement

- Journal editors & peer reviewers
- Funders
- Regulators
- Institutional review boards

Capacity building

BMJ

RESEARCH METHODS AND REPORTING

SPIRIT 2013 explanation and elaboration: guidance for protocols of clinical trials

An-Wen Chan,[1] Jennifer M Tetzlaff,[2] Peter C Gøtzsche,[3] Douglas G Altman,[4]

SEPTRE

SPIRIT Electronic Protocol Tool & Resource

Settings

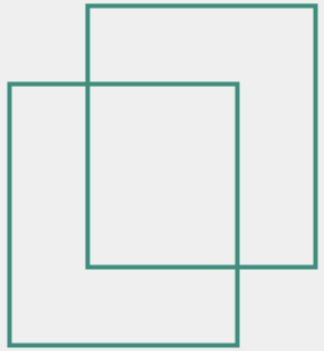
New Study

Skin Cancer Screening Practices Study

Skin and Heart Disease Study

Finnish Skin Cancer Study

Select protocol from the right hand side



Load in SEPTRE

Rename

Delete

SEPTRE

SPIRIT Electronic Protocol Tool & Resource

Administrative information
- TITLE
- TRIAL REGISTRATION
- PROTOCOL VERSION
- FUNDING
- ROLES AND RESPONSIBILITIES

Introduction
- BACKGROUND AND RATIONALE
- OBJECTIVES
- TRIAL DESIGN

Methods - Participants, interventions, and outcomes
- STUDY SETTING
- ELIGIBILITY CRITERIA
- INTERVENTIONS
- OUTCOMES
- PARTICIPANT TIMELINE
- SAMPLE SIZE
- RECRUITMENT

Methods - Assignment of interventions (for controlled trials)
- ALLOCATION
- BLINDING (MASKING)

Methods - Data collection, management, and analysis
- DATA COLLECTION METHODS
- DATA MANAGEMENT
- STATISTICAL METHODS

Methods - Monitoring
- DATA MONITORING
- HARMS
- AUDITING

Select item from left hand column to begin.

Administrative information

Registry

Trial identifier and registry name. If not yet registered, name of intended registry.

Click here for more information.

Trial identifier List all applicable registries. Enter trial identifiers once register.

Registry name

Select one ...

Select one ...

Add another registry

Registry

Item 2a: Trial identifier and registry name. If not yet registered, name of intended registry.

Example

"EudraCT: 2010-019180-10

ClinicalTrials.gov: NCT01066572

ISRCTN: 54540667." [21]

Explanation

There are compelling ethical and scientific reasons for trial registration.[22-24] Documentation of a trial's existence on a publicly accessible registry can help to increase transparency,[24;25] decrease unnecessary duplication of research effort, facilitate identification of ongoing trials for prospective participants, and identify selective reporting of study results.[26-28] As mandated by the International Committee of Medical Journal Editors (ICMJE) and jurisdictional

SPIRIT Checklist

Publications & Downloads

SEPTRE (SPIRIT Electronic Protocol Tool & Resource)

Create new item | Trial Summary | References | Abbreviations | Amendments | Save | Preview | Versions

Methods - Participants, interventions, and outcomes

Date last modified 05-06-2015 13:52 Africa/A

STUDY SETTING

Description of study settings (e.g., community clinic; academic hospital) and list of countries where data will be collected. Reference to where list of stud obtained.

Countries of recruitment: Zimbabwe, South Africa, Tanzania, Thailand

Edit | Format | Table

Paragraph | Font Family | Font Sizes | B | I | U

Each of the **three southern African sites** (Harare, Zimbabwe; and Soweto and Vulindlela, South Africa) selected **eight communiti**
East African (Tanzanian) site selected 10 communities, and Thailand selected 14 communities . . . They are of a population size of approximately 10,000 . . . which fosters social familiarity and connectedness, and they are geographically distinct. Communities are c primarily geographically for operational purposes for the study, taking into account these dimensions of social communality. The com chosen within each country and site are selected to be sufficiently distant from each other so that there would be little cross-contami little possibility that individuals from a control community would benefit from the activities in the intervention community.

A Multi-center, Investigator-blinded, Randomized, 12-month, Parallel-group, Non-inferiority Study to Compare the Efficacy of 1.6 to 2.4 g Asacol® Therapy QD [once daily] Versus Divided Dose (BID) in the Maintenance of Remission of Ulcerative Colitis.

Protocol

Version draft - May 6, 2015

Study Principal Investigator:	Ben Smith, PhD, SRAS
Sponsors:	SRAS
Protocol contributors:	Isabella Windsor, MSc (SRAS)

Trial identifiers:	2010-019180-10 NCT01066572 54540667 BNI-2009-01 ISRCTN01005546

\

Table of Contents

Register Trial

All field definitions taken from ClinicalTrials.gov.

Organization: Organization | Username: Username | Password: Password

Date of registration	
Unique protocol ID (assigned by sponsor)	
Brief title	
Acronym (if applicable)	
Title	A Multi-center, Investigator-blinded, Randomized, 12-month, Parallel-group, I Compare the Efficacy of 1.6 to 2.4 g Asacol® Therapy QD [once daily] Versus Maintenance of Remission of Ulcerative Colitis.
Secondary identifying numbers	BNI-2009-01, ISRCTN01005546

Skin Cancer Screening Practices Study

Amendments

Amendment text	Description	
"BACKGROUND AND RATIONALE: 5 to 45 years"	changed age	Edit

Close

. Multi-center, Investigator-blinded, Randomized, 12-month, llel-group, Non-inferiority Study to Compare the Efficacy of 1.6 2.4 g Asacol® Therapy QD [once daily] Versus Divided Dose BID) in the Maintenance of Remission of Ulcerative Colitis.

Protocol

Version 2 - May 6, 2015

Principal gator:	Ben Smith, PhD, SRAS
ors:	SRAS
ol contributors:	Isabella Windsor, MSc (SRAS)
lentifiers:	2010-019180-10 NCT01066572 54540667 BNI-2009-01 ISRCTN01005546

AMENDMENT HISTORY

Version	Date	Amendment Text	Description
2	2015-05-06 18:35:20	BACKGROUND AND RATIONALE: 5 to 45 years	changed age

Conclusions

- SPIRIT promotes sharing of full protocol information
- Implementation:
  - Incentives
  - Enforcement
  - Capacity building

www.spirit-statement.org