

Investigating the impact of randomized clinical trial reports

Oh! what a tangled web we weave
When first we practise to deceive!
Sir Walter Scott, *Marmion*

Fiona Stewart, University of Aberdeen
Alison Avenell*, University of Aberdeen
Andrew Grey, University of Auckland
Mark Bolland, University of Auckland
Greg Gamble, University of Auckland

Our presentation in three acts

- I **Novel statistical investigation methods examining data integrity for 33 randomized trials in 18 journals from one research group**
- II **Investigating the impact of retracted randomized clinical trial reports**
- III **Reporting concerns about data integrity for 33 randomized trials in 18 journals from one research group: a narrative review**

Conflict of interest statements

- None of the authors has a conflict to disclose
- All authors wish to improve the integrity of the research literature – more promptly

Table e-1A: 33 Randomized controlled trials carried out by the researchers.

1. Sato Y, Maruoka H, Oizumi K. Amelioration of hemiplegia-associated osteopenia more than 4 years after stroke by 1 alpha-hydroxyvitamin D3 and calcium supplementation. *Stroke* 1997;28:736-9.
2. Sato Y, Honda Y, Kuno H, Oizumi K. Menatetrenone ameliorates osteopenia in disuse-affected limbs of vitamin D- and K-deficient stroke patients. *Bone* 1998;23:291-6.
3. Sato Y, Kuno H, Kaji M, Saruwatari N, Oizumi K. Effect of ipriflavone on bone in elderly hemiplegic stroke patients with hypovitaminosis D. *Am J Phys Med Rehabil* 1999;78:457-63.
4. Sato Y, Manabe S, Kuno H, Oizumi K. Amelioration of osteopenia and hypovitaminosis D by 1alpha-hydroxyvitamin D3 in elderly patients with Parkinson's disease. *J Neurol Neurosurg Psychiatry* 1999;66:64-8.
5. Sato Y, Asoh T, Kaji M, Oizumi K. Beneficial effect of intermittent cyclical etidronate therapy in hemiplegic patients following an acute stroke. *J Bone Miner Res* 2000;15:2487-94.
6. Sato Y, Honda Y, Kaji M, Asoh T, Hosokawa K, Kondo I, et al. Amelioration of osteoporosis by menatetrenone in elderly female Parkinson's disease patients with vitamin D deficiency. *Bone* 2002;31:114-8.
7. Sato Y, Kaji M, Kondo I, Yoshida H, Satoh K, Metoki N. Hyperhomocysteinemia in Japanese patients with convalescent stage ischemic stroke: effect of combined therapy with folic acid and mecobalamin. *J Neurol Sci* 2002;202:65-8.
8. Sato Y, Asoh T, Metoki N, Satoh K. Efficacy of methylprednisolone pulse therapy on neuroleptic malignant syndrome in Parkinson's disease. *J Neurol Neurosurg Psychiatry* 2003;74:574-6.
9. Sato Y, Metoki N, Iwamoto J, Satoh K. Amelioration of osteoporosis and hypovitaminosis D by sunlight exposure in stroke patients. *Neurology* 2003;61:338-42.
10. Sato Y, Kanoko T, Yasuda H, Satoh K, Iwamoto J. Beneficial effect of etidronate therapy in immobilized hip fracture patients. *Am J Phys Med Rehabil* 2004;83:298-303.
11. Iwamoto J, Takeda T, Sato Y, Uzawa M. Comparison of effect of treatment with etidronate and alendronate on lumbar bone mineral density in elderly women with osteoporosis. *Yonsei Med J* 2005;46:750-8.
12. Sato Y, Honda Y, Iwamoto J, Kanoko T, Satoh K. Amelioration by mecobalamin of subclinical carpal tunnel syndrome involving unaffected limbs in stroke patients. *J Neurol Sci* 2005;231:13-8.
13. Sato Y, Honda Y, Iwamoto J, Kanoko T, Satoh K. Effect of folate and mecobalamin on hip fracture patients with stroke: a randomized controlled trial. *JAMA* 2005;293:1082-8.
14. Sato Y, Iwamoto J, Kanoko T, Satoh K. Low-dose vitamin D prevents muscular atrophy and hip fractures in women after stroke: a randomized controlled trial. *Cerebrovasc Dis* 2005
15. Sato Y, Iwamoto J, Kanoko T, Satoh K. Risedronate sodium therapy for prevention of hip fracture 65 years or older after stroke. *Arch Intern Med* 2005;165:1743-8.
16. Sato Y, Iwamoto J, Kanoko T, Satoh K. Amelioration of osteoporosis and hypovitaminosis D exposure in hospitalized, elderly women with Alzheimer's disease: a randomized controlled trial. *Bone* 2005;20:1327-33.
17. Sato Y, Iwamoto J, Kanoko T, Satoh K. Risedronate therapy for prevention of hip fracture in elderly women. *Neurology* 2005;64:811-6.
18. Sato Y, Kanoko T, Satoh K, Iwamoto J. The prevention of hip fracture with risedronate and elemental calcium supplementation in elderly women with Alzheimer disease: a randomized controlled trial. *Arch Intern Med* 2005;165:1737-42.
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20. Iwamoto J, Takeda T, Sato Y, Uzawa M. Effect of whole-body vibration exercise on lumbar density, bone turnover, and chronic back pain in post-menopausal osteoporotic women treated with alendronate. *Aging Clin Exp Res* 2005;17:157-63.
21. Sato Y, Honda Y, Iwamoto J. Etidronate for fracture prevention in amyotrophic lateral sclerosis: a randomized controlled trial. *Bone* 2006;39:1080-6.
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25. Iwamoto J, Sato Y, Uzawa M, Takeda T, Matsumoto H. Comparison of the effects of alendronate and alfacalcidol on hip bone mineral density and bone turnover in Japanese men having osteoporosis or osteopenia with clinical risk factors for fractures. *Yonsei Med J* 2009;50:474-81.
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27. Sato Y, Iwamoto J, Honda Y. Beneficial effect of etidronate therapy in chronically hospitalized, disabled patients with stroke. *J Stroke Cerebrovasc Dis* 2010;19:198-203.
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29. Sato Y, Honda Y, Umemo K, Hayashida N, Iwamoto J, Takeda T, et al. The prevention of hip fracture with menatetrenone and risedronate plus calcium supplementation in elderly patients with Alzheimer disease: a randomized controlled trial. *Kurume Med J* 2011;57:117-24.
30. Sato Y, Iwamoto J, Honda Y. Once-weekly risedronate for prevention of hip fracture in women with Parkinson's disease: a randomized controlled trial. *J Neurol Neurosurg Psychiatry* 2011;82:1390-3.
31. Sato Y, Iwamoto J, Honda Y. Amelioration of osteoporosis and hypovitaminosis D by sunlight exposure in Parkinson's disease. *Parkinsonism Relat Disord* 2011;17:22-6.
32. Sato Y, Iwamoto J, Honda Y. An open-label trial comparing alendronate and alfacalcidol in reducing falls and hip fractures in disabled stroke patients. *J Stroke Cerebrovasc Dis* 2011;20:41-6.
33. Iwamoto J, Sato Y, Takeda T, Matsumoto H. Whole body vibration exercise improves body balance and walking velocity in postmenopausal osteoporotic women treated with alendronate: Galileo and Alendronate Intervention Trial (GAIT). *J Musculoskelet Neuronal Interact* 2012;12:136-43.

33 RCTs
1997-2012
N= 6253
26 Authors
12 Institutions

Timeline

- Our investigations started at the end of 2012
- May 2017 – only 11/33 trial reports retracted
- Misconceptions persist, e.g. 2015 JBMR

modest effects of calcium and vitamin D which were provided to the control groups in each of these studies. Pharmacologic treatment is also more effective in reducing hip fracture risk in elderly patients with a history of Alzheimer's disease or with Parkinson's disease than is vitamin D alone.^(20,21) In contrast to Ljvinsen and colleagues' interpretation that the effect of therapy with osteoporosis. *N Engl J Med.* 2009 Aug 20;361(8):756-65.

20. Sato Y, Kanoko T, Satoh K, Iwamoto J. The prevention of hip fracture with risedronate and ergocalciferol plus calcium supplementation in elderly women with Alzheimer disease: a randomized controlled trial. *Arch Intern Med.* 2005 Aug 8-22;165(15):1737-42.

21. Sato Y, Iwamoto J, Honda Y. Once-weekly risedronate for prevention of hip fracture in women with Parkinson's disease: a randomised controlled trial. *J Neurol Neurosurg Psychiatry.* 2011 Dec;82(12):1390-3.

22. Grossi G, Quattrocchi T, Ferraro F, DeWit B, Merzini G. Antihypertensive

Aims

- **To investigate the extent of citation of trial reports from this group in secondary publications, including:**
 - **clinical trials**
 - **systematic reviews**
 - **guidelines**
- **To examine the impact of the trial reports in these publications**
- **To discuss the issues raised by our investigation and how best to correct the evidence base**

Methods (1)

- **We examined the impact of potentially the most influential trial reports of**
 - **Potent oral bisphosphonates, e.g. alendronate**
 - **Vitamin K**
 - **Vitamin D analogues**
 - **Vitamin B12 and /or folate**
- **Had to report hip fracture as an outcome**
- **Reports also had to be in higher impact journals**
 - **(ISI Web of Knowledge impact factor ≥ 4)**



12/33 RCT reports to investigate
6/12 retracted so far.....

Methods (2)

- Excluded from our analysis reviews and meta-analyses by the two main authors under investigation, where they cited their own work
 - 24 reviews
 - Sato = 5
 - Iwamoto = 19
 - Meta-analyses
 - Iwamoto = 7 (3 retracted)

Methods (3)

- **August 2016**
 - Citation searching in Scopus for total numbers of citations
 - Citation searching in Google Scholar, PubMed, ISI Web of Science for
 - clinical trials
 - systematic reviews
 - guidelines
- **Assessing impact on publications**
 - Findings likely to change
 - Unclear if findings would change
 - Findings unlikely to change

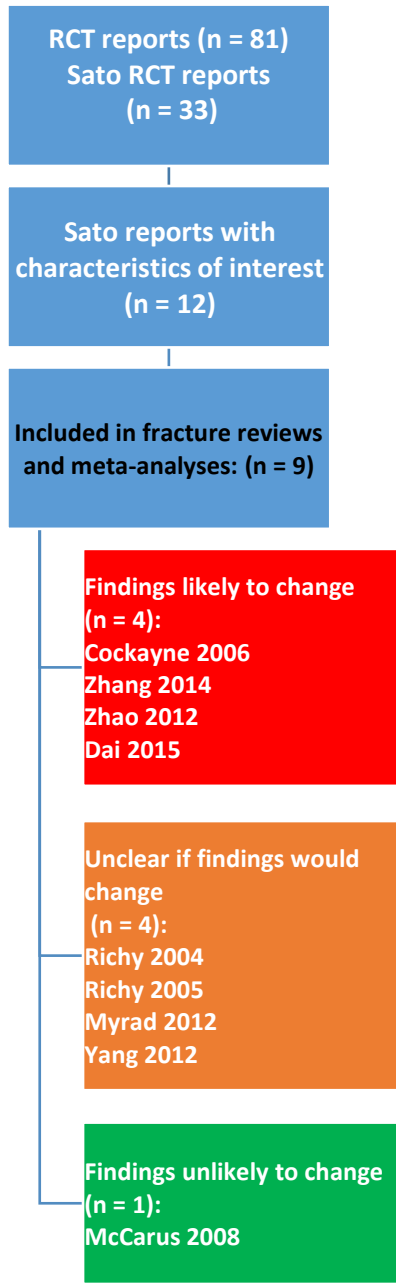
Methods (4)

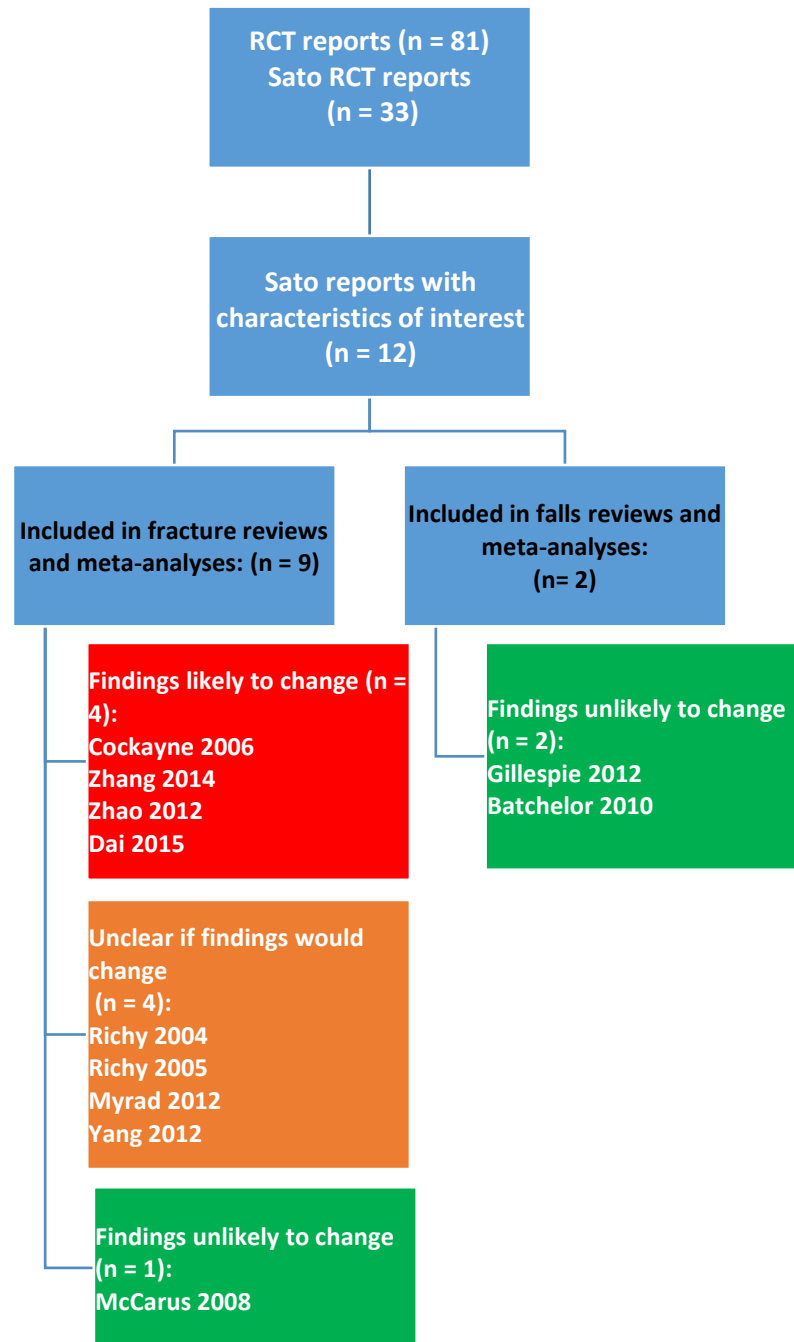
- **Rerun meta-analyses (rarely possible)**
- **One researcher assessed, checked by a second**
 - **Discussed differences**
 - **Reference to a third researcher if still uncertain about impact**
- **With a view to alerting affected publications**

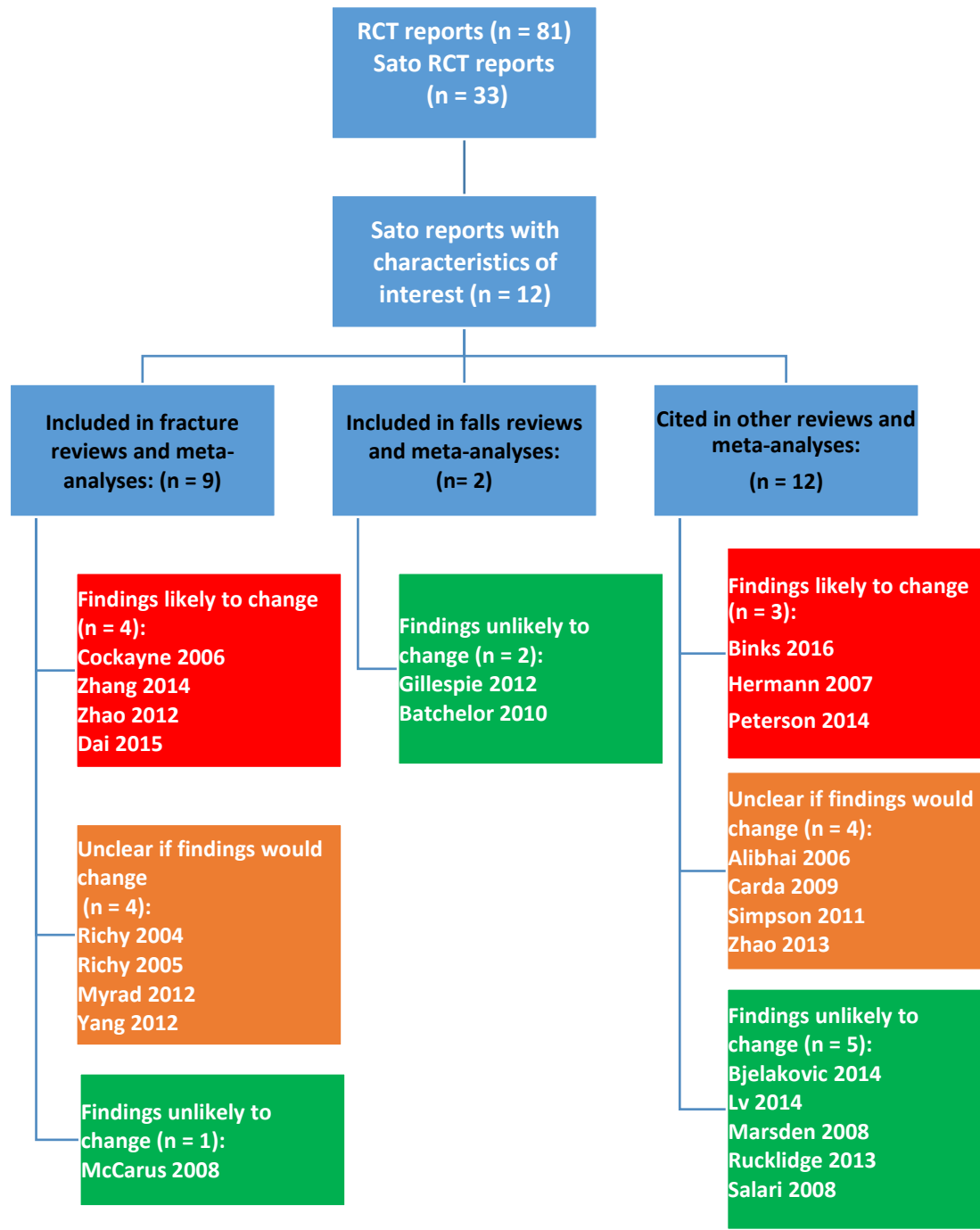
Results

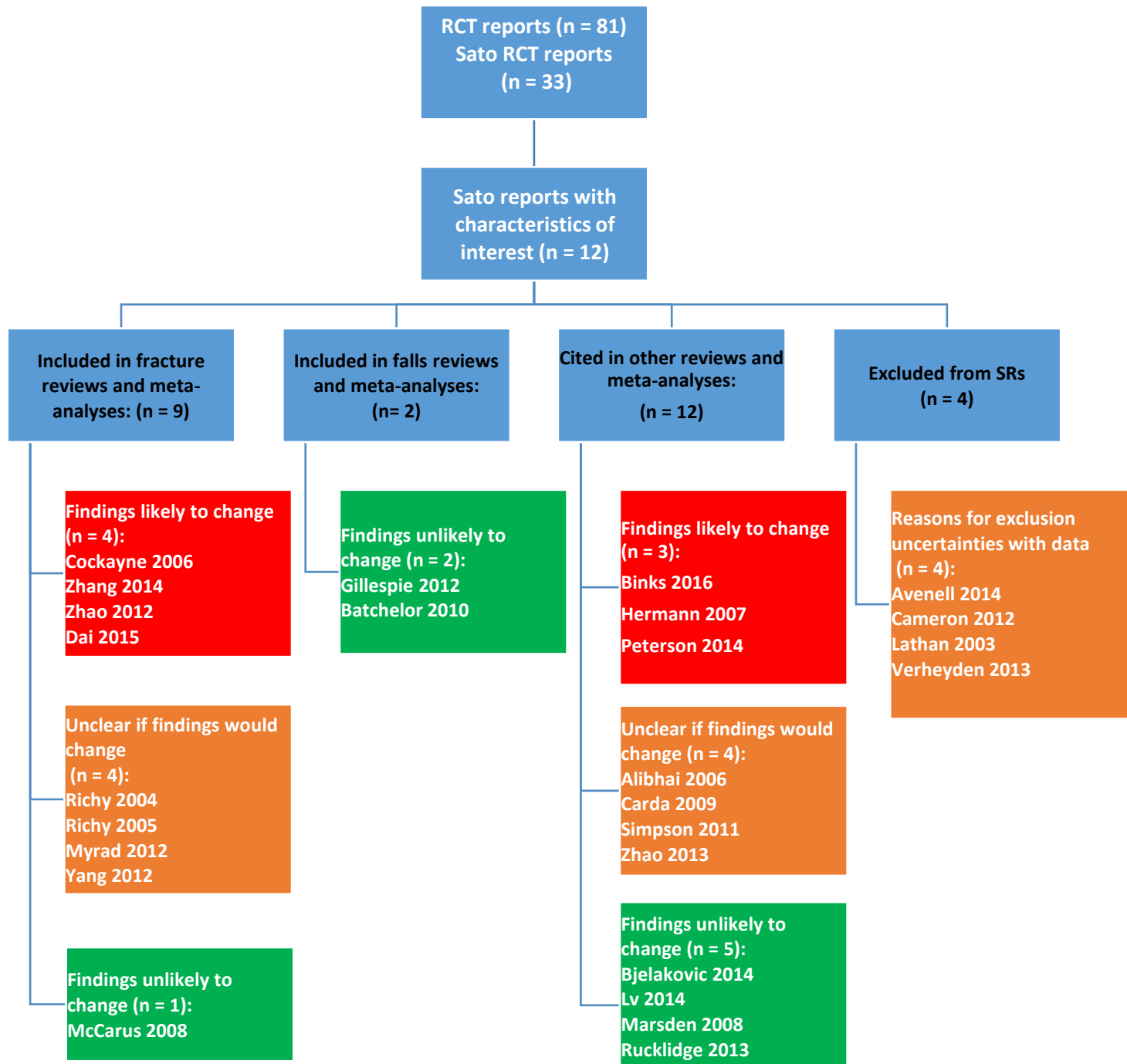
- **12/33 RCT reports**
 - **2956 participants**
 - **703 citations, excluding self-citations**
 - **Median number of citations 40 (range 6 to 208)**
 - **All reported a significant reduction in hip fractures**
 - **6/6 reported a reduction in non-vertebral fractures**
 - **11/11 reported significant improvements in BMD**
 - **9/9 reported no significant effect on falls**
- **Highest cited trial report**
 - **JAMA 2005;293:1082-8**

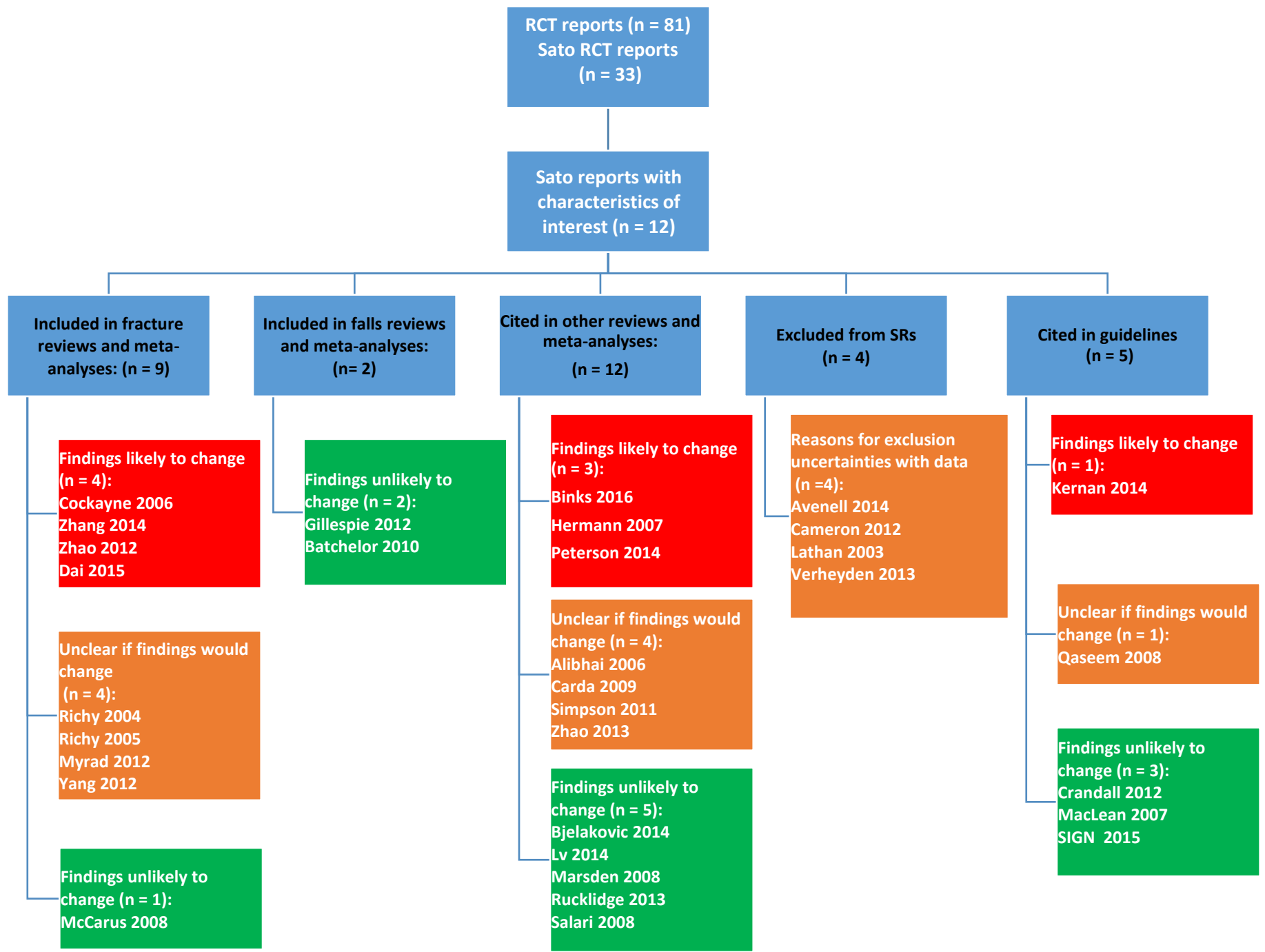
Permeation of 12 RCT reports in secondary publications











RCT reports (n = 81)
Sato RCT reports
(n = 33)

Sato reports with
characteristics of
interest (n = 12)

Included in fracture
reviews and meta-
analyses: (n = 9)

Included in falls
reviews and meta-
analyses:
(n= 2)

Cited in other reviews
and meta-analyses:
(n = 12)

Excluded from SRs
(n = 4)

Cited in guidelines
(n = 5)

Cited in trials &
cohorts
(n = 33)

Findings likely to
change (n = 4):
Cockayne 2006
Zhang 2014
Zhao 2012
Dai 2015

Findings unlikely to
change (n = 2):
Gillespie 2012
Batchelor 2010

Findings likely to
change (n = 3):
Binks 2016
Hermann 2007
Peterson 2014

Reasons for exclusion
uncertainties with data
(n =4):
Avenell 2014
Cameron 2012
Lathan 2003
Verheyden 2013

Findings likely to
change (n = 1):
Kernan 2014

Sato trial reports
contributed to the
rationale for the trial
(n = 8 RCTs):
Baumann 2004
Berendsen 2013
Binkley 2009
Emaus 2013
Greiger 2009
Hermann 2007
Rucklidge 2012
Van Wijngaarden 2014

Unclear if findings
would change
(n = 4):
Richy 2004
Richy 2005
Myrad 2012
Yang 2012

Unclear if findings
would change (n = 4):
Alibhai 2006
Carda 2009
Simpson 2011
Zhao 2013

Unclear if findings
would change (n = 1):
Qaseem 2008

Findings unlikely to
change (n = 1):
McCarus 2008

Findings unlikely to
change (n = 5):
Bjelakovic 2014
Lv 2014
Marsden 2008
Rucklidge 2013
Salari 2008

Findings unlikely to
change (n = 3):
Crandall 2012
MacLean 2007
SIGN 2015

RCTs citing Sato trial reports in rationale

- **5107 participants in 8 RCTs citing Sato trial reports in rationale**
- **Size ranged from n = 40 to n = 2919**
- **B-PROOF trial (van Wijngaarden 2014):**
 - **B-vitamins for the prevention of fractures (Am J Clin Nutr 2014;100:1578-6)**
 - **2919 participants**
 - **Recruitment 2008 – 2011**
 - **Follow-up for 2 years**

B-PROOF

prevalent in 30–50% of persons aged >65 y (15, 16). Treatment with vitamin B-12 and folic acid, which both play a central role in homocysteine metabolism (17), is effective in normalizing homocysteine concentrations (18, 19). Three randomized controlled trials investigated the effect of B-vitamin supplementation on fracture risk (20–22). Among stroke survivors (mean age: 71 y), a large protective effect of 2-y supplementation of 1.5 mg vitamin B-12 and 5 mg folic acid was observed on hip fracture risk in the trial by Sato et al (21). However, in the Heart Outcomes Prevention Evaluation-2 (HOPE-2)⁶ trial, no effect of 5-y supplementation of 1 mg vitamin B-12, 2.5 mg folic acid, and 50 mg vitamin B-6 was observed on fracture incidence in persons with high cardiovascular disease risk (mean age: 69 y) (22). In the VITAMINS TO Prevent Stroke (VITATOPS) study, there was also no effect of treatment with 2 mg folic acid, 25 mg vitamin B-6, and 500 μ g vitamin B-12 during a mean of 2.8 y on osteoporotic fracture incidence observed in patients with cerebrovascular disease (mean age: 63 y) (20). Given the conflicting results and low generalizability to the general older population, further investigation is needed.

B-PROOF

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€1,700,000?

JAMA June 2016

EDITORIAL

Notice of Retraction: Sato Y, et al. Effect of Folate and Mecobalamin on Hip Fractures in Patients With Stroke: A Randomized Controlled Trial. *JAMA*. 2005;293(9):1082-1088.

Howard Bauchner, MD; Phil B. Fontanarosa, MD, MBA

In reaffirming our previous Expression of Concern,¹ the article "Effect of Folate and Mecobalamin on Hip Fractures in Patients With Stroke: A Randomized Controlled Trial" by

Sato et al² has been retracted due to acknowledgment of scientific misconduct resulting in concerns regarding data integrity and inappropriate assignment of authorship.

ARTICLE INFORMATION

Author Affiliations: Dr Bauchner is Editor in Chief and Dr Fontanarosa is Executive Deputy Editor, *JAMA*.

Corresponding Author: Howard Bauchner, MD (howard.bauchner@jamanetwork.org).

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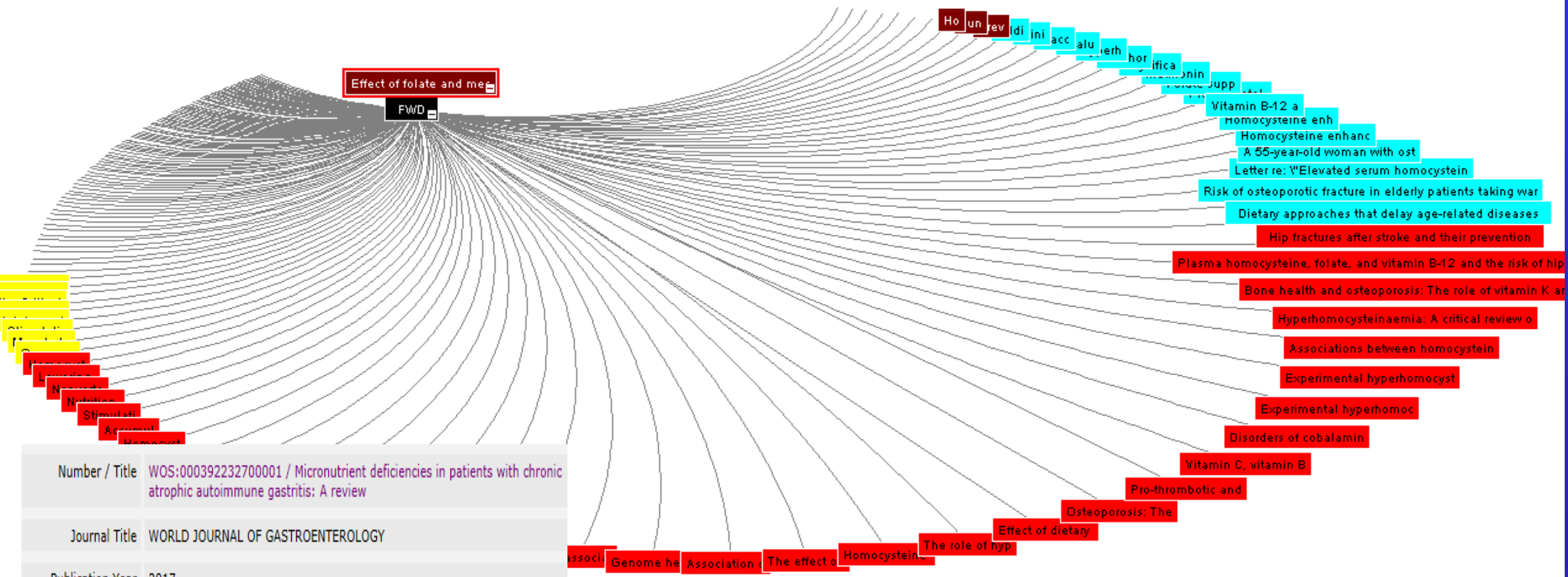
stroke: a randomized controlled trial. *JAMA*. 2005;293(9):1082-1088. *JAMA*. 2015;313(19):1914.

2. Sato Y, Honda Y, Iwamoto J, Kanoko T, Satoh K. Effect of folate and mecobalamin on hip fractures in patients with stroke: a randomized controlled trial. *JAMA*. 2005;293(9):1082-1088.

Permeation of a single trial report

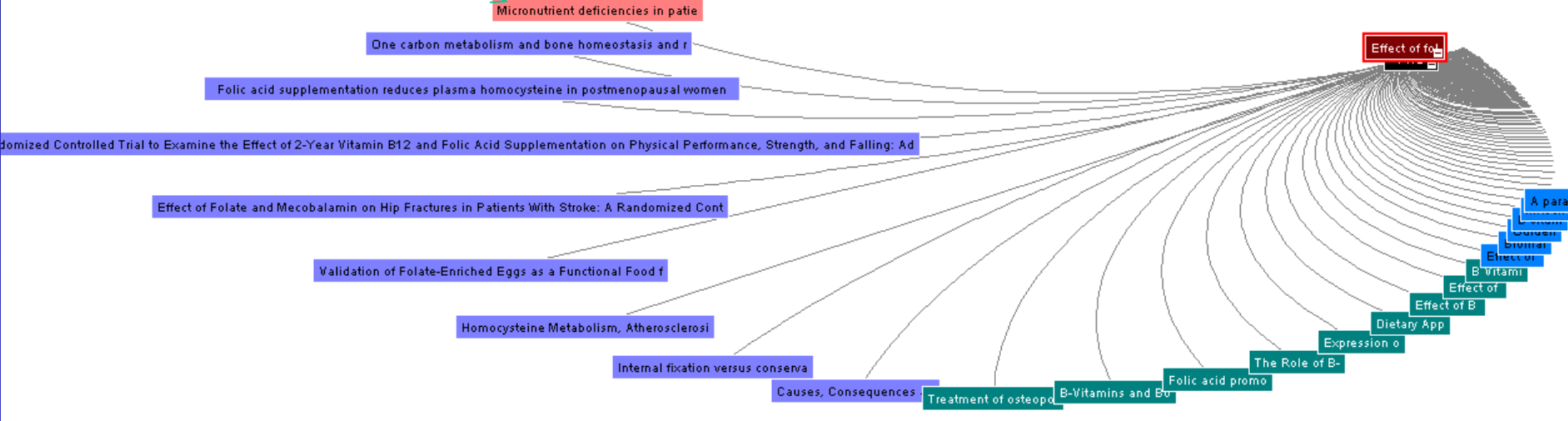


Sato Y, Honda Y, Iwamoto J, Kanoko T, Satoh K. Effect of folate and mecobalamin on hip fractures in patients with stroke: a randomized controlled trial. JAMA. 2005;293(9):1082-8



Number / Title	WOS:000392232700001 / Micronutrient deficiencies in patients with chronic atrophic autoimmune gastritis: A review
Journal Title	WORLD JOURNAL OF GASTROENTEROLOGY
Publication Year	2017
Author	Cavalcoli F, Zilli A, Conte D, et al.

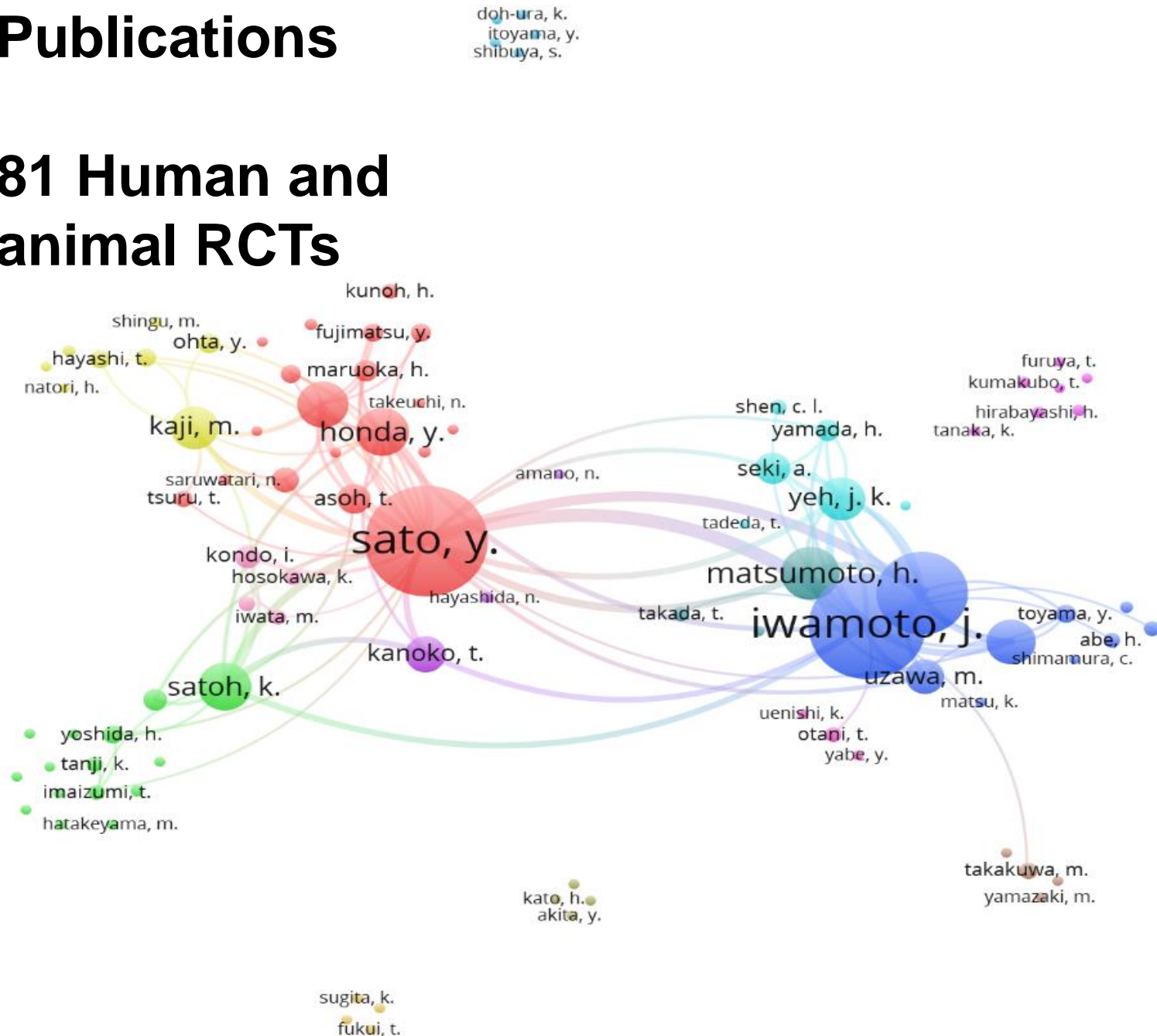
Citation Map from Web of Science for Sato et al 2005, (red is 2007, purple is 2016, green 2015)

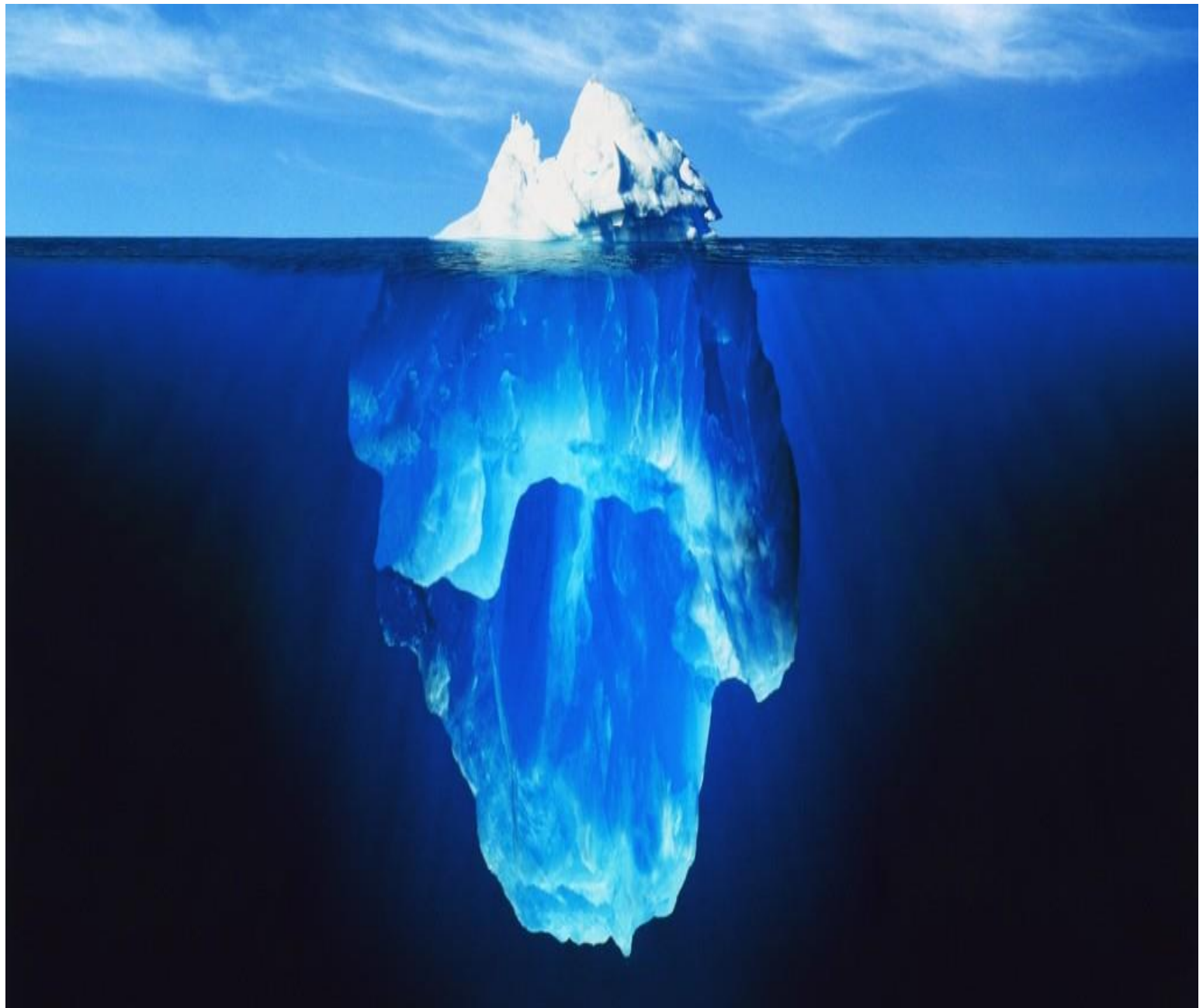


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Publications

81 Human and animal RCTs





For discussion

1. **Authors and editors of secondary affected publications**
 - At what stage should they be alerted – EoC, retraction?
 - How should this happen – via editors, learned societies, institutions, database alerts?
2. **What about wider influences outside affected publications?**
 - Tertiary affected publications...?
 - Influences beyond publications, e.g. media?
3. **Who is there to advise on this?**
4. **Who should coordinate this?**
5. **Who should fund all of this?**
6. **What consequences for the researchers investigated?**

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