ClinicalTrials.gov analysis of changes in primary outcome

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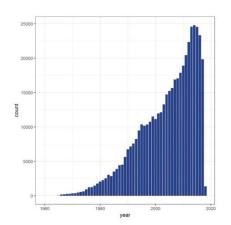


Christiaan Vinkers

Quality of trials



Source: https://nursekey.com/fundamentals-of-evidence-based-nursing-practice



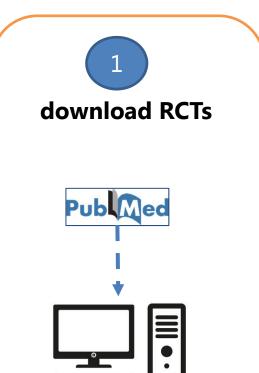
base of EBM

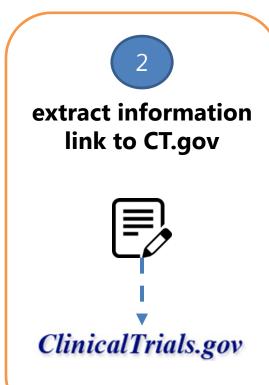
RCTs per year

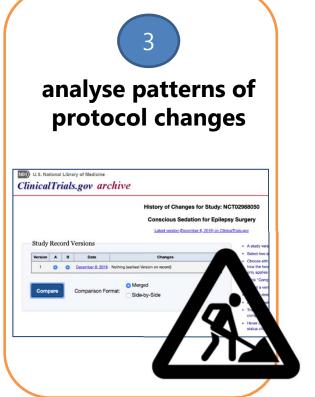


quality

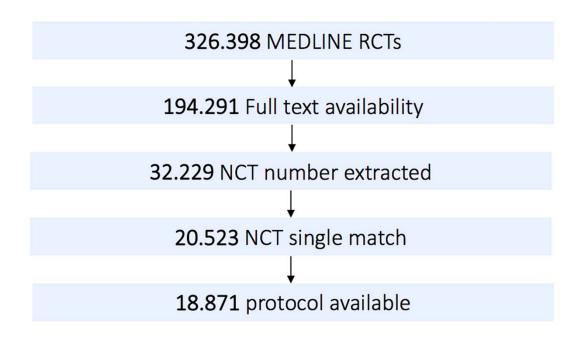
Methods



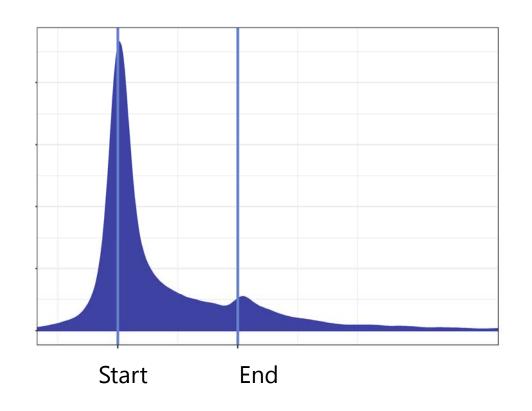




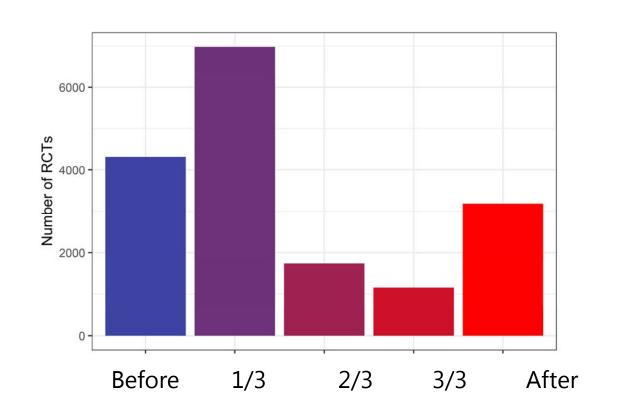
Inclusions



<u>Finding 1</u>
Most studies upload protocol around the starting date

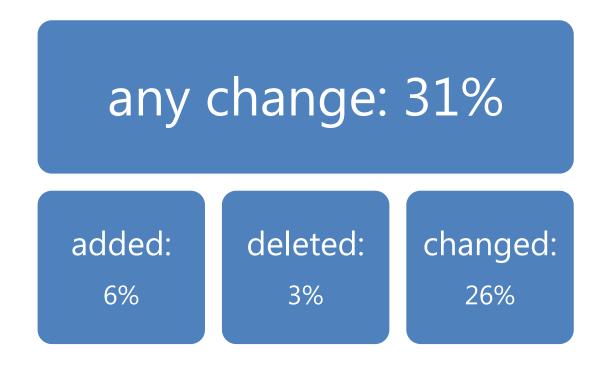


Finding 1 Most studies upload protocol around the starting date

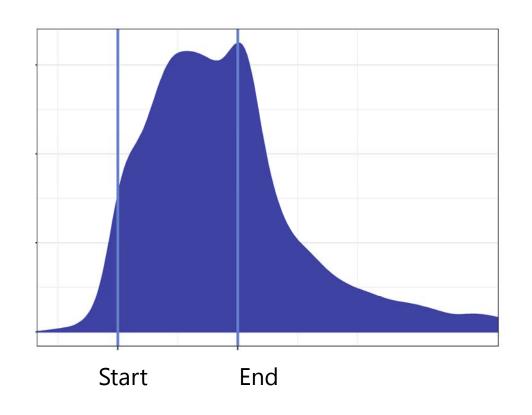


Finding 2

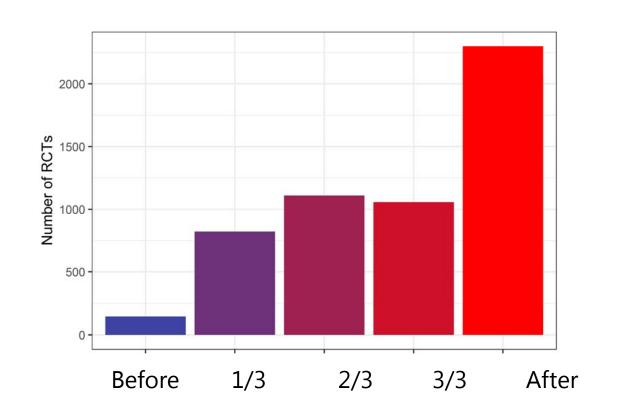
Primary outcome changed in one of three studies



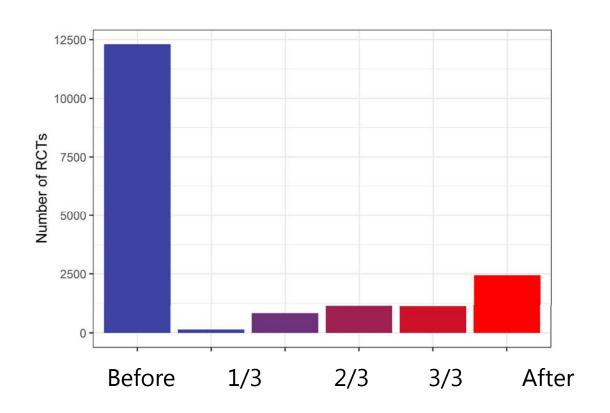
<u>Finding 3</u>
Most changes in primary outcome are made around the end



<u>Finding 3</u>
Most changes in primary outcome are made around the end



Finding 3 Most changes in primary outcome are made around the end

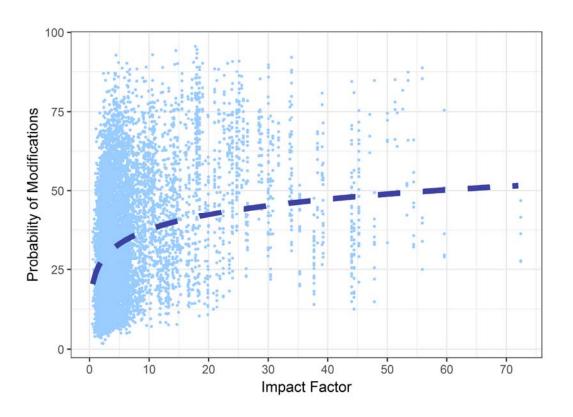


Finding 4

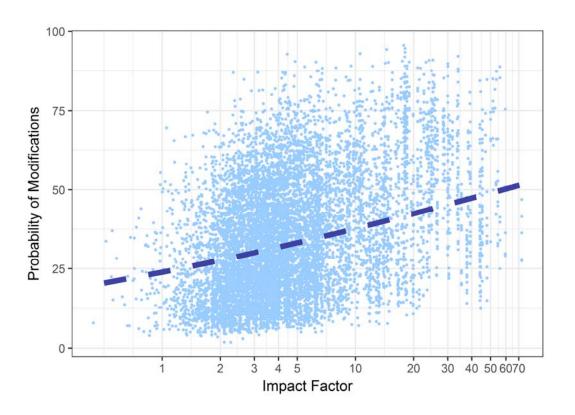
Year, phase, funding, results, journal category & IF matter

	OR	[95% CI]
Year study start	0.80	[0.79, 0.82]
Phase 1,2,4 vs 3	0.75 to 0.89	
Results posted on CT.gov	1.59	[1.44, 1.76]
Journal IF (log2 scale)	1.22	[1.17, 1.27]
Journal category vs anesthesiology	0.27 to 1.45	
Registered in WHO trial registry	1.08	[0.88, 1.31]

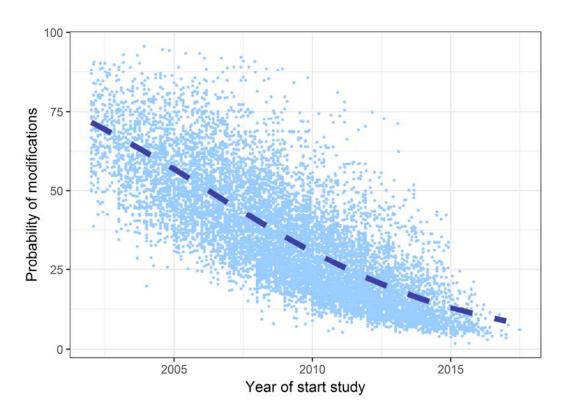
<u>Finding 5</u>
Higher impact factor is associated with more changes



Finding 5
Higher impact factor is associated with more changes



Finding 6
Less changes are made over time



Summary

- 1. 31% of studies changed the primary outcome
- 2. mostly after trial completion
- 3. higher journal IF more changes
- 4. later trials less changes

Discussion

- amendments not necessarily misconduct
- amendments not necessarily questionable

only published trials

Discussion

Relation to higher IF

- ? quality journals stricter
- ? potential questionable practice from researchers

Time trends

? better pre-registration practices

Thank you!

Core team







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