

Why new guidelines for sharing clinical trial data are important

We're in the middle of a major flu epidemic, and the CDC has recommended treatment with an antiviral (e.g., Tamiflu or Relenza) for high-risk people. Yet there is considerable controversy over whether Tamiflu even works and, despite promises, Roche staunchly refused to release all their data for others to verify for years. The [Cochrane Collaborative](#)[?] was finally able to review data and, in 2014, reported that Tamiflu did not reduce the number of hospitalizations, and they could not tell whether it reduced deaths.

The example of Roche's stonewalling is why I greeted today's report from the Institute of Medicine (IOM), *Sharing Clinical Trial Data: Maximizing Benefits, Minimizing Risk*[?], with such hope.

There are now 182,168 trials registered on [ClinicalTrials.gov](#). While there has been a gradual increase in reporting of results, [only 15,845 registered trials posted results in 2014](#)[?]. Estimates are that the [results from half of all clinical trial results have never been published; positive trials are twice as likely to be published as others](#)[?], whether these are industry sponsored or not.

Keep in mind that these trials are funded by the public through our taxes, as are many trials for drugs that are then licensed to public universities and pharmaceutical companies (like some of the new Ebola vaccines in development). Shouldn't knowledge from publicly funded trials be in the public domain?

Read full, original article: [Why Transparency And Data Sharing In Clinical Trials Matters](#)