

ClinicalTrials.gov Review of Protocol Submissions

Background

Protocol information must be clear and informative and information must be consistent with the ClinicalTrials.gov Protocol Data Element Definitions (DRAFT):

<http://prsinfo.clinicaltrials.gov/definitions.html>. ClinicalTrials.gov reviews protocol information for apparent validity, meaningful entries, logic and internal consistency, and formatting. This document is intended to assist data providers in preparing registration records by providing an overview of ClinicalTrials.gov review criteria. This document is not comprehensive. It is the responsibility of the data provider to ensure that records are consistent with these criteria. The public posting of a registration record by ClinicalTrials.gov does not necessarily mean that all of these criteria have been met. At times, ClinicalTrials.gov may note problems and request revisions after a record has been posted publicly.

Registration Review Criteria

General

- Record is in English (with possible exception for the Official Title).
- Acronyms and abbreviations are spelled out fully (with acronym or abbreviation in parentheses) at least the first time they are used in the Protocol Section. Acronyms used to identify the study are entered in the Acronym data element.
- No spelling errors exist. Hint: The Spelling Tool on the “View Protocol Record” page may be used to identify possible spelling errors.
- No formatting problems exist, including any unreadable characters or symbols. Hint: Unicode, UTF-8 format, is the standard for ClinicalTrials.gov.
- In general, the Brief Title is in lay language and includes the condition and intervention evaluated in the study.
- Board approval (by an ethics committee) is required for all Interventional studies.
 - For trials with an Overall Recruitment Status of “Not Yet Recruiting,” a Board Approval Status of “Submitted, Pending” or “Request not yet submitted” is acceptable.
 - Once participant recruitment begins, a Board Approval Status of “Approved” and the Review Board Name and contact information (either phone or email) is required.

Internal Consistency - Information must be consistent throughout the record.

- Overall Recruiting Status is consistent with Study Start Date and Primary and Study Completion Dates.
- Study Type is consistent with other information in the record (see Study Type below).
- Intervention Names are the same throughout the record (see Intervention Information below).
- Study Design data elements are consistent with Official Title and other information in the record.

Brief Summary and Detailed Description

- Information is provided in complete sentences and is not written in the first person.
- References are not provided in this section. All references must be entered in the Citation field.
- Compensation/reward information is not present.
- Results-type data (“results” or “conclusions” of the study) are not present. Results may be entered in the results section of the record (see additional information about entering results at <https://prsinfo.clinicaltrials.gov/fdaaa.html>).

Study Type - Designation of study as ‘Observational’ or ‘Interventional’ is consistent with other information in the record and with the ClinicalTrials.gov Protocol Data Element Definitions (DRAFT):

- **Interventional**
 - **Definition:** Studies in human beings in which individuals are assigned by an investigator based on a protocol to receive specific interventions. Subjects may receive diagnostic, therapeutic or other types of interventions. The assignment of the intervention may or may not be random. The individuals are then followed and biomedical and/or health outcomes are assessed.
 - **Hint:** Randomized studies are interventional. Studies with investigational drugs or devices are likely to be interventional.
- **Observational**
 - **Definition:** Studies in human beings in which biomedical and/or health outcomes are assessed in pre-defined groups of individuals. Subjects in the study may receive diagnostic, therapeutic, or other interventions, but the investigator does not assign specific interventions to the subjects of the study.

Outcome Measures - The Primary and Secondary Outcome Measure Titles and Descriptions (if provided) are as **specific** as possible.

- The Outcome Measure information includes the name of the specific measure (e.g., Systolic Blood Pressure) and a description of the metric that will be used to characterize the measure (e.g., Change in Systolic Blood Pressure).
 - **Hint:** “Bioequivalence,” “pharmacokinetics,” and “pharmacodynamics” are not specific descriptions of an Outcome Measure because they do not specify by which measures bioequivalence, pharmacokinetics or pharmacodynamics will be assessed. Examples of Outcome Measure Titles to assess these parameters include:
 - “Area under the plasma concentration versus time curve (AUC) of ‘drug x’”
 - “Peak Plasma Concentration (Cmax) of ‘drug x’”
 - **Hint:** “Safety,” “tolerability,” and “feasibility” are not specific measures. Similarly, “Adverse events” by itself is not sufficient. “Number of participants with adverse events” is specific.
- The Outcome Measure information describes WHAT will be measured, not why it is measured.
 - **Hint:** Generally, verbs should not be included in the Outcome Measure Title.

Outcome Measure Time Frame - Each Outcome Measure includes a time point at which the outcome is assessed for the specific metric used. Most outcome measures will have one time point. If multiple outcomes are based on the same underlying measure (e.g., Outcome Measure Title “Change from Baseline in Hamilton Depression Rating Scale”) assessed at different time points (e.g., “8 weeks and 12 weeks”), then each unique combination of measurement and Time Frame is entered as a separate Outcome Measure (e.g., “Change from Baseline in Hamilton Depression Rating Scale at 8 weeks” and “Change from Baseline in Hamilton Depression Rating Scale at 12 weeks”).

- “Change” Outcome Measures – Generally two time points (e.g., “baseline and 8 weeks”) are entered to indicate the time period over which the change occurred.
- Time-to-Event Outcome Measures – This measure describes plans to assess the time to occurrence of an “event” (e.g., “death”). The Time Frame should, at a minimum, include the estimated period of time over which the event will be assessed (e.g., “up to 100 weeks”). The Time Frame may also include information on how the event will be determined and over what estimated period of time (e.g., “From date of randomization until the date of first documented progression or date of death from any cause, whichever came first, assessed up to 100 months”).
- Pharmacokinetic Outcome Measures (e.g., Cmax, AUC) – These assessments rely on multiple measurements over time and the Time Frame may include multiple time points describing the interval at which data are collected (e.g., “0, 1, 2, 3, 4, 6, 8, 12, 24, 48, 72, 96 hours post-dose”).
- Hint: “At follow-up” or “end of study” is usually not an adequate Time Frame. At a minimum, the Time Frame should include the maximum length of follow-up that is currently planned (e.g., “up to 3 years”).
 - Exceptions are possible, for example, in measures that are assessed at the particular time the intervention is administered (e.g., “at time of surgery”).

Conditions or Focus of the Study

- Only the primary disease or condition being studied is listed. If the focus of the study is not a disease, a brief description is provided (e.g., “Medical Errors”).

Intervention Information

Each intervention is entered separately using the Intervention Type, Name, and Description data elements.

- **Intervention Names**
 - Drug Names: The generic name of the drug must be used, if available. If more than one drug name is being used for the same drug (e.g., a generic name and a brand name), clearly indicate that one drug is the same as the other. The preferred format is to include one drug name in parentheses next to the other drug name, for example: “Advil (ibuprofen).”
 - **The Other Intervention Names data element is not currently viewable on the public site; therefore the content of the record must be clear and consistent in the use of Intervention Names.** More than one drug name can be confusing to the public, particularly a patient audience.
 - Device and Other (non-Drug) Names: A specific device name or other descriptive name is provided with sufficient detail so it can be distinguished from other similar interventions.

- **Intervention Type**
 - List each Intervention Name and Intervention Type that is used in the study; each Arm may include more than one Intervention Type.
 - Procedures frequently involve a drug or device. Whenever possible, the other relevant Intervention Types used in the procedure (e.g., Drug, Device) are selected and specific Intervention Names are listed.
 - Each unique intervention is entered separately using the Intervention Type and Intervention Name data elements.
- **Arm Information** - Each intervention is assigned to the corresponding Arm.
 - Arm Type
 - “Active Comparator” or “Placebo Comparator” cannot be the only Arm Type for a “Single Group Assignment” study design. The presence of a “Comparator” suggests that there is more than one Arm (to what the "Active Comparator" is being compared).
 - If an intervention is assigned to an Arm, “No Intervention” is not an appropriate Arm Type.

Eligibility

- A list of key Inclusion Criteria and Exclusion Criteria is included.
- Criteria are bulleted (preferred format) or numbered.

Locations

- If Central Contact is provided, only City, State and Country of locations are required.
- If there is no Central Contact, additional information is required (contact number or email).