

Clinical Trials: Benefit or Danger to the Patient?

Information has always been our biggest weapon against disease. The Canadian Journal of Urology, (CJU), has supported our practices with new information since its inception in 1994. The explosion of new therapies is changing the way we practice Urology and will continue to do so. Long before these new therapies become a part of our standard of care, they must be evaluated, modified, shown to be safe and efficacious and then published for peer review. These therapies require the cooperation of Industry, the medical community and our patients before being introduced into general practice. Clinical Trials have become a part of many of our practices and are certainly on the radar of our patients who have access to the internet. In the early '90's, a majority of phase II and phase III work was done at university centers, leaving phase IV trials to the community urologist.

As more and more doctors that were university trained moved out to the community, it became very obvious that the majority of primary provision of medical care took place in the community. The universities had become tertiary care facilities. Only a small percentage of physicians became "academic" practitioners. The universities, with what little research money they allocated, spent the majority of it on basic science research. Industry had to provide the funds for clinical research in the majority of cases for the new drugs.

Around the same time the GCP (Good Clinical Practice) and ICH (International Conference of Harmonization) guidelines were developed and utilized in clinical research throughout the world. This applied certain universal standards, which guaranteed that all patients entering the same clinical trial almost anywhere in the world would be exposed to and afforded the highest standard of research practice. All principal investigators were GCP trained. This also allowed the amalgamation of all clinical data from all countries to create very robust data, because all patients regardless of their residence were approached and treated in the same manner and with the same standards. This helped to improve the safety of the trials and the therapies. These standards demanded regular and careful monitoring, on an ongoing basis, to detect safety issues very early in the trial.

Industry pressures to recruit as quickly as possible, a complacency about the importance of the work, institutional regulations, politics and the recognition of the high volumes and standards of care caused a drift to community physicians, with a majority of work now being carried on by non-university practitioners. This shift has allowed us to offer more novel therapies to our patients, without the need for them to travel to tertiary centers. The guidelines, repeated reviews and desire to provide the best care for our own patients, ensured the high quality of these trials. It has also required that we develop another skill set, that of a Principal Investigator.

Certain journals will not publish "industry sponsored trials", because they feel that they are biased and that "negative trials" are never published. This is not true today. All trials with regular updates are listed on public websites and there are constant safety analyses, to mitigate any unforeseen complications from new drugs. Industry would never support the development of a drug that was dangerous, risky or lacked a significant benefit for the patient.

Before an affected patient is offered a clinical drug trial, there has been lab studies, animal studies and then trials on healthy patients. The next phase involves small pilot and dose escalation studies to determine the most effective and safest dose of the drug. Early on all drugs are compared to placebo in a "double-blinded" manner so neither the investigator or the patient is informed if the dose is placebo or real. Everything is done to protect the patient.

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EDITORIAL

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Occasionally, as we have seen in the past, even after a drug is approved and on the market, because of ongoing vigilance, it is determined that there may be some long term side effect in a very small percentage of patients that was not detected in the trials. Then it is up to the physician and the informed patient to make a “risk-benefit” decision about that therapy. This is the same type of decision that is made every day with all patients as we plan treatment for any problem.

Those of us who routinely participate in clinical research understand that the work can be time consuming, exacting, potentially dangerous to our patients and very rewarding. This new section in the CJU will address many of the issues involving Clinical Trials. We will be a resource for new trial work and promote dialogue among practicing physicians. Similar to CENTERWATCH, an excellent on-line clinical trials listing service, we will concentrate on promoting cooperation between Industry and interested physicians. We will also list and discuss non-industry sponsored trials. We want our colleagues to be aware of everything that may be available in a trial setting for any urologic problem that the patient will have.

In this issue we talk about some of the latest oncology trials. For certain patients with cancer that is progressing, without these trials, there are no alternatives. In other trials we are talking about prevention of progression or new therapies or combinations of old therapies, being offered early or late. Are they safe for the patient?

Always the early work will show that the therapies are safe, but until we have long term and larger studies for a particular therapy, we are never 100% sure. The benefit though, as I always tell my patients, is that as part of the trial they are guaranteed more careful and more regular follow-up, so that if something does develop, then we discover it immediately and can correct it.

Without these trials and drug discoveries our death rates and quality of life would be the same as it was 50 years ago.

Are clinical trials safe?

They are considerably safer than driving a car, flying in a plane or walking across the street. The potential benefits for the patient and future patients are far greater and much less risky than the aforementioned activities, that no patient would consider sacrificing.

A bulletin board for new trials, ongoing work and difficult projects is being offered here. We hope to foster communication in the research community, explore cooperative projects, develop standard operating procedures and help our patients have ready access to new, potentially beneficial therapies.

We will establish a database of interested investigators for Industry and a source of trials for interested principal investigators. Through this section you will have the latest information on urologic trials recruiting or being contemplated, so you can offer your patients opportunity for life saving, life altering, quality of life benefits or disease prevention therapies in a safe, and very high standard, monitored clinical trial.

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