The biggest threat

Chief Program Officer
Jan-Ole Hesselberg

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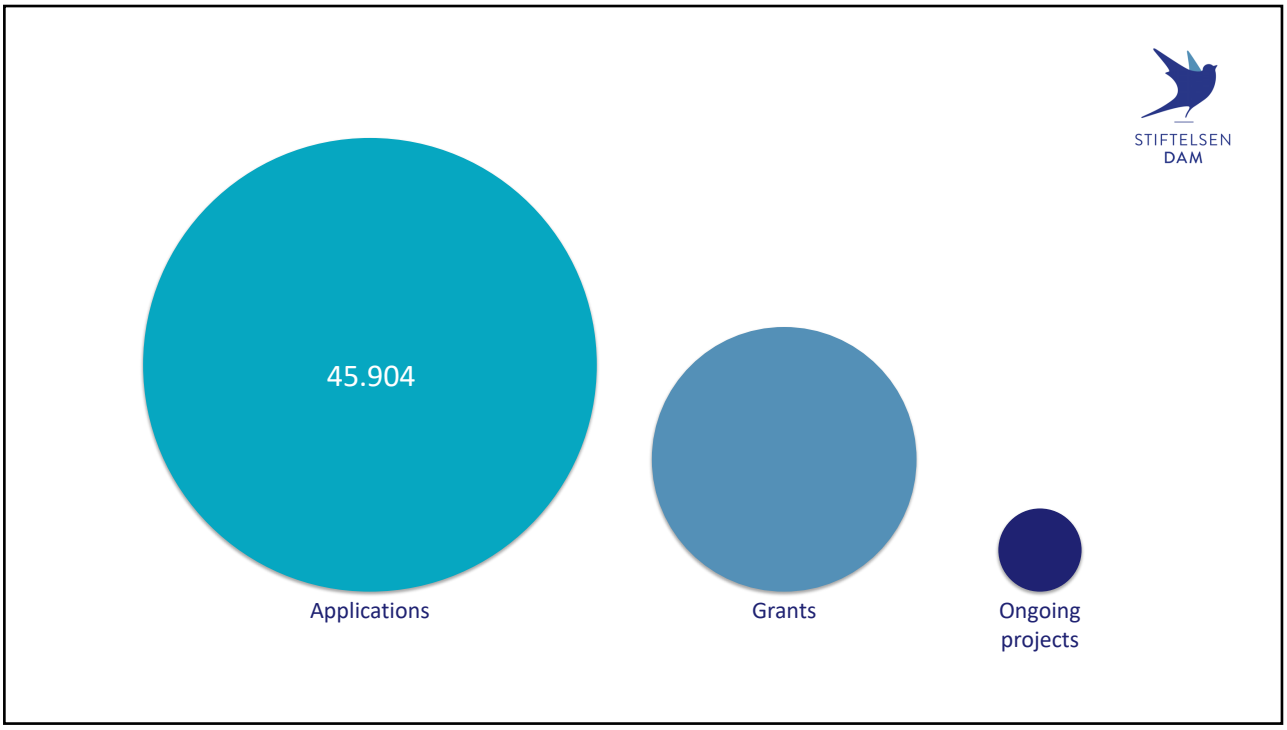

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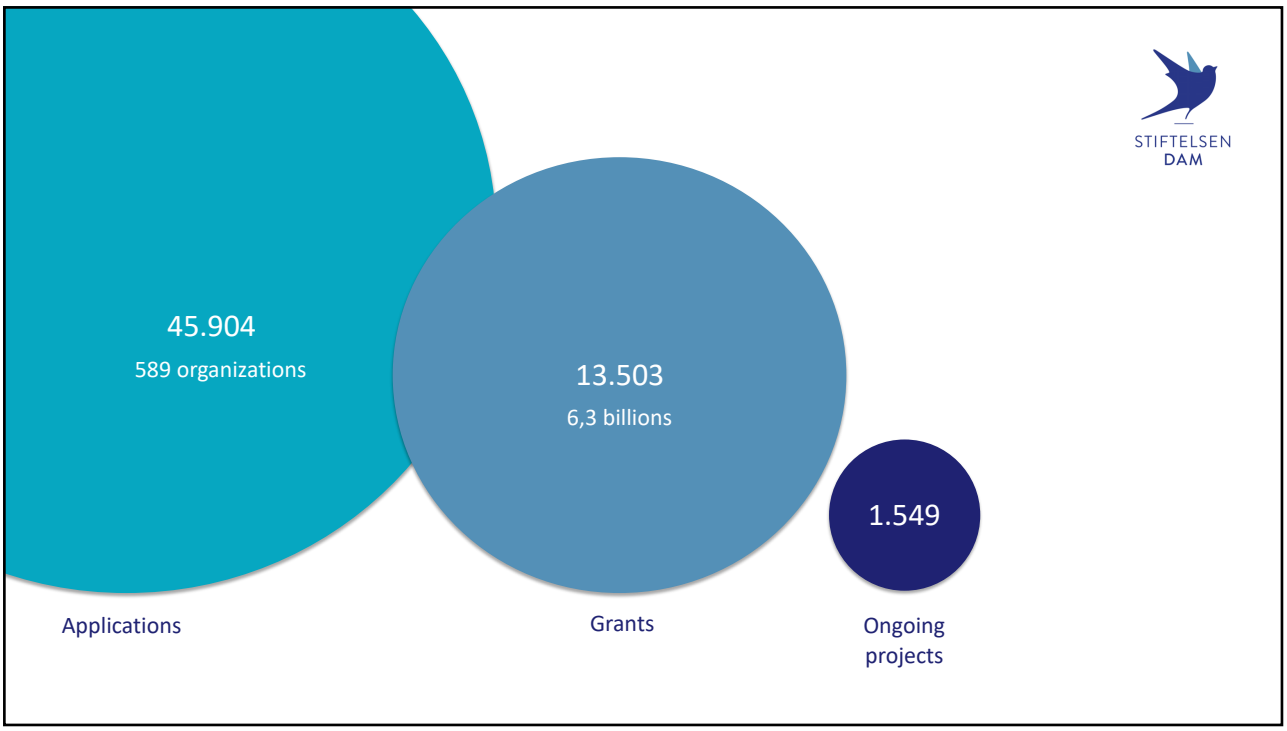
STIFTELSEN DAM
45.904
589 organizations
Applications
13.503
6,3 billions
Grants
1.549
Ongoing projects

3


Small, but good
STIFTELSEN DAM
Research Integrity and Peer Review
RESEARCH
Open Access
Individual versus general structured feedback to improve agreement in grant peer review: a randomized controlled trial
Cochrane Library
Reviewer training for improving grant and journal peer review
OXFORD
Research Evaluation
Increasing the efficiency of research proposals evaluation: a two-stage procedure.
Systematic evaluation of clinical trial reporting at medical universities and university hospitals in the Nordic countries
Bedre søknadsbehandling 2020
CLINICAL TRIAL TRANSPARENCY IN NORWAY

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The biggest threat


Aftenposten Nyheter Oslo Meninger A-magasinet Vink E-avis Del abonnement

Debatt · Medisin

Upublisert forskning er en kreft i kjernen av evidensbasert medisin. Og det angår deg. | Ben Goldacre

Ben Goldacre

Medisin har en **skitten hemme-lighet**

Ben Goldacre

Aftenposten

Foto: badscience.net/Ben Goldacre

Vi trenger alle forsøkene.

Ben Goldacre, 2016

Unpublished research*

When entire or parts of results are not published

"Published" is not "published in scientific journal"

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What's the problem?

It's no random what results we'll never see

Results that harm **commercial interests** and **research careers** are much more often left unpublished

Participants are exposed to unnecessary danger

Society is exposed to unnecessary danger

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The cumulative effect of reporting and citation biases on the apparent efficacy of treatments: the case of depression

Ymkje Anna de Vries et al. 2018

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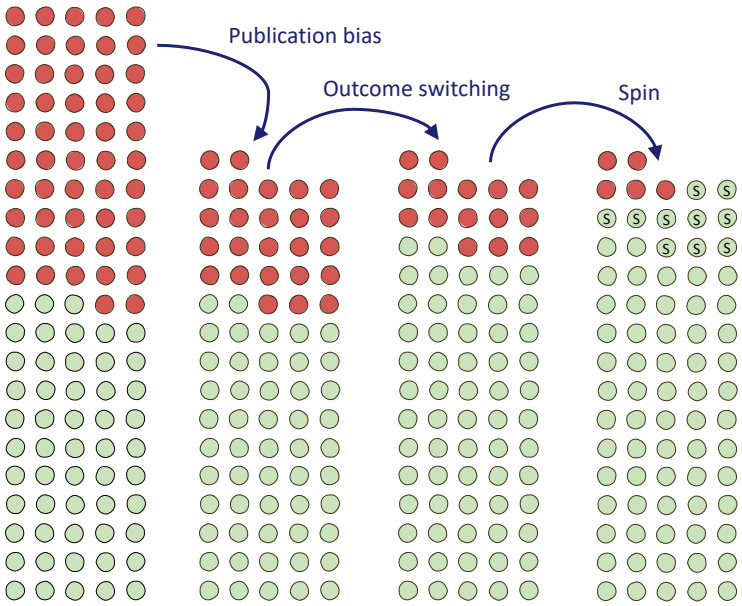
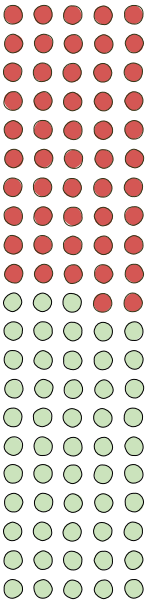


72 vs 5

12

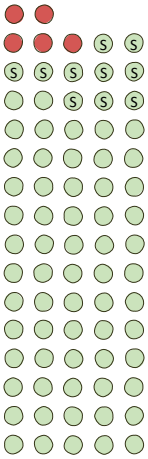


Reality
53 vs 52

"It's gotten better"

"Show us the reference"

What we see
72 vs 5



Building hypotheses
Driving innovation
Treatment guidelines
Basis for decisions

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Mega trial: Clinical studies in the Nordic region

Team of 39 researchers:
- Found 2,113 clinical trials marked as "finished" in 2016-2019
- Looking for shared results:
- in registers (ClinicalTrials.gov and EUCTR)
- through Google search

Question:
- What proportion publish within two years of closing?
- What proportion never publish?

John Ioannidis
Gustav Nilsonne
Cathrine Axfors

Nilsson et al (2023) *Results reporting for clinical trials led by medical universities and university hospitals in the Nordic countries was often missing or delayed*

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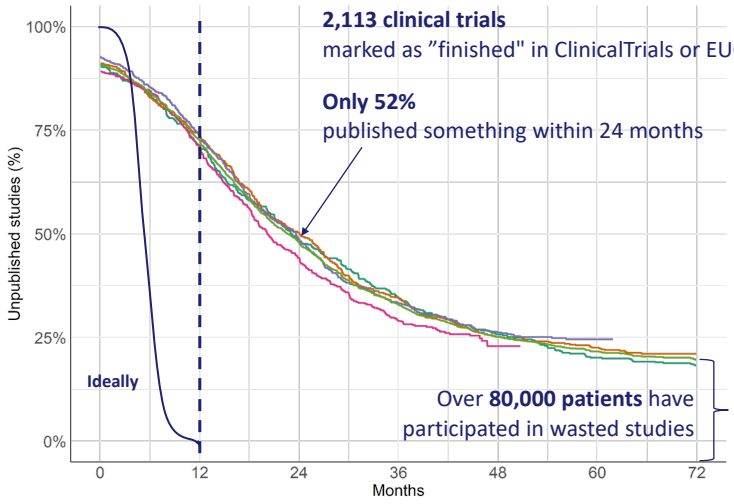
Mega trial: Clinical studies in the Nordic region



2,113 clinical trials
marked as ”finished" in ClinicalTrials or EUCTR

Only 52%
published something within 24 months

Over **80,000 patients** have participated in wasted studies

Note: Actually worse

Many studies should be registered as finished, but are not.

Applies to an estimated 50 % of Norwegian drug trials

22% never publish

Nilsson et al (2023) *Results reporting for clinical trials led by medical universities and university hospitals in the Nordic countries was often missing or delayed*

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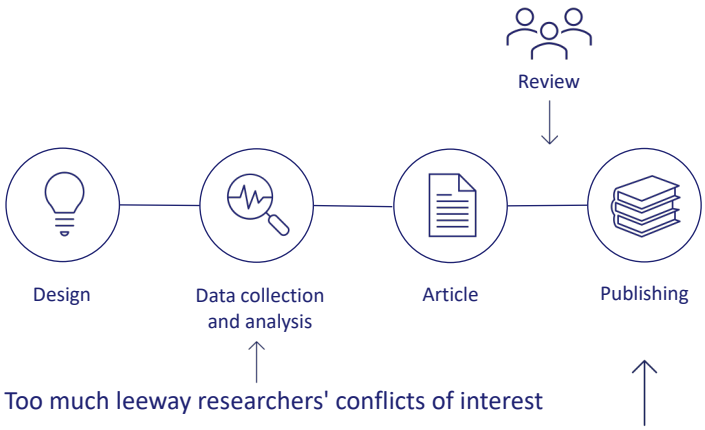
One of many measures



Too much leeway researchers' conflicts of interest

The review is based on the result, but should have been done solely on the basis of the idea and method

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One of many measures

The journal reviews the quality of the project **before** it is initiated
Users, other researchers and decision-makers will see what is being initiated
The researchers are guaranteed publication ...
... and committed to the method, unless they have good reasons for deviation

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Registered reports at Stiftelsen Dam

- Two-year commitment, 2024-2025
- The applicant considers whether RR is relevant, and can choose between it or the normal application process
- When selecting RR, the pre-proposal is the only application submitted and assessed by the Dam Foundation
- If a pre-proposal is granted, funding for the project is guaranteed, provided that an approved journal accepts the RR
- The RR must be submitted to the journal by September 15 and be accepted for publication by December 31

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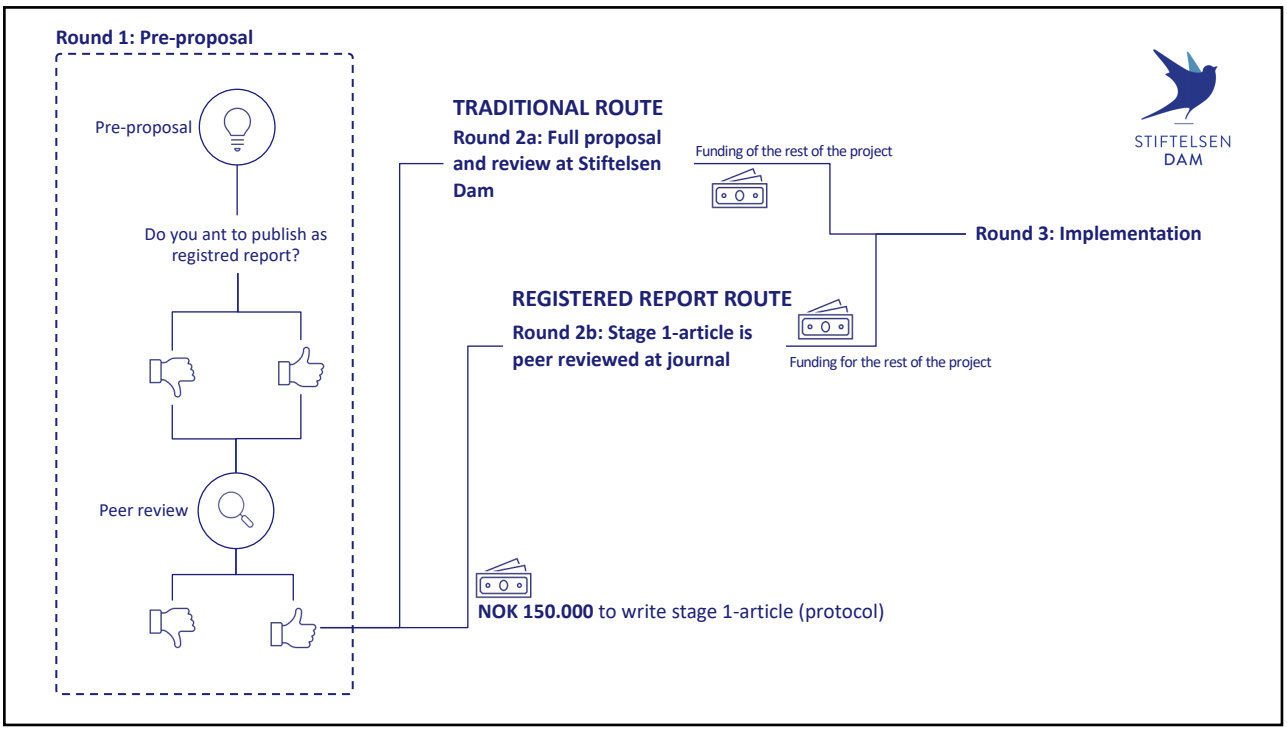

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Registered reports at Stiftelsen Dam

STIFTELSEN DAM

Is registered report appropriate for your project?

- Particularly suitable for hypothesis-driven research
  - Clinical trials
  - Replication studies
  - Other hypothesis-testing studies, regardless of design
- RR does not exclude exploratory analyses
- Some journals also offer RR for other types of studies, including studies with qualitative/exploratory design

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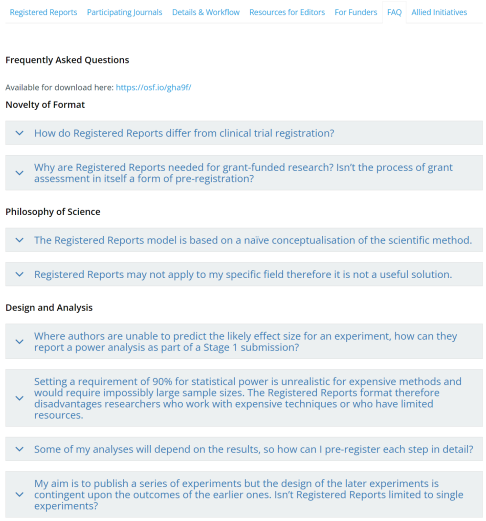
Registered reports at Stiftelsen Dam

STIFTELSEN DAM

How do you proceed?

- Read the call for proposals on www.dam.no/forskning
- See www.cos.io/rr
  - Check the list of journals that offer RR
  - Study good examples
  - Confer checklists and recommended literature, e.g. "Ten rules for writing a registered report»
  - Check FAQ
- Plan well, including finances and process for the preparation and publication of RR
- Be open to input and to make adjustments



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Registered reports at Stiftelsen Dam

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Pros

- Less duplication of effort for researcher, peer-reviewer, journal and funder
- Higher approval rate at Dam
- "In-principle acceptance" ensures publication of results
  - without looking for a journal that will accept them
  - without being asked to do other/new analyses
- Better planning and thorough peer review of the protocol increase the likelihood of implementation and reliable results
- Better academic quality assurance and less room for unethical research practice
- Increased trust in research

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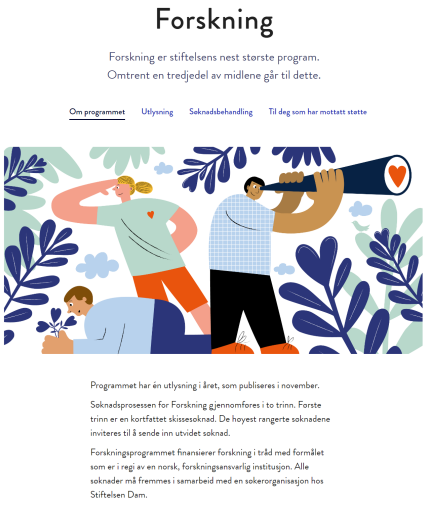
Registered reports at Stiftelsen Dam



Summarized

- Project in 2024 and 2025
- The applicant can choose between the normal application process and20 the registered report
- The applicant must assess whether a registered report is relevant
  - May not be suitable for everyone
- Benefits for applicant
  - Higher grant percentage for registered report
  - Support for designing the protocol publication (Stage 1)
  - Time-saving in the final phase
- Follow-up evaluation

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Q&A

This is just clinical research. How are things in other areas?
Probably worse. The clinical research is the best regulated.

Isn't better training an option?
Obviously not. All scientists have been learning about this for decades already.

What are the solutions?
- We need to stop rewarding bad scientific practice
- The digital infrastructure must make it *possible* and *easy*.
- The legislation should preferably make it *necessary*
- Someone needs to follow up

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