

## NEWS

# Chair of NICE backs call for all clinical trial data to be public

Adrian O'Dowd

London

The head of the National Institute for Health and Care Excellence has told MPs that all clinical trial data should be made public, as there is a “moral imperative” to do so.

David Haslam, chair of NICE, appeared before the parliamentary health committee on 2 September as part of an evidence session for its inquiry into the institute’s work. NICE, the UK body that evaluates the benefits and cost effectiveness of medicines and treatments and makes recommendations about which of these the NHS should provide, has already signed up to the AllTrials campaign ([www.alltrials.net](http://www.alltrials.net)). The initiative—backed by the charity Sense About Science, *The BMJ*, the James Lind Alliance, Ben Goldacre (author of *Bad Science*), and the Centre for Evidence Based Medicine at the University of Oxford, among others—is campaigning for the registration and publication of all clinical trials.<sup>1</sup>

Asked by MPs on the health committee whether drug companies should be able to keep their data secret, Haslam said, “We were early signatories of the AllTrials.net campaign. My personal view on this is that I can see no reason whatsoever not to publish all the data, and I think there’s a moral imperative from the point of view of the patients who’ve been part of the trials that their time and their effort shouldn’t be ignored.

“I think everything should be in the public domain, and I’ve always felt that very strongly.”

MPs also asked whether NICE should be “more muscular” in its approach and insist that all data are shared with other bodies, such as the Cochrane Collaboration. “I would be very keen for all data to be in the public domain and for NICE to have access to all that data,” said Haslam.

Ian Bushfield, campaigns support officer for Sense About Science, told *The BMJ* after the meeting, “We were very glad to hear those comments from Professor Haslam. We agree with

him that results need to be made public when clinical trials happen. NICE is there to evaluate the evidence, and they are trying very hard to look at all the evidence that they can.”

The committee also asked NICE’s witnesses about the government’s Cancer Drugs Fund, to which doctors can apply for money on a case by case basis to pay for drugs that are not available on the NHS. MPs said that the nature of the fund had always “seemed entirely at odds with NICE and perhaps undermining your process” and asked how they viewed it.

Andrew Dillon, NICE chief executive, also giving evidence, said that the fund had not undermined the work of NICE, but he added that it had led to a “misalignment” between NICE and the NHS’s ambition and willingness to pay for certain treatments.

MPs asked whether the witnesses thought that the fund should be merged with NICE’s work. Dillon said, “We would like to move away from a situation where we apply our current threshold, as amended by the end of life treatments protocol, and say yes to some treatments and say we can’t support routine use of other treatments—and, in most cases, the Cancer Drugs Fund has then said yes to the treatments that we have said no to.

“I don’t think that makes any sense. It’s not a criticism of the decision to allocate more money to cancer; it’s about an alignment of processes and methodologies that we need to get sorted out.”

1 Kmiotowicz Z. Patients are urged to boycott trials that do not guarantee publication. *BMJ* 2013;346:f106.

Cite this as: *BMJ* 2014;349:g5541

© BMJ Publishing Group Ltd 2014

## Figure

