

Universität Hamburg

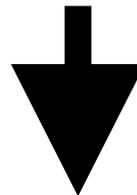
DER FORSCHUNG | DER LEHRE | DER BILDUNG

Open Access in den Gesundheitswissenschaften: Anspruch versus Praxis

Dr. Anke Steckelberg

Forschungsfragen in den Gesundheitswissenschaften

- Ist das Train-The-Trainer Curriculum für Lehrer umsetzbar? Eine Pilotstudie.
- Wie werden die Testgütekriterien diagnostischer Tests von Bürgern perzipiert?
- Welche Effekt haben Evidenz-basierte Informationen zum kolorektalen Screening auf die informierte Entscheidung im Vergleich zur Standardinformation?
- Kann die Leitlinie „FEM – Freiheitseinschränkende Maßnahmen“ das Auftreten freiheitseinschränkender Maßnahmen in Alten- und Pflegeheimen reduzieren?



qualitative und quantitative Methoden



Bundesministerium
für Bildung
und Forschung

Grundsätze und Verantwortlichkeiten bei der Durchführung klinischer Studien

DIE ICH-GCP GRUNDSÄTZE DER GUTEN KLINISCHEN PRAXIS

Die Gute Klinische Praxis¹ (GCP, *Good Clinical Practice*) ist ein internationaler ethischer und wissenschaftlicher Standard für Planung, Durchführung, Dokumentation und Berichterstattung von klinischen Studien am Menschen. Die Einhaltung dieses Standards schafft öffentliches Vertrauen, dass die Rechte, die Sicherheit und das Wohl der Prüfungsteilnehmer gemäß der Deklaration von Helsinki² geschützt werden und die bei der klinischen Studie erhobenen Daten glaubwürdig sind.

In dem Bestreben, Sicherheit und Wohl für Patienten und Probanden in allen klinischen Studien sicherzustellen, fühlen sich das BMBF und die DFG den in ICH-GCP niedergelegten Grundsätzen (ICH-GCP, Kapitel 2) verpflichtet. Daher sollen die im Folgenden aufgeführten ICH-GCP Prinzipien soweit wie möglich in allen geförderten Studien angewendet werden.

GCP – Bedeutung für die Forschungspraxis

- Erstellung von Studienprotokollen
- Registrierung von randomisiert-kontrollierten Studien und systematischen Übersichtsarbeiten in Studienregistern
- Veröffentlichung der Studienprotokolle (teilweise)
- Ethikvotum
- Informed consent der Studienteilnehmer
- Publikation aller Studiendaten (publication bias)
- Berücksichtigung der Reporting Statements



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Toolkits

This section of our website will help you to use guidance listed in our Library to promote, teach and practice accurate, complete and ethical publication of health research.

In addition we also provide practical resources for groups developing reporting guidelines to ensure the highest standards and usefulness of these guidelines.

Authors



Information and resources for authors

Editors



Information and resources for editors and peer reviewers

Developers

Key reporting guidelines

CONSORT	Full Record Checklist Flow Diagram
STROBE	Full Record Checklist
PRISMA	Full Record Checklist Flow Diagram
STARD	Full Record Checklist Flow Diagram
COREQ	Full Record
ENTREQ	Full Record
SQUIRE	Full Record Checklist
CHEERS	Full Record Checklist
CARE	Full Record Checklist
SAMPL	Full Record

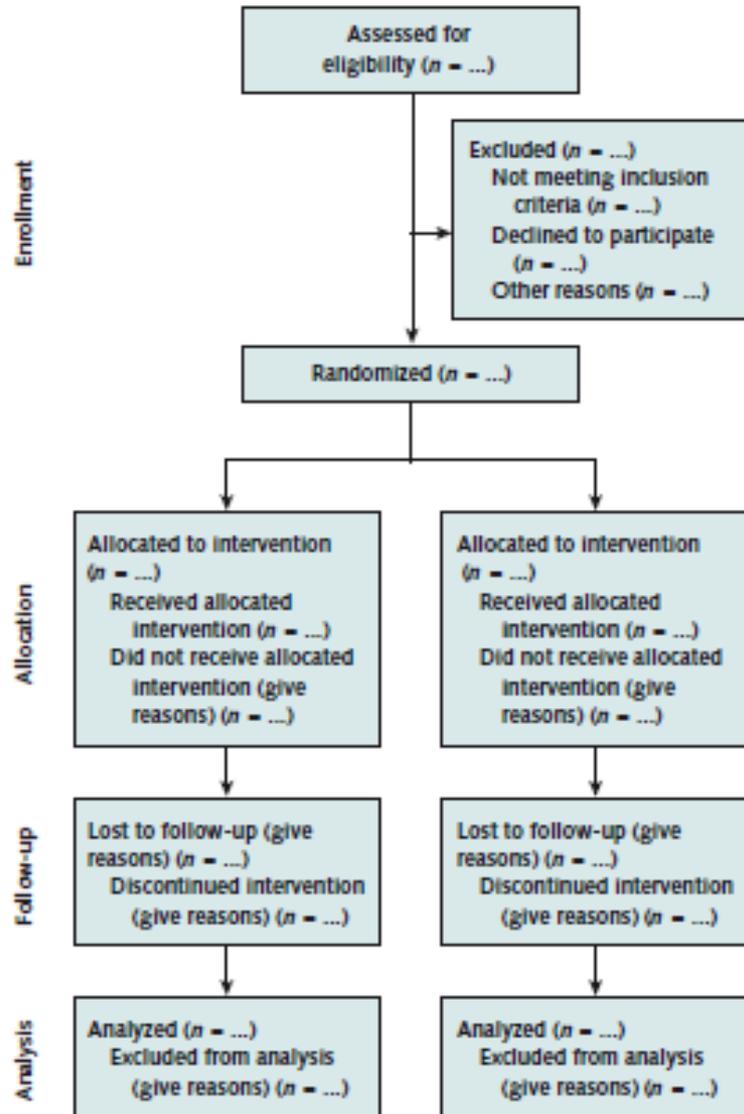
Library index

- [Search for reporting guidelines](#)
- [Reporting guidelines under development](#)

Table. CONSORT 2010 Checklist of Information to Include When Reporting a Randomized Trial*

Section/Topic	Item Number	Checklist Item	Reported on Page Number
Title and abstract	1a	Identification as a randomized trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance, see CONSORT for abstracts [21, 31])	
Introduction Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial), including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomization Sequence generation	8a	Method used to generate the random allocation sequence	
	8b	Type of randomization; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	

Figure. Flow diagram of the progress through the phases of a parallel randomized trial of 2 groups (that is, enrollment, intervention allocation, follow-up, and data analysis).



RESEARCH

Open Access

Strategies for obtaining unpublished drug trial data: a qualitative interview study

Nicole Wolfe¹, Peter C Gøtzsche² and Lisa Bero^{3*}

RESEARCH

Searching for unpublished data for Cochrane reviews: cross sectional study

 OPEN ACCESS

Jeppe Bennekou Schroll *PhD student*¹, Lisa Bero *professor*², Peter C Gøtzsche *professor*¹

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Publication and access to clinical-trial data: an inclusive development process

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The European Medicines Agency is developing a policy on the proactive publication of clinical-trial data. From the beginning of this process, the Agency has taken a considered approach to developing a draft policy based on respecting the views and concerns brought forward by a broad range of stakeholders and European bodies.

The process started off with a [workshop on clinical-trial data and transparency](#) on 22 November 2012 to discuss the practical and policy issues that needed to be addressed before the Agency can begin to release these complex data sets.

The workshop gathered the views, interests and concerns of a range of institutions, groups and individuals with an interest in the issue, to help the Agency define how it should provide access to clinical-trial data in a manner that satisfies the needs of its stakeholders.

Following the event, the Agency issued a call for nominations to join advisory groups to inform it on five topics.

More than 200 people from all stakeholder groups applied to participate in one or more of the five advisory groups. The groups met between January and April 2013, with meetings taking place via teleconference.

Related information

- Release of data from clinical trials
- Workshop on clinical-trial data and transparency (22/11/2012)
- Open clinical trial data for all? A view from regulators
- Draft policy 70: Publication and access to clinical-trial data (24/06/2013)

Contact point:

ctdatapolicy@ema.europa.eu

Methoden in den Gesundheitswissenschaften

Qualitative Methoden:

- Interviews: face to face oder Telefoninterviews
(Transkripte von Video- und Audioaufzeichnungen, Mitschriften der Interviews)
- Fokusgruppen: (Transkripte von Video- und Audioaufzeichnungen, Mitschriften der Interviews, Materialien der Teilnehmer)
- Literaturanalysen

Methoden in den Gesundheitswissenschaften

Quantitative Methoden:

- Surveys (Fragebögen: Papier oder online)
- Fokusgruppen (Fragebögen)
- Kohortenstudien (Endpunkterhebungen: Fragebögen Messungen am Patienten ...)
- Vorher-Nachher Studien (Endpunkterhebungen: Fragebögen)
- Randomisiert-kontrollierte Studien (Endpunkterhebungen: Fragebögen Messungen am Patienten ...)
- Systematische Übersichtsarbeiten / Meta Analysen (Datensynthesen)
- Health Technology Assessment (Datensynthesen)
- Leitlinien (Datensynthesen)

Daten in den Gesundheitswissenschaften

- Elektronische Datensätze aus online Erhebungen (survey monkey)
- Transkripte (Video- und Audioaufnahmen werden nach Transkription gelöscht)
- SPSS / Access / RefMan /GRADE Pro Dateien (Fragebögen, Messungen, Datensynthesen)

Data sharing? – Findet bisher fast nicht statt.

Open data

Bisherige Praxis

- Daten werden auf Anfrage den Autoren zur Verfügung gestellt. (Systematische Übersichtsarbeiten / Meta Analysen)
- Daten werden bei den Autoren eingeholt.

Erste Versuche: data sharing

- Publikation im Open Access Journal German Medical Science
- Einladung zum Datenupload bei Dryad
- Kosten übernimmt GMS



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- Recently Published Data**
- Ahlinder J, Mullin TJ, Yamashita M (2013) Data from: Using semidefinite programming to optimize unequal deployment of genotypes to a clonal seed orchard. *Tree Genetics & Genomes* doi:10.5061/dryad.9pn5m
 - Lukeneder S, Lukeneder A (2013) Data from: A new ammonoid fauna from the Carnian (Upper Triassic) Kasimlar Formation of the Taurus Mountains (Anatolia, Turkey). *Paleontology* doi:10.5061/dryad.c0mf6

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Open data – offene Fragen

- Wie müssen Daten aufbereitet sein, um für Dritte nutzbar zu sein? (Bisher liegen keine GMS Datenuploads vor).
- Wie wird sichergestellt, dass die Daten nicht missbraucht werden?
- Gefahr der Entblindung
- ...

Vielen Dank!