Simultaneous and Sequential Study Enrollment Among 34,237 Clinical Trial Patients and Patients’ Motivation for Duplicate Enrollment
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Background
Enrollment in more than one clinical trial at a time, or sequentially, is dangerous. An almost universal exclusion criterion in clinical trials is not participating in more than one trial at a time. There is emerging evidence and growing concern that subjects in clinical trials enroll in multiple studies simultaneously. This is potentially dangerous for the study participant and can lead to failed or negative studies. Lowering a study’s chance for success compromises the underlying justification for conducting the study.

The purpose of this study was to estimate the extent to which subjects dual enroll in studies of psychiatric medications.

Methods
Data was from the NEWMEDS project, an academic-industry research collaboration established under the Innovative Medicines Initiative of the European Union that includes most of the major pharmaceutical companies. Data was from a repository of patient level data on 34,237 subjects from 96 clinical trials of psychiatric medications. Apparent duplicate enrollment by region was examined by matching subjects on available demographic information (date of birth, height, sex, and weight category). The results showed apparent duplicates by region, as follows: North America, 8.6%; Western Europe, 4.8%; India, 14.1%; Eastern Europe, 6.5% and Australia, 7.8%. Data was also examined from all seven studies from one drug development program, which showed that duplicates per study ranged from 11% to 14.8%. The data provides a minimum estimate of duplicate enrollment, as we did not have data on the entire universe of clinical trials. Results suggest that, like many trials, these studies included duplicate patients. Having data on additional variables would have further reduced the chance of false positives.

In addition, we examined motivations of persons who enroll concurrently in more than one clinical trial. Over the course of two years, using opportunity sampling, 20 in-depth interviews were conducted with study participants, study personnel, and study monitors to understand why persons who had been in another study answered “no” when asked “have you been on an investigational drug in the last 180 days?” The reasons were categorized into the following main categories: (1) I know better, it’s a silly requirement; (2) Investigational drug, not me, I am not a criminal; (3) I am on a study for a cream, this is a study for a pill; it’s not the same. They don’t mean me; (4) They miscalculated, previous study ended 100 days ago; (5) They don’t understand the question and are embarrassed to ask; (6) They want to get paid for an additional study; and (7) They, or their accompanying family member, are desperate and want to increase the chances of getting active treatment. There is a broad range of reasons running the gamut of outright fraud to the desire to get needed treatment. Some subjects were in a moral dilemma; they did not want to misrepresent, but were in dire need for treatment.

Discussion
As part of the NEWMEDS project, we established a cross sponsor HIPAA and European Privacy Law compliant registry, DupCheck.org, of demographic data to examine, prospectively and historically, the occurrence of duplicate patients using de-identified data. DupCheck.org allows screening out duplicate patients before enrollment and re-analyzing completed trials after removing duplicate patients. Including a test for duplicate enrollment would likely reduce its occurrence and improve safety in studies.

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