Review by Norman M. Goldfarb

“Clinical Trials Handbook: Design and Conduct”
Curtis L Meinert, 2013, 573 pages, Wiley, $155

“Clinical Trials Handbook: Design and Conduct” takes the unique approach of outlining important information for a broad range of topics related to clinical research. The format is efficient, albeit sometimes a bit cryptic. The book is most likely to be used as a reference when specific issues come up. An expert would find it useful to clarify an obscure point or make sure nothing is missed, while a novice would find it useful as an introduction and to-do list.

Each chapter addresses a topic with one or more of the following elements: example “slide,” related entries, definitions, narrative, considerations, recommendations, questions and other. The following example illustrates the structure and contents of a chapter:

**Results blackouts**

**RELATED ENTRIES**
Masking, censoring and shielding specifications (page 113), Unmasking treatment assignment (page 125), Publication policy (page 429), Presentation policy (page 439), Policy on access to study data and results (page 449)

**DEFINITIONS**

blackout *n* - In the jargon of trials, broadly, a proscription on the flow of information concerning a trial until lifted by study leaders; may apply to persons inside and outside the trial or only to persons outside the trial; results blackout. *rt*: shielding, results blackout

results blackout *n* - [trials] 1. A state of conduct in which investigators are shielded from interim results, e.g., as required in imposed states of equipoise. 2. Any of various constructs imposed to keep treatment results from being revealed or made known to the public until presented or published by study investigators.

shield, shielded, shielding, shields *v* - [trials] The act or process of keeping designated types or classes of information (e.g., interim treatment results) from specified groups or classes of persons (e.g., clinic personnel) during conduct of a trial.

**NARRATIVE**

Blackouts are imposed to keep specified types of information from designated groups of people. By definition, any blackout internal to the trial extends to the public at large.

Blackouts relating to the fact that a trial is being done and to details of its design should not be imposed. (See Publicity policy, page 445; and Policy on access to study documents, page 447.) That information should be freely available to anyone who wants it. Openness in research on human beings is essential for public trust.

The usual practice in trials is to shield investigators from interim results when possible. (The feasibility of such shielding is limited to situations where clinical
investigators do not have access to study data — the usual case in multicenter trials with data residing in coordinating centers.) The practice exists because of concern regarding the risks of treatment-related feedback biases if study investigators know the trend of results.

Generally, regardless of whether or not investigators are shielded from interim results, interim results are blacked out beyond the trial. (See Policy on access to study data and results, page 449).

**Recommendations concerning results shielding and blackouts**

- Proscribe access to interim results outside the study (see Publication policy, page 429)
- Establish policy on whether investigators will be shielded from interim results; default to shielding unless there are compelling reasons to the contrary
- Outline conditions and circumstances for lifting the investigator shield; outline early in the course of the trial: submit to study officers for review and approval
- Specify groups or persons within the investigatorship who will see interim results
- Outline how investigators will be informed of results when the shield is lifted

**Recommendations**

- Done at a face-to-face investigator meeting
- Analyses performed by coordinating center
- Presentation done by people from the coordinating center
- Moratorium on public comment until results are presented or published

**Usual conditions for lifting investigator shield**

- When considering a recommendation for a results-based protocol change as provided by the treatment effects monitoring committee
- When the trial is finished or stopped

**Usual conditions for unmasking treatment effects monitoring committee (if masked)**

- When masking is transparent
- When there is a trend suggestive of need for action
- When members believe they cannot meet their responsibilities to patients and investigators if masked

The book consists of 166 chapters in 21 sections:

- General
- Design Specifications
- Funding
- Treatment Groups/Treatment Administration
- Masking
- Bias and Variance Control
- Treatment Assignment/Randomization
- IRBS and Consents
- Enrollment and Followup
- Sample Size
• Data Collection and Processing
• Study Centers
• Investigators/Study Staff
• Committees
• Treatment Effects Monitoring
• Quality Control and Assurance
• Data Analysis
• Publication/Presentation
• Policies
• Adverse Events
• Miscellaneous

The book is available in bookstores.

Reviewer

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