The Yale Open Data Access (YODA) Project: 10 Years of Clinical Trial Data Sharing

NIH Collaboratory Grand Rounds April 19, 2024



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Potential Competing Interests

- The YODA Project is funded by research grant through Yale from Johnson & Johnson
- Research grant funding through Yale from:
 - Food and Drug Administration (FDA)
 - National Evaluation System for health Technologies (NEST)
 - NIH/NHLBI, AHRQ, PCORI
 - Arnold Ventures
- Deputy Editor at JAMA



Open Data, Open Science – Why?

Underreporting Research Is Scientific Misconduct

lain Chalmers, FRCOG

Substantial numbers of clinical trials are never reported in print, and among those that are, many are not reported in sufficient detail to enable judgments to be made about the validity of their results. Failure to publish an adequate account of a well-designed clinical trial is a form of scientific misconduct that can lead those caring for patients to make inappropriate treatment decisions. Investigators, research ethics committees, funding bodies, and scientific editors all have responsibilities to reduce underreporting of clinical trials. An extended use of prospective registration of trials at inception, as well as benefiting clinical research in other ways, could help people to play their respective roles in reducing underreporting of clinical trials.



Source: Chalmers, JAMA 1990;263:1405-1408.

Selective Publication and Selective Reporting

- ~50% of clinical trials are never published
- Even when published:
 - Many trial publications are delayed > 2 years
 - 50% of efficacy and 65% of safety data are incompletely reported
 - Statistically significant findings more likely to be reported
 - 62% have ≥ 1 primary outcome that was changed, introduced, or omitted
- Patients and physicians frequently make treatment decisions based on only a portion of the potentially available clinical data
- Need ways to improve publication and reporting of research ...



Trial Registration and Results Reporting

- 1997 FDA Modernization Act, section 113, provided public access to information about ongoing clinical trials
- Led to creation of ClinicalTrials.gov

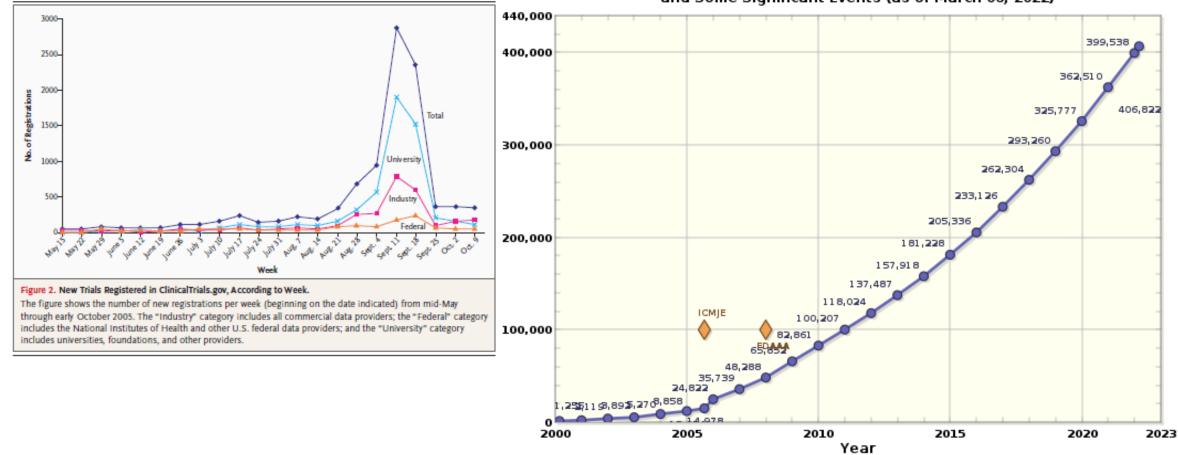


Contact Hep Desk Uster HII National Center for Biomedical Communications, U.S. National Ubrary of Medicine, U.S. National Institutes of Health, U.S. Department of Health & Human Services, USA.gov, Copyright, Privacy, Accessibility, Freedom of Information Act









Number of Registered Studies Over Time and Some Significant Events (as of March 06, 2022)



Source: Zarin et al., NEJM 2005;353:2779-2787 | ClinicalTrials.gov.

Trial Registration and Results Reporting

- 1997 FDA Modernization Act, section 113, provided public access to information about ongoing clinical trials
- Led to creation of ClinicalTrials.gov
- 2007 FDA Amendments Act broadened scope
 - Expanded registry: all studies must be registered at inception
 - <u>Results database</u>: trial results uploaded within 12 months of study completion (24 if under review)
 - "Basic results": baseline characteristics, 1° & 2° outcomes, statistical analyses (overall & by arm)
 - Adverse events (serious & frequent)







PATIENT-CENTERED OUTCOME RESEARCH INSTITUTE



NIH

National Institutes of Health

NHS National Institute for Health Research

BILL& MELINDA GATES foundation



	REVIEW	Open Access				
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Image: A strate in the particular in the partin the particular in the particular in the p	Adam T. Phillips", Nihar R. Desal ^{2,3} , Harlan M. Krumholz ^{2,34,5} , Constance X. Zou ⁶ , Jenn	RESEARCH	٥	pen Access		
Attract publication bias of clinical trials supporting updates Trials The Set of a data drop of the start in the sta	nd Joseph S. Ross ^{100,04}			Surger and Test	1911 11217	
 According the public of the first synapped of the fir	Background: Selective clinical trial publication and out	publication b	pias of clinical trials supporting	https://doi.org/10.1186/s		Trials
	controvencular disease and diabetes bietworen 2003 a compared the published interpretation of the finding interpretation. Results: Botwoen 2005 and 2014, the FDA approved and diabetes (b = 15) on the basis of 18 at this (med) (26 of 78 (07%) v/8 3 of 105 (9%); p = 0.03), and to pre (24 of 76 (07%) v/8 of 105 (9%); p = 0.03), and to pre (24 of 76 (07%) v/8 of 105 (9%); p = 0.03), and to pre (24 of 76 (07%) v/8 of 105 (9%); p = 0.03), and to pre (24 of 76 (07%) v/8 of 105 (9%); p = 0.03), and to pre for trials supporting FDA approval of new drugs for car Keywords: Clinical trials; Publications, Drug approval, U Background The US Food and Drug Administration (FDA) appres new drugs based on clinical evidence, requiring 's equate and well controlled investigations', to dems trate safety and efficacy (1). The FDA suggests 0 drug sponsors provide two or more "pivotal" efficacy als (2)— typically kage, randomized, controlled trials- well so: "non-pivotal" trials that provide additional lights into drug efficacy matching to partners it has the provide additional lights into drug efficacy matching to partners it has the provide additional lights into drug efficacy matching to partners it has the provide additional lights into drug efficacy matching to partners it has the provide additional lights into drug efficacy matching to partners it has provide additional lights into drug efficacy matching to partners it has provide additional lights into drug deficience, how, light of the partners it has provide additional lights into drug provide two partners it herema bleddow, here complexence in the light of the partners it herema bleddow, here complexence in the light of the partners it herema bleddow, here complexence in the light of the partners it herema bleddow, here complexence in the light of the partners it herema bleddow, here complexence in the light of the partners in the provide additional light of the disclorence income, here in the provide additional light of the disclorence incom	gistered port rest blished, blished v <i>less</i>	on CT.gov, ults on CT.gov and w/o misleadir <i>selective publ</i>	', ng inter <i>lication</i>	pretation and	rimary clinical i Drug t publication, 10 ermined oval of new dies, we casy outcome al, or negative), is of 165
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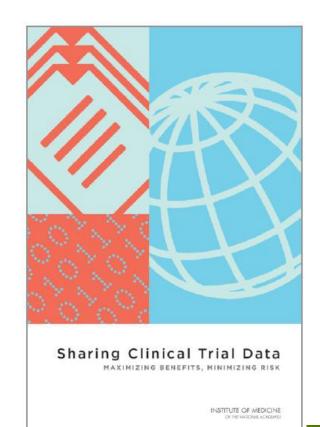
Forging a unified scientific communit

CT

Source: Phillips et al., Trials 2017;13:333 | Zou et al., Trials 2018;19:581 | Swanson et al., Trials 2021;22:817.

Strengthening Science through Data Sharing

- Ensures all data can be used to inform clinical decisions
- Positions research as a public good
- Respects contributions of participants:
 - maximizing value of collected data, while
 - minimizing duplicative data collection
- Facilitates secondary studies of existing data
- Promotes transparency and reproducibility:
 - sample, design, and analysis







For clinical trials to be considered for publication:

- Effective July 2018, manuscripts must contain a data sharing statement
- Trials that begin enrolling participants on or after January 2019 must include a data sharing plan in the trial's registration

VIEWPOINT

Incentivizing a New Culture of Data Stewardship The NIH Policy for Data Management and Sharing

For all research, funded or conducted in whole or in part by NIH, that result in the generation of scientific data:

• Effective Jan 2023, proposals must include plans for management and sharing of all data necessary to validate and replicate research findings



Source: Taichman et. al., Annals of Intern Med 2017;167:63-65 | Jorgenson et. al., JAMA 2021;326:2259-2260.

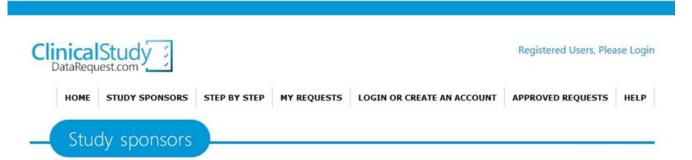


Elements to Include in a Data Management and Sharing Plan:

- Data type and amount, as well as metadata
- Related tools, software and/or code
- Standards (formats, documentation, dictionaries)
- Data preservation, access, and associated timelines
- Access, distribution, or reuse considerations
- Oversight of data management and sharing
- Budgets for allowable costs







This section of the site provides information on study sponsor's criteria for listing studies and other relevant sponsor specific information.





Vivli

CENTER FOR GLOBAL CLINICAL RESEARCH DATA



SOÅR





PROJECT

BOUT	REQUES

METRICS

TRIALS

LOG IN

Discovery consists of looking at the same thing as everyone else and thinking something different.

Albert Szent-Györgyi

OUR MISSION

The Yale University Open Data Access (YODA) Project's mission is to advocate for the responsible sharing of clinical research data, open science, and research transparency. The Project is committed to supporting research focused on improving the health of patients and informing science and public health. The YODA Project can only improve with your feedback. Please share your comments and ideas.

CONTACT US

OUR MODEL

The YODA Project seeks mutually beneficial partnerships with Data Partners, promoting independence, responsible conduct of research, good stewardship of data, and the generation of knowledge in the best interest of society. To participate, each Data Partner must transfer full jurisdiction over data access to the YODA Project.

HOW IT WORKS

REQUEST DATA

Are you ready to request data? To date, 350 trials have been identified as available. The YODA Project and Data Partners continue to identify and add more.

GET STARTED



Principles of the YODA Project

- Promote sharing of clinical research data to advance science and improve public health and healthcare
- Promote responsible conduct of research
- Ensure good stewardship of clinical research data by external investigators
- Protect rights of research participants



Johnson & Johnson Partnership

- Initiated in 2014 after proof-of-concept effort with Medtronic
- Focused on promoting and facilitating access to clinical trial data:
 - All pharmaceutical products (including legacy trials)
 - Device and diagnostic products as of 2015
 - Consumer products as of 2017
- Established data access policy and procedures, with input from Steering Committee, experts, stakeholders, and public comment





ABOUT REQUEST TRIALS METRICS LOG IN

Trials By Generic Name

Below is a list of trials that have been identified as available. This is not a complete list of the trials that are available for sharing. Before a trial can be shared, Data Partners must confirm data location and availability in an electronic format, and confirm that data availability conforms to any applicable partner agreements. All trials listed below have gone through this process. We continue to add trials to this list on a regular basis.

n't see the trial(s) you are looki Submit an inquiry				
GENERIC NAME	PRODUCT CLASS	THERAPEUTIC AREA	CONDITION STUDIED	ADVANCED SEARCH
Abiraterone acetate	Ablation Cathet	er Acetam	inophen	Bedaquiline/TMC207
VIEW TRIALS	VIEW TRIALS	VIEW TR	IALS	VIEW TRIALS
Bosentan	Canagliflozin	Daratur	mumab	Darunavir
VIEW TRIALS	VIEW TRIALS	VIEW TR	IALS	VIEW TRIALS
Doxorubicin hydrochlori de	Epoetin alfa	Ethinyl	estradiol	Etravirine
VIEW TRIALS	VIEW TRIALS	VIEW TR	IALS	VIEW TRIALS

ABOUT REQUEST TRIALS METRICS LOG IN YODA A Randomized, Double-Blind Trial of Anti-TNF Chimeric Monoclonal Antibody STUDY PHASE (Infliximab) in Combination With Methotrexate for the Treatment of Patients With Polyarticular Juvenile Rheumatoid Arthritis R Ⅲ 0 CSR Summary NCT00036374 **Primary Citation** Data Specification Annotated CRF Available upon data request approval Add Trial to Data Request PRODUCT INFO SUPPORTING DOCUMENTATION Generic Name Product Class Clinical Study Report Infliximab Antirheumatic Agents - Biologic Collected Datasets Response Modifiers Product Name Data Definition Specification **REMICADE®** Sponsor Protocol Number Annotated Case Report Form C0168T32 · Protocol with Amendments Therapeutic Area Muscle, Bone, and Cartilage Data Partner Statistical Analysis Plan Diseases Johnson & Johnson Enrollment Condition Studied 123 Arthritis, Juvenile % Female Mean/Median Age (Years) 11.2 85.996 % White 92.1% APPROVED DATA REQUESTS ASSOCIATED WITH THIS TRIAL

Impact of the dose of immunomodulators on pharmacokinetics of biologics: Patient level meta-analysis of randomized controlled trials Impact of Biologic Therapy on the Risk of Arterial and Venous Thromboembolic Events in Chronic Autoimmune Diseases: A Post-Hoc Analysis of RCTs



Requests Submitted Online

- Investigator names, affiliations, funding
- Narrative summary / public abstract
- Detailed research proposal, including:
 - Project background, clear objectives
 - Trials, sample eligibility criteria, variables
 - Primary and secondary endpoints
 - Statistical analysis plan
- Project purpose (meta-analysis, validation ...)
- Timeline and dissemination plan
- Data use agreement training





YODA Project Review

The YODA Project reviews proposals to ensure that each proposal has scientific merit, specifically verifying:

- Scientific purpose is clearly described
- Data requested will be used to create or materially enhance generalizable scientific and/or medical knowledge to inform science and public health
- Proposed research can be pursued using the requested data
- Appropriateness of requested data (e.g. CSR vs IPD)



Ensuring Data Stewardship



- Once approved, require signed DUA
- Investigators gain access to data maintained on secure platform via VPN
- Prevents re-distribution, protects patient privacy



Fostering Collaboration and Responsible Research

YODA Protocol Number	Ongoing Publication Available!
2021-4822	Comparative Efficacy of Ustekinumab and Infliximab
Product(s) of Interest	on One Year Outcomes Among Biologic-nave
STELARA® (Ustekinumab)	Induction Responders in Crohn's Disease
lo. Trials Provided	-
2	Principal Investigator Neeraj Narula
	Reports & Publications
	Inflamm Bowel Dis. 2022
	Cited By
	View 1 Citations
	Protocol & Associated Materials
	▶ Protocol #2021-4822 Proposal (PDF)
	▶ Protocol #2021-4822 Review (PDF)
	【↓】 Protocol #2021-4822 Due Diligence Assessment (PDF)



Experience so far ...

- Of 459 trials currently available, 89.5% have thus far been requested
- Of 385 requests submitted, 368 (95.6%) approved, 4 (1.0%) remain under review; 11 (2.9%) withdrawn/closed, 2 (0.5%) rejected
 - Usually because data not available/cannot be adequately de-identified
- Nearly all require some administrative revision, but one-quarter required scientific revision after review for clarity
- Median number of trials per request: 3 (IQR, 1-8); 95% for IPD
- 157 manuscripts and 93 abstracts have been submitted, 119 and 89 of which have been published or presented, respectively



scientific data

Check for updates

OPEN Clinical trial data sharing: a cross-ARTICLE sectional study of outcomes associated with two U.S. National Institutes of Health models

Anisa Rowhani-Farid ¹[∞], Mikas Grewal², Steven Solar³, Allen O. Eghrari⁴, Audrey D. Zhang⁵, Cary P. Gross^{2,6,7}, Harlan M. Krumholz^{8,9,10} & Joseph S. Ross^{2,7,8,10}

- Compared NHLBI centralized to NCI decentralized data sharing models
- Identified 2010-2013 trials meeting NIH data sharing criteria, matched on cost or size
- 77 NHLBI trials, 20 (26%) shared data; 77 NCI trials, 4 (5%) shared data
- From the 20 NHLBI trials sharing data, we found 188 secondary internal and 53 shared data publications; for the 4 NCI trials sharing data, we found 65 secondary internal and 2 shared data publications
- Centralized model associated with more trials sharing data and more shared data publications



Source: Rowhani-Farid et. al. Scientific Data 2023;10:529.

Article

CLINICAL TRIALS

Characteristics of available studies and dissemination of research using major clinical data sharing platforms

Clnical Trials I-10 © The Author(s) 2021 Artide reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/17407745211038524 journals.sagepub.com/home/ctj SAGE

Enrique Vazquez¹, Henri Gouraud², Florian Naudet², Cary P Gross^{3,4,5}, Harlan M Krumholz^{6,7,8}, Joseph S Ross^{3,7,8}, and Joshua D Wallach⁹

		BioLINCC [®]	CSDR ^c	Project Data Sphere	SOAR-BMS ^d	Vivli ^e	YODA Project
	 Total number of studies listed Study design, N (%) 	219	2897	154	-	(5426) ^e	395
	Clinical trials	164 (74.9)	2876 (99.3)	154 (100.0)	-	-	394 (99.7)
,	Observational studies Data sets and documents available, N (%)	55 (25.1)	21 (0.7)	0 (0.0)	-	-	I (0.2)
	IPD (raw or analysis ready)	211 (96.3)	2884 (99.6)	154 (100)	_	_	355 (89.9)
	Protocols	157 (71.7)	2773 (95.7)	84 (54.5)	-	-	359 (90.9)
	Clinical study reports	4 (1.8)	2785 (96.1)	I (0.65)	-	-	366 (92.7)
	Annotative case report	171 (78.1)	2023 (69.8)	83 (53.9)	-	-	301 (76.2)
	Biological specimens	49 (22.4)	0 (0.0)	0 (0.0)	-	-	0 (0.0)
	Data specifications	217 (99.1)	2831 (97.7)	149 (96.8)	-	-	281 (71.1)
	Data requests received, N	_	612	_	202	197	190
	Data requests rejected, declined, or out of scope, N (%)	-	105 (17.5)	-	131 (64.8)	10 (5.1)	I (0.5)
	Data requests withdrawn, N (%)	-	144 (23.5)	-	9 (4.4)	24 (12.2)) 18 (9.5)
	Data requests in progress, N (%)	-	50 (8.2)	-	32 (15.8)	79 (40.1) 12 (6.3)
	Data requests approved with contract signature, N (%)	-	313 (51.1)	-	30 (14.9)	84 (42.6)) 159 (83.7)
	Number of approved requests	_	313	_	30	84	159
	Ongoing, data access revoked, results not reported, and unclear	-	252 (80.5)	-	24 (80.0)	78 (92.9)	107 (67.3)
	In peer-reviewed journal	-	61 (19.5)	-	3 (10.0)	4 (4.8)	27 (17.0)
	Other (e.g. preprint, conference abstr websites, and platform website only)	ract –	12 (3.8)	-	3 (10.0)	2 (2.4)	25 (15.7)

How do initially proposed aims compare with published analyses?

Forging a unified scientific commu

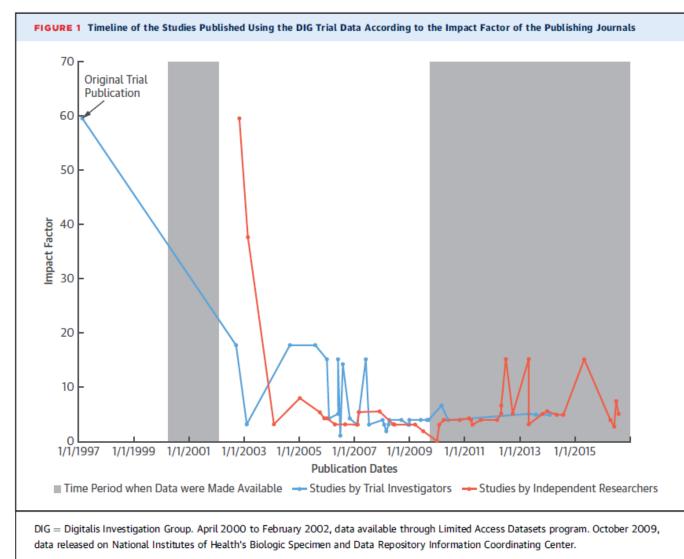
Source: Vazquez et. al. Clinical Trials 2021;18:657-666.

Г	Table 3: Concordance between data publication	s and associated re	quests across all p	latforms.	
	Platform (No. pairs)	Vivli (n=139)	CSDR (n=106)	YODA (n=73)	SOAR-BMS (n=4)
	Characteristics	Publication- Request Pairs, No. (%)	Publication- Request Pairs, No. (%)	Publication- Request Pairs, No. (%)	Publication- Request Pairs, No. (%)
L	Study objective(s)				
	Fully concordant	62 (44.6)	40 (37.7)	40 (54.8)	2 (50.0)
	Partially concordant	46 (33.1)	36 (34.0)	26 (35.6)	2 (50.0)
	Discordant	23 (16.5)	30 (28.3)	7 (9.6)	0 (0.0)
	Unclear	8 (5.8)	0 (0.0)	0 (0.0)	0 (0.0)
	Trials requested and analyzed				
	Fully concordant	76 (54.7)	59 (55.7)	41 (56.1)	3 (75.0)
	Discordant	60 (43.2)	24 (22.6)	31 (42.5)	0 (0.0)
	Greater number of trials listed in the data request	60 (43.2)	24 (22.6)	31 (42.5)	0 (0.0)
	Greater number of trials listed in the publication	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Unclear number of trials in the publication	3 (2.1)	23 (21.7)	1 (1.4)	1 (25.0)
	Primary endpoint(s) ^a	5			
	Undefined primary endpoints	81 (58.3)	D	21 (28.8)	-
	Methods publications	31 (38.3)	6.	21 (100.0)	-
	Unclear or no primary endpoints disclosed	50 (61.7)	0	0 (0.0)	-
	Defined primary endpoints	58 (41.7)	-9	52 (71.2)	-
	Fully concordant	23(39.7)	-	23 (44.2)	-
	Partially concordant	10 (17.2)	-	9 (17.3)	-
	Discordant ^b	25 (43.1)	_	20 (38.5)	-
	Statistical Methods				
	Fully Concordant	63 (45.3)	58 (54.7)	29 (39.7)	3 (75.0)
	Partially Concordant	55 (39.6)	28 (26.4)	29 (39.7)	0 (0.0)
	Discordant	20 (14.4)	18 (17.0)	12 (16.4)	0 (0.0)
	Unclear	1 (0.7)	2 (1.9)	3 (4.2)	1 (25.0)
et. al. under review.		2 (1.4)	19 (17.9)	3 (4.2)	2 (50)

Merits of Data Sharing

The Digitalis Investigation Group Trial

- Federally funded, run from 1991 through 1995
- Trial published in 1997
- After which, no publications until 2002
- From 2002 through 2016, 75 studies published, 41 (55%) by independent / outside investigators
 - 34 inside studies: 7 in highimpact, median citations of 6.8
 - 41 outside studies: 5 in highimpact, median citations of 4.8
- 230 variables collected, 25% reported in 1st publication, 65% as of 2016







- Similar effort under way to evaluate the YODA Project platform
- For ~400 trials used at least once:
 - When was main trial first published?
 - How many total studies published?
 - How many by trial teams and how many by independent / outside investigators?
 - Among inside and outside studies:
 - Proportion published in high-impact journals?
 - Median citation number?
 - Proportion cited in clinical practice guidelines?
 - What else?



Source: Hakimian et. al. in process.

Strengthening Science through Data Sharing

- Numerous studies that might not otherwise have been feasible to pursue, some of which have impacted health policies and guidelines
- Facilitated direct collaborations with original investigators
- Developed efficiencies (J&J now conducts all trials intending to share)
- Replication studies have supported not undermined original study
- No instances of patient privacy breaches
- No publications of spurious safety findings that received unwarranted attention or disrupted patient care
- No data have been used for commercial or litigious purposes



Challenges Remain

- Broadening awareness of data availability
- Fostering expertise in using data from clinical trials (*it's complicated*)
- Making older trial data available in contemporary formats
- Adopt data standards, across sponsors, to enable meta-analyses
- Sustainable model that covers the cost of data sharing, including centralized platform (especially for NIH)
- Data Use Agreements ...
- Establish standards: when should data be available, for how long, how to reward those who share data?
- Many large pharma sharing, now NIH, what about other sponsors

SCIENTIFIC DATA

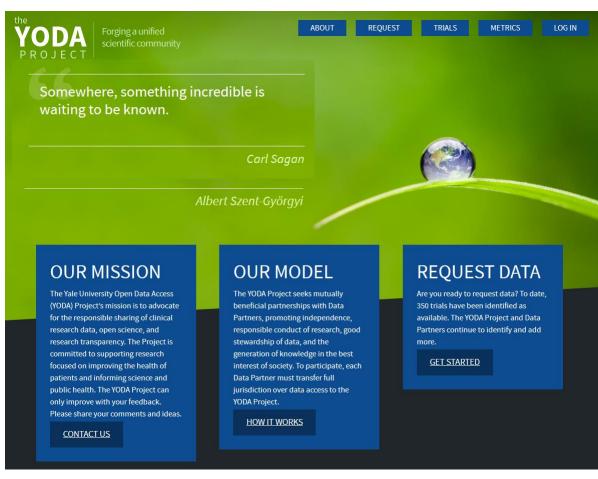
OPEN Overview and experience of the YODA Project with clinical trial data sharing after 5 years

Received: 28 March 2018 Accepted: 24 October 2018 Published: 27 November 2018 Joseph S. Ross^{1,2,3,4}, Joanne Waldstreicher⁵, Stephen Bamford⁶, Jesse A. Berlin⁵, Karla Childers⁵, Nihar R. Desai^{4,7}, Ginger Gamble⁴, Cary P. Gross^{1,2,4,8}, Richard Kuntz⁹, Richard Lehman¹⁰, Peter Lins⁵, Sandra A. Morris⁵, Jessica D. Ritchie⁴ & Harlan M. Krumholz^{2,3,4,7}

The Yale University Open Data Access (YODA) Project has facilitated access to clinical trial data since 2013. The purpose of this article is to provide an overview of the Project, describe key decisions that were made when establishing data sharing policies, and suggest how our experience and the experiences of our first two data generator partners, Medtronic, Inc. and Johnson & Johnson, can be used to enhance other ongoing or future initiatives.



Source: Ross et. al. Scientific Data 2019;5:180268.



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