Lefebvre, C.

European Union Contribution to an International Register of Controlled Trials - The Importance of Collaboration throughout Europe

Randomized trials involving sufficient numbers of patients are essential to distinguish reliably between important effects of many forms of health care and the effects of biases or the play of chance. It has been shown repeatedly that if systematic reviews of randomized controlled trials (RCTs), updated periodically, had been made from the beginning of series of related trials, reliable treatment recommendations could have been made available earlier, and resources for research could have been used more efficiently. For systematic reviews to be reliable, they must be based on as high a proportion of the relevant evidence as possible. Searches of major bibliographic databases such as MEDLINE and EMBASE have been shown to miss on average 50% of the studies in a number of clinical areas, and many important European journals, especially those not published in English, are not indexed in the major databases.

In November 1994 the European Union funded a contract under the BIOMED Programme, to identify reports of trials from general healthcare journals published in Europe. As this contract draws to an end, 13,000 reports of trials are now identifiable as trials in the *Cochrane Controlled Trials Ilegister* (CCTR), which were not identifiable as trials in MEDLINE before this contract

I am currently at the contract negotiation stage to extend this contract for a further three-year period, in order to be able to search specialized general healthcare journals published throughout the European Union. It is expected that this contract will commence early in 1998.

Our colleagues within the BIOMED contract who are responsible for searching German-language journals have made an important discovery as a result of their work. Under the contract, they searched five leading general healthcare journals published in German-speaking Europe. They compared studies reported in these five German speaking journals with reports by the same authors in English-language journals, to see if there were any differences in the characteristics between those articles published in English

and those articles published in German. They found that only 35% of the German-language articles reported significant differences between the study and controlled groups. Conversely, 62% of the English-language articles reported significant differences between the study and control groups. This led our colleagues to conclude that authors are more likely to publish RCTs in an English-language journal if the results are statistically significant. Englishlanguage bias may therefore be introduced in reviews and meta-analysis if they include only trials reported in English. It is therefore crucial that reports of trials published throughout Europe are identified and made available to those who are preparing systematic reviews and meta-analyses.

In March 1997 I visited The National Institute of Medical Information and Library of Medicine here in Budapest, to discuss how reports Qf trials published in the Hungarian literature might be included in *The C.'ochrane Controlled Trials IZegister* and MEDLINE. We reached important agreements about how this might be achieved, and I shall report on thís progress.