

Listserv Post on Rationale for Return of Results to Participants

Date: 2/13/2023
Poster: Erik T. Lontok, PhD
Director of Research, Barth Syndrome Foundation
Email: erik.lontok@barthsyndrome.org
www.barthsyndrome.org

Question: **BSF is revising our clinical study and trials policy and we are seeking language on how foundations navigate the return of results for clinical research participants. While acknowledging that interventional arms of trials may be difficult, we do believe that observational studies and control/placebo arms should be information returned to participants. May I ask if others have experience, policy, or grant terms & conditions language on this topic you might share?**

RATIONALE FOR RETURN OF RESULTS

Harvard/Brigham and Women's Hospital Multi-Regional Clinical Trials Center (MRCT)

- 90% of participants want to know the results of their clinical trial
- 68% of participants would not participate in future trials if not informed of results
- 73% of participants say getting results after the end of the trial as an important consideration
- 95% of research ethics board chairs strongly support return of results

EU Parliament Regulation No 536/2014

Sponsor of a clinical trial must submit a summary of the results of the clinical trial together with a summary that is understandable to a layperson, and the clinical study report, where applicable, within defined timelines.

Declaration of Helsinki Paragraph 26

All medical research subjects should be given the option of being informed about the general outcome and results of the study.

US Federal Law

Submission of basic results (participant flow, baseline characteristics, outcome measures, statistical analyses, adverse events) for most clinical trials onto the Clinicaltrials.gov database is generally required no later than 1 year after completion date.

Key Considerations - JAMA 2018¹ MRCT² NAP³

What Data Should Be Returned?¹

- What results can be returned in an ethically responsible and practical manner?
- What results should be disclosed based on what people wish to or can absorb?

How Should Data Be Returned?¹

- How to minimize potential harms to participants from return of results (eg, misunderstanding, false-positive incidental findings, inappropriate personal or medical action, emotional distress)?
- How to contextualize research results for participants to make the results understandable?
- How to involve clinicians in the return of research results?

When Should Results Be Shared?²

- Are the results analytically valid, or have clinical validity?
- Are the results urgent and/or actionable?
- Does sharing the result impact the integrity of the study?

- Does returning the result comply with institutional policies, legal and national laws and regulations?

Potential Benefits to Participants from Receiving Results?³

- Obtain actionable results that may guide clinical decisions, affect health, or quality of life
- Some participants are interested in learning more about themselves
- Implications for reproductive planning, family members, partners
- Reciprocation makes participants feel appreciated for their contributions

Potential Risks to Participants from Receiving Results?³

- Possible adverse psychosocial effects (e.g., feelings of uncertainty, stress, anxiety, depression)
- Inappropriate actions from inaccurate, misleading, or over-interpreted results
- Social consequences from results (e.g., stigmatization, economic impact, adverse impacts on interpersonal relationships)

Potential Benefits to the Research Enterprise from Returning Results?³

- Increased trust and public engagement
- Stimulate greater transparency and interest in contributing to research
- Improved efficiency, generalizability, and patient-centeredness in research
- Return of results could incentivize participation in research
- Patient and participant-communities may better connect, compare results, and work with investigators to answer research questions relevant to affected individuals

Potential Risks or Burdens to the Research Enterprise from Returning Results?³

- Risk of misinterpretation of results by the participant, particularly when there are no established guidelines relevant to the results
- Financial costs and effort associated with returning results to participants
- Routine disclosure of individual results may conflate/confuse the purposes of research with clinical care
- Potential legal liability for negligence (if results are found inaccurate)

Direct Examples:

6.4 Communication to Clinical Trial Participants

Clinical trial participants should be provided with a lay summary of results from the clinical trial at the time of data presentation and/or publication to the scientific community and/or the public. JDRF funded investigators, their staff or IRB members shall not promote or advertise in any context (informed consent form, protocol, study report, etc.) that an investigational new drug, biologic or device is safe or effective in any context for the purpose it is being investigated. This prohibition is to avoid any promotional or commercialization claims prior to regulatory approval. However, dissemination of the clinical trial's scientific findings/study results to the scientific and T1D community is permissible. Grantees must comply with country-specific regulations in sharing study results with trial participants (e.g. 21 CFR 312.7, 812.7).

SPARK

We will return to you overall study results. If you agree, we may return to you limited information about the research results of questionnaires you complete about yourself and/or your minor children/dependents. We will not return adults' results from surveys filled out by others (such as

parents or spouses). You may find this information useful for sharing with schools or medical professionals.

[Mayo Clinic MLCL Study](#)

The blood sample you provide for this study will be used to find your monolysocardiolipins (MLCL) to cardiolipins (CL) in your blood. MLCL and CL are lipids present in your blood, and their relative buildup or absence, also known as the ML/CL ratio, may be a helpful biomarker for diagnosing individuals with Barth Syndrome in the future. This is not a genetic test, and we do not have proof of the clinical significance of these results at this time.

Read the following statement and mark your choice:

I would like to obtain the results of my MLCL/CL ratios testing: Yes No

What are the possible risks or discomforts from being in this research study?

[...] Beyond these risks, receiving a result could cause potential feelings of anxiety and uncertainty.

[NIH All of Us Research Program](#)

Results about you

Over the many years of the All of Us Research Program, we will study lots of things about your data and samples. We will give you results from what we study. You will be able to choose if you want to see them.

Results that might tell you about your health

These are results that could help a healthcare provider to take better care of you. For example, if any of your physical measurements are outside of what we would expect, we will tell you so you can follow-up with your healthcare provider. You will have to pay for the cost of follow-up care with your own healthcare provider.

Results that would not tell you about your health

These results might be interesting to you, but they probably would not help a healthcare provider take better care of you. For example, these results might come from tests that are still experimental.

Results about the group

These are reports of what researchers learn about health from studying data and samples from all the different people in the All of Us Research Program. You can get these reports, as well as general news and updates about All of Us at www.joinallofus.org. While researchers might learn results about you from studying your All of Us data and samples, you may not be able to see all of these results.

Not medical care

All of Us is not medical care, medical advice, or treatment. If you need care, contact your healthcare provider.

[Advarra/Commercial IRB Perspective](#)

Notably, participants may have an interest in receiving results even if they are not clinically actionable. For example, people with rare diseases for whom there exists no cure may participate in multiple research studies over the course of their lives, some of which may require similar tests or assessments. Providing participants with the results of past assessments may permit them to forego those same assessments in future studies, thereby minimizing these individuals' risks, burdens, and time commitments.