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VIA ELECTRONIC DELIVERY

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Office of Management and Budget
Office of Regulatory Affairs
8600 Rockville Pike
Bethesda, MD 20834

**RE: FR Docket No. E8-31448**

Dear Sir or Madam:

Eli Lilly and Company (Lilly) respectfully submits the following written comments regarding the Tuesday, January 6, 2009 Federal Register notice – Submission for OMB Review; Comment Request Information Program on Clinical Trials: Maintaining a Registry and Results Databank.

Lilly, a leading innovation-driven corporation, is developing a growing portfolio of first-in-class and best-in-class pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, IN, Lilly provides answers -- through medicines and information -- for some of the world's most urgent medical needs.

1. Comments on the accuracy of the agency's estimate of the burden of the proposed collection of information:
   - Missing from the time estimate for registration are the updates done monthly to site level recruitment statuses for trials in the recruitment phase. These take an estimated 1-2 hours per monthly update. (For example, a trial that enrolls for 3 years gets 36 location updates (taking 1-2 hours each) as well as the 8 trial life updates already referenced in the Federal Register notice.) Updates to recruiting studies should also occur at the location/site level on a 30 day basis to ensure current information is available to patients.
   - The amount of time it will take on the initial study result submission is substantially underestimated. The initial draft is taking approximately 30 hours for one person, with additional time and resources needed if the original analyses did not include some of the specific information being requested. This does not take into consideration that the manually entered results

information must also be reviewed and QC'ed by the sponsor prior to being released.

2. Comments on how to enhance the quality, utility, and clarity of the information to be collected:
   - Some of the pick-lists do not match the information that was collected on the sponsor's official source document, and rather than alter data to fit the pick-list, it would allow for consistency between source document and ClinicalTrials.gov results record if the pick-lists could be expanded when necessary. An "Other" option with a free text field for the information is one solution. Alternatively, new options could be added to the pick list as they become known.
   - Many statistical analyses are complex and the current character limits on some of the text fields are too short to allow for an adequate explanation. Not being allowed to use acronyms or abbreviations makes it an even greater challenge. Statisticians are concerned about possible misinterpretation of the data without being able to provide adequate context due to character limits. Please consider expanding the character limits in the text fields.
   - The requirement for sponsors to provide detailed information on outcome measure descriptions for scales and other outcome measures is not beneficial. The results do not appear to be geared toward the patients, and researchers and physicians in the field should be aware of the specifics of the scale. If not, it would make more sense from a consistency and page length stand point to have a glossary created and maintained by ClinicalTrials.gov. This would allow for consistent language rather than the various interpretations by each sponsor, as well as decreasing the length of the results record.
   - It appears that the SOC terms for the AE modules are based on MedDRA terms, but if a different dictionary was used, there may not be a perfect map to the available SOC term. Please consider adding SOC terms to match the dictionary/vocabulary sources used.
   - There is concern that the data being presented in the current AE module may be misinterpreted by patients. Without text to explain that the adverse events being listed are not necessarily related to the compound under study, and the fact that the system itself indicates that the participants in the study are "at risk", it is possible that a patient could interpret an adverse event listed as being caused by the study drug and could stop taking that medication if the patient is currently being prescribed the drug from the study. Since this number is the same as the number in each treatment arm, it is not necessary to repeat the number with the text "at risk".
   - The current structure of the system does not lend itself to the registration or the reporting of adaptive design trials.
   - There are some analyses where one piece of data may not be available, for example, the data are reported as median and interquartile ranges. The analysis has the median and the $25^{th}$ percentile value, but there were not enough events to estimate the $75^{th}$ percentile value. With the current system, a data field cannot be left blank and cannot have a nonnumeric value, such as NA. This

does not allow the sponsor to report the data as analyzed, and to try to put something else in the field is incorrect and/or misleading.

- A general comment is that it would be helpful if there were an orderly and consistent notification of changes made to the ClinicalTrials.gov reporting system. In addition, consistent feedback from the ClinicalTrials.gov Quality Assessment group would be beneficial.

3. Comments on how to minimize the burden of the collection of information:
   - While sponsors applaud clinicaltrials.gov for creating an xml schema for registration and results, not all sponsors currently have that capability and this is creating a huge burden to get the data entered. Given that data sets are currently being provided to the FDA, is it possible to look into ways to pull the information being requested from clinicaltrials.gov from these data sets? A global data exchange standard (HL7, ISO, etc) would help improve consistency as sponsors increase their electronic capabilities, realizing that it will take time for such a standard to be developed.

Lilly appreciates the opportunity to provide comments on these important issues and looks forward to continuing a dialogue with the National Library of Medicine. Thank you for your consideration of our comments.

Respectfully submitted,

ELI LILLY AND COMPANY

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