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# Registry based randomized clinical trial



Dutch  
CardioVascular  
Alliance

# Goal

How to create support base for registry-based randomized clinical trials to investigate the effectivity of (novel) therapeutic strategies in daily practice

Why?

- Classic RCT expensive
- Underrepresentation of specific patients
- Not representative for daily practice
- Limited number of patients because of restricted budget

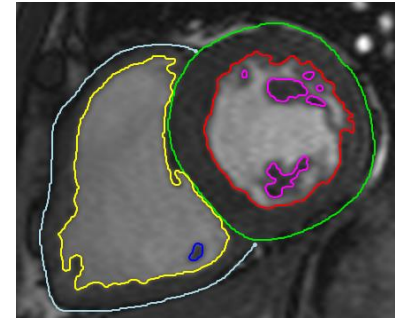
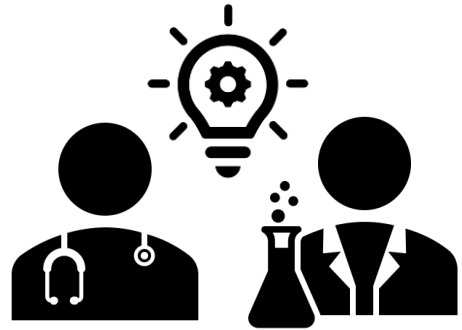
# Registry-based randomized clinical trials

1. Scientist has novel application/strategy

2. Database of all (heart failure) patients

3. Selection of right patients (LVEF)

4. De-anonymize patients to contact

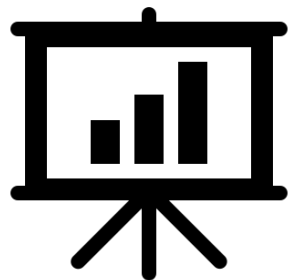


8. Analyse efficacy of application/strategy

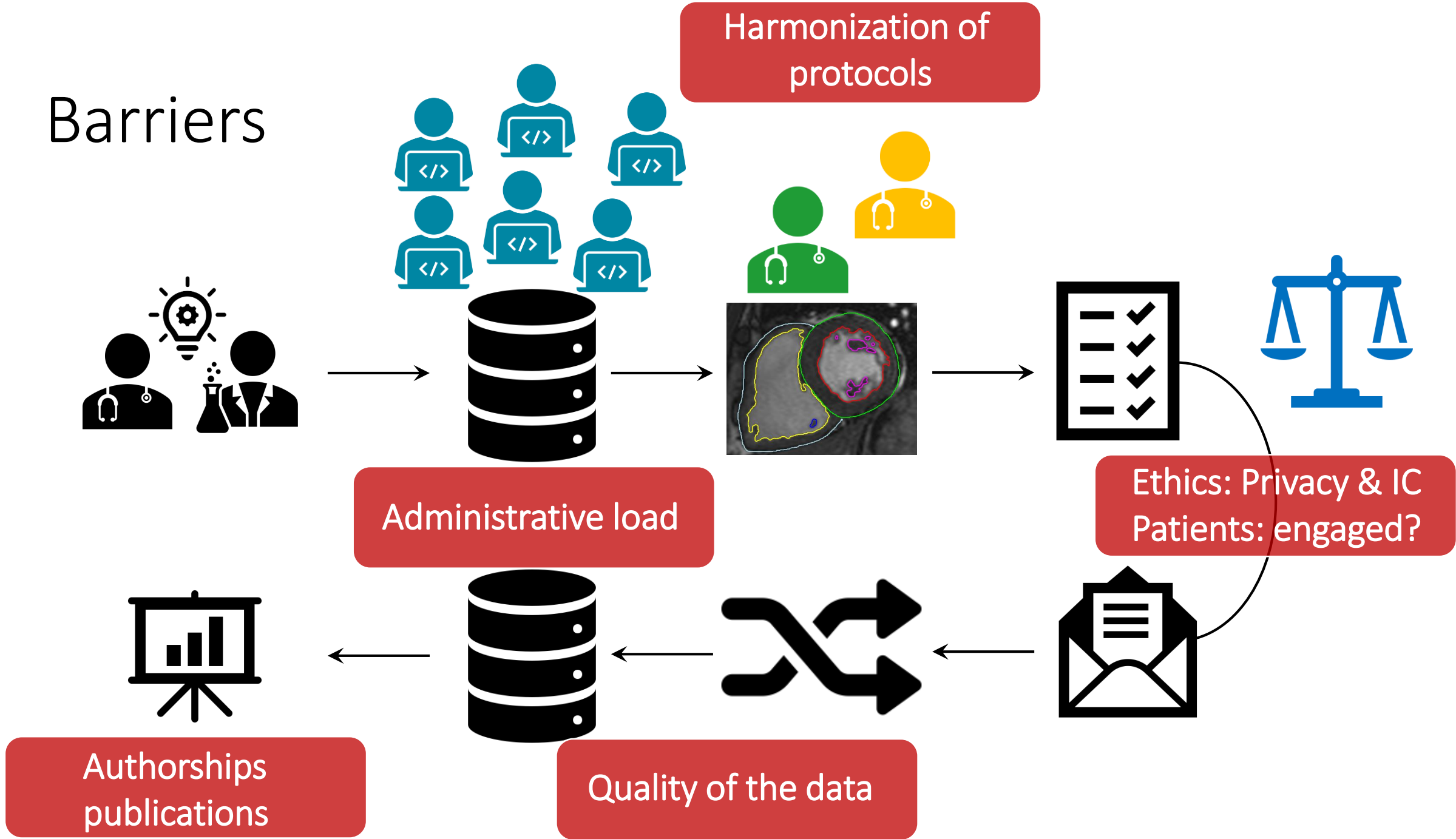
7. Obtain outcome data from clinical care / EMR

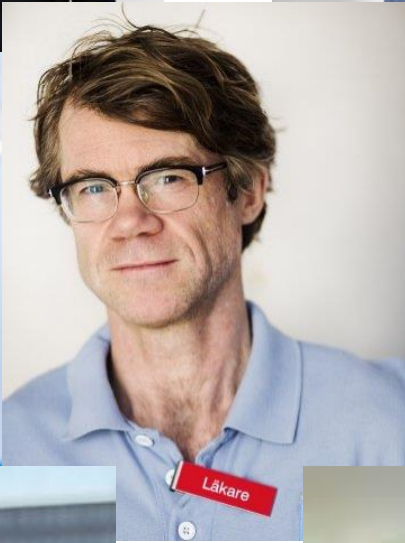
6. Randomize patients to treatment groups

5. Send PIF + IC to patients



# Barriers



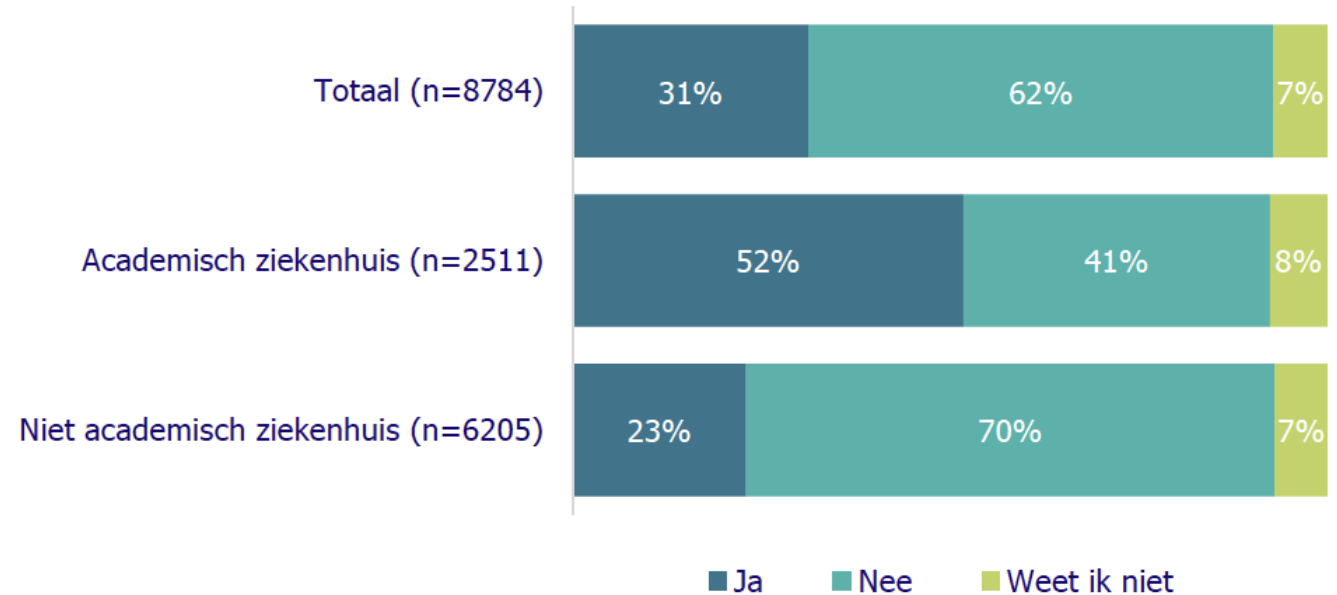


## Expert opinions:

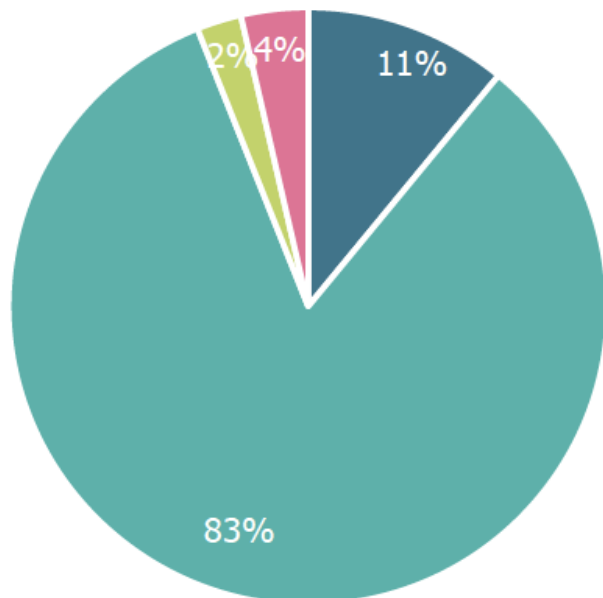
- *'make it feasible'*
- *'data is from/for everybody'*
- *'incooperation in guidelines is a must'*
- *'transparancy'*
- *'long term plan'*
- *'empower patients'*
- *'broad consent'*

# Patient perspective

Bij bezoek aan ziekenhuis wel eens gevraagd om toestemming voor het gebruiken van medische gegevens of lichaamsmateriaal voor medisch-wetenschappelijk onderzoek?



Voor welk doel zou jij toestemming geven? (n=12343)



- Alleen voor onderzoek naar de ziekte waarvoor ik zelf in het ziekenhuis ben geweest
- Zowel voor onderzoek naar eigen ziekte als andere ziekten
- Ik zou voor geen van beide toestemming geven
- Weet ik niet

Bron: *Rapport delen van data in de Gezondheidszorg*. Patientenfederatie Nederland 2021

# Key-solutions to generate support-base



## Administrative load

- Sufficient, not superfluous, data in clinical care pathways
- Natural language processing, smart queries to alleviate
- Dashboards of clinical care for feedback



## ICT, soft- & hardware

- Link multiple registries, databases
- Centralized solutions for ICT-challenges
- Centralized data definitions
- Personnel



## Regulatory

- Shared vision! By care professionals, ICT-dept, hospital boards and government
- Reimbursement



## Ethics: Privacy & IC

- Informed consent for observational data (@ first contact)
- Specific additional PIF and IC for RBRCTs
- Data safety and GDPR-adherence



## Trial & Academics

- Intelligent trial design (data should be present in registry)
- Agreements on authorships and academic rewards



Way forward

'If you want to go fast, go alone  
If you want to go far, go together'

*African proverb*