Author's response to reviews

Title: Clinical research in Finland in 2002 and 2007: quantity and type

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Author's response to reviews: see over
Dear Editor

Below are our answers to the referee comments. We have extracted only comments requiring changes or comments.
All numbers in tables were corrected after adding the data from the central committee. Also the foot-notes were up-dated. These changes are not shown as it would have been too messy to read.
If further changes are needed, please, let us know.

Yours sincerely
Elina Hemminki

Reviewer: Markus Hartmann

The exposition, data descriptions and analysis are solid; however one critical issue (see comment No 3) requires clarification. My comments are hence mainly intended to assist readers in their assessment of the data and to provide references for additional cross-links.

+ 1) Section ‘Background’: In relation to reference 12, please cite/name the ‘comparison countries’ in the text, as the cited reference is only available in Finnish.
We have now added the countries (Denmark, Ireland, the Netherlands, Norway and Switzerland).

+ 2) Section ‘Methods’: It is not well explained, why years 2002 and 2007 have been chosen for this prior-posterior comparison. A comparison of years 2003 and 2007 would have had the advantage to have data available for direct comparison with the ICREL report (see reference 21) which compared data from year 2003 with those for year 2007.
We have now modified the text and given more arguments for the chosen years (p. 3, last paragraph). At the time of the study planning we were not well aware of the ICREL report, and thus 2003 was not an option.

+ 3) Section ‘Methods’: It is however not clear whether the data collection was based on the (mandatory) national research registry (i.e. online data compilation) or on individual, written/sent responses from each of the 20 REC. In the latter case it is critical (Major compulsory revision) that the authors provide additional information about the return rate of data/answers to their investigation as the probability is low that each REC answered to 100% to the authors’ request to provide data.
We collected the data from the files of research ethics committees, which are kept locally. In most places RECs were not involved in data collection by other methods than secretaries showing us the data sources. A few smaller RECs sent copies of the needed documents. We have now clarified the data collection method (p. 4, first paragraph).

+ 4) Section ‘Results’: In Table 1, a distinction is made between ‘Other medical research’ and ‘Other research’. The respective footnote 2 in Table 1 refers readers to the methods section, but neither in that section nor in the Appendix a definition of both categories is provided for readers not familiar with Finnish law. Please provide explanations and/or definitions.
We have now added the law definition into Appendix and changed the table reference into Appendix.

+ 5) Section ‘Results’: In Table 2 (and Table 3), the description ‘main content’ is used with five classifications therein. In European Pharmaceutical law (for medicinal products as well as for medical devices) three main intentions for healthcare products (and interventions) are distinguished: 1) prevention/prophylaxis of disease, 2) treatment of disease (and/or disabling or perturbing conditions), and 3) diagnosis of disease. In this context, it is unclear to readers what the classification ‘biomedical’ is meant/used for. Please provide explanation.
We have now added an explanation into Appendix and a general reference into the table footnotes.
Section ‘Discussion’: Apart from Finland, valuable data on the distribution of clinical trials in comparison to other forms of medical research exists for the Netherlands, where a central ethics committee (CCMO) oversees a large proportion of medical research done in the Netherlands. The annual statistics ('CCMO Jaarverslag') are publicly available since year 2000 and might serve as a useful reference to discuss the Finnish findings.

Thank you for the reference. We have now referred to it and compared to its data in Discussion (p. 7, paragraph 3)

Overall manuscript: The manuscript is quite long. It is recommended to shorten the manuscript significantly and omit some passages – especially those that refer to findings outlining some specificities of the Finnish health care system (e.g. chapter on ‘Geographical distribution’) and which are therefore of limited interests for readers abroad.

We have deleted the specified paragraph and another one in Results. We have also condensed Discussion, which resulted in some reorganization of the text.

Reviewer: Marek Czarkowski

The methods are appropriate but there are two problems.
+ 1. One and very important source of data was not included into the study – TUKIJA (central Finish REC – which access multicenter clinical trials only). It may falsify the whole data especially when someone would like to obtain the true proportion of different types of research in Finland. But it is not necessary to evaluate data from TUKIJA in all parts of the article. But basic information about the type and number of research studies evaluated by TUKIJA is crucial.

Since submitting the paper, we have received the TUKIJA data. They were 27 (2002) and 35 (2007) projects, most international drug trials. All tables and numbers in the text have been recalculated. Adding those 62 projects did not change our main conclusions, even though changed individual numbers.

+ 2. I cannot understand why comparison is based on 2002 and 2007 but not 2010. The authors present data collected in 2002 and 2007 only – but now is 2013!

We have now added an explanation for choosing years 2002 and 2007 in Discussion (methodological comments, p. 10)

+ 3. Are the data sound and well controlled? Yes they are but we are still lacking data from TUKIJA. It corrupt the whole project and the authors should try to obtain the exact number of multicenter clinical trials which should be added to the whole number of studies conducted in Finland in 2002 and 2007. If it will not be done proportions of different types of studies should not be presented. More detailed analysis might be presented without TUKIJA data, but data from Table 1 should not be presented without TUKIJA data.

TUKIJA data are now added (see comment1)

+ 5. Are the discussion and conclusions well balanced and adequately supported by the data? The discussion and conclusions should include the data which are not presented in the study (TUKIJA). It is the main problem of this study.

TUKIJA data are now added (see comment1)

Additional changes
The order of references is changed due to adding one new (the Netherlands reference) and reorganizing some of the Discussion.

We noticed that the Acknowledgements was deficient and we corrected it (p. 11).