

Cancer screening RCTs: from start to finish

Society for Clinical Trials

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Cancer screening RCTs

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Cancer treatment RCTs

Why not?

	Treatment	Screening
Patients are:	Sick	Healthy (may be at ↑ risk)
Reasons for joining:	To get better	Altruism Elevated risk Personal experience Free routine care
Timing of benefit:	Now	Later
Benefit – best case scenario	Most will benefit	Very few will benefit

Why not?

	Treatment	Screening
Risk – best case scenario:	Stay sick	Get sick (but be cured)
Risk – worst case scenario:	Adverse effects of treatment	Adverse effects of follow-up, treatment
Risk – worst worst case scenario:	Disease acceleration Premature death	Unnecessary follow-up, treatment Premature death

Why not?

	Treatment	Screening
Number of participants:	Relatively small	Very large
Length of trial:	Relatively short	Usually long
Blinding:	Most can be blinded	Most cannot
Controversy “quotient”:	Usually low	Usually very high

Given all those challenges...

...how is it done?

Today's session

- Three cancer screening trials
- Challenges and successes
 - War stories
- Talks will cover many aspects, for example
 - Design
 - Operations
 - Monitoring
 - Reporting
 - Dealing with backlash



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**Prostate, Lung, Colorectal and Ovarian
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National Lung Screening Trial



Tony Miller

Discussant



Question and answer session with panel members