

## LETTERS

### Health Canada: optimizing transparency and its impact for patients

We are writing in response to the article by Egilman and colleagues published in *CMAJ*, “Optimizing the data available via Health Canada’s clinical information portal.”<sup>1</sup> Health Canada should be applauded for becoming a world leader in the proactive release of clinical study reports and trial protocols from submissions to support market authorization of drugs and medical devices.<sup>1</sup> However, these valuable documents will have an impact only to the extent that they are used. Given the well-documented biases that pervade the medical literature,<sup>2,3</sup> it is incumbent upon reviewers, developers of clinical practice guidelines, drug formulary decision-makers, educators and others who evaluate drugs and devices to ensure that they utilize clinical study reports and other documents now available through Health Canada.

To further improve transparency, we urge Health Canada to release its reviewer reports on product submissions, showing its interpretations of the data, including any gaps, plans to address these, and the basis for its decisions. The

current explanation about data interpretation in the Summary Basis of Decision documents is too brief and inconsistent in terms of how much information is conveyed.<sup>4</sup> As well, we call on Health Canada to establish a framework for releasing de-identified individual patient-level data, as others have done,<sup>5</sup> to allow for full reanalysis and secondary analyses by independent researchers.

The outcome of increased transparency and independent evaluations of drugs and devices will be a more accurate understanding by clinicians of the benefits and harms of our interventions, to the benefit of our patients.

#### Elia Abi-Jaoude MD PhD

Psychiatrist, assistant professor,  
University of Toronto,  
Toronto, Ont.

#### Joel Lexchin MSc MD

Emergency physician, University Health  
Network, Toronto, Ont.

■ Cite as: *CMAJ* 2021 September 27;193:  
E1503. doi: 10.1503/cmaj.80084

#### References

1. Egilman AC, Ross JS, Herder M. Optimizing the data available via Health Canada’s clinical information portal. *CMAJ* 2021;193:E1305-6.
2. Turner EH, Matthews AM, Linardatos E, et al. Selective publication of antidepressant trials and its influence on apparent efficacy. *N Engl J Med* 2008;358:252-60.
3. Seife C. Research misconduct identified by the US Food and Drug Administration: out of sight, out of mind, out of the peer-reviewed literature. *JAMA Intern Med* 2015;175:567-77.
4. Habibi R, Lexchin J. Quality and quantity of information in summary basis of decision documents issued by Health Canada. *PLoS One* 2014;9:e92038.
5. Vazquez E, Gouraud H, Naudet F, et al. Characteristics of available studies and dissemination of research using major clinical data sharing platforms. *Clin Trials* 2021 Aug. 18 [Epub ahead of print]. doi: 10.1177/17407745211038524.

**Competing interests:** Joel Lexchin reports receiving consulting fees from Michael F. Smith, Lawyer, and Goodmans LLP. Dr. Lexchin has also received payment for being part of panels for the American Diabetes Association and Canadian Institutes of Health Research, and speaker fees from Toronto Reference Library. He is a member of the Foundation Board of Health Action International and the Board of Canadian Doctors for Medicare. He receives royalties from University of Toronto Press and James Lorimer & Co. Ltd. for books he has written. No other competing interests were declared.

**Content licence:** This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>