

Introduction

- Chemotherapy induced peripheral neuropathy (CIPN) is a prevalent (30%-68%) and serious side effect of neurotoxic chemotherapy (1,2)
- No therapeutic options available to prevent CIPN (3)
- Ongoing clinical trials and unpublished studies are rarely included in Systematic Reviews (SR) (4-6)
- 40-50% studies are unpublished. Publication bias impacting reliability and validity of SR (4-6)
- Essential to review data from clinical trial registries:
 - Assist in decision making about whether additional studies are needed in a particular area (4-6)
 - Synthesize the evidence to avoid publication bias and duplication of the same studies (4-6)
- As part of a SR to identify preventive measures for CIPN in adults undergoing chemotherapy, the aim of this study was to appraise the evidence from clinical trials and unpublished studies in clinical trial registries

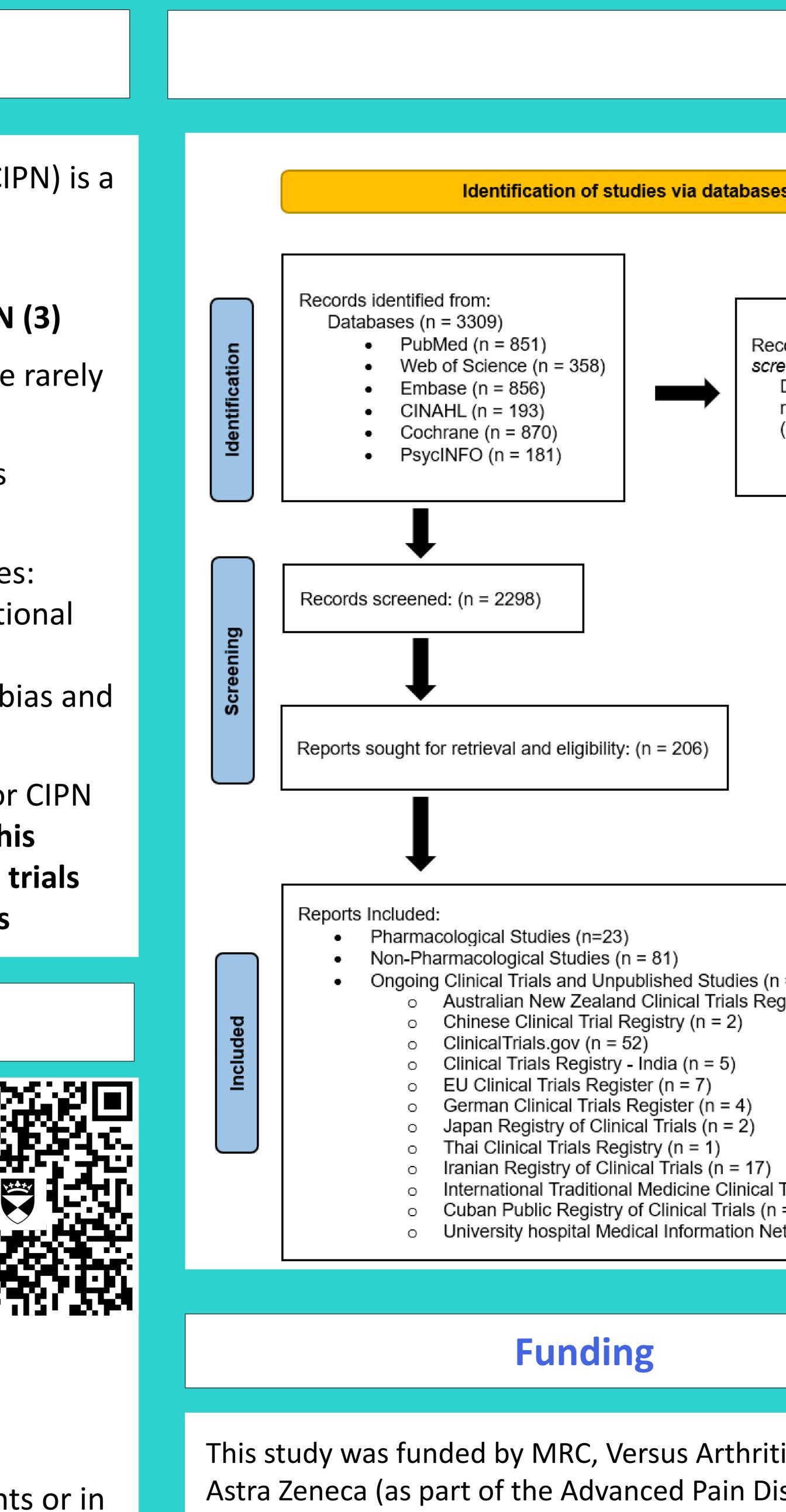
Methods

- QR code to PROSPERO registration details
- BT, AC and MG screened the titles and abstracts on Covidence, and any conflicts were resolved by LC

- Risk of bias assessment
 - NIH quality assessment item tool
 - 2 independent reviewers (BT/ AC)
- Studies that were registered and had completed recruitment but did not publish results via preprints or in journals were included in unpublished studies.

Ongoing Clinical Trials & Unpublished Studies to Prevent Chemotherapy Induced Peripheral Neuropathy

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Platform) for PAINSTORM (MR/W002388/1) ai (MR/W002566/1)

		Results
cords removed <i>before</i> <i>eening</i> : Duplicate records removed (n = 1011)		 Status of studies on clinical trial registries: Recruiting (n = 26) Not recruiting (n = 13) Completed Recruitment (n = 46) Terminated/Suspended (n = 11) Unknown status (n = 6) Lack of funding, low recruitment and adverse drug related events were causes for studies being terminated early Pharmacological therapies to prevent CIPN (Duloxetine, metformin, melatonin, acetyl-L-carnitine, Amitriptyline, glutamine and other agents) Non-pharmacological approaches include (Compression, cryotherapy, frozen gloves, exercise, vitamins B6/B12, and acupuncture) 93% agreement between the two assessors with majority of the studies being of either 'good' or 'fair' quality.
		Conclusions
n = 102) gistry (n = 4)		 In 2020, ASCO guidelines (3) discouraged use of acetyl-L-carnitine and NO RECOMMENDATIONS were made for all the agents currently being studied. Typically, only clinical trials with positive results, or large effect sizes get published and data from unpublished studies is omitted from SRs which contributes to research bias.
Trial Registry (n = 1) = 1) etwork (UMIN) Center (n =	= 6)	 Hunter et al. recently published guidelines on searching for registered studies and including them in SRs (5)
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		Conflict of Interest Statement References
is, Eli Lilly, and scovery and CAPE		 All authors report no conflict of interest 1. Seretny M, Currie GL, Sena ES, et al. PAIN 2014; 155:2461–70. 2. Colvin, Lesley A. PAIN 2019.160:p S1-S10. 3. Loprinzi CL, Lacchetti C, Bleeker J, et al. J Clin Oncol 2020; 38:3325–48. 4. Jones et al. Systematic Reviews 2014, 3:126. 5. Hunter K E, Webster A C, Page M J, et al. BMJ 2022; 377 :e068791 6. Schmucker C, Schell LK, Portalupi S, et al. PLoS ONE (2014). 9(12): e114023.





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