

# Canada should significantly increase its funding of randomized clinical trials

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Large randomized controlled trials (RCTs) are critical for determining effectiveness of medical therapies, tests and procedures. Yet Canada provides scant support for these studies compared with other western countries, states an analysis in *CMAJ* (*Canadian Medical Association Journal*).

Dr. Salim Yusuf, McMaster University and Hamilton Health Sciences, Hamilton, Ontario, with Dr. John Cairns, University of British Columbia, argue in the analysis and appendix that Canada should provide better financial support of [clinical trials](#) and remove some of the bureaucratic and administrative barriers that are challenging to conducting trials in Canada.

It is critical to fund clinical trials in Canada, rather than relying on evidence from trials conducted in other countries. Countries that conduct RCTs are usually the first to experience the [health benefits](#) of the trials. As well, some studies must be conducted locally because of the unique social and health context. RCTs also provide [economic stimulus](#) and have led to successful industry spin offs.

Canada's major funding agency, the Canadian Institutes of Health Research (CIHR), provided about Can\$1 billion in research funding in 2010/11, equivalent to Can\$29 per capita or 0.07% of overall [gross domestic product](#) (GDP). This is significantly less than in the US, which provided Can\$31 billion in 2010/11 — US\$100 per capita or 0.2% of the US GDP. The United Kingdom provides Can\$3.2 billion, or Can\$45

per capita expenditure, 0.12% of the UK GDP. In Canada and the US, provincial governments and health charities also provide additional funding.

The disparity between countries widens when one looks at specific funding for clinical trials. CIHR allocated only 3.3% of its budget (2009/10) to clinical trials, whereas the US National Institutes of Health spent 11% of its Can\$31 billion total budget on clinical trials.

"The CIHR should sharply increase funding for peer review for clinical trials to more than 10% of its overall budget," write the authors. "This shift could happen within the next four to five years and grow to 15% of the total CIHR budget to ensure that the clinical relevance of discoveries from other forms of research can be rapidly assessed."

"Developing, enhancing and sustaining Canada's capacity to conduct world-class clinical studies will enable Canada to make important contributions that will improve health," the authors conclude.

**More information:** Research paper:

[www.cmaj.ca/lookup/doi/10.1503/cmaj.110598](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.110598)

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