



Participation in randomised clinical trials is probably better for you

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Objective

Recent meta-analyses have suggested that patients attending research-active hospitals and those participating in clinical trials do better than their non-participating peers. Explanations for this have included reduced engagement by older patients or by ethnic minorities. We set out to examine this in a cohort of women undergoing cerclage in our institution.

Methods

This retrospective case evaluation studied women who had undergone an elective or ultrasound-indicated suture at the Leeds Teaching Hospitals Trust between September 2015 and November 2017. Exclusions included multiple pregnancy, transabdominal and rescue cerclage. Data acquired included outcomes, maternal age, ethnicity, index of deprivation, previous cervical excisional procedure, and previous obstetric history.

Results

110 women underwent cerclage and delivered in the time period (51 CSTICH, 59 non-CSTICH). Women taking part in the study were more likely to have undergone an elective cerclage (37/51 v 26/59, $P = .004$). There was a trend towards better outcome in those women taking part in the CSTICH study compared to those who did not (Preterm Birth 5/51 v 14/59 respectively, $p = .08$), a trend which was also observed in both elective and ultrasound-indicated subgroups. There was no difference between the two groups in terms of maternal age, ethnicity, deprivation, previous preterm birth, LLETZ.

Conclusion

The improvement in clinical outcomes observed in women participating in this clinical trial was not accounted for by differences in demographic variables.