

Results The structure of Octopus would lead to a raft of improvements:

- Smaller author groups (for the smaller publication units) give more accessibility, meritocracy/accountability
- It encourages fast publication (to establish priority)
- It values each part of the scientific process regardless of subsequent or previous work (e.g. data can be published regardless of size or what it suggests about previous work) removing the pressures for questionable research practices
- It values perceptive reviewing and hence collaboration.
- It allows obvious flagging of potential issues in publications or with conflicts of interest.
- It removes many potential causes of bias (eg. removing first names in favour of initials in author lists)

It could also replace the wasteful process of grant funding submissions and improve the hiring/promotion systems within institutions by providing a crowd-sourced view of the quality of work.

Conclusions Octopus is not technically difficult to achieve and is now being built, with support and grants from several sources. It has the potential to change the way that scientific work is funded, carried out and shared - for the better.

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IS DISCLOSURE OF FINANCIAL CONFLICTS OF INTEREST IN PATIENT DECISION AIDS EFFECTIVE? INSIGHTS FROM A SIMULATED PILOT

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Objectives Patient decision aids are regarded as a strategy for engaging patients in decision-making, facilitating evidence translation, and reducing low-value health care. However, financial conflicts of interest among authors of these resources have the potential to bias their content and undermine their usefulness. The prevailing quality framework in this field – the International Patient Decision Aids Standards – requires that decision aids disclose author financial conflicts of interest. However, to our knowledge, no research has examined whether such disclosure has the desired effect. Our objective was to conduct a simulated pilot study of how members of the public perceive and respond to financial conflicts of interest disclosure in patient decision aids.

Methods We conducted an Internet-based between-subjects fractional factorial experiment. Participants were English-speaking adults in the United States invited by a research recruitment service. Quotas were imposed so the sample was composed equally of participants with adequate (AHL) and limited health literacy (LHL). Participants were asked to imagine they had been diagnosed with an illness, were presented with a fictional one-page decision aid on three treatment options (No Treatment, Abbatide, Benedent), and were advised either that they found it online or received it from a doctor. The decision aid featured a financial conflicts of interest disclosure either negative or positive in content and either basic or enhanced in detail and design. Participants completed several measures. Two items administered to verify the effectiveness of our experimental manipulation are the primary focus of this analysis.

Results After excluding people ineligible for the study or with missing or unreliable data, our sample comprised 395 participants. When asked if they read the conflicts of interest disclosure when they viewed the decision aid, 197 participants (49.9%) responded 'Yes' (AHL: 55.3%; LHL: 44.4%). Of participants who reported reading the disclosure, 72 (36.5%) gave a correct answer when asked, 'Are any of the authors of the decision aid paid by the company that sells Abbatide or Benedent?' (AHL 34.9%; LHL 38.6%). Overall, 18.2% of participants reported reading the disclosure and correctly recalled whether a conflict of interest was disclosed, with the lowest proportion (5.3%) observed for the basic, negative disclosure.

Conclusions A minority of study participants reported reading and correctly recalled the content of a financial conflicts of interest disclosure in a fictional decision aid. Whether these findings can be generalised to actual decision aid users is uncertain. Our recruitment of members of the public and use of a simulated illness scenario, although motivated by ethical considerations, may have weakened the salience of both the decision aid and the disclosure. On the other hand, knowledge of study participation along with the relative prominence of the disclosure in the fictional decision aid may have amplified participants' attention to it. Altogether, we tentatively conclude that disclosure of financial conflicts of interest in patient decision aids may not have the desired effect and advocate further research attention to optimal methods of addressing this issue.

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PERCEIVED EFFECT OF WEB-BASED SELF-HELP TOOL TO REDUCE DEPRESSIVE SYMPTOMS

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Objectives The objective of this study was to evaluate the perceived scope of effect across users of a web-based cognitive-behavioral therapeutic (CBT) mobile application for treatment of anxiety and mild depression (N=4711). In addition, the study sought to determine the potential preliminary effectiveness of the application in delivering self-administered CBT.

Method Participants (N=4711) were recruited from the users of the mobile application and were divided into three groups according to the length of use of the application. There was a significant difference in the scope of perceived outcomes between the first and the second group: Cohen's $d=0.56$, 95%CI[0.49-0.62] and between first and third group Cohen's $d=0.80$, 95%CI[0.72-0.88]. No significant differences were detected between second and third groups. The fact that many users spontaneously referred to a high level of psychological benefits in open questions suggests subjects perceived these as a notable benefit of using the method.

Results Participants in group one experienced a limited scope of effect compared to the medium and long-standing users in groups two and three. Subjects in these groups reported perceiving tangible changes in a wider range of areas as a result of usage, particularly regarding reduced symptoms of depression and anxiety. This study also explores the evidence base and novel research opportunities connected to the application. Collected data provides useful insights into how subjects typically interact with this application, a specific feature of which is that it can dynamically adapt to user's goals and needs.

Conclusions The application appear to offer potential as an engaging and effective way to deliver CBT. The effect sizes should be interpreted cautiously in light of the motivated, self-selected sample. Nevertheless, it may provide a convenient method for accessing support, especially in Russia, where a very low proportion of individuals with depression and anxiety disorders receive adequate care due to a range of obstacles that prevent or limit access to treatment.

3 Minute Quick Fire

51 ENHANCING CLINICAL TRIAL TRANSPARENCY AT UK'S TOP RESEARCH UNIVERSITIES – FROM GENERATING EVIDENCE TO IMPROVING PRACTICE

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Objectives In February 2019, the Chair of the House of Commons' Science and Technology Committee sent a letter to forty universities warning them to upload their backlog of missing summary results from clinical trials listed on EUCTR by the end of summer 2019. The objective of the present study is to

1. Track the progress of UK universities in the process of uploading their backlog of overdue summary results on EUCTR and clinicaltrials.gov
2. Elucidate if UK universities take steps towards both prospective and retrospective trial registration.

Method We selected the 25 UK universities receiving most UK Medical Research Council funding in 2015-2016 and included two universities that were part of previous UAEM Global Health Report Cards. We filed FOIs in June 2018 to obtain universities' institutional policies regarding clinical trial registration and prospective and retrospective summary results posting, assessing them based on predetermined criteria taken from WHO and EU guidelines. We filed further FOIs due in May 2019 to track progress.

To evaluate reporting performance we utilised the EBM Data Lab's EU Trials Tracker and a python script coded by one of the authors (YNL) to extract key information on results posting from clinicaltrials.gov (https://github.com/LeeSean96/GlobalHealthRanking?fbclid=IwAR00rTbendLByaqoPN-hUZRRLo_iJYib_gbtce9QjW9x3gX47-OKCaMrKxQ). A sample of results was manually checked for accuracy. We will collect data from the European and American registries in April&June make comparisons with results collected before the Committee's letter in January 2019.

Results We identified 27 universities in the UK that together received £343,742,000 in research grants from the Medical Research Council in the year 2015–2016.

Firstly, significant gaps of university's institutional policies regarding clinical trial registration and summary result posting persist: i.e. 25/27 universities do not have a publicly available policy requiring university sponsored clinical trials to report summary results.

Secondly, preliminary results from January 2019 show that the reporting performance of UK universities in the European

Registry increased from 51% to 62% [Nov:120/234; Jan: 158/254]. However, no such progress is seen on the American Registry, where still 97% of due trials are missing summary result posting [Jan:1575/1624].

Conclusions Preliminary results for January 2019 show that some universities in particular are on the right track to upload summary results of clinical trials, although progress is mostly limited to the EU registry. This is most likely due to increased public and political pressure to comply with EU guidelines regarding clinical trials. Our final results will clarify whether a wider set of universities will enhance clinical trial summary results posting on both key registries or if progress remains to be propelled by a smaller number of universities only. We will also discuss if universities are taking active steps towards both prospective and retrospective summary result posting by analyzing FOI requests due in May 2019. Further research should be conducted on the quality and completeness of summary result postings and the potential overlap of universities' trial registrations on the European and American databases.

52 STRENGTHENING THE EVIDENCE IN EXERCISE SCIENCES INITIATIVE (SEES INITIATIVE): A PROSPECTIVE PROJECT BASED ON OPENNESS, SURVEILLANCE, AND FEEDBACK

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Objectives The questionable quality of evidence has been increasingly documented in medical research, denoting that scientific findings may ultimately be, at least, of limited usability. Some of the countermeasures to reduce the waste of research include (i) resources for transparency such as public repositories and registry platforms; and (ii) initiatives to improve research communication (e.g., The EQUATOR Network) or promote education on methodological issues (e.g., The Catalogue of Bias). Although such resources are fundamental to improve biomedical research as a whole, many research fields still neglect the need to improve the evidence quality. Therefore, we propose a discipline-based initiative to foster awareness for better quality evidence and increase the adherence to widely recommended methodological and reporting practices. Herein, we present The Strengthening the Evidence in Exercise Sciences Initiative (SEES Initiative) by which we will prospectively conduct surveillance of published articles and feedback to study authors and journal editors.

Method Our rationale and methods are presented in a protocol article whereas detailed assessment guidance is described in a manual of standardised procedures. Both documents are available on our website (www.sees-initiative.org). We conduct our processes at a monthly-basis, as follows: (i) a pre-assessment stage comprises the use of sensitive filters to search newly-published articles reporting randomised clinical trials (RCTs) or systematic review with meta-analyses (SRMAs) in nine exercise sciences journals and five general medicine journals; (ii) at the assessment stage, RCTs and SRMAs having a research question related to sport, exercise, or physical activity are assessed in duplicate by independent RCT and SRMA teams based on 30+ items derived from established tools or