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/Lee-Sean96/GlobalHealthRanking?fbclid=IwAR00rTbendLByaqoPN-hUZRrLo_iJlYib_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