

# Clinical Trials: Appropriate Selection of Test Articles

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http://dietary-supplements.info.nih.gov





Views expressed are my own and do not reflect the views of ODS, NIH, HHS, or any other part of the U.S. government

# "The Marketplace"

- AHPA estimates as many as 3000 plant species in commerce
  - -90% of market = top 30 or so plants
- Estimates of approximately 30,000-50,000 products
- Little pre-market scrutiny, no product or formula registration
  - Manufacturers may change formulations as costs dictate
- "Proprietary blend" concept



## NIH Facts

- The US biomedical research agency
- 27 Institutes and Centers, and a central Office of the Director
- In the same department (Health and Human Services) as Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), etc.
- Total NIH budget for 2005: \$28 billion
- Support research
  - Universities, medical centers, hospitals, research institutions
  - US and other countries
- Grants, Contracts, Cooperative Agreements, etc.
- www.nih.gov

## NIH Funding for Dietary Supplement Research (sources: HNRIM, CARDS)

Fiscal Yr	Total Grants	Dollars
1999	374	\$ 98 million
2000	363	\$118 million
2001	443	\$127 million
2002	569	\$171 million
2003	852	\$260 million
	TOTAL	\$774 million

### 1º Scientific Questions

- Do they work?
  - Medical Ethics
- Are they safe?
- Tools?
  - In vitro assays-relevance to intact humans
  - Animal studies-species relevance
  - Case reports-reliability
  - Randomized double blind placebo controlled clinical trial (RCT)

#### Photos ©Steven Foster



#### **Echinacea**

- Most published early trials were "positive"
  - Echinacea for preventing and treating the common cold Melchart, et al. (2000) Cochrane Database Syst Rev 2:CD000530
    - 16 URI trials (8 prevention, 8 treatment) 3396 participants
    - Majority of the available studies report positive results



#### "Echinacea"

- Adequacy of blinding-open label
  - herbs have characteristic odors and tastes
- Sample size
- Appropriate dose?
  - Children, Comparability of "1 g root/day" to 300 mg product 3 x day
- Timing of intervention
  - Continuous for prevention? "1st onset of symptoms?"
- Method of assessment-
  - self assessment, viral titer, parents keep log
- Nature of the test article



# **Trials**

Turner <i>et al</i> . (2000) <i>Antimicrob Agents Chemother</i> 44:1708-9 (-)	Species, plant part (-) Chemistry (+)
Barrett et al. (2002) <i>Ann Int Med</i> <b>137</b> :939-946 (-)	Species, plant part (+) Chemistry (++)/other herbs
Taylor et al. (2003) <i>JAMA</i> <b>290</b> :2824-2830 (-/+)	Species, plant part (+) Chemistry(-)-post (-)
Goel et al (2004) <i>J Clin Pharmacy Ther</i> <b>29</b> :75-83 (+)	Species, plant part (+) Chemistry (++)

# **Trials**

Cohen et al. (2004) Arch Pediatr Adolesc Med 158:217-221 (+) (prevent, 1-4 yo)	Species, plant part (+) Chemistry (++)/other stuff (Propolis, vit C)
Sperber et al. (2004) <i>Clin Infect Dis</i> <b>38</b> :1367-1381 (?) Antibody titer/clinical colds	Species, plant part (+) Chemistry (-)
Turner et al. (2005) <i>NEJM</i> 353:341-348 (-)-dose?	Species, plant part (+) Chemistry (++)
Goel et al. (2005) <i>Phytother Res</i> <b>19</b> :689-694 (+)	Species, plant part (+) Chemistry(++)

#### "Echinacea"

- Nature of the test article
  - Species?
  - Plant part used?
  - Where collected/harvested, by whom?
    - Vouchers?
  - Processing?
    - Extraction solvent
    - Extract ratio
  - Standardized or not?
    - To what?
    - How? (methodology)
  - Evaluated for contaminants/adulterants?
  - Other ingredients-excipients, etc.



# Herbal Drugs (EP)

- Herbal drugs are precisely defined by the scientific name
  - Identified using their macroscopic and microscopic descriptions and any further tests that may be required (for example, thin-layer chromatography)
- EP-the *plant* is the "active"

## "Whole plant"

- Despite years of research, the actual "actives" remain unknown for most plants (even something as highly studied as SJW)
- Basic research into whether and how phytomedicines work is needed before true standardization can occur
- The underlying assumption behind phytomedicines is that the whole plant (or extract) is the "active"
  - Stermitz et al. (2000) Proc Natl Acad Sci 97:1433-7
  - Stermitz et al. (2000) J Nat Prod 63:1146-9

- What we measure and why we wish to measure it are subjects of another talk
  - Active Constituents
  - Marker Compounds
    - One or more constituents that occur naturally
    - Selected for special attention by researcher or manufacturer
- ➤ Efficacy?
- ➤ Safety?

#### ➤ Correct plant-



Slifman *et al.*, *NEJM* **339**, 806-811, 1998

#### ➤ Correct plant part

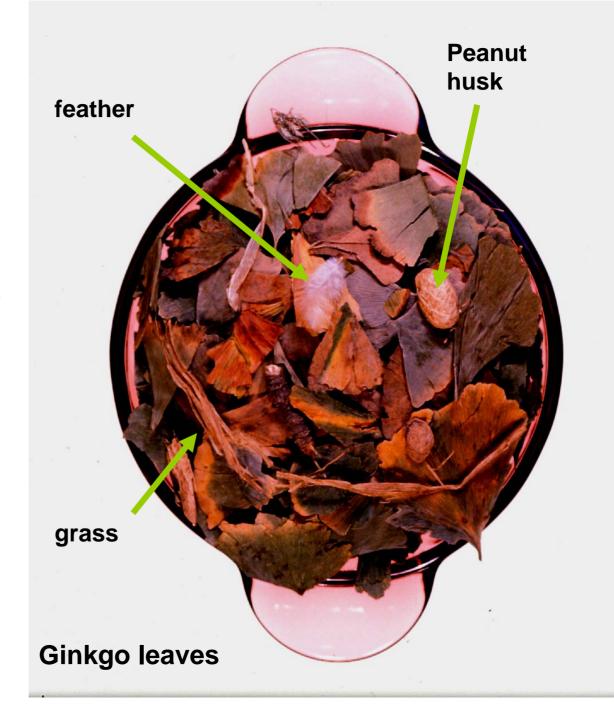


Lycopersicon esculenta

> Plant collected at proper time of year



- Pathogen free
- Not filthy or decomposed, not moldy
- Aflatoxin, pesticide, toxic elements within acceptable range
- No extraneous material



# Herbal Drug Preparations (Plantae medicinales praeparatore)

#### DEFINITION

- Herbal drug preparations are obtained by subjecting herbal drugs to treatments such as extraction, etc.
- Extracts are preparations of liquid (liquid extracts and tinctures), semi-solid (soft extracts) or solid (dry extracts) consistency

# Goldenseal Root Hydrastis canadensis



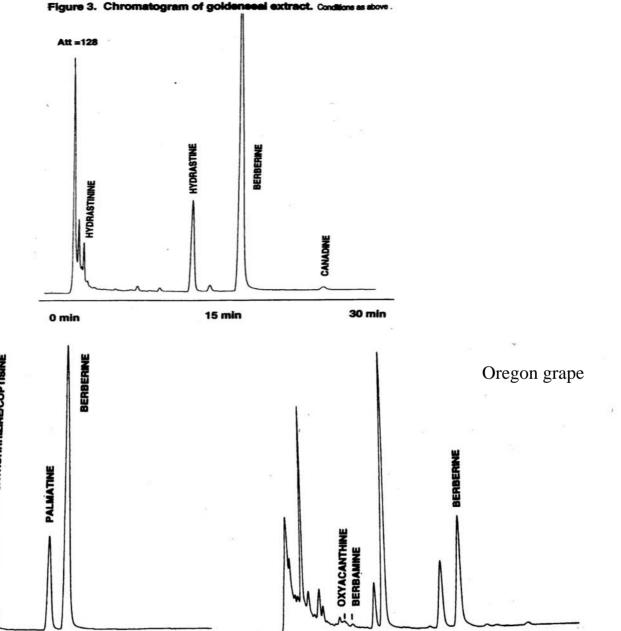
Several good RP ion-pair methods for UV

C4 Column, volatile buffer for MS

0 min

15 min

Goldthread

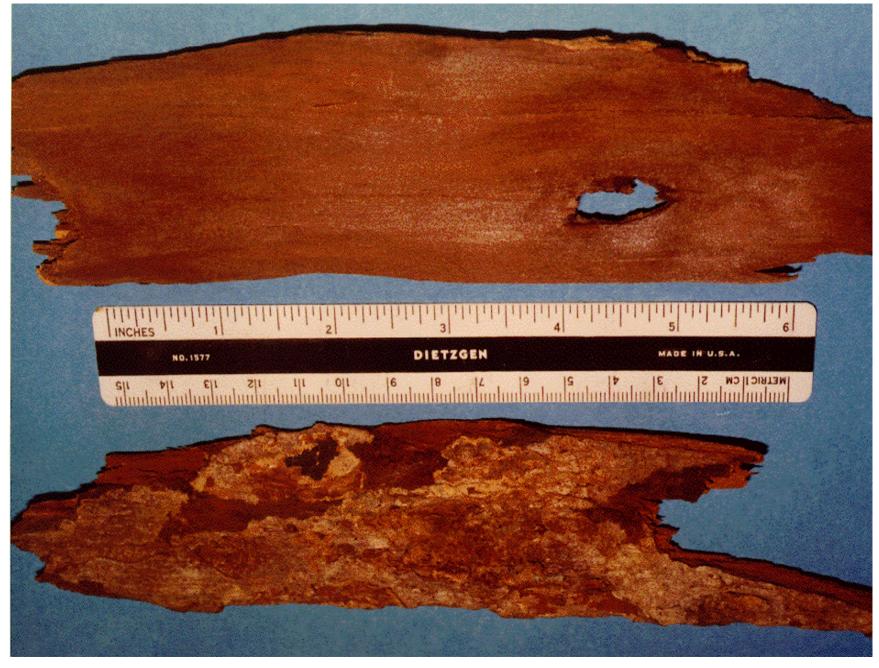


0 min

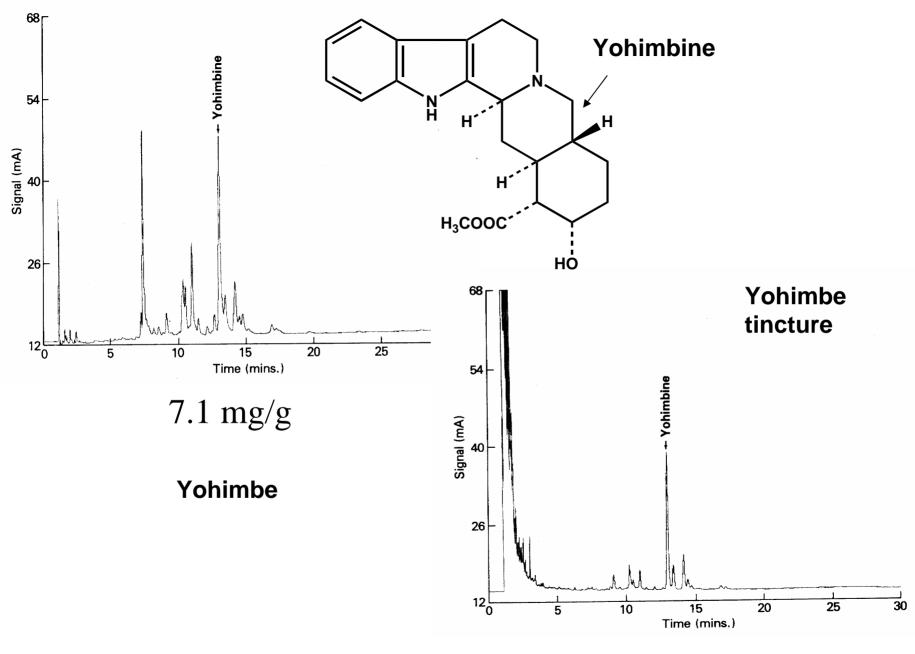
30 min

15 min

30 min

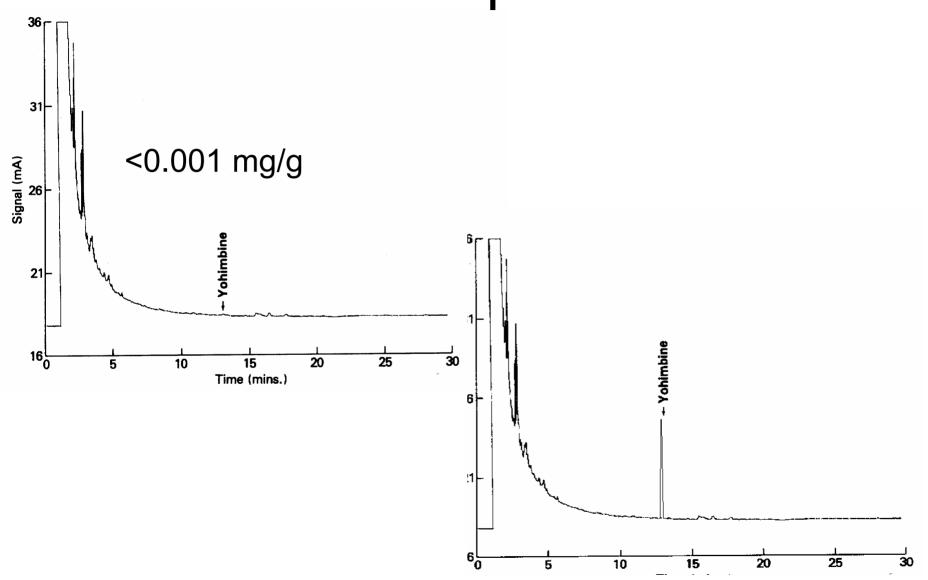


• Pausinystalia yohimbe bark = Herbal Drug



0.3 mg/g

# Yohimbe products



# Drugs/Toxic Substances Found in Dietary Supplements

"Black Pearl"-arthritis

- pre-DSHEA
- hydrochlorothiazide, diazepam, indomethacin, and mefenamic acid
- Chiu Fong-arthritis

- pre-DSHEA
- Aminopyrine, phenylbutazone
- "Sleeping Buddha"-sleep aid post-DSHEA
  - Estazolam (a benzodiazepine tranquilizer)
- "PC SPES"-warfarin

- post-DSHEA
- http://dietarysupplements.info.nih.gov/Research/CARDS\_Database.aspx



#### REVIEW

# Lack of herbal supplement characterization in published randomized controlled trials

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#### **KEYWORDS:**

Plants, medicinal; Herbal medicine; Dietary supplements; Review, systematic; Drug impurity; Complementary therapies

#### ABSTRACT

**PURPOSE:** Herbal supplements in the United States and abroad have poor quality control and high content variability. We assessed the extent to which recently published randomized controlled trials of herbal supplements characterized and verified the content of the supplement under study.

**METHODS:** We identified all MEDLINE-indexed English language randomized controlled trials evaluating single-herb preparations of echinacea, garlic, ginkgo, saw palmetto, or St. John's wort that were published between January 1, 2000, and February 9, 2004. From each article we extracted information characterizing the herbal supplement studied.

Studies fulfilling important quality-control criteria Table 1 Studies fulfilling criteria (n = 81)Quality-control criteria n (%) Part A: Testing Studies performing quantitative analysis 12 (15) Echinacea (n = 6)2 (33) Garlic (n = 17)3 (18) Ginkgo (n = 30)1(3) Saw palmetto (n = 23)6 (26) St. John's wort (n = 5)0 (0) Studies reporting analytic results 8 (10) Part B: Description Plant source identified Latin binomial listed 40 (49) Part of plant used identified 8 (10) Manufacturer identified 53 (65) Brand name identified 33 (41) Report processing/extraction method 23 (28) Report at least one expected 41 (51) constituents and amount (ie, contains 12 mg ginkgolides) Report dosing Form (eg, gel-cap, powder, etc) 64 (79) Total daily amount 74 (91) Frequency (times/day) 61 (75) Report number of batches used 14 (17)

