

EDITORIAL

Clinical Trials in Children

The case for clinical trials in children is now accepted by all professionals involved in such trials: paediatricians, pharmacists, nurses, regulatory authorities and the pharmaceutical industry. Equally as important as the professionals, is the viewpoint of parents and paediatric patients that clinical trials of medicines that children require are necessary.

It is reassuring that the paper by Keinonen points out that, during the last decade, the number of clinical trials in paediatric patients submitted to the Finnish Regulatory Authority has increased¹. The authors point out that the majority of the paediatric trials in Finland were completed in less than 12 months. As Europe is currently discussing proposed regulatory action, with regards to encouraging paediatric clinical trials, this paper shows that research in children in the area of paediatric therapeutics is possible. The establishment of a European paediatric clinical trials registry can only help ensure that clinical trials are not only initiated but completed².

Paediatric and Perinatal Drug Therapy is not solely concerned with research within Europe. The paper from Australia³ shows that there are encouraging developments taking place throughout the world. The Australian Paediatric Pharmacology Research Unit is

based on the concept of the highly successful PPRU Network in the USA⁴. Following the success of the first international workshop organised jointly by the Association of Clinical Research Professionals (ACRP) and PPDT, we are pleased to announce that the second workshop will be held in North America (London, Ontario) on October 15th–16th 2004. We are confident that such joint ventures run on a non-profit basis can only benefit all those involved in the investigation of medicines in children and in the long term help to improve the treatment of children with illnesses.

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