and does not register nondrug trials.³ Both of these statements are incorrect. ClinicalTrials.gov encourages and accepts the registration of any observational or interventional studies with health or biomedical outcomes in humans; trials of any intervention, such as drugs, devices and behavioural interventions; and trials conducted anywhere in the world by any sponsor. In addition to providing a unique identifier for each registered study, ClinicalTrials.gov offers quality control for trial data, a Web-based data entry and update tool (<http://prsinfo.clinicaltrials.gov/>) and a sophisticated search function.

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[The CIHR responds:]

The memorandum to which Deborah Zarin refers was sent in early September 2005 to warn researchers whose trials were funded by CIHR that they should

immediately register their trials with ClinicalTrials.gov. The registry used by CIHR since 2004, International Standard Randomised Controlled Trial Number Register-Current Controlled Trials Registry (ISRCTN-CCT), was not recognized by the majority of members of the ICMJE, including *CMAJ*, because it did not have a "not-for-profit" status. Failure to register with ClinicalTrials.gov could have compromised researchers' ability to publish their trial results.

The statements about ClinicalTrials.gov in the memorandum described the situation that existed in 2004, and were provided to explain why at that time CIHR chose to register the trials that it funds with ISRCTN-CCT, rather than with ClinicalTrials.gov. These statements were not intended to describe the current state of ClinicalTrials.gov, and I deeply regret the misunderstanding. CIHR endorses ClinicalTrials.gov as a high-quality public trials registry.

Since I wrote the memorandum in early September, the ISRCTN-CCT registry has acquired not-for-profit status, and now complies with the ICMJE requirements. CIHR will therefore continue to register the trials that it funds with the ISRCTN-CCT. CIHR is also working with the World Health Organization to establish a global system for trials registration, which will link the various public registries to improve access and reduce duplication.

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Reducing procedural pain

We were most dismayed to read of the use of a placebo in a study of analgesia and the success rate of cannulation when a topical anesthetic was used on children requiring venipuncture.¹ It would seem unethical to expose any patient to unnecessary procedural pain when the efficacy of available topical anesthetics has been well established and such products are currently part of care.²⁻⁵

Further, in this study, liposomal lidocaine is not compared with the known effective and available options currently used for this patient population. It is predictable that longer and more attempts at cannulation are required in the absence of any effective topical anesthesia. Although the potential difficulty of cannulation when there is either vasodilation or constriction caused by other topical agents is acknowledged, an ethically acceptable trial design should have incorporated one or more comparison arms using known effective topical anesthetics.

The use of a placebo in this study is deplorable. It points to the need for researchers and the research ethics boards who approve their studies to be cognizant of trial designs that allow individuals of any age to be exposed to suboptimal analgesia when known effective agents exist. Of interest, the first reference cited by the authors examines the ethics of analgesic trials in infants and children and clearly censures this model of placebo-controlled trial.⁶

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Mécanisme de présentation des lettres

Le site amélioré des lettres du *JAMC* est désormais le portail de réception de tous les textes destinés à la chronique Lettres. Pour rédiger une lettre, consultez un article sur le site www.jamc.ca et cliquez ensuite sur le lien «Lettres électroniques : répondre à cet article», dans la boîte en haut à droite de l'article. Toutes les lettres seront étudiées pour une éventuelle publication dans le journal imprimé.

Les lettres répondant à un article publié dans le *JAMC* sont plus susceptibles d'être acceptées pour publication imprimée si elles sont présentées dans les deux mois de la date de publication de l'article. Les lettres acceptées pour publication imprimée sont révisées en fonction du style du *JAMC* et raccourcies au besoin (elles doivent habituellement compter au maximum 250 mots).