Editorial Note

In previous Editorial Notes we have asked authors to send us reports of their randomized controlled trials and systematic reviews of randomized trials. In this issue of the journal we publish such a trial from Thome and colleagues (pp. 218–225) on the theme of permissive hypercapnia to prevent chronic lung disease in very preterm infants. We felt that this was a well-conducted trial, although it failed to reach the intended sample size after early termination on the advice of the trial data safety and monitoring board. We suspected that this made publication of the results of this trial difficult for the authors, despite the importance of placing this information in the public domain. Another controversial point raised by this study was the statistically significant difference found (unexpectedly) in one of the secondary outcomes relating to neurodevelopment. For these reasons we asked Polly Hardy and Felicity Clemens, who have an interest in the conduct and analysis of randomized trials in neonatology, to write a Commentary (pp. 226–228). They outline the reasons for stopping a randomized trial early and give useful guidance to trialists, data monitoring committees and steering committees. We believe that the results of all well-conducted randomized controlled trials should be published, whether or not they attain their anticipated sample sizes, and in future we look forward to receiving more of these studies.

*Henry L. Halliday
Christian P. Speer*