**INTERNATIONAL CLINICAL TRIALS: GOOD FOR THE NEW WORLD BAD FOR THE THIRD WORLD**

**S. Goldstein**

Henry Ford Hospital, Detroit, MI, USA

In the last decade internationalization of randomized clinical trials (RCT) has occurred as the acculturation of the medical care has become a reality. At the same time the cost of RCT in the Western world has made it desirable to seek populations where the cost of carrying out a trial is less expensive. Ethical conflicts exist between the altruism of making new medical care available to third world countries as a result of RCT’s to the use of disparate populations for research. These disparities include regional and societal differences in background therapy, informed consent and patient genetics to name but a few. Often analyses are carried out to identify the effect of an intervention in one specific country that is a part of a larger study population required to achieve sufficient power. This type of analyses is subject to Type I errors and often can not be explains by unique population differences. Great care needs be given to deal with these issues in order to achieve comparability of data. In spite of attention to these issues, unexplained differences do occur. Examples of many issues that have occurred in the past will be presented.