

NLM Extramural Programs
NLMProgram@nih.gov

June 24, 2026

Re: **NOT-LM-26-001**

Submitted electronically to NLMProgram@nih.gov

To whom it may concern,

The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard (“MRCT Center”) appreciates the opportunity to comment on the NIH NLM request for information entitled, “Future Directions for the NLM Information Resource Grants (G08) Program,” published on April 24, 2026. This RFI is welcome.

The MRCT Center is a research and policy center that seeks to improve the ethics, conduct, oversight, and regulatory environment of international, multi-site clinical trials. It functions as an independent convener to engage stakeholders from industry, academia, patients and patient advocacy groups, non-profit organizations, and global regulatory agencies. The MRCT Center focuses on pre-competitive issues, to identify challenges, and to deliver ethical, actionable, and practical solutions for the global clinical trial enterprise. The responsibility for the content of this document rests with the leadership of the MRCT Center, not with its collaborators nor with the institutions with which its authors are affiliated.¹

Thank you for the opportunity to comment on future directions for the NLM Information Resource Grants (G08) program. The MRCT Center is a strong supporter of the NLM’s mission and the trustworthy, extensive, and useful resources it offers through [PubMed](#), [ClinicalTrials.gov](#), [GenBank](#), and [MedlinePlus](#). We acknowledge and appreciate that these resources advance science and medicine by making health information available and understandable, and they play an essential role in providing such information to populations and their health care providers.

To that end, we would like to propose several considerations for the expansion of the G08 opportunity, specifically focused on clinical trials and research.

A. Deployment of libraries and librarians in the service of clinical trials and research

1. Librarians are trusted providers of information, and the “local library” is a resource with which every US person is familiar (or should be) and proud. As a nation, we should invest in training the library workforce to be familiar with the process of clinical research, from drug discovery to market authorization, and assist the public in finding and interpreting information intended for them.

¹Brigham and Women’s Hospital, Mass General Brigham, Harvard Medical School, and Harvard University.

2. Specialized training for library staff on AI-enabled tools should be developed and disseminated. Libraries of tomorrow should be adept at using AI to find information that patients and potential research participants want to know. The AI revolution has democratized information: librarians can and should be enablers and interpreters for the people who have less domain expertise or understanding.
3. Libraries can and should be places where validated coursework and trainings are made available to individuals in the community who want to learn a subject but cannot, simply because there is a surfeit of training materials that have not been curated or specifically annotated. Whenever possible, the materials should be offered asynchronously and virtually (online). Trainings that support trustworthy use of AI for the general population should be included. For those who do not have access to the internet, the libraries should provide such internet access, as well as the software and hardware, so that the public can avail themselves of the trainings. The trainings and resources should be health literate, accessible, and translated into the common languages of the geographic area.

B. Dissemination of Access to Rural and Underserved Areas:

4. We endorse consideration of the development of resources to support (1) a pathway for health research and health research-related educational resources to be developed with, optimized in collaboration with, and made available to communities and geographic areas that have historically lacked access to such opportunities, with specific attention to rural areas, healthcare deserts, and geographic areas that have been historically under-resourced. Specifically, we believe that librarians and libraries in these areas could be equipped with the necessary information and resources to improve understanding and access to health research and information for the populations they serve.
5. Extending from that point, we recommend the expansion of the G08 to include the integration of emerging digital clinical trial methods and technologies into rural settings via libraries as critical access points, driving collaboration among local libraries; local health organizations, community health centers, clinics, and providers; and central sponsors and clinical trialists to support the recruitment and enrollment of patients and other volunteers who typically would not be able to access the potential benefits that can be derived from participating in health research. In this way, by expanding geographic access to research study participation, the G08 could continue to advance innovation and the health of every person in the United States.

C. Improving the Utility of ClinicalTrials.gov

6. ClinicalTrials.gov is the most complete compendium of clinical trials in the United States, and it has become and remains the best resource for both finding new trials and understanding the past and ongoing trials. The site, however, is not readily used for “trial matching” for patients or for their care providers. With the advent of AI-enabled

platforms, NLM has an opportunity to support better integration of ClinicalTrials.gov not only with PubMed, GenBank, and NIH data repositories, but more importantly, with the electronic health record and real-time data. At the point of care, patients and care providers—while together during the visit—could have access to available trials to which they may be eligible. Only then will there be access to clinical research for every American.

7. NLM should support resources to make ClinicalTrials.gov more user-friendly for both patients and providers. For example, (a) modifying the required eligibility criteria to include all criteria would enable more definitive clinical trial matching. Currently, only the protocol, not the ClinicalTrials.gov site, has the entire suite of eligibility criteria. The requirement for completeness and transparency could be readily changed. (b) Simple additions to the current platform might include a plain-language summary of completed trials (or arms of a trial) or an element indicating where such a summary can be found. (c) NLM could prioritize developing machine-readable protocol templates, that are required to be uploaded into ClinicalTrials.gov, creating a repository that is complete and a useful resource for patients and providers, and is itself a resource for research.

D. General Support of an AI-Ready Research Information Ecosystem

8. NLM is in a perfect position to foster and support the next generation of trustworthy biomedical information resources, designed for both humans and AI systems. G08 opportunities could include resources that:
 - a. Assess, curate, and/or create standards methods for data interoperability, including standardized data dictionaries and ontologies
 - b. Develop computable metadata that allows AI systems to identify study populations, endpoints, interventions, and outcomes across trials and clinical research
 - c. Develop benchmark datasets – and prototypes that inform the generation of such datasets – for evaluating AI tools in evidence synthesis, protocol development, recruitment, and data analysis
 - d. Create machine-readable, FAIR research outputs
 - e. Align metadata standards for data repositories and discovery systems across repositories
 - f. Invest in the development of systems that protect personal health and protected information
 - g. Development of publicly available tools for evidence generation, including the use of real-world data, post-market surveillance, safety reporting, long-term follow-up, and data reuse, and monitoring.

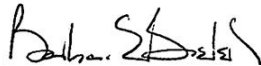
We commend NLM for its efforts to solicit public comment and for its commitment to advancing the availability and responsible use of data. We stand at the threshold of a new scientific revolution, one that is hypothesis-generating and inclusive and not one that is



influenced by selectivity, bias, or insufficient and incomplete data. NLM is in the perfect position to center and lead that transformation. The draft guidance is an important step toward advancing research that improves public health and the health and welfare of all Americans.

We appreciate the opportunity to provide feedback and welcome continued engagement.

Respectfully submitted,
on behalf of the MRCT Center



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