



ARTICLE

THE STRUCTURAL FAILURE OF CLINICAL TRANSLATION: ANALYZING THE 17-YEAR EVIDENCE GAP

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The structural failure of modern healthcare is evidenced by the persistent temporal lag between the generation of clinical evidence and its routine integration into patient care. This disconnect, historically quantified at 17 years, represents a systemic inefficiency that compromises patient safety, inflates healthcare spending, and devalues the investments made in biomedical research.

THE ANATOMY OF THE DELAY

The 17-year gap is not merely an administrative oversight but a reflection of a fractured research and data dissemination lifecycle. The transition from research to routine clinical implementation is typically divided into two major phases of inertia:

- **Publication to Synthesis (6.3 years):** The average time required for research to be included in systematic reviews and textbooks.
- **Synthesis to Routine Practice (9.3 years):** The duration required for evidence-based practices to reach widespread implementation.

Translational Phase	Duration (Average)	Key Barriers
Research to Publication	2–5 Years	Peer review bottlenecks, publication bias
Publication to Review/Textbook	6.3 Years	Systematic review resource intensity
Review to Clinical Implementation	6.3 Years	Lack of leadership, inadequate clinician knowledge
Total Cumulative Lag	~17 Years	Linear, non-collaborative workflows

By the time a clinical practice is widely adopted, the underlying evidence may already be outdated. This delay creates profound economic implications, as billions of dollars are wasted on non-beneficial treatments—such as bone cement for certain spine fractures—simply because the system lacks the mechanisms to "de-adopt" inefficient practices.

SELECTED REFERENCES

- RegenMed (2026). *Bridging The 17 Years Evidence to Practice Gap*. White Paper.

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