

Challenges and successes of recruiting to a large cohort study – a research teams experience

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Introduction

Recruitment into research studies can often be challenging. Under-recruiting to a study can compromise the validity of the results, increase costs or delay the end of the study (Topolovec-vranic & Natarajan 2016). In some cases under recruitment can even cause early termination of a study (Furimsky et al 2016). The aim of this poster is to describe our experience of recruiting to a large cohort study, discuss the process, the challenges we faced, what went well and make recommendations for future practice.

Methods

The NURTuRE-CKD study is a multi-centre prospective cohort study supported by Kidney Research UK, to investigate determinants of, and risk factors for clinically important adverse outcomes in people with chronic kidney disease (CKD). The study team in Derby were given a recruitment target of 300 participants in 12 months. The overall target for the study was 3000. As a team we discussed the best strategy to achieve optimal recruitment. Our initial plan was to screen the two largest nephrology clinics, all eligible patients were sent invitations and information sheets, they were then followed up with a phone call a few days later to ask if they wanted to participate. All willing participants were then booked in to have their baseline assessments performed at their next nephrology out patient appointment.

The baseline visits initially took around 1 hour to complete, one or two of the study team would perform the assessments, the blood and urine samples were then taken up to the laboratory and processed by the laboratory technician. The visit procedures are outlined in Figure 1.

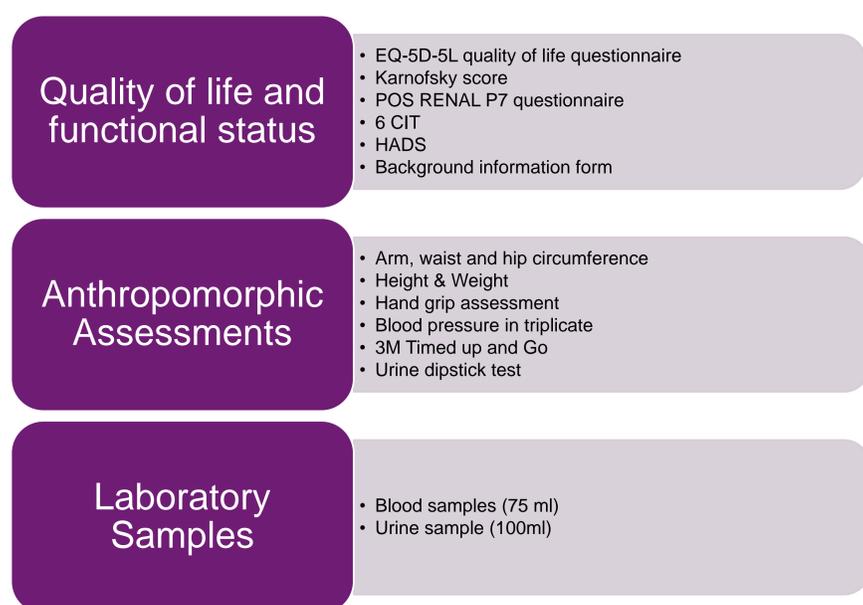


Figure 1. Patient visit procedure

Results

Recruitment to the study initially was slow, We started by screening large numbers of patients a few weeks in advance of their clinic appointments. With doing this we found that patients were forgetting and not allowing enough time to see the study team after their routine clinic appointments, or changing their clinic appointment and forgetting to let us know. To improve this we changed our approach by only screening one week at a time and inviting patients only a few days before their appointment time, we found this to be a much better system. One other issue we found was that patients weren't waiting after their clinic appointment, we found that ensuring we approached the patients before the clinic and asking the clinic staff to inform us when the patients have arrived and/or ready to be seen was a big help. Patients valued having their study visits at the same time as their routine appointments as this avoided extra visits to the hospital. We reached our target of 300 patients in June of 2018 so just shy of 12 months, we have continued to recruit and to date we have 579 participants in Derby and the overall recruitment is 2782

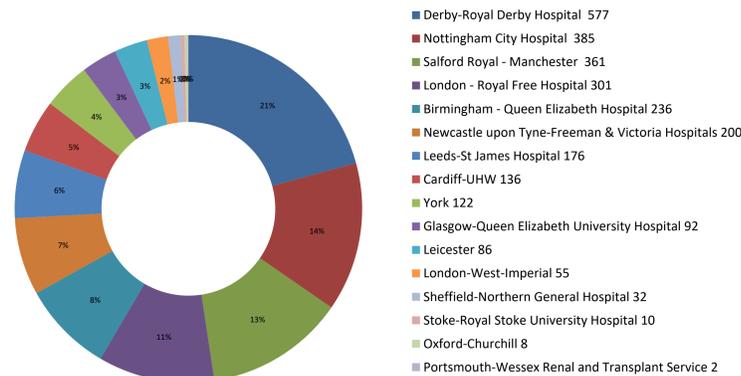


Figure 2. Overall recruitment figures

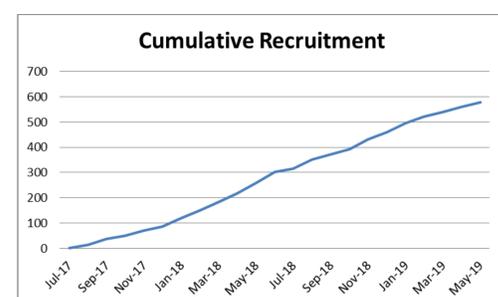


Figure 3. Cumulative recruitment data for Derby

Conclusions

Overall the teamwork and commitment to this study has been exceptional, each member of the team has found their role and together we have streamlined a successful system which has enabled us to hit our recruitment target for this study. We have tried different strategies for inviting participants and have identified one that works locally. We hope to continue with our success and transfer our knowledge and experience to other studies in the future.

References

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