Undertaking Studies Within A Trial to evaluate recruitment and retention strategies for randomised controlled trials: lessons learnt from the PROMETHEUS research programme

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Primary conflicts of interest: Adwoa Parker holds a NIHR Advanced Fellowship (NIHR302256), received funding from the MRC and NIHR as part of being a co-applicant on this PROMETHEUS programme (MR/R013748/1), is a co-applicant on a NIHR HTA-funded trial (ACTIVE, Award ID: 15/130/84) that was funded by PROMETHEUS, received funding from the Wellcome Trust, through the Centre for Future Health (CFH) at the University of York to developing a training intervention for staff to improve participant recruitment into randomised controlled trials, received funding through an institutional award from a NIHR CTU Infrastructure award (NIHR132547), is Editor for the special SWAT edition for the Journal Research Methods in Medicine and Health Sciences and is a SWAT Collection Advisor for F1000Research, and is supervising a PhD Studentship (2021–4) titled 'The cost effectiveness of SWATs for improving recruitment and retention in RCTs'.

Catherine Arundel received funding from two NIHR HTA grants as a co-applicant (PROFHER-2, award ID 16/73/03; and SWHSI-2, award ID 17/42/94) – both of which received PROMETHEUS funding, received a salary through institutional funding from the MRC and NIHR for the PROMETHEUS programme (MR/R013748/1), received funding through an institutional award for the DISC trial (NIHR HTA award ID 15/102/04) – which received PROMETHEUS funding, and received funding through an institutional award from a NIHR CTU Infrastructure award (NIHR132547).

Laura Clark received a salary through institutional funding from the MRC and NIHR for the PROMETHEUS programme (MR/R013748/1) and received funding through an institutional award from a NIHR CTU Infrastructure award (NIHR132547).

Elizabeth Coleman received a salary through institutional funding from the MRC and NIHR for the PROMETHEUS programme (MR/R013748/1).

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Catherine Elizabeth Hewitt received funding from the MRC and NIHR as part of being a co-applicant on this PROMETHEUS programme (MR/R013748/1), and has also been the recipient of a range of NIHR funding, award IDs: HTA-133865, HTA – 16/111/91, HTA – 132718, HTA – 17/94/36, HTA – 17/76/06, RfPB – PB-PG-0317-20047, HTA – 131483, RfPD – 201176, RfPB – PB-PG-0418-20034, HTA – 15/154/07, HTA – 131784, HTA – 135304, PHR – 16/122/20, HTA – 15/102/04, PHR – 15/05/28, HSDR – 15/70/26, PGfAR – 201174, HTA – 15/130/84, HTA – 16/167/57, HTA – 16/73/03, HTA – 127739, HTA – 11/36/37, PHR – 14/186/11, HTA – 132808, HTA – 127467, HTA – 15/166/08, HTA – 128625, HTA – 133880, HTA – 17/42/94, HTA – 11/136/52, PGfAR – RP-PG- 1214-20017, HSDR – 129213, HTA – 133784, PGfAR – RP-PG-0216-20002, HTA – 14/49/149, PGfAR – RP-PG-1016-20003, PHR – 128341, HTA – 131805, PGfAR -200607, HTA – 133418, HTA – 127510, RIGHT – 200806, PGfAR – RP-PG-0217-20006, HTA – 13/26/01. She is a member of the NIHR HTA Commissioning Committee (2015 to present) and Deputy Chair (2019 to present). Prof Hewitt has also been a member of the HTA Commissioning Sub-Board (2016–17) and is a current member of the following committees: NIHR CTU Standing Advisory Committee (2020–4); HTA Post-Funding Committee (2020–3); HTA Funding Committee Policy Group (2020–3).

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Katie Gillies has been the recipient of a range of NIHR funding, award IDs: HTA – 129248, RfPB – PB-PG-0416-20033, HTA – 132999, HTA – 14/192/71, HTA – 133561, HTA – 17/68/01, HTA – 130310, HTA – 127280, HSDR – 131537. Dr Gillies is a member of the NIHR HTA Clinical Evaluation and Trials Committee.

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Shaun Treweek received funding from the MRC and NIHR as part of being a co-applicant on this PROMETHEUS programme (MR/R013748/1). He has also been the recipient of NIHR and MRC funding, award IDs: PHR - 129791, HTA - 12/127/12, HTA - 15/130/73, MRC - MR/K025643/1. He is Editor-in-Chief of the journal '*Trials*'.

David J Torgerson received funding from the MRC and NIHR as part of being the Chief Investigator on this PROMETHEUS programme (MR/R013748/1). He has also been the recipient of a range of NIHR funding, award IDs: HTA – 14/49/149, PHR – 15/05/28, CTU-40 (infrastructure award), HTA – 127510, PHR – 128341, CTU – 132547, RfPB – 203506, PGfAR – RP-PG-0609-10171, HTA – 13/26/01, HTA – 15/166/08, PGfAR – RP-PG-0615-20003, HTA – 15/130/84, HTA – 15/154/07, RfPB – PB-PG-0416-20035, HTA – 16/73/03, PHR – 16/122/20, HTA – 16/167/56, HTA – 16/167/57, HTA – 17/42/94, HTA – 17/94/36, RfPB – PB-PG-0418-20034, HTA – 127739, HTA – 128625, HTA – 132718, PHR – 131745, HTA – 131805, HTA – 132674, RfPB – 202203. Prof Torgerson is an Editorial board member for the Journal Research Methods in Medicine and Health Sciences and is a SWAT Collection Advisor at F1000Research.

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Plain language summary

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Plain language summary

Aims of the research

A Study Within A Trial is a research study nested inside a larger 'host trial', promoting the use of Studies Within A Trial aimed to do Study Within A Trial routine practice in clinical trial units by funding and supporting at least 25 Studies Within A Trial.

Background

The best way to test health and social care treatments is to do a randomised controlled trial ('trial'), where some patients get the treatment being tested and some do not. The results of different groups are compared to see if the treatment improves care. Recruiting patients and keeping them involved in trials is often very difficult. Research teams often do not know how best to recruit and keep patients engaged as the methods have not been tested to see if they work. The best way to test these methods is by doing a Study Within A Trial. We test a programme of Studies Within A Trial for recruiting and keeping patients engaged in trials.

Methods

Trial teams were able to apply for funding of up to £5000 and receive support from Promoting the use of Study Within A Trial team to do Studies Within A Trial. We used our experience of doing Studies Within A Trial to outline lessons learnt for doing Studies Within A Trial.

Results

We funded 42 Studies Within A Trial and gave teams necessary advice to do them. We significantly increased the knowledge for both recruitment and retention strategies, and found 'pre-notifying' before sending questionnaires, sending pens and personalised text messages were all effective for increasing responses by participants. We tested Studies Within A Trial across several different trials at the same time to find out more quickly whether their methods worked. We highlight key lessons learnt to guide others doing Studies Within A Trial, including involving patient partners; picking the right strategy to test; getting ethical approvals; how to do and report Studies Within A Trial.

Conclusions

Promoting the use of studies within a trial was successful and supported more Studies Within A Trial than planned. We hope our experience will support those doing Studies Within A Trial in the future.

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The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This report

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