

Recruitment in Community Intervention Studies

Patricia M. Khu, MD, MS

Pura R. Caisip, MD, MPH

Anna Matilda Poblete, MD

Cardinal Santos Medical Center
Research Ethics Review Committee
University of the Philippines Manila
Research Ethics Board
Metro Manila, Philippines





PATRICIA M. KHU, MD, MS

* Medical Director

* Member Secretary of Cardinal Santos Medical Center Research Ethics Review Committee (CSMC RERC) and University of the Philippines Manila Research Ethics Board (UPMREB Panel 2)

2019 to present: Medical Director of Premiere Eye Referral Center

2004 to 2021: Clinical Associate Professor University of the Philippines Manila College of Medicine

2004 to 2015: Editor-in-Chief, Philippine Journal of Ophthalmology

Education:

1980 Doctor of Medicine; University of the Philippines College of Medicine

1982-1984 Residency in Ophthalmology at Philippine General Hospital

1985-86 Clinical Fellowship in Glaucoma at Albany Medical Center Hospital, Albany New York

1986-88 Research Fellowship at Massachusetts Eye & Ear Infirmary and Clinical Fellowship at Brigham and Women's Hospital, Boston MA

2002 Masters of Science in Clinical Epidemiology

Community Intervention Studies

- Large-scale community participation
- Recruitment and target date of completion
- Vaccine drug trials
- Vulnerable population
- Specific objectives
- Specific inclusion & exclusion criteria
- Safety of participants
- Integrity of data
- Phase III clinical trials



Recruitment

- Aims to enlist appropriate participants representing target population
- Enroll required number to fulfill sample size requirements & power of study within expected duration of time
- Recruitment & Retention (keeping participants in study) of sufficient number of participants are serious methodological concerns influencing validity of research findings



Recruitment Methods

A. General Awareness strategies

- Education & awareness campaigns/ trial promotion
- Community outreach & engagement support

B. Advertisements

- Traditional media advertising (radio, TV, print)
- Posters, flyers, pamphlets, brochures
- Digital advertising (social media, website, google ads, eNews, blog post)

C. Third Party Vendors

- Outsourcing to third-party provider specializing in marketing & advertising

Barriers to Site Recruitment

- Finding eligible participants that meet inclusion/exclusion criteria
- Onerous visit schedules for participants (distance, frequency, time)
- Insufficient resources for recruitment activities
- Time for governance/ review
- Time for ethics submission and review
- Lack of knowledge/ willingness of clinicians to refer
- Competing priorities of the site
- Access to participants living in rural or remote areas
- Inadequate study feasibility
- Low awareness/ poor access to information of trial
- Insufficient reimbursement for recruitment
- Length & complexity of participant ICF

Enablers to Recruitment

- Adequate site staff & resources to perform recruitment activities
- Adequate site budget for recruitment activities
- Active investigator in the recruitment process
- Good referral networks at site, clinician, institutional level
- Access to a quality database or electronic medical records
- Clear recruitment strategy & assigned responsibilities for recruitment plan
- Efficient turnaround time for ethical review
- Shorter & less complex participant ICF
- Adequate reimbursement for participants
- Better site training on protocol requirements
- Access to 3rd party recruitment aids (referral apps, registries, service providers)
- Better site staff training to explain consent forms

Recruitment Strategies

- Participant-centric approach: why participants are hesitant to participate in clinical trials
 - Heightened concerns around safety, placebos, burden of trial such as time commitment (travel time to study sites, multiple check-ins)
 - Information about study (study materials), placebo, overall trial safety, schedule of visits & what tests to be done, travel reimbursement
 - Clinical trial recruitment agency with strong nonprofit partnerships (patient advocacy groups, etc)



Recruitment Strategies

- Clinician/hospital recruitment/referral network
- Patient contact: information materials (appropriate design & translation); promotion (newsletters, advertisements, events, press release, community sessions)
- Support for site recruiters (training on recruitment to recruiting staff)
- Monitoring & systems (reminders, use of existing registers, phone call for queries)
- Incentives (site recruitment targets, feedback, monetary)
- Study design (relevance, patient-public involvement, widening inclusion criteria)
- Resources (site, additional & networks)
- Human Factors (relationships & communication; face-to-face initiation visits, regular contact with recruitment staff)

Consequences of Suboptimal or Failed Recruitment

- Extended duration of trial
- Increased costs
- Reduced study statistical power
- Invalid or inconclusive study results
- Changes in inclusion or exclusion criteria that may influence final outcome
- Termination of trial
- Loss of funding for individual clinics
- Late surge of recruitment activity creates uneven workload & other administrative problems
- Prolonged recruitment phase affect participant retention & compliance
- Adverse effect on staff morale

Recruitment Misconduct

- Recruitment misconduct involves unethical or fraudulent practices
- Ethical recruitment is critical in clinical trials with impacts on participant safety, study integrity, and scientific validity
- Wrongdoing in research: intentional, knowing or reckless fraudulent behavior (fabrication, falsification, plagiarism, misrepresentation or other practices that deviate from international or national guidelines or codes of conduct for responsible research)

Common Types of Recruitment Misconduct or Wrongdoing

- Misrepresentation of eligibility criteria (participants falsely deemed eligible)
- Coercion & undue influence (participants pressured to join, esp vulnerable population)
- Inadequate informed consent (failures in fully informing participants of risks & benefits)
- Over-recruitment or ghost participants (enrolling participants who do not exist; providing misleading recruitment data; manipulation of recruitment data)
- Imposter participants (participants with fraudulent identification)
- Participants enroll in multiple studies simultaneously (objective of generating income/ “professional subjects”, concealment of health information, fabrication or exaggeration of symptoms)



Consequences of Recruitment Misconduct

- Participants: risk to safety, long-term health impacts, breach of trust
- Research integrity: data distortion, invalid or skewed results, delays in approval, retraction of studies
- Research resources: pharmaceutical and biological companies additional costs
- Public trust: damage to the credibility of clinical research & pharmaceutical companies

Strategies to Avoid or Minimize Recruitment Misconduct

- Feasibility assessment:
 - Determine if site has appropriate expertise, right facilities, & resources for the trial
 - Find out what other sites are potentially involved in same trial & whether there is geographical overlap that could impact recruitment
 - Maintain open lines of communication among clinicians in area to discuss trials, identify overlapping populations of potential participants or demand on resources, best practices, barriers, etc

Strategies to Avoid or Minimize Recruitment Misconduct

- Start-up
 - Undertake up-front trial planning & start-up activities before recruitment commences
 - Identify key staff, clarify roles & responsibilities
 - Develop a realistic & methodical participant recruitment plan
- Recruitment
 - Identify optimal method for participant recruitment
 - Utilize a diverse set of methods & strategies for minimizing chance of sampling/enrolling professional research subjects, or deception & fabrication to qualify for inclusion to the trial
 - If there are changes in the method of recruitment not mentioned in the original protocol, amendments should be made first for approval by the ethics review committee before implementing the additional recruitment method

Community Recruitment

- Community-based recruitment can complement clinic/hospital recruitment of participants to fill the enrollment demands of large studies depending on prevalence of disease condition & complexity of eligibility requirements
- This strategy engages with people & offers opportunity for information dissemination & education on disease & the clinical trial in quicker time. Collateral benefits to community include opportunities for screening & medical consults.
- Social preparation & assessing socioeconomic & cultural profile of community, including health-seeking behavior & health service system are necessary factors to consider when planning the strategies & activities for community-based recruitment

Community Recruitment

- Engage community members in the research re benefits to study recruitment, participant participation, building partnership & trust with the community, creation of materials & processes tailored to community's specific characteristics
- Engagement of community personnel into the research team ensured that research is relevant to the community, addressed its specific needs, and benefit community with results



Key Points

- Adopting a community-based recruitment strategy must be decided at the planning stage for efficient coordination of activities.
- Recruitment should be conducted under specific inclusion/exclusion/withdrawal criteria aimed at “promoting & safeguarding the rights, safety, and well-being of all trial participants.
- Participant selection & recruitment consider various ethical concerns: (1) conflict of interest of sponsors, investigators, & recruitment team; (2) protection of privacy & confidentiality of participant information; (3) informed consent & recruitment modalities; (4) vulnerability of participants; (5) incentives & compensation for subjects; (6) community considerations.

Key Points

- Ethical recruitment in clinical trials prevent risks of misconduct & ensure participant safety.
- Recruitment misconduct & wrongdoing threaten both participant safety & the integrity of research findings. Efforts to identify & exclude ineligible participants are important to the integrity of research findings.
- Multifaceted approach using various methods & strategies are crucial to prevent & detect recruitment misconduct in clinical trials.

References

- Ladia MAJ, Sison OT, Anonuevo CA, Alejandria MM. Community-based recruitment for clinical trials poses the need for social and ethical considerations. *J Clin Epi* 2018; 102: 78-86.
- Brockman TA, Shaw O, Wiepert L, et al. Community engagement strategies to promote recruitment and participation in clinical research among rural communities: a narrative review. *J Clin Transl Sci* 2023; 7(1):e84.
- Applequist J, Burroughs C, Ramirez Jr A, et al. a novel approach to conducting clinical trials in the community setting: utilizing patient-driven platforms and social media to drive web-based patient recruitment. *BMC Med Res Methodology* 2020; 20:8.
- Hunninghake DB, Darby CA, Probstfield JL. Recruitment experience in clinical trials: literature summary and annotated bibliography. *Control Clin Trials* 1987; 8(Supp):6S-30S.
- Bower P, Brueton V, Gamble C et al. Interventions to improve recruitment and retention in clinical trials: a survey and workshop to assess current practice and future priorities. *Trials* 2014; 15:399.

References

- Zahren C, Harvey S, Weekes L, et al. Clinical trials site recruitment optimisation: guidance from clinical trials: impact and quality. *Clinical Trials* 2021; 18(5):594-605.
- Devine EG, Waters ME, Putnam M, et al. Concealment and fabrication by experienced research subjects. *ClinTrials* 2013; 10:935-948.
- Peng Lee C, Holmes T, Neri E, Kushida CA. Deception in clinical trials and its impact on recruitment and adherence of study participants. *Contemp Clin Trials* 2018; 72:146-157.
- Chaudhari N, Ravi Renju, Gogtay NJ, Thatte UM. Recruitment and retention of the participants in clinical trials: challenges and solutions. *Perspect Clin Res* 2020: 11:64-69.
- Lecture of Dr Ma. Liza Antoinette M. Gonzales during the Philippine Health Research Ethics Network (PHREN) 10th General Assembly on October 11, 2024