

Recruitment and Retention in Clinical Research

Julie Gundry

Recruitment Strategies

Structural and Relational

Study team present in clinic where potential participants are recruited

Present the study during rounds or team meetings

Study updates or newsletters

Searchable database to match participants with trials

Recognition for top recruiters

Retention Strategies

Why retention matters

Between 60-89% of randomized trials have some level of missing data ([1](#), [4](#))

assumptions regarding outcomes of patients lost to follow-up could change the interpretation of results of randomised controlled trials published in top medical journals ([1](#))

Retention Strategies

Structural

Planning for attrition when setting the sample size

Measuring attrition regularly

Reminders and prompts

Study newsletters or updates

Scheduling study interventions around routine care

Prepaid return envelopes

Make the clinic experience pleasant

Study anniversary or thank you cards

(2, 3, 4)

Retention Strategies

Relational

- Developing rapport with participants and their families/caregivers
- Being available, easily reachable and responsive to participant needs
- Study staff and participants invested in outcomes
- Being clear about follow up requirements at the time of enrollment
- Setting realistic expectations for the treatment
- Developing rapport between sponsor/lead site and participating site teams

(2, 3, 4)

Participant Withdrawal

Supporting the participant AND maintaining data integrity

What are the most important overall endpoints for the trial?

What is the patient withdrawing from?

Participant Withdrawal

Supporting the participant AND maintaining data integrity

Primary Intervention

- Withdraw from main study intervention ☐
- N/A - main intervention already complete ☐
- N/A - not withdrawing from main intervention (intervention to remain ongoing) ☐

Protocol Required Tests (screening, during intervention and follow up)

- Complete withdrawal from all protocol related tests and procedures ☐
- Withdraw from select protocol required tests/procedures ☐
- N/A - all protocol required tests and procedures are already complete ☐
- N/A - not withdrawing from protocol required tests/procedures. Remaining protocol required tests/procedures can continue consistent with patient consent ☐

Future Contact and Data Collection

- No further patient contact, or data collection (no access to medical record, no contact with caregivers, no search of public records) ☐
- Withdrawal from all further contact, but data collection from the following is allowed: ☐
- N/A - not withdrawing from patient contact or future data collection. Patient contact and data collection as per protocol may continue consistent with patient consent ☐

Samples Collected for Future Analysis During the Main Study

- N/A - No samples collected for future analysis during main study ☐
- N/A - patient is not withdrawing samples from future analysis. Analysis per protocol may continue, consistent with patient consent ☐
- Participant would like samples that were collected for future correlative analysis withdrawn/destroyed by the sponsor, if possible ☐

Retention Issues

Early Warning Signs

Missing or frequently requesting to reschedule study visits

Difficulty reaching the participant e.g. having to leave multiple messages, slow to respond

Impatience during clinic visits

References

- (1) Akl, Elie A, et. al. (2012) *Potential impact on estimated treatment effects of information lost to follow-up in randomised controlled trials (LOST-IT): systematic review*. BMJ 2012;344:e2809 doi: 10.1136/bmj.e2809 (Published 18 May 2012)
- (2) Gillies, K., Kearney, A., Keenan, C., Treweek, S., Hudson, J., Brueton, V. C., Conway, T., Hunter, A., Murphy, L., Carr, P. J., Rait, G., Manson, P., & Aceves-Martins, M. (2021). Strategies to improve retention in randomised trials. *The Cochrane database of systematic reviews*, 3(3), MR000032. <https://doi.org/10.1002/14651858.MR000032.pub3>
- (3) Kearney, A., Daykin, A., Shaw, A.R.G. et al. Identifying research priorities for effective retention strategies in clinical trials. *Trials* **18**, 406 (2017). <https://doi.org/10.1186/s13063-017-2132-z>
- (4) Murphy, Ellen, Sharon McCann, Frances Shiely, Katie Gillies, *Planning retention strategies in clinical trials—a qualitative interview study with members of trial teams*, Journal of Clinical Epidemiology, Volume 188, 2025
- (5) Poongothai, S., Anjana, R. M., Aarthy, R., Unnikrishnan, R., Narayan, K. M. V., Ali, M. K., Karkuzhali, K., & Mohan, V. (2023). Strategies for participant retention in long term clinical trials: A participant -centric approaches. *Perspectives in clinical research*, 14(1), 3–9. https://doi.org/10.4103/picr.picr_161_21