Mainstreaming nested trials of recruitment interventions

Early experiences from MRC START

MRC START

Developing the science of recruitment

Peter Bower

Current state of the art

- Very limited evidence base
  - Published and unpublished exemplars
  - Clear potential to use trials as a platform
- 'Cottage industry'
  - Individual studies (limited size, external validity)
  - Individual interventions
- Are we maximising yield?

START aim

- Core aim of study is **feasibility**

- To **develop a methodology** to:
  - Develop
  - Deploy
  - Test
- recruitment interventions in MULTIPLE host RCTs

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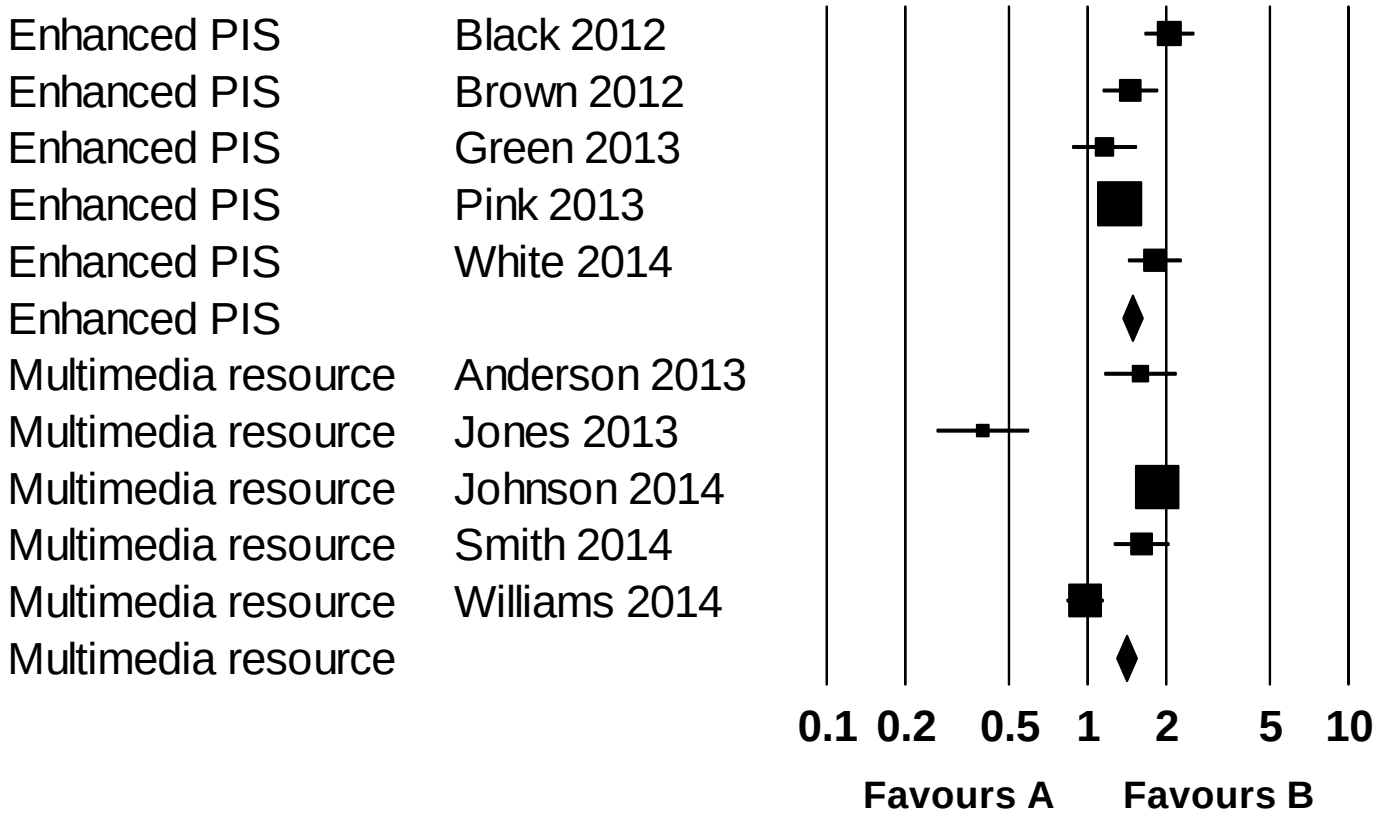
Short term vision



Long term vision

- **Incentives** for adoption
- **Ongoing** development
- **Routine** adoption
- **Demonstrable** impact

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INTERVENTIONS

Intervention development

- Deliberately modest in scope, easy to implement
- Focussed on primary care and community trials
- Wide net, remote, low yield
  - Enhanced information sheets
  - Multimedia resource about trials

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NHS Foundation Trust

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Poor Responders Intervention Trial

PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research study. Before you make your decision, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. You may want to talk to others about the study before taking part.

- **Part 1** tells you the purpose of this study and what will happen to you if you take part.
- **Part 2** gives you more detailed information about the conduct of the study.

Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Part 1

What is the purpose of the study?

There are three commonly used regimens used to suppress the pituitary hormones during In Vitro Fertilisation (IVF). The purpose of this research is to find out which of these is the most effective for women who have shown a poor response in their previous treatment cycle(s). There is currently no evidence to say which gives the best outcome.

It is necessary during IVF treatment to control the reproductive cycle. In order to do this drugs are used to suppress the reproductive hormones released by the pituitary gland in the brain. These hormones are the Follicle Stimulating Hormone (FSH) and the Luteinising Hormone (LH). Both these hormones are stimulated by the Gonadotrophin Releasing Hormone (GnRH).

There are two types of drugs which suppress the pituitary hormones. The first is a GnRH agonist, called Nafarelin. An agonist is a drug which mimics the action of a naturally occurring substance in the body. Nafarelin activates the pituitary just like the GnRH in the body, but while the GnRH triggers the release of hormones by repeated on/off pulses, Nafarelin in IVF treatment delivers a long, sustained burst which keeps the pituitary in the 'off' mode.

The second drug is a GnRH antagonist, called Cetrorelix. An antagonist is a drug which opposes the action of a naturally occurring substance in the body. In this way, Cetrorelix prevents the release of pituitary hormones.

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Study of IVF Treatments for Women where Previous IVF has not been Successful

We invite you to take part in a research study.

- Before you decide whether to take part, it is important for you to understand why the research in being done and what it will involve.
- Please take time to read the following information carefully. Discuss it with friends and relatives if you wish.
- You are free to decide whether or not to take part in this trial. If you choose not to take part, this will not affect the care you get from your own doctors.
- Ask us if there is anything that is not clear or if you would like more information.

Important things that you need to know

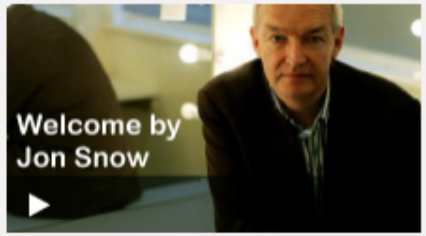
- We want to find the best way to treat women who have not responded well to previous IVF.
- We are testing the use of two different medicines as part of IVF treatment, which are Nafarelin and Cetrorelix.
- Nafarelin can be used in two different ways, so the study has three different groups or treatment options.
- One medicine used in the study can cause side-effects, but they are short lived.
- This study fits into your normal treatment, so there are no extra clinic visits or scans.
- You do not have to pay for Nafarelin or Cetrorelix, but the other medicines used in IVF may have to be paid for.
- You can stop taking part in the study at any time.

Contents

How to contact us

If you have any questions about this study, please talk to the doctors who organise it: Dr Stoke or Mr Prestwich on **01234 149 688**.

healthtalkonline.org
youthhealthtalk.org



Search...
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See all conditions
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"True stories are...nutritious and sustaining. They feed the mind with information and the heart with hope and strength.."

Philip Pullman

People's stories: see, hear and read their experiences...

Healthtalkonline is the award-winning website of the DIPEx charity. Healthtalkonline and its sister website, Youthhealthtalk, let you share in more than 2,000 people's experiences of over 60 health-related conditions and illnesses. You can watch video or listen to audio clips of the interviews, read about people's experiences if you prefer and find reliable information about specific conditions, treatment choices and support.

See our new section on

Penile Cancer

Multimedia resource

- Generic DVD or web based module
  - Select materials from *healthtalkonline*
- Balanced but positive message about participation
- Options
  - Completely generic
  - Trial specific content

MRC START

Developing the science of recruitment

IMPLEMENTATION

Implementation

- 5-6 RCTs in each arm
  - Primary care and community settings
  - Engage pre recruitment or early in process
  - Using recruitment methods amenable to START
  - Approaching 400 per arm

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Known findings

Graffy *et al. BMC Medical Research Methodology* 2010, **10**:38
http://www.biomedcentral.com/1471-2288/10/38

RESEARCH ARTICLE Open Access

Trials within trials? Researcher, funder and ethical perspectives on the practicality and acceptability of nesting trials of recruitment methods in existing primary care trials

Jonathan Graffy*[1,3], Peter Bower[2], Elaine Ward[3], Paul Wallace[3], Brendan Delaney[4], Ann-Louise Kinmonth[1], David Collier[5] and Julia Miller[6]

Known findings

Challenges for host study

- Increasing complexity and management burden
- Compatibility between the host and nested study
- Impact on trial design and validity
- Impact on relationships with collaborators (resources)

Challenges for nested study

- Host preferences and prior beliefs

Good communication and resources

Self reported views still to be tested

Jonathan Graffy*[1,3], Peter Bower[2], Elaine Ward[3], Paul Wallace[3], Brendan Delaney[4], Ann-Louise Kinmonth[1], David Collier[5] and Julia Miller[6]

Early data

- Target population was newly or early trials
  - 145 trials identified via NIHR HTA
  - 80 trials identified via PCRN
- Emailed flyer and invite to MRC START

CONSORT

225 Trials approached

- 71 responses (32%)

37 (52%) excluded to date

- 20 - Recruitment method
- 7 – Closed
- 5 - Timetable
- 3 - Size
- 2 - Other

Of 34 possible trials

- 4 - confirmed (EIS) & 1 potential
- 6 - potential (Multimedia)

Initial findings

- Reasonable level of initial interest
- Largest reason for exclusion: recruitment method
  - Primarily related to face to face recruitment methods
- Scope for other recruitment interventions

Acknowledgements

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- Co-applicants David Collier, Sandra Eldridge, Jonathan Graffy, Anne Kennedy, Peter Knapp, Chris Salisbury, David Torgerson, Shaun Treweek, Paul Wallace

Core question for next session

- What are the PRIORITIES for testing in terms of recruitment and retention?
- What is AMENABLE to testing using the nested trial methodology?