Manual of Procedures (MOP)
Section 17. Participant Retention

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17.1 OVERVIEW

Participant retention and adherence to study procedures are key components of study quality as they minimize the occurrence of missing data and enhance the validity of study results. Therefore, *a key determinant of the success of the D2d study is the ability of the sites to maximize retention of participants until study completion and avoid missing data*. Many potential problems with retention and adherence can be prevented or minimized in the following components: (1) during the study design phase, and (2) during active recruitment by selecting a study population that is likely to have high adherence. Once participants are enrolled, the focus shifts to the third component: (3) enhancing and monitoring adherence and retention.

Two major components of low retention that can be addressed by planning ahead are the following: (1) participant withdrawal from the study (going "off study") and (2) loss to follow up.

17.1.1 Monitoring of Retention

The Coordinating Center and the Recruitment and Retention subcommittee (RRS) will monitor retention rates at each site and provide reports to the Steering Committee. Comparisons will be made within site (e.g. last 6 months vs. previous 6 months) as well as across all sites. When reductions in retention are noted, the subcommittee will make recommendations to the sites for improving retention.

17.2 FACTORS IN STUDY DESIGN AND DEFINITIONS

To maximize adherence and retention, several key elements have been taken into consideration during the study design, as described in the protocol and below (e.g., the study has kept the intervention and follow-up procedures uncomplicated, exclusion criteria designed to exclude those with a higher probability of non-adherence, the informed consent process emphasizes the importance of adherence, and support and educational sessions are provided).

17.2.1 Non-retention ("off study") vs. non-adherent ("off study medication")

⇒ The D2d study emphasizes the distinction between *non-retention*, which is defined as going "off study," and *non-adherence*, which is defined as going "off study medication" or not following up with study procedures and visits.

17.2.1.1 "Off Study" vs. "Inactive"

Participants can go "off study" due to withdrawal of consent, which is defined as no longer wishing to participate in all aspects of the trial. Proper use of the term "withdrawal of consent" will be monitored during the study by the CC. Site investigators may withdraw participants if their continued participation in the D2d is not in the best interests of the study. *Unless participants go permanently "off study," they will be asked to return for all scheduled follow-up evaluations to collect outcome and safety data.*

If a participant does not return for study visits or cannot be contacted, attempts to contact the participant will continue every six months until the participant is contacted and resumes active participation or withdraws consent.

⇒ Participants who have missed 2 consecutive visits but have not gone formally "off study," will be termed *"inactive"* to reflect the possibility that they may resume adherence with study medication and may return for outcome measurements. Inactive participants will be further classified as "in contact with site" or "no contact with site."

⇒ It is important to note that participants will *not be considered "lost to follow-up" until the end of the study.* Therefore, it is expected that few participants will go "off study" during the study.

17.2.1.2 "Off study medication"

Participants, for safety reasons, personal choice or any other reason, may need to go "off study medication;" however, they will *continue with all outcomes assessment, including assessment for diabetes, as planned.*

17.3 RETENTION STRATEGIES AND TOOLS

Prior to the start of enrollment, each site will build on its experience to develop strategies to maximize participant retention and adherence. Examples of several strategies are provided below.

17.3.1 Informed Consent Process

An informed participant is much more likely to stay in the study and be adherent with procedures; therefore, it is critically important that participants have a clear understanding of what to expect during their participation in the study. Lack of clarity regarding study expectations is a common and potentially most important reason for withdrawal from participation or for being non-adherent with study procedures and visits. *Therefore, the informed consent process is a key retention strategy.* The informed consent form should provide all of the necessary information as clearly as possible avoiding jargon. The research staff members performing the consent process must know the study well and must convey study expectations to participants, including educating participants on the importance of following all study procedures and completing all assessments, even if they discontinue study pills or have initiated other interventions (e.g. diabetes pharmacotherapy).

Good communication with the participant's primary care physician is another key factor in promoting adherence with study procedures. Keeping the primary care physicians informed about the study and their patient's progress is very important.

Below are several tools that can be used to educate participants and physicians about the study.

17.3.1.1 Participant Information Brochure

At the baseline visit and every visit thereafter, site staff should give the participant the Participant Information brochure (see MOP Section 17 Appendix). The site can customize the brochure by entering the clinic contact information. The participant's next appointment will be written on the back of the brochure during each visit.

17.3.1.2 Clinical Provider Information Handout

The Clinical Provider Information pamphlet (see MOP Section 17 Appendix) may be included with the letter sent to a participant's primary care provider when a person is randomized into the study. The pamphlet provides the clinician with details on the study and, together with additional communication tools, is intended to establish a partnership with the clinician.

17.3.1.3 Letters to Primary Care Physicians

Primary care providers (PCP) can assist in promoting continued participation of enrolled participants. Therefore, educating the PCP and other clinical providers about the study at the time of participant's enrollment, and engaging the PCP during the study by providing regular updates on the study and his/her patient's status is strongly encouraged. The following template letters have been developed (see MOP Section 17 Appendix).

- Template letter to Provider for enrolled participants
- Template follow-up letter to Provider (for enrolled participants not diagnosed with diabetes)
- Template follow-up letter to Provider (for enrolled participants diagnosed with diabetes)

17.3.1.4 Newsletter to Participants

On a regular basis, the CC will develop a D2d study newsletter, which the sites can further customize by adding their logo and any other relevant site-specific information and send to participants by mail or e-mail. The newsletter will have updates on the study, a section on healthy nutrition and exercise and will also include specific tips to promote adherence to the study procedures (see MOP Section 17 Appendix).

17.3.1.5 Follow up letters to participants

Several examples of follow-up letters to participants are shown in MOP17 Appendix.

17.3.1.6 Websites

The D2d public website, www.D2dstudy.org will present general study information to the public, including progress updates. The study also will maintain Facebook and Twitter accounts.

17.3.2 Support and Education Program

The D2d Support and Education Program will invite participants to attend group meetings, held twice a year at each site, to discuss specific topics in nutrition, exercise and diabetes (e.g., healthy eating strategies for the holidays). These meetings allow the opportunity to meet other participants and serve as a way to enhance retention (see MOP Section 12). To improve attendance at these meetings, sites may want to provide reasonable incentives, e.g., snacks, small study-related gifts (e.g., coffee mug).

17.3.3 Research Environment

The environment where participants will be seen should be welcoming and comfortable. Participants should be seen on time and wait time should be minimized, especially if they are fasting. Participants should be thanked when they come for scheduled visits and efforts must be made to ensure that participants are respected and stay fully informed throughout the visit. For example, the sites should have extra large blood pressure cuffs, vital signs should not be conducted in front of others, and participants should be informed of what will happen next and of approximate wait times. Sites can provide reading materials and/or access to television or the internet so that participants can stay occupied during their OGTT visits.

17.3.4 Relationships with Study Staff

All research staff, not just the D2d research team, can influence retention. Everyone the participant interacts with should be pleasant and kind to make the participant's experience more enjoyable and increase retention.

Continuity of care is a high priority for participants. Therefore, each participant should be assigned a primary person (research coordinator, research nurse or research assistant) she can go to with questions or to report a problem. During the first visit, the participant should be provided with this person's contact information, written on the Participant Information brochure, and told how best to reach the contact person to discuss any urgent or non-urgent issues. Developing a good rapport with the participant is valuable and will encourage the participant to share concerns or problems that may impact continued participation. Regular contact with the primary person at study visits and phone calls is essential in developing rapport. Additional ideas for developing rapport include:

- Sending a birthday card or holiday card.
- Making note of significant events a participant reports and asking about it at the next visit (e.g. a vacation, birth of a grandchild, new job).

17.3.5 Reminders

Sites will use various types of reminders for upcoming clinic visits and study procedures, including mail or e-mail reminders for adherence with study pills (see MOP Section 17 Appendix). The use of pill boxes will be encouraged, but pill boxes will not be provided by the study.

17.3.6 Contact Information

At the screening visit, detailed contact information will be obtained, which should include current address, contact information and best time and place to contact participants (e.g., home, work, cell phone numbers, e-mail address), as well as contact information for people who know the participants and might be able to contact them. At the baseline and all other visits, participants should be asked to update their contact information. The participant contact information sheet (located with the sample source documents) may be used to keep track of the information.

If a participant's contact information no longer seems valid, a note should be made, but the information should not be discarded, as the contact information may become valid again at a later

time (for instance if a participant moved out of a home and back in, or used a prepaid cell phone and needed to refill the balance).

17.3.6.1 Difficult to Contact Participants

Each site is likely to have participants that are difficult to contact. In some instances, the reasons maybe clear (e.g., participant does not have a phone, works during business hours). In other instances, the reason may not be clear but it *should not be assumed* that the participant does not want to be contacted. For example,

- If a participant has an outstanding bill at the hospital, she may be wary of answering any call that comes from the hospital. Participants may also be wary of answering call that come from numbers labeled private on caller ID. If you suspect this may be the case, consider calling from a different number or contacting the participant via e-mail or certified mail.
- If the participant works odd hours, please leave a message encouraging him to return your call or e-mail you to let you know when it would be a good time to speak.
- Consider calling participants in the evening and weekends.

If the contact information on record does not seem to be valid and staff has unsuccessfully tried directory assistance, consider using web-based tools to look for the participant, as follows:

- www.anywho.com. Research staff can enter a phone number and the website will search for an address. Research staff can also enter a name and state and the website will search for people by that name.
- www.intellius.com. Research staff can enter a name and get contact information. Research staff can also enter a phone number and get an address that is associated with the phone number. This may be of use if a person moved in the same city and kept their landline phone number. The new address can be used to send a letter.
- www.peoplefinder.com.

If you suspect a person has passed away and you cannot contact one of the their contacts, you can use the internet to search the participant's local newspaper's obituaries or you can try to find information in the social security death index by going to http://search.ancestry.com/oldsearch/obit. There is a 14-day free trial.

17.5 APPENDICES

Appendix 1. Participant Information Pamphlet

Appendix 2. Clinical Provider Information Pamphlet

Appendix 3a. Letter to Provider Enrolled Participant

Appendix 3b. Letter to Provider Screening-Baseline Diabetes

Appendix 4a. Follow-up Letter to Provider (enrolled participants not diagnosed with diabetes)

Appendix 4b. Follow-up Letter to Provider (enrolled participants diagnosed with diabetes)

Appendix 5. Newsletter to Participants (sample) – NOT AVAILABLE YET

Appendix 6. Sample Follow-up and Reminder Letters to Participant