

# The role of patient treatment preferences in improving trial recruitment: evidence from the ProtecT trial

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# Patient treatment preferences

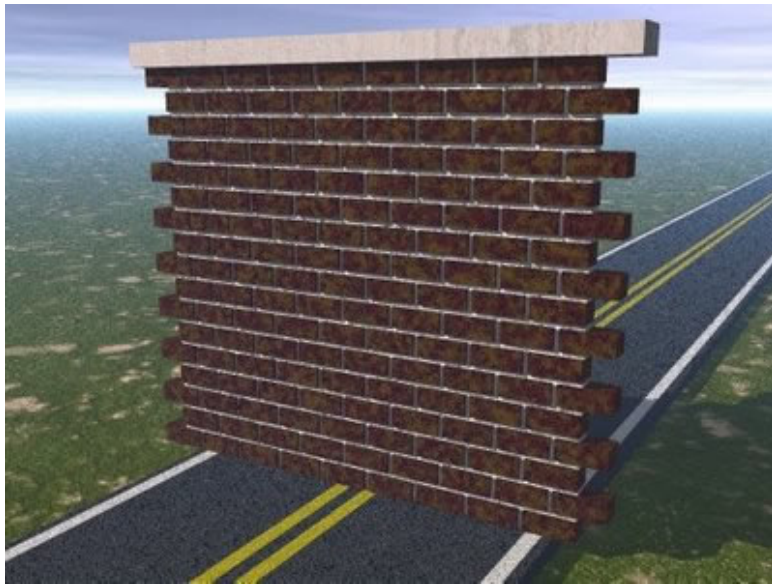
## Received wisdom:

- Preferences make it difficult to do RCTs - especially when treatments are very different
- Challenging preferences is coercive

## Literature:

- Reason for poor recruitment – barrier
- Research into them - sparse and inconclusive

# 🌟 Reconceptualise preferences from barrier to facilitator of recruitment



# ProtecT Randomised Trial

- 3 arm UK trial for localised prostate cancer:
  - Surgery, radiotherapy, active monitoring
- Perceived too difficult to recruit
- Randomised ~1500 men (63%) (1999-2008)
- Research to investigate recruitment process

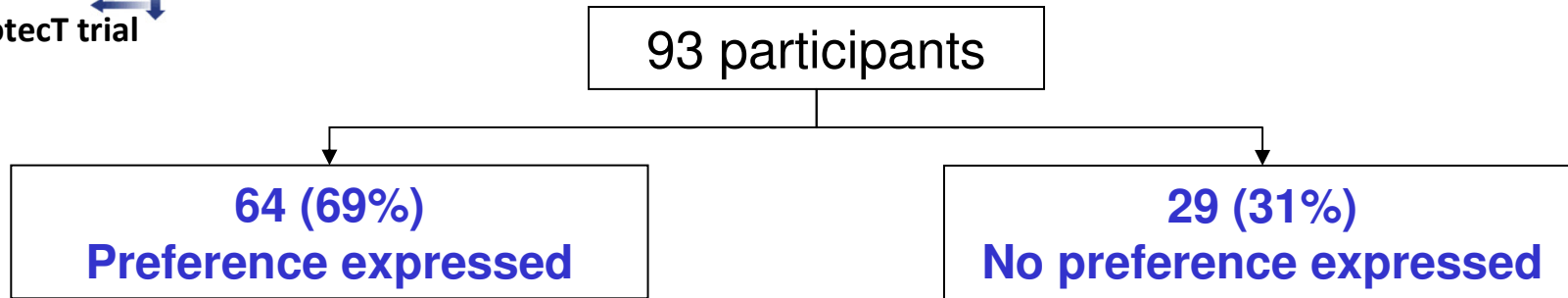
# 🌿 Treatment preferences in ProtecT

- Consecutive recruitment appts during a 3 month period across all 9 study centres selected
  - 93 appointments
- Recordings analysed - Content and thematic analysis
  - When and how preferences were expressed
  - Rationale
  - What happened to them
  - Relationship with treatment received

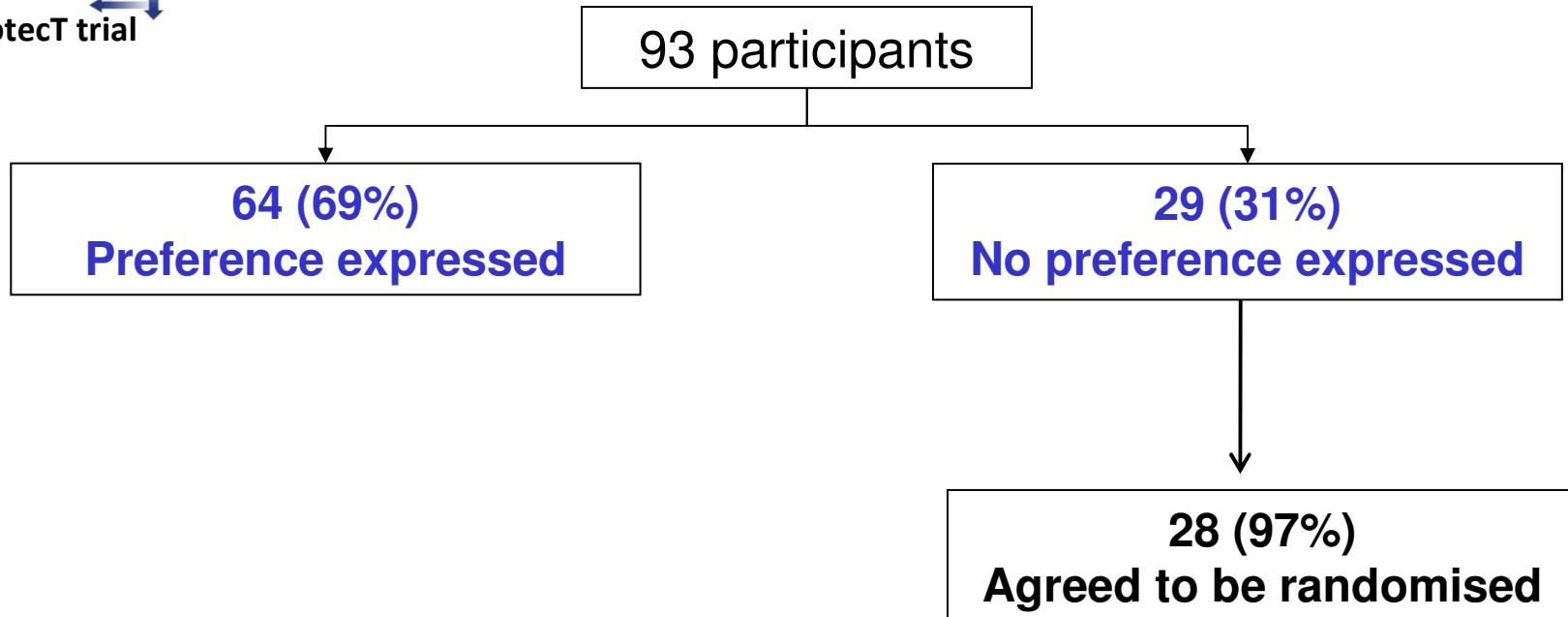
Mills N et al. *Journal of Clinical Epidemiology* 2011; 64 : 1127-36

# Preferences – early in appointment

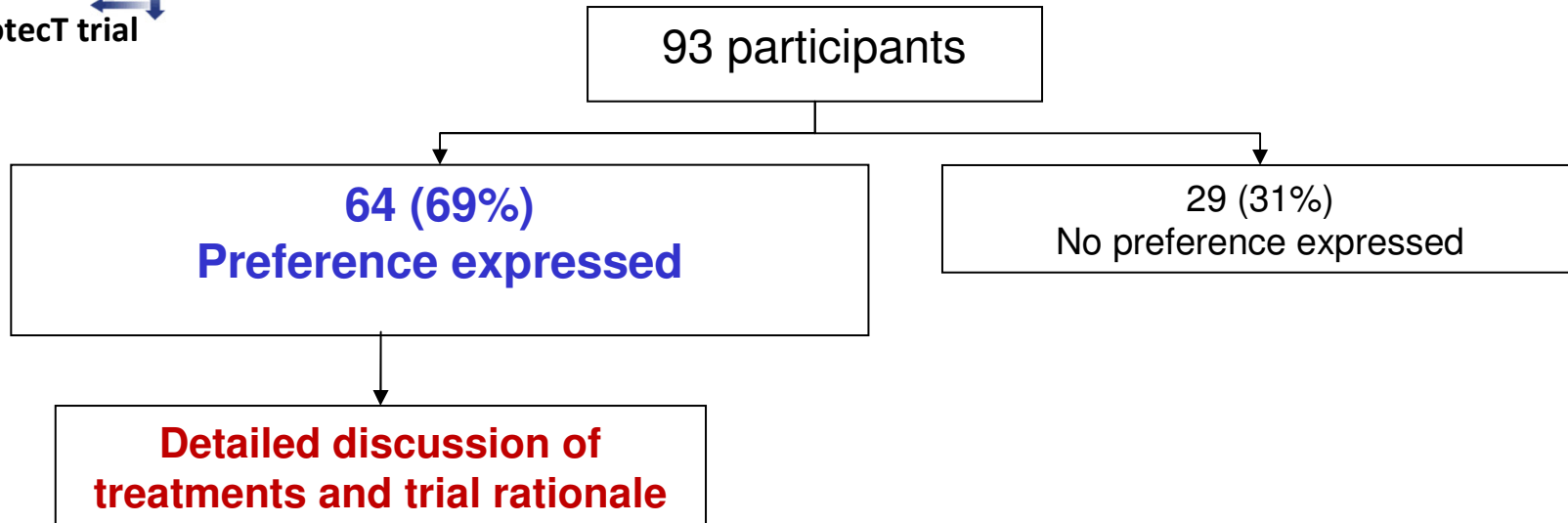
  
National Institute for  
Health Research   
ProtectT trial



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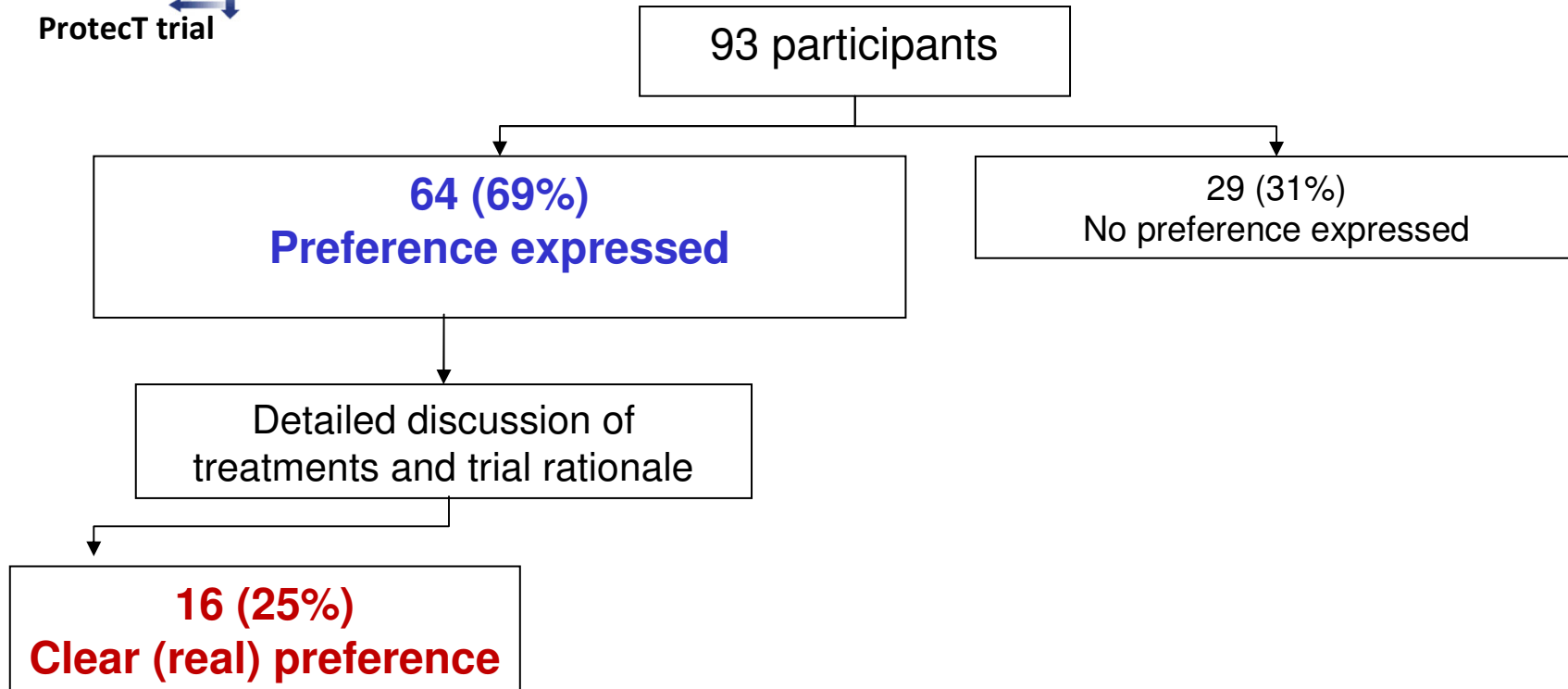


# ✦ Preferences - what happens to them?

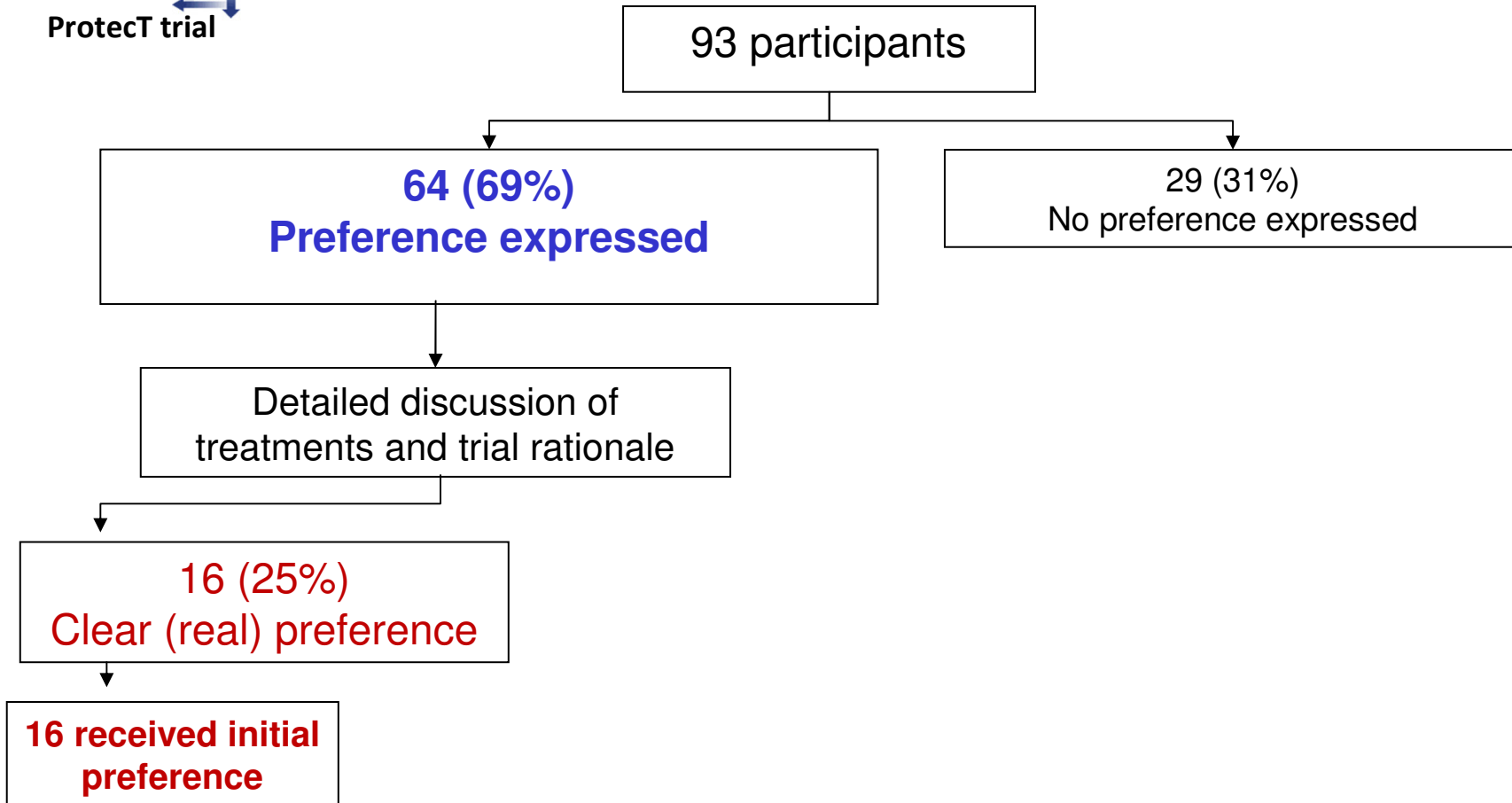




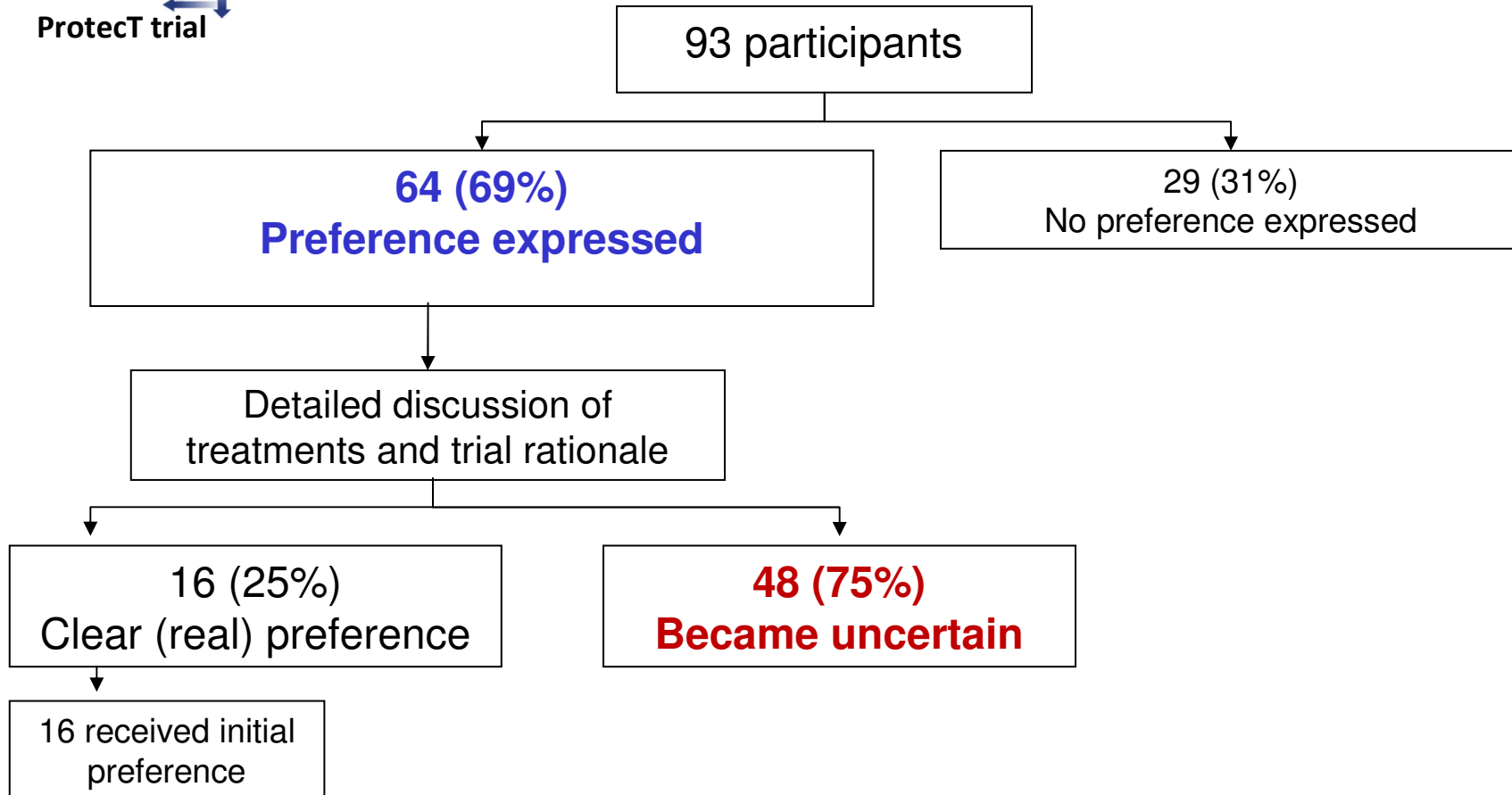
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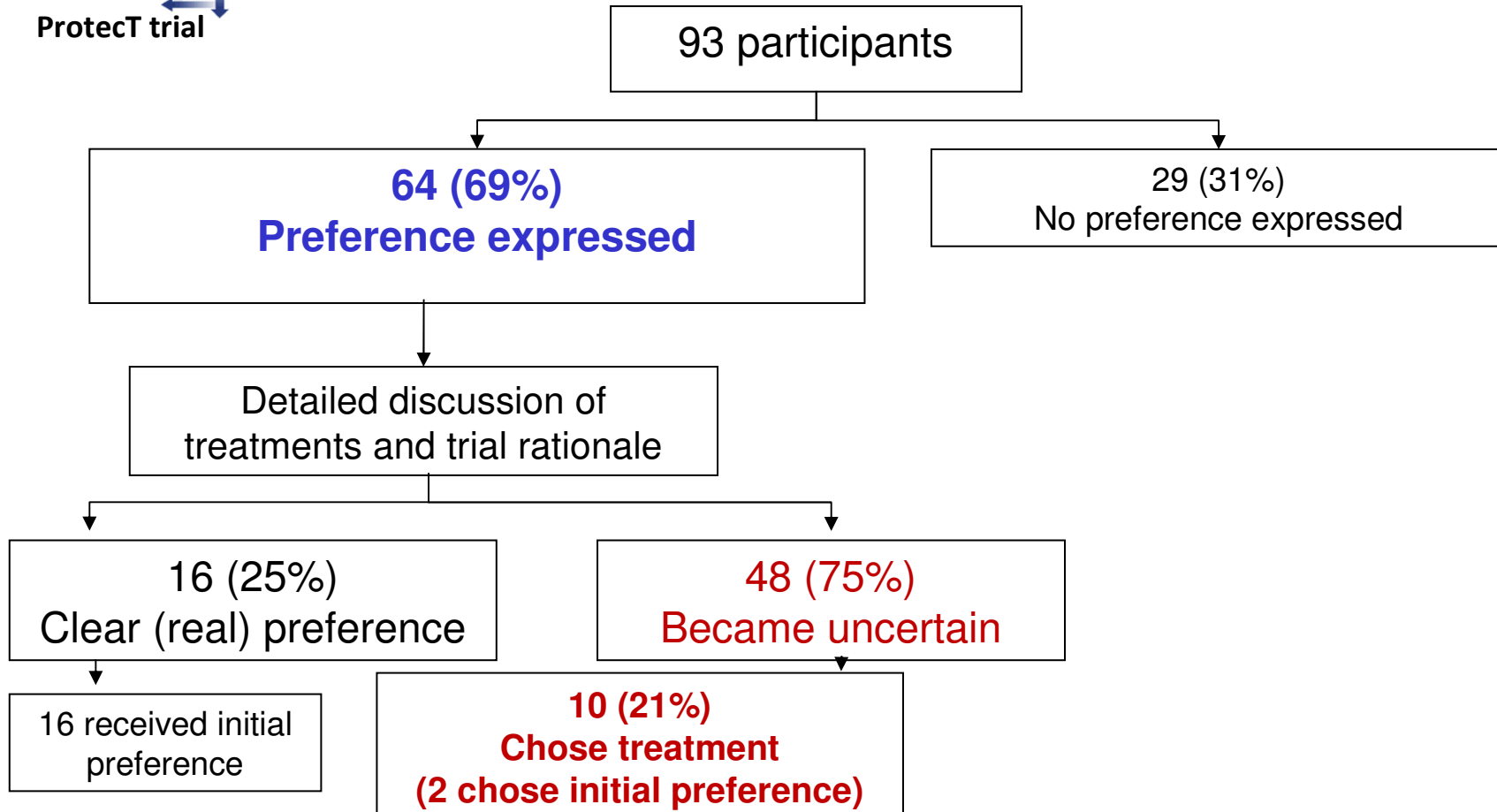
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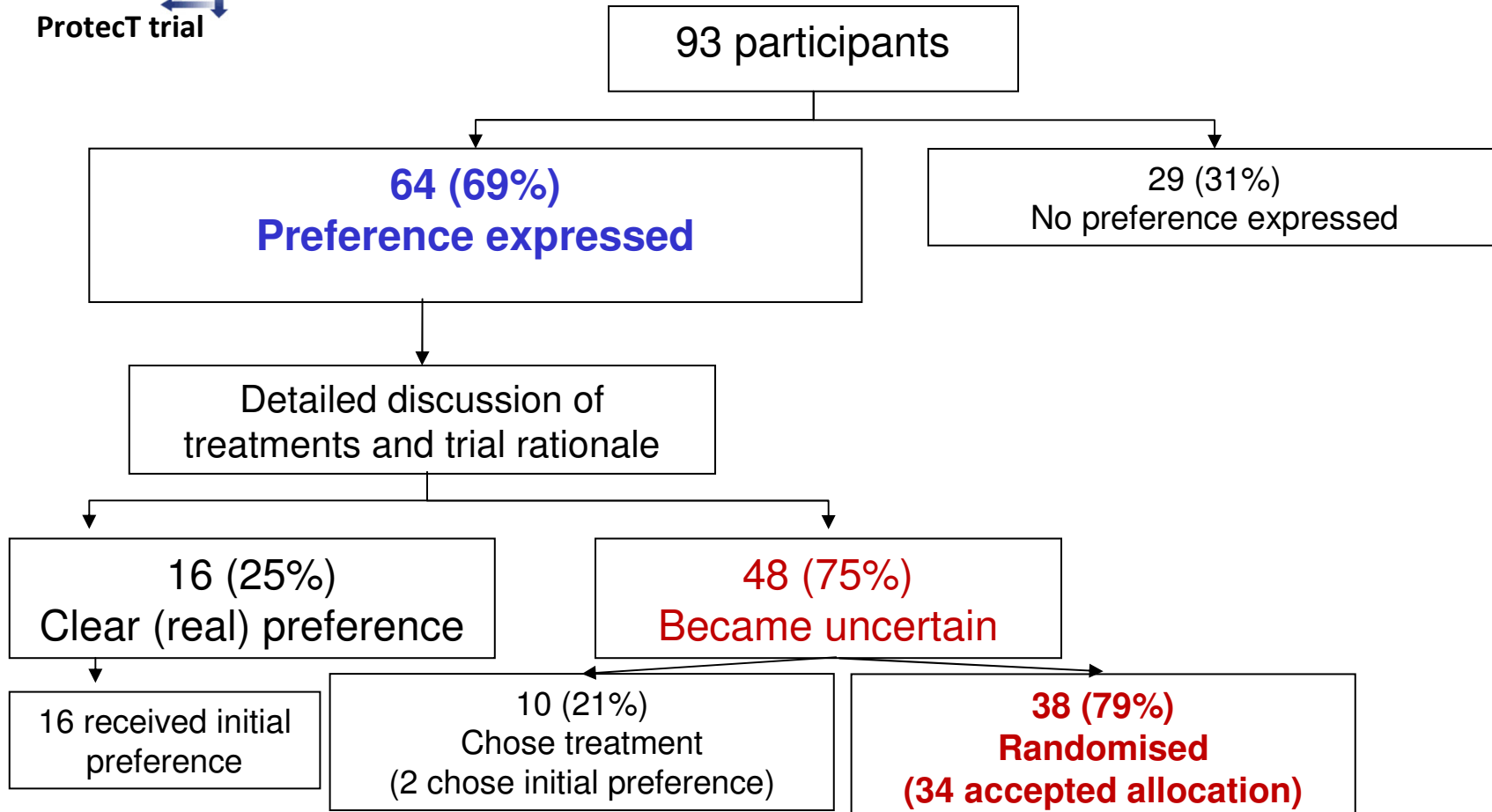
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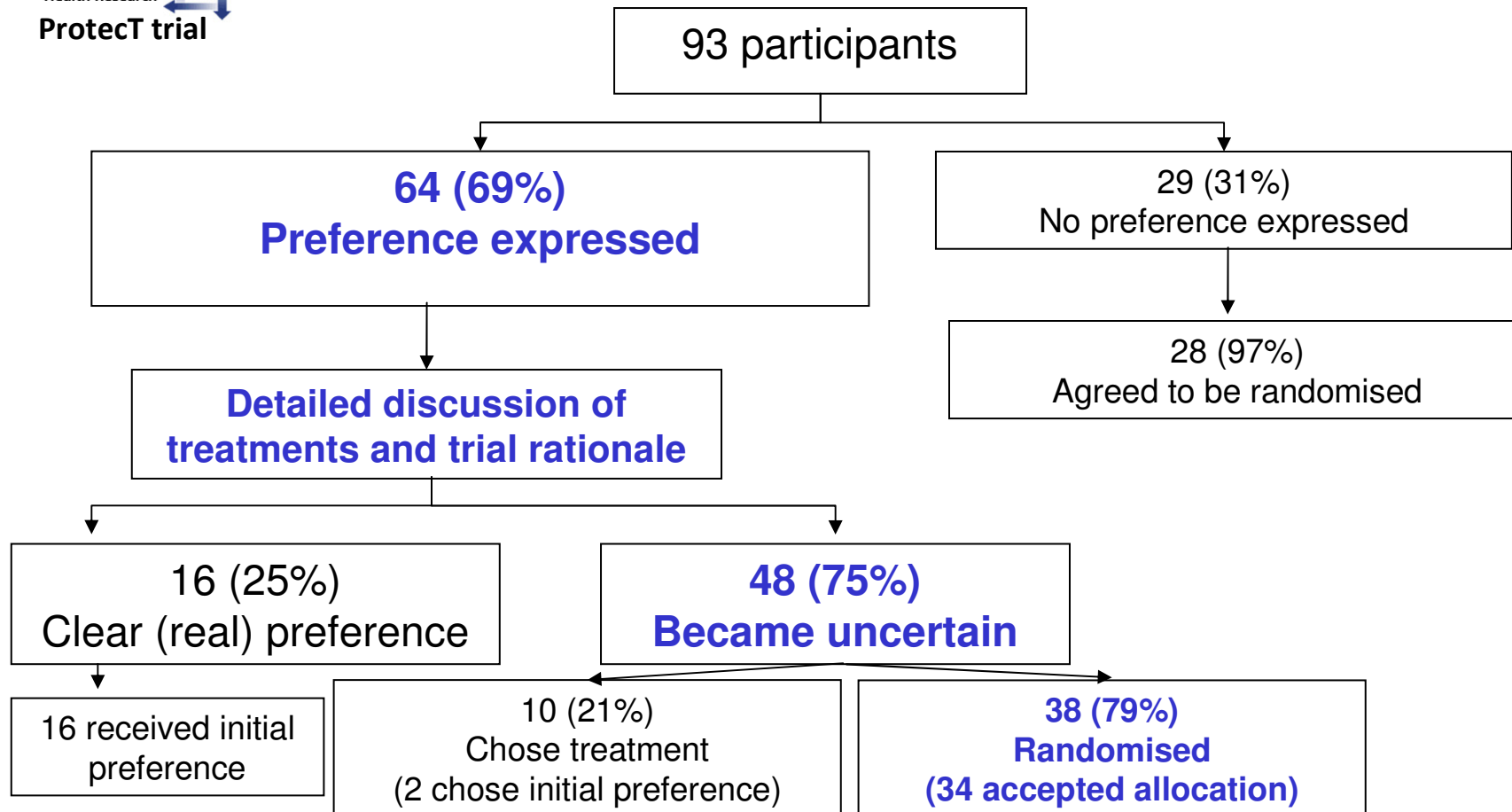


# Preferences - what happens to them?



# Preferences

24 (26%) chose treatment;  
69 (74%) were randomised



# 🌿 How recruiters explored preferences

1. Explore views on treatments early on  
“What are your thoughts on the treatments?”

# 🌿 How recruiters explored preferences

1. Explore views on treatments early on
2. Acknowledge preference



# 🌿 How recruiters explored preferences

1. Explore views on treatments early on
2. Acknowledge preference
3. Ascertain rationale

Reasons usually multi-layered & complex

# 🌿 How recruiters explored preferences

1. Explore views on treatments early on
2. Acknowledge preference
3. Ascertain rationale
4. Counterbalanced information

Position of clinical equipoise

Uncertainty of the prognosis

Putting concerns into perspective

Pros/cons of desired and less desired treatment

## Example: techniques in action

**Man (In ProtecT):** If I went in for the operation.... then you've got the recovery, then you've got this that and the other (side effects) and then I think I'm better to leave it (have active monitoring)

**Recruiter:** The guarantee with that I would say is that they would get rid of the prostate cancer ..... you get that reassurance

(Continue discussion about all treatments and trial)

**Wife:** Oh as he walked through the door he was definitely (opting for) monitoring....

**Recruiter:** How do you feel (now)?

**Man:** I don't know, when does the decision actually have to be made?

(Discussion about the trial/randomisation)

**Man:** Doesn't it say in that you could be cracking a walnut with a sledgehammer and you might be-

**Recruiter:** Could be but we don't know that you see...this is the thing we might need a sledgehammer we just don't know, that's the problem

(Continue discussion about treatments and the trial/randomisation)

**Recruiter:** And that (allocated treatment) will be right for that man (Man: Yeah) because none of us know any different.....

**Man:** That's just like opened another- it's given another argument so to speak which up until this point here...I didn't know the implications, therapies...because to be honest I just put that on the back burner.... this has been very informative....I am happy with this because now I know in the end it's going to work for me.....

**Recruiter:** So how do you feel then, what are we going to do?

**Man:** I'm, I'm happy with all three so to me it would seem a crying shame not to take part in this work today...well, well they've all got their pluses, they've all got their minuses...I haven't got a preference as such you know they're all equal. (Told allocation) To be honest I would have been ok with any.

Outcome: Randomised to AM; accepted allocation in appointment

# 🔥 Conclusions: Patient tx Preferences

- Common at recruitment
- Range on a continuum:  
Strong-vague, informed-not
- Dynamic
- Essential part of process of recruitment:  
Acknowledge, understand basis, tailor information
- Can facilitate rather than hinder recruitment

# Acknowledgements

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  - UK MRC Special Training Fellowship in HSR
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- Further information:
  - Mills N et al. Exploring treatment preferences facilitated recruitment to randomized controlled trials. JCE 2011; 64: 1127-36