

Recruitment strategies for reproductive research among young adult female survivors of childhood cancer survivors

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BACKGROUND

- Reproductive outcomes research is a priority in Oncofertility.
- Establishing representative cohorts can be challenging, particularly among young adult survivors of childhood cancer (e.g., transient population, may not return to pediatric center for follow-up care).^{1, 2, 3}
- Common methods of recruitment include hospital-based outreach, mailings, and phone calls.⁴
- Newer methods of recruitment are being evaluated like video invitation⁵ or social media outlets.^{6,7}

The purpose of this poster is to describe recruitment strategies in a mixed methods multi-site reproductive health study among young adult female survivors of childhood cancer.

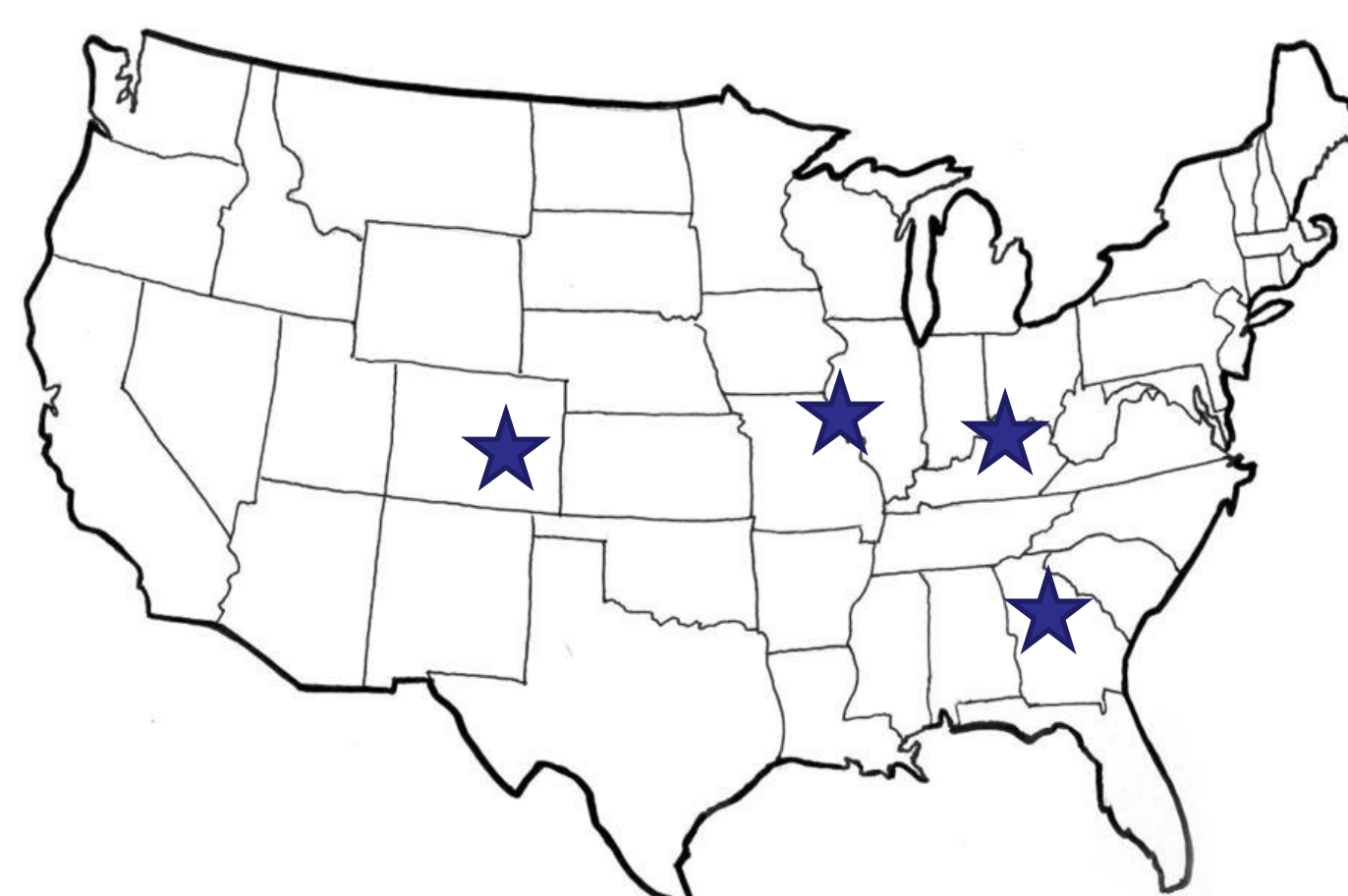
METHODS

Female survivors were recruited from 4 pediatric cancer centers in the United States.

Eligibility Criteria:

- 18-29 years
- Cancer diagnosis <21 years
- >1 year from treatment completion
- History of gonadotoxic treatment exposures

Figure 1. Participating Site Locations



Recruitment Approach:

- Sites used registries/clinical databases to develop list of eligible patients
- Lists were randomized and patients were recruited consecutively to maximize representativeness of sample (4/2022-9/2023)
- Recruitment methods included:
 - Phone call
 - Email
 - Patient portal message
 - Mailing
 - In-person
- Max 5 attempts at recruitment (using combination of methods)

Study Procedures:

- Web-based survey
- Optional qualitative interview completed via Zoom

Recruitment outcomes were tracked (enrolled, declined/passive refusal, and unable to be contacted). Enrolled participants and non-participants were compared by race/ethnicity, age, and cancer diagnosis category.

RESULTS

Figure 2. Recruitment Flow Diagram

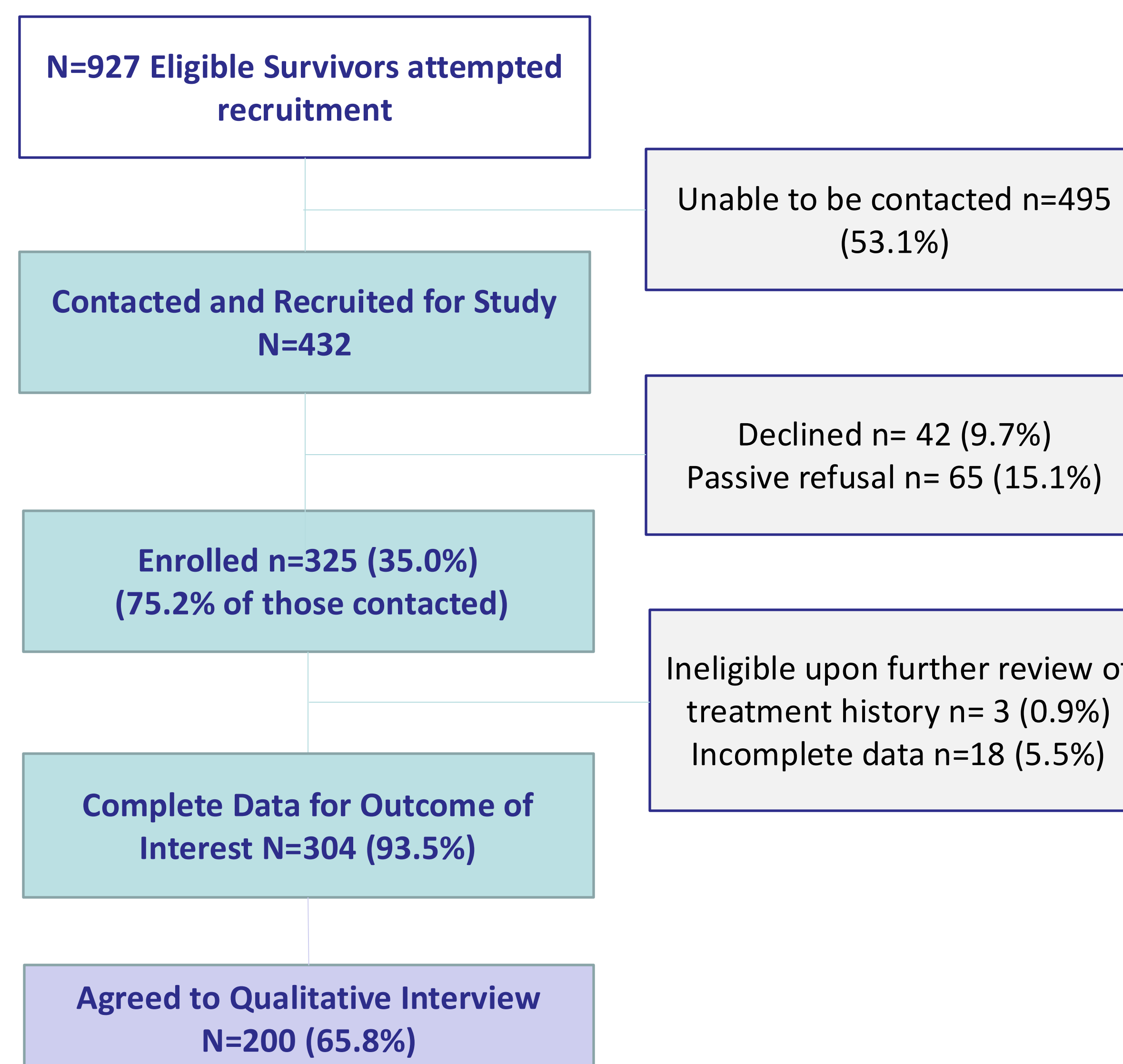


Table 1. Recruitment methods and considerations

Method	Considerations
Phone Call	High yield when able to reach survivor; many outdated phone numbers and time intensive
Email or Patient Portal Message	High yield and less time intensive; limited email addresses available. One site IRB only allowed patient portal message (no email recruitment)
Mailing	Useful when phone/email unavailable and as a last attempt approach; unable to verify if survivor received mailing
In-person	Infrequent clinical visits among this population

Table 2. Recruitment rates across sites

	Aflac Cancer & Blood Disorders Center	Cincinnati Children's	Children's Hospital Colorado	Children's Hospital - St. Louis
Recruitment Rate				
Overall	111/327 (33.9%)	121/312 (38.8%)	76/225 (33.8%)	17/63 (27.0%)
Among those contacted	111/156 (71.2%)	121/149 (81.2%)	76/110 (69.1%)	17/17 (100.0%)
Agreed to Qualitative Interview	51 (45.9%)	84 (69.4%)	55 (72.4%)	10 (58.8%)

RESULTS (Continued)

Table 3. Demographics and cancer diagnosis for participants and non-participants

	Participant N=325	Non-Participant N=602	P value
Age	23.2±3.2	23.1±3.3	.795
Race/Ethnicity			
Non-Hispanic White	225 (69.2%)	392 (65.1%)	
Black	40 (12.3%)	100 (16.6%)	
Hispanic	37 (11.4%)	73 (12.1%)	
Asian	7 (2.2%)	21 (3.4%)	
More Than One Race/Other	16 (4.9%)	16 (2.7%)	.107
Cancer Diagnosis Category			
Leukemia	88 (27.1%)	195 (32.4%)	
Lymphoma	111 (34.2%)	108 (17.9%)	
Solid Tumor	126 (38.7%)	299 (49.7%)	<.001

Considerations for Recruitment:

- Obtaining complete patient lists required different strategies across sites depending on resources available (e.g., institutional clinical databases, EMR, cancer registry).
- Streamlined recruitment language across methods simplified IRB approvals.
- Research coordinator engagement is critical for recruitment.
 - Partnering with clinical team can be beneficial for patient identification and recruitment.
- Using REDCap for recruitment tracking and data collection streamlined communication between participating and coordinating sites.

CONCLUSIONS

- Young adult survivors are willing to participate in reproductive research, as evidenced by recruitment rate >75% among those who were contacted.
- The majority of participants were willing to complete qualitative interview, suggesting high engagement in this type of research.
- Recruiting a representative sample requires a multi-tiered approach⁸, which can be time consuming and resource-intensive.
- Our sample includes an overrepresentation of survivors of lymphoma and underrepresentation of solid tumor survivors.
- Limitations included outdated contact information, loss to follow-up, and self-selection bias.
- Future research would benefit from engaging survivors in prospective cohorts to ease recruitment for long-term outcome studies and investigating utilizing newer techniques for recruitment.

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Disclosures: The authors have no conflicts of interest to disclose.

Funding: This research was supported by the National Institute Of Nursing Research of the National Institutes of Health under Award K23NR020037. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.