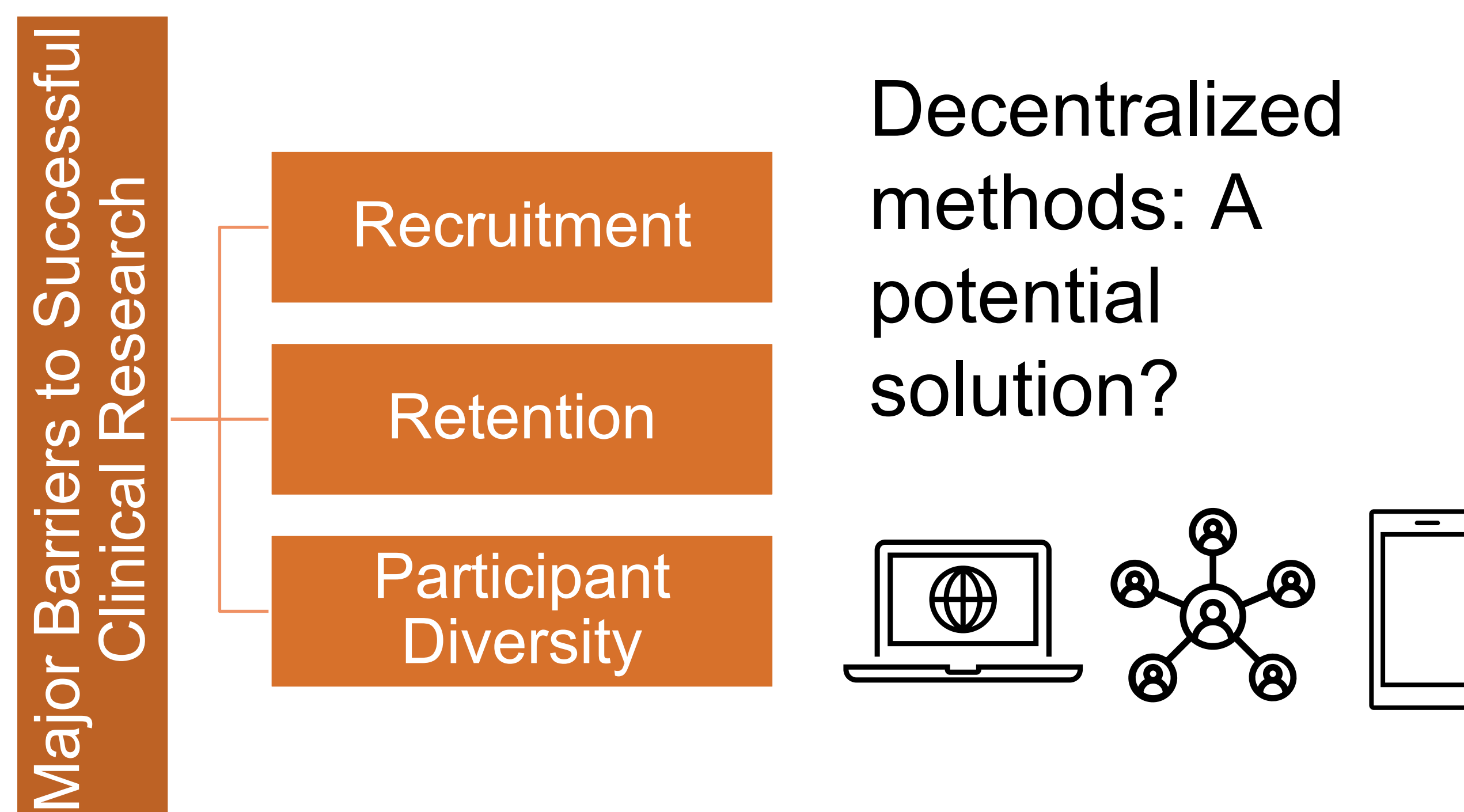


Introduction

Results



DCTs implement methods such as virtual visits, electronic consent forms, and wearable biomarkers

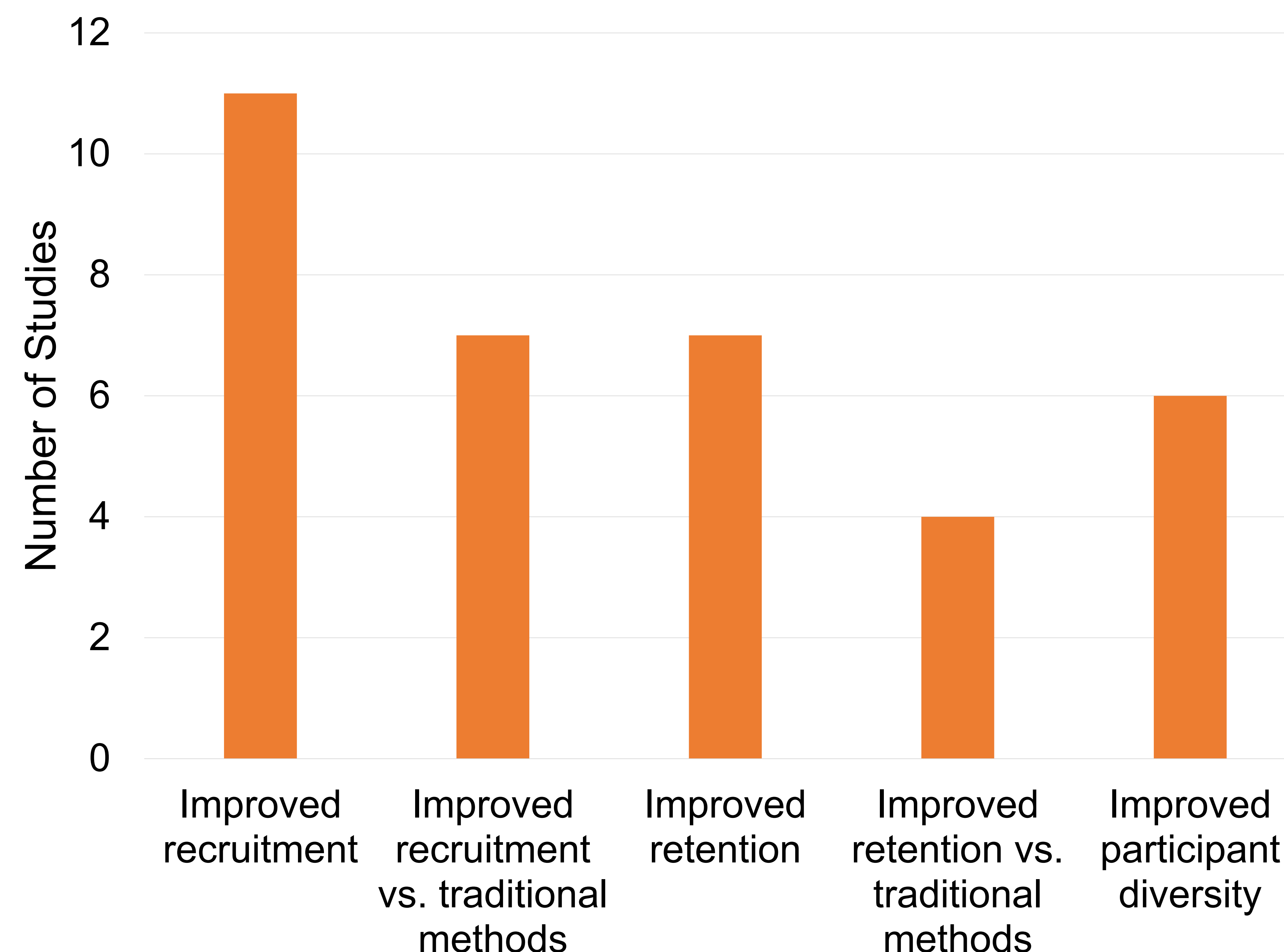
13 Identified Studies

11 reporting improved recruitment, 7 compared directly with traditional methods

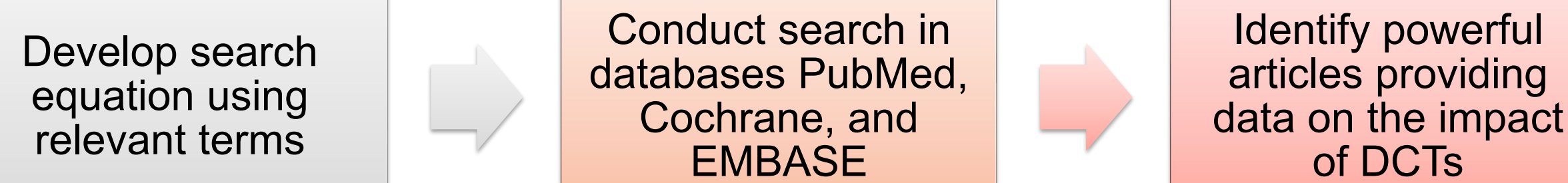
7 reporting improved participant retention, 4 compared directly with traditional methods

6 reporting diverse sample populations

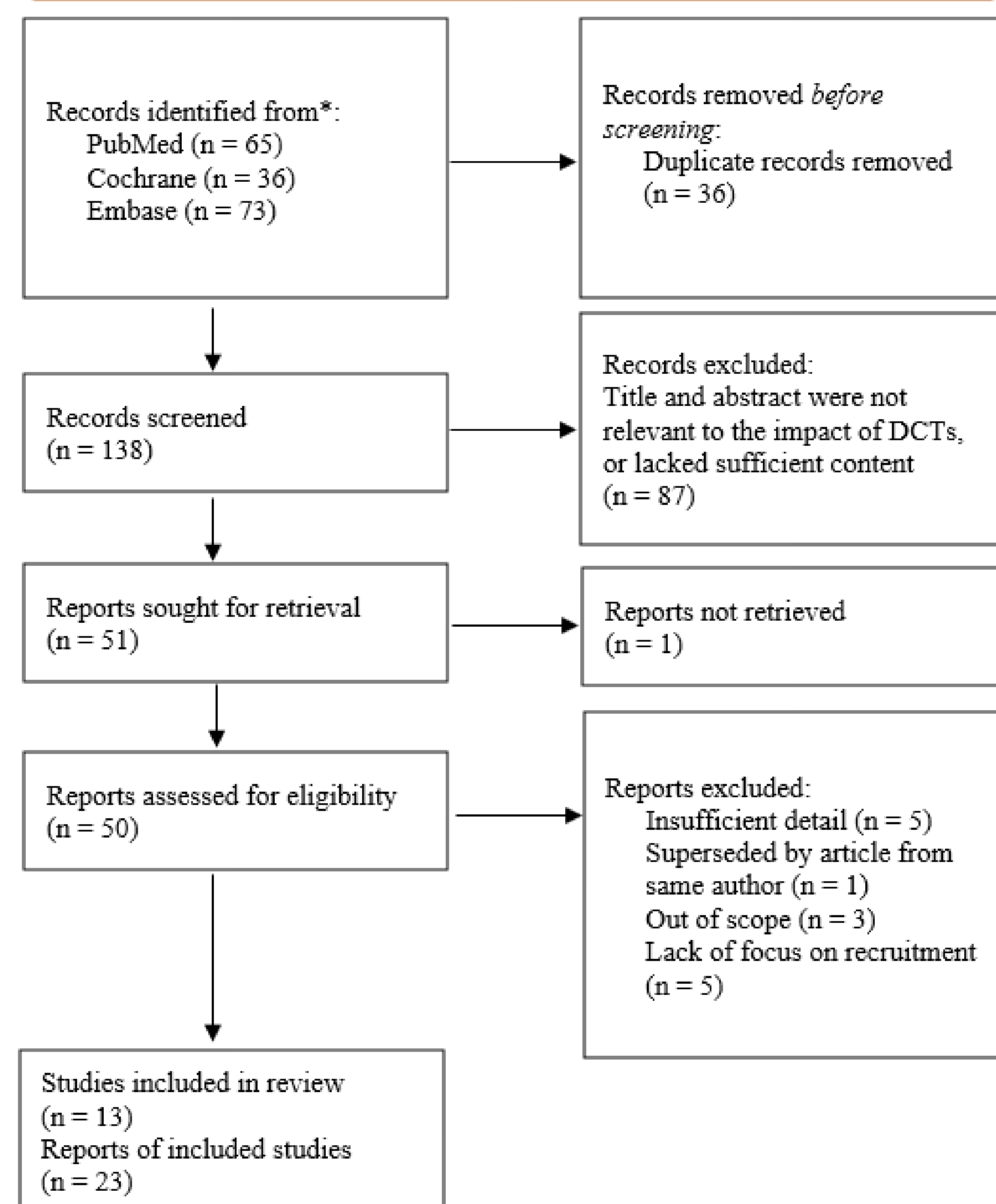
Summary of Results



Methods/Approach



Identification of studies via databases and registers



Recruitment

- Survey finds remote interventions to be associated with 60-85% increase in likelihood to enroll
- Social media recruitment dramatically improves recruitment speed
- Decentralized recruitment via teleconsultation found to be more beneficial than conventional recruitment via health clinics

Retention

- Rewards-based system in response to ePRO found to improve retention
- Study employing virtual companion application found to have 92% retention
- Retention in participants recruited with online methods may be higher due to those participants self-seeking trials

Diversity

- Virtual studies able to enroll patients from rural areas with low physician coverage
- Mobile health applications coupled with proper training able to reach older population and those with limited health literacy
- Partnering rural satellite facilities with large academic centers may help with reaching underrepresented minorities

Conclusions

Acknowledgments

Related reviews have stated a lack of published comparable data to determine if DCTs (Decentralized Clinical Trials) improved recruitment and retention. Results suggest this review addresses such a gap, by providing data on how decentralized methods can benefit recruitment, retention, and diversity, potentially highlighting a new standard for clinical trials moving forward.

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