



PeRSEVERE

Recommendations for collecting good quality data about participation changes

The table below shows a range of recommendations about how to collect good quality, useful data about participation changes in clinical trials and other studies. These have been developed collaboratively as part of a broader project looking at what data study teams tend to collect about participation changes. See more details at <https://osf.io/7adqp/files/t6szz>.

The recommendations aim to address the PeRSEVERE principle about informative data collection, which says¹:

- Data about study participation changes should be recorded in a standardised way and include enough detail to usefully inform study management, analysis and reporting.
- Data should include, when available, meaningful information about when and why the participant has reduced or stopped their participation.
- Collected data should also clearly communicate the participant's wishes, including which elements of study participation they want to stop, and which they have agreed to continue.

The underlying principle of not collecting more data than needed still applies, so study teams should consider this when designing their own data collection mechanisms – to make sure all data they will collect will be useful to the study.

The exact wording and arrangement of questions should suit the individual study, so we do not generally provide recommendations about that. However, we may share re-useable examples of good practice in future.

The recommendations should be considered as an interrelated set, with some potential for overlap across the various suggestions. The recommendations cover the following data collection aspects:

- Terminology
- Timing and urgency of data collection about participation changes
- Recording multiple participation changes
- Recording changes in capacity to consent
- Recording when participants die while taking part
- Loss of contact between participants and study teams
- Extent of participation change
- Dates
- Decision-makers leading to a participation change
- Reasons for participation changes
- Questions about primary study outcome(s)
- Participants' wishes for further contact
- Suggestions for further work

¹ <https://perseverepinciples.org/principle-m1-informative-data-collection-about-participation-changes/>

Glossary:

- **Participation changes** is a general term for any situation where participants' involvement in a study stops, reduces or changes – whether or not it was their choice, and whether or not they communicated their choice to research staff.
- The **type** of a participation change means the overall participation change scenario. Each type of participation change has its own features and its own implications for further trial activity and for data collection about the participation change. Examples of types of participation change include: a participant saying they want to stop or reduce their level of participation, participants and study teams losing contact with one another, or participants dying while taking part in a study.
- The **extent** of a participation change refers to which aspects of participation will stop and which will carry on for a given participant. For example, a participant might stop taking study treatment but carry on with all other aspects, or they might stop all active parts of a study. In the second example, the participant's involvement is changing to a greater *extent* than in the first. The type of participation change can impact on the extent of the change. For example, if a participant loses contact with a study team, this might mean some aspects of participation will necessarily need to stop.
- The **reason** for a change can include the motivations behind decisions to stop or reduce participation (e.g. the participant is finding aspects of the study too burdensome), and other factors or circumstances impacting those decisions or otherwise making continued participation impossible (e.g. the participant has moved house and can no longer attend study-specific appointments). There can sometimes be an overlap between the type of participation change and the reason. For example, if a participant dies while taking part in a study, this could also be seen as the reason for their participation changing.

Note: it is an important concept within Good Clinical Practice that participants may stop or reduce their level of participation without having to give a reason (though they may give a reason if they wish to). The recommendations in this document should not be understood to be suggesting any change to that concept. Where we refer to reasons for participation changes being provided by participants, this should always be taken to mean only where those reasons have been provided freely and voluntarily.

| Aspect | Recommendations | Explanation |
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| Terminology | <p>1: As per the PerSEVERE principle O1,* study data collection forms should use language that is ‘clear about exactly what has changed, reduced or stopped, and what has not’.</p> <p>* https://persevereprinciples.org/principle-o1-participation-can-stop-reduce-or-change/</p> | <p>This may mean expanding on, or avoiding, shorthand like ‘withdrawn’ or ‘lost to follow-up’ that has been used in the past.</p> <p>Further suggestions on terminology are available on the PerSEVERE project website: https://persevereprinciples.org/suggested-terminology-for-talking-about-participation-changes/</p> |
| Timing and urgency of data collection about participation changes | <p>2: Study teams should plan to collect data about participation changes soon after they occur, if possible. This allows them to take any required action in response.</p> | <p>An alternative approach would be to collect the ‘status’ of each participant at some later, fixed time – e.g. at the time of the planned end of follow-up – but this reduces study teams’ ability to do anything in response to participation changes (such as clarifying with study sites about exactly how a participant’s involvement needs to change).</p> <p>Collection of data about participation changes at a fixed timepoint may be appropriate if the follow-up period is very short (e.g. a number of days).</p> |
| | <p>3: Study teams should consider whether data collection forms about participation changes should be treated as ‘priority forms’ or otherwise provided within a reasonably short time. Teams should clearly communicate expected timelines for return of this data.</p> | <p>It is useful for study teams to know about participation changes in a timely manner, so that they can ensure participants’ wishes are carried out. This can prevent, for example, requests for questionnaire completion being sent to participants who have already said they want those to stop.</p> <p>Where data needs to be returned quickly, this implies study teams need to <i>use</i> the data quickly too – teams therefore need processes in place to ensure this happens.</p> |

| Aspect | Recommendations | Explanation |
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| Recording multiple participation changes | <p>4: Design study data collection systems to potentially capture more than one participation change over time for a given participant. Make clear to those who are providing data that more than one participation change per participant is possible.</p> | <p>For example, a participant might stop taking study treatment, then stop completing questionnaires, then stop attending study-specific hospital visits.</p> <p>In practical terms, the bit about making it clear could mean simply adding guidance on a data collection form that those providing data should complete additional forms if the participant changes their involvement again later.</p> <p>Study databases and study reports should be designed to allow for multiple participation changes over time, as well.</p> |
| Recording changes in capacity to consent | <p>5: Study teams should collect data on participants' changes in capacity to consent, soon after they occur. The amount of detail in the data that teams might collect depends on whether study participants might continue taking part after having lost capacity.</p> | <p>If loss of capacity means individuals will have to stop taking part in the study, then loss of capacity could just be captured as a reason for participation changes, without other details needed.</p> <p>For studies where participants may remain involved after they lose capacity, it could be important to know about changes in capacity for practical reasons (e.g. to know that those people will not be able to complete study questionnaires anymore) or to look at whether study outcomes in those who lose capacity differ from those who do not.</p> <p>It could be particularly important to consider this in studies where participants are at relatively high risk of losing capacity during their participation.</p> <p>Study teams should consider the most appropriate methods for identifying changes in participants' capacity to consent. This should involve contact with participants at appropriate intervals (depending on the study population's risk of losing capacity during the study period) but also appropriate to the legal presumption that participants retain capacity.²</p> |

² <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/mental-capacity-act/>

| Aspect | Recommendations | Explanation |
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| Recording when participants die while taking part | <p>6: Study teams should plan to collect information about the fact of participants dying while taking part in the study. The amount of additional detail will depend on the study.</p> | <p>It is important, for practical reasons, for study teams to know if a participant has died while taking part in the study, and the date of their death. An assessment of whether the participant's death had anything to do with their involvement in the study is usually also needed.</p> <p>Teams need to know about participants' deaths because there are likely to be implications for requests for data that study teams might otherwise send. There may also be implications for safety reporting, and communications (e.g. if the study team had been planning to send messages to the participant about the study).</p> <p>In some studies, it is necessary to collect information on things like the cause of death and whether the participant died of the condition being studied.</p> |
| Loss of contact between participants and study teams | <p>7: In line with guidance from the PerSEVERE project,* study teams should decide on a standard approach within their study as to when they will consider contact to have been lost between study staff and participants.</p> <p>* https://persevereprinciples.org/p/rotocol-development/</p> | <p>It would not be feasible or appropriate to have a single definition of 'loss of contact' across studies, because it depends on the participant population and the follow-up schedule, amongst other things. Instead, each study team should decide when they would consider contact to have been lost (meaning no further attempts to contact the participant might be made). This 'definition' might be that a certain number of contact attempts have been made over a certain amount of time, for example.</p> |

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| | <p>8: Study data collection forms should allow for recording that contact has been lost between participants and study staff. Loss of contact should be recorded as a <i>type</i> of participation change rather than (or as well as) a <i>reason</i> for change.</p> | <p>Loss of contact may be very unlikely in some studies, for example due to the setting, or if they involve only a short period of participation. Where loss of contact is a possibility in a given study, teams should be able to record any occurrences.</p> <p>Teams should also consider the implications of loss of contact on further data collection – for example if loss of contact means requests for questionnaire completion should stop (or stop for now).</p> <p>Teams might want to consider how data collection processes will be affected if contact between the participant and researchers is regained.</p> <p>Loss of contact is different in nature to other sorts of participation change (e.g. changes following a participant’s decision that they communicated to study staff). It therefore has its own implications and should be considered primarily a <i>type</i> of participation change, rather than a reason for a change. However, given loss of contact can be a reason for aspects of participation stopping, it could be considered a <i>type as well as</i> a reason (see Glossary, above, for an explanation of these terms).</p> |
| | <p>9: Study teams should consider collecting information about the circumstances of the loss of contact, if it would be useful to study management, monitoring or analysis.</p> | <p>Knowing something about the circumstances of the loss of contact might help study teams understand more about the chance of further follow-up. This might be based on something the participant said previously, or something the research staff noticed, or something else.</p> <p>For example, if it seems likely that a participant has left the country, the chances of further follow-up might be low. Study teams should only collect information that they need for this purpose.</p> |

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| Extent of participation change | <p>10: Study data collection forms should be able to record the extent of each participation change, i.e. which aspects of participation have stopped and which continue (if any).</p> | <p>This means including specific questions to record stopping study intervention, study-specific clinic visits, study questionnaire completion etc, rather than a single overall ‘withdrawn’ question.</p> <p>The exact questions to include will depend on the study, but there should be as many as necessary to communicate exactly how participation has changed.</p> <p>It is important that processes to find out what participants want to do are not themselves demanding and do not put pressure on participants (for example, requiring them to give a specific response regarding each aspect of participation). There are sometimes many aspects of participation that could stop or continue in a clinical study. PerSEVERE project guidance includes the idea of organising these into levels to make things less complex of participants and research staff. See more about this at https://persevereprinciples.org/protocol-development/.</p> <p>Explicitly adopting a ‘presumed ongoing consent’ approach to some low-burden aspects of participation can make things less complex too. This means those aspects would continue until a participant says they want them to stop (as long as some conditions are met). See more about this at https://persevereprinciples.org/clinical-trials-unit-policies/.</p> |
| | <p>11: Ensure that data collection forms are clear enough that participants stopping study intervention do not automatically need to stop other aspects of participation (where this is the case).</p> | <p>This could be achieved by having questions about stopping treatment on a separate form to questions about other participation changes, but there may be other ways to achieve this.</p> <p>If a study’s design means that stopping intervention <i>does</i> mean other aspects of participation stop, the data collection form should also be designed to make sure this is clear.</p> |

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| | <p>12: Study teams should consider what data to record about the extent of a participation change when the participant's wishes about exactly how they want their participation to change are not known.</p> | <p>In many studies it might be possible for different aspects of participation to stop while others carry on. Sometimes when a participant wants to stop or change their level of participation, they might only give a general message that they want to 'withdraw', and there might not be an opportunity to explore this further with them to find out exactly which parts of the study they want to stop.</p> <p>Study teams should consider how they will manage this situation on the study data collection forms. This might involve having a 'participant's wishes not known' option in questions about whether certain aspects of participation are stopping, or some other method.</p> <p>Study teams can then decide how to handle these cases in a standardised way, ensuring any assumptions about how participants want their involvement to change are well justified.</p> <p>As mentioned above, adopting a 'presumed ongoing consent' approach can help resolve this sort of uncertainty.</p> |
| Dates | <p>13: Study data collection forms should collect information to unambiguously convey from when the participation change should apply.</p> | <p>This will include dates, and sometimes times of day where those could be important. Information about how the timing of the participation change relates to the study follow-up schedule could also be relevant (e.g. if the change happened during a visit, or after it).</p> <p>There is potential for ambiguity in general terms such as 'date of withdrawal' as this could refer to the date an activity stopped or the date a wish to stop was communicated.</p> <p>Study teams might also find it useful to collect other dates, such as the date research staff found out about a participation change. All dates should nonetheless be requested using clear, unambiguous questions.</p> |

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| | <p>14: Study teams should consider what dates are most useful to collect in cases of loss of contact between study staff and participants.</p> | <p>Relevant dates could include the date of last contact from the participant, date of their last clinic visit attendance or the date they were last known to be alive. The most appropriate dates may depend on the study.</p> |
| <p>Decision-makers leading to a participation change</p> | <p>15: For all participation changes that are the direct result of someone’s decision, study data collection forms should record which type of decision-maker made the decision that led to the participation change.</p> | <p>The decision-maker might be the participant, a consultee/legal representative, or a doctor (for example if it was a doctor’s advice about stopping treatment that led to treatment stopping), or a joint decision. The exact list of possible decision-makers will depend on the study, and decisions by different types of decision-maker might be recorded on different study forms.</p> <p>Some participation changes are not directly the result of someone’s decision, for example, if a participant stops taking part because they lost capacity to consent.</p> <p>It is clearer to ask a separate question about whose decision led to the change rather than including relevant categories in questions about the reason for change. Having a separate question ensures the information is recorded for all relevant participation changes.</p> <p>It could be that, for some types of participation change (or some participation change reasons) the decision-maker is implied. In these cases, a separate question about the type of decision-maker may not be needed. However, this should be done cautiously and only where the team is certain that the implied decision-maker is unambiguous.</p> |
| <p>Reasons for participation changes</p> | <p>16: Study data collection forms should include specific questions about reasons for participation changes (while accepting that the information is not always available and participants are not obliged to explain their decisions).</p> | <p>Information about reasons for participation changes can be useful. Study forms should specifically ask for this information.</p> <p>Study forms might also reinforce the message that participants are not obliged to provide a reason – but can provide one if they are happy to.</p> |

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| | <p>17: Teams should prioritise use of category lists of reasons for changes over open questions, wherever possible.</p> | <p>Category lists make data easier to use, and reduce the risk of collecting more information than is needed. There may be a role for open questions to help explain the categorised responses, but study teams should use these sparingly.</p> <p>More work may be needed to establish more standardised category lists (see recommendation 24, below).</p> |
| | <p>18: It should be possible to collect data about the reason for each participation change where there are multiple participation changes over time.</p> | <p>Different participation changes might have happened for completely different reasons, and it might be important to know the reasons in each case. Information on the reasons might not always be available, but it should at least be possible to collect data about the reason for each participation change.</p> |
| | <p>19: Study data collection forms should allow for recording where the reason for a participation change is unknown. Teams should consider restricting this only to participation changes arising from participants' decisions (or individuals acting on the participant's behalf).</p> | <p>Where a participation change arises from a decision by someone working on the study (e.g. the participant's doctor) a reason for the decision should be available.</p> <p>Research staff collecting data should be reminded to retain a balanced approach to this issue – meaning that, while participants do not have to give a reason for their decision to stop taking part, it can be OK to ask. In other words, the presence of a 'reason not known' option on the data collection forms does not mean research staff should not consider trying to find out a reason.</p> |

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| Questions about primary study outcome(s) | <p>20: Study teams should consider collecting primary outcome data at the time of a participation change, where participants agree to this and where it is useful to the study’s objectives.</p> | <p>This only applies to participation changes where it is expected that primary outcome data collection would stop after that point.</p> <p>Information on primary outcome data at the time of a participation change may not be useful in all studies (for example, it may not be useful to have the data earlier than planned), but teams should consider whether it could be useful to them.</p> <p>It is important that participants are asked about this in a balanced way that avoids putting any pressure on them, allowing them to make an informed and freely-given decision about whether to allow it. In some cases, it might not be appropriate or feasible to ask the participant, in which case primary outcome data collection will not be possible.</p> <p>Study teams should also consider implementing processes to allow data collection after the time of a participation change – for example, specifically asking participants if they might be willing to stop all activities other than primary outcome data collection (which would still be at a later point). Participants’ wishes about this would need to be captured as part of recording the extent of their participation change, as per recommendation 10).</p> |
| Participants’ wishes for further contact | <p>21: Study teams should aim to establish participants’ wishes for further contact after the point of a participation change. These wishes should be recorded on study data collection forms (or in another accessible place) so that they are correctly honoured.</p> | <p>This includes participants’ wishes for receiving the results of the study, when they are available, as stopping or reducing their involvement does not mean they should not have access to those results (https://persevereprinciples.org/principle-o7-information-after-stopping-participation/)</p> <p>Where it is mainly or only study sites that would directly contact participants, study teams might decide it is more appropriate for this information about participants’ wishes to be retained at study sites rather than at the study coordinating centre. If so, teams should make sure sites keep this information up-to-date and accessible for when it might be needed.</p> <p>Study teams need to have processes to ensure participants’ wishes about further contact are respected.</p> |

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| Suggestions for further work | 22: Further work is needed to explore best practice in use of participant-completed forms about participation changes. | Some study teams have tried an approach of offering participants a form to complete to indicate which aspects of their involvement they want to stop. There are potential benefits and drawbacks of this approach, and some open questions about how best to do it, so further work on this would be useful. |
| | 23: Further work on standardising approaches to data collection on reasons for participation changes should address how to handle multiple applicable reasons. | It may be common for a participation change to have more than one reason. For example, a participant might decide to stop taking study treatment because they are experiencing treatment side effects and because they want to try a different treatment that they have heard about. Further work is needed on whether to try to capture all the reasons or to try to identify a 'main' reason, and how to use the data if multiple reasons are captured. |
| | 24: Further work is needed to standardise category lists used to record reasons for participation changes across studies. | <p>Currently, study teams are using many different categories in questions about reasons for participation changes. Standardisation across studies could have benefits, including the ability to properly compare data from different studies.</p> <p>It would likely be challenging to standardise detailed category lists across studies. However, it may be more feasible to standardise the overall categories of reasons being collected, with more detailed study- or research area-specific subcategories used where needed within the overall type of reason.</p> |

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| | <p>25: Further work is needed to establish the potential value of collecting information about participants' health at the time of participation changes that are expected to lead to most or all study data collection stopping (in the absence of information on the study's primary outcome).</p> | <p>Information about participants' health at the time of a participation change might be useful to statisticians when analysing studies. In particular, it could help understand whether participants with 'missing' study outcome data might be similar or different to those who provided outcome data for the study.</p> <p>Collecting this information may only be needed for participation changes that are likely to lead to missing study outcome data. It may also be less useful in studies where the primary outcome or objective does not directly relate to health. Information should only be collected if it would help the study reach a more reliable result. Study teams should decide whether it would be useful for their specific study to collect this information on participants' health.</p> <p>There is not yet a standardised understanding of exactly what would be useful to know (for example, participants' health now, or their doctor's prognosis, or something else?) or how to ask this question. Further work on this would therefore be useful.</p> <p>Further work would need to address the feasibility and usefulness of collecting this sort of data, and how to do it in a sensitive way that does not put pressure on participants or imply they need to provide the information before they can stop taking part.</p> |