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LETTER TO THE EDITOR

# Challenges of accrual in supportive care trials in pediatric oncology

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To the Editor:

We read with interest the article by Schoot et al. [1] regarding the challenge of accrual in supportive care trials in pediatric oncology. The authors outlined three main factors that influence accrual in these types of studies. Firstly, study and patient enrollment can be improved by having a dedicated clinician and research nurse at the center; secondly adequate and tailor-made information available for participants to make a well informed decision; and thirdly sufficient time available for participants to make their decision about participation.

We just completed a pilot study collecting quality of life and pain data as well as a medication diary for 7 days following lumbar puncture procedure in children. In finishing this pilot study, we encountered a very poor completion rate. Parents were approached on the day their child was to have a lumbar puncture and asked to participate in the study. The study then involved the parents and child completing a quality of life assessment on the day of enrollment and 7 days post-enrollment, a pain assessment daily for 7 days, and a medication diary for 7 days. All of these assessments were completed at home and mailed back or brought back at their next appointment.

Eleven families were approached and asked to participate in this study. One family declined to participate as they felt too overwhelmed, but ten families consented to participate and were given all the forms to complete after the procedure. Thus, accrual to this study was good. The families were also given a postage paid envelope to mail back the completed forms. The ten participants returned only five sets of forms. Thus, the problem we encountered was poor form completion. That being said, those that were returned were completely filled in, with no missing documentation. As well, a comment from one of the participating parents was that by asking questions about pain and quality of life, this study opened communication from the child about fears they had but had not previously expressed.

We feel that of the three factors outlined by Schoot et al. [1], two of the three were followed. Participants were given detailed information to make a decision about participation and there was a great deal of time available for participants to make their decision about participation. The participants were approached 2–3 h prior to their procedure, and between the time of being approached, and decision to participate; they were sitting in the clinic waiting for their procedure with no other interruptions of their time. They were given a detailed consent form as well as the opportunity to ask any questions they may have about the study. The main reason we can identify for the poor completion rate was the lack of a dedicated research nurse. There were no follow-up phone calls or electronic reminders to complete the study or to return the forms at their next visit, which has been shown in a recent review to improve recruitment to randomized controlled trials [2]. In our study, this would likely have improved the completion rate and will be utilized with our follow up study.

Overall, Schoot et al. [1] provide an excellent overview of the challenges of accrual in supportive care trials in pediatric oncology and their article gives excellent guidelines to overcome these challenges in future studies.

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## References

1. Schoot RA, van Ommen CH, Caron HN, Tissing WJE, van de Wetering MD (2012) Accrual in supportive care trials in pediatric oncology, a challenge! Support Care Cancer 20:3149–3153
2. Treweek S, Lockhart P, Pitkethly M, Cook JA, Kjeldstrom M, Johansen M, Taskila TK, Sullivan FM, Wilson S, Jackson C, Jones R, Mitchell ED (2013) Methods to improve recruitment to randomized controlled trials: Cochrane systematic review and meta-analysis. BMJ Open 3:e002360