

CTN WEB SEMINAR SERIES: A FORUM TO EXCHANGE RESEARCH KNOWLEDGE



TOPIC: RETENTION STRATEGIES IN THE CTN

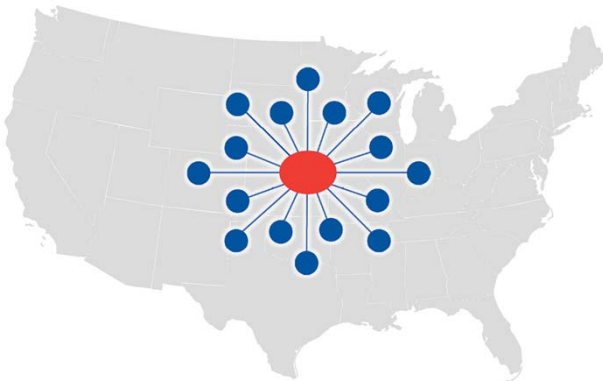
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This training has been funded in whole or in part with federal funds from the National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN271201500065C.

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The National Drug Abuse Treatment Clinical Trials Network (CTN)



- Provides infrastructure for rapid, multi-site trials
- Links a variety of treatment providers and patient populations throughout U.S.
- The CTN framework consists of:
 - 13 Nodes
 - Clinical Coordinating Center
 - Data and Statistics Center
 - Center for CTN

<https://www.drugabuse.gov/about-nida/organization/cctn/ctn/network-organization>

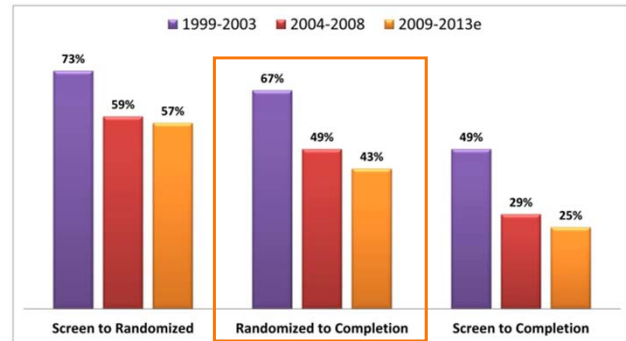


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Retention in Randomized Controlled Trials (RCTs)

- Retention in RCTs remains challenging, despite its importance
 - From 2009-2013, about 43% of participants progressed from randomized to completion in phase II-IV clinical trials

Aggregate Patient Recruitment Success Rates



Source: Tufts CSDD; N=3,534 phase II-IV protocols

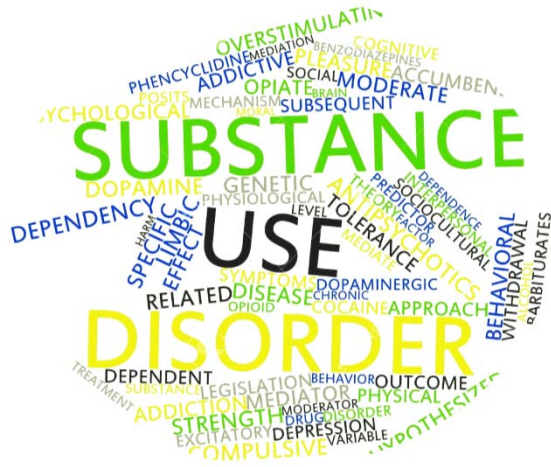
The Cost of Poor Retention

- Longer duration of trial implementation
 - Increased cost and expenditure of resources
- Data integrity issues
 - Lower statistical power, potentially threatening validity of results

2019
2020
2021
2022



Retention in the CTN



- Maybe more pronounced in NDAT CTN trials, as participants have previous or current substance use disorder (SUD)
- Wakim *et. al.* (2011) examined CTN trials between 2001-2010 and found:
 - Relationship between assessment burden/length of trial and participant retention is neither as direct nor strong as anticipated

(Wakim, *et. al.*, 2011)

