Serial Reschedulers: The Relationship Between Repeated Reschedule Attempts, Attendance, and Screening for MDD Trial Participants

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Methodological Issue Being Addressed This study examines whether "serial rescheduling" (repeated visit reschedules) for major depressive disorder (MDD) trial prescreening visits is associated with eventual attendance or indicators of participant quality. The following research questions were addressed: 1) Is there a benefit to making repeated rescheduling attempts for MDD trial participants who no-show or cancel their prescreening visits? 2) Does the number of rescheduled visits impact the likelihood of a participant ultimately attending a prescreening visit? 3) Is the number of visit attempts associated with study eligibility or screening?

Introduction A challenge in recruitment for MDD trials is the high no-show rate for screening visits. The symptoms of depression (e.g., low motivation, anxiety, fatigue) can make it particularly difficult for individuals with MDD to attend their appointments. Some participants no-show or reschedule their prescreening visits numerous times and it is unclear how much effort should be put into rescheduling these visits. This study examines the impact of repeated rescheduling attempts on prescreening visit attendance, as well as the relationship between the number of rescheduled visits and indicators of participant quality.

Methods Our sample includes prospective MDD trial participants recruited by social media advertising. After submitting contact information online, a recruiter called potential participants for a phone screening interview. Potentially eligible subjects were then scheduled for an in-person prescreening visit with a clinician to assess their eligibility for a trial. Participants who no-showed, cancelled, or requested to reschedule their visit were contacted by phone call and/or text message to attempt to reschedule their visit. Analyses focused on examining the relationship between number of rescheduled visits, visit attendance, study eligibility, and study screening.

Results From December 2022 to May 2023, 3,312 prospective MDD trial participants were scheduled for an initial prescreening visit (scheduled visit #1). Of those, 2,224 (67%) did not attend. Recontacting attempts resulted in 752 being rescheduled (scheduled visit #2), of which 495 (65%) did not attend. 211 of those were rescheduled (scheduled visit #3), of which 149 (71%) did not attend. Further recontacting resulted in 133 additional rescheduled visits, of which 19 (13%) ultimately attended. Number of rescheduled visits was a significant predictor of attendance, with the likelihood of attending decreasing with each subsequent visit scheduled (β=-.149, $p<.001$). For subjects who did ultimately attend a prescreening visit, the number of previous visit attempts was

not a significant predictor of study eligibility. However, number of previous visit attempts was a significant predictor of trial screening, with subjects who had more previous visit attempts being less likely to ultimately screen for a trial (β=-.058, p=.028). 10% of subjects who attended their first scheduled visit went on to screen for a trial, compared to 8% who attended on their second scheduled visit, 5% who attended on their third scheduled visit, and 0% who attended on their fourth or greater.

Conclusion The results suggest that while rescheduling attempts following a first or second unattended prescreening visit are worthwhile, there may be little to no benefit to further rescheduling attempts after three missed visits, as attendance rates drop significantly after the third attempt. Furthermore, although repeated rescheduling does not appear to be associated with a participant's likelihood of being eligible for a study, the likelihood of ultimately screening for a study decreases with each rescheduled visit, particularly after the third visit attempt. Future work should focus on strategies to increase show rates for earlier visit attempts.

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Guidelines I have read and understand the Poster Guidelines

Disclosures The authors report no conflicts of interest for this work; all are current employees of Adams Clinical, an independent CNS research site that conducts self-sponsored and industry-sponsored pharmaceutical trials.

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