

Efficacy of a Local Registry for Clinical Trial Recruitment and Engagement: The Behavioral & Biomedical Research In General Health & Thinking Study (BeBRIGHT)



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A locally implemented hybrid registry with personalized engagement, rapid disclosure, and human touchpoints successfully identified clinical trial candidates, suggesting that these features may substantially improve clinical trial recruitment compared with passive online registries.

INTRODUCTION

DESIGN

RESULTS

CONCLUSIONS

Challenges in Clinical Trial Recruitment

Recruitment remains one of the greatest barriers to successful clinical research in aging and dementia. Despite widespread implementation of national online registries, many individuals who express interest in research never progress to active study participation.

- Common barriers include:**
- Limited personal interaction following registration
 - Lack of participant feedback regarding cognitive health
 - Poor ongoing engagement after initial sign-up
 - Difficulty matching participants to appropriate studies
 - Insufficient local follow-up by research teams.

To address these challenges, we developed the **Behavioral & Biomedical Research In General Health & Thinking (BeBRIGHT)** registry, a locally administered hybrid engagement platform designed to combine online enrollment with personalized participant contact and rapid research opportunities.

Objective:

To evaluate the effectiveness of a locally implemented hybrid registry for identifying and engaging participants for ongoing Alzheimer's disease and aging-related clinical research.

Study Design

BeBRIGHT is a semiautomated, locally managed research registry designed to facilitate longitudinal participant engagement and clinical trial recruitment.

- Eligibility**
- ✓ Participants included:
 - ✓ Adults ≥50 years of age
 - ✓ Caregivers of adults with cognitive concerns
 - ✓ Community volunteers interested in aging research

Enrollment Process

Step 1: Online Registration

Participants completed:

- Demographic information
- Health questionnaires
- Initial research interest survey (using a REDCap-based online platform)

Step 2: Personalized Telephone Assessment

Within days of enrollment, trained personnel completed a 30–45 mins telephone interview collecting:

- Medical history
- Medication use
- Subjective cognitive concerns
- Depression screening
- Lifestyle activity assessment
- Brief cognitive testing

Cognitive Measures

Validated components derived from:

- * Montreal Cognitive Assessment (MoCA)
- * Geriatric Depression Scale (GDS)
- * SF-36

Outcomes

Primary outcomes:

- Identification of potentially eligible clinical trial participants
- Successful transition into active recruitment pipelines

Secondary outcomes:

- Detection of possible cognitive impairment
- Participant engagement and retention

Immediate and sustained disclosure, education, and research invitations are provided.

Table 1. Participant Characteristics of BeBRIGHT Registry Enrollees

Characteristic	Value- n (%)
Total participants enrolled	423 (100%)
Age, years, mean ± SD	69.7 ± 8.96
Edu years, mean ± SD	16.84 ± 2.95
Male sex	34 (29.0%)
Non-White Race/ethnicity	372 (12.1%)
Self-reported known cognitive diagnosis	21 (5%)
Possible MCI/ADRD identified by BeBRIGHT	83 (19.6%)
QDRS* Score, mean ± SD	0.64 ± 1.32

*QDRS: Quick Dementia Rating System

Figure 1. BeBRIGHT Workflow

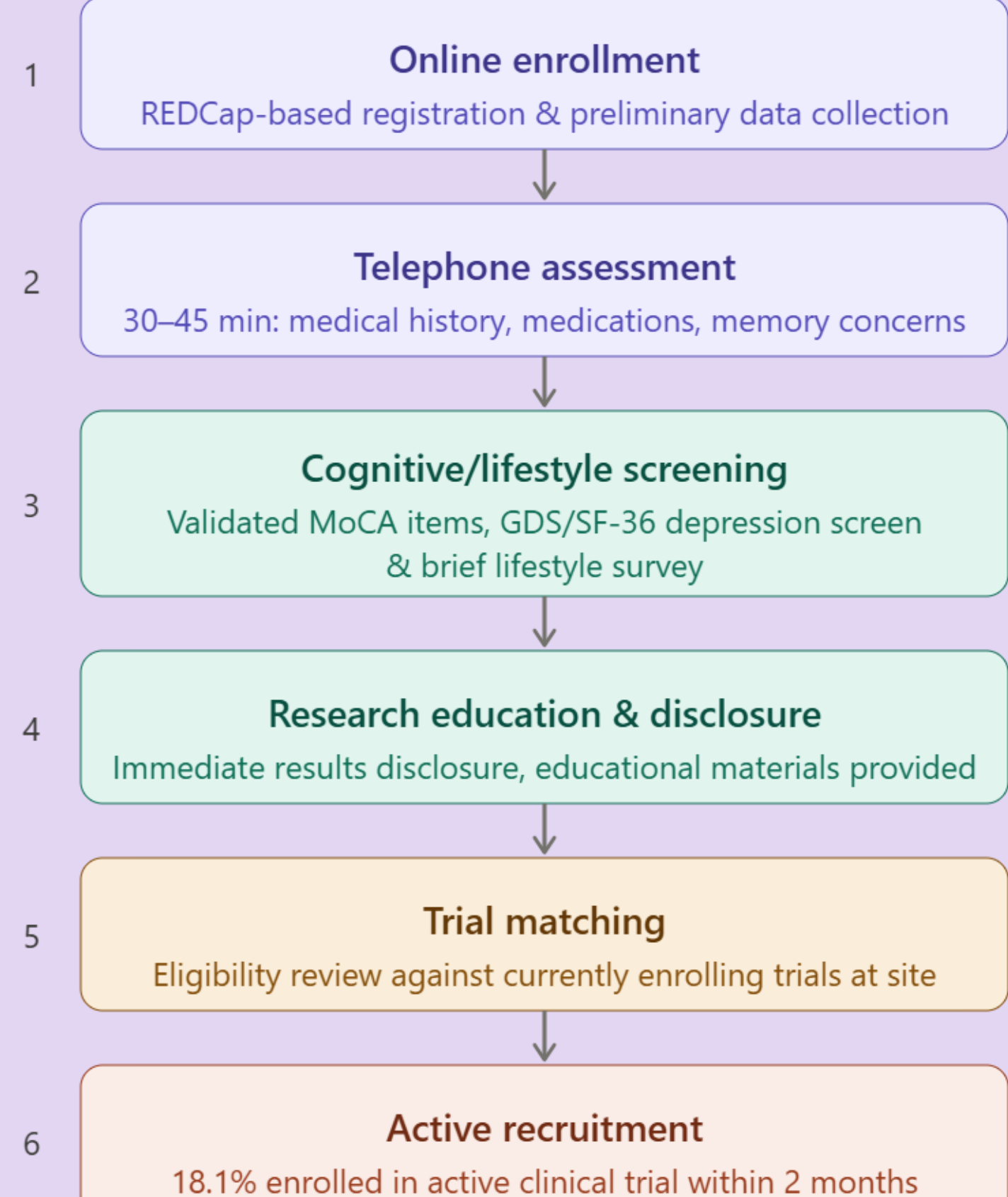
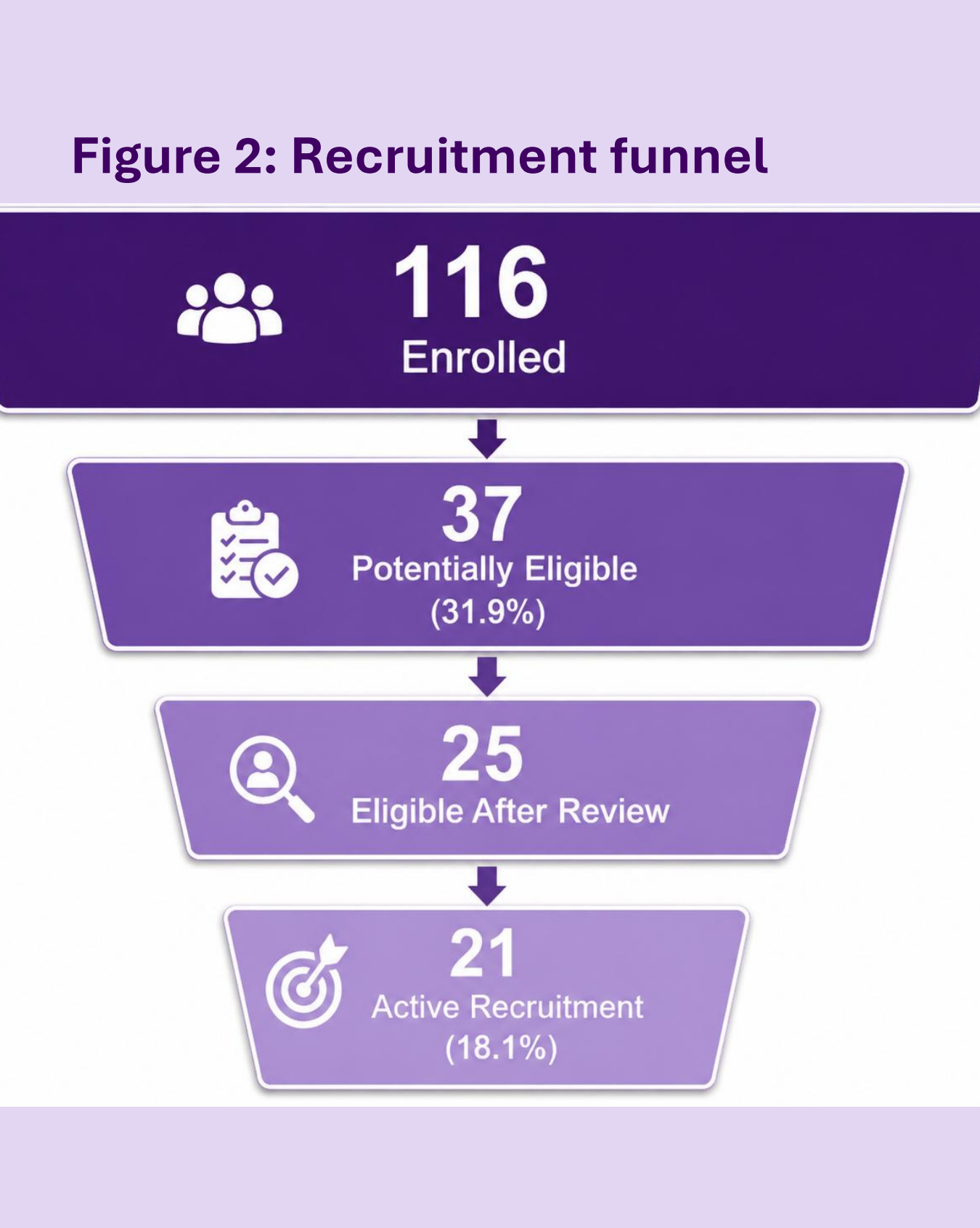


Table 2. Clinical Trial Recruitment Outcomes Through BeBRIGHT

Recruitment Outcome	n (%)
Participants enrolled in BeBRIGHT	116 (100%)
Potentially eligible for active trials	37 (31.9%)
Ineligible after further review	12 (10.3%)
Declined engagement beyond BeBRIGHT	4 (3.4%)
Participants in active recruitment	21 (18.1%)
Potentially eligible referrals from national registries during same period	0

Figure 2: Recruitment funnel



- ✓ A locally managed hybrid registry successfully identified participants suitable for ongoing clinical research.
- ✓ Nearly one-third of registrants appeared eligible for active studies.
- ✓ More than 18% of all enrolled participants entered active recruitment within two months.
- ✓ Personalized engagement and rapid feedback may overcome limitations of traditional national registry models.
- ✓ Local registries incorporating human interaction may represent a scalable strategy for improving clinical trial recruitment in aging and dementia research.

Future Directions

- Expand BeBRIGHT enrollment throughout Kentucky.
- Evaluate long-term participant retention.
- Measure conversion from recruitment to enrollment.
- Compare costs and efficiency against national registries.
- Incorporate biomarker and digital cognitive assessments.

Info

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