

A Centrally Supported Ride-Share Service Implemented in a Multisite Preclinical Alzheimer's Clinical Trial

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BACKGROUND

- Transportation barriers such as distance to trial sites, cost and reliable options reduce access, delay recruitment and increase dropout in Alzheimer's disease (AD) studies¹.
- Direct, pre-arranged and centrally-supported transportation services may streamline options across sites, increasing participant access to preclinical AD trials.
- The Alzheimer's Clinical Trials Consortium (ACTC) Recruitment, Engagement, and Retention (RER) Unit implemented a centrally-supported, site-coordinated, on-demand rideshare transportation option to support recruitment and retention for AHEAD 3-45, a large multisite preclinical AD trial for adults ages 55-80².

OBJECTIVE

Goal: To preliminarily evaluate over a 12-month time period, the utilization, cost, and regional variation of a centrally-supported rideshare program across a multisite preclinical AD trial.

RESULTS

Utilization

- 36 of 71 AHEAD 3-45 US sites (51%) utilized
 - 5 Midwest; 6 Northeast; 10 West; 15 South
- 4,727 rides scheduled; 98% completed
- 364 monthly study-averaged rides/month

Trends Over Time (Figures 1 and 2)

- Utilization and cost increased over time
- Highest use toward the end of enrollment

Cost

- Total: US 236,481.00
- Monthly average: US 18,190

Regional Variation (Figures 3 and 4)

- Highest use: West region
- Highest cost: Northeast region
- Lowest use and cost: Midwest region

METHODS

- **Design:** Analysis of rideshare use in AHEAD3-45 during October 2023 - October 2024, corresponding with the final year of study enrollment.
- **Data:** Monthly ride volume and cost from centralized invoices.
- **Analysis:** Trends over time and by United States census regions (Midwest, Northeast, South, and West), reported as absolute use and cost.

INTERPRETATION & CONCLUSION

Interpretation

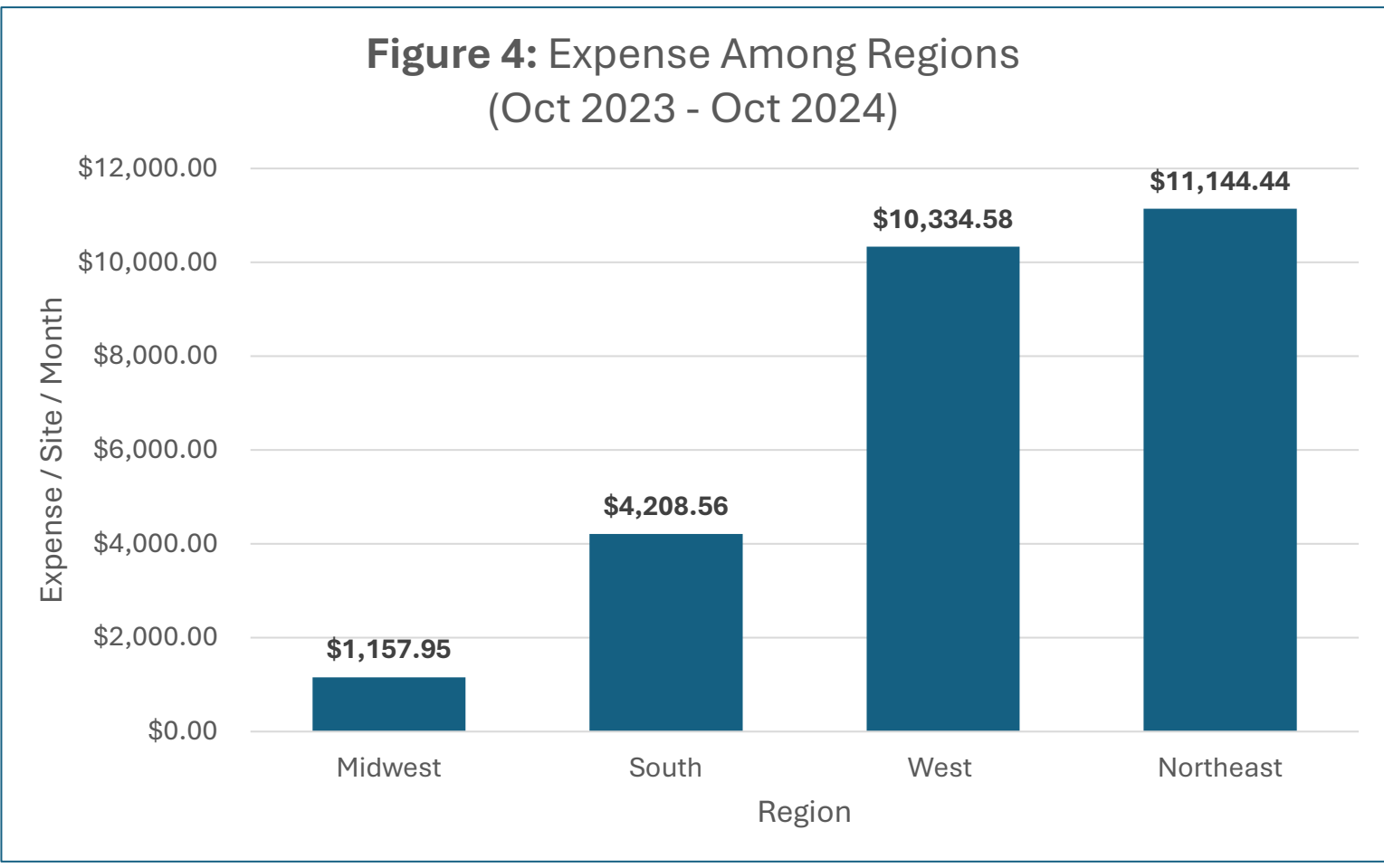
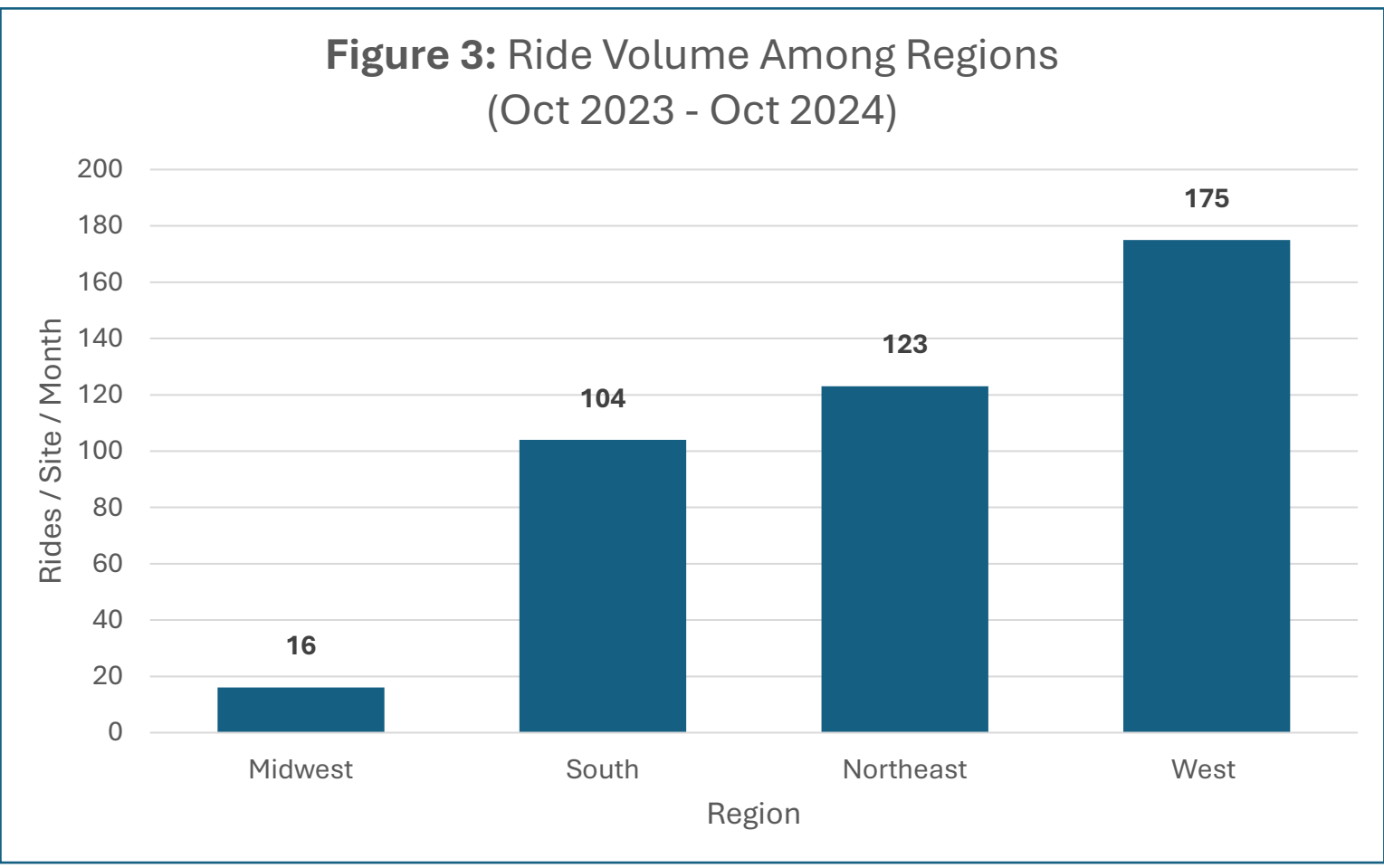
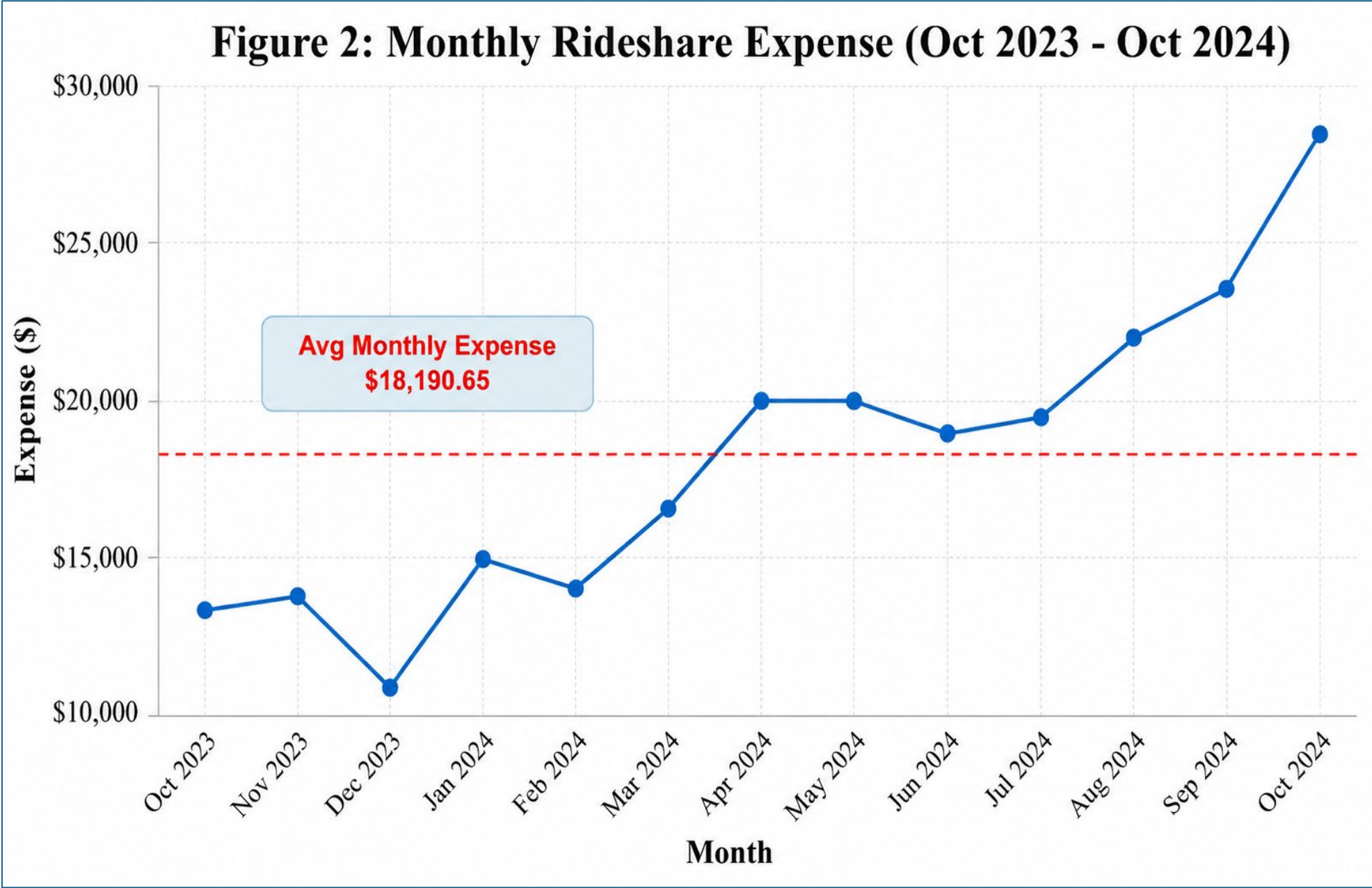
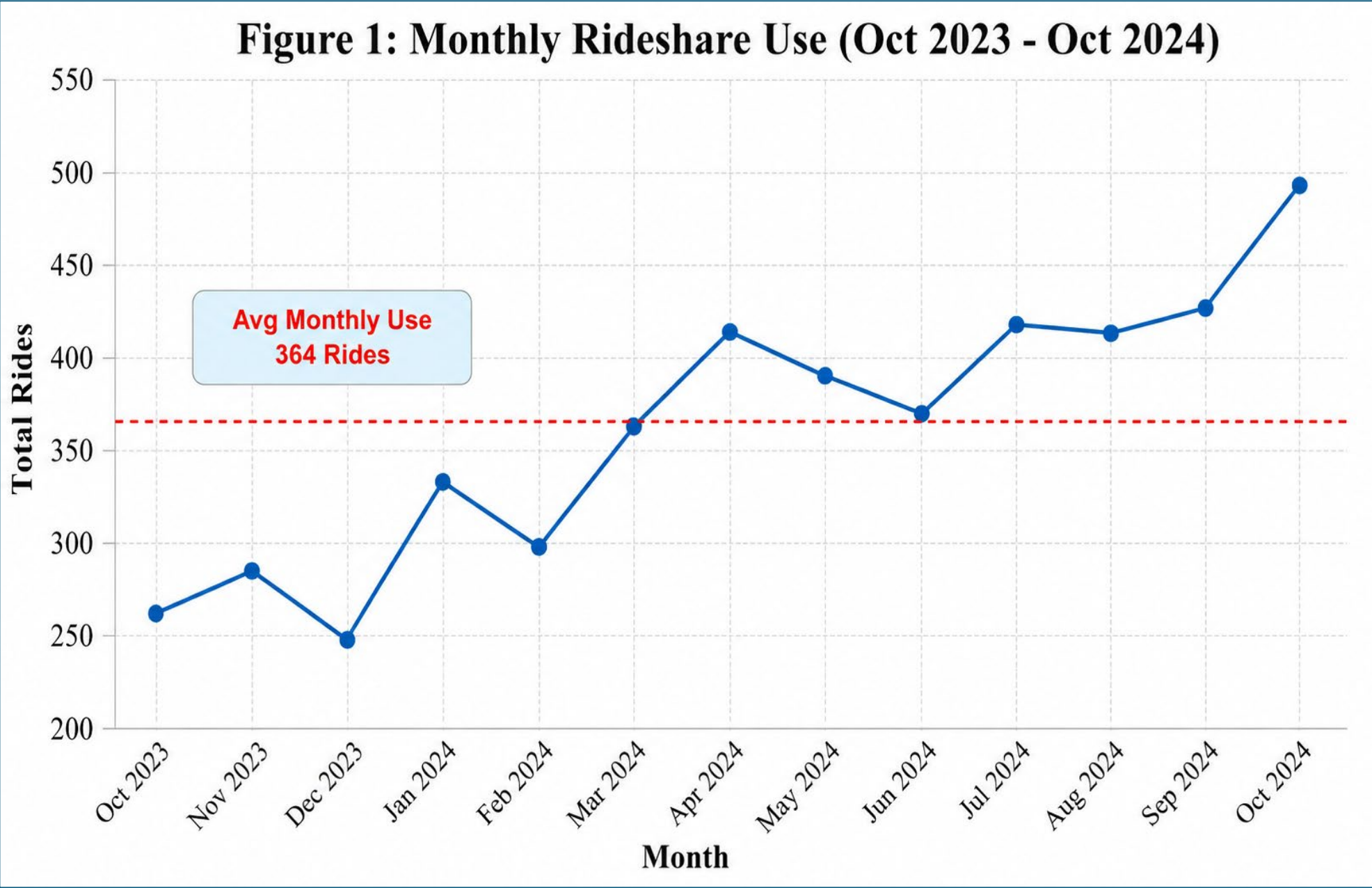
- AHEAD 3-45 participants and study partners are provided the opportunity of central transportation support through ride-share service, at no-cost.
- Regional variation may reflect differences in site implementation practices, ride-share availability, or participant geography (i.e. rurality).
- Increasing use over time might reflect growing site familiarity with the service, integration into workflow, and study need.

Conclusion

- Centralized rideshare support is a viable strategy to streamline participant transportation for AD trials, with regional differences observed in these analyses.
- RER funding strategies may consider the utility of centralized on-demand rideshare options for participants and study partners in future multisite preclinical AD trials.
- The ACTC RER Unit has added rideshare as one of the standard transportation tools available to sites for ACTC trials.
- Future analyses may evaluate associations with participant recruitment, retention, visit adherence, and additional site-level feedback.

ACKNOWLEDGEMENTS

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Metrics by Region			
	Total Rides*	Total Cost*	Cost per Ride
Midwest	117	\$4,632	\$39.58
South	1250	\$50,503	\$40.40
Northeast	1509	\$78,011	\$51.69
West	1753	\$103,346	\$58.95

*reflects total over the 12-month period

¹ Aisen P, Peneva D, Manetas MA, et al. Advancing the science of recruitment for Alzheimer's clinical trials: Challenges and opportunities. The Journal of Prevention of Alzheimer's Disease. 2025;12;7. <https://doi.org/10.1016/j.tipad.2025.100230>.

² Rafii MS, Sperling RA, Donohue MC, et al. The AHEAD 3-45 Study: Design of a prevention trial for Alzheimer's disease. Alzheimer's Dement. 2023;19:1227–1233. <https://doi.org/10.1002/alz.12748>.