

## BACKGROUND

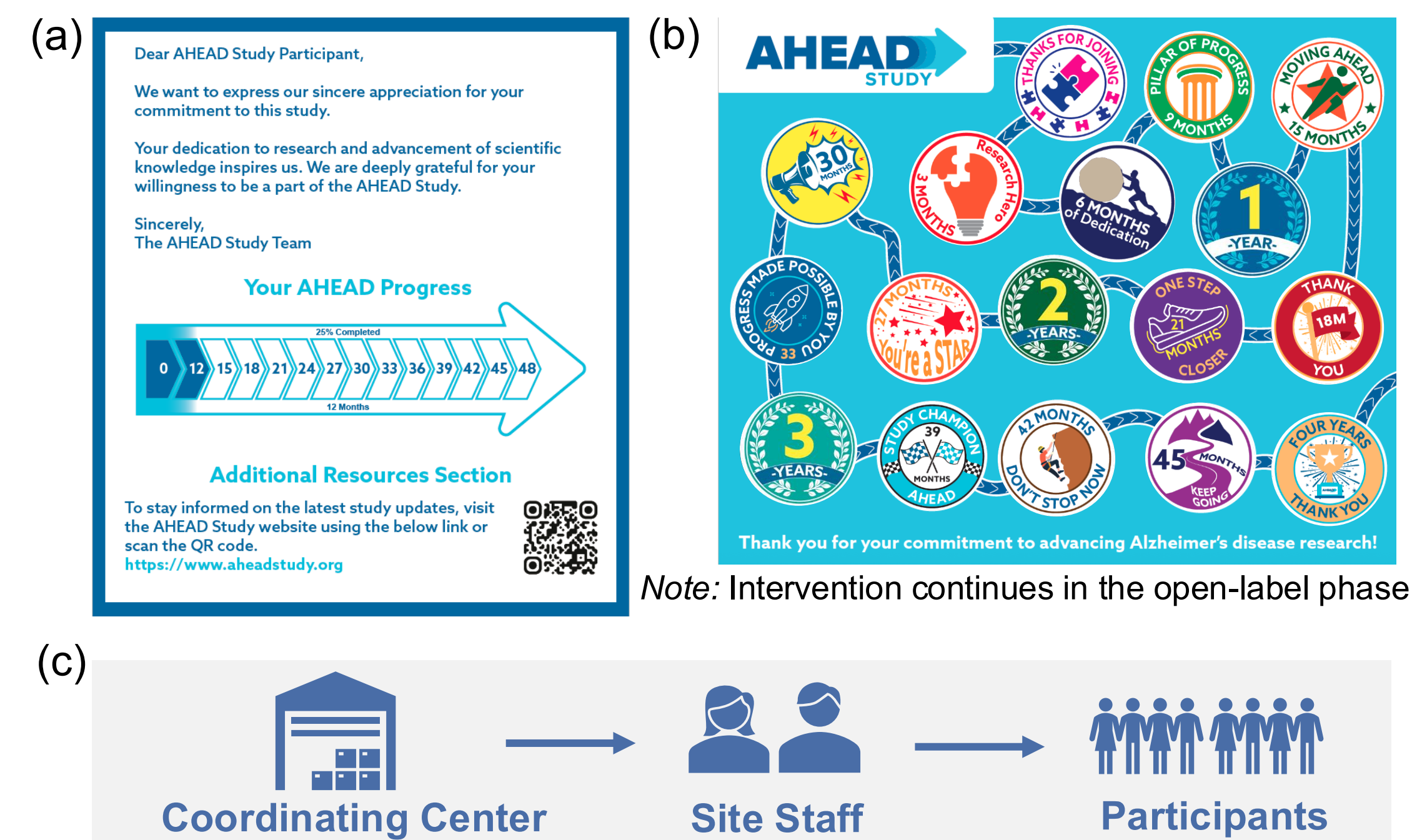
- Participant retention is a major challenge in preclinical Alzheimer's disease (AD) trials, with 29% of participants in the recently completed A4 Study discontinuing before trial completion.<sup>1</sup>
- Prior work suggest that communicating feedback and social engagement contribute to participant research satisfaction.<sup>2</sup>
- Site-level communication practices are not well understood, and non-unblinding communication strategies for retention have not been prospectively examined in large preclinical AD trials.

## METHODS

- Communicating Participant Milestones to Enhance Trial Engagement and Retention (**CENTER**) is a multi-site, prospective, add-on study embedded within the ongoing AHEAD 3-45 preclinical AD trial.<sup>3</sup>
- The objective of CENTER is to evaluate a structured communication-based strategy to support participant retention.

### Intervention

**Fig 1.** (a) Personalized progress reports at study milestones; (b) Visual "Journey map" and congratulatory magnet badges; (c) The intervention is managed centrally and distributed by site staff to participants



### Timeline

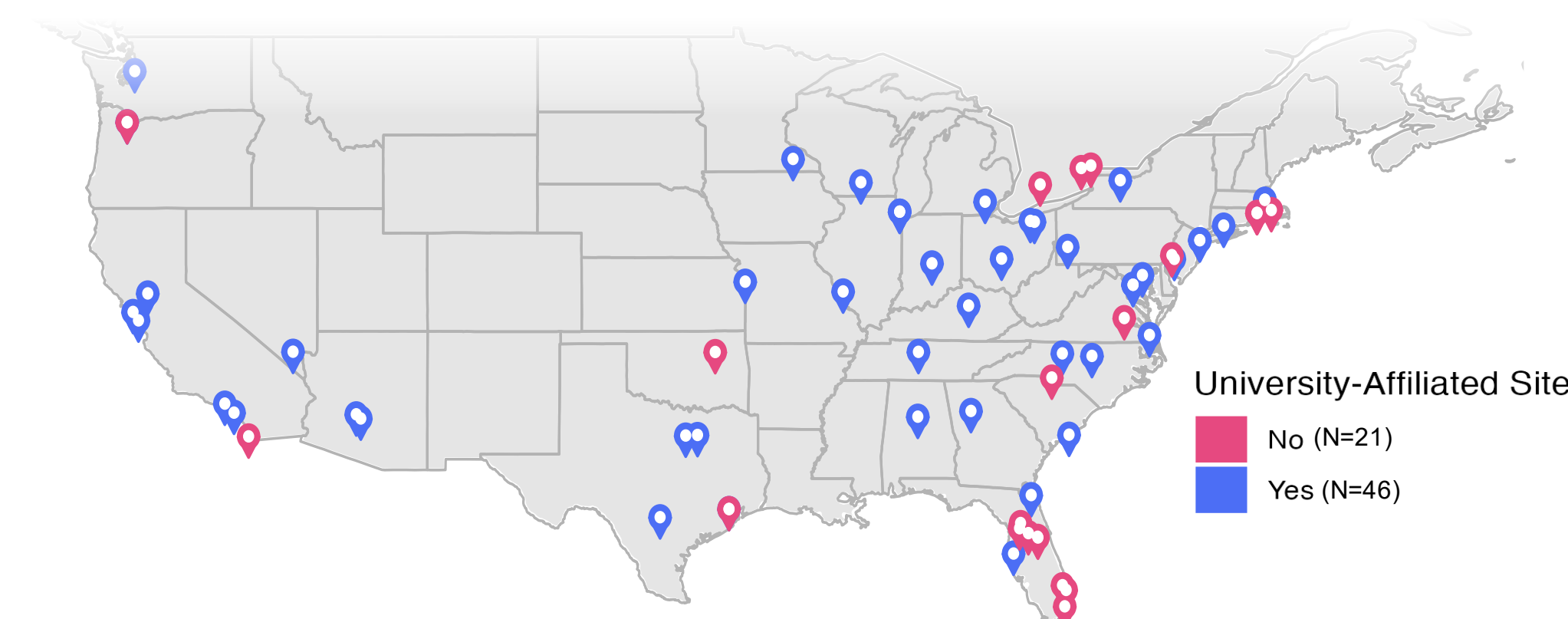
- Pre-intervention survey: March 2026
- CENTER Implementation: April 2026 (phased) to trial completion
- Here, we report preliminary results from the pre-intervention survey completed by site staff assessing existing site-level resources.

### CENTER Aims

| Aim I                                                                 | Aim II                                                                                | Aim III                                                                                     |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Examine whether <b>timing of intervention</b> impacts study attrition | Evaluate how <b>attrition rates in AHEAD differ</b> from a prior preclinical AD trial | Examine whether <b>site satisfaction</b> with the intervention is associated with attrition |

## RESULTS

**Fig 2.** Geographic distribution of 67 AHEAD Study sites in Canada and the United States participating in CENTER



- 93%** (67 of 72) of AHEAD sites completed the pre-intervention survey
- 100%** (46 of 46) of university-affiliated sites and **86%** (21 of 26) of not university-affiliated sites in AHEAD are participating in CENTER

**Fig 3.** Variability in staffing across AHEAD Study sites

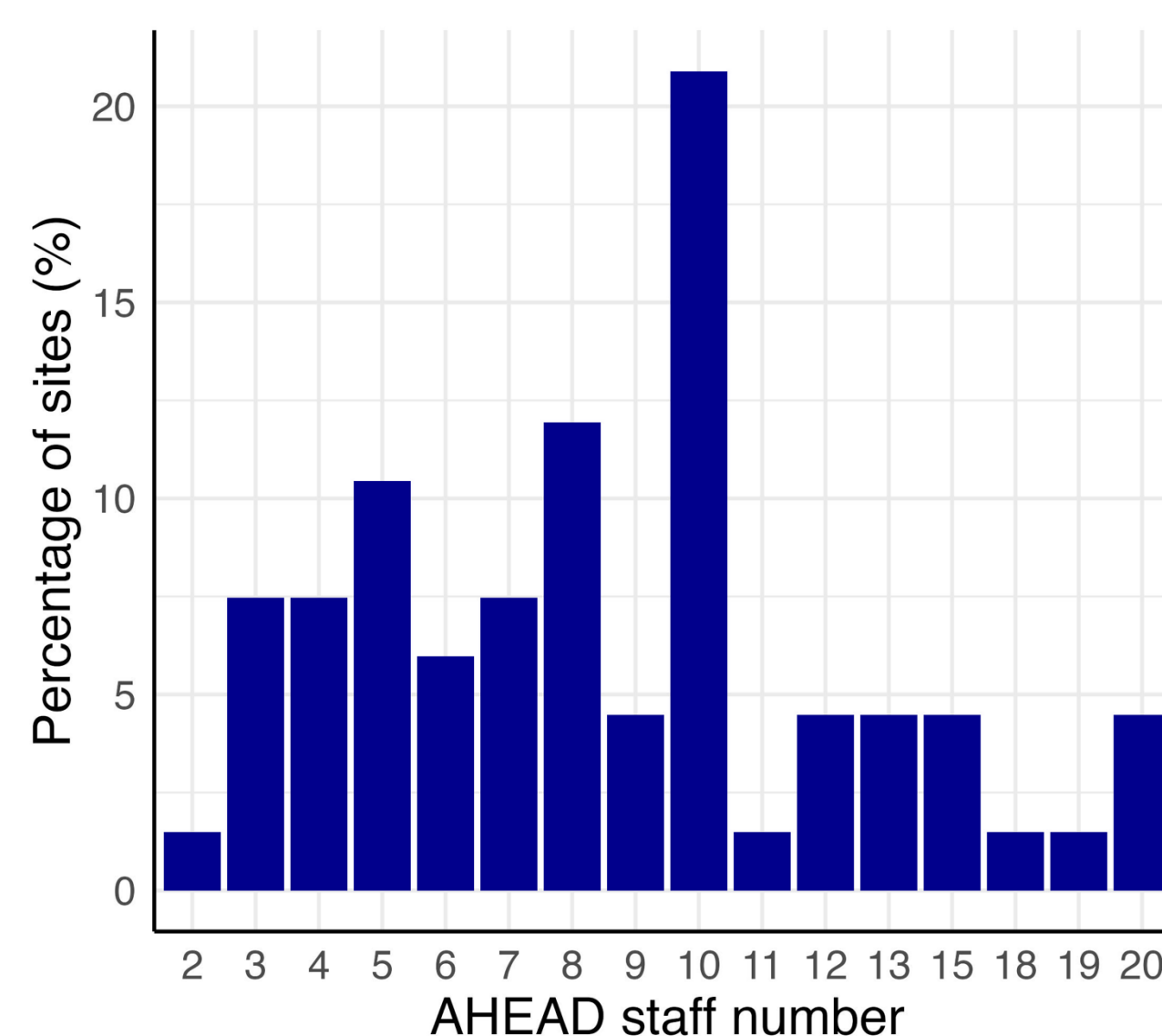


**Fig 4.** Training on participant retention across sites

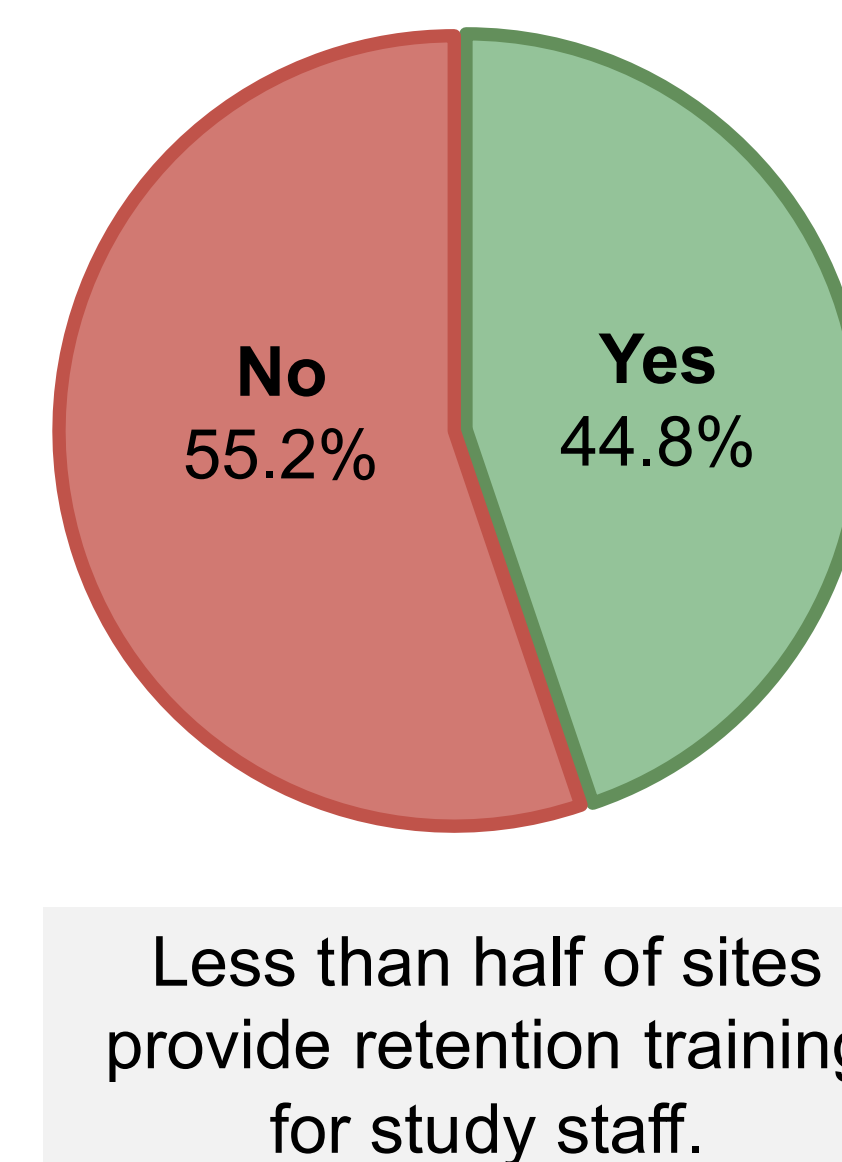
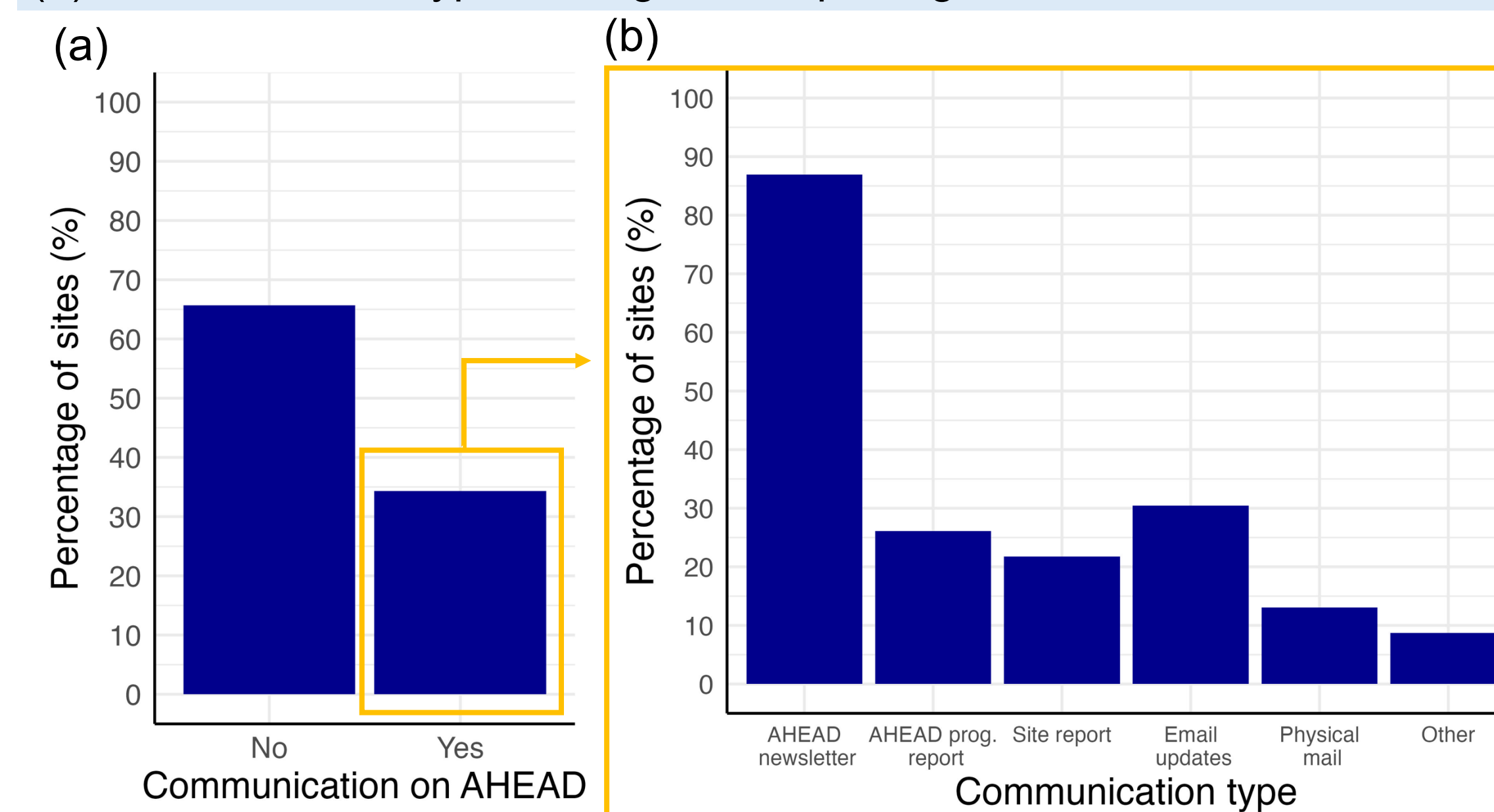


**Fig 5.** (a) Site use of structured communication before CENTER; (b) communication type among sites reporting use



## DISCUSSION

- High site interest (Fig. 2) supports the potential utility of CENTER and similar interventions.
- Higher participation in CENTER among university-affiliated sites suggests variation in interest by site type.
- Variability in number of site staff (Fig. 3) highlights need for scalable communication solutions and centralized retention support.
- Potential gaps in retention training (Fig. 4) and structured communication (Fig. 5a) exist across sites.
- Among sites that use structured communication, reliance on AHEAD newsletters support acceptability of centralized approaches (Fig. 5b).

### Implications

- CENTER provides a standardized, centrally managed retention strategy that may improve:
  - Participant trial experience
  - Retention consistency across sites
  - Trial efficiency

### Future directions

- Ongoing evaluation includes bi-annual surveys assessing site satisfaction and feasibility.
- Data collection for CENTER is expected to be completed in 2028.

### KEY TAKEAWAY

- Structured participant communication is highly needed, and scalable.
- CENTER may serve as a **model for retention strategies in AD trials**

## ACKNOWLEDGEMENTS

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### References

<sup>1</sup>Raman et al., 2024; <sup>2</sup>Ritchie et al., *Under Review*; <sup>3</sup>Rafii et al., 2023