Objective

- Describe enrollment strategies used and technology preferences observed among diverse cancer survivors in a study offering no participant incentive

Methods

- Rapid Case Ascertainment to identify adults diagnosed within the previous 1-2 months
- Queries of the Metropolitan Detroit Cancer Surveillance System (MDCSS) registry to identify those diagnosed within the previous 12 months or diagnosed between 2001-2013

Inclusion criteria:

- Ages 20-79 at diagnosis with multiple myeloma, breast, colorectal, prostate, or ovarian cancer
- Diagnosed in previous 12 months (recently diagnosed) or between 2001 and 2013 (long-term survivors)
- Recruitment letters invited participation online (Qualtrics) or via phone interview
- Up to 9 follow-up calls placed to non-responders at a variety of days and times

Table 1: Participant characteristics by cancer site, race, time since diagnosis (N=142)

<table>
<thead>
<tr>
<th></th>
<th>Recently Diagnosed*</th>
<th>Long-term Survivors**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White N (%)</td>
<td>Black N (%)</td>
</tr>
<tr>
<td>Breast</td>
<td>29 (58)</td>
<td>11 (58)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8 (16)</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Prostate</td>
<td>4 (8)</td>
<td>3 (16)</td>
</tr>
<tr>
<td>Mult. Myeloma</td>
<td>4 (8)</td>
<td>3 (16)</td>
</tr>
<tr>
<td>Ovarian</td>
<td>5 (10)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

*Diagnosed within the previous 12 months
**Diagnosed 5+ years ago for breast, prostate, and colorectal cancer; 3+ years ago for ovarian cancer and multiple myeloma

Results

- Mean age at diagnosis was 48.6 years; 62% of survivors were white, 38% were African American (data not shown).
- Breast cancer accounted for 42% of participants. Others represented 12-17% (Table 1).
- Long-term survivors accounted for 59% of eligible participants, but only 51% of completed surveys (Figure 1).
- Missing contact information was more common in long-term than recently-diagnosed survivors (Figure 1).
- Recently-diagnosed survivors were more likely than long-term survivors to refuse participation (Figure 1).
- 67% of surveys were completed over the phone. Phone completion was most common among men and African American survivors. (Figure 2)
- Online surveys took 13.9 minutes and phone surveys took 22.2 minutes on average (data not shown).
- The greatest proportion of surveys were completed on Monday and Tuesday (24%), while the greatest proportion of calls resulting in a completed survey was on Friday and Saturday (15%) (Figure 3).
- Among participants receiving at least 1 follow-up call, 29% completed the survey on the first call and 88% completed the survey within the first 5 calls (Figure 4).

Conclusions

- Participation was lower in recently-diagnosed than long-term survivors.
- Recruitment challenges differed by time since diagnosis--more recently-diagnosed survivors refused, while correct contact information was missing more often for long-term survivors.
- Phone vs. online participation differed by race and sex, but not by time since diagnosis.
- The highest survey completion percentage was observed for calls made on Fridays and Saturdays.
- Making repeated follow-up calls was effective in increasing participation, but little was gained after 5 calls.

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