

# Letters to the Editor

## Glaucoma Clinical Trials



Dear Editor:

Regulatory clinical trials are dependent upon adequate recruiting to attain a sample size sufficiently to assess safety and efficacy of a new medicine or device. However, potential study subjects may only wish to participate if the trial aligns with their own personal motivations for performing a clinical trial.

Recently, Wendler et al<sup>1</sup> invited clinical trial participants with human immunodeficiency virus (HIV) to complete a survey on their motivation for participating in a study. They found most respondents hoped to benefit personally but also wished to help others despite being treated for a life-threatening illness.

Unfortunately, little information exists that examines patient motivation for performing an ophthalmic clinical trial. Potentially, a patient's reason for participating might differ with a vision versus a life-threatening illness. This study evaluated the motivation of glaucoma study subjects for performing clinical trials.

This study prospectively evaluated patients using a questionnaire at 2 clinical sites (ALR and EDS performed the survey). We included consecutive patients who had participated in a current or past glaucoma clinical trial as they appeared in clinic for their routine or clinical trial appointment. A Health Insurance Portability and Accountability Act of 1996 (HIPAA) waiver was previously obtained for all participating subjects and no identifying information was collected for the study. We excluded patients who declined to participate or who could not understand English.

Each subject completed the survey during their clinic appointment with the aid of a family or staff member if required. The survey was developed by one of the authors (WCS). Partially completed surveys were accepted if  $\geq 50\%$  of questions were answered.

Complete demographics and survey results, total and per site, are found in Table 1 (available at <http://aaajournal.org>). As seen in Table 1, several questions differed statistically between sites.

The subjects' primary medical motivation for participating in clinical research was to be helped by the study medicine ( $n = 121$ , 61%), while their primary nonmedical reason was to assist mankind ( $n = 145$ , 73%). The most positive aspect of participating was their interaction with the clinic staff ( $n = 141$ , 71%). In contrast, 139 (70%) listed no negatives about performing the clinical trial, while 27 (14%) complained of stress of induced by examinations and visits. More than 60% believed their participation provided a greater understanding of the medication's clinical use, efficacy, and safety, while benefiting the care of other patients.

In total, 180 subjects (95%) thought their participation was completely or essentially non-coerced, while 12 (6%) felt some coercion or did not answer ( $n = 8$ , 4%). Furthermore, 186 (93%) believed their privacy was completely or essentially protected, while 8 (4%) thought there was some compromise or did not answer ( $n = 6$ , 3%).

Regarding overall experience, 189 (94%) noted it was positive to very positive while 65 (33%) indicated they felt more or, at least as, comfortable being treated in a clinical trial as in the regular clinic. Furthermore, 166 (83%) stated they received at least neutral, but usually positive, support for their participation from their closest personal confidant, and 100 (50%) said they plan to do another trial, while an additional 85 (43%) indicated "maybe."

There are at least 2 broad clinical lessons to derive from these results: first, in approaching potential study subjects investigators should realize that they generally believe they are helping other patients. However, each patient is an individual and has personal motivation for trial participation. Furthermore, most patients also believe they are assisting their physician and that the most attractive aspect to participating in trials is the positive interactions with the staff. Consequently, a caring, service-oriented relationship of the investigator to their patients might further help study subject recruiting.

Second, a small minority of subjects, even after signing informed consent and a HIPAA waiver, may feel at least some pressure to do a trial or that their privacy was compromised. Therefore, some subjects may be more sensitive than others over free choice and privacy. Accordingly, if a subject appears unusually anxious during the trial asking about coercion or privacy issues might help address any concerns. In addition, enquiring about their support at home might uncover that a close confidant was negative about the subject's inclusion and may allow their fears also to be addressed. Furthermore, a number of patients failed to mention to their closest confidant that they were even participating in a research study. Possibly, enlisting these individuals close to the patient might better help them to overcome any fears or misunderstandings resulting from their participation.

In summary, this survey suggests clinical study subjects, while generally wishing to be helped by the study medicine, usually indicate altruistic motives in performing research studies. Furthermore, in a well-controlled clinical study environment, subjects generally report a positive experience and usually would consider performing another trial. Further research is warranted to understand better the motivation for individuals undergoing research trials. Motivation may vary by disease, by the degree of visual loss, and other possible factors such as the level of education of the patient.

WILLIAM C. STEWART, MD  
JEANETTE A. STEWART, RN  
*Charleston, South Carolina*

ALAN L. ROBIN, MD  
AMY HENNESSY, MD, MPH  
*Baltimore, Maryland*

ELIZABETH D. SHARPE, MD  
*Mt. Pleasant, South Carolina*

## Reference

1. Wendler D, Krohmal B, Emanuel EJ, Grady C; ESPRIT Group. Why patients continue to participate in clinical research. *Arch Intern Med* 2008;168:1294-9.

Table 1. Study Demographics\* and Survey† Results Patients (percent)

	Response	Total N = 200	Site 1 N = 146	Site 2 N = 54	P-value	
Age	Years	68.4±11.8	65.1±11.7	64.1±11.9	0.605	
Race	African American	52 (26)	30 (20)	22 (41)	0.005	
	Caucasian	130 (65)	101 (69)	29 (54)		
	Other	14 (7)	13 (9)	1 (2)		
Gender	Female	104 (52)	78 (53)	26 (48)	0.606	
	Male	92 (46)	66 (45)	26 (48)		
Education	High School	53 (27)	34 (23)	19 (35)	0.0001	
	Technical School	24 (12)	10 (7)	14 (26)		
	Community College	15 (8)	12 (8)	3 (6)		
	University	42 (21)	33 (23)	9 (17)		
	Graduate School	53 (27)	49 (34)	4 (7)		
	Other	8 (4)	5 (3)	3 (6)		
1. Primary medically related motivations for being involved in a clinical trial?	Be helped by the study medicine	121 (61)	81 (55)	40 (74)	0.028	
	Learn more about my disease	87 (44)	61 (42)	26 (48)		
	Supplemental examinations and care	59 (30)	37 (25)	22 (41)		
	Access to new medical treatments	86 (43)	55 (38)	31 (57)		
	None	7 (4)	7 (5)	0 (0)		
	Other	27 (14)	25 (17)	2 (4)		
2. Primary non-medical-related motivations for being involved in a clinical trial?	Help mankind with better medical knowledge	145 (73)	103 (71)	42 (78)	0.0001	
	Social interaction	10 (5)	4 (3)	6 (11)		
	Fill free time	3 (2)	2 (1)	1 (2)		
	Help my physician and staff	122 (61)	95 (65)	27 (50)		
	Financial payment	39 (20)	24 (16)	15 (28)		
	Free medication	30 (15)	9 (6)	21 (39)		
	Greater attention from doctor and clinic staff	30 (15)	13 (9)	17 (31)		
	Guilt	1 (1)	0 (0)	1 (2)		
	None	19 (10)	15 (10)	4 (7)		
3. Most positive about my experience in performing clinical trials?	Positive interactions with my physician and staff	141 (71)	98 (67)	43 (80)	0.004	
	Positive interactions with fellow study participants	23 (12)	10 (7)	13 (24)		
	Greater sense of personal well-being	73 (37)	46 (32)	27 (50)		
	Greater sense of helping others	112 (56)	87 (60)	25 (46)		
	Relief from financial stress	20 (10)	10 (7)	10 (19)		
	Greater sense of personal productivity with my time	13 (7)	7 (5)	6 (11)		
	None	8 (4)	7 (5)	1 (2)		
	Other	7 (4)	7 (5)	0 (0)		
4. Most negative experience?	Negative interactions with my physician and staff	3 (2)	3 (2)	0 (0)	0.005	
	Negative interactions with fellow study participants	4 (2)	1 (1)	3 (6)		
	Anxiety of being a study subject	16 (8)	6 (4)	10 (19)		
	Inefficient use of my time	20 (10)	15 (10)	5 (9)		
	Stress of extra examinations, procedures and survey	27 (14)	17 (12)	10 (19)		
	None	139 (70)	108 (74)	31 (57)		
	Other	3 (2)	2 (1)	1 (2)		
5. How does your participation help medical science?	Better understand the efficacy of a medicine	139 (70)	94 (64)	45 (83)	0.024	
	Better understand the side effects of a medicine	102 (51)	60 (41)	42 (78)		
	Better understand use of medicine	119 (60)	91 (62)	28 (52)		
	Help academic reputation of the physician/center	45 (23)	34 (23)	11 (20)		
	Benefit the care of other patients	126 (63)	95 (65)	31 (57)		
6. What does your closest confident feel about your participation?	Supportive	126 (63)	89 (61)	37 (69)	0.065	
	Negative	3 (2)	1 (1)	2 (4)		
	Neutral	40 (20)	27 (18)	13 (24)		
	They do not know you participate	34 (17)	30 (21)	4 (7)		
7. Was study participation of own free will or coerced?	Free will	180 (90)	129 (88)	51 (94)	0.325	
	Coerced	12 (6)	7 (5)	5 (9)		

(Continued)

## Letters to the Editor

Table 1. (Continued.)

	Response	Total N = 200	Site 1 N = 146	Site 2 N = 54	P-value
8. Do you feel more comfortable being treated . . .?	With usual care in routine clinics	84	62 (42)	22 (41)	0.051
	As a participant in a clinical trial	65	37 (25)	28 (52)	
	Neither	48	38 (26)	10 (19)	
	Other	4	3 (2)	1 (2)	
9. Has your privacy been protected as clinical trial participant?	Protected	186	134 (92)	52 (96)	0.855
	Compromised	8	6 (4)	2 (4)	
10. Overall experience in being in a clinical . . .?	Positive	189	139 (95)	50 (93)	0.097
	Negative	5	2 (1)	3 (6)	
11. I plan to do another clinical trial?	Yes	100	62 (42)	38 (70)	0.003
	No	4	4 (3)	0 (0)	
	Maybe	85	71 (49)	14 (26)	
	Other	10	9 (6)	1 (2)	

\*Some patients did not answer each question.

†Multiple responses were allowed.