SWAT 239: Inviting people to participate in MyMelanoma: challenging people's default decline response using behavioural "nudges"

Objective of this SWAT
We will perform a Study Within a Trial (SWAT) to determine if response rates to invitation letters to health research can be improved by including a behavioural nudge. The SWAT will compare a health research invitation featuring a behavioural nudge with an invitation letter without a nudge.

Additional SWAT Details
Primary Study Area: Recruitment
Secondary Study Area: EDI; Prompts; Document design and delivery; Behavioural science; PPI
Who does the SWAT intervention target: Patients
Estimated resources needed to conduct the SWAT: Low
Estimated cost of the SWAT (£): £13,420

Findings from Implementation of this SWAT
Reference(s) to publications of these findings:
Primary Outcome Findings:
Cost:

Background
MyMelanoma (https://www.mymelanomastudy.org/) is a UK-based research initiative led by the University of Oxford. It aims to create unique, high-quality data to drive future translational research across melanoma priority areas including prevention, early detection and advancing treatments. Open to any adult who has received a melanoma diagnosis, MyMelanoma collates data from numerous sources including direct from participants, electronic health records, genetic data from participant samples, and data generated from research; and makes this data accessible for future translational research. Delivering MyMelanoma's vision of enabling discovery and testing, which will lead the way to individualized approaches to patient diagnosis, treatment and prevention, requires a large number of participants to achieve sufficient statistical power. Therefore, MyMelanoma intends to become one of the largest UK-based cancer studies by recruiting more than 20,000 participants.

In December 2023, MyMelanoma was selected as a pilot for NHS England's DigiTrials recruitment service. This collaboration will allow all individuals across England, who have been diagnosed with melanoma since 1 January 2000, to be invited to register to MyMelanoma via postal letter. Potentially eligible participants are identified using healthcare systems data. This direct-to-patient recruitment approach has the potential to improve access to research across the target population [1]. Therefore, it is crucial to maximise uptake by challenging what may be a 'default decline response' on receipt of a study invitation. This default decline could be due to a multitude of factors, including a lack of motivation to partake, a lack of trust in the invitation, and a simple inertia in response which then automatically results in a decline. A leading approach to challenge some of these factors is to include behavioral "nudges" in the wording of the invitation letter [2].

Nudge interventions seek to modify individual choices by enhancing capacity for subconscious behaviors that align with the intrinsic values of an individual, without actively restricting options [3]. Behavioral nudges can be relatively simple, such as adjusting the way language is framed in patient-facing communications. Previous investigations by NHS England suggest that incorporating nudges into study invitation letters could significantly increase the likelihood of a recipient taking action [4], although further live fieldwork is required to validate results. To date, there have been few studies investigating how behavioral nudges relate to recruitment uptake in cancer studies.

Host Trial Population: Adults
Host Trial Condition Area: Oncology

Interventions and Comparators

Intervention 1: Standard two-page invitation letter with individualistic plus norms nudge: ‘‘As someone who has melanoma, you are uniquely placed to help with this study. Your help has the potential to transform the lives of people like you, who live with melanoma.”

Intervention 2: Standard two-page invitation letter with individualistic plus norms nudge: “If you are someone with melanoma, you are uniquely placed to help with this study. Your help has the potential to transform the lives of people like you, who live with melanoma.”

Intervention 3: Standard two-page invitation letter without any nudges (comparator/control).

Method for Allocating to Intervention or Comparator:
Randomisation

Outcome Measures
Primary Outcomes: Response rate to postal invitations to the MyMelanoma study, measured by the number of invitation recipients beginning the online MyMelanoma screening survey.
Secondary Outcomes: Response rates within sub-groups, including socio-economic and ethnic groups.

Analysis Plans
Specific analysis will compare the response rate of invitees in the two SWAT groups, further segmented by sub-groups (inclusive of: age, sex, ethnicity, deprivation status and regional address). In tests of statistical significance, a confidence interval of 95% will be used.

Possible Problems in Implementing This SWAT
Centrally held data used to identify letter recipients may be inaccurate, therefore identification of potential patients may be inaccurate. However, response rate for the SWAT will be calculated based on any responses (whether eligible for MyMelanoma or not), because the SWAT aims to assess effectiveness of the letter in eliciting a response. Should there be a need to verify if responding participants do not have melanoma, a screening question in the online consent process asks if the participant has ever been diagnosed with melanoma.

References Cited in This Outline
1. de Vet HCW, Terwee CB, Mokkink LB, Knol DL. Measurement in Medicine: Practical Guides to Biostatistics and Epidemiology. Cambridge: Cambridge University Press, 2011.
2. Jundi S. Inviting people to a clinical trial – how do we challenge the default decline response? International Clinical Trials Methodology Conference, Harrogate, UK; 2022.
3. Treweek S. Pitkethly M, Cook J, et al. Strategies to improve recruitment to randomised trials. Cochrane Database of Systematic Reviews 2018;(2):MR000013.
4. Yoong SL, Hall A, Stacey F, et al. Nudge strategies to improve healthcare providers' implementation of evidence-based guidelines, policies and practices: a systematic review of trials included within Cochrane systematic reviews. Implementation Science 2020;15(1): 50.

References to This SWAT

Source of This SWAT
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