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P449 -Tailoring consent discussions to account for the leading reasons for non-participation promotes recruitment to the SIMPLIFIED trial.

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Introduction: Research participation is vital in the success of any clinical trial. Recruiting patients is often challenging. This is due to many factors influencing the patient's decision at the time of initial approach. Strategies to improve participation is often faced on why patients should take part rather than why they choose "not" to take part. The patient's views, concerns and experiences play an important role in determining whether they participate in a trial. Understanding reasons for non-participation is paramount for improving the recruitment strategy.

Method: Since March 2017, 148 eligible participants for SIMPLIFIED trial in Cambridge University Hospital aged 24-91 years were invited to take part in the trial. Of these, 30% decided not to participate. Informal face to face interviews were conducted with 45 individuals who declined to take part. Reasons provided for declining were collected, transcribed verbatim and analyzed. The results were evaluated and used as a pivotal tool to tailor consent discussions to patients' concerns and known barriers to participation.

Results: Overall, 29% of patients approached declined to participate. Reasons for non-consent were obtained from 42/45 patients. These could be divided into 7 main categories. In decreasing order of frequency, these were medication burden (n=13, 29%), personal or domestic considerations (n=12, 27%), a lack of interest in research participation (n=8, 18%), competing commitments (n=6, 13%) and feeling 'too old for research' 9n=2, 4%). One patient (2%) could not sufficiently grasp patient information materials and 3 patients (7%) declined to provide a reason.

These results allowed the research team to focus on specific concerns during consenting discussions (pill burden, the low intensity of trial follow-up, coordination of trial activities with routine attendances), resulting in an increase in the proportion of patients approached who consent to the trial over time, rising from 59.5 % over the first 6 months to 70% most recently. To date, Cambridge University Hospital has recruited 103 participants and is on of the 3 highest recruiting sites out of 34 active SIMPLIFIED trial sites.

Conclusion: It is of crucial importance to consider reasons for non-participation in trials early on in the lifetime of a study. this allows tailoring of the consent consultations to address patients' key concerns and serves to maximise trial participation.