SHOULD WE COLLECT DATA FROM A MISSED VISIT AT THE NEXT VISIT? (ID FAQ2)

FAQ SUMMARY

What is it?	Should we collect data from a missed visit (one that involved a more comprehensive set of measurements) at the next visit?
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QUESTION

Should we collect data from a missed visit (let's say it's the 12-month visit) that involved a more comprehensive set of measurements at the next visit (let's say it's the 16-month visit)?

ANSWER

It would be worth doing the baseline (12-month) measures at the 16 month visit because you would then have the data and the patient could be used in a sensitivity analysis to see if using their 16-month data as a guide to their 12-month data is better than not using any data for them or imputing it from other sources. Some other things to consider are clinical:

1. Will you detect things at 16 months that, if they are there at 16 months must have been there at 12 months (e.g. in a cancer trial, if a patient has not had a recurrence at the 3 year visit, they must have been recurrence free at 2 years, in a teenage behaviour trial if a participant had had a healthy baby three months earlier at the 18 months visit she must have been pregnant at 12 months).

2. Will you be able to ask participants at the 16 month visit to tell you how they were 4 months earlier (e.g. has this patient's vision been getting noticeably worse for them since just before they went into hospital (ie before 12 months), or was it okay when they were in hospital put it got worse "in the last few weeks" (ie after 12 months)?

3. Will the patient's trajectory at 16 months compared to 0 months allow you to draw a line that predicts what it would have been at 12 months (e.g. if there is a linear improvement or worsening)

4. Even the patient's trajectory is not linear, might you be able to say that the 12 month value must have been somewhere between the 0 month and the 16 month value?

MORE INFORMATION

1. If you have any questions contact info@trialforge.org.