**Using brief Participant Information Leaflets (PILs) in trials to support recruitment**

Use of brief PILs to support trial recruitment is probably quite common although the evidence to suggest that they improve recruitment is rather thin. The basic idea is that a) long PILs can be overwhelming and b) not everything on a full PIL is considered equally important by participants. There is certainly evidence in support of the latter; Innes and colleagues found that potential participants were most interested in side effects of treatment, the disadvantages and risks of taking part, and knowing what a trial entails, with information about e.g. who funded the study and insurance being ranked much lower1. Initial invitations to take part could provide brief information with full information also being available for those who want it, either by being provided at the same time, or perhaps later (e.g. during the formal consent process).

The current evidence2 shows that brief PILs make little or no difference to recruitment, with the best estimate of effect being a 0.2% increase in recruitment (95% confidence interval = -2% to +2%). (NB: the Cochrane review actually gives 0% but this is due to rounding, it is actually 0.2%. Small but not actually zero). This research included two studies, which:

* Sent a brief glossy leaflet (4-pages) along with the invitation letter. Individuals interested in participation got in touch with the study team and all would then get the full PIL as part of consent procedures. The full PIL was 8-pages (UK study)3.
* Sent a 1-page summary along with the invitation letter rather than the 12-page full PIL. This study measured the effect on recruitment to the trial run-in stage rather than the trial itself (UK study)4.

In its 2019 guidance on consent and participant information (<https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/Proportionate_approach_to_seeking_consent_HRA_Guidance.pdf>), the UK’s Health Research Authority supported the idea of ‘layered’ information provision to avoid overwhelming potential participants. This supports the idea of brief PILs although it does not, of course, make any claims for whether this improve recruitment or not.

In our experience, the key issue regarding brief PILs is deciding what is what goes in the brief PIL and what gets cut. There is some published work that can help1,5 but for a given trial it is highly likely that the research team will need to ask people like the people the trial aims to recruit what they would most like to know on a short PIL. The full PIL will also have to be available in some form so that those who want more information can get it.

**References**

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