

Which ethnic groups should be in the trial and at what proportion?

Which ethnic groups should be in the trial?
V1 13/3/2023 Trial Forge

Trial: Smoking relapse prevention trial

Smoking relapse

Smoking relapse prevention trial <https://www.isrctn.com/ISRCTN11111428>;
<https://www.journalslibrary.nihr.ac.uk/hta/hta24680/#/abstract>

The panel noted:

- Older Pakistani men were considered an important group as were individuals (particularly men) from countries such as Poland, Albania and Romania where smoking is much more prevalent and therefore more likely here in the UK when people move.

The panel concluded:

- The Panel struggled to reach a firm conclusion around the ethnic groups involved and at what proportion but tended towards the trial **involving different ethnic groups at the level of smoking in the community where recruitment is being done.**

General comments from the panel:

1. The trial used the UK Stop Smoking Service, which is likely to lead to a different ethnic diversity than the population of smokers who would like to stop smoking. Trial teams should consider the implications of the setting and eligibility criteria their trials have to ensure that they understand the potential impact on ethnic diversity within the trial.
2. Public contributor comments during the panel discussion suggested that the UK Stop Smoking Service was not widely known among at least some ethnic groups and would anyway be unlikely to be used by those groups.
3. Over-sampling was discussed as a way of reducing uncertainty regarding subgroup analysis by ethnicity.
4. Intersectionality was mentioned. It was difficult for the panel to separate out other characteristics from ethnicity, for example age and gender. Other factors, for example socio-economic status, were also mentioned, particularly because smoking is a costly habit. This suggested that this stage of identifying who needs to be in the trial may also need to consider at the very least age and gender in addition ethnicity.

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General comments from the panel:

5. Public contributors highlighted differences between how interventions affect different groups, in this case age groups. Older people stop smoking only when they go to the doctor for emerging health issues. Government interventions like age limits and bans etc impacted young people, but rarely the older groups - the older people have houses and cars to smoke in; they're at a less social point in their lives but they are also willing to sacrifice social experiences because they are already addicted.
6. People who smoke are not all the same. A parallel was drawn to use of alcohol where people could effectively be more problem smokers and would need different support services those who were not such heavy smokers. Whether a single intervention is suitable for all irrespective ethnicity was unclear.
7. It is important to define what is meant by ethnic minority or diverse ethnic groups because not all people will see themselves as part of a minority group even if others do. The example given was of someone from Eastern Europe may not consider themselves to be in an ethnic minority group but for some trials (such as this one on smoking) they may be key group to involve.
8. The ability to take part in smoking cessation trials should also be linked explicitly to the cost of smoking. Could be useful for other interventions/disease areas and situations that are costly - e.g. having a physical disability.

NB. Completed by Shaun Treweek, University of Aberdeen, based on a discussion with an external panel brought together for this purpose as part of the STRIDE project (<https://www.abdn.ac.uk/hsru/what-we-do/research/projects/stride-supporting-recruitment-and-retention-improvements-for-diverse-ethnicities-283>). One member of the panel was involved in the WILL trial, which means this discussion is likely to be a good reflection of what the trial team itself may have considered the ethnic groups needed by their trial.