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Editorial

Moving toward a more rigorous science of recruitment in clinical research. Commentary on "Evaluating evidence-based recruitment strategies for Alzheimer's disease and related dementias clinical trial research: a literature review"

Suboptimal enrollment is frequent and among the top reasons for the suspension, termination, and discontinuation of clinical trials. Consequences of suboptimal enrollment include increased research costs, delayed innovation, and an ethical imbalance of risks and benefits due to insufficient power to answer the research questions [1]. Similarly, clinical trial samples often do not reflect the diversity of populations affected by the condition. This lack of representation threatens the ethical principle of fairness and scientific rigor by reducing the external and internal validity of findings.

Nearly two decades ago, Epstein [2] and Dilworth-Anderson [3], among others, helped establish the science of recruitment to systematically produce and disseminate knowledge about how to successfully recruit and retain participants who represent those impacted by a disease. This science was to focus on the general population as well as under-represented populations, based on the 1993 Revitalization Act, a landmark legislation in the US that mandated the inclusion of women and minorities in National Institutes of Health-funded clinical research. Given the persistence of suboptimal recruitment and representation in the Alzheimer's disease and related dementias (ADRD) field, the National Institute on Aging (NIA) in the US released the National Strategy for Recruitment and Participation in ADRD Clinical Research in 2018 highlighting the need to build the science of recruitment in ADRD research via evidence-based approaches [4].

In this issue, Jacobson and colleagues advance that foundational work by presenting a systematic review of evidence-based recruitment strategies in ADRD to date. Rather than relying on the brief recruitment descriptions often embedded in manuscripts, the authors focus specifically on work where recruitment itself was the primary outcome. Out of more than 965 candidate records, they identified 50 relevant reports. About 40% of those reports focused on the essential work of engaging individuals from underrepresented communities, while another 20% addressed recruitment into registries that often serve as feeders for clinical trials, and the remainder described more general recruitment approaches. Somewhat surprisingly, none of the included studies reported prospective, randomized evaluations of recruitment strategies. Instead, the reviewed literature was entirely observational, descriptive, incidental, and largely centered on non-pharmacological trials.

Jacobson and colleagues make several important contributions to a field that remains stubbornly diffuse and inconsistently reported. Their review is rigorous and transparent, adhering to standard PRISMA guidance and incorporating a structured assessment of study quality using the Mixed Methods Appraisal Tool (MMAT). In doing so, they identify substantial variability in both the transparency and completeness of recruitment reporting within ADRD research, with nearly half of included studies scoring 60% or less on MMAT report quality criteria. The frequency of indeterminate ratings further underscores the extent to which key methodological details are often missing.

Equally important, the review exposes a lack of consistency in how recruitment outcomes are defined and measured. Common metrics such as conversion rates and yield are infrequently reported, limiting comparisons across studies and the development of a cumulative evidence base. By systematically documenting these gaps, Jacobson and colleagues provide a clear picture of the current state of recruitment science in ADRD and establish a baseline that challenges the field to move toward more standardized and reproducible reporting.

These findings should be interpreted in light of the review's limitations, several of which were noted by the authors. First, a meta-analysis and more extensive quantitative assessment were not possible given the variability in design, recruitment approaches, reporting biases, and outcome reporting. As a result, we are left less with a clear path forward for best practices than with a detailed survey of individualized recruitment approaches. Second, the need to refine search strategies to identify recruitment-focused studies improved feasibility but may have resulted in the omission of relevant work. Third, the review misses a historical perspective on whether ad hoc descriptions have declined over time in favor of more rigorous recruitment research. Finally, the field would benefit from an international analysis, as definitions of underrepresented groups vary across countries.

Unfortunately, this latest assessment is consistent with prior literature reviews showing that nearly two decades after its emergence, the science of recruitment remains in its infancy. Nearly 40% of publications in Jacobson's review continue to be ad hoc descriptions of recruitment efforts, or what Epstein described in 2008 as frequently published "soft recruitmentology," essentially framed as "lessons learned". As he noted: "While some of the advice has a generic quality to it and is borrowed from the worlds of marketing and advertising, other lessons are more context-specific and reflect attempts to situate clinical research projects within their social milieus" [2]. The lack of experimental designs (the gold standard for efficacy) and the absence of standardized assessment and reporting of recruitment strategies and outcomes align with

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Epstein's call for a more rigorous "hard recruitmentology" [2]. More mature areas, such as cancer research, have made progress in this regard, but the ADRD field still lags behind [5]. The science of ADRD recruitment also trails compared to other sciences of research methods such as biostatistics, which have formal training pathways, professional societies, specialized journals, and dedicated funding mechanisms. On a positive note, many researchers in the ADRD field have adopted community-engaged approaches to recruitment, especially among underrepresented groups, as emphasized by Dilworth-Anderson [3]. Jacobson et al. reported these as among the most effective strategies.

Advancing the science of recruitment in ADRD will require moving beyond siloed, descriptive approaches toward a more coordinated, rigorous, and cumulative field. Recruitment research should be conducted in parallel with, and informed by, other more mature fields, while also explicitly examining when ADRD-specific considerations, such as the need for study partners, disease stigma, and lack of curative treatments. Future studies should prioritize experimental designs and disentangle the effects of multi-component strategies. The development of standardized outcomes (e.g., recruitment rate, yield, time to target enrollment, cost), and common terminology for strategies will be critical to enable cross-study comparisons and eventual meta-analyses. Importantly, recruitment science publications should be clearly identifiable (e.g., through keywords or reporting standards) to facilitate systematic synthesis of the evidence base. NIA-funded projects could mandate updating these publications to the Alzheimer's & Dementia Outreach, Recruitment & Engagement Resources website (ADORE, https://www.nia.nih.gov/research/alzheimers-dementia-outreach-recruitment-engagement-resources).

At the same time, strengthening the infrastructure of recruitment science will require both methodological and structural changes. The routine use of theoretical frameworks, alongside the quantification of mechanisms through which strategies operate, should become standard practice. Community-engaged approaches will remain essential to develop but also refine and adapt evidence-based strategies to local contexts, particularly for underrepresented groups. However, these strategies should be complemented by generalizable evidence on what works across settings. To support rigor and reproducibility, the field would benefit from the development of dedicated CONSORT-like checklists for study design and reporting, as well as mandatory, standardized data acquisition and reporting of recruitment metrics. Examples of these systems already exist, including NIA's Clinical Research Operations & Management System, ClinicalTrials.gov, and the Vanderbilt Alzheimer's Disease Research Center Participant Information and Tracking Coordination Hub. Ultimately, the maturation of recruitment science will depend on sustained investment, including dedicated funding mechanisms, specialized journals, professional societies, and academic structures that recognize recruitment as a core domain of methodological expertise.

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Jaime Perales-Puchalt and Eric Vidoni both contributed to the conceptualization, and original and final drafting of this editorial.

Declaration of the use of generative AI and AI-assisted technologies in scientific writing and in figures, images and artwork

AI-assisted software was used during writing for grammatical support and clarity of composition following original draft.

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Jaime Perales-Puchalt: Conceptualization, Writing – original draft. **Eric D. Vidoni:** Conceptualization, Writing – original draft.

Declaration of competing interest

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