

# **Partner Recruitment**



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## INTRODUCTION

Following several months of active partner recruitment, it is now possible to estimate the total number of partners that may be recruited at the current rate.

## METHODS

Caryl Barnard provided information on the number of partners contacted, and the replies that she received from all of them. This data was split by sex, so that the recruitment of male and female partners could be separately assessed.

## RESULTS

### 1. Raw data

	Total	Male patient	Female patient
<b>Patients asked</b>	682	466	216
<b>Reply</b>			
Yes	327	245	82
No	347	215	132
Unknown	8	6	2

	Total	Female partner	Male partner
<b>Partners answer</b>			
Yes	50	29	21
No	59	30	29
No	25	10	15
No reply	29	16	13
Deceased	2	1	1
Withdrawn	3	3	0
Awaiting reply	22	15	7

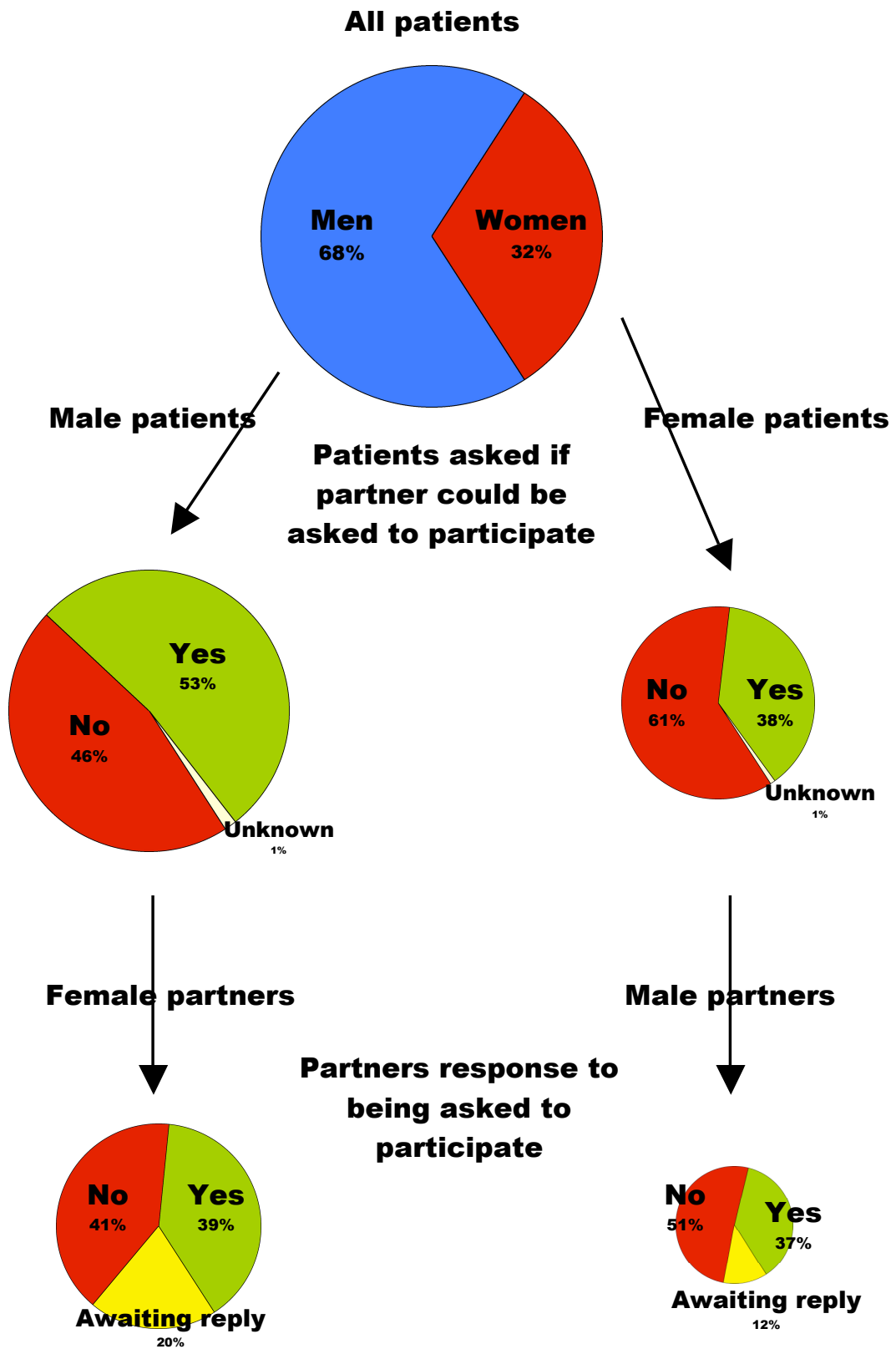
### 2. Data expressed as percentages

	Total	Male patient	Female patient
<b>Patients asked</b>	100%	68%	32%
<b>Reply</b>			
Yes	48%	53%	38%
No	51%	46%	61%
Unknown	1%	1%	1%

	Total	Female partner	Male partner
<b>Partners answer</b>			
Yes	38%	39%	37%
No	45%	41%	51%
Awaiting reply	17%	20%	12%

### 3. Data expressed graphically

The area of each circle is proportional to the total number of patient or partners in that group.



## **CONCLUSIONS**

For every 1000 patients, we will recruit:

~50 female partners

~34 male partners

Note that due to the partner study being started after the first approximately 150 patients had already been recruited, these 150 patients cannot be considered for recruitment of their partners.

With a predicted total size of MaGiCAD being approximately 1400 – 1600 patients, we should meet our target of 50 female patients, but will be able to recruit about 42-50 male partners. It was discussed at a meeting whether to approach ethics with regard to recruiting partners whilst the patient was at Papworth having their procedure. Several partners had expressed their willingness to take part if it could be done on the day. However, since we will be able to recruit enough partners using the current methods, it was decided that it was not necessary to change the procedure, with the associated costs in time and effort.