

Table 1 The cumulative effect estimates for the two telephone reminders compared to no reminder studies included in the updated Cochrane recruitment interventions review¹.

	Total number of participants	Intervention (n recruited/ N invited)	Control (n recruited/N invited)	Baseline (control) recruitment rate	Effect estimate (95% CI)
Nystuen 2004 ²⁷ (Telephoning people aged 16-66 who had not responded to initial invitation by 2 weeks. Comparator was no call. Calls were made by research team. People were being recruited to a return to work trial for people on on sick-leave for more than 7 weeks).	498	31/256	11/242	4.5%	8% (3% to 12%)
Wong 2013 ²⁸ (Telephoning people aged 50 to 70 who had not responded to initial invitation by 4 weeks. Comparator was no call. Calls were made by research nurses. People were being recruited to a colorectal cancer screening trial).	952	59/480	35/472	7.4%	5% (1% to 9%)
Cumulative results (Nystuen+Wong)					
	1450	90/736	46/714	6.0% (mean)	6% (3% to 9%)
<p>The GRADE rating of the certainty in the evidence is high.</p> <ol style="list-style-type: none"> Both trials are scored as Low risk of bias on the Cochrane Risk of bias tool. The results are consistent. The outcome was direct. The results are not imprecise; the confidence intervals are not too large and wholly on the side of benefit. There are too few trials for an assessment of publication bias and we have assumed that there is none. <p>NOTE: the evidence for this intervention comes entirely from trials with low (<10%) underlying recruitment. When applied to trials with higher recruitment we would downgrade the GRADE assessment because of Indirectness to moderate.</p>					

Table 2 The cumulative effect estimates for the three monetary incentives compared to no incentive studies included in the Cochrane retention interventions review².

	Total number of participants	Intervention (n recruited/ N invited)	Control (n recruited/N invited)	Baseline (control) recruitment rate	Effect estimate (95% CI)
Bauer 2004 ²⁹ (Sending \$10 or \$2 with invitations to return DNA sample (in mouthwash). Comparator was no money. People responding were a subgroup of a smoking cessation trial population).	300	77/200	34/100	34%	5% (-7% to 16%)
Kenyon 2005 ³⁰ (Sending £5 voucher with invitations to return trial follow-up questionnaire. Comparator was no money. People responding were taking part in a trial to improve neonatal outcomes).	722	156/369	108/353	31%	12% (5% to 19%)
Gates 2009 ³¹ (Sending £5 voucher with invitations to return trial follow-up questionnaire. Comparator was no money. People responding were taking part in a trial to improve neck injury outcomes).	2144	560/1070	493/1074	46%	6% (2% to 11%)
Cumulative results (Bauer+Kenyon+Gates)					
	3166	793/1639	635/1527	37% (mean)	8% (4% to 11%)

The **GRADE rating** of the certainty in the evidence is **moderate**.

1. Only one of the three trials is scored as Low risk of bias on the Cochrane Risk of bias tool; one was Uncertain, the other High risk of bias. We considered this a serious limitation and downgraded 1 level.
2. The results have some inconsistency in confidence intervals but not the direction of effect and on balance we decided not to downgrade.
3. The outcome was direct.
4. The results showed signs of imprecision but just for the smallest trial; the confidence intervals of the two larger trials are not too large and wholly on the side of benefit. We did not downgrade.
5. There are too few trials for an assessment of publication bias and we have assumed that there is none.