



## COMMUNICATION STRATEGIES FOR RESEARCHERS

Recruit, retain, educate, disseminate,  
and collaborate

DF/HCC Clinical Investigator Education Series

February 1, 2018

[HealthCommCore.org](http://HealthCommCore.org)

## Presentation goals

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Role of strategic communication in research

Strategic process

Solutions to research challenges, tips

- Recruitment
- Retention
- Intervention
- Dissemination
- Collaboration

Communication = “sharing or imparting information.”

The HCC creative team doesn’t analyze genome datasets or identify tumor subtypes. But we help researchers get there.

In this presentation we will share:

- Examples of our work with researchers to address their communication challenges
- Tips based on our experience that we hope you will find useful

## Who we are...Health Communication Core



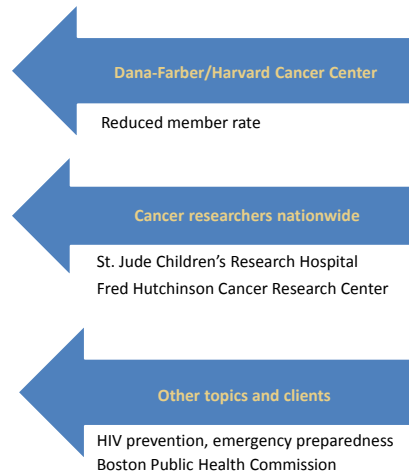
Vish Viswanath, PhD, faculty director  
Catherine Coleman, assistant director  
Adam Gerberick, graphic designer  
Shana McGough, writer/editor  
Dave Rothfarb, web developer/programmer

Health Communication CORE | [HealthCommCore.org](http://HealthCommCore.org)

We are a small collaborative team. HCC was founded at DFCI in 1999 by Karen Emmons, PhD, a researcher who is now the Dean of Academic Affairs at Harvard School of Public Health.

Our focus is on how to get information about health to diverse audiences in order to improve health outcomes.

## Who we work with...



We work on large and small projects, locally and nationally, for

- Researchers
- Clinicians
- Public health leaders
- Administrators

## What we do...

### Communication services

- Identity (naming and logos)
- Content
- Design
- Websites and hosting
- Programming
- Social media
- Outdoor/transit media

### Specialized expertise

- Research, clinical care, public health
- Cultural competency

HCC provides a full spectrum of communication services, customized to meet the needs of each project.

Our rates are much less those of external agencies providing similar services.

The value-added we offer is our specialized expertise. We work within the same environment as our clients, and we share their commitment to improving health outcomes.

## Start with strategy

**Goal:** What do we need to achieve?

**Audience:** Who do we need in order to achieve it?

**Call to action:** What do we need them to do?

**Messaging:** What might motivate/discourage them from doing this?

**Outreach:** What are their communication preferences? How and where can we reach them?

Here is how we do what we do. It all starts with strategy.

A client may come to us saying, “I need a logo” or “I need Twitter.” We help them take a step back, and help them identify what will get them to their goal. We ask:

- What do you need to achieve? Define it, specifically and concretely. What will success look like?
- Who do you need in order to achieve it?
- What do you need those people to do in order to achieve your goals?
- What might motivate or discourage them from doing this?
- What are their communication preferences? How and where can we reach them?



Each solution is unique to each challenge.

The process for getting there is the same, but the solution—whether it’s social media or subway ads, is never the same.

Here are to solutions to research recruitment challenges.

## GI Oncology Biobanking

**Goal:** Recruit healthy controls

**Audience:** Information overload, misconceptions about “gastrointestinal cancer”

**Messaging:** Sharing journey, contributing to research, ease and convenience of participation

**Outreach:** Waiting and infusion rooms, patient education events

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The GI Oncology Biobanking at DFCI needed help recruiting health controls—specifically, spouses and friends of GI oncology patients—people who were not genetically related to the patient, but were likely to share similar behaviors and environments.

Systemic challenges included a new, more complex process for recruiting and consenting healthy controls.

Potential volunteers also faced barriers to participation:

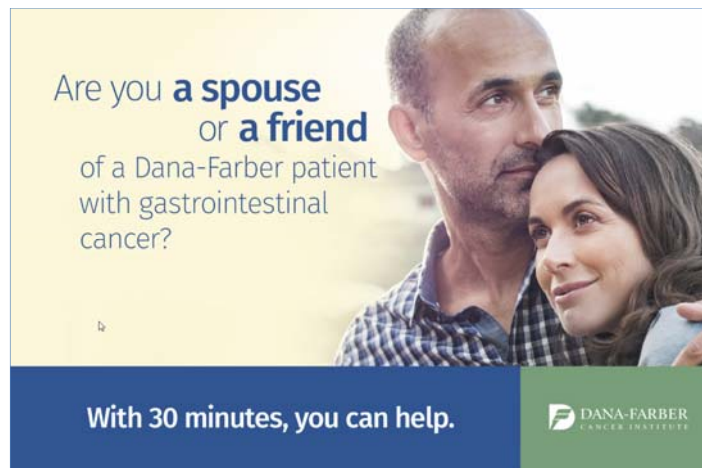
- Information overload at the time of a new diagnosis
- Feeling emotionally overwhelmed as they support their loved ones through treatment decisions
- Misconceptions that stomach cancer is the only kind of GI cancer

We developed messages to address these barriers and tap into their motivations:

- Sharing their loved ones’ cancer journey
- Contributing to research
- Helping at a time when they felt helpless



## Outreach card



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We determined that the best way to reach potential participants was during down time, for example in waiting rooms or infusion rooms, after they had settled into the treatment routine.

We developed an an info card that provides all the information they need, without requiring a research coordinator to explain the study. The card conveys, at a glance:

- Who, specifically, is needed
- You and your loved one are sharing a journey
- This is a quick and easy way to help other people
- This is something positive that can come out of a time that feels negative

**You can make a difference and help with gastrointestinal cancer research.**

If you are a **spouse** or **friend** of a Dana-Farber patient with gastrointestinal cancer

**AND**

- You are 18 years or older
- You haven't had cancer in the last 5 years
- You are NOT related by blood to the person with gastrointestinal cancer

We invite you to take part in Dana-Farber's gastrointestinal cancer research.

**Participation involves:**

- A phone call to discuss participating and to schedule a convenient time to come to Dana-Farber
- A one-time 30-minute visit to fill out a health survey and give a small amount of blood (about 4 tablespoons)


**Gastrointestinal cancer includes:**


- Colon or rectal cancer
- Pancreatic cancer
- Neuroendocrine cancer
- Esophageal cancer
- Liver or biliary cancer
- Stomach (gastric) cancer

**Your privacy** is important to us. We will protect your information and keep it confidential.

**Contact us** for more information or to participate:

- 617-632-6298
- [GI\\_Controls@dfci.harvard.edu](mailto:GI_Controls@dfci.harvard.edu)

 **DANA-FARBER**  
CANCER INSTITUTE

 **Gastrointestinal**  
Cancer Center

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Side two provides minimal but critical information:

- List of cancers that are considered “gastrointestinal cancer”
- Eligibility criteria
- Participation requirements
- Call to action: Contact us

## MGH Depression Clinical and Research Program

**Goal:** Increase recruitment for multiple studies

**Audience:** Feeling hopeless, lack of motivation, unaware of one's depression, stigma, lack of awareness about treatment options

**Messaging:** Altruism, sense of hope, access to novel treatments, MGH reputation

**Outreach:** Stand-alone website

–60% US adults seek health info online

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The Depression Clinical and Research Program at Massachusetts General Hospital came to HCC with a more complex recruitment challenge.

- DCRP recruits for an average of 10-20 studies at the same time
- The program's studies sometimes compete with each other for the same pool of potential participants

Information about open studies was only available through the main MGH website:

- Not where the general public would think to look
- Institutional look and feel
- Overwhelming amount of information
- Long list of studies, unformatted and uncategorized

People with depression present unique recruitment challenges:

- Feeling hopeless
- Lacking motivation
- Being unaware of one's depression
- Fearing stigma
- Lacking awareness of innovative treatment options



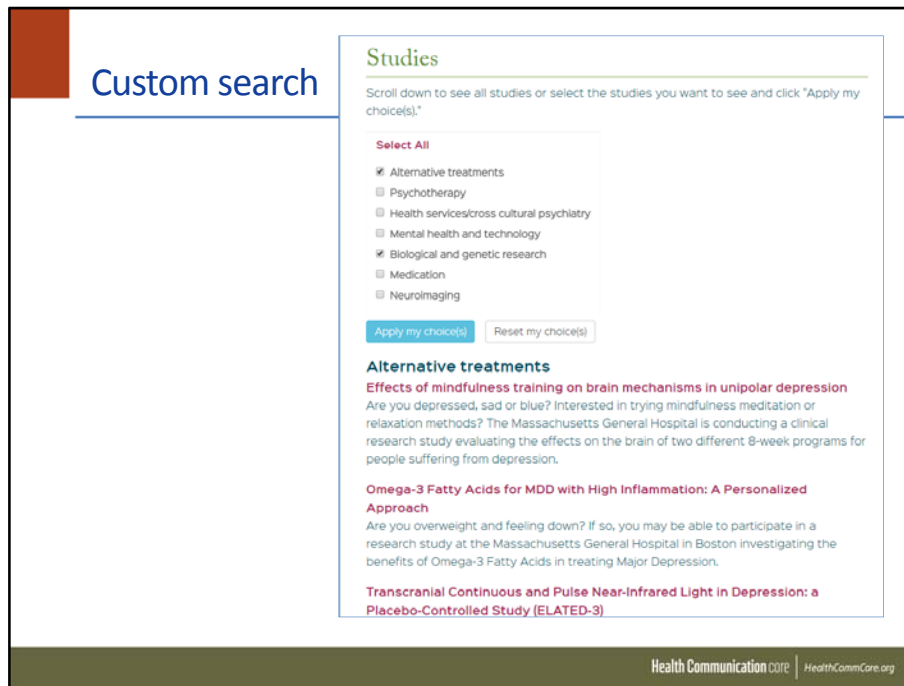
60% of US adults seek health information online. The solution was a recruitment website that was separate from, but linked to, the MGH site.

The study recruitment site looks personal and welcoming. The key messages conveyed on the home page are:

- MGH's institutional gravitas
- A sense of hope
- Appeal to altruism
- Affirmation that options are available

The home page allows people to easily find the information they need, with one-click access to:

- Background information about depression
- Information about open studies
- Easy ways to contact the program



On the “Our studies” page, visitors are presented with a simple list of the kinds of treatments that are available. They are able to select the type of studies they are interested in, resulting in a customized list based on their personal preferences.

## Website traffic metrics

700 visits per week

80% of visitors coming from online search

“Our Studies” page is 2<sup>nd</sup> most visited

–Home page is first

One study received 6,500 visits

We monitor the website traffic statistics for sites we develop. This site:

- Gets 600-1000 visits/month
- The “Our studies” page receives the most visits, after the home page.
- One study, which was featured on WBUR’s Commonhealth and Facebook, received 6,500 visits In one month.

Site analytics, which are free, can also tell us:

- What kind of devices visitors use to access the web
- What city they are from
- How many pages they visit
- How long they are on the site

## Recruitment tips

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### Altruism a common motivator

- Communicate how will participation help others

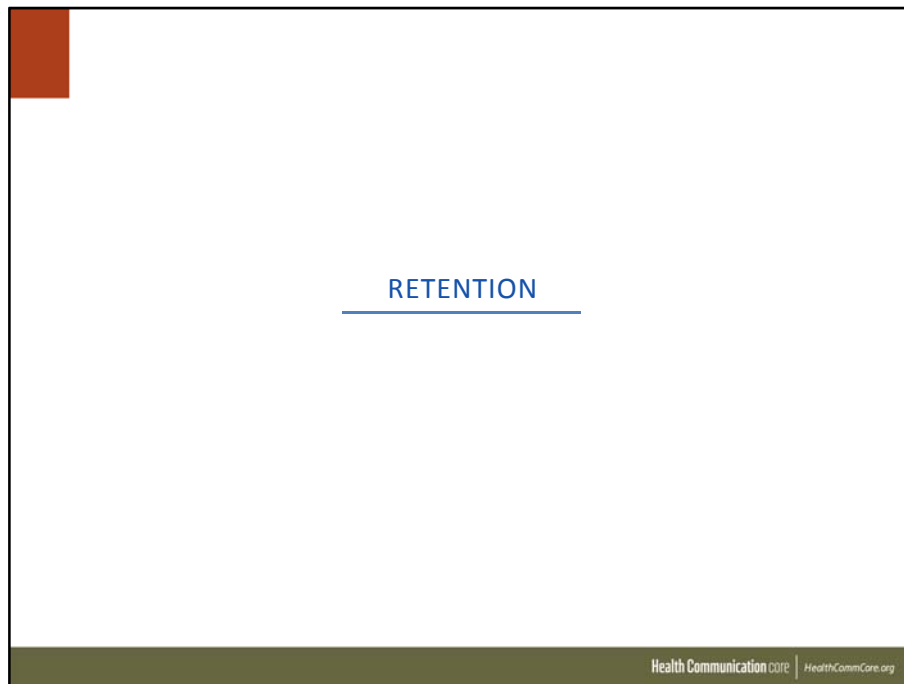
### Passion of the PI/research team

### Convenience and ease of participation

- Value participants' time and competing priorities

### Outreach

- Identify where/how to reach potential participants



After accrual comes loss to follow up.

Many studies, whether they require a few months or a lifetime commitment, face this challenge. Studies often focus on recruitment and don't think about retention until enrollment starts dropping off.

Think about retention from the start. Include it in your grant budget and in your study's communication strategy.



## Childhood Cancer Survivor Study

**Goal:** Increase participant engagement

**Audience:** Busy, not aware of how their data was making a difference

**Messaging:** Helping others, contributions to scientific advances, convenience

**Outreach:** Diverse preferences

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CCSS is in its third decade of tracking the long-term effects of cancer and therapy among a cohort of 25,000 survivors.

- It is known as the Long-Term Follow-Up Study to its participants.
- The backbone of the study is the data they collect from participants every few years through follow-up surveys.

The CCSS research team at St. Jude Children's Research Hospital in Memphis, TN engaged HCC to help increase participant engagement and maximize survey response rates. As part of the communication strategy development process, we interviewed participants from across the US. They told us:

- I feel honored to be in this study, to be able to help other people.
- I always intend to complete my survey but sometimes it ends up at the bottom of a pile of paper.
- It's a challenge to find time to complete the survey.
- I didn't realize I could complete it online.
- I'm not really sure how my data is being used, and what the study is accomplishing.

**LTFU**  
Long-Term Follow-Up Study

Autumn 2017

**Update**

**A note from us**

...with a sharp manometer who lives in Illinois, found himself here at St. Jude Children's Research Hospital on business. He stopped by the LTFU Study center, where I and several other Study researchers were delighted to meet him.

As we talked, he mentioned having had a second cancer and heart disease. He wanted to know if these were common experiences among other survivors.

We pulled out two of our recent articles in medical journals and walked him through some of the Study's results about late effects of childhood cancer. It was a privilege to tell him in person. "We've learned this thanks to you and your willingness to participate in the Study. You are part of this knowledge, which helps the medical community how they can help survivors around the world." I think he was overwhelmed when he saw the significance of his contributions to the study.

I'm sharing this story as we begin making out our new survey, to illustrate the value of each participant's response. Even if you're healthy or you skipped a few in the past, your updated information allows us to continue improving survivors' health.

Meeting this individual was such a pleasure for us. If other participants find themselves in or near Memphis, we hope you will stop by and say hello!

With thanks,  
Greg Armstrong, MD,  
Principal Investigator

**Advancing Survivors' Knowledge (ASK) About Skin Cancer**

Skin cancer is the most common subsequent malignancy among childhood cancer survivors. It's also the most treatable if it's diagnosed early.

The goal of the Advancing Survivors' Knowledge (ASK) About Skin Cancer Study is to increase early detection of skin cancer in survivors who were treated with radiation. More than 700 LTFU Study participants are part of the ASK Study.

"Skin cancer is the only cancer you can actually see," says Alan Gelles, an investigator at the Harvard T.H. Chan School of Public Health, who leads the ASK Study. "Detection is as

**Hot tips to save your skin**

**MOST PEOPLE LOVE to soak up the sun.** But nobody wants a sunburn. And tanning can lead to premature aging of the skin and, sometimes, to skin cancer.

For childhood cancer survivors, "hands-with-care" is the best approach to sun exposure. You may be at increased risk of developing skin cancer, especially if you were treated with radiation. While skin cancer is highly

treatable and survivable, prevention and early detection are key. Stay skin-cancer free year round by following these tips from the American Academy of Dermatology:

- The sun's rays are strongest between 10 a.m. and 3 p.m. If your shadow is shorter than you, seek shade.
- Wear protective clothing outdoors, such as a long-sleeved shirt, pants, wide-brimmed hat, and sunglasses.

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We developed a dynamic, updated visual approach for all study-related materials:

- Newsletters
- Website
- Surveys (print, online, mobile)
- Sub-study recruitment materials (postcards, app icons)

The front page of this issue includes:

- A note from the PI saying "thank you"
- Information about how to protect their health
- An update about an innovative sub-study about skin cancer

## Newsletter

### LTFU community

**Study size**  
Treatments for childhood cancer have changed over time, in part because of what has been learned from the Long-Term Follow-up Study. When the study began in 1974, we enrolled participants who were diagnosed between 1970 and 1981. More recently, we have added a new "generation" of participants diagnosed between 1987 and 1999.

**Three decades of data**  
Now the study includes participants who were diagnosed and treated over the span of 30 years! This allows researchers to show how advances in treatment have improved the lives of survivors. They can also identify areas where more progress is needed to help kids diagnosed with cancer in the future.

**Gender balance**  
Because men and women may experience some different issues related to their childhood cancers, it is important to have good representation of both males and females.

**NUMBER OF PARTICIPANTS BY TREATMENT DECADE**

Treatment Decade	Number of Participants
1970-74	3,960
1980-86	6,602
1987-99	9,771
<b>Total study size</b>	<b>20,333</b>

**Gender Balance**

Gender	Number of Participants
Male participants	11,136
Female participants	9,197
<b>Total study size</b>	<b>20,333</b>

### LTFU founder receives ACS medal of honor

Dr. Leslie L. Robinson, who founded LTFU in 1974, was recently awarded the American Cancer Society (ACS) Medal of Honor Award "in recognition of his lifetime contributions and dedication to research on the long-term outcomes of pediatric cancer survivors."

Dr. Robinson (far right) was one of three individuals receiving the ACS award (he's photographed here with the two other recipients, Juan Frigger, PhD, left, and Charles Swensen, MD, middle). Past recipients of the Society's Medal of Honor include former US President George H.W. Bush and former First Lady Barbara Bush, and former US Surgeon General C. Everett Koop, MD.

### Good Morning America gives "Surprise Salute"

Dr. Gregory Armstrong, LTFU's principal investigator, got a "surprise salute" from Good Morning America's hosts on September 9, 2016. You can watch the video here: <http://bcn.ws/1QZj8E6>

### 2016 achievements

LTFU participants can be proud of what they helped the study achieve in the past year:

- 28 publications in scientific journals
- 15 presentations at major conferences
- 9 open ancillary studies
- Funding support renewed through 2022 by the National Cancer Institute

Newsletters also include:

- Visuals of cohort's demographics, to help build a sense of community and demonstrate the significance of the study
- Highlights of recent media attention
- Study achievements
- Participant profiles
- Summaries of recent research results
- "We're glad you asked" FAQs
- Reminders to update contact information

The newsletter is now distributed as a self-mailer, so the eye-catching graphics are immediately apparent (not hidden in an envelope).

## Recontact card



A glossy, oversized postcard encouraged participants to update their contact information in advance of the upcoming survey release. Content on the front and back:

- Affirmed the value of their participation
- Detailed the multiple options for providing updates
- Highlighted the benefits of participation
- Thanked participants for their commitment and contributions

## Survey “heads up” card



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A few weeks ahead of a survey mailout, participants receive a “head ups” postcard letting them know that the survey is shorter than in previous years.

The card also announces that a mobile version is now available, and reminds them of the print, online, and telephone options for completion.

HCC also designed an elegant, square “thank you” card that is mailed after completion of the survey.

## Retention tips

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### **Keep in touch**

- Regular contact calendar
- Keep communications fresh

### **Say “thank you”**

- At each contact point

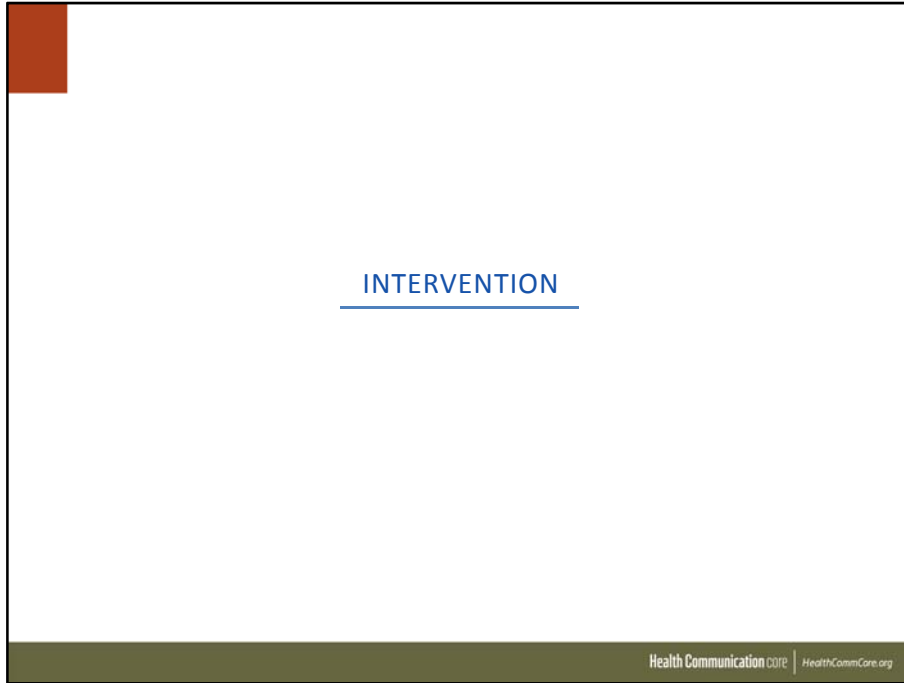
### **Demonstrate value of participation**

- Updates on study’s progress/achievements

### **Give back**

- Relevant, useful health information, support resources

Don't just get in touch with participants when you need something from them. Be sure to “give back” to them, and say thank you frequently.



HCC helps researchers intervene with information that can influence behavior and improve outcomes.

## UP (Understanding PrEP) decision aid

**Goal:** Clinical tool promoting shared decision making about pre-exposure HIV prophylaxis

**Audience:** Primary care physicians, high-risk men

**Messaging:** Positive, trustworthy, culturally competent

**Programming:** Individual risk assessment, values clarification, “next step,” summary, no data storage

**Outreach:** Physician offices, internet searches

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HIV pre-exposure prophylaxis (PrEP), which consists of taking one pill a day, is more than 90% effective in preventing transmission of HIV among men having sex with men (MSM) who are at high risk.

PrEP can be prescribed by primary care physicians, but many PCPs:

- Are not aware of PrEP
- Are not comfortable discussing sexual behavior
- Have misconceptions about PrEP (e.g., toxicity, effects on other risky behaviors)

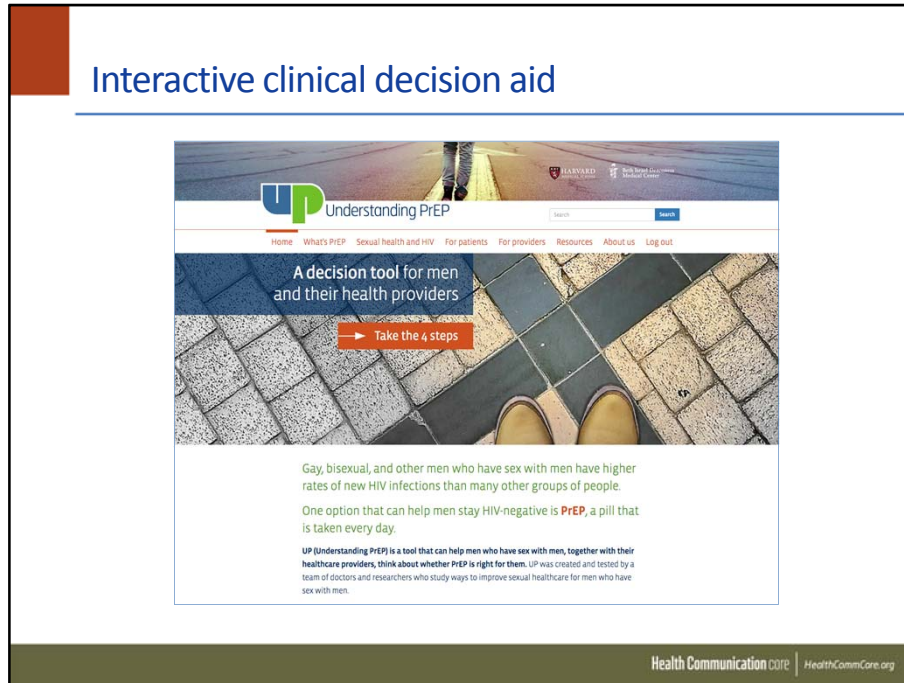
MSM also had misconceptions about PrEP and faced barriers of:

- Not being out to their providers
- Fear of being judged

HCC developed a name for the decision aid (UP: Understanding PrEP) that communicates its goal in a positive way.



## Interactive clinical decision aid



The goal of the UP decision aid is to promote discussion among providers and patients.

The most prominent feature on the home page is its red action button: Take the four steps.

The site's menu also provides access to:

- Background info about PrEP
- Patient info about how to talk to your provider
- A provider section with suggestions about how to discuss PrEP and prescribing guidance

## Risk assessment, values clarification

**Step 2: Chances of getting HIV with and without PrEP**  
This is an estimate of the chance that you might become HIV positive over the next year.

**Without PrEP**  
If you're not taking PrEP, 11 men would become HIV positive and 89 men would stay HIV negative.

**With PrEP**  
If you're taking PrEP, 1 man would become HIV positive and 99 men would stay HIV negative.

**Step 3: How PrEP fits with what matters most to you**  
Your answers to the following questions may help you see if taking PrEP fits with what matters most to you. Whatever your answers may show, talking to your healthcare provider about them may help you to decide.

Getting HIV is something I am:  
Very worried about — Not worried about

I use condoms with anal sex:  
Rarely — Always

Taking a pill every day would be:  
Not at all hard to do — Very hard to do

Having labs and visits with my healthcare provider every 3 months would be:  
Not at all hard to do — Very hard to do

Having a small chance of changes in my kidney and some health that almost always returns to normal after stopping PrEP is something I am:  
Not worried about — Very worried about

After answering a few questions about their sexual history and STD history, users of the decision aid view a graphic display of how many men who answered like them would and would not become infected with HIV if they were using PrEP.

Step 3 helps them focus on what's most important or worrisome to them—from fear of becoming infected, to concern about having to take a pill every day.

Step 4 asks them to identify their next step—talk to friends, think about it, or start PrEP.

## Preliminary testing results

Testing with PREP-inexperienced MSM and primary care providers in real and simulated clinical visits @ Fenway and BIDMC

- Providers: 99% found it helpful and would recommend it to other providers
- Patients: 97% found it helpful, 85% likely to recommend to friend

The UP decision aid is currently being tested in clinical settings, and preliminary results are positive.

## Intervention tips

### **Cultural competence**

- Are literacy level, graphics, and messages targeted to participants?

### **Clear, concise**

- Simple, direct information

### **Concrete**

- Action oriented

Cultural competence takes into consideration the unique characteristics of the people you want to reach—age, gender, sexual orientation, race/ethnicity, culture, geographic location, literacy level, etc.

Everyone—including other researchers—appreciates concise, well organized, easily scannable content.

Provide a specific call to action so the audience is clear on what to do and how to do it.

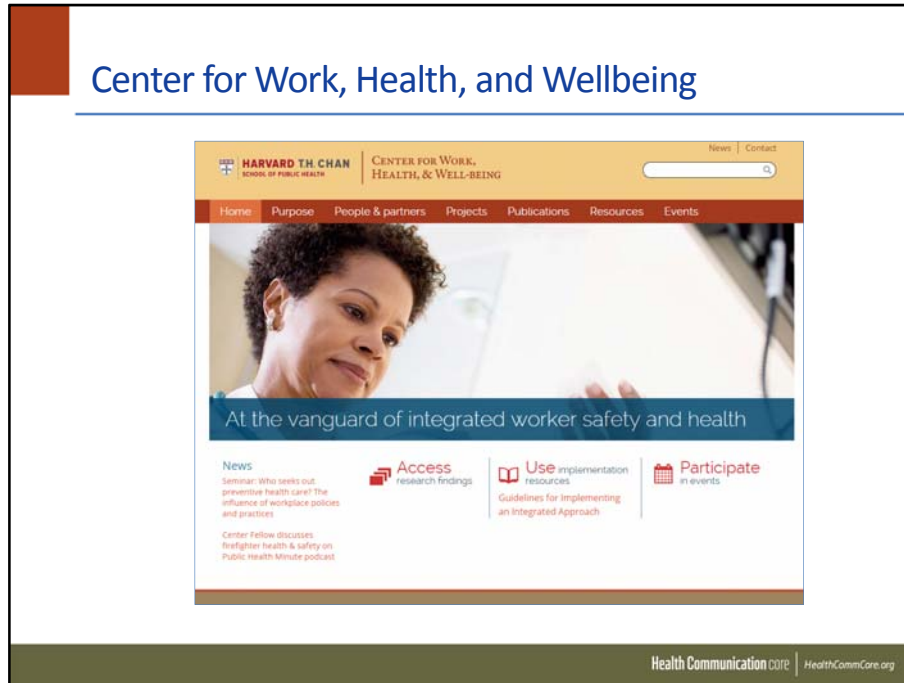


The goal of publishing research results is to get them into the hands of people who can use them—either to inform further research, or to translate them into practice.

Include a dissemination plan in your grant application and communication strategy.

- Identify and respond to the funder’s dissemination requirements
- Utilize the preferred channels and formats of the audiences you are sharing results with

## Center for Work, Health, and Wellbeing



The Center for Work, Health, and Wellbeing website is a channel for disseminating results of the Center's research on total worker health.

The home page targets its diverse audience of researchers and practitioners with appropriate resources so they can quickly access what they want:

- Published research
- Implementation tools
- Learning events

## Center for Work, Health, and Wellbeing

Guidelines for Implementing an Integrated Approach

Dimensions of Corporate Integration

Indicators of Integration

Recommended resources

### New Guidelines for Implementing an Integrated Approach

#### Implementing an Integrated Approach

[Download the full Guide](#)  
[Download the Executive Summary](#)

This Guide demonstrates how to implement an integrated approach to worker safety, health, and well-being at your workplace. Throughout the guide, you'll find real-world examples from various organizations that exemplify the concepts and processes presented. This guide shows you how to:

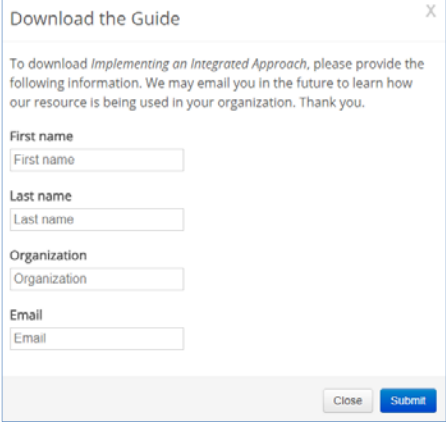
- Inspire key worksite stakeholders to support and participate in an integrated approach
- Identify goals and objectives for an integrated initiative
- Target your efforts on working conditions
- Implement policies and practices that create and sustain positive working conditions
- Evaluate and continually improve your efforts to enhance worker safety, health, and well-being



**Implementing an Integrated Approach**  
Making Worker Health, Safety, and Well-being the Heart of Your Organization

The Center recently released new Guidelines for Implementing an Integrated Approach. The Executive Summary and full Guidelines can be downloaded from this page.

## Center for Work, Health, and Wellbeing



The screenshot shows a pop-up window titled "Download the Guide" with a close button (X) in the top right corner. The text inside the window reads: "To download *Implementing an Integrated Approach*, please provide the following information. We may email you in the future to learn how our resource is being used in your organization. Thank you." Below this text are four input fields: "First name", "Last name", "Organization", and "Email". At the bottom right of the form are two buttons: "Close" and "Submit".

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In order to collect dissemination data, HCC created a pop-up that collects minimal data from people who want to download the entire Guidelines. This allows the Center to:

- Track the number of downloads
- Identify people's organizational affiliations
- Collect contact information for potential qualitative follow-up



## Dissemination tips

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Include dissemination in research plan

Target dissemination to needs of different audiences  
(other researchers, policymakers, primary care  
physicians)

Don't leave dissemination to the end of the funding cycle, when you've run out of time and money. Include dissemination in the communication strategy to ensure that what you're developing is right for the available dissemination channels (press releases, social media, briefs, etc.)



COLLABORATION

## Center for Cancer Genome Discovery

**Goal:** Promote collaboration

**Audience:** Researchers

**Messaging:** Collaborate with us, here's what we offer

**Outreach:** Conferences, online

CCGD's mission is to promote access to the new cancer genome analysis technologies it develops, and to collaborate with basic, translational, and clinical investigators to discover genomic alterations in human cancer.

## Outreach card

Advancing the field of precision cancer medicine

Developing new technologies for analyzing cancer genomes

Translating genomic technologies to the clinical setting

**CENTER for CANCER GENOME DISCOVERY**  
www.Dana-Farber.org/CCGD

**CCGD collaborates** with basic, translational, and clinical investigators to **discover** genomic alterations in human cancer and **evaluate** the clinical significance of these alterations for cancer diagnosis and therapy.

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An at-a-glance outreach card was developed to increase awareness of collaboration opportunities and encourage potential collaborators to contact the Center. The card is distributed at conferences and other events.

## Proposal management website

The screenshot shows a web interface for creating a new proposal. At the top left is the CCGD logo (Center for Cancer Genome Discovery) and navigation links for Home, My profile, and Log out. A sidebar on the left contains buttons for 'Create new proposal', 'Update my information', and 'Log out'. The main content area is titled 'Create a new proposal' and includes instructions: 'Please complete all form fields below. To save a draft of your proposal and complete it at a later time, click the "Save" button. To submit your proposal, click the "Submit proposal" button. An asterisk (\*) denotes a required field.' Below this is the 'PROPOSAL INFORMATION' section with the following fields:

- \* Name of proposed project: Text input field containing 'Rothfars proposal'.
- \* Principal investigator: Dropdown menu with 'CCGD Administration, CCGD' selected.
- \* Platform(s): List box with options: Illumina Whole Genome Sequencing, Sanger Sequencing, **Illumina Whole Exome Sequencing (WES)** (selected), Illumina Targeted Sequencing (OncoPanel version 2), Affymetrix SNP Array.
- \* Sample type(s): List box with options: RNA, **DNA** (selected), Other.

At the bottom right of the page, the text 'Health Communication CORE | HealthCommCore.org' is visible.

To facilitate the collaboration process, HCC developed a proposal management website. The site merged and replaced two outdated sites.

## Staff designate a review committee

The screenshot shows a web interface titled "ADMINISTRATOR AREA" with a sub-header "Set a deadline and choose committee members". It includes a "Deadline" field set to "January 27, 2018", an "Update proposal status" dropdown menu set to "Under committee review", and two columns of member selection lists: "Faculty" and "Advisors". The "Faculty" list includes "Adam Gerberick Faculty" (highlighted), "Levi Garraway", "Todd Golub", "William Hahn", and "Max Loda". The "Advisors" list includes "Shana McGough Advisor" (highlighted), "Monica Manam", "Matthew Meyerson", "Nelly Polyak", and "Jerome Ritz". A blue "Form committee" button is located at the bottom of the form.

ADMINISTRATOR AREA

Set a deadline and choose committee members

Deadline: January 27, 2018

Update proposal status: Under committee review

Faculty:

- Levi Garraway
- Adam Gerberick Faculty**
- Todd Golub
- William Hahn
- Max Loda

Advisors:

- Shana McGough Advisor
- Monica Manam
- Matthew Meyerson
- Nelly Polyak
- Jerome Ritz

Form committee

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The site manages the entire proposal review lifecycle. New users can register, admins can assign members to review committees, and the status of reviewers' decisions are easily viewed.

## Committee votes, staff tracks status

COMMITTEE VOTES			
Member username	Vote	Comments	Actions
agerberick	<input type="radio"/> Approve <input type="radio"/> Reject <input type="radio"/> Request revision <a href="#">Clear votes</a>		<a href="#">Vote</a>
shana_mcgough	<input checked="" type="radio"/> Approve <input type="radio"/> Reject <input type="radio"/> Request revision <a href="#">Clear votes</a>	Vivamus et orci eu ligula sollicitudin consequat sit amet eu est. Sed a porttitor lectus. Proin a pharetra urna, congue tristique odio. Suspendisse placerat.	<a href="#">Update</a>

The site allows fast searching/sort of data.

