Ethical Issues in a TWiCs study in early Psoriatic Arthritis

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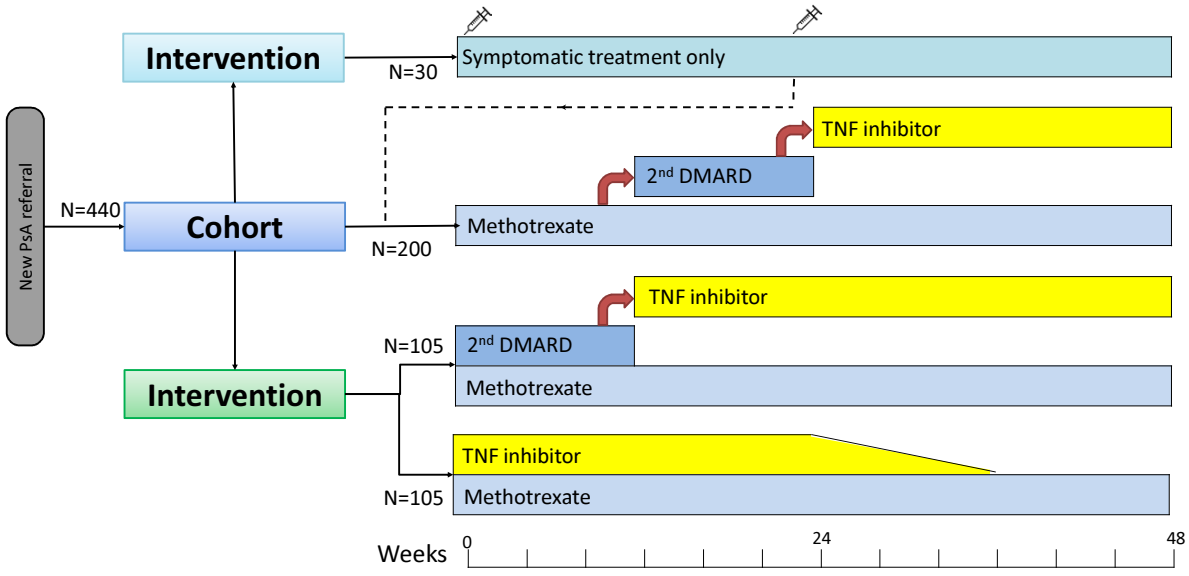
Study Design

This study will recruit newly diagnosed psoriatic arthritis (PsA) patients. The cohort will receive best practice therapy following European Recommendations: a "treat to target" approach where treatment is escalated aiming for an objective target. Treatment will be escalated from one standard disease-modifying agent (DMARD), combination DMARDs and finally to biologics.
Two initial studies are planned. A feasibility study will assess whether patients with mild PsA could be treated conservatively. A powered trial in moderate/severe PsA with two interventional arms will test more intensive drug therapy within the treat to target approach.



Ethical Issues Raised

The TWiCs design was chosen to allow analysis of real life outcomes in the cohort and treatment comparisons in the trials, producing generalizable results with the aim of changing routine practice.

Positive ethical issues – It will not be practical to "blind" therapy in these studies. This raises the issue of disappointment bias in patients who receive the "treatment as usual" comparator if they are aware that they have not been given the more intensive treatment. The use of the TWiCs design will avoid any disappointment bias allowing accurate comparisons of treatment.
Ethical issues of concern – The two stage consent for the cohort and then potentially for an interventional study must occur prior to starting treatment in newly diagnosed patients. Appropriate assessment at baseline in the cohort will have to rapidly allow randomisation to interventions and the consent forms and information given will have to be easily understandable to the patients to avoid overwhelming them.
In a usual RCT design, only patients consenting to the interventional study would be included in an intention to treat analysis. Whilst we plan to use complex statistical methods to adjust for the patients offered the intervention but declining, a low consent rate for the offered interventions may affect our later analysis.
The studies planned within the TWiCs are both controlled trials of investigational medicinal products. As the cohort will be acting as a "control" group for the interventions, additional detailed information relating to adverse events will have to be collected in the cohort beyond that which would normally be collected in a cohort placing an additional burden on these patients.

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