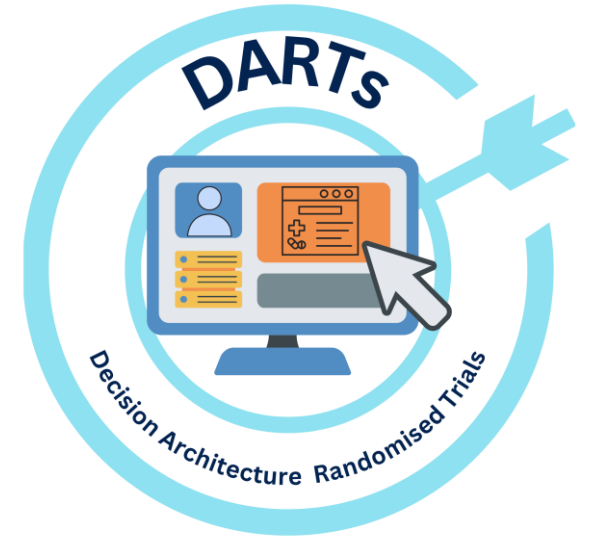


Developing and feasibility testing the first Decision Architecture Randomised Trial (DART) design



Presented by Clare Relton

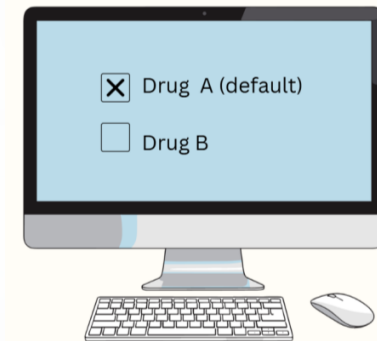
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- 1.5mn NHS GP consultations daily
- 9 minutes



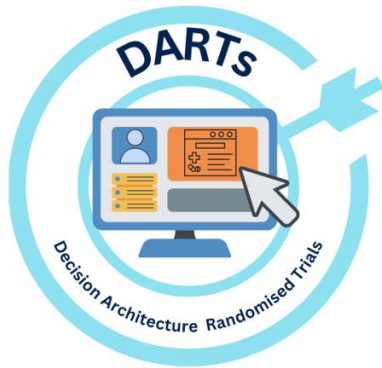
- ? Multiple medically approved, valid options that differ in effectiveness, side effects, recovery times, cost, long-term outcomes, lifestyle impact.....
- EHR system presents prescribing choices



- Clinicians often choose the first option that appears on the screen



- EHR decision architecture presents prescribing choices
- Clinicians often choose the first option that appears on the screen (default)



Decision Architecture Randomised Trials

- Default option set randomly
- Nudges clinicians towards one option (can override default option at any time)
- Analysis uses instrumental variable framework

Development and feasibility testing

Analysis

Decision architecture randomisation: extremely efficient clinical trials that preserve clinician and patient choice?

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- Pilot DART
- Ethical acceptability



- Acceptability and implementation
- Public views on consent process



Pilot DART



Memorial Sloan Kettering
Cancer Center



- Gabapentin vs No Gabapentin for patients undergoing mastectomy
- Effective? Safe?
- Treatment assignment influenced by patient level randomisation between order sets.
- Outcome - Morphine Milligram Equivalents (MMEs)



Orderset With Gabapentin Default

► Meds - Extended Recovery (AXR) Meds

☒ gabapentin (JRSC AXR <=65 years)

☒ gabapentin capsule 300 mg

300 mg, oral, Nightly, First dose today at 2200, Recovery & On Unit
Sign and Hold

☒ benzocaine-menthol lozenge 1 lozenge

1 lozenge, Mouth/Throat, Every 6 hours PRN, sore throat, Starting today at 1817, Recovery & On Unit
Sign and Hold

☒ diPHENhydramine IV/PO

diPHENhydramine tablet 25 mg

25 mg, oral, Every 6 hours PRN, itching, rash, Starting today at 1817, Recovery & On Unit
Sign and Hold

Orderset With No Gabapentin Default

► Meds - Extended Recovery (AXR) Meds

☒ benzocaine-menthol lozenge 1 lozenge

1 lozenge, Mouth/Throat, Every 6 hours PRN, sore throat, Starting today at 1823, Recovery & On Unit
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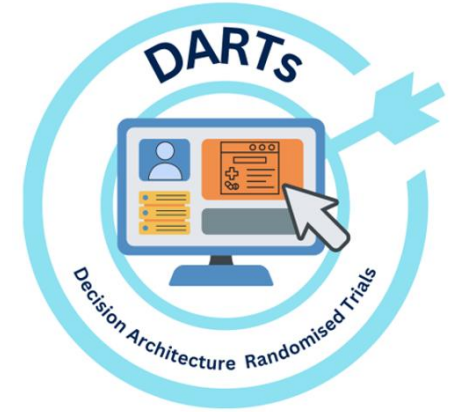
25 mg, oral, Every 6 hours PRN, itching, rash, Starting today at 1823, Recovery & On Unit
Sign and Hold

- Feasibility demonstrated
- 6 months and 600+ patients
- Strong nudge effect i.e. Most patients received the option in the order set to which they were randomised
- No workflow disruption reported

- Nudge achieved 85% separation in gabapentin use between order sets.
 - 14% (32/236) randomised to '**no gabapentin**' order set received gabapentin
 - 92% (255/258) randomised to '**gabapentin**' order set received gabapentin



Pilot DART - Consent for research



- DARTs closely integrated into EHR systems and routine prescribing decisions
- ***What level of information/ consent is indispensable?***

IRB agreed to waiver of consent

Impracticability - randomisation embedded into EHRs

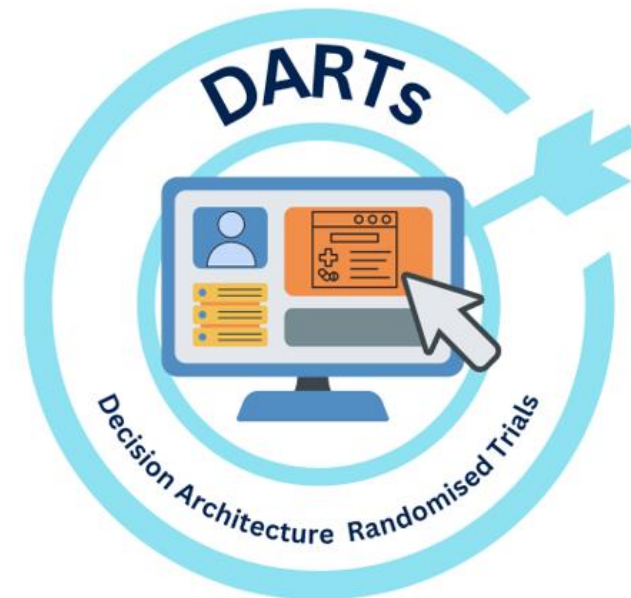
Minimal risk - randomised between standard-of-care treatments

No adverse effect on rights and welfare - autonomy preserved

Significant social value - evidence for routine clinical decision-making



Pilot DART – Consent for research



- **Deliberative Democracy Sessions**
- Public (n=95) - surveys & facilitated group discussions.
- Majority (64%) supported waiving individual level informed consent for DARTs
- Themes
 - Nudges must preserve clinical autonomy
 - Notification that a DART was taking place preferred
 - Acceptability depends on comparators being similar, established treatments





**BOWEL
RESEARCH
UK.**

Colorectal
Disease



TECHNICAL NOTE

Open Access



Addressing 'hard-to-fund' research questions in bowel research: Exploring the role of decision architecture randomised trials

[Stephen J. Chapman](#) [Carly Bisset](#), [Hayley Fowler](#), [Alice Murray](#), [Jessica Banks](#), [Judit Kovacs](#), [Jim Tiernan](#), [Julie Cornish](#), [Susan Moug](#), [Dale Vimalachandran](#), [James H. Flory](#), [Andrew Vickers](#), [Clare Relton](#)

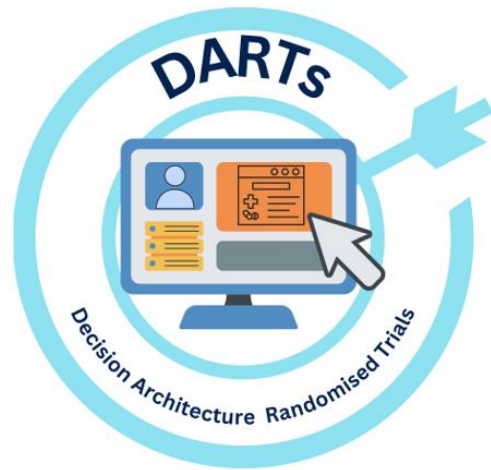
First published: 13 August 2026 | <https://doi.org/10.1111/codi.70589> | [VIEW METRICS](#)

Exploring acceptability and implementation of DARTs



- Current status of EPRs (variation in capabilities)
 - Electronic survey of NHS Trusts
 - Industry providers and NHS EPR/digital team interviews
- Acceptability of DARTs (interviews and focus groups): Patients & Public, Clinicians, NHS managers, NHS IT professionals, Research nurses & delivery teams, RECs.
- RQs relevant to bowel disease amenable to DART methods
 - Consensus to generate priority list of questions & select one question to develop as 1st UK DART
- Developing publicly legitimate informed consent for DARTs
 - PhD study using deliberative democracy methods

- *Introduce randomised, indiscernible nudges*
- *Useful when treatment choice is influenced by order set design*



- ✓ Patient and clinician choose freely
 - ✓ No disruption to patient care
 - ✓ Greater inclusivity
 - ✓ Reduced burden
- ✓ Very low cost per patient accrued

Highly efficient, technology enabled trial design

Thank you

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