The DISC Trial recruited 672 patients with Dupuytren's Contracture who were equally and randomly assigned to have either surgery or collagenase injection. The study assessed whether the injection was as good and as safe as surgery at straightening the fingers, how long the fingers remained straightened, and if patient safety was similar between the treatments.

For up to two years after treatment, every participant's hand function and general health were assessed. In one sub-study, some participants provided standardised photographs at set times, to monitor changes to their fingers (recurrence). In another, some were asked to express themselves freely and in more depth about their experiences of Dupuytren's contracture and their treatments.

The DISC Trial found that:

- Collagenase injections were not as good and as safe as surgery.

- Hand health improved following both treatments. Initially, the injection treatment improved hand health more than surgery. However, by the end of the first year after treatment, surgery improved hand health more than the injection treatment.

- Recovery of hand function was quicker for participants who received the injection, with recovery from surgery being slower. Despite the faster initial benefits from injection, participants who received this were more likely to need further treatment at an earlier stage than those who received surgery. When considering these findings, many participants said that the less positive longer-term outcome was acceptable for a better treatment experience.

- For both treatments, participants interviewed at three months after treatment, said they were happy with the hand improvement they experienced.

- More than half of all participants had no complications and moderate or severe complications were rare. Participants who received surgery had more moderate or severe complications, than those who received injections.

- The injection was good value for money at one year but by two years surgery was better value for money.

- Photographs taken by participants and evaluated by a medical expert, can help to monitor Dupuytren's contracture recurrence, but do not give the same results as measurements taken in clinic.

The study was funded by the National Institute for Health and Care Research Health Technology Assessment Programme (15/102/04). The views expressed are those of the DISC Trial team and not necessarily those of the NIHR or the Department of Health and Social Care.

Dupuytren's Interventions Surgery vs Collagenase

The DISC Trial recruited and randomly assigned **672** participants to have either surgery to remove the tissue and straighten the finger, or an injection called collagenase which softens the tissue after which the finger is moved to straighten it.

This allowed us to assess whether the injection was as good and as safe as surgery at straightening the finger, how long the finger remained straightened after treatment and if complications were similar between the treatments.

Immediate Correction

SURGERY in **HOSPITAL**

78.4%

Straight

20.6%

Better

0%

No change

(some missing data therefore does not total 100%)

INJECTION in **CLINIC**

61.6%

Straight

37.8%

Better

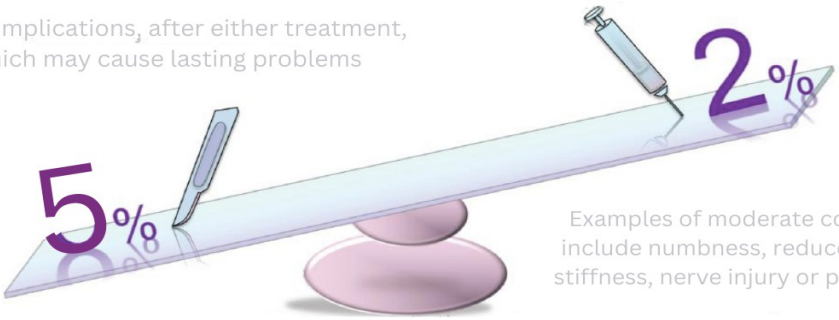
0.3%

No change

(some missing data therefore does not total 100%)

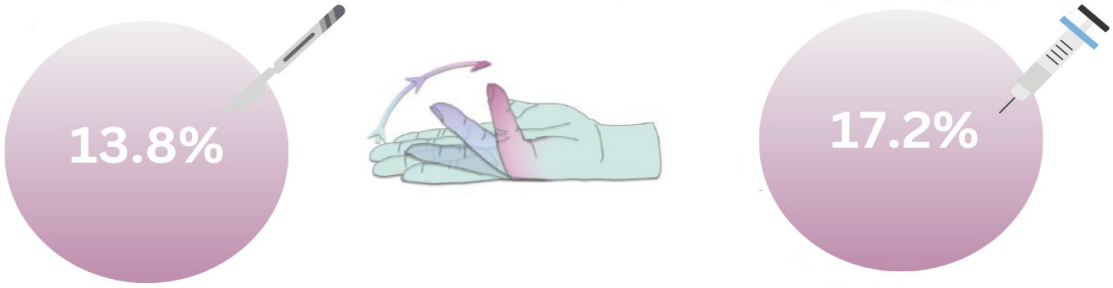
Risk of moderate complications

Moderate complications, after either treatment, are those which may cause lasting problems



Examples of moderate complications include numbness, reduced movement, stiffness, nerve injury or painful swelling.

Recurrence - finger bends back again slowly



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