Cost-Effectiveness of Open Partial Fasciectomy, Needle Aponeurotomy, and Collagenase Injection for Dupuytren Contracture

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Purpose We undertook a cost-utility analysis to compare traditional fasciectomy for Dupuytren with 2 new treatments, needle aponeurotomy and collagenase injection.

Methods We constructed an expected-value decision analysis model with an arm representing each treatment. A survey was administered to a cohort of 50 consecutive subjects to determine utilities of different interventions. We conducted multiple sensitivity analyses to assess the impact of varying the rate of disease recurrence in each arm of the analysis as well as the cost of the collagenase injection. The threshold for a cost-effective treatment is based on the traditional willingness-to-pay of $50,000 per quality-adjusted life years (QALY) gained.

Results The cost of open partial fasciectomy was $820,114 per QALY gained over no treatment. The cost of needle aponeurotomy was $96,474 per QALY gained versus no treatment. When we performed a sensitivity analysis and set the success rate at 100%, the cost of needle aponeurotomy was $49,631. When needle aponeurotomy was performed without surgical center or anesthesia costs and with reduced hand therapy, the cost was $36,570. When a complete collagenase injection series was priced at $250, the cost was $31,856 per QALY gained. When the injection series was priced at $945, the cost was $49,995 per QALY gained. At the market price of $5,400 per injection, the cost was $166,268 per QALY gained.

Conclusions In the current model, open partial fasciectomy is not cost-effective. Needle aponeurotomy is cost-effective if the success rate is high. Collagenase injection is cost-effective when priced under $945. *(J Hand Surg 2011;36A:1826–1834. Copyright © 2011 by the American Society for Surgery of the Hand. All rights reserved.)*

Type of study/level of evidence Economic and Decision Analysis II.

Key words Systematic review, Dupuytren contracture, cost-effectiveness, collagenase, fasciectomy.

Additional material is available online.

TREATMENT OPTIONS FOR Dupuytren contracture vary widely. Interventions include open partial fasciectomy,[1–7] needle aponeurotomy,[8–11] and collagenase injection.[12–15] The sheer volume of publications describing outcomes of Dupuytren contracture is daunting, and there is little evidence to guide decision making in the treatment of this disease.

Traditional treatment—open partial fasciectomy—has been used to treat the mildest to most severe forms of Dupuytren contracture. It continues to be a standard intervention for proximal interphalangeal joint contractures and severe cases. It has a recurrence rate ranging from 30% to 40% at midterm follow-up and is most frequently complicated by neurapraxia and wound-healing problems.[2,4] Needle aponeurotomy is an alternative treatment. This intervention, popularized by French rheumatologists, has less morbidity and has shown moderate success in mild cases, but it has a recurrence rate of greater than 60% at midterm follow-up in more severe cases.[8,10] Collagenase injection, the newest intervention, has an overall response rate of 64%.[15] In open-label trials, the response rate ranges from 88% to 100%.[12–15] Currently, collagenase injection is most commonly advocated for isolated metacarpophalangeal joint contracture. The recurrence rate and the complexity of revision operations after collagenase injection are unclear. Given the treatment choices available today, a systematic analysis of current data, considering cost and effectiveness, is timely to comply with the national agenda on comparative effectiveness research.

The cost-effectiveness study presented in this analysis can help guide physicians and patients to arrive at an informed decision in the treatment of Dupuytren contracture in a simulated clinical situation of a functionally limiting contracture in which all 3 interventions are applied. We hypothesized that open partial fasciectomy, needle aponeurotomy, and collagenase injection would be cost-effective based on societal standards ($50,000 or less per quality-adjusted life year [QALY], the estimated incremental cost-utility ratio of kidney transplantation over dialysis for end-stage renal failure), but the less invasive techniques would be dominant strategies compared with open partial fasciectomy.

MATERIALS AND METHODS

General model overview

This cost-effectiveness model and analysis follows the guidelines of the Panel on Cost-Effectiveness in Health and Medicine developed by the United States Public Health Service in 1993.[16,17] These guidelines help ensure consistency among cost-effectiveness analyses.

Our model compared the cost-effectiveness of needle aponeurotomy, collagenase injection, and open partial fasciectomy in adults. The model assumed that the mean age of presentation, as derived from the literature, would be 63 years.[1,2,4,8–15,18] The time horizon of this analysis was 20 years; we chose this partly for ease of calculation in the model, but we also based it in part on the assumption that most subjects would be men and that the average life expectancy for a man living in the United States is 78 years.[19] Cost-effectiveness is reported from the societal perspective. The boundary of the analysis is limited to the costs and health effects directly affecting the population of interest.

Effectiveness

We found no literature studying the utility associated with treating Dupuytren contracture. We constructed a utility survey specific to our decision model (Appendix 1; Appendix 1 is available on the *Journal's* Web site at www.jhandsurg.org.) This utility survey requires subjects to choose between a particular scenario related to living with Dupuytren contracture involving the small and ring fingers of the dominant hand and a scenario involving living with a fully functioning hand and fingers. We pilot tested this survey multiple times to ensure the survey items' completeness and clarity. The final version of the survey was pilot tested with 5 hand therapists. The survey included 13 standard gamble scenarios based on the decision tree. The utility survey methodology is included in Appendix 2 (Appendix 2 is available on the *Journal's* Web site at www.jhandsurg.org).

In keeping with the societal perspective, we elected to survey members of the general public who share similar demographic characteristics with those who have Dupuytren contracture but who do not have the condition. We recruited subjects between 50 and 80 years of age without ongoing hand injuries or conditions from our institution's sports medicine clinic. One of 3 research assistants administered the survey to participants in person. A brief explanation of the standard gamble methodology was presented, and Dupuytren contracture and various treatments and rehabilitation were explained. The base scenario showed a picture of a hand with contracted ring and small fingers with the following expected limitations: (1) You will have difficulty putting your hands in your pockets; (2) you will have difficulty holding small objects such as change; (3) you will have difficulty grasping objects both small (such as change or keys) and large (such as a coffee cup); and (4) you will be able to carry light objects with handles with your hand, such as a shopping bag, but

you may have difficulty with heavier items (Appendix 1). The complications were explained, including further interventions and time to maximal recovery. The 1-on-1 format allowed the research assistants to gauge the understanding level of each participant and immediately answer any questions. Participants were given a $20 gift card for gasoline after completing the survey.

Data analysis

We calculated QALYs for each possible outcome by multiplying the mean utility assigned by the participants by 20 remaining life years. We then calculated the QALYs gained by each treatment over no treatment. We then calculated cost per QALY gained by dividing the QALYs gained over no treatment by the cost of that treatment, based on Medicare data for 2009. Because cost-effectiveness analysis uses multiple sources to model probabilities of outcomes, there is inherent uncertainty. To account for this uncertainty, we performed a sensitivity analysis to evaluate how varying base data affects the results.

We performed a univariate sensitivity analysis on the cost-effectiveness of open partial fasciectomy and needle aponeurotomy with varying surgical center, anaesthesia, or hand therapy costs, and the cost of collagenase to determine a threshold pricing for cost-effectiveness. We set the threshold for cost-effectiveness at $50,000 per QALY.[20] We performed sensitivity analysis on other variables including recurrence rates, rate of digital nerve injury, and rate of chronic regional pain syndrome. Recurrence and complication rates were varied from 0% to 100%. The cost of collagenase injection was varied from $0 to $5,400, which was the average stated price in the current market.[21]

RESULTS

Utilities

We surveyed 50 subjects. The mean age was 60 ± 6 years. A total of 27 subjects were men. Utilities for interventions for Dupuytren contracture were universally high, ranging from 0.971 to 0.994 (Table 1). The outcome with the worst utility was open partial fasciectomy complicated by chronic regional pain syndrome (utility = 0.971). The outcome with the highest utility was successful collagenase injection (utility = 0.994). In the standard gamble method, a utility of 1 represents perfect health, whereas a utility of 0 represents death. The high utilities elicited from our participants indicate that they think that contracture of the ulnar digits has little effect on quality of life.

TABLE 1.   Utilities for Dupuytren Clinical Scenarios

Scenario	Utility
No treatment	0.987
Successful open partial fasciectomy	0.991
Successful open partial fasciectomy complicated by nerve injury	0.989
Successful open partial fasciectomy complicated by CRPS	0.971
Failed open partial fasciectomy, successful revision fasciectomy	0.986
Failed open partial fasciectomy, failed revision fasciectomy	0.979
Successful needle aponeurotomy	0.993
Successful needle aponeurotomy complicated by nerve injury	0.990
Failed needle aponeurotomy, successful revision fasciectomy	0.991
Failed needle aponeurotomy, failed revision fasciectomy	0.981
Successful collagenase injection	0.994
Failed collagenase injection, successful revision fasciectomy	0.994
Failed collagenase injection, failed revision fasciectomy	0.980

CRPS, chronic regional pain syndrome.

Baseline data

Based on Medicare costs, the average cost of treatment involving needle aponeurotomy or open partial fasciectomy ranged from $3,824 to $8,360 (Table 2). The cost of injection administration apart from the cost of the collagenase was $119.

From our previous systematic review, we were able to determine the recurrence and complication rates for each treatment (Table 3).[1–15] For our model, we assumed that the recurrence rate of open partial fasciectomy was 30%, the recurrence rate of needle aponeurotomy was 60%, and the recurrence rate of collagenase injection was 15%. We assumed the rates of chronic regional pain syndrome and digital nerve injury were 5% in all cases.

Effectiveness

Dupuytren contracture with no treatment was equal to 19.75 QALYs. The QALYs gained or lost for each outcome ranged from −0.33 to 0.13 (Table 4). Clinical success resulted in a gain of 0.08 to 0.13 QALYs; however, clinical success achieved after revision open

TABLE 2.   Cost Calculations for Successful Procedures[e,f]

Procedure (CPT Code)	Total Procedure RVUs[a]	Facility Costs	Anesthesia Time Units[b]	Anesthesia RVUs[c,e,f]	Therapy Visits (n)	Splint Costs	Reimbursement
Open partial fasciectomy (26123)	20.58	$1,895	6	4.34	36	$11	$4,772
Needle aponeurotomy (26040)	7.64	$1,413	6	4.34	36	$11	$3,833
Collagenase injection (96372)[d]	0.58	$16.84	0	0	0	0	$122

RVU, relative value unit.

Reimbursement is calculated as: (total RVU + [(3[e] + anesthesia time units) × ($20.9150/$36.0666) × 0.8325[f])] × $36.0666 + facility costs + (therapy costs × number of visits) + splint.

[a] 1 RVU = $36.0666 (2009).

[b] 1 time unit = 15 minutes.

[c] 1 RVU = $20.9150 (2009).

[d] Collagenase injection reimbursement includes 3 injections. Drug costs are not included because they vary greatly.

[e] Anesthesia base units for anesthesia for all procedures on nerves, muscles, tendons, fascia and bursae of the forearm wrist and hand (CPT code: 01810).

[f] Anesthesia work function = 0.8325 (2009).

TABLE 3.   Recurrence Rates and Complication Rates (%)

	Open Partial Fasciectomy	Needle Aponeurotomy	Collagenase Injection
Recurrence rate	12–39	50–58	10–31
Nerve division	2–5	0.4	Not reported
CRPS	2–13	0.4	0.3%

CRPS, chronic regional pain syndrome.

TABLE 4.   QALYs Gained for Dupuytren Clinical Scenarios

Scenario	Utility
No treatment	NA
Successful open partial fasciectomy	0.08
Successful open partial fasciectomy complicated by nerve injury	0.03
Successful open partial fasciectomy complicated by CRPS	−0.33
Failed open partial fasciectomy, successful revision fasciectomy	−0.03
Failed open partial fasciectomy, failed revision fasciectomy	−0.18
Successful needle aponeurotomy	0.11
Successful needle aponeurotomy complicated by nerve injury	0.05
Failed needle aponeurotomy, successful revision fasciectomy	0.08
Failed needle aponeurotomy, failed revision fasciectomy	−0.13
Successful collagenase injection	0.13
Failed collagenase injection, successful revision fasciectomy	0.12
Failed collagenase injection, failed revision fasciectomy	−0.15

NA, not available; CRPS, chronic regional pain syndrome.

partial fasciectomy that followed failed open partial fasciectomy resulted in a loss of 0.03 QALYs. Chronic pain after open partial fasciectomy resulted in a loss of 0.33 QALYs. As a point of reference, a larger gain of QALYs is preferred to a small gain of QALYs when evaluating an intervention. In general, the QALYs gained for the 3 interventions for Dupuytren contracture were limited.

Reference case results

In our model, the cost of collagenase was set at $1,000. The cost per QALY gained for open partial fasciectomy, needle aponeurotomy, and collagenase injection was $820,114, $96,474, and $51,431, respectively.

Sensitivity analysis

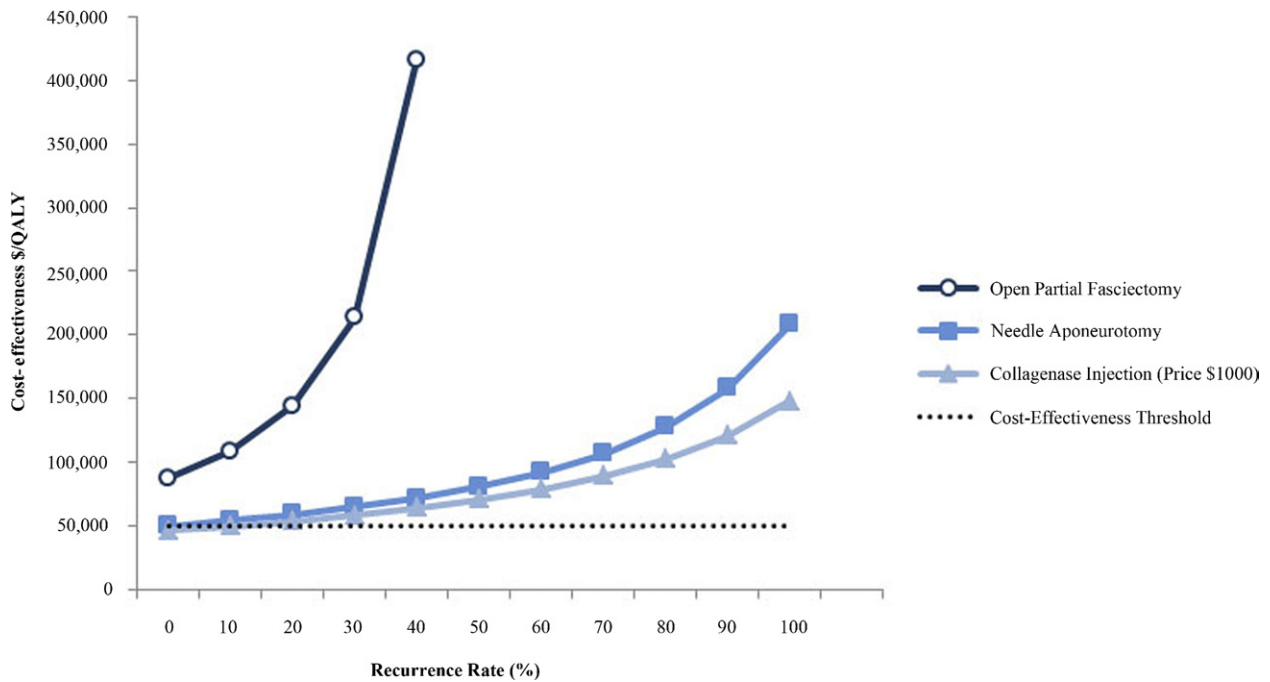We performed univariate sensitivity analysis on the recurrence rate and complication rate for each procedure, the costs of varying hand therapy, the anesthesia and facility fees for needle aponeurotomy, and the cost of collagenase. In this model, open partial fasciectomy would not meet cost-effectiveness thresholds even if it

FIGURE 1: Cost-effectiveness of open partial fasciectomy, needle aponeurotomy, and collagenase injection as a function of recurrence rate in the reference model. The cost of collagenase in this model is $1,000 for the entire treatment series. The dotted line indicates the threshold of cost-effectiveness, $50,000 per QALY gained.

were 100% successful and had a complication rate of 0% (Fig. 1). The rate of success needed to be 84% and the recurrence rate less than 11% for needle aponeurotomy to be cost-effective. The threshold for cost-effectiveness is traditionally considered $50,000 per QALY. A lower cost per QALY represents a more cost-effective intervention, and the higher cost per QALY represents a less cost-effective intervention.

If open partial fasciectomy were performed without any associated hand therapy, the cost per QALY would be $573,969. In the theoretical situation in which open partial fasciectomy was performed outside the operating room without anesthesia and without therapy, the cost per QALY was $161,329. The cost per QALY of needle aponeurotomy without surgical center fees, anesthesia fee, and hand therapy was $36,570. The cost per QALY of needle aponeurotomy in this scenario with 1 session of hand therapy per week for 12 weeks was $47,814.

When the cost of collagenase was $0, the cost per QALY gained was $25,331. At a cost of $945 for the entire collagenase injection series of 3 injections, the cost per QALY gained was $49,995, which approximates the threshold for cost-effectiveness. When the success rate of collagenase injection was set at 100%, the injection was still cost-effective when the cost of the enzyme was $1,165. When the success rate of collage-

nase was set at 30%, the injection was cost-effective at a cost of $137. The current cost of collagenase at the time of the study was $3,250 per injection, or $5,400 for an average course of treatment.[21] At this price, the cost per QALY gained was $166,268, which exceeds the threshold for cost-effectiveness (Fig. 2).

DISCUSSION

This study is an analysis of 3 treatment options for Dupuytren contracture: open partial fasciectomy, needle aponeurotomy, and collagenase injection. In this model, the first hypothesis was rejected: Open partial fasciectomy did not meet cost-effectiveness thresholds based on traditional standards of $50,000 per QALY. The second and third hypotheses were conditionally accepted: Needle aponeurotomy is cost-effective only when the success rate is near 100% or when it is performed in an outpatient setting with reduced hand therapy; collagenase injection is cost-effective when priced under $945.

Decision analyses, which have been used for policy making, determining insurance coverage, and clinical decision making,[17,20,22–24] inherently have a scope of applicability and limitations that should be examined carefully before accepting the results. This particular decision analysis uses a decision tree to model interventions as 3 separate arms. A decision tree is struc-
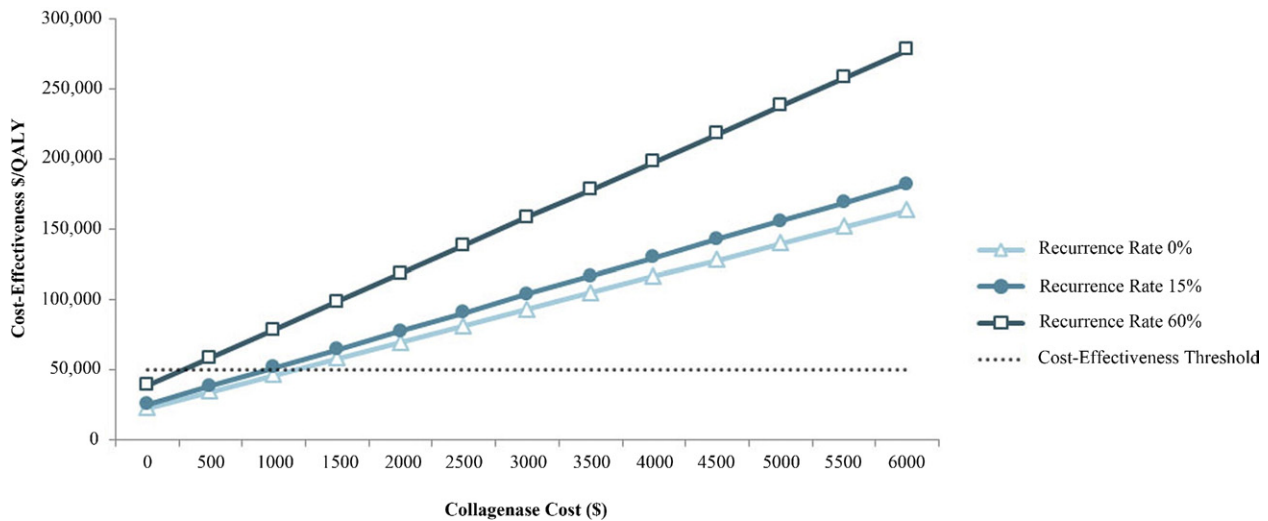
FIGURE 2: Cost-effectiveness of collagenase injection as a function of collagenase cost and recurrence rate. The cost-effectiveness of collagenase is linearly related to the pharmaceutical cost; however, the cost is exponentially related to the recurrence rate. The dotted line indicates the threshold of cost-effectiveness, $50,000 per QALY gained.

tured such that each branch point involves a unique set of choices and each terminus involves a unique set of outcomes.[25–29] Unfortunately, a limitation of any decision tree is that each outcome is exclusive: A subject who develops both complex regional pain syndrome and a recurrent contracture after needle aponeurotomy cannot be accommodated by the tree.

A primary assumption of this model is that the revision treatment of choice would be open partial fasciectomy. We believe that, in most practices at this time, open partial fasciectomy would be the next intervention when a collagenase injection or needle aponeurotomy was unsuccessful; however, this model may need to be refined if future evidence demonstrates that collagenase injection could be a reasonable revision procedure. Also, the index case represented in the survey was a functionally limiting contracture involving the small and ring fingers and applied to all 3 interventions. Because we surveyed the general populace, we had to use a uniform case owing to practical limitations, and we used what could be considered a relatively more severe case to improve the ability of the survey to discriminate marginal utilities. As the severity of the case increases, this uniform case likely increases the utility of contracture correction and favors improved cost-effectiveness of all of the procedures examined. Finally, needle aponeurotomy and collagenase injection may not be appropriate in all cases, and some cases can be addressed only with open, partial fasciectomy. The current model is unable to discriminate among these different cases. An alternative design would be to present the case of an isolated metacarpophalangeal joint

contracture; however, the practical limitations are that outcomes data cannot be extracted for open partial fasciectomy from the literature in this scenario, and that this model may result in marginal changes of utility that could not be isolated with a utility survey.

Secondary limitations include the quality of the existing data on Dupuytren disease and the use of Medicare cost data to derive societal costs. The literature on Dupuytren disease has a number of shortcomings. In our systematic review, recurrence rates vary substantially, even in the highest-quality series.[1–15] In addition, the highest-quality data tend to report follow-up at the 5- to 7-year mark. As a result, recurrence rates may be higher than stated at long-term follow-up. In addition, the reported outcomes of needle aponeurotomy and collagenase injection may be more favorable in that the average severity of cases may be less than those reported for open partial fasciectomy. To compensate for this variability, we performed multiple sensitivity analyses for a large range of recurrence rates and complication rates.

Cost data also vary widely with different insurers and geographic locations. We used 2009 Medicare cost data because this is a standard convention for surgical cost-effectiveness analyses. We also performed a sensitivity analysis, varying the costs of the interventions to compensate for this inconsistency. The cost data used in this study reflect only the direct cost of surgery, drugs, splinting, and rehabilitation. The costs of each intervention included a substantial amount of hand therapy that made the overall cost greater. The amount of formal therapy is variable among practices, is not uniform

among interventions, and may not be used at all in some cases. There are a number of additional costs to society, including loss of productivity. We chose to include only direct immediate costs of treatment because they are readily defined and interpreted.

A strength of this study is that the utility survey was specifically tailored to our decision model. Rather than extrapolate utilities from the literature, we acquired these utilities from a sample that was similar in age to patients who would have Dupuytren contracture.

After consideration of these limitations, we can make meaningful insights from analysis of this decision model. Our survey data suggest that participants believe that Dupuytren contracture does not create severe impairment, as evidenced by the high utilities. The larger implication of these data is that, in general, hand surgery procedures may perform poorly using current cost-effectiveness metrics. The standard cost-effectiveness threshold—$50,000 per QALY—is based on the concept of utilities. Although this threshold has been debated, this number has become entrenched in health economics literature and is the metric by which interventions are often compared.

As a point of reference, the utility of wrist arthrodesis has been reported as 0.82, and the utility of wrist arthroplasty has been reported as 0.85 using the standard gamble method to determine utility. The utility of blindness, liver transplantation, and paraplegia have been reported as 0.3, 0.7, and 0.4, respectively.[30–32]

In the setting where utilities are measured on a metric of perfect health (1) versus death (0), methods to determine utility likely lose the ability to discriminate well between minor pathology and perfect health. In addition, the utilities measured may vary widely by geography or culture. For instance, the utilities assigned to finger amputation or replantation may be different in Japan, where digital salvage is highly valued. Other ways used to measure cost-effectiveness are to use a validated outcome measure such as the Disabilities of the Arm, Shoulder, and Hand questionnaire, the Short Form-36, the Michigan Hand Outcomes Questionnaire, or the Patient-Rated Wrist Evaluation, and then calculate the cost per unit change. The primary advantage of this method is that we are able to compare hand interventions with one another much more readily. The disadvantage of this methodology is that these results are difficult to interpret when comparing with other cost-effectiveness data in medicine, and they may confound decision making. There are also alternative methods of economic analysis using willingness to pay or willingness to accept models to approach health care decision making.

Because of the high utilities, for an intervention to be cost-effective for Dupuytren contracture, it should be highly successful and inexpensive. Open partial fasciectomy is the most commonly used surgical treatment for Dupuytren contracture.[18] Open partial fasciectomy has a modest success rate, but considering the surgical and anesthetic costs, it has limited cost-effectiveness. However, there are some cases, such as a severe proximal interphalangeal joint contracture, when open partial fasciectomy may be the only feasible option. Our findings support the current interest in exploring alternative interventions. Modifications of standard techniques using regional anesthesia in an office setting may reduce costs substantially and improve the overall cost-effectiveness while preserving some of the clinical advantages of open partial fasciectomy over other interventions.

Needle aponeurotomy has been advocated as an alternative for open partial fasciectomy.[8–10] Foucher et al[10] stated that the ideal indication for a lower chance of recurrence and a higher chance of success is an elderly patient with a mild contracture of the metacarpophalangeal (MCP) joint. Contraindications to needle aponeurotomy include infiltrating disease, postsurgical status, multiple cords, proximal interphalangeal (PIP) joint stiffness, and young age. When patients are selected according to these guidelines, needle aponeurotomy is more likely to be a cost-effective intervention.

Collagenase injection is a novel development that has gained interest recently.[3,12–15,33] Early clinical results have been promising with good success in the short term; however, there are some concerns for long-term recurrence, especially with PIP joint contractures.[4,34] Current pricing of the drug is not cost-effective, but in this model, collagenase injection is cost-effective at a price of $945 if recurrence rates are similar to those reported in early clinical trials. In a large prospective, double-blinded trial, collagenase injection was initially most successful in affected MCP joints.[15] When the recurrence rate is higher and approaches that of needle aponeurotomy, collagenase injection is less cost-effective.

An important caveat is that this study should not be interpreted *prima facie* as a statement that needle aponeurotomy is the only cost-effective option in the treatment of Dupuytren disease or that open partial fasciectomy should not be used to treat Dupuytren contracture. That conclusion is a misinterpretation and a failure to understand the methodology.

It is important to distinguish between what defines a feasible treatment and the cost-effectiveness of the treatment. For example, suppose both needle aponeurotomy

and collagenase injection have a success rate near 0% at 5 years for severe PIP joint contractures and open partial fasciectomy has a success rate of 50% at 5 years. Based on this model, none of the 3 interventions are cost-effective; however, in this scenario, open partial fasciectomy is the only intervention that is clinically successful.

This cost-effectiveness model is a scaffold with which to approach the economics of the treatment of Dupuytren disease. What can be reasonably concluded is that open partial fasciectomy may have limited cost-effectiveness compared with other interventions for mild disease or disease isolated to the MCP joint; and if this is the primary means of revision treatment, it dominates the cost model. When future data are available, studying other decision models—such as those using collagenase as a revision option—may be worthwhile. These models provide perspective to understand the economics of different algorithms of treatment; the costs associated with each treatment determined by these models are certainly not absolute. As new primary data are reported, this decision model should evolve and be refined with the goal of eventually identifying a cost-effective and universally applicable treatment for Dupuytren contracture.

Beyond an analysis of treatments for Dupuytren contracture, this study highlights a void in health economics research in hand surgery. At the outset of this study, we did not expect these interventions to have such a limited cost-effectiveness. Nevertheless, the implications of these findings are clear: There is a need and urgency to continue health economics research in hand surgery with the following goals: (1) to establish a context to evaluate hand surgery using current health economics metrics, (2) to create a consistent cost-effectiveness metric so that hand surgery procedures can be compared with one another, and (3) to present alternative measures of cost-effectiveness methodology that more accurately reflect the impact of the field of hand surgery.

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APPENDIX 1
Scenario #1: Dupuytren's contracture: no treatment

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring fingers. You can expect that:

- You will have difficulty putting your hands in your pockets
- You will have difficulty in grasping objects both small (such as change or keys) and large (such as a coffee cup)
- You will be able to carry light objects with handles with your hand, like a shopping bag, but you may have difficulty with heavier items
- Your hand will have an appearance similar to the one below
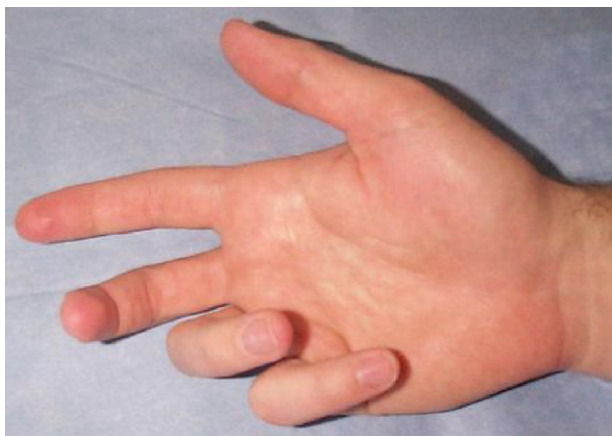
FIGURE 1: Picture shown to subjects during utility survey demonstrating sample contracture.

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)

- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)

- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)

- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture

- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and live the rest of your life with Dupuytren's contracture
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #2: Dupuytren's contracture: open partial fasciectomy, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with open partial fasciectomy. This surgery requires a large open incision that will remove the bands that cause the constriction in your hands and fingers.

Following surgery:
- You will have twenty to thirty stitches
- You will require 2 to 3 months of formal therapy 3 times a week and one hour a day of home therapy
- You will wear an extension splint while not doing therapy for the duration of that time
- You will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy

- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)

- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)

- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with open partial fasciectomy
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #3: Dupuytren's contracture: open partial fasciectomy, digital nerve injury

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with open partial fasciectomy. This surgery requires a large open incision that will remove the bands that cause the constriction. The surgery corrects your contracture; however, as a result of the surgery you will suffer a nerve injury that permanently removes all sensation on one side of one of your fingers.

Following surgery:
- You will have a twenty to thirty stitches
- You will require 2 to 3 months of therapy 3 times a week formally and one hour a day on your own daily
- You will wear an extension splint while not doing therapy for 2 to 3 months

- You will have near normal finger and hand motion and will be able to grasp large and small objects
- This numbness will not affect your everyday function, but will be a noticeable, permanent irritant

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)

- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously

- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #4: Dupuytren's contracture: open partial fasciectomy, pain syndrome

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with open partial fasciectomy. This surgery requires a large open incision that will remove the bands that cause the constriction. However as a result of the surgery, you will suffer a pain syndrome that will greatly affect the function of your hand.

Following surgery:
- You will have a twenty to thirty stitches
- You will require 2 to 3 months of therapy 3 times a week formally and one hour a day on your own daily
- You will wear an extension splint while not doing therapy for 2 to 3 months
- You will have severe pain with light touch of your fingers
- You will have difficulty with rehabilitation and may have a recurrent contracture because of the pain
- You may require long-term pain medications to mitigate your pain and may feel sleepy or hazy because of the medication side-effects
- The pain syndrome may be permanent

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)

- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer a pain syndrome, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #5: Dupuytren's contracture: open partial fasciectomy, recurrent contracture, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with open partial fasciectomy. This surgery requires a large open incision that will remove the bands that cause the constriction. Following surgery you undergo therapy for 2 to three months, and use the extension splint while not doing therapy. The surgery initially corrects your contracture; however, within five years a severe contracture recurs. You and your physician elect to do another open partial fasciectomy.

- You will require an additional 2 to 3 months of therapy 3 times a week formally and one hour a day on your own daily and
- You will require an extension splint when not doing therapy.
- After surgery you will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously

- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)

- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)

- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)

- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy, suffer recurrent contracture, which will be treated successfully, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #6: Dupuytren's contracture: open partial fasciectomy, recurrent contracture, recurrent contracture

Imagine that you have developed severe Dupuytren's contracture affecting small and ring finger, as previously described. You and your doctor have decided to treat your contracture with open partial fasciectomy. This surgery requires a large open incision that will remove the bands that cause the constriction. The surgery initially corrects your contracture; however, within five years a severe contracture recurs. You undergo a second open partial fasciectomy which is unsuccessful and the contracture recurs.

You have a permanent contracture of your small and ring fingers that interfere with the use of your hand

- You will have difficulty putting your hands in your pockets or holding change
- You will have difficulty grasping large objects with your hand
- You will be able to carry objects with handles with your hand, but not those with a heavier weight

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)

- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and

suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with open partial fasciectomy and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #7: Dupuytren's contracture: needle aponeurotomy, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with needle aponeurotomy. This procedure is performed in your doctor's office using a local anesthetic and uses a needle to cut the bands that cause the constriction.

After the procedure you will be required to wear a splint for 2-3 months and will require dedicated hand therapy.

Following aponeurotomy:
- You will have some small needle punctures in your palm and fingers that will heal over the course of one week
- You will require 2 to 3 months of formal therapy 2-3 times a week and one hour a day of home therapy
- You will wear an extension splint while not doing therapy for the duration of that time
- You will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy

- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy

- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy

- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with needle aponeurotomy

- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #8: Dupuytren's contracture: needle aponeurotomy, digital nerve injury

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with needle aponeurotomy. This procedure is performed in your doctor's office using a local anesthetic and uses a needle to cut the bands that cause the constriction. The surgery corrects your contracture; however, you develop a surgical complication in which you can no longer feel your ring or small fingers.

After the procedure:
- You will be required to wear a splint for 2-3 months after release
- You will require 2 to 3 months of formal therapy 2-3 times a week and one hour a day of home therapy
- You will wear an extension splint while not doing therapy for the duration of that time
- You will have near normal finger and hand motion and will be able to grasp large and small objects
- This numbness will not affect your everyday function, but will be a noticeable irritant

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and

suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously

- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer a digital nerve injury, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #9: Dupuytren's contracture: needle aponeurotomy, recurrent contracture, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with needle aponeurotomy. This procedure is performed in your doctor's office using a local anesthetic and uses a needle to cut the bands that cause the constriction. Following the procedure you undergo therapy for 2 to 3 months, and use the extension splint for that time while not doing therapy. However, within five years a severe contracture recurs. You and your physician elect to do an open partial fasciectomy.

Following surgery:

- You will require an additional 2 to 3 months of therapy 3 times a week formally and one hour a day on your own daily
- You will need to wear an extension splint when not doing therapy.
- After the surgery and the 3 months of therapy, you will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurraent contracture, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and

suffer recurrent contracture, as described previously

- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously

- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)

- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #10: Dupuytren's contracture: needle aponeurotomy, recurrent contracture, recurrent contracture

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger, as previously described. You and your doctor have decided to treat your contracture with needle aponeurotomy. This procedure is performed in your doctor's office using a local anesthetic and uses a needle to cut the bands that cause the constriction. Following the procedure you undergo therapy for 2 to 3 months, and use the extension splint for that time while not doing therapy. However, within one year a severe contracture recurs. You and your physician

elect to do an open partial fasciectomy. You again undergo 2 to 3 months of therapy and use the the extension splint; however, the surgery which is unsuccessful and the contracture recurs.

- You have a permanent contracture of your small and ring fingers that interfere with the use of your hand
- You will have difficulty putting your hands in your pockets or holding change
- You will have difficulty in grasping large objects with your hand
- You will be able to carry objects with handles with your hand, but not those with a heavier weight.

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and

suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously

- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)

- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with needle aponeurotomy, and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #11: Dupuytren's contracture: collagenase injection, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger. You and your doctor have decided to treat your contracture using a series of injections of collagenase, an enzyme that dissolves the bands that cause the constriction, into your finger. This procedure is performed in your doctor's office and involves a series of injections into your hand.

- After each injection, the finger is forcibly manipulated daily until the cord causing the contracture ruptures

- If the cord does not rupture after four weeks, the injection is repeated and manipulations are repeated for one month until rupture. This may be repeated up to 3 times.
- Following rupture you will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections

- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)

- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)

- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill and have your Dupuytren's contracture treated with collagenase injections
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #12: Dupuytren's contracture: collegenase injection, recurrent contracture, clinical success

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger. You and your doctor have decided to treat your contracture using a series of injections of collagenase, an enzyme that dissolves the bands that cause the constriction, into your finger. After a series of three injections and subsequent manipulations, the cords rupture, but the severe contracture recurs within five years of the initial injection. You and your doctor now decide to treat your contracture with an open partial fasciectomy.

- You will require 2 to 3 months of therapy 3 times a week formally and one hour a day on your own daily
- You will be required to wear an extension splint when not doing therapy
- You will have near normal finger and hand motion and will be able to grasp large and small objects

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously

- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)
- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously

- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)

- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)
- It's too difficult to decide

Scenario #13: Dupuytren's contracture: collegenase injection, recurrent contracture, recurrent contracture

Imagine that you have developed severe Dupuytren's contracture affecting your small and ring finger. You and your doctor have decided to treat your contracture using a series of injections of collagenase, an enzyme that dissolves the bands that cause the constriction, into your finger. After a series of three injections and subsequent manipulations, the cords rupture, but the severe contracture recurs within 5 years of the initial injection. You and your doctor now decide to treat your contracture with an open partial fasciectomy. You undergo 2 to 3 months of additional therapy; however, your surgery is unsuccessful and the contracture recurs.

- You have a permanent contracture of your small and ring fingers that interfere with the use of your hand
- You will have difficulty putting your hands in your pockets or holding change
- You will have difficulty in grasping large objects with your hand
- You will be able to carry objects with handles with your hand, but not those with a heavier weight.

Imagine that your doctor has offered you a pill that could cure your Dupuytren's contracture. If

you choose to take the pill you will wake up tomorrow and your Dupuytren's contracture will be complete healed, as if it had never happened. However, the pill has one side effect; it may cause you to die painlessly in your sleep.

Imagine that the pill has a **100% chance of cure** and a **0% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described above
- To take the pill and assume the associated risks (100% chance of cure, 0% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9999% chance of cure** and **0.0001% (1 in 1 million) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrant contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9999% chance of cure, 0.0001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.999% chance of cure** and **0.001% (1 in 100,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.999% chance of cure, 0.001% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.99% chance of cure** and **0.01% (1 in 10,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously

- To take the pill and assume the associated risks (99.99% chance of cure, 0.01% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99.9% chance of cure** and **0.1% (1 in 1,000) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99.9% chance of cure, 0.1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **99% chance of cure** and **1% (1 in 100) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (99% chance of cure, 1% chance of death)
- It's too difficult to decide

Imagine that the pill has a **98% chance of cure** and **2% (1 in 50) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (98% chance of cure, 2% chance of death)
- It's too difficult to decide

Imagine that the pill has a **96% chance of cure** and **4% (1 in 25) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (96% chance of cure, 4% chance of death)

- It's too difficult to decide

Imagine that the pill has a **94% chance of cure** and **6% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (94% chance of cure, 6% chance of death)
- It's too difficult to decide

Imagine that the pill has a **90% chance of cure** and **10% (1 in 10) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (90% chance of cure, 10% chance of death)
- It's too difficult to decide

Imagine that the pill has an **85% chance of cure** and **15% (1 in 6) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (85% chance of cure, 15% chance of death)
- It's too difficult to decide

Imagine that the pill has an **80% chance of cure** and **20% (1 in 5) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (80% chance of cure, 20% chance of death)
- It's too difficult to decide

Imagine that the pill has a **75% chance of cure** and **25% (1 in 4) chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (75% chance of cure, 25% chance of death)
- It's too difficult to decide

Imagine that the pill has a **70% chance of cure** and **30% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (70% chance of cure, 30% chance of death)
- It's too difficult to decide

Imagine that the pill has a **65% chance of cure** and **35% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (65% chance of cure, 35% chance of death)
- It's too difficult to decide

Imagine that the pill has a **60% chance of cure** and **40% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (60% chance of cure, 40% chance of death)
- It's too difficult to decide

Imagine that the pill has a **55% chance of cure** and **45% chance of death**.

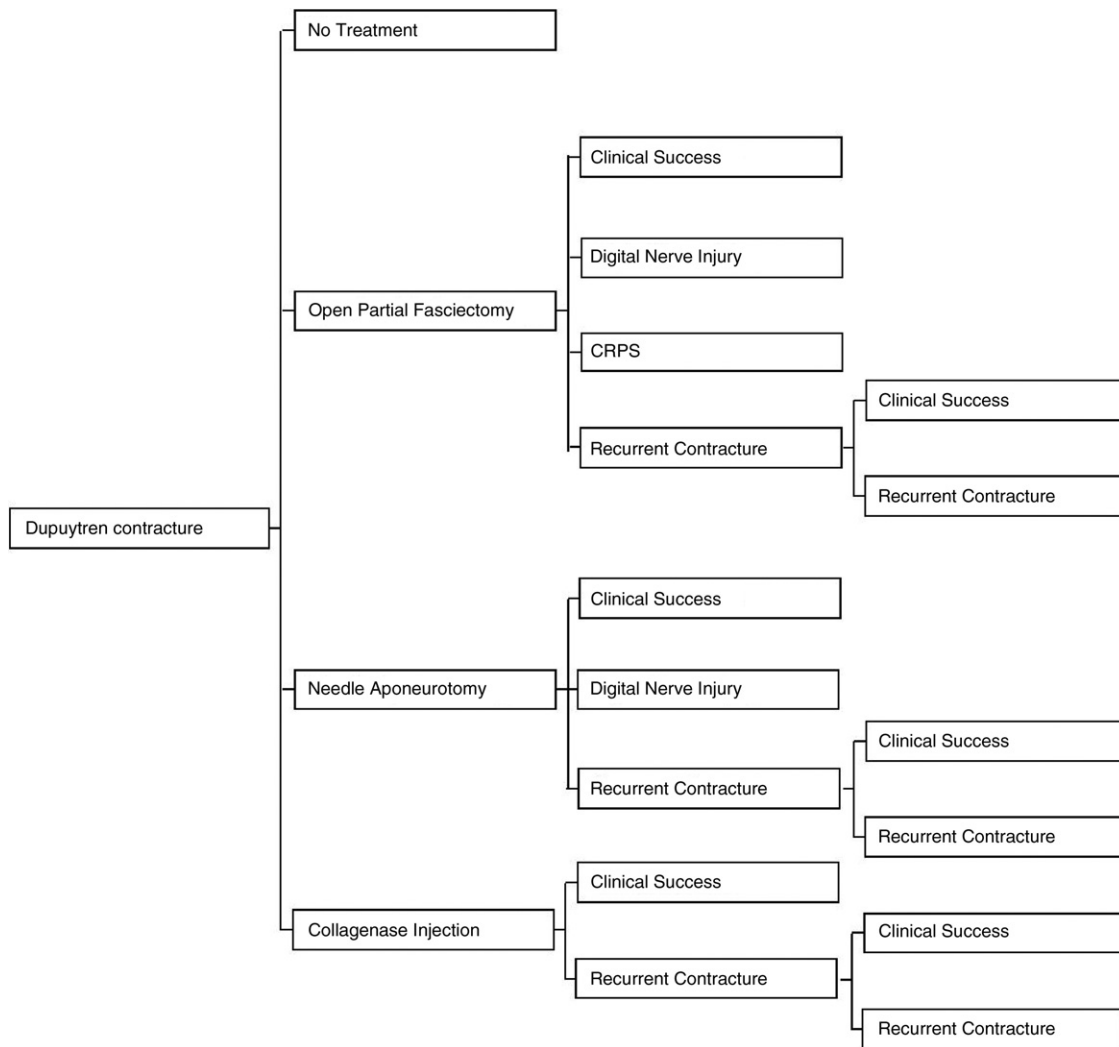If you had to choose between the following options, which would you choose?

FIGURE 2: Decision tree utilized for cost-effectiveness study.

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (55% chance of cure, 45% chance of death)
- It's too difficult to decide

Imagine that the pill has a **50% chance of cure** and **50% chance of death**.

If you had to choose between the following options, which would you choose?

- To not take the pill, have your Dupuytren's contracture treated with collagenase injections and suffer recurrent contracture, despite repeat treatment, as described previously
- To take the pill and assume the associated risks (50% chance of cure, 50% chance of death)

- It's too difficult to decide

APPENDIX 2
Decision model

The decision tree consisted of four arms: 1) no treatment, 2) open partial fasciectomy, 3) needle aponeurotomy, or 4) collagenase injection.

The model begins with the selection of one of these four treatment possibilities; branching points represent success or complications. Complications after open partial fasciectomy include digital nerve injury, complex regional pain syndrome (CRPS), and recurrent contracture. Complications after needle aponeurotomy include digital nerve injury and recurrent contracture. The complication following collagenase injection was recurrent contracture.

There were a number of constraints that dictated the complexity of the decision tree. Because we needed to perform a utility survey on a representative populace, the number of scenarios must be manageable and the complexity of the scenarios should to be understood by a layperson. Our previous experience with utility surveys found that if the questionnaire was too long or too complex, subjects would give thoughtful answers initially, but as the questionnaire progressed, subjects would rush through answers or quit the survey.

Transient complications such as skin fissuring and neurapraxia were not modeled because although they are more common complications, a large majority of them resolve without treatment. Moreover, a utility survey would be unlikely to detect the small incremental differences in utility for these temporary, relatively minor complications. Furthermore, the number of additional scenarios required would make administration of the utility survey impractical. Tendon rupture was not modeled for collagenase injection for similar reasons. We felt it would be unwieldy to describe a staged flexor tendon reconstruction; in addition, the complication has been reported only three times among thousands of injections. After developing the model, the data from our previous systematic review were used to provide probabilities of success, recurrence, and complications.[1–15]

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