PD SURG

A large randomised assessment of the relative clinical and cost-effectiveness of surgery for Parkinson's disease.

This trial closed to new patient recruitment at the end of December 2006.

Initial results from the PD SURG study were presented at the PD SURG Collaborators' Meeting 2010. See the **publications page (/research/activity/mds/trials/bctu/trials/pd/pdsurg/publications.aspx)** for more details of the published results.

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Design

PD SURG is a large, pragmatic, multicentre “real-life” randomised trial to evaluate the role of surgery as therapy for PD. The fundamental question being addressed in this trial is:

Does early surgery provide more or less effective long-term control than medical therapy (with surgery deferred for as long as possible)?

In order to obtain the large number of patients needed to provide reliable answers, and to maximise the clinical relevance of the findings, the trial is designed to fit in with routine practice as far as possible and to impose minimal additional workload by keeping extra clinic-based tests and evaluations to a minimum (the majority of assessments are by postal questionnaires to patients and carers). Publication of the results will be in the name of the collaborative group and not those of the central organisers.

Aim

The aims of the study are to determine reliably whether early surgery is more effective than deferred surgery for advanced PD.

Setting

Across 13 hospitals in the UK that can supply DBS surgery. The success of the trial depends entirely on the whole-hearted collaboration of many surgeons, neurologists, nurses and others.

Measurement & Outcomes

The primary endpoint will be the patient’s self-evaluation of their functional status using the PDQ-39 questionnaire.

Secondary endpoints will evaluate other aspects of functioning, as well as safety:

- Quality of Life (EuroQol).
- Cognitive decline (Dementia Rating Scale-II)
- Clinical assessment of functioning (UPDRS, Hoehn & Yahr stage).
- Neuropsychological evaluation
- Carer psychological wellbeing (SF-36)
- Health Economics.
- Toxicity and side-effects, including mortality rates.

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