Intention-to-treat principle

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Problem Being Addressed

The paper focuses on how to analyze data in randomized controlled trials (RCTs) accurately. Specifically, it looks at what to do when patients don't follow the study's rules or drop out. Should we exclude them or not? This is important because wrong analysis can give misleading results about how effective a treatment really is.

Contribution Made

The paper makes a strong case for using the "intention-to-treat" principle, meaning that once a patient is assigned to a treatment group, they stay in that group for analysis, no matter what happens later. It argues that this method gives a less biased, more real-world view of how a treatment works. It even backs this up with a hypothetical example and real-world case studies.

Evaluation Used (or the Argument Made)

The paper employs logical arguments, a hypothetical example, and references to real-world studies. It critically looks at common practices like "per protocol" and "intention-to-treat" analyses and evaluates their pros and cons. The authors argue that ignoring the patients who drop out or don't follow rules can seriously skew the results.

Your Opinion on Whether It's a Meaningful Contribution

I think it's a highly meaningful contribution. In the medical world, making decisions based on incorrect data can have serious, even life-altering consequences. The paper calls attention to common pitfalls in the analysis of RCTs and suggests better practices. It bridges the gap between ideal study conditions and the messy reality of healthcare, making its insights quite valuable.

Limitations About the Paper

While the paper makes strong arguments, it could have been enhanced by including more real-world examples or empirical data to support its points. It talks about what could go wrong but doesn't quantify how often these issues actually occur in practice. Also, while it talks about the limitations of "intention-to-treat," it could offer more concrete solutions for handling loss to follow-up, which remains a challenge.