

# Multicenter Uveitis Steroid Treatment Trial

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| <b>Submission date</b><br>13/08/2007   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol |
| <b>Registration date</b><br>17/08/2007 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>26/11/2018       | <b>Condition category</b><br>Eye Diseases         | <input type="checkbox"/> Individual participant data  |

## Plain English summary of protocol

Not provided at time of registration

## Study website

<http://www.musttrial.org>

## Contact information

### Type(s)

Scientific

### Contact name

Dr Douglas Jabs

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT00132691

Secondary identifying numbers

N/A

# Study information

## Scientific Title

Multicenter Uveitis Steroid Treatment Trial

## Acronym

MUST

## Study objectives

Uveitis refers to several ocular disorders characterised by intraocular inflammation, which in the aggregate are a major cause of visual loss and blindness in the United States. Intermediate uveitis, posterior uveitis, and panuveitis are generally the more severe forms of uveitis, with the highest risk of vision loss, often requiring long-term systemic treatment.

1. Patients randomised to implant therapy will have better visual outcomes.
2. Patients randomised to implant therapy will have improved control of uveitis, a decreased rate of posterior segment structural complications of the uveitis (such as cystoid macular edema and epiretinal membranes), and an increased rate of corticosteroid-induced ocular complications, such as cataracts, ocular hypertension, and glaucoma.
3. Patients randomised to systemic therapy will have a higher rate of systemic complications, such as diabetes, hypertension, and osteoporosis.
4. Improved visual outcomes and the absence of systemic corticosteroid complications (and the additional treatments needed to combat them) will result in a better quality of life for patients randomised to implant therapy.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Johns Hopkins Bloomberg School of Public Health Institutional Review Board (formerly known as Johns Hopkins Bloomberg School of Public Health Committee on Human Research), FDA# 00000287 (IRB ref: H.34.04.04.07.B1)

1. Protocol version 1.1, approved on the 18/05/2005
2. Protocol version 3.3, approved on the 03/09/2008
3. Protocol version 3.4, approved on the 13/08/2009

## Study design

Open-label parallel-assignment randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised parallel trial

## Study setting(s)

Not specified

## Study type(s)

Treatment

## **Participant information sheet**

### **Health condition(s) or problem(s) studied**

Uveitis

### **Interventions**

Intervention group: fluocinolone acetonide intraocular implant

Control group: oral corticosteroid with immunosuppressive agents as needed

The fluocinolone acetonide intraocular implant is a surgically implanted reservoir of corticosteroid designed to last approximately 2.5 years in order to provide long-term control of uveitis.

Total duration of follow-up: Minimum of 2 years (patients enrolled early in the study will be followed for up to 5 years)

### **Intervention Type**

Drug

### **Phase**

Not Applicable

### **Drug/device/biological/vaccine name(s)**

Fluocinolone acetonide, corticosteroid, immunosuppressive agents

### **Primary outcome measure**

Change in best-corrected visual acuity as measured by a logarithmic chart (measured at every study visit). Total duration of follow-up: 2 years

### **Secondary outcome measures**

1. Occurrence of ocular complications
2. Occurrence of systemic complications
3. Control of uveitis
4. Quality of life at baseline and 6 months, assessed using the 25-item National Eye Institute Visual Function Questionnaire (NEI VFQ-25) and the 36-item Short Form health survey (SF-36)
5. Mortality. Total duration of follow-up: 2 years.

The following tests will also be carried out to assess the outcomes 1-3 above:

- a. Eye exam/blood draw (laboratory) at every study visit
- b. Visual field testing at baseline and yearly thereafter

### **Overall study start date**

01/12/2005

### **Completion date**

31/12/2011

## **Eligibility**

### **Key inclusion criteria**

1. Age 13 years or older
2. Best-corrected visual acuity of hand motions or better in at least one eye with uveitis
3. Intraocular pressure 24 mmHg or less in all eyes with uveitis

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

250

**Key exclusion criteria**

1. Inadequately controlled diabetes
2. Uncontrolled glaucoma
3. Advanced glaucomatous optic nerve injury
4. A history of scleritis; presence of an ocular toxoplasmosis scar
5. HIV infection or other immunodeficiency disease for which corticosteroid therapy would be contraindicated according to best medical judgment

**Date of first enrolment**

01/12/2005

**Date of final enrolment**

31/12/2011

**Locations****Countries of recruitment**

Australia

United Kingdom

United States of America

**Study participating centre**

Mount Sinai School of Medicine

New York

United States of America

10029-6584

**Sponsor information**

**Organisation**

The Multicenter Uveitis Steroid Treatment Trial (MUST) Coordinating Center (USA)

**Sponsor details**

c/o Janet Holbrook  
Johns Hopkins Center for Clinical Trials  
Bloomberg School of Public Health  
911 South Ann Street  
Baltimore  
Maryland  
United States of America  
21231

**Sponsor type**

Other

**Funder(s)****Funder type**

Government

**Funder Name**

National Eye Institute

**Alternative Name(s)**

Instituto Nacional del Ojo, NIH/National Eye Institute, NEI

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United States of America

**Results and Publications****Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan**

## IPD sharing plan summary

Not provided at time of registration

### Study outputs

| Output type                      | Details  | Date created | Date added | Peer reviewed? | Patient-facing? |
|----------------------------------|----------|--------------|------------|----------------|-----------------|
| <a href="#">Basic results</a>    |          |              |            | No             | No              |
| <a href="#">Protocol article</a> | protocol | 01/04/2010   |            | Yes            | No              |
| <a href="#">Results article</a>  | results  | 01/11/2015   |            | Yes            | No              |