

Comparison of techniques of stem cell transplantation in patients with bilateral ocular surface disease

Submission date 13/07/2024	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/07/2024	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 21/10/2024	Condition category Eye Diseases	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Bilateral ocular surface disease resulting from Stevens-Johnson Syndrome and chemical injuries are visually debilitating and difficult to treat. Ocular surface reconstruction by various means has been reported with variable results. This study addresses an unmet need for a prospective clinical trial comparing the outcomes of transplanting autologous oral and conjunctival epithelial cell constructs on human amniotic membranes by ex vivo tissue engineering.

Who can participate?

Patients aged between 5-90 years old with ocular surface diseases

What does the study involve?

The study included a total of 50 patients of bilateral limbal stem cell deficiency (LSCD) with limbal affected area at least 6-9 clock hours with Schirmer test value less than 5mm and with no systematic disorder contraindication surgical intervention. Autologous regenerative transplantation procedure, randomized into two treatment groups, i.e. COMET and CCET. There were 25 patients in the COMET group and 25 patients in the CCET group. The sample size was calculated in the study by using a clinical superiority design. Statistical Package for Social Sciences (SPSS) version 15.0 is used to generate the random number sequences and participants were randomized to two study groups. All patients underwent comprehensive ophthalmic examination at baseline and every follow-up visit. All patients underwent surgery in one eye only. The study is an open-label design.

What are the possible benefits and risks of participating?

The possible benefit of the autologous treatment is to help reconstruct the ocular surface. No serious or other adverse events are expected during the follow-up of studies.

Where is the study run from?

Dr Rajendra Prasad Centre for Ophthalmic Sciences, Eye Bank Clinic, New Delhi, India

When is the study starting and how long is it expected to run for?
December 2013 to March 2023

Who is funding the study?
Supported by a research grant-in-aid from the Department of Biotechnology, Ministry of Science and Technology, Government of India

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Additional identifiers**Clinical Trials Information System (CTIS)**

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

BT-1829/CSP-01, BT/01/COE/07/03

Study information**Scientific Title**

Comparative evaluation of the efficacy of conjunctival stem cell transplantation with cultivated oral mucosal epithelial transplantation in patients with bilateral cicatrizing ocular surface diseases

Acronym

RCTCOMETCCET-2017

Study objectives

The corneal epithelial stem cell resides in the basal layer of the limbus, the transitional zone between the cornea and the bulbar conjunctiva. These cells govern the renewal of the corneal

epithelium by generating progeny (transient amplifying cells, which are cells committed to epithelial differentiation) with limited renewal capabilities that migrate from the limbus into the basal layer of the cornea. If corneal epithelial stem cells are completely absent owing to limbal disorders such as severe thermal or chemical burns, the source of corneal epithelial cells has been exhausted, the peripheral conjunctival epithelium invades inwardly, and the corneal surface becomes enveloped by vascularized conjunctival scar tissues, resulting in corneal opacification leading to severe visual impairment. Such pathological characteristics are considered to represent limbal stem cell deficiencies. Limbal Allograft transplantation can be performed in patients with unilateral or bilateral deficiencies, but it requires long-term immunosuppression that involves a high risk of serious eye and systematic complications. In patients with Stevens-Johnson syndrome or ocular pemphigoid, graft failure is common, even with immunosuppression, owing to serious preoperative conditions such as persistent inflammation of the ocular surface, abnormal epithelial differentiation of the ocular surface, severe dry eye and lid-related abnormalities. To avoid allograft rejection and improve surgical outcomes, some patients with unilateral stem cell deficiencies have had limbal autografts taken from the healthy eye as well as corneal epithelial grafts constructed ex-vivo by the expansion of autologous limbal stem cells harvested from healthy contralateral eyes and cultivated on cell carriers such as amniotic membranes and fibrin gel with encouraging results. This process, however, cannot be used for bilateral ocular surface diseases or bilateral total limbal stem cell deficiencies.

Such patients can be helped by ex-vivo cultivated oral mucosal stem cell transplantation & conjunctival stem cell transplantation. The oral epithelium has attracted attention as a cell source, and favourable results have been obtained in animal and human studies. This study is a comparative study of conjunctival epithelial stem cell transplantation with cultivated oral mucosal epithelial transplantation in patients with bilateral ocular surface diseases i.e. Steven's Johnson syndrome & Chemical burns. A study by Leonard P. K. Ang and his co-workers showed that ex vivo cultivation of conjunctiva to form transplantable epithelial sheets for corneal replacement is a promising new treatment modality in patients with limbal stem cell deficiency (LSCD). The role of cultivation of oral mucosal stem cells and transplantation onto the ocular surface for bilateral stem cell deficiencies has been well established. However, studies evaluating the role of conjunctival epithelial stem cell transplantation in bilateral cicatrizing ocular surface diseases are needed. The present study intends to evaluate the same and compare the results with cultivated oral mucosal epithelial transplantation as initial surgical therapy in bilateral ocular surface diseases and also to compare direct limbal lenticular, simple limbal epithelial and cultivated limbal epithelial transplantation in patients with unilateral LSCD.

Ethics approval required

Ethics approval required

Ethics approval(s)

1. approved 17/01/2017, Institutional Committee for Stem Cell Research (All India Institute of Medical Sciences, Ansari Nagar, New Delhi, 110029, India; +911126594579; stemcellcommittee@gmail.com), ref: IC-SCR/07/14/(R1)

2. approved 28/04/2014, Institue Ethics Committee, All India Institute of Medical Sciences (Room No. 102, 1st Floor Old OT Block, Ansari Nagar, New Delhi, 110029, India; +91 011-26594579; ethicscommitteeaiims@gmail.com), ref: IEC/NP-99/11.04.2014

Study design

Randomized parallel-group multiple-arm trial

Primary study design

Interventional

Study type(s)

Efficacy

Health condition(s) or problem(s) studied

Reconstruction of ocular surface by using stem cell therapy in patients with ocular surface disease

Interventions

Cultivated Oral Mucosal Epithelial Transplantation (COMET) and Conjunctival Cultivated Epithelial Transplantation (CCET) for ocular surface reconstruction in patients with bilateral ocular surface disease due to Stevens-Johnson Syndrome.

A. Cultivated Oral Mucosal Epithelial Transplantation (COMET):

1. Preparation:

Sterilize the oral cavity with a povidone-iodine 5% solution

Harvest a 4 mm x 4 mm tissue strip from the buccal mucosa under local anaesthesia

Collect the tissue in a transport medium (DMEM with antibiotics)

2. Cultivation:

Wash the harvested tissue with sterile phosphate-buffered saline

Culture the tissue over a denuded amniotic membrane with DMEM/F12, 10% autologous serum, and antibiotics

Incubate at 37°C in a 5% CO₂ incubator, changing the media daily

Observe cell growth at 24 hours, day 3, day 5, day 7, and day 11

3. Transplantation:

After two weeks, when a confluent cell sheet forms, transplant it in the recipient's eye

Dissect the fibrovascular pannus and spread the cell sheet over the cornea and limbus

Secure the membrane with fibrin glue and place a bandage contact lens

B. Conjunctival Cultivated Epithelial Transplantation (CCET):

1. Preparation:

4 mm x 2 mm tissue strip harvested from the conjunctival fornix

Transport media and cultivation procedures were the same as for COMET

2. Cultivation:

Culture the tissue over a denuded amniotic membrane using the same method as COMET

3. Transplantation:

After two weeks, transplant the confluent cell sheet in the recipient's eye

Followed the same transplantation steps as in COMET

C. Post-Operative Management and Follow-Up

1. COMET and CCET Recipient Eyes:

Moxifloxacin 0.5% eye drops thrice daily for four weeks

Carboxymethylcellulose 0.5% eye drops six times daily for two months, then four times daily

Prednisolone phosphate 1% eye drops four times daily for two weeks, tapering once daily over three months.

Fluorometholone 0.1% eye drops four times daily for two weeks, tapering once daily over three months.

2. Donor Eyes in CCET Group:

Moxifloxacin 0.5% eye drops thrice daily and gatifloxacin 0.3% ointment at bedtime for one week.

Carboxymethylcellulose 0.5% eye drops four times daily for three months

3. Oral Mucosa in COMET Group:

Povidone-iodine 5% rinse and gargle for four days

Mild painkiller twice daily for three days

Patients will be reviewed at baseline and on the first postoperative day, at one week, two weeks, four weeks, two months, three months, and six months. Comprehensive ophthalmic examinations were conducted at each visit.

Randomization process: Randomization was done using SPSS version 15.0.

Intervention Type

Biological/Vaccine

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Cultivated oral mucosal epithelial transplantation (COMET), Conjunctival cultivated epithelial transplantation (CCET)

Primary outcome(s)

The following primary outcome measures were assessed at baseline, post-op weeks 1, 2 and 4, and months 2, 3 and 6:

1. Surgical success, defined as complete epithelization and a clinically stable corneal surface, evaluated through slit lamp biomicroscopy and clinical photographs measured using ImageJ software
2. Vascularization, defined as a complete success if the cornea is avascular and partial success if there is mild vascularization not reaching up to the centre of the cornea which is completely epithelized, assessed by using slit lamp biomicroscopy and clinical photographs measured using ImageJ software
3. Conjunctivalization, defined as a complete success if there is an absence of conjunctivalization and a partial success if there is mild conjunctivalization, examined by using slit-lamp biomicroscopy and clinical photographs measured using ImageJ software

Key secondary outcome(s)

The following secondary outcome measures were assessed at baseline, post-op weeks 1, 2 and 4, and months 2, 3 and 6:

1. Improvement in best corrected visual acuity (BCVA) measured using a Snellen Visual acuity Chart
2. Improvement in corneal transparency evaluated by using slit-lamp biomicroscopy and measured using a clinical photograph and corneal grading system

Completion date

31/03/2023

Eligibility

Key inclusion criteria

1. Pediatric patients from the age group 5-18 years old
2. Adult patients from the age group above 18 years old
3. Unilateral and bilateral ocular burns i.e. Steven Johnson syndrome and chemical burns
4. In unilateral affected patients limbal area affected should be 6 - 9 clock hours
5. Schirmer test value of at least 5 mm
6. Willing to follow-up for at least 6 months
7. No systematic disorder contradicting surgical intervention
8. Patients in whom primary insult occurred at least >4 months ago

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

5 years

Upper age limit

90 years

Sex

All

Total final enrolment

50

Key exclusion criteria

Untreated concurrent problems, such as adnexal problems, glaucoma and infection

Date of first enrolment

10/01/2018

Date of final enrolment

05/11/2022

Locations

Countries of recruitment

India

Study participating centre**Dr. Rajendra Prasad Centre for Ophthalmic Sciences**

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Sponsor information

Organisation

Department of Biotechnology

ROR

<https://ror.org/03tjsyq23>

Funder(s)

Funder type

Government

Funder Name

Department of Biotechnology, Ministry of Science and Technology, India

Alternative Name(s)

Dept. of Biotechnology, Govt of India, , , Department of Biotechnology, Department of Biotechnology, Ministry of Science & Technology, India, Department of Biotechnology, GOI, Dept. of Biotechnology, Govt. of India, Department of Biotechnology, Ministry of Sc & Tech, Govt of India, DBT

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

India

Results and Publications

Individual participant data (IPD) sharing plan

The dataset generated during and analysed during the current study will be available upon request from Prof Radhika Tandon, radhikatandon@aiims.edu

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Participant information sheet	18/10/2024	21/10/2024	Yes	No
Participant information sheet		11/11/2025	11/11/2025	No	Yes
Protocol file			17/07/2024	No	No