# Treatment of inflammation inside the eye caused by an overactive immune system (autoimmune uveitis) using adalimumab

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
25/03/2020		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
14/04/2020 Last Edited	Ongoing  Condition category	Results		
		Individual participant data		
25/03/2025	Eye Diseases	[X] Record updated in last year		

#### Plain English summary of protocol

Background and study aims

Autoimmune uveitis is a term for several rare eye diseases in which the body's own immune system causes sight-threatening damage to the light sensitive retina at the back of the eye. Uveitis causes sight loss from inflammation inside the eye, damage to blood vessels in the retina or leakage of fluid into the central, most sensitive area of the retina. Two in 10,000 people are at risk of serious sight loss from uveitis. Usual treatment for autoimmune uveitis involves low dose steroids and one or two other drugs to reduce inflammation. Unfortunately, many patients do not respond to or tolerate usual treatment, or they need high dose steroids to control the uveitis. Long term high dose steroids increase the risk of heart attack, stroke, and infection and affect physical and mental health. Adalimumab is a drug that targets chemicals released by inflamed tissue, neutralising their damage to the body. This study aims, first, to identify patients who are most likely to benefit from adalimumab. Then, in patients who are successfully treated with adalimumab and low dose steroids, a randomised controlled trial will be conducted to compare adalimumab and placebo.

## Who can participate?

Adults over 18 years, with sight-threatening autoimmune non-infectious uveitis and is prescribed corticosteroids greater than 5.0 mg/day.

#### What does the study involve?

All eligible patients who consent will be given adalimumab for a 16-week trial period, if necessary in combination with low dose of steroids; these patients will include those with impaired vision due to uveitis, requiring high dose steroids to bring the disease under control, and those with better vision but who require high dose steroids to keep the uveitis under control. Over the 16 weeks, doctors will aim to reduce the steroid dose to a low level that should not cause side effects.

Then, patients who are successfully treated with adalimumab and low dose steroids will enter the main study. They will be given adalimumab or a dummy treatment, in combination with their other medications (including low dose steroids). Chance will determine who receives which treatment and neither patients nor their eye doctors will know. Regular eye examinations, tests

and questionnaires will be used to assess how well patients are doing. This part of the study, which will treat and follow up patients for 12 to 30 months, will find out whether adalimumab is better at preventing recurrence of uveitis than the dummy treatment and whether adalimumab is cost-effective compared to the dummy treatment.

What are the possible benefits and risks of participating?

The study cannot promise any benefits to participants but the information we get from this study will help improve the treatment of people with uveitis. Patients who are currently not eligible for adalimumab on the NHS could benefit from being prescribed it as part of this study. Participants might be able to reduce their dose of corticosteroids if taking adalimumab. It is possible, but cannot be guaranteed, that participants will eventually be able to stop taking at least one of their other immunosuppression medications.

There is a small risk of permanent eye damage from uveitis if participants are allocated to the placebo group, although the risk is the same as if they were receiving normal NHS care and not taking adalimumab. To minimise this risk, participants will be closely monitored with frequent enough hospital visits that if their condition relapses it should be picked up by their eye doctor before permanent uveitis damage occurs. In both group, injections under the skin can be mildly sore, and participants can get a reaction at the injection site. Adalimumab can cause side effects, although not everybody gets them. Most side effects are mild to moderate. However, some may be serious and require treatment. Side effects may occur up to four months or more after the last adalimumab injection.

#### Patient and public involvement

Patients with uveitis have contributed to the study from the start, helping to: design the protocol to ensure it applies to uveitis patients who may benefit; co-authoring the lay summary; helping to draft the application, providing feedback on the trial design and participating in a national survey to assess support for the study. They will continue to contribute in these ways and provide support to patients. The research team includes eye doctors and researchers with expertise in doing eye studies.

Where is the study run from? Bristol Trials Centre (UK)

When is the study starting and how long is it expected to run for? November 2020 to June 2026

Who is funding the study? National Institute for Health Research (UK)

Who is the main contact? Kirsty Lanyon, astute-trial@bristol.ac.uk

#### Study website

https://www.bristol-trials-centre.bristol.ac.uk/studies/astute/

# **Contact information**

Type(s)
Public

Contact name

#### Ms Kirsty Lanyon

#### Contact details

Bristol Trials Centre
University of Bristol
Level 7 Queens Building
Bristol Royal Infirmary
Bristol
United Kingdom
BS2 8HW
+44 (0)117 455 1343
astute-trial@bristol.ac.uk

# Additional identifiers

# EudraCT/CTIS number

2020-000754-97

#### IRAS number

271051

#### ClinicalTrials.gov number

Nil known

# Secondary identifying numbers

IRAS 271051, CPMS 45139

# Study information

#### Scientific Title

The ASTUTE trial: Adalimumab vs placebo as add-on to Standard Therapy for autoimmune Uveitis: Tolerability, Effectiveness and cost-effectiveness: a randomized controlled trial

#### Acronym

**ASTUTE** 

# Study objectives

The trial hypothesises that adalimumab reduces the hazard of treatment failure in patients with autoimmune non-infectious uveitis (ANIU), after weaning of corticosteroids (CS) to less than or equal to 5 mg/day in a treatment run-in period.

#### Ethics approval required

Ethics approval required

#### Ethics approval(s)

Approved 03/06/2020, South Central - Oxford B Research Ethics Committee (Level 3, Block B, Whitefriars, Lewins Mead, Bristol, BS1 2NT, United Kingdom; +44 (0)2071048046; oxfordb. rec@hra.nhs.uk), ref: 20/SC/0153

# Study design

Double-blind parallel multi-centre randomized placebo-controlled trial with open-label treatment run-in period

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Hospital

## Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

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

Autoimmune non-infectious uveitis

#### Interventions

Current interventions as of 25/03/2025:

All participants start on open-label adalimumab for 16 weeks.

Participants who respond to adalimumab are randomised to adalimumab or placebo for up to 128 weeks.

Randomisation is concealed and done by an online computer program after data to confirm eligibility is recorded.

#### Adalimumab (Imraldi) and placebo

Dose: 80mg followed by 40mg every 2 weeks, starting 1 week after the initial dose.

During the treatment run-in phase, data are collected at week 4, week 8, and week 16. During the RCT phase, data is collected at 12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, 128 weeks, 144 weeks and 160 weeks.

Open-Label Extension: active patients were approached to consent to being unmasked to their current allocation. Patients allocated to placebo no longer receive the study drug, and patients allocated to adalimumab will continue to receive the study drug until the end of the follow-up period. Patients who did not consent to transition to the Open-Label Extension were withdrawn from the study.

#### Previous interventions:

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Participants who respond to adalimumab are randomised to adalimumab or placebo for up to 128 weeks.

Randomisation is concealed and done by an online computer program after data to confirm eligibility is recorded.

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#### Intervention Type

Drug

#### Phase

Phase IV

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

Adalimumab

#### Primary outcome measure

Current primary outcome measure as of 25/03/2025:

Time to the first treatment failure (TF) assessed at each visit after randomisation (12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, 128 weeks, 144 weeks and 160 weeks)

- i.e. TF may occur in either eye and may be triggered by incident ANIU in an eye that did not previously have ANIU. TF is defined as a composite of standard criteria reflecting clinical decision-making, including visual acuity and clinical signs of active inflammation, which have been used successfully in other ANIU trials. Participants will be assessed for TF at each visit after randomisation. Any of the following criteria in one or both eyes, where applicable, will constitute TF:
- 1. greater than or equal to 15 letter decrease in best-corrected visual acuity (BCVA), compared to BCVA measured by an optometrist masked to treatment allocation at the 16-week treatment run-in (TRI) visit
- 2. new active inflammatory chorioretinal lesions
- 3. greater than 20% increase in central macular thickness (CMT), compared to CMT at the 16-week TRI timepoint
- 4. onset or worsening of retinal vasculitis
- 5. 2-step worsening of vitreous haze cf. compared to best score at either the 8- or 16-week TRI visit
- vi. prescription by a masked clinician of greater than 5mg/day corticosteroids to maintain disease remission (i.e. to avert relapse before any of the above criteria for manifest active disease (i-v))

#### Previous primary outcome measures:

Time to the first treatment failure (TF) assessed at each visit after randomisation (12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, and 128 weeks) i.e. TF may occur in either eye and may be triggered by incident ANIU in an eye that did not previously have ANIU. TF is defined as a composite of standard criteria reflecting clinical decision-making, including visual acuity and clinical signs of active inflammation, which have been used successfully in other ANIU trials. Participants will be assessed for TF at each visit after randomisation. Any of the following criteria in one or both eyes, where applicable, will

#### constitute TF:

- 1. greater than or equal to 15 letter decrease in best-corrected visual acuity (BCVA), compared to BCVA measured by an optometrist masked to treatment allocation at the 16-week treatment run-in (TRI) visit
- 2. new active inflammatory chorioretinal lesions
- 3. greater than 20% increase in central macular thickness (CMT), compared to CMT at the 16-week TRI timepoint
- 4. onset or worsening of retinal vasculitis
- 5. 2-step worsening of vitreous haze cf. compared to best score at either the 8- or 16-week TRI visit

vi. prescription by a masked clinician of greater than 5mg/day corticosteroids to maintain disease remission (i.e. to avert relapse before any of the above criteria for manifest active disease (i-v))

#### Secondary outcome measures

Current primary outcome measure as of 25/03/2025:

At 12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, 128 weeks, 144 weeks and 160 weeks, unless otherwise noted.

- 1. Individual treatment failure (TF) components, assessed at each trial visit
- 2. Retinal morphology (OCT; macular and retinal nerve fibre layer), assessed at each trial visit
- 3. Adverse events, assessed at each trial visit
- 4. Health-related quality of life measured using the EQ-5D-5L questionnaire at the start of treatment run-in (TRI), at 16 weeks immediately before randomisation, then 12-weekly after randomisation up to week 48 and 16-weekly thereafter
- 5. Patient-reported symptoms of side-effects at each trial visit after starting the TRI and at any interim attendance prompted by an adverse event
- 6. Patient-reported visual function at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter
- 7. Best corrected visual acuity (BCVA) assessed at each trial visit
- 8. Employment status at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter
- 9. Resource use during follow-up after randomisation, at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter

Previous secondary outcome measures as of 13/12/2023 to 25/03/2025:

At 12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, and 128 weeks unless otherwise noted.

- 1. Individual treatment failure (TF) components, assessed at each trial visit
- 2. Retinal morphology (OCT; macular and retinal nerve fibre layer), assessed at each trial visit
- 3. Adverse events, assessed at each trial visit
- 4. Health-related quality of life measured using the EQ-5D-5L questionnaire at the start of treatment run-in (TRI), at 16 weeks immediately before randomisation, then 12-weekly after randomisation up to week 48 and 16-weekly thereafter
- 5. Patient-reported symptoms of side-effects at each trial visit after starting the TRI and at any interim attendance prompted by an adverse event
- 6. Patient-reported visual function at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter
- 7. Best corrected visual acuity (BCVA) assessed at each trial visit
- 8. Employment status at the start of TRI, at 16 weeks immediately before randomisation, 12-

weekly up to week 48 and 16 weekly thereafter

9. Resource use during follow-up after randomisation, at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter

#### Previous secondary outcome measures:

At 12 weeks, 24 weeks, 36 weeks, 48 weeks, 64 weeks, 80 weeks, 96 weeks, 112 weeks, and 128 weeks unless otherwise noted.

- 1. Individual treatment failure (TF) components, assessed at each trial visit
- 2. Retinal morphology (OCT; macular and retinal nerve fibre layer), assessed at each trial visit
- 3. Adverse events, assessed at each trial visit
- 4. Health-related quality of life measured using the EQ-5D-5L questionnaire at the start of treatment run-in (TRI), at 16 weeks immediately before randomisation, then 12-weekly after randomisation up to week 48 and 16-weekly thereafter
- 5. Patient-reported symptoms of side-effects at each trial visit after starting the TRI and at any interim attendance prompted by an adverse event
- 6. Patient-reported visual function at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter
- 7. Employment status at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter
- 8. Resource use during follow-up after randomisation, at the start of TRI, at 16 weeks immediately before randomisation, 12-weekly up to week 48 and 16 weekly thereafter

#### Overall study start date

01/04/2020

#### Completion date

30/06/2026

# Eligibility

#### Key inclusion criteria

Current inclusion criteria as of 21/11/2023:

- 1. Aged 18 years or over
- 2. Participant has:
- 2.1. Active sight-threatening ANIU (active inflammatory chorioretinal lesions OR abnormal central macular thickness (CMT) OR evidence of retinal vasculitis OR vitreous haze >0.5) and is being prescribed (already taking or being started on, if newly presenting with ANIU) oral prednisolone >5.0 mg/day; OR
- 2.2. Has controlled ANIU and is being prescribed oral prednisolone >5.0 mg/day.
- 3. Women must have a negative pregnancy test and be willing to use effective contraception for the duration of the participation in the trial and for 5 months after, or be surgically sterile or post-menopausal for >12 months
- 4. Able to provide informed consent

#### Previous inclusion criteria:

- 1. Aged 18 years or over
- 2. Sight-threatening ANIU and is prescribed CS greater than 5.0 mg/day
- 3. Women must have a negative pregnancy test and be willing to use effective contraception for the duration of the participation in the trial and for 5 months after, or be surgically sterile or post-menopausal for >12 months
- 4. Able to provide informed consent

#### Participant type(s)

Patient

#### Age group

Adult

#### Lower age limit

18 Years

#### Sex

Both

# Target number of participants

174

#### Total final enrolment

115

#### Key exclusion criteria

Current participant exclusion criteria as of 06/07/2022:

- 1. Participant has controlled ANIU and is maintained on oral prednisolone ≤5.0mg/day at the time of screening
- 2. Participant has systemic disease (whether associated with ANIU or not) that is being treated with steroids and requires >5mg/day oral prednisolone
- 3. Participant has untreated or active tuberculosis
- 4. Participant has severe infection, sepsis, or opportunistic infection
- 5. Participant has uncontrolled glaucoma
- 6. Participant has multiple sclerosis
- 7. Participant is HIV positive
- 8. Participant has hepatitis B or hepatitis C
- 9. Participant has syphilis
- 10. Participant has Lyme disease
- 11. Participant has Behcet's disease
- 12. Participant has toxoplasmosis chorioretinitis
- 13. Participant has heart failure (NYHA III/IV)
- 14. Participant has been diagnosed with cancer <5 years ago
- 15. Participant is undergoing monitoring for recurrence of cancer/tumour growth where their oncologist has concern that a TNFalpha inhibitor would be contraindicated
- 16. Participant is taking another biologic drug
- 17. Participant has taken an anti-TNF drug within the previous 90 days (anakinra and abatacept are contraindicated);
- 18. Participant has had an Iluvien® implant within the previous 18 months and has controlled ANIU, or has had an Iluvien® implant within the previous 12 weeks regardless of whether ANIU is active or controlled
- 19. Participant has had an Ozurdex® implant, or an intravitreal steroid injection, or periocular steroid within the previous 12 weeks regardless of whether ANIU is active or controlled 20. Participant is pregnant
- 21. Participant has a known allergy or hypersensitivity to adalimumab or any of its excipients

- 22. Participant is taking part in another interventional study
- 23. Participant has an epiretinal membrane likely to prevent an eye meeting response criterion at 16 weeks of central macular thickness <320um

#### Previous exclusion criteria as of 08/06/2020:

- 1. Participant has controlled ANIU and is maintained on CS ≤5.0mg/day at the time of screening
- 2. Participant has untreated or active tuberculosis
- 3. Participant has severe infection, sepsis or opportunistic infection
- 4. Participant has uncontrolled glaucoma
- 5. Participant has multiple sclerosis
- 6. Participant is HIV positive
- 7. Participant has hepatitis B or hepatitis C
- 8. Participant has syphilis
- 9. Participant has Lyme disease
- 10. Participant has Behcet's disease
- 11. Participant has heart failure (NYHA III/IV;
- 12. Participant has been diagnosed with cancer <5 years ago
- 13. Participant is undergoing monitoring for recurrence of cancer/tumour growth where their oncologist has concern that a TNFalpha inhibitor would be contraindicated
- 14. Participant is taking another biologic drug
- 15. Participant has taken an anti-TNF drug within the previous 90 days (anakinra and abatacept are contraindicated)
- 16. Participant has an ocular CS implant within the previous 12 months or an intravitreal steroid injection within the previous 3 months
- 17. Participant is pregnant
- 18. Participant has a known allergy or hypersensitivity to adalimumab or any of its excipients
- 19. Participant is taking part in another interventional study

#### Previous exclusion criteria:

- 1. Controlled ANIU and is maintained on CS less than or equal to 5.0 mg/day at the time of screening
- 2. Untreated or active tuberculosis
- 3. Severe infection, sepsis or opportunistic infection
- 4. Uncontrolled glaucoma
- 5. Multiple sclerosis
- 6. HIV positive
- 7. Hepatitis B or hepatitis C
- 8. Behcet's disease
- 9. Heart failure (NYHA III/IV)
- 10. No history of varicella or does not have varicella antibodies
- 11. Taking another biologic drug
- 12. Taken an anti-TNF drug within the previous 90 days (anakinra and abatacept are contraindicated)
- 13. Ocular CS implant within the previous 12 months or an intravitreal steroid injection within the previous 3 months
- 14. Pregnant
- 15. Known allergy or hypersensitivity to adalimumab or any of its excipients
- 16. Taking part in another interventional study

#### Date of first enrolment

# Date of final enrolment 07/06/2024

# Locations

#### Countries of recruitment

England

**United Kingdom** 

# Study participating centre University Hospitals Bristol NHS Foundation Trust

Trust Headquarters Marlborough Street Bristol United Kingdom BS1 3NU

# Study participating centre John Radcliffe Hopsital

Oxford University Hospitals NHS Foundation Trust Headley Way Oxford United Kingdom OX3 9DU

## Study participating centre Royal Liverpool Hospital

Royal Liverpool and Broadgreen University Hospitals NHS Trust Prescot Street Liverpool United Kingdom L7 8XP

# Study participating centre Norfolk and Norwich University Hospital

Norfolk and Norwich University Hospitals NHS Foundation Trust Colney Lane Norwich United Kingdom NR4 7UY

# Study participating centre York Hospital

York Teaching Hospital NHS Foundation Trust Wigginton Road York United Kingdom YO31 8HE

## Study participating centre Leicester Royal Infirmary

University Hospitals of Leicester NHS Trust Infirmary Square Leicester United Kingdom LE1 5WW

# Study participating centre Queen Elizabeth Hospital

University Hospitals Birmingham NHS Foundation Trust Mindelsohn Way Edgbaston Birmingham United Kingdom B15 2GW

# Study participating centre Addenbrookes Hospital

Cambridge University Hospitals NHS Foundation Trust Hills Road Cambridge United Kingdom CB2 0QQ

# Study participating centre Queens Medical Centre

Nottingham University Hospitals NHS Trust Derby Road Nottingham United Kingdom NG7 2UH

# Study participating centre Southampton General Hospital

University Hospital Southampton NHS Foundation Trust Tremona Road Southampton United Kingdom SO16 6YD

# Study participating centre St. James's University Hospital

Leeds Teaching Hospitals NHS Trust Beckett Street Leeds United Kingdom LS9 7TF

# Study participating centre Moorfields Eye Hospital

Moorfields Eye Hospital NHS Foundation Trust 162 City Rd London United Kingdom EC1V 2PD

# Study participating centre Bradford Royal Infirmary

Duckworth Lane Bradford United Kingdom BD9 6RJ

# Study participating centre St Thomas' Hospital

Guy's and St Thomas' NHS Foundation Trust Westminster Bridge Road London United Kingdom SE1 7EH

## Study participating centre Royal Hallamshire Hospital

Sheffield Teaching Hospitals NHS Foundation Trust Glossop Road Sheffield United Kingdom S10 2JF

# Study participating centre Maidstone and Tunbridge Wells NHS Trust

The Maidstone Hospital Hermitage Lane Maidstone United Kingdom ME16 9QQ

# Study participating centre The James Cook University Hospital

Marton Road Middlesbrough United Kingdom TS4 3BW

## Study participating centre Sussex Eye Hospital

Royal Sussex County Hospital University Hospitals Sussex NHS Foundation Trust Eastern Road Brighton United Kingdom BN2 5BF

# Sponsor information

# Organisation

University Hospitals Bristol and Weston NHS Foundation Trust

## Sponsor details

Marlborough Street Bristol England United Kingdom BS1 3NU +44 (0)1173420233 research@uhbw.nhs.uk

#### Sponsor type

Hospital/treatment centre

#### Website

https://www.uhbw.nhs.uk/

# Funder(s)

#### Funder type

Government

#### **Funder Name**

National Institute for Health Research

#### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

#### **Funding Body Type**

Government organisation

#### Funding Body Subtype

National government

#### Location

**United Kingdom** 

# **Results and Publications**

#### Publication and dissemination plan

Results will be published in peer-reviewed medical journals and presented at professional conferences. Results will be disseminated via patient groups, on the trial web-page and publicised on social media. A summary of the results will be sent to participants who specify that they would like to receive them.

# Intention to publish date

01/07/2026

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request. (Contact the chief investigator Prof Andrew Dick; Email: a.dick@bristol.ac.uk. Data will be made available after the trial outcomes paper is published in a peer-reviewed journal; applicants must provide an as a minimum a publicly available pre-specified protocol describing the purpose, methods and analysis of the secondary research; de-identified data will be available indefinitely; consent from participants for secondary use of data will be obtained; patient identifiable data will never be shared with third parties.

# IPD sharing plan summary

Available on request

**Study outputs** 

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version v3.0	20/05/2020	06/11/2020	No	No
<u>Protocol file</u>	version V4.0	15/10/2020	19/11/2020	No	No
Protocol file	version 6.0	11/11/2021	21/03/2022	No	No
Protocol file	version 7.0	25/04/2022	06/07/2022	No	No
Protocol file	version 8.0	29/07/2022	23/01/2023	No	No
HRA research summary			28/06/2023	No	No
<u>Protocol article</u>		24/01/2024	25/01/2024	Yes	No
Protocol file	version 9.0	31/10/2023	25/03/2025	No	No
Protocol file	version 10.0	12/07/2024	25/03/2025	No	No
Protocol file	version 11.0	10/09/2024	25/03/2025	No	No