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Greater Manchester Avastin® for choroidal Neovascularisation trial

Submission date	Recruitment status	[ ] Prospectively registered
25/02/2008	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
31/07/2008	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
12/04/2017	Eye Diseases	[ ] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
1.2

Study information

Scientific Title
Greater Manchester Avastin® for choroidal Neovascularisation trial

Acronym
GMAN

Study objectives
The aim of the study is to demonstrate that a treatment regime over 12 and 24 months where intravitreal bevacizumab for treatment of neovascular age-related macular degeneration is given monthly for three months and then on a prn ('when necessary') basis at three monthly intervals, the 'PRN' treatment arm, is not inferior to a regime where bevacizumab is given monthly for three months and then every three months irrespective of clinical symptoms and signs, the 'Routine' treatment arm, with respect to best-corrected visual acuity (BCVA).

Ethics approval required
Old ethics approval format

Ethics approval(s)
South West Research Ethics Committee, ref: 07/H0206/57

Study design
Single-centre randomised controlled single-masked trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Age-related macular degeneration

Interventions
Initially, all participants will be treated with 1.25 mg intravitreal bevacizumab (Avastin®) on Day 1 and 1 and 2 months. After this period, the 'Routine' treatment arm will receive 1.25 mg bevacizumab at 5, 8, 11, 14,17, 20 and 23 months, and the 'PRN' arm will receive the same treatment only when clinical signs of deterioration of vision or progression of the CNV lesion are observed.

All patients will be seen by a clinician at Day 1 and 1, 2, 5, 8, 11, 14, 17, 20 and 23 months. There will be a final assessment visit at month 24.

If patients suffer a marked drop in vision of more than 5 letters from the best corrected visual acuity recorded three months earlier there will be an additional interim treatment visit 6 weeks later aimed at stabilising the vision.

Intervention Type
Drug

Phase
Not Applicable

Drug/device/biological/vaccine name(s)
Bevacizumab (Avastin®)

Primary outcome measure
1. Visual acuity outcomes. Duration of follow-up: 24 months
2. Safety: adverse event reports and vital signs. Duration of follow-up: 24 months

Secondary outcome measures
1. Investigation of equivalence between two arms using additional measures of visual function including contrast sensitivity (CS), reading speed (RS), and radial deformation acuity (RDA)
2. To evaluate the efficacy of the two bevacizumab treatment regimes by changes in visual function (BCVA, CS, RS, and RDA) from baseline over 11 and 24 months
3. To determine the mean number of treatments required in the PRN treatment arm after month 2 and for the patients that require further treatments after month 2 the mean time interval until this retreatment is required
4. To investigate the correlation between BCVA and additional measures of visual function (CS, RS, and RDA), and assess the variability of these measures over time, to establish the clinical usefulness of these measures in determining change over time in patients with CNV
5. To evaluate the efficacy of the two bevacizumab treatment regimes by measuring changes from baseline of OCT and FFA parameters over 11 and 24 months
6. To explore the temporal changes in BCVA at months 1, 2 and 3 to evaluate the onset of treatment effect
7. To undertake pharmacogenetic studies to determine whether any variations in treatment response can be attributed to identifiable genetic variations

Overall study start date
03/02/2008

Completion date
30/04/2011

Eligibility

Key inclusion criteria
1. Men or women of any ethnic background over the age of 50 years with AMD
2. Subfoveal choroidal neovascularisation or juxtafoveal choroidal neovascularisation where laser would ablate the centre of the foveal avascular zone (FAZ)

3. Predominantly-classic CNV or minimally classic or occult with no classic CNV lesion composition where there is evidence of recent disease progression (i.e. vision loss, lesion growth on fundus fluorescein angiogram [FFA], progression on optical coherence tomography [OCT] examination, new blood associated with lesion within the preceding three months)
4. The total area of CNV within the lesion (including classic and occult components) must be greater than 50% of the lesion area as defined by FFA
5. The BCVA letter score must be between logMAR 0.31.2 (approximately 6/12 to 6/96 Snellen equivalent)
6. Patients must have completed study consent forms and must be willing and able to comply with all of the study protocols

Participant type(s)
Patient

Age group
Senior

Sex
Both

Target number of participants
330

Key exclusion criteria
1. Prior treatment to the CNV lesion
2. Lesion components including fibrosis, haemorrhage or serous pigment epithelial detachment representing greater than 50% of the lesion
3. Retinal pigment epithelial tear (rip)
4. Active intraocular inflammation within one month of screening for study
5. Active or suspected ocular or periocular infection
6. Uncontrolled glaucoma in study eye (intra-ocular pressure [IOP] of greater than 25 mmHg despite anti-glaucomatous medication)
7. History of ocular surgery or YAG (yttrium aluminium garnet) laser capsulotomy within two months of screening for study
8. History of allergy to fluorescein
9. Any systemic medication that may interfere with the safety of the patient or is known to be toxic to the retina
10. Uncontrolled hypertension
11. Within one month of major surgery
12. History of myocardial infarction, stroke or gastrointestinal perforation
13. Episode of angina or transient ischaemic attack within 6 months of screening
14. Pregnant and or lactating women
15. Women of childbearing potential (i.e. not sterilised or not post menopausal) who are unwilling to use effective contraception during the study and for 6 months after Bevacizumab treatment has stopped
16. Men with a spouse or partner with childbearing potential unless the participant has agreed to use condoms

Date of first enrolment
03/02/2008

Date of final enrolment
30/04/2011

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Manchester Royal Eye Hospital
Manchester
United Kingdom
M13 9WH

Sponsor information

Organisation
Central Manchester & Manchester Children's Hospital NHS Trust (UK)

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Sponsor type
Hospital/treatment centre

Website
http://www.cmmc.nhs.uk

ROR
https://ror.org/00he80998

Funder(s)

Funder type
Government

Funder Name
Greater Manchester NHS Primary Care Trust (UK)

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