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Tacrolimus monotherapy for uveitis

Submission date 15/04/2008	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 16/04/2008	**Overall study status** Completed	
Last Edited 28/03/2012	**Condition category** Eye Diseases	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
OP/2004/1733

Study information

Scientific Title
Dual steroid and tacrolimus therapy versus steroid withdrawal and tacrolimus therapy in the treatment of posterior segment intraocular inflammation (uveitis)

Study objectives

Tacrolimus monotherapy is not inferior to tacrolimus and prednisolone for the maintenance of uveitis remission.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from North Somerset and South Bristol Research Ethics Committee on the 8th March 2004 (ref: E5862).

Study design
Dual-centre, randomised, non-inferiority, open-label trial

Primary study design
Interventional

Study type(s)
Treatment

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

Interventions
1. Oral tacrolimus (target trough serum level 8 - 12 ng/ml) only
2. Oral tacrolimus (target trough serum level 8 - 12 ng/ml) and oral prednisolone (7.5 - 10 mg daily)

Frequency of oral tacrolimus administration is the same for both trial arms. It is administered twice daily, however the oral dose prescribed to achieve the target serum levels varies from patient to patient. Treatment duration and follow-up are until study completion (i.e., nine months post randomisation), or withdrawal.

Intervention Type
Drug

Phase
Not Specified

Drug/device/biological/vaccine name(s)
Tacrolimus, prednisolone

Primary outcome(s)
Change in logarithm of the minimum angle of resolution (LogMAR) visual acuity (VA) between randomisation and study completion or withdrawal.

Key secondary outcome(s))
1. Rate of study withdrawal post-randomisation due to either treatment inefficacy (disease reactivation) or intolerance
2. Change in the following measures of disease severity between randomisation and study completion or withdrawal:
2.1. Binocular indirect ophthalmoscopy score

2.2. Anterior chamber cell grade
2.3. Retinal vasculitis score
2.4. Grade of optic disc swelling
2.5. Chorioretinal infiltrate
3. Change in the following assessments of treatment tolerance between randomisation and study completion or withdrawal:
3.1. Rate of onset of hypocholesterolemia, hypoglycaemia, hypertension, hypomagnesaemia and greater than or equal to 30% increase in serum creatinine concentration
3.2. Rate of onset of adverse events - overall by system (e.g. nervous system) and by description (e.g. tremor)
3.3. Rate of increase in intraocular pressure (IOP) to greater than 24 mmHg
4. Proportion of patients withdrawn post-enrolment and pre-randomisation for treatment inefficacy or intolerance
5. Change in quality of life in 3, 6 and 12 months after study enrolment, as assessed by the 36-item short form health survey (SF-36) and vision core module 1 (VCM1) scores

Completion date
01/12/2008

Eligibility

Key inclusion criteria
Patients with sight-threatening non-infectious posterior intraocular inflammation (PSII) who:
1. Are unable to reduce their prednisone dose to less than 10 mg daily without disease relapse
2. Require recurrent high dose steroid rescue for recurrent relapsing disease
3. Have severe sight-threatening disease warranting immediate institution of combination immunotherapy (high dose prednisone and a second line agent)
4. Are greater than or equal to 18 years old, either sex, and able to give informed consent

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Pregnancy or lactation
2. Female patients of child bearing age who are unwilling or unable to maintain effective birth control during the study
3. Diabetes mellitus (except steroid induced)
4. Significant and unstable renal disease (creatinine outside the local laboratories reference

range on two consecutive occasions)
5. Participating in another clinical trial or has been taking an investigational drug in the past 28 days
6. Unlikely to comply with the visits scheduled in the protocol
7. Live vaccinations within three months of study entry
8. Previous adverse event associated with, or contra-indication to, either prednisolone or tacrolimus
9. Concurrent use of other immunosuppressive or cytotoxic agents
10. Previous tuberculosis
11. Shingles within the past three months
12. Human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), including current or previous history of opportunistic infections such as cytomegalovirus (CMV), active Pneumocystis carinii, atypical mycobacterium
13. Recent history of substance abuse (drug or alcohol)
14. Use of cyclosporin A within the last three months
15. Serious infections, such as hepatitis, pneumonia, pyelonephritis in the previous three months

Date of first enrolment
01/05/2004

Date of final enrolment
01/12/2008

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Academic Unit of Ophthalmology
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Sponsor information

Organisation
United Bristol Healthcare Trust (UK)

ROR
https://ror.org/04nm1cv11

Funder(s)

Funder type
Industry

Funder Name
Fujisawa Pharma Co Ltd (UK)

Funder Name
NHS R&D support funding (UK)

Results and Publications

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?
Results article	results	01/06/2012		Yes	No