

Assessment of Treatment Masking: The Reducing Adenoviral Patient Infected Days (RAPID) Study



Meredith M. Whiteside¹ Ellen S. Shorter², Mathew Margolis³, Fatima Alvi³, Christina E. Morettin⁴, Jennifer S. Harthan⁴, Tammy P. Than⁵, Mae O. Gordon³, Andrew T. Hartwick⁶, Mary Migneco³, Spencer D. Johnson⁷, Julie Huecker³, Crystal Rosemann⁸

Author Affiliations: ¹University of California, Berkeley School of Optometry, Berkeley CA, ²Illinois Eye and Ear Infirmary, Chicago IL, ³Washington University, St. Louis MO, ⁴Illinois College of Optometry, Chicago IL; ⁵Carl Vinson VAMC, Dublin GA, ⁶Ohio State University, Columbus OH, ⁷Northeastern State University Oklahoma College of Optometry, Tahlequah OK; ⁸Fort Sam Houston

Purpose

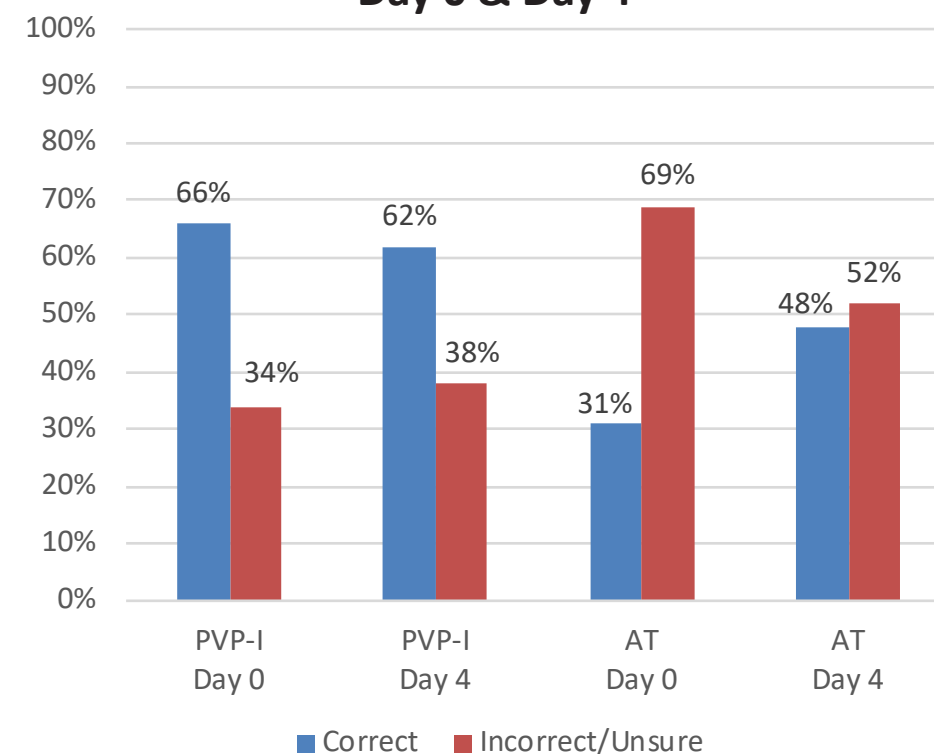
- The Reducing Adenoviral Patient Infected Days (RAPID) study is a multi-center, double-masked randomized pilot trial of the safety and efficacy of a one-time administration of ophthalmic 5% Povidone-Iodine (PVP-I) treatment.
- Efficacy was assessed with viral load measured by quantitative PCR, patient-reported symptoms and clinician assessment of signs.
- Patients and clinicians could become unmasked due to the yellow color and potential stinging and burning associated with ophthalmic 5% PVP-I. Unmasking could cause bias in patient-reported symptoms and clinician assessment of signs.
- We report on the success of masking in the RAPID study.

Methods

- Adults (≥ 18 years old) presenting with a red eye for ≤ 4 days and a positive point of care immunoassay test for adenovirus were enrolled.
- Participants were randomized to receive a one-time instillation of 4-5 drops of PVP-I or artificial tears (ATs) post-instillation of 1 drop of proparacaine 0.5%.
- Two minutes after administration, the ocular surface and eyelids were lavaged with a sterile saline irrigation solution.
- All follow-up visits were conducted by clinicians masked to randomization.
- At day 0 (immediately post-lavage) and at day 4, participants were asked to guess whether they received PVP-I, ATs, or were unsure. Masked clinicians were asked the same question at follow-up days 1, 7 and 14.
- The Bang index (BI) of masking, which quantifies success in masking was calculated.

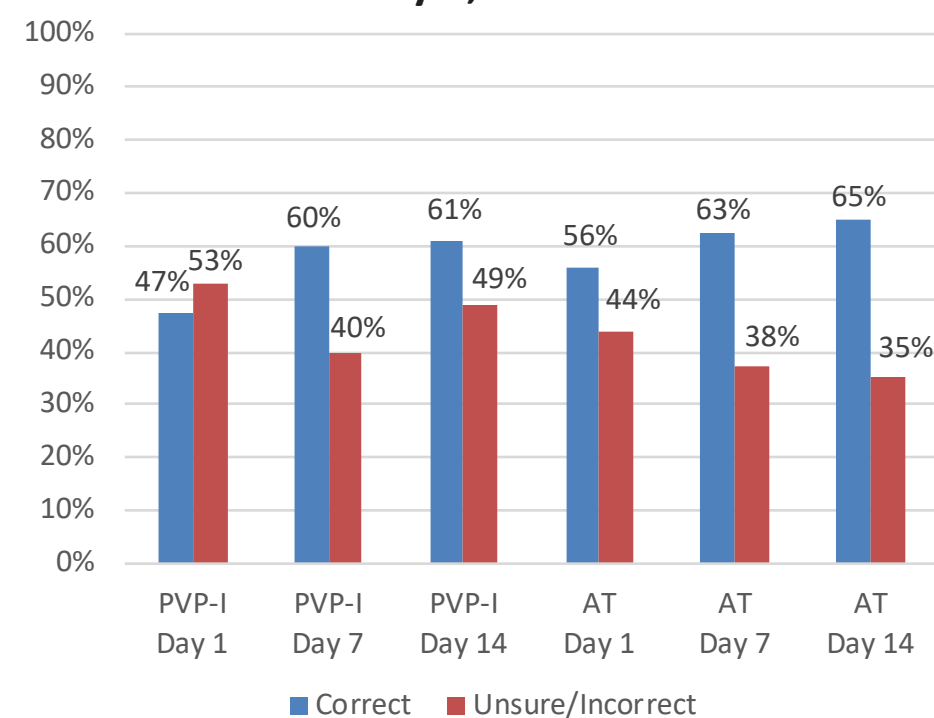
Results

Participant Guess of Treatment Day 0 & Day 4



The overall correct guess rate 49% (27/55) on Day 0 & 55% (23/42) on Day 4

Clinician Guess of Treatment Day 1, 7 & 14



The overall correct guess rate was 51% (18/35) on Day 1 & 63% (22/25) on Day 14

*Bang Index (BI) is an index of the success of masking beyond random guessing.

- BI Ranges from -1 to 1
 - All guesses correct, BI = 1
 - All guesses incorrect, BI = -1
 - 50% correct guesses, then BI=0
- + In this study, 'unsure' guesses were grouped with incorrect.

Masked Participant Guesses: Bang Index

	Day 0 Immed. post-lavage	Day 4 (± 1)
Correct Guess: Povidone Iodine (PVP-I)	BI = 0.31 ($p=0.04$)	BI = 0.24 ($p=0.13$)
Correct Guess: Artificial Tears (AT)	BI ⁺ = -0.38 ($p = 0.98$)	BI ⁺ = -0.05 ($p=0.58$)

Masked Clinician Guesses: Bang Index

	Day 1 (± 1)	Day 7 (± 1)	Day 14 (± 3)
Correct Guess: Povidone Iodine	BI = -0.05 ($p=0.59$)	BI = 0.2 ($p=0.21$)	BI = 0.2 ($p=0.61$)
Correct Guess: Artificial Tears	BI ⁺ = 0.125 ($p=0.31$)	BI ⁺ = 0.25 ($p=0.15$)	BI ⁺ = 0.3 ($p=0.10$)

Conclusions

- Despite the known ocular discoloration and potential irritation with PVP-I, masking of both participants and clinicians in this double-masked trial was fair in both the 5% PVP-I and artificial tear treatment groups.
- Although most participants receiving the PVP-I treatment correctly identified being in the treatment group, most people receiving ATs were unsure or incorrect in guessing treatment, and overall correct guess-rate for the study was nearly 50%.
- The success of masking indicates that participant and clinician reported outcomes were likely not substantially biased due to treatment unmasking.
- Assessment of masking is rarely reported in ophthalmic studies. We recommend the assessment and reporting of masking success in clinical trials utilizing subjective outcomes.

References

Hróbjartsson, Asbjørn et al. Bias due to lack of patient blinding in clinical trials. A systematic review of trials randomizing patients to blind and nonblind sub studies International journal of epidemiology vol. 43,4 (2014): 1272-83.

Bang J, Ni L, Davis C. Assessment of Blinding in Clinical Trials, Controlled Clinical Trials 25 (2004) 143-156.

Acknowledgements

• This work was supported by a National Eye Institute Center R34 Grant (EY02363301A1), a National Eye Institute Center Core Grant (P30EY002687) and an unrestricted grant to the Department of Ophthalmology and Visual Sciences from Research to Prevent Blindness

• DiaSorin Molecular LLC (Cypress, CA) for loaning the study a Liaison MDX Instrument and donating reagents for qPCR analysis.

• Clinical Trial Registration:
<https://clinicaltrials.gov/ct2/show/NCT0247222>

Contact

Meredith Whiteside, OD • mwhitesi@berkeley.edu