

Multicenter Uveitis Steroid Treatment Trial (MUST) 2011



Objective

To compare effectiveness of fluocinolone acetonide implant to systemic corticosteroids for treating noninfectious uveitis.

Methods

Design: RCT (23 centers)

Sample Size: N = 255

- Patients 13 years or older with noninfectious intermediate, posterior, or panuveitis

Treatment Groups:

- Fluocinolone acetonide implant (N = 129)
- Systemic corticosteroids plus immunosuppression when indicated (N = 126)

Outcome Measures:

- Visual acuity from baseline
- Vision-related quality of life
- Residual uveitis activity
- Ocular complications

Results

Point 1: Both implant and systemic therapy improved mean visual acuity

- At 24 months, implant therapy improved VA by 6.03 letters read and systemic therapy improved VA by 3.23 letters read (P = 0.16)

Point 2: Vision-related quality of life improved in both groups

- Implant therapy improved vision-related quality of life by +11.4 units and systemic therapy improved by +6.8 units (P = 0.043). This is a change in EuroQol-EQ5D health utility of +0.02 and -0.02, respectively (P = 0.060)
- Residual uveitis activity decreased to 12% for implant vs. 29% for systemic

Point 3: There are pros and cons to both types of therapy that should be weighed when considering patient treatment options

- Implant treated eyes had a higher risk for cataract surgery (HR = 3.3), elevated IOPs requiring treatment (HR = 4.2), and glaucoma (HR = 4.2).
- Systemic treatment led to more prescription-requiring infections (P = 0.034) but did not result in long-term consequences.

TLDR: Both local (fluocinolone acetonide implant) and systemic corticosteroids are effective treatments for noninfectious uveitis and the pros and cons of each type of treatment should be weighed according to a particular patient's clinical circumstances.