## Clinical Evaluation of a Monthly Replacement Daily Wear Silicone Hydrogel Multifocal Toric Contact Lens

# STUDY ID CLR624-M103

PROTOCOL and STATISTICAL ANALYSIS PLAN

NCT05886907



# Feasibility Clinical Protocol for CLR624-M103 Title: Assessing the Clinical Performance of Two Frequent Replacement Silicone Hydrogel Multifocal Toric Contact Lenses

Protocol Number and Version:	CLR624-M103, Version 1.0
Sponsor Name and Address:	Alcon Research, LLC and its affiliates ("Alcon") 6201 South Freeway
	Fort Worth, Texas 76134-2099
<b>Test Product(s):</b>	MFT SiHy Contact Lenses; LID223188



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Status: Approved, Version: 1.0 Page 2 of 17 Approved Date: 24 May 2023

#### Investigator Agreement:

•	I have read the Feasibility Clinical Protocol described herein and the
	Feasibility Clinical Protocol governing it, recognize its confidentiality, and
	agree to conduct the described trial in compliance with Good Clinical Practice
	(GCP), the ethical principles contained within the Declaration of Helsinki, this
	protocol, all applicable regulatory authority regulations, and conditions of approval
	imposed by the reviewing IRB or regulatory authority.

- I will supervise all testing of the device involving human subjects and ensure that the requirements relating to obtaining informed consent and IRB review and approval are met in accordance with applicable local and governmental regulations.
- I have read and understand the appropriate use of the investigational product(s) as described in the protocol, current Investigator's Brochure, product information, or other sources provided by the sponsor.
- I understand the potential risks and side effects of the investigational product(s).
- I agree to maintain adequate and accurate records in accordance with government regulations and to make those records available for inspection.
- I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements of the sponsor and government agencies.
- I agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study are informed of their obligations in meeting the above commitments.

	Have you ever been o	disqualified as an investigator by an	y Regulatory Authority?
	Have you ever been i	nvolved in a study or other research	that was terminated?
	□ No □Yes		
	If yes, please explain	here:	
Pr	incipal investigator:		
		Signature	Date
	me and professional sition:		
A	ldress:		

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## **Abbreviations and Acronyms**

Abbreviation	Definition	
ADE	Adverse device effect	
AE	Adverse event	
BCVA	Best corrected visual acuity	
°C	Degrees Celsius	
CDMA	Clinical Development & Medical Affairs	
CSS	Clinical Site Specialist	
CT&OL	Clinical Trial & Operations Lead	
D	Diopter(s)	
eCRF	Electronic case report form	
ESP	Eye Surface Profiler	
GA	Georgia	
GCP	Good Clinical Practice	
ICF	Informed consent form	
ID	Identification	
IP	Investigational product	
IRB	Institutional review board	
JCR	Johns Creek Research	
LID	Lens identification number	
logMAR	Logarithm of the minimum angle of resolution	
MFT	Multifocal toric contact lens	
MR	Manifest refraction	
OD	Right eye	
OS	Left eye	
OU	Both eyes	
PI	Principal investigator	
R&D	Research & Development	
SADE	Serious adverse device effect	
SiHy	Silicone hydrogel	
US or USA	United States	
VA	Visual acuity	

## 1 FEASIBILITY CLINICAL PROTOCOL

### 1.1 Revision History

Version	Brief Description and Rationale	
1	Initial Version of this document	

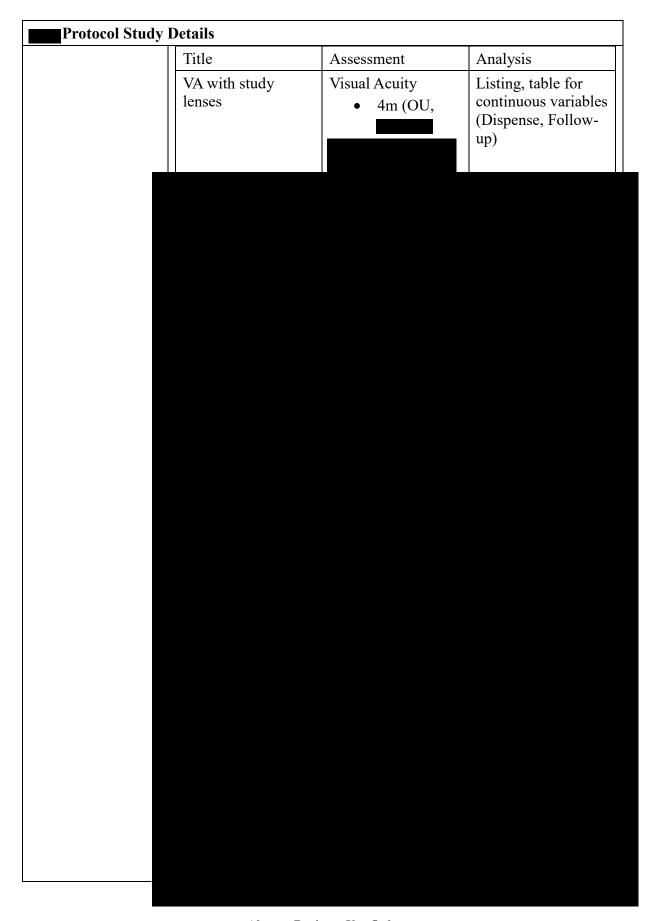
## 1.2 Study Overview

Protocol Study Details			
Study Rationale and Objective	The purpose of this clinical trial is to assess on-eye performance and overall fit of the Multifocal Toric contact lens to aid in confirmation of the study lens design.		
Investigator(s) Site  External	Johns Creek Research Clinic 11460 Johns Creek Parkway Johns Creek, GA, 30097 USA		
Organizations	Not Applicable		
Planned Duration of Exposure	~4 days total (test and comparator) Test Product: LID223188 for 2 (+3) days Comparator Product: Ultra MFT for 2 (+3) days		
<b>Number of Subjects</b>	Planned to enroll: ~30	Target to complete: 20	
Study Population	Volunteer subjects aged 40 or over who are habitual multifocal soft contact lens wearers, have at least 3 months of recent contact lens wearing experience.		
Lens Assignment	Subjects will not be randomized in this study		
Study Design	<ul> <li>☑ Prospective</li> <li>☑ Randomized</li> <li>☑ Pre-determined order</li> <li>• Even subject #: Lens Pair 1 - LID223188, Lens Pair 2 - Ultra MFT</li> </ul>	<ul><li>Single-masked (trial subject)</li><li>☐ Open-label</li></ul>	

Protocol Study Details			
	Odd subject #: Lens Pair 1 –     Ultra MFT, Lens Pair 2 –     LID223188		
	Single group	Contralateral	
	Parallel group	⊠ Bilateral	
	Crossover	Monocular lens wear	
	Other		
	Visit Schedule:		
	1. Visit 1: Screening/Baseline/D	-	
	2. Visit 2 (2 (+3) days after Visit 1): Follow-up Lens Pair 1 (to occur at least 4-6 hours after lens insertion)/Dispense Lens Pair 2		
	3. Visit 3 (2 (+3) days after Visit occur at least 4-6 hours after l	,	
		_	
<b>Decision Criteria</b>	No prospective decision criteria h	ave been defined for this study.	
	1. VA with study lenses (logMAR; distance @ 4m: OU,		
Assessments	1. VA with study lenses (logMA	AR; distance @ 4m: OU,	
Assessments	1. VA with study lenses (logMA	AR; distance @ 4m: OU,	
Assessments	1. VA with study lenses (logMA	AR; distance @ 4m: OU,	
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Assessments	1. VA with study lenses (logMA	AR; distance @ 4m: OU,	

Protocol Study	Details
Safety Assessments	1. AEs
	2. Biomicroscopy
	3. Device deficiencies
<b>Inclusion Criteria</b>	1. Subject must be at least 40 years of age and require an ADD.
	2. Subject must be able to understand and must sign an informed consent form (ICF) that has been approved by an Institutional Review Board (IRB).
	3. Currently wears multifocal soft contact lenses in both eyes during the past 3 months.
	4. Manifest cylinder power between -0.75 D and -1.00 D
	5. BCVA logMAR 0.1 (Snellen 20/25) or better in each eye.
	6. Subject must be willing to stop wearing habitual lens for the study duration and able to fit with available contact lens powers (see Section 1.3).
	7. Subject must possess spectacles that provide a corrected visual acuity of 20/40 or better OU.
Exclusion Criteria	1. Any anterior segment infection, inflammation, or abnormality or disease (including systemic) that contraindicates contact lens wear, as determined by the investigator.
	2. Any use of systemic or ocular medications for which contact lens wear could be contraindicated, as determined by the investigator.
	3. History of refractive surgery or plan to have refractive surgery during the study or irregular cornea in either eye.
	4. Ocular or intraocular surgery (excluding placement of punctal plugs) within the previous 12 months or planned during the study.
	5. Biomicroscopy findings at screening that are moderate (Grade 3) or higher and/or corneal vascularization that is mild (Grade 2) or higher, and/or any infiltrate.

Protocol Study Details		
Trottoed Study	<ol> <li>Current or history of pathologically dry eye in either eye that, in the opinion of the investigator, would preclude contact lens wear.</li> <li>Current or history of herpetic keratitis in either eye.</li> <li>Eye injury in either eye within 12 weeks immediately prior to enrollment for this trial.</li> <li>Current or history of intolerance, hypersensitivity, or allergy to any component of the study products.</li> <li>The investigator, his/her staff, family members of the investigator, family members of the investigator's staff, or individuals living in the households of the aforementioned persons may not participate in the study.</li> <li>Participation of the subject in a clinical trial within the previous 3 days or currently enrolled in any clinical trial.</li> </ol>	
	12. Monovision contact lens wearer.	
Enrollment Stopping Criteria	Enrollment stopping criteria will not be defined for this study.	
	Analysis Plan	
	Analysis I lan	
	The following product or lens naming conventions will be used:  Ultra MFT	
Subject Characteristics and Study Conduct Summaries	The following will be presented:  Conduct  Demographics  Ct.gov AE table	
Assessment Analysis Strategy	Several effectiveness assessments are being conducted in this study. Results from selected assessment will be summarized using descriptive statistics according to its measurement scale. Listings will be provided as necessary.  The Safety Analysis Set will serve as the analysis data set for all effectiveness analyses.	
Planned Effectiveness Analyses	The following assessments will be summarized with descriptive statistics, and listings will be generated when applicable:	



Protocol Study Details		
Interim Analysis	At the discretion of the CDMA Project Lead, interim evaluations may be undertaken to provide early insight into product safety and/or effectiveness.	
Sample Size and Power Calculations	No formal sample size calculation is provided given the descriptive and feasibility nature of the study.	

## 1.3 Study Product and Associated Materials

	Test Product 1	Comparator Product 1
	/LID223188	Ultra MFT
Primary component/ material	Lehfilcon A	Samfilcon A
Manufacturer	Alcon Laboratories, Inc.	Bausch + Lomb
Power Range	<ul> <li>Any combination of the following, as available:</li> <li>Sphere: Plano to -4.00D in 1D steps</li> <li>Cyl: -0.75D</li> <li>Axis: 170, 180, 010, 090</li> <li>Add: Lo, Med, Hi</li> </ul>	<ul> <li>Any combination of the following, as available:</li> <li>Sphere: Plano to -4.25D in 0.25D steps</li> <li>Cyl: -0.75D</li> <li>Axis: 170, 180, 010, 090</li> <li>Add: Lo, Hi</li> </ul>
Supply	The sponsor will provide this test product.	The site will procure this comparator product.
Packaging and Labeling	Primary label on blister foil pack includes:      material name or identifier      base curve      diameter      packing solution      power      lot number      expiration date      content statement      investigational device statement      sponsor information      country of origin  Secondary color-coded label on packages	Commercial primary label on blister foil pack.

	Test Product 1 /LID223188	Comparator Product 1 Ultra MFT			
	includes:  • clinical protocol number  • material name or identifier				
	<ul> <li>power</li> <li>an investigational use only statement</li> <li>tracking or handling unit number</li> </ul>				
Storage	Lenses should be stored at room temperature.	Refer to manufacturer's instructions.			
Other	Replacement lenses are allowed only if there is a device deficiency (e.g., torn lens) or if the lens falls on the ground and investigator wants to insert a new lens.				
Associated Materials	<ul> <li>CLEAR CARE Cleaning and Disinfecting Solution will be used with study lenses for the duration of study.</li> <li>LacriPure rinsing/reinsertion PRN will be used as needed with study lenses.</li> <li>Lubrication/re-wetting drops will not be permitted during study lens wear.</li> </ul>				

Table 1-1 Schedule of Study Procedures and Assessments

		Visit 1	Visit 2		Visit 3	T	
	Procedure / Assessment	Screening / Baseline / Dispense Pair 1	Follow-up Pair 1 (2 [+3] days after Visit 1)	Dispense Pair 2	Follow up Pair 2 (2 [+3] days after Visit 3) / Exit	Unscheduled Visit / Early Exit Visit	Source Only*
1	Informed Consent	X					
2	Demographics	X					
3	Medical History	X	X	X	X	X	X
4	<b>Concomitant Medications</b>	X	X	X	X	X	X
5	Inclusion/ Exclusion	X					
6	Habitual lens (brand, power)	X					
7	VA w/ habitual correction (logMAR; distance OD, OS, OU and near OU only)	X	(X)	(X)	X Distance only	X	X
8	Manifest refraction	X	(X)	(X)	(X)	(X)	
9	BCVA (logMAR; distance OD, OS, OU and near OU only, with manifest refraction)	X	(X)	(X)	(X)	(X)	
10	Biomicroscopy	X	X	(X)	X	X	

		Visit 1	Visit 2		Visit 3	Ti	
	Procedure / Assessment	Screening / Baseline / Dispense Pair 1	Follow-up Pair 1 (2 [+3] days after Visit 1)	Dispense Pair 2	Follow up Pair 2 (2 [+3] days after Visit 3) / Exit	Unscheduled Visit / Early Exit Visit	Source Only*
		Lens Pair 2)					
1	4 Dispense study lenses	X		X		(X)	
1	Slit lamp photo/video of study lenses	(X)	(X)	(X)	(X)	(X)	(X)
1	VA with study lenses (logMAR; distance @ 4m: OU,	X	X	X	X	(X)	

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		Visit 1	Visi	it 2	Visit 3		
Procedure / Assessment	Describer / Assesses (		Follow-up Pair 1	Dispense Pair 2	Follow up Pair 2	Unscheduled	Source
	Screening / Baseline / Dispense Pair 1	(2 [+3] days after Visit 1)	1	(2 [+3] days after Visit 3) / Exit	Visit / Early Exit Visit	Only*	

Procedure / Assessment

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**Device deficiencies** 

**Exit Form** 

Visit 1

Screening / Baseline /

Dispense Pair 1

X

(X)

(X) assessment performed as necessary, e.g., decrease of VA by 2 lines or more with investigational product (IP)

Visit 3

Follow up Pair 2

(2 [+3] days after

Visit 3) / Exit

X

X

Unscheduled

Visit / Early

Exit Visit

X

(X)

Source

Only\*

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Follow-up Pair 1

(2 [+3] days after

Visit 1)

Visit 2

Dispense Pair 2

X

(X)

	26	Collect worn lenses	(X)	X	(X)	X	(X)	
ſ	27	AEs	X	X	X	X	X	

X

(X)

#### 1.4 Study-Specific Lens Returns

#### 1.4.1 Worn IP

Worn IP will be returned to the sponsor. Use the following instructions for collection, storage, and shipping, unless otherwise instructed by the sponsor.

- Removal from eye: Clean hands
- Storage container: Unused screw-top lens case
- Label information:
  - Protocol number
  - Site number
  - o Subject ID
  - o Eye
  - Lens type/ identification
  - Date collected
- Storage solution: PURILENS Plus Preservative Free Saline (PURILENS Plus Saline)
- Storage temperature: Refrigerated 4-10°C
- Timing of return: Study Completion
- An inventory/list of lenses being returned



### 1.4.2 Lens Return (ADE/Device Deficiency)

The directions for the collection, storage, and return of lenses associated with an AE or device deficiency are listed in the Protocol.

