

# The Cannabinoid Use in Progressive Inflammatory brain Disease (CUPID) trial: a randomised double-blind placebo-controlled parallel-group multicentre trial and economic evaluation of cannabinoids to slow progression in multiple sclerosis

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**Declared competing interests of authors:** John Zajicek reports grants and personal fees from the Medical Research Council, personal fees from Bayer Schering, personal fees from Institut für klinische Forschung, Berlin, grants from the Multiple Sclerosis Society and grants from the Multiple Sclerosis Trust outside the submitted work. David Miller reports grants from Multiple Sclerosis Society of Great Britain and Northern Ireland, grants from University College London/University College London Hospitals Biomedical Research Centre, during the conduct of the study; grants and other from Biogen Idec, grants and other from Novartis, grants and other from GlaxoSmithKline, grants from the National Institute for Health Research, grants from Genzyme, grants from the US National Multiple Sclerosis Society and the Multiple Sclerosis Society of Great Britain and Northern Ireland, other from Bayer Schering, other from Mitsubishi Pharma Ltd, other from Merck, other from Chugai and personal fees from McAlpines Multiple Sclerosis, 4th edition, outside the submitted work. David MacManus reports grants from Biogen Idec, grants from GlaxoSmithKline, grants from Apitope, grants from Novartis and grants from Richmond Pharma outside the submitted work.

Published February 2015

DOI: 10.3310/hta19120

## Plain English summary

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Health Technology Assessment 2015; Vol. 19: No. 12

DOI: 10.3310/hta19120

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## Plain English summary

The Cannabinoid Use in Progressive Inflammatory brain Disease study investigated the effectiveness and safety of the cannabinoid tetrahydrocannabinol (THC) in slowing progressive multiple sclerosis (MS) over 3 years.

Four hundred and ninety-three people with primary or secondary progressive MS were recruited to the study from 27 UK sites between May 2006 and July 2008. A requirement of study entry was that walking was affected by MS but that participants could still walk, with aids if necessary. Participants were randomly assigned to receive oral THC (329 people) or placebo (164 people) capsules in a 'double-blind' manner so that neither participants nor research staff were aware of treatment allocations. Dose was titrated on an individual basis according to body weight and side effects, before being gradually reduced to zero after 3 years.

The two primary measures of treatment effectiveness were scores on the Expanded Disability Status Scale (EDSS) and MS Impact Scale-29 version 2 (MSIS-29v2). The EDSS was assessed 6-monthly, with progression confirmed if sustained at two consecutive visits. Secondary measures included MS Functional Composite and various self-completion questionnaires. Participants at 13 sites underwent yearly magnetic resonance imaging brain scans.

The study found no evidence that THC has an effect on MS progression. EDSS and MSIS-29v2 scores showed little change over the study period and no difference was found between the THC and placebo groups. There was some evidence that THC might have a beneficial effect in participants at the lower end of the disability scale, but numbers were small and further studies will be needed. The study raised no major issues regarding safety of THC.



ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 5.116

*Health Technology Assessment* is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the ISI Science Citation Index and is assessed for inclusion in the Database of Abstracts of Reviews of Effects.

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## This report

This issue of *Health Technology Assessment* contains a project originally commissioned by the MRC but managed by the Efficacy and Mechanism Evaluation Programme. The EME programme was created as part of the National Institute for Health Research (NIHR) and the Medical Research Council (MRC) coordinated strategy for clinical trials. The EME programme is funded by the MRC and NIHR, with contributions from the CSO in Scotland and NISCHR in Wales and the HSC R&D, Public Health Agency in Northern Ireland. It is managed by the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton.

The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from the material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the MRC, NETSCC, the HTA programme, the EME programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme, the EME programme or the Department of Health.

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