Advances in Treating Macular Degeneration

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Outline



- Introduction
- How the eye works
- What is macular degeneration
- How is macular degeneration treated
- Questions

About Me





- Justin Kanoff, MD
- Medical and Surgical Retina Specialist at the Eye Care Center of Northern Colorado
- Education
 - University of Pennsylvania BA
 - University of Texas Southwestern Medical School – MD
 - Harvard University Internship, Residency, Chief Residency, Fellowship
- Lives in Longmont, CO





Eye Care Center of Northern Colorado 303-747-4748 www.eyecaresite.com

- Region's Leading Comprehensive Eye Care Group
- Diagnosis, Management, Medical and Surgical care of all eye care problems including:
 - Cataracts
 - Glaucoma
 - Diabetes
 - Macular Degeneration

- LASIK / Refractive
- Eyelid and facial surgery
- Dry Eye Management
- Comprehensive Eye Exams



- Longmont Office
 - 1400 Dry Creek Drive
- Boulder Office
 - 3000 Center Green Drive
 - Suite 250
- Lafayette Office
 - 300 Exempla Circle
 - Suite 120
- 303-747-4748
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Advanced Vision Surgery Center Boulder Community Health



- Surgery center exclusively for eyes
- Two state of the art operating rooms and specially trained nurses and staff only for eyes





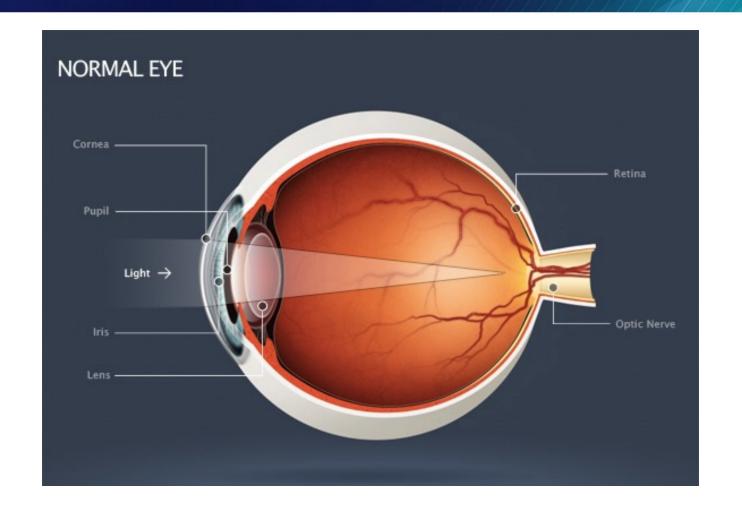




How the Eye Works



- Light enters the eye through the cornea, pupil and lens.
- The lens helps focus the light, and develops a CATARACT over time.
- Light is focused onto the retina, the lightsensitive tissue lining the back of the eye.



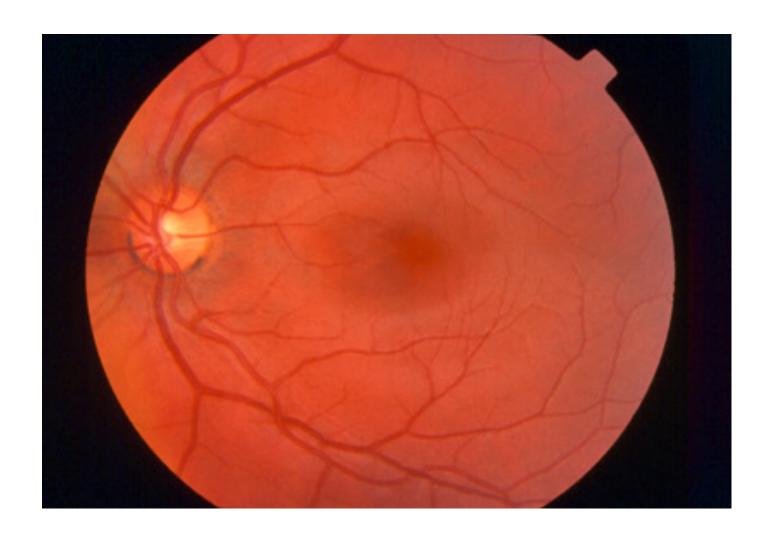
Eye as a Camera



- <u>Cornea</u> is the clear window in the front of the eye that you look through.
- <u>Lens</u> is in the middle of the eye and focuses the light.
- Retina like film in a camera.
- Optic nerve carries information to the brain like a cable links a digital camera to a computer.









AGE RELATED MACULAR DEGENERATION

Macular Degeneration

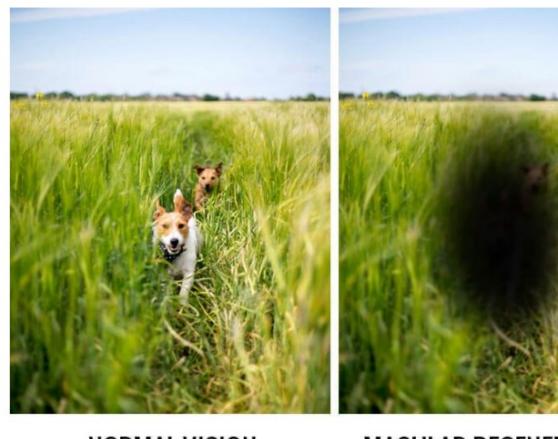


- A leading cause of severe vision loss in people over 65 years of age
- Not a part of the natural aging process
- Almost always in both eyes, but only one eye may have symptoms



• Prevalence

- Age 65 => 2.5%
- Age 70 => 6.7%
- Age 75 => 10.8%



NORMAL VISION

MACULAR DEGENERATION

Risk Factors



Established Risk Factors

- Older age (> 60 years)
- Family history (3 fold higher)
- Cigarette smoking
- Low dietary intake or body concentrations of anti-oxidants, vitamins and zinc

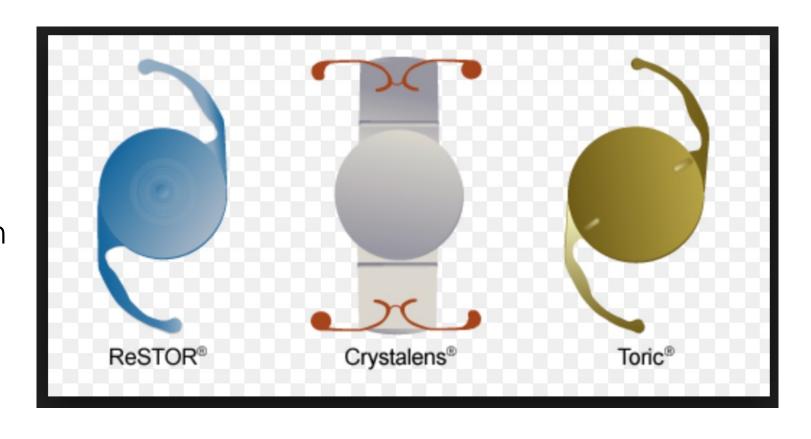
Possible Risk Factors

- Female sex
- Light-colored iris
- Cardiovascular disease
- Obesity, High Cholesterol and Lipids, Hypertension
- Sun exposure

AMD and Cataract Surgery



- Cataract surgery is not a risk factor.
- Cataract surgery is often beneficial for patients with macular degeneration.



AMD and Cataract Surgery



- Cataracts decrease contrast sensitivity.
- Macular degeneration decreases contrast sensitivity.
- Need to avoid "multifocal lenses".



Difficulty in Recognizing Faces



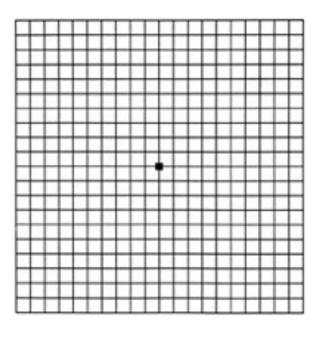


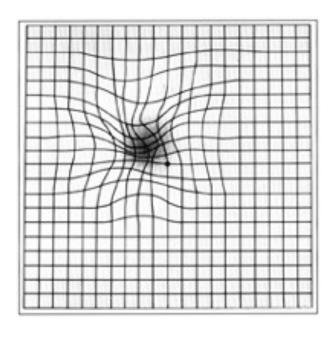


Distortions in Vision



With macular degeneration, print may appea. distorted, ant aris of words Ly be missing.





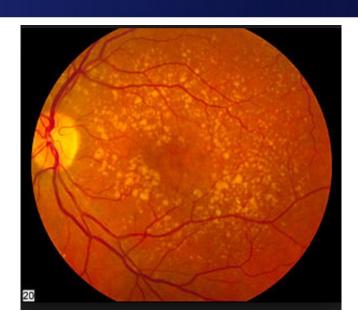
Office Testing

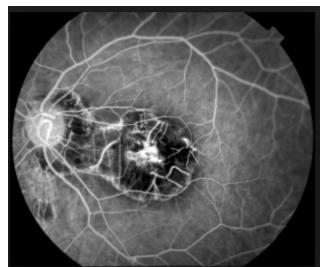


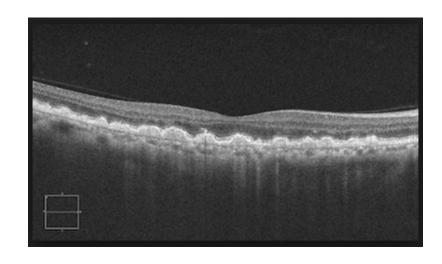
Photos

• OCT

Angiograms



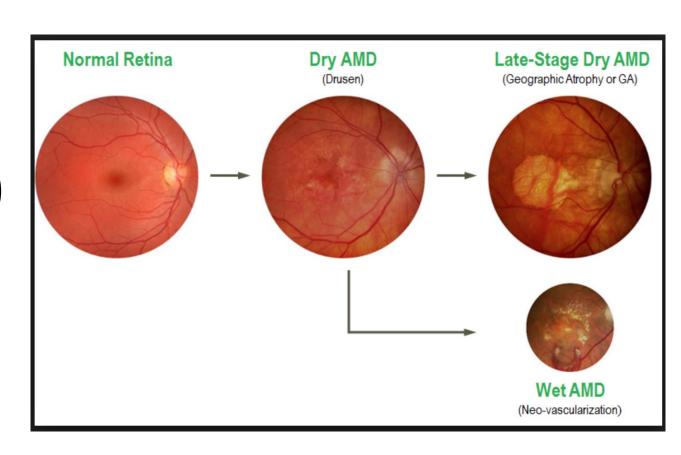




Types of AMD



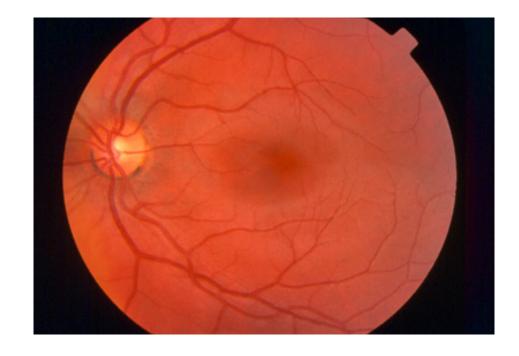
- Dry (atrophic) Macular Degeneration
- Wet (exudative / neovascular)
 Macular Degeneration



Dry Macular Degeneration



- Most common form
- Vision loss is gradual
- Thinning and atrophy of tissues



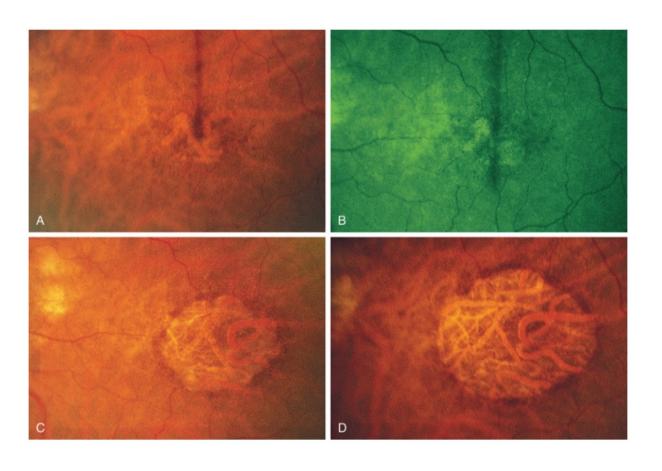


Dry Macular Degeneration



• Early vs. Intermediate vs. Late









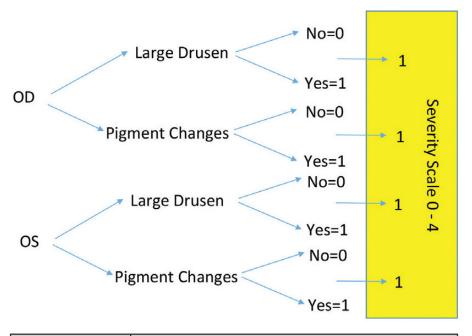
© 2010 Elsevier Ltd. Yannuzzi: The Retinal Atlas.

Risks of Progression



 Assign 2 additional points if the other eye has wet AMD

Table 2. AREDS Risk Assessment Tool²¹



Score	Chance to progress to advanced AMD in five years (%)	
0	0.5	
1	3.0	
2	12.0	
3	25.0	
4	50.0	

Treating Dry AMD



- Vitamin Supplements
 - AREDS 2
 - Vitamin C (500mg) and E (400 IU)
 - Lutein 10mg
 - Zeaxanthin 2mg
 - Minerals Zinc 80mg and Copper (2mg)
 - Multivitamin





Doctor's Suggested Use: Take 4 capsules once daily with a meal.

Supplement Facts

Serving Size: 4 Capsules Servings Per Container: 30

Amount Per Serving		% D\
Vitamin A (as betacarotene)	1,500 mcg RAE	167%
Vitamin C (as ascorbic acid)	100 mg	111%
Zinc (as oxide)	25 mg	227%
Copper (as chelate)	2 mg	222%
Taurine	600 mg	*
Berry Vision Complex Black Currant Extract (fruit), Maqui Berry Powder (Aristotelia chilensis, fruit), Goji Berry Extract (Lycium barbarum, fruit), Bilberry Extract (fruit)		
Carrot Powder (root)	260 mg	*
N-Acetyl L-Cysteine	260 mg	*
Schisandra Extract (berry)	160 mg	*
Lutemax® 2020§ Lutein (from marigold flower)	20 mg	*
Setria®‡ L-Glutathione (from fermentation)	20 mg	*
Lutemax [®] 2020 [§] Zeaxanthin isomers (from mari flower; containing a minimum of 1 mg of mesozea		*
Lycopene (from tomato fruit)	3 mg	*
*Daily Value (DV) not established.		

Other ingredients: Microcrystalline cellulose, gelatin, magnesium stearate, silica



Note: Pregnant or lactating women should consult a health care professional before taking this product.

Keep out of reach of children.

‡Setria ® is a registered trademark of KYOWA HAKKO BIO Co., Ltd.



SLUTE 2000 is a trademark of OmniActive Health Technologies, Ltd.

This product contains nutraceutical ingredients; therefore, some color variations may occur.







Reducing Risk



- Healthy Diet
 - Mediterranean Diet
 - Green, leafy vegetables



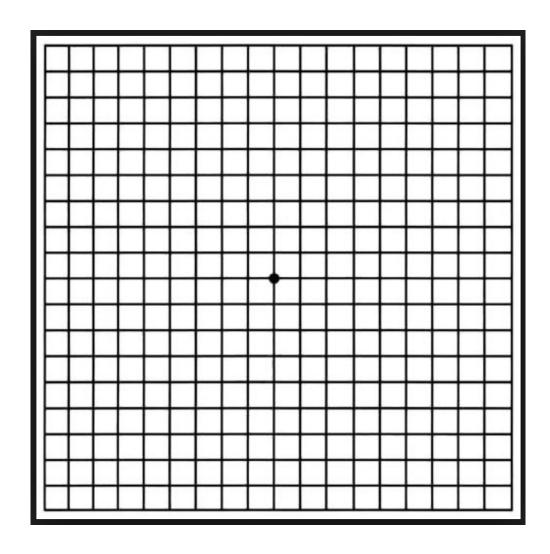
Avoiding tobacco products!



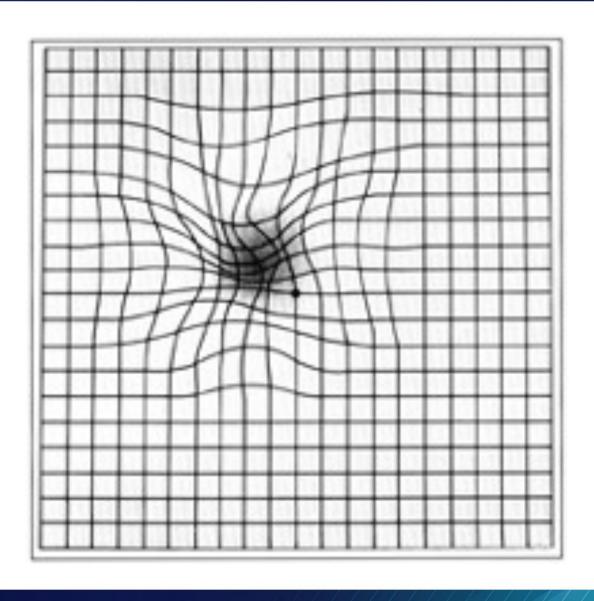
Monitoring Dry AMD



AMSLER GRID



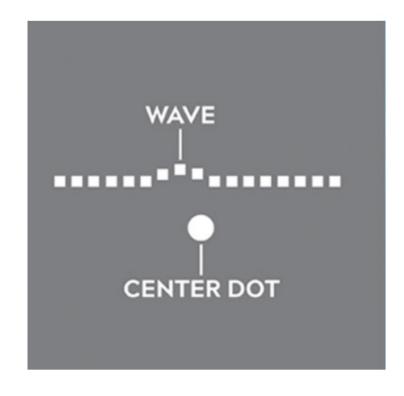




Home Monitoring



Foresee Home





Low Vision Specialists



- Low-vision aids (magnifier, telescope, closed caption television)
- Visual rehabilitation
- Assistive and adaptive technology
- Orientation & mobility





Low Vision Aids







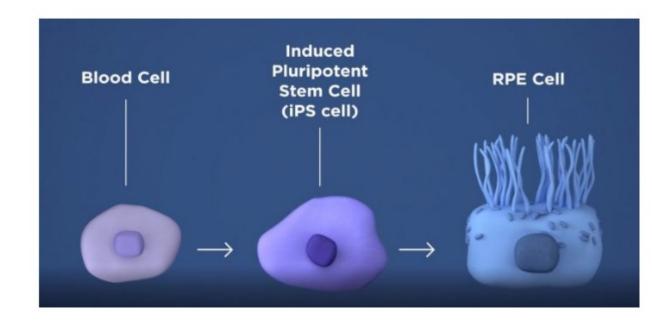


Future Directions



Multiple drugs in clinical trials

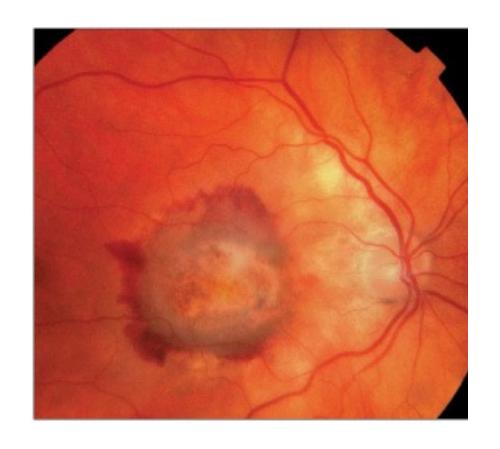
- Stem Cell Transplants
 - RPE cells vs. Photoreceptors
 - Dangers of unregulated clinics



Wet Macular Degeneration



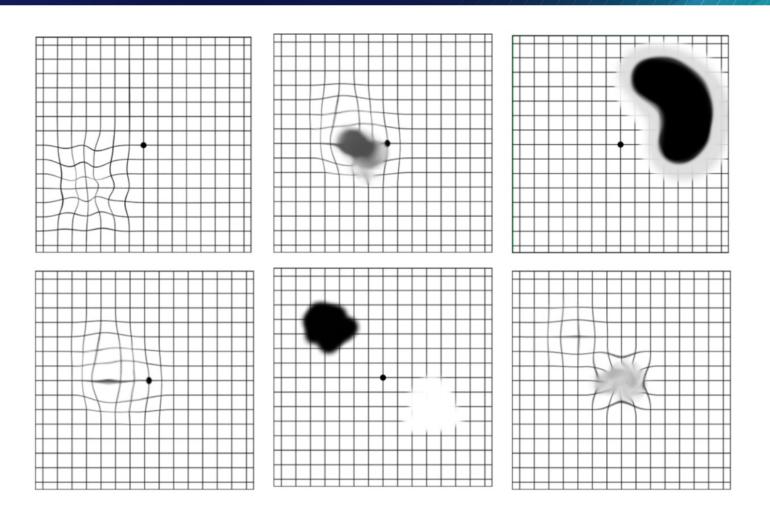
- Caused by abnormal blood vessels that grow under the retina.
- Leaking of blood and fluid lead to loss of central vision.
- Sudden, severe and rapid vision loss.
- 10% of macular degeneration patients will convert to the wet form.
- 35% of people with Wet AMD in one eye will get Wet AMD in the other eye.



Wet AMD Symptoms

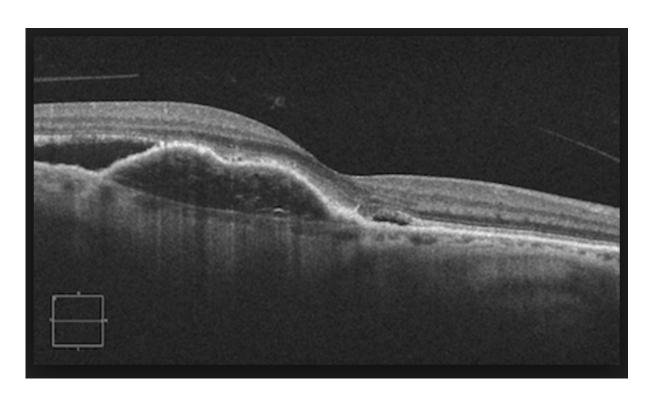


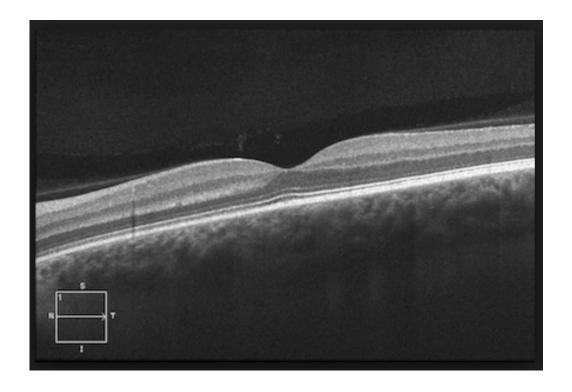
- New distortions
- Lines are wavy
- Difficult to see



Wet Macular Degeneration







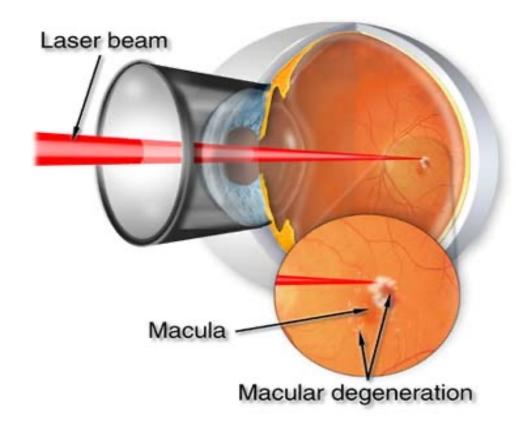
Treatment



Thermal Laser Therapy:

- High-energy, focused light beam treats tiny area of retina by "burning" it; destroys abnormal underlying blood vessels.
- Rarely, if ever, used anymore.

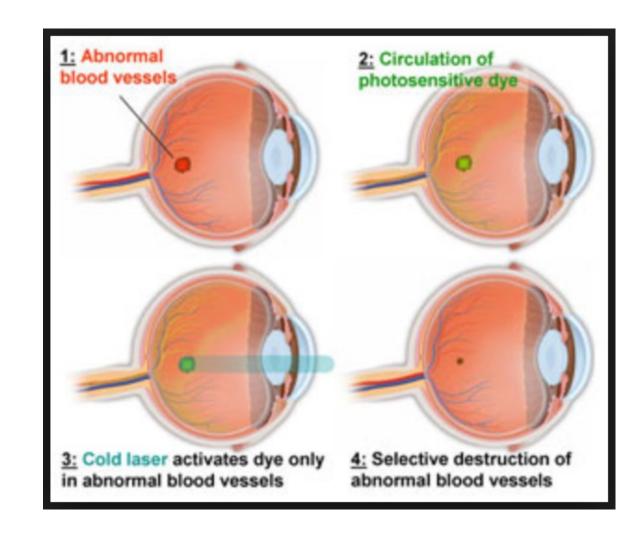
Laser Treatment of Wet Macular Degeneration





Photodynamic Therapy (PDT):

- Currently used only in selected cases.
- Light sensitive dye injected into veins.
- "Cold laser" activates medicine and destroys abnormal blood vessels.



Treatment



Eye Injections:

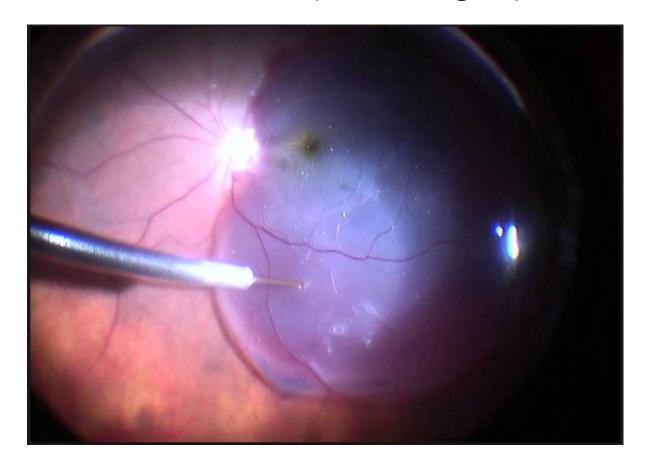
- Injections of "Anti-VEGF"
- Avastin, Lucentis, Eylea, Beovu
- 95% chance of maintaining vision
- 30-40% chance of improving vision

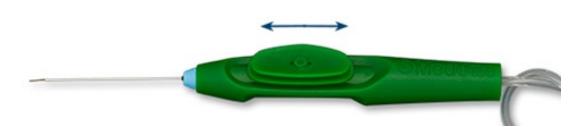


Surgery



• Can successfully do surgery for "massive" bleeding under retina.





Treatment - Injections



- Which medication should be started?
- How often will I need the medications?
- How long will I need the medications?
- Will the injection hurt?

Which Medication Should be Used?



- Four current choices
 - Avastin FDA approved for treatment of colon cancer
 - 15+ years of data to support ophthalmic use
 - Usually equivalent to more expensive medications
 - ~\$80 per dose
 - Lucentis and Eylea FDA approved for treatment of wet macular degeneration
 - ~\$1600-\$2000 per dose
 - Can be superior in some selected cases
 - Beovu FDA approved for wet AMD
 - Recent issues with ocular inflammation
 - Used on only very specific selected cases

How Often and How Long?



- Treatments are started with monthly injections.
- Patients are examined at each appointment to determine response.
- If poor response, another medication can be tried.
- After good response (resolution of fluid), will switch to either "as needed" or "treat and extend".
 - As needed examine each appointment, inject if active disease
 - Treat and extend if no active disease, keep lengthening interval between appointments

Will It Hurt?



- For 95% of my patients, injections cause only minor discomfort.
- Pressure sensation
- Many types of anesthesia can be tried to make sure its comfortable.

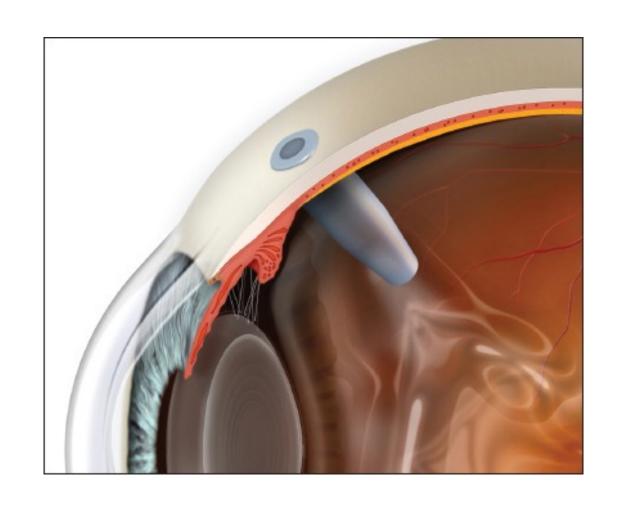
Future Treatments



Port Delivery System

Surgically implanted

Refilled in the clinic



Future Treatments



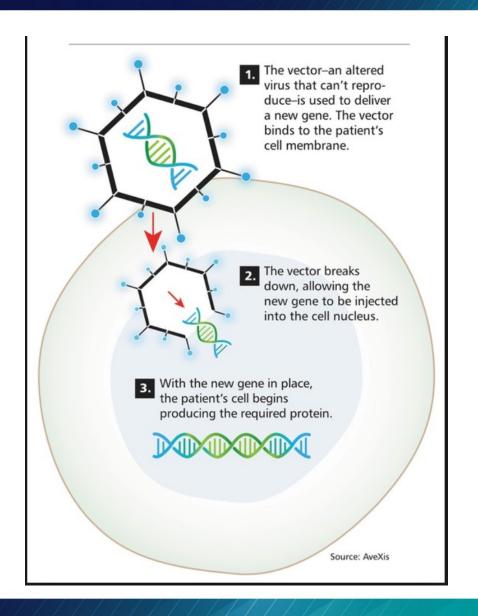
- Medications by mouth or eye drops
- Multiple new injections are in clinical trials

- Less frequent injections
 - Longer lasting drugs
 - New drug targets/combination target
 - Faricimab (Ang2/VEGF) likely FDA approval this year

Future Treatments



- Gene therapy
- Safely designed virus "transporter" injected into eye, new gene inserted into cells and allows eye to make "its own drug"



Clinical Trials at ECCNC

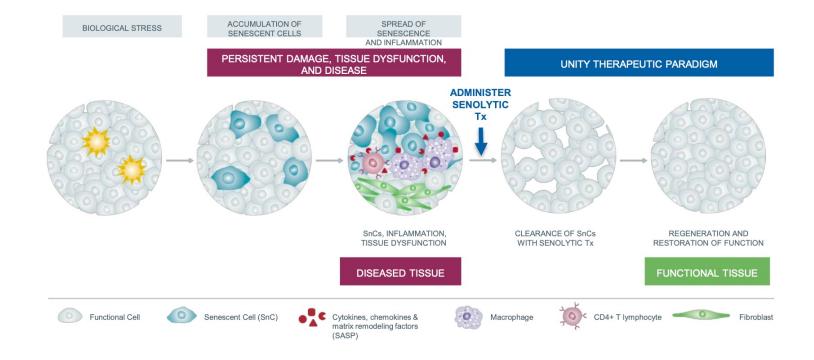


- Advanced Vision Research Institute
 - Only ophthalmic research department in Boulder County
- Macular Degeneration Clinical Trials
 - Unity Trial
 - Opthea Trial
 - Alexion Trial

Unity Trial



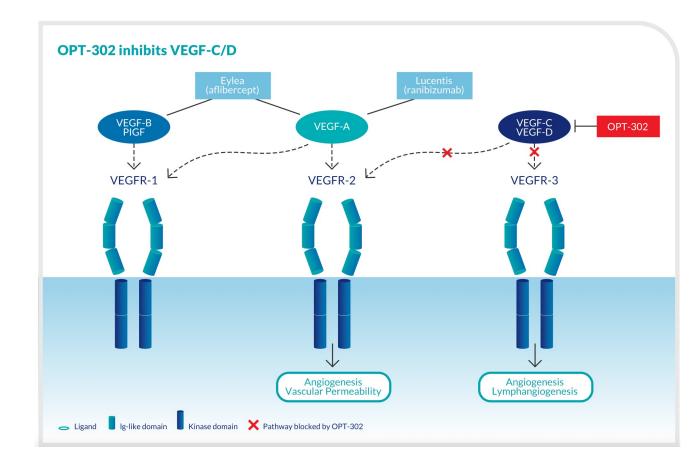
- Unity Trial for Wet Macular Degeneration
- Patients with active disease but incomplete response to current medications



Opthea Trial



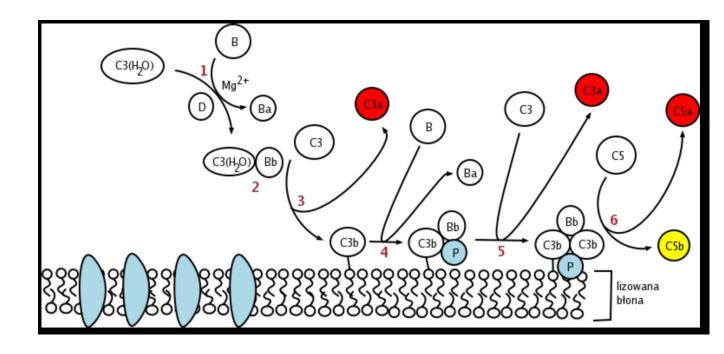
- New patients with wet macular degeneration who have never received treatment
- Testing a second medication to see if patients respond better to the combination therapy



Alexion Trial



- Trial for patients with dry macular degeneration
- No FDA approved treatments
- Pill by mouth to decrease inflammation
- Try to stop progression of thinning



Questions?





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