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Discussion: Bilateral anti-VEGF treatment

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Session aims

- To provide a summary of the Vision Academy's Viewpoint on bilateral anti-VEGF treatment
- To highlight the key barriers to implementing bilateral anti-VEGF treatment in clinical practice in Europe



An introduction to bilateral anti-VEGF treatment

- Many patients present with bilateral disease that is treatable with anti-VEGF agents
 - 1 in 4 unilateral AMD cases progress to bilateral disease within 5 years¹
 - Up to 1 in 2 unilateral late AMD cases progress to bilateral disease within 5 years¹
- Patients with bilateral neovascular AMD have reported substantially worse QoL²
- Treating each eye at separate visits adds significantly to the patient and clinic burden³
- Bilateral same-day injections are an appropriate and more convenient treatment option⁴

The Vision Academy defines bilateral anti-VEGF treatment as:

“Simultaneous or consecutive administration of anti-VEGF treatment, with both injections administered during the same patient visit”



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What is the Vision Academy's position?



Vision Academy Viewpoint: Bilateral anti-VEGF treatment

“Simultaneous or consecutive administration of anti-VEGF treatment, with both injections administered during the same patient visit”



It is possible and reasonable to conduct bilateral injections while observing appropriate procedures and precautions



The second injection should be treated as a separate procedure within the same visit



Compounded products should not be from the same batch



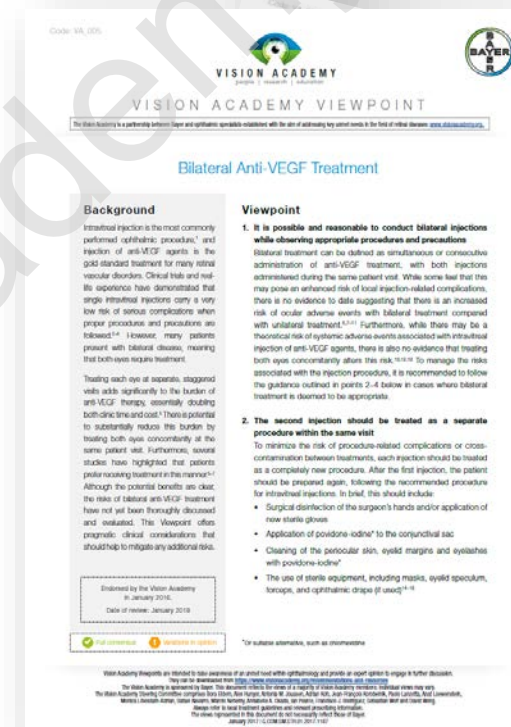
Extra care is required for patients who require bilateral injections at the first visit

Vision Academy Viewpoint: Practical guidance points

It is possible and reasonable to conduct bilateral injections while observing appropriate procedures and precautions



- There is **no evidence** to date to suggest that there is an increased risk of ocular events with bilateral compared with unilateral treatment^{1–5}
- There is **no evidence** that treating both eyes concomitantly alters the risk of systemic adverse events^{1,4,5}



General consensus



Variation in opinion

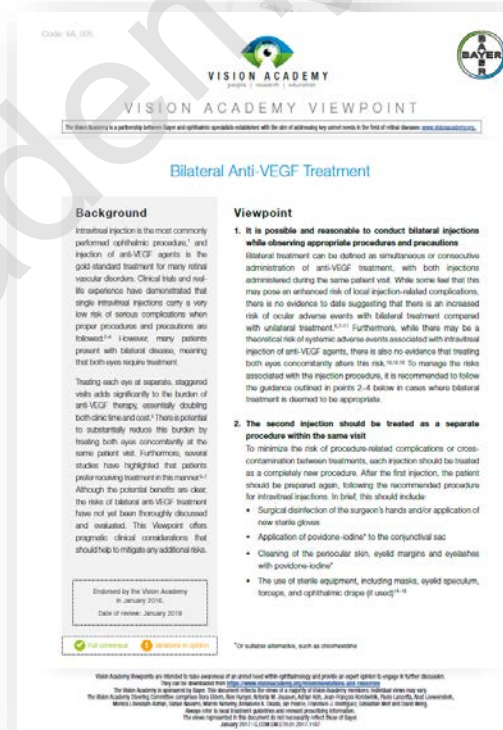
1. Davis RP *et al. Clin Ophthalmol* 2010; 4: 703–707. 2. Abu-Yaghi NE *et al. Int J Ophthalmol* 2014; 7 (6): 1017–1021. 3. Lima LH *et al. Retina* 2009; 29 (9): 1213–1217. 4. Bayer plc. EYLEA 40 mg/mL solution for injection in a vial – summary of product characteristics; August 2016. 5. Ruão M *et al. Clin Ophthalmol* 2017; 11: 299–302.

Vision Academy Viewpoint: Practical guidance points

The second injection should be treated as a separate procedure within the same visit



- Surgical disinfection of the surgeon's hands and/or application of new sterile gloves
- Application of povidone-iodine* to the conjunctival sac
- Cleaning of the periocular skin, eyelid margins and eyelashes with povidone-iodine*
- Use of sterile equipment, including masks, eyelid speculum, forceps, and ophthalmic drape¹



General consensus



Variation in opinion

*Or a suitable alternative, such as chlorhexidine.

1. McCannel CA *et al.* Updated guidelines for intravitreal injection. Available at: http://www.reviewofophthalmology.com/content/d/retinal_insider/c/55627/. Accessed March 2017.

Vision Academy Viewpoint: Practical guidance points

Compounded products should not be from the same batch



- This is essential to avoid the risks of a contaminated product being administered to both eyes¹



General consensus



Variation in opinion

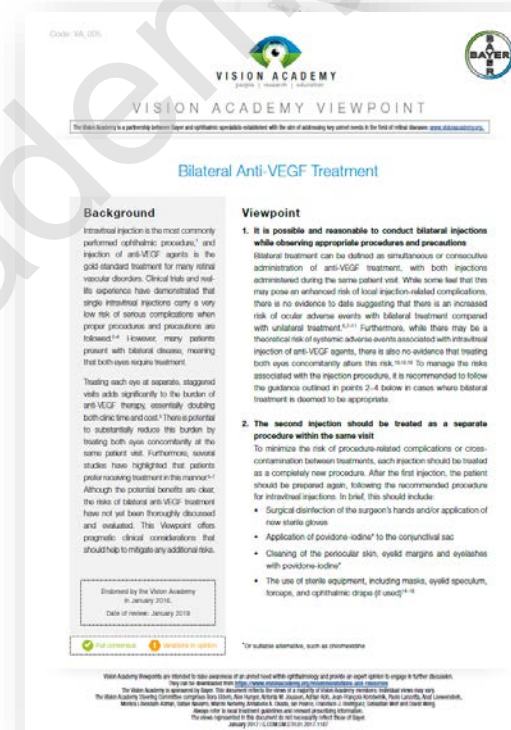
1. McCannel CA *et al.* Updated guidelines for intravitreal injection. Available at: http://www.reviewofophthalmology.com/content/d/retinal_insider/c/55627/. Accessed March 2017.

Vision Academy Viewpoint: Practical guidance points

Extra care is required for patients who require bilateral injections at the first visit



- The preference of the patient should always be taken into account
- There is a small risk that an idiosyncratic hypersensitivity response may occur after the first treatment
- If possible, avoid bilateral injections until the tolerability of the agent has been ascertained
- If bilateral treatment is essential at the first visit, consider separating the injections to allow time for acute hypersensitivity responses to manifest



General consensus



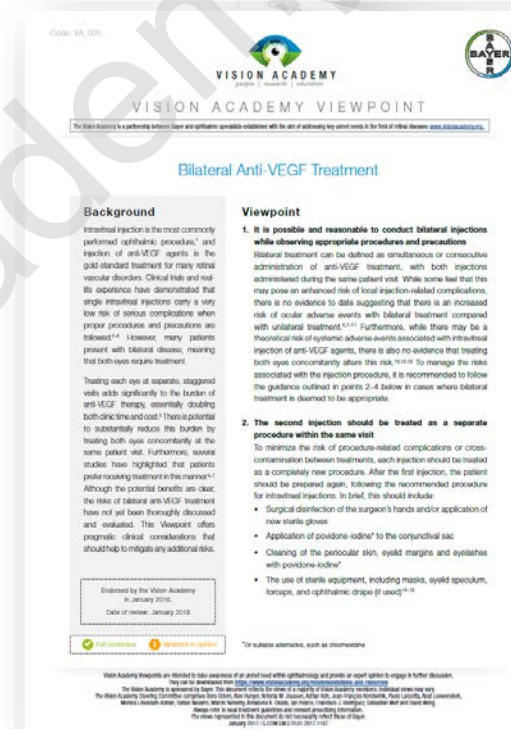
Variation in opinion

Vision Academy Viewpoint: Further considerations

Partial or lack of reimbursement



- Several countries reimburse only partially, or not at all, for bilateral injection procedures
- Physicians have no choice but to treat at separate visits, increasing the burden on patients, clinics, and healthcare systems
- The body of clinical data supporting safety and efficacy of bilateral anti-VEGF therapy must be further developed to enable payors to make informed choices about whether or not to reimburse treatment



General consensus



Variation in opinion

Vision Academy Viewpoint: Further considerations

Patients following different treatment regimens



- There is variation in opinion on how to address the needs of patients with bilateral disease who are following a treat-and-extend or PRN regimen
- When extending treatment intervals, the needs of each eye should be considered separately
- It may be preferable to treat both eyes according to the needs of the eye that requires the shortest interval



General consensus



Variation in opinion

Summary



The **Vision Academy Viewpoint** offers practical guidance that should help to mitigate any additional risks associated with bilateral anti-VEGF injections



The body of clinical data supporting safety and efficacy of bilateral anti-VEGF therapy must be further developed to enable payors to make informed choices about whether or not to reimburse treatment



There is variation in opinion on how to address the needs of patients with bilateral disease who are following a **treat-and-extend** or **PRN** regimen



General consensus



Variation in opinion



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Discussion

