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Expert Perspectives on Managing Retinal Diseases with Anti-VEGF Therapy

Announcer:
You're listening to *Eye on Ocular Health* on ReachMD, and this episode is sponsored by Regeneron. Here's your host, Dr. Charles Turck.

Dr. Turck:
There's a lot to consider when treating patients with retinal diseases such as comorbidities and adverse events, just to name a few. But with so much to consider, how can we keep our patients' preferences at the center of it all?

Coming to you from the ReachMD studios, this is *Eye on Ocular Health*. I'm Dr. Charles Turck and joining me to share how we can personalize our treatment plans for patients with retinal diseases are Drs. Diana Do and Nathan Steinle. Dr. Diana Do is a Professor of Ophthalmology and Vice Chair for Clinical Affairs at the Byers Eye Institute at Stanford University School of Medicine. Dr. Do, thanks for being here today.

Dr. Do:
It's a pleasure to join you, Dr. Turck.

Dr. Turck:
And Dr. Steinle is an Ophthalmologist at California Retina Consultants in Santa Barbara, California. Dr. Steinle, thanks for joining us.

Dr. Steinle:
It's an honor. Thanks.

Dr. Turck:
So, let's just dive right in Dr. Do. In your approach to retinal disease, what are some of the factors you consider when making treatment decisions?

Dr. Do:
I was just in clinic today and it struck me that we have so many patients with diabetic eye disease. But I'm so fortunate, as a retina specialist, to be able to offer them effective and safe treatments. In particular, for diabetic retinopathy, I'm able to personalize treatment by selecting effective and safe intravitreal VEGF inhibitors that can improve both their diabetic retinopathy, reduce the diabetic macular edema, and improve their vision. So, I'm very thankful that I have these options I can present to patients and tell them about how we can work together to save an improve their vision.

Dr. Turck:
And what've you found to be the most important to your patients when it comes to treatment selection?

Dr. Do:
Patients are always concerned about both efficacy and safety. Of course, we know, for example, diabetic eye disease is a chronic condition just as systemic diabetes is, and they want me to recommend the most effective, yet safe medicine that they can receive at certain intervals. For me, although we have many FDA approved medicines, such as aflibercept or ranibizumab, or even brolucizumab, I tend to choose aflibercept for the majority of my patients with the diabetic retinopathy and diabetic macular edema because it has been shown to be very effective with the ability to be given every 8 weeks or beyond. In addition, it has an outstanding safety record with over 40 million vials dosed worldwide.

Dr. Turck:
Dr. Steinle, from your vantage point, are we doing enough to bring patient preferences into our treatment approach and selection?

Dr. Steinle:
That's a very great question cause at the end of this, it's all about treating the patient in front of you. And so, what we find in practice is that we wanna try and give patients both the safety aspect, but also the duration aspect. And what we find in patients especially with either AMD or with diabetes or diabetic macular edema, longer duration is better, and what we've found with especially the aflibercept, we can really start to space those patients out over time and a lot of those take a treat-and-extend protocol where we can actually have those patients come in less and less frequency but yet maintain excellent visual acuity. That's foremost for the patient and foremost for the patient's family.

Dr. Turck:
So, Dr. Steinle, if we keep our focus on patient-centered care, how can we incorporate shared decision-making into our practice?

Dr. Steinle:
Really great question. So, what we find in our practice is that we know what the best outcomes can be because of the clinical trials. But applying those clinical trials to the patient in front of you is the art of medicine. And not only are you treating the patient, but you're also treating their care providers who, often times, have to take off work, drive long distances, and see us, as well. So, what I try to do is I try and incorporate the wishes of the patient, as well as that care provider, into the treatment plan. For example, some patients have lost vision in their opposite eye, and they are really worried about losing vision now in the treated eye and they will really not want to treat-and-extend beyond 4 or 5 weeks. And I'll honor those wishes to try and keep them at a low anxiety level. Other patients travel long distances and it's a physical burden to get to our clinics, and for those patients, I do try and treat-and-extend as far as possible to try and minimize the burden, not only for the patient, but also for the care provider, as well. So again, there's always that quote, "You're not treating the disease, you're treating the patient with the disease in front of you."

Dr. Turck:
And Dr. Do, if we adopt the strategies that Dr. Steinle just mentioned, what kind of impact would a more patient-centered approach have on the overall treatment experience and related outcomes?

Dr. Do:
I agree with Dr. Steinle that we have to personalize our treatment for each individual patient. And in particular, the theory of having a durable and safe and effective drug to treat retinal vascular diseases, such as wet age-related macular degeneration, or diabetic macular edema, is extremely important to most of my patients. For example, they'll want to have the drug and medicine that's available to them to give them the biggest clinical impact while also giving them the longest duration of action. Thankfully, we do have tremendous choices as retinal specialists and evidence has shown us aflibercept is an excellent choice with the ability to extend treatment intervals as well as provide us the safety that physicians and patients desire.

Dr. Turck:
Now, we're almost out of time for today, but before we close, I'd like to open up the floor to you both. Starting with you, Dr. Steinle, what key takeaways would you like to leave with our audience?

Dr. Steinle:
Great question. So, I think by far the key take-home is that we are so blessed now, as retina specialists, to be practicing in this day and age. I remember training in the day and age before anti-VEGF and then 2004 and 2005 when those agents started to come on the market, how much this really revolutionized the care of mac degeneration, diabetes, and also vein occlusions, as well. And we have so much we can offer patients. It's such an exciting time to not only fight to, to stop vision loss, but actually give vision back. And to our kind of, over-arching theme here, it's really about getting that agreement and getting that treatment plan, in coordination with the patient and the patient's care provider that's sustainable and will allow for great, you know, efficacy, but also safety over time.

Dr. Turck:
Well thanks for that Dr. Steinle. And how about you, Dr. Do, what final thoughts would you like to share?

Dr. Do:
I encourage all my patients that they should engage with their retina specialist because now we have such effective and safe treatments for all types of retinal vascular conditions. patients do not need to have unwanted vision loss because there are effective therapies. So, I encourage them to see the retina specialist and have discussions about which treatment is best for them.

Dr. Turck:
Well, those are great takeaways from you both. Thank you. And as that brings us to the end of today's program, I wanna thank my

guests, Drs. Diana Do and Nathan Steinle for sharing these best practices to help us achieve a more patient-centered approach to care. Dr. Do, Dr. Steinle, it was great having you both on the program.

Dr. Steinle:
Thank you, Dr. Turck, thank you.

Dr. Do:
Thank you.

Announcer Close
This episode of *Eye on Ocular Health* was sponsored by Regeneron. To access other episodes in this series, visit ReachMD.com/eyeonocularhealth, where you can Be Part of the Knowledge. Thanks for listening!