

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/exploring-the-latest-in-retinal-diseases/13154/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

### Exploring the Latest in Retinal Diseases

Announcer:

You're listening to *Eye on Ocular Health* on ReachMD. On this episode, sponsored by Regeneron, we're going to hear from Dr. Charles Wykoff, a board-certified medical and surgical retina specialist and ophthalmologist at Retina Consultants of Texas in Houston. Dr. Wykoff is here to give us an overview of common retinal diseases, current challenges, and more. Let's hear from Dr. Wykoff now.

Dr. Wykoff:

There are a lot of retinal diseases that retina specialists manage. I tend to think of them as the exudative diseases and the dry diseases when I think about the medical management of retinal diseases. We'll leave the surgical sort of retinal topics off the table for today.

But from a medical perspective, I think about the wet or exudative diseases and the dry diseases. From an exudative retinal disease perspective, the most common is going to be wet age-related macular degeneration, also called neovascular age-related macular degeneration. But then also in that sort of very broad category of exudative diseases, you have diabetic retinopathy, you have diabetic macular edema, and you have retinal venous occlusive disease. Those are sort of the big three, if you will, wet AMD, DME, and retinal venous occlusive disease.

And then if you look at the other class of diseases, the dry diseases, if you will, or the atrophic diseases, you get a very broad brushstroke description there. But there's a lot of these is within that. But the most common is going to be dry age-related macular degeneration. There's really two forms of that. There's sort of the early or intermediate stage of AMD, which is, you know, historically been called a dry AMD stage. But then there's the advanced form of AMD, which is also dry, called geographic atrophy, or macular atrophy.

And then if you look at the other dry or non-exudative atrophic retinal diseases, the big categories there include things like macular dystrophies and retinitis pigmentosa. And of course, there is an approved gene therapy product for a very specific form of retinitis pigmentosa mutations of two mutations of RP65 can be treated with a current on-label product for gene therapy. But that genotype is very rare with retinitis pigmentosa. And there's a big unmet need for medical and surgical treatments for these atrophic diseases that cause a significant amount of vision loss.

For most human diseases, the earlier we identify the disease process, the better. That's not just for ophthalmic diseases, but for all human diseases, right. It's much better to identify high blood pressure and high cholesterol and high blood sugar before the patient has a heart attack or stroke because of those sort of elevated cardiovascular risk factors. And it's the same thing inside of the eye, right? If you can catch diabetic retinopathy before people have a tractional retinal detachment and are blind from DME, those patients have a much better chance of maintaining useful vision for the rest of their life.

And to get to that, every disease deserves its own sort of thought process. Probably the biggest challenge and our biggest shortcoming across the space is catching patients with diabetic retinopathy and DME early in the disease course. All of us as retina specialists across the country and around the world, all too frequently see new patients with substantial amounts of vision loss, even blindness from diabetic retinopathy and DME. And I think most of us, when we see those new patients kind of our heart sinks a little bit because we know that most of that blindness didn't need to occur. It's needless blindness. Because if you catch DME and diabetic retinopathy early in the disease course, the vast majority of those patients can do quite well long term visually if they get the treatment that they need, and they deserve.

And what really I think is empowering about this is what many of the European countries have done across the Atlantic, right? We have very good data now from multiple sites across the Atlantic that when you institute a national screening program, that actually does

capture most patients with diabetes, whether it's type 1 or type 2, doesn't matter, and you catch the patients early, you can truly decrease the incidence of blindness related to diabetic eye disease dramatically. Such that in England and many other countries across the Atlantic, diabetic retinopathy is no longer the number one cause of blindness among working age individuals. Whereas in the U.S., diabetic retinopathy, including DME and PDR, still remains, a large margin, the main cause of blindness between the ages of about 20 and 65 or 70.

So what that means is really any patient that any physician sees, really we need to remind them that, 'Hey, if you have diabetes, please make sure you're getting your eyes checked at least once a year and not to wait until you think you have blurry vision or you're noticing floaters. Go get checked before you have symptoms,' because the earlier you can catch especially diabetic retinopathy and DME, the better these patients can do long term.

Announcer:

This episode of *Eye on Ocular Health* was sponsored by Regeneron. To access other episodes in this series, visit [reachmd.com/eyeonocularhealth](https://reachmd.com/eyeonocularhealth), where you can Be Part of the Knowledge. Thanks for listening!