On behalf of Vision Expo, we sincerely thank you for being with us this year.

Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us as our Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.

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1

Experience EXPO With Us!

- Main Stage - *Exhibit Hall – Booth F11084*
  Our Main Stage sessions feature free, promotional content for all attendees.
- Vision Series - *Thursday 9/18, Friday 9/19 and Saturday 9/20*
  Grab a bite to eat and continue learning over *Breakfast 8:30-9:30am or Lunch 12:00-1:00pm!**
  Listen to industry leaders as they address the latest clinical innovations in a relaxed and collaborative environment.

  **Open to Optometrists only. Not for Credit. Meals offered on first-come, first-serve basis to pre-registered attendees.*
- Exhibit Hall Hours
  Thursday, Sept 18 b 9:30am – 6:00pm
  Friday, Sept 19 9:30am – 6:00pm
  Saturday, Sept 20 9:30am – 3:00pm

Conferee Cafe – Exhibit Hall – Booth P19087

Education Lounge – Level 1 - Conference Area

Conferee Happy Hour Thur, Sept 18 4:30 - 5:30pm

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2

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Elevating Optometric Management of Glaucoma and Geographic Atrophy:

Paradigms in Early Diagnosis and Intervention

FUNDINGSLAND GROUP

3

Faculty

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Program Chair
Surgery Specialist Vance Thompson Vision
Sioux Falls, South Dakota

Jessica Steen, OD, FAAO
Nova Southeastern University
Fort Lauderdale, Florida

Mary Beth Yackey, OD
Cincinnati Eye Institute/EyeCare Partners
Cincinnati, Ohio

4

Financial Relationship Disclosures

Justin Schweitzer, OD, FAAO, has the following relevant financial relationships: Consultant: Alcon, Aldeyra, Abbvie, Balance Ophthalmics, Bausch and Lomb, Bruder, Carl Zeiss Meditec, Dompé, Glaukos, Harrow, Heru, Lenz, MediPrint, Reichert, Science Based Health, Santen, Sight Sciences, Sun, Tarsus, Théa, Viatris, and Visus. Speaker: Abbvie, Alcon, Bausch and Lomb, Carl Zeiss Meditec, Dompé, Glaukos, Lenz, Sight Sciences, and Sun.

Jessica Steen, OD, FAAO, has the following relevant financial relationships: Consultant: Alcon, Allergan, Astellas, Bausch and Lomb, Balance Ophthalmics, Carl Zeiss Meditec, Eyenovia, Glaukos, iCare, Opus Genetics, Orasis, Radius XR, Viatris, and Tarsus. Shareholder: Clearside Biomedical (<0.01% ownership). Speaker: Alcon, Allergan, Astellas, Bausch and Lomb, Carl Zeiss Meditec, Dompé, Théa Pharma, and Viatris.

Mary Beth Yackey, OD, has the following relevant financial relationships: Advisory Board: Apellis, Astellas/Iveric Bio, Carl Zeiss Meditec, Glaukos, Haag Streit, Notal Vision/FSH, OcuTerra, Orasis, RegenXBio, Reliance Medical Equipment, Tarsus, Topcon, and Visible Genomics. Consultant: Apellis, Astellas/Iveric Bio, and Notal Vision/FSH. Speaker: Apellis, Astellas/Iveric Bio, and Reliance Medical Equipment.

5

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6

Grantor Statement

This activity is supported by unrestricted education grants from:

- Apellis
- Carl Zeiss Meditec

7

Learning Objectives

1. Identify the clinical signs and imaging modalities that aid in the early detection of geographic atrophy (GA) and glaucoma, emphasizing the role of timely intervention in slowing disease progression.

2. Analyze the progression patterns of GA and glaucoma, focusing on the key stages at which optometric intervention can alter patient outcomes

3. Apply current treatment protocols and algorithms for managing GA and glaucoma, with attention to individualizing care plans based on patient-specific disease progression.

4. Develop strategies to improve patient adherence to prescribed treatments for GA and glaucoma, highlighting the importance of regular follow-up and patient education.

8

Note About Obtaining Credit

- We are pleased to inform you that COPE credits will be provided by **Vision Expo** for your participation in this event.
- Be sure to keep track of your attendance to ensure you receive your credits.
- You must have remained at the in-person event until the end of the program.
- Please contact Vision Expo for further information on obtaining credit.
- Event will be recorded and published as an enduring CE activity at TFGLearningCenter.com

Thank you for joining us!

9

Credit Designation Statement

This activity, COPE Activity Number 130823, is accredited by COPE for continuing education for optometrists.

Synchronous Live
Course # 99158-GO 1.0 hour
Activity # 130823

COPE advises optometrists to contact the State or Provincial Board where they are licensed for verification of what is acceptable for license renewal.

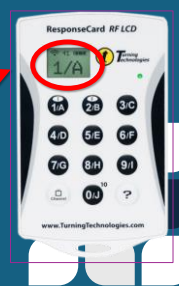
10

ARS - Interactive Program

1. Simply Press the button that corresponds with your answer choice

2. Your selection will appear in the LCD display

3. Please respond to **ALL** questions!



11

Polling Question

Which best describes your practice setting?

a) Private solo practice
b) Private integrated practice
c) Corporate optometry
d) Hospital or clinical setting
e) Academic
f) Other

12

Polling Question

Which represents your largest patient volume?

1. Primary eye care / routine exams
2. Dry Eye
3. Glaucoma
4. Retinal disease
5. Other

13

Pre-Program Polling Question

What is your typical first-line therapy for newly diagnosed glaucoma?

a) Medications
b) Selective Laser Trabeculoplasty (SLT)
c) Bimatoprost intracameral implant
d) Co-management for Surgery/minimally invasive glaucoma surgery (MIGS)

14

Pre-Program Polling Question

Rate your level of confidence in understanding MIGS procedures?

a) Very Confident
b) Confident
c) Neutral
d) Not very confident
e) Not confident at all

15

Pre-Program Polling Question

On average, how long do you believe it takes a patient to progress from first non-central geographic atrophy (GA) to central GA?

a) Less than a year
b) 1-2 years
c) 3-4 years
d) 5 or more years

16

Pre-Program Polling Question

Rate your level of confidence discussing with patients the FDA-approved treatments for GA?

a) Very Confident
b) Confident
c) Neutral
d) Not very confident
e) Not confident at all

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Geographic Atrophy:
Early Detection and Imaging Modalities

Mary Beth Yackey

18

18

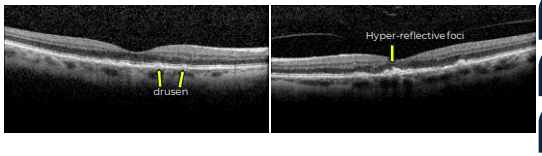
CASE STUDY:

- 72-year-old man
- CC: The 72-year-old White male presents for an evaluation of age-related macular degeneration (AMD) in the right and left eyes. The patient was referred from his local Optometrist. Patient states that he is having difficulties reading small print. The patient thinks he is seeing distortion in the left eye and describes it as wavy lines. The patient denies flashes, floaters, pain or redness in either eye.
- Systemic health is positive for Systemic HTN, Arthritis, Thyroid Disease
- Family Medical History: +Macular Degeneration (mother and father), Stroke (father), Thyroid disease (mother)
- POHx: S/P Phaco/PCIOL OU x 2 years ago; +PVD OD

19

March 22, 2022

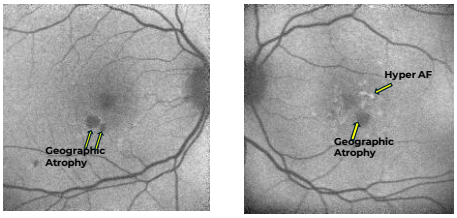
- OD: 20/20 J1
- OS: 20/20 J2



20

March 22, 2022

- OD: 20/20 J1
- OS: 20/20 J2



21

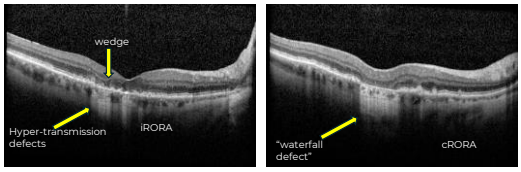
Case Study Details

- Patient is instructed to continue to take AREDS2, monitor vision with Amsler Grid, and call with any new distortion or changes.
- Patient goes back to Primary Care Optometrist for dilated fundus exam and routine care.
- 1 year and 4 months later the patient presents with worsening distortion and vision changes in both eyes (OS>OD)
- The patient states that his Primary Care Optometrist believes there may be new treatments for his AMD and the patient wants to hear more about these options.

22

July 26, 2023

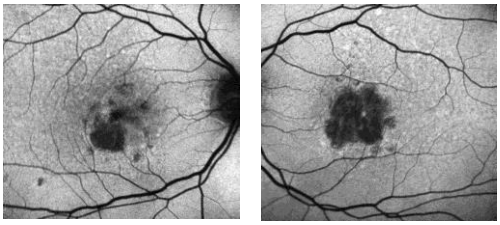
- OD: 20/20 J3
- OS: 20/300(@D) 20/400(@N)



23

July 26, 2023

- OD: 20/20 J3
- OS: 20/300(@D) 20/400(@N)



24

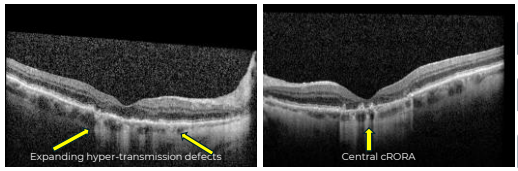
Treatment Options Discussed

- Unfortunately, the patient's insurance was not covering GA treatment at this time.
- The doctors were not able to give out sample drug at this time.
- Patient was instructed to follow up in 6 months with hopes that his insurance. would be able to cover treatment.

25

January 26, 2024

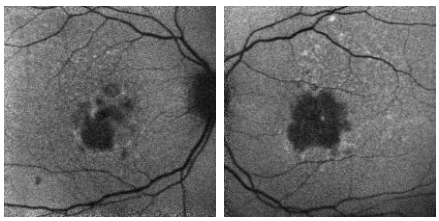
- OD: 20/30 J7
- OS: CF7'(@D) 20/400 (@N)



26

January 26, 2024

- OD: 20/30 J7
- OS: CF7'(@D) 20/400 (@N)



27

Treatment Options Re-Discussed

- Now there are more options and the patient's insurance will cover both GA drugs.
- Discussion of risks and benefits reviewed with patient.
- Patient received first treatment for GA in the right eye on February 5, 2024, with one of our retina specialists.
- Patient will continue with AREDS2 and Amsler grid monitoring.

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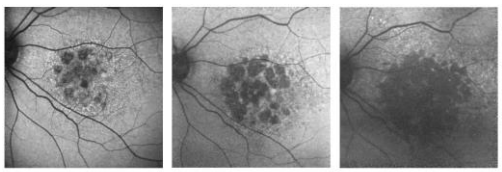
Early Detection of Geographic Atrophy

- GA secondary to AMD is a degenerative disease responsible for severe and irreversible loss of vision in the elderly population.
- GA is relentless. Timely intervention is imperative in slowing disease progression of GA.



29

Multimodal Imaging for Early Detection and Monitoring of AMD

- Multimodal imaging enables earlier detection of changes and better management of dry AMD progression.

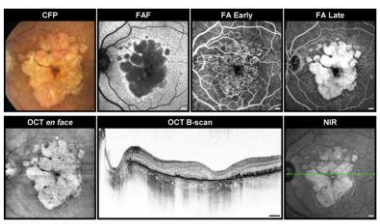


Figure 3. Courtesy of Fleckenstein et al.

30

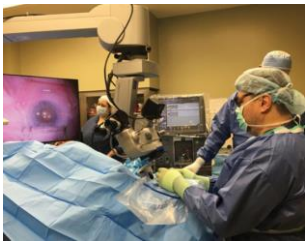
When to Refer to a Retina Specialist

- High risk for progression to GA or wet AMD.
- Symptoms such as significant visual disturbances, scotomas, or rapid vision decline.
- Uncertainty in diagnosis or the disease is progressing despite treatment.

31

The Role of a Retina Specialist

- Provide advanced diagnostic tools and treatment options.
- Potential clinical trial enrollment for patients with progressing GA.



32

Geographic Atrophy:
Disease Progression and Management

Mary Beth Yackey

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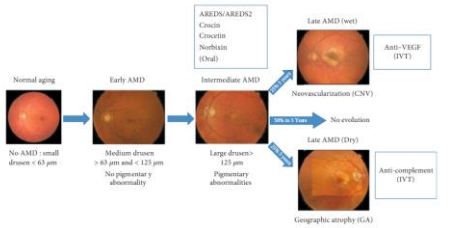
AMD Stages



https://www.aao.org/patients/retinal-diseases/43/age-related-macular-degeneration-dry-forms-including-geographic-atrophy

34

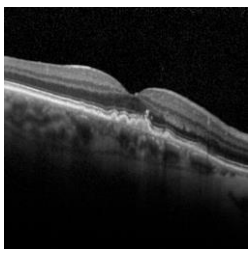
Biomarkers for GA Progression in AMD

- In addition to drusen and pigment changes in the fundus, we have learned of many other risk factors for developing GA in AMD.
- Defined biomarkers and nomenclature in GA.
- SD-OCT helps to identify and differentiate the atrophy as it progresses.

Lad EM, Finger RP, Guymer R. Biomarkers for the Progression of Intermediate Age-Related Macular Degeneration. Ophthalmol Ther. 2023;12(6):2917-2941.
Csaky K, et al. Connecting the dots: investigating the correlation between anatomic and visual outcomes in neovascular age-related macular degeneration and retinal vascular diseases. Expert Review of Ophthalmology. 2025;1-12.

35

Hyperreflective Foci



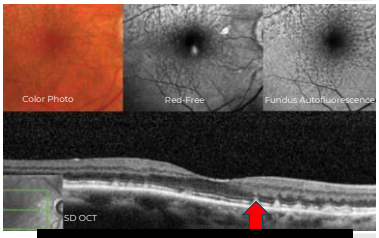
- Punctate intraretinal lesions
- Often at drusen apex
- Likely represent pigment granules
- Originate in the outer retina and migrate inward with time
- 5x more likely to form GA within 2 years

Christenbury JG, et al. Progression of intermediate age-related macular degeneration with proliferation and inner retinal migration of hyperreflective foci. Ophthalmology. 2013;120(5):1038-1045.
Ouyang Y, et al. Optical coherence tomography-based observation of the natural history of drusenoid lesion in eyes with dry age-related macular degeneration. Ophthalmology. 2013;120(12):2656-2665.

36

Subretinal Drusen Deposits (SDD)

- AKA reticular pseudodrusen.
- Difficult to distinguish from true drusen on color photography.
- SD-OCT allows us to see the location as deposits in the subretinal space above RPE.
- Early stage: granular hyperreflective deposit below EZ.
- Progression is noted when material accumulates into small mounds that break the EZ.
- Fundus Autofluorescence (FAF): target shape with hypo- or isoautofluorescent surround. Collectively forms reticular pattern.

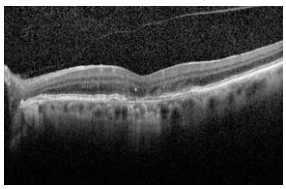


SDDs = 2-6 x higher risk for GA

Spaide RF, et al. Subretinal drusenoid deposits AKA pseudodrusen. Survey of Ophthalmology. 2018; 63(6):782-815.

37

Hypertransmission Defects



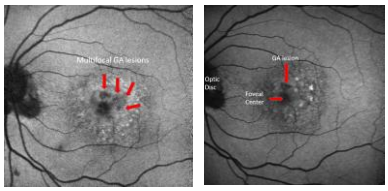
- Increased hyperreflectivity in the choroid as a result of retinal pigment epithelium (RPE) disruption.
- The overlying RPE may "appear" intact and unaltered, however, hypertransmission defects indicate loss of integrity of the RPE.
- Hypertransmission defects signify a high risk of nascent GA.

Shi Y et al. Persistent Hypertransmission Defects on En Face OCT Imaging as a Stand-Alone Precursor for the Future Formation of Geographic Atrophy. Ophthalmol Retina. 2021;5(12):1214-1225.
Laiginhas R, et al. Persistent Hypertransmission Defects Detected on En Face Swept-Source Optical Computed Tomography Images Predict the Formation of Geographic Atrophy in Age-Related Macular Degeneration. Am J Ophthalmol. 2022;237:58-70.

38

Using FAF to Monitor GA Progression

- Analyze the progression patterns of GA, focusing on the key stages at which optometric intervention can alter patient outcomes.
  - Fundus Autofluorescence:
    - Multifocal lesions grow quicker than monofocal lesions

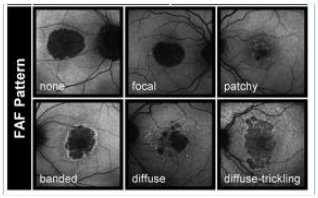


Fleckenstein M, et al. The Progression of Geographic Atrophy Secondary to Age-Related Macular Degeneration. Ophthalmology. 2018;125(3):369-390.

39

Disease Progression and Management for GA

- Banded or diffuse patterns show greater progression of GA than those with focal patterns or no pattern.



Fleckenstein M, et al. The Progression of Geographic Atrophy Secondary to Age-Related Macular Degeneration. Ophthalmology. 2018;125(3):369-390.

40

GA Lesions

- The larger the geographic lesion, the quicker the growth.
- Lesion growth may affect the vision, even before the fovea is affected by GA.

Fleckenstein M, et al. The Progression of Geographic Atrophy Secondary to Age-Related Macular Degeneration. Ophthalmology. 2018;125(3):369-390.

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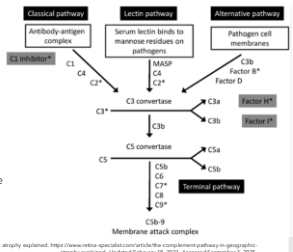
What is the Complement System?

- The complement system normally plays a pivotal role in the immune system's defense against pathogens and abnormal cells.
- However, in patients with GA secondary to AMD, increased levels of complement activity have been found in the lesion and the area just outside of it.
- This overactivation of the complement system accelerates cell damage outside of the lesion, increasing the risk of GA lesion growth.



Aleksev O, Lad EM, Steinle N. The complement pathway in geographic atrophy explained. https://www.retina-specialist.com/article/the-complement-pathway-in-geographic-atrophy-explained. Updated February 18, 2021. Accessed September 3, 2025.
Dascalu AM, et al. Complement Inhibitors for Geographic Atrophy in Age-Related Macular Degeneration-A Systematic Review. J Pers Med. 2024;14(9):990.

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Pegcetacoplan Injection

- FDA approved in February 2023
- Inhibits the C3 cleavage
- Stops downstream progression of complement cascade
- Goal: GA reduction through C3 inhibition
- FILLY, OAKS, DERBY, and GALE studies
  - **ASRS 2025:** Continuous pegcetacoplan treatment significantly preserves retinal tissue, with greater effectiveness in years 3 and 4 compared to the initial 2 years.
  - Delayed treatment results in markedly less retinal tissue preservation, emphasizing the importance of early intervention for optimal outcomes.

New Data!

Apellis. Syfovre Prescribing Information. https://pi.apellis.com/files/PI_SYFOVRE.pdf. Updated July 2025. Accessed September 4, 2025.
Goldberg RA. https://www.ophthalmologytimes.com/view/asrs-2025-48-month-results-from-oaks-derby-and-gale-open-label-extension., Updated August 9, 2025. Accessed September 4, 2025.

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Avacincaptad Pegal Injection

- FDA approved August 2023
- Goal: slow the growth of GA through C5 Inhibitor
- Preserves proinflammatory and anti-inflammatory effects of C3a and opsonization by C3b
- Prevents the proinflammatory effects of C5a and cell lysis/death and damage on RPE cells by MAC (C5b-9)
- Studies include GATHER I, GATHER II
  - GATHER II: met the primary objective to significantly slow GA growth compared to sham at 24 months
  - Results suggest that avacincaptad pegol might slow disease progression and potentially change the trajectory of disease for patients with GA

Astellas.beovay Prescribing Information. https://www.astellas.com/us/system/files/izervay_pi.pdf. Updated March 2025. Accessed September 4, 2025.
Khanani AM, et al; GATHER2 trial investigators. Efficacy and safety of avacincaptad pegol in patients with geographic atrophy (GATHER2): 12-month results from a randomised, double-masked, phase 3 trial. Lancet. 2023;402(10411):1449-1458.

44

Functional Outcomes and Maximizing Visual Improvement

- Stabilization or improvement in visual acuity.
- Slow decline in low-luminance visual function.
- Functional preservation over time.

Mayo Clinic.Geographic Atrophy. https://www.mayoclinic.org/diseases-conditions/geographic-atrophy/diagnosis-treatment/drc-20582994. Updated May 17, 2025. Accessed September 4, 2025

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Strategies for Individualized Care Plans

- Medical Management
  - Regular Monitoring
    - Schedule routine eye exams with optometrist (and retina specialist if needed) to track disease progression
  - FDA-Approved Therapies
    - Discuss complement inhibitors
  - Nutritional Supplements: ** AREDS2 **
  - Comorbidity Management
    - Address other health conditions that may exacerbate vision loss (diabetes, systemic hypertension, cholesterol)
- Lifestyle Modifications
  - Smoking Cessation
  - Dietary Changes: Rich in leafy greens, antioxidants and fish
  - UV Protection

Kaiser PK, et al. Geographic Atrophy Management Consensus (GA-MAC): a Delphi panel study on identification, diagnosis and treatment. BMJ Open Ophth 2023;8:e001395.
Mayo Clinic.Geographic Atrophy. https://www.mayoclinic.org/diseases-conditions/geographic-atrophy/diagnosis-treatment/drc-20582994. Updated May 17, 2025. Accessed September 4, 2025
Keenan TDL, Agrón E, Keane PA, Domalpally A, Chew EY; Age-Related Eye Disease Study Research Group; Age-Related Eye Disease Study 2 Research Group. Oral Antioxidant and Lutein/Zeaxanthin Supplements Slow Geographic Atrophy Progression to the Fovea in Age-Related Macular Degeneration. Ophthalmology. 2025;132(1):14-29.

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Vision Aids and Rehabilitation

- **Low Vision Aids**: Introduce magnifiers, screen readers, or electronic devices to assist with daily tasks.
- **Occupational Therapy**: Work with specialists to adapt home and work environments for safety and independence.
- **Orientation and Mobility Training**: Teach navigation techniques for patients with significant central vision loss.

Kaiser PK, et al. Geographic Atrophy Management Consensus (GA-MAC): a Delphi panel study on identification, diagnosis and treatment. BMJ Open Ophth 2023;8:e001395.
Mayo Clinic.Geographic Atrophy. https://www.mayoclinic.org/diseases-conditions/geographic-atrophy/diagnosis-treatment/drc-20582994. Updated May 17, 2025. Accessed September 4, 2025
Keenan TDL, Agrón E, Keane PA, Domalpally A, Chew EY; Age-Related Eye Disease Study Research Group; Age-Related Eye Disease Study 2 Research Group. Oral Antioxidant and Lutein/Zeaxanthin Supplements Slow Geographic Atrophy Progression to the Fovea in Age-Related Macular Degeneration. Ophthalmology. 2025;132(1):14-29.

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Enhancing Patient Education and Adherence

Emotional and Psychological Support

- **Counseling**: Provide access to mental health professionals to address anxiety, depression, or frustration related to vision loss.
- **Support Groups**: Connect patients with local or online communities for shared experiences and coping strategies.
  - American Macular Degeneration Foundation
  - Hadley Macular Degeneration Association
  - Foundation Fighting Blindness
  - American Foundation for the Blind

- ***Family and loved ones must support the patient treatment plan.***

This holistic approach ensures that patients with GA receive compassionate, comprehensive care tailored to their unique needs, helping them maintain quality of life and independence.

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Glaucoma:
Early Detection and Imaging Modalities

Jessica Steen

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CASE STUDY: 70-Year-Old Black Woman

- Presented for a comprehensive eye examination
- No systemic medications; vitamin D and calcium supplements
- Family history of glaucoma (mother was diagnosed in her 70s, no known vision loss)

- BCVA 20/20 OD and OS

- IOP: 32 mm Hg OD; 34 mm Hg OS
- CCT 514 µm OD, 518 µm OS (2024)
- CCT 540 µm OD, 537 µm OS with ultrasonography

50

You're going to lower the pressure, but what data will change the way you manage the patient on day 1?

51

Gonio Examination:

OD

Superior:
OD SUP: open to CBB

Nasal:
OD NAS: open to CBB

Temporal:
OD Temp: open to CBB

Inferior:
OD INF: open to CBB

OS

Superior:
OS SUP: open to CBB

Nasal:
OS NAS: open to CBB

Temporal:
OS TEMP: open to CBB

Inferior:
OS INF: open to CBB

Comment: Sampaolesi line inferior OD and OS
posterior TM 2-3+ pigment OD and OS
Flat iris approach OD and OS
(-) PAS, angle recession, neovascularization of the angle OD and OS

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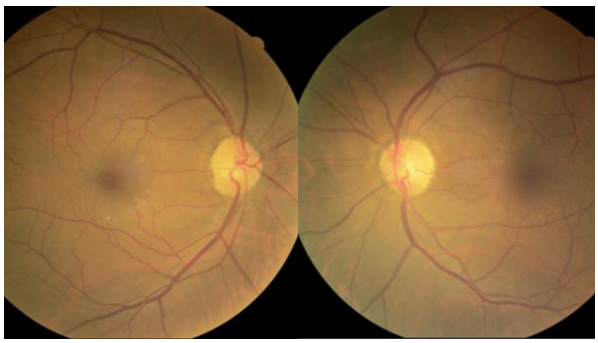

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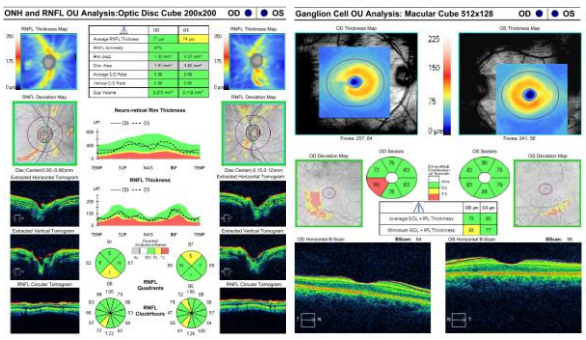

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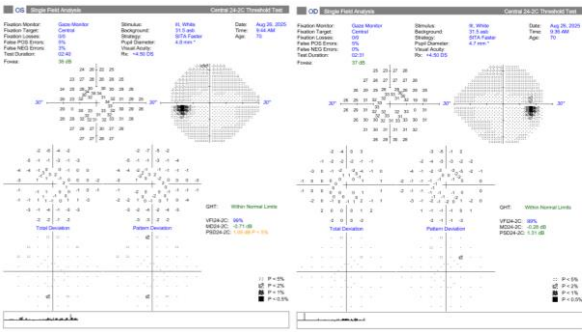

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Target IOP

- Represents an understanding of a patient's past disease course and takes into account your goal for their future clinical course
- Can be challenging to determine and not something that can or should be set on day 1
  - Target pressure (or target pressure range) changes over time
- *Selective laser trabeculoplasty (SLT) alone compared to single medication*

AAO. Setting Meaningful Pressure Goals for Patients With Glaucoma. https://www.aao.org/eyenet/article/setting-meaningful-pressure-goals. Updated January 1, 2019. Accessed September 4, 2025.

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Treatment Goals and Expectations

- Efficacy
- Safety
- Usability
- Tolerability of adverse effects
- Affordability
- Accessibility

- IOP-lowering effect: Expectations for any medication, procedure, or surgery

AAO. Setting Meaningful Pressure Goals for Patients With Glaucoma. https://www.aao.org/eyenet/article/setting-meaningful-pressure-goals. Updated January 1, 2019. Accessed September 4, 2025.

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Opted for Medication

- Latanoprost 0.005% QHS OU
- Expected effects
- 4-week follow up: IOP 21 mm Hg OD; 20 mm Hg OS

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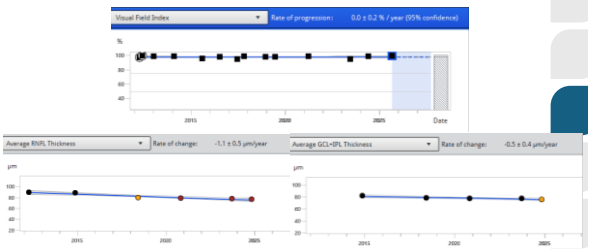
Is 20 mm Hg to 23 mm Hg "Good"?!



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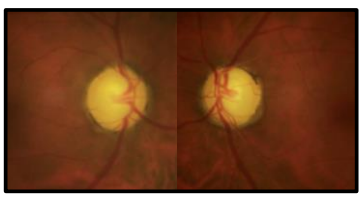
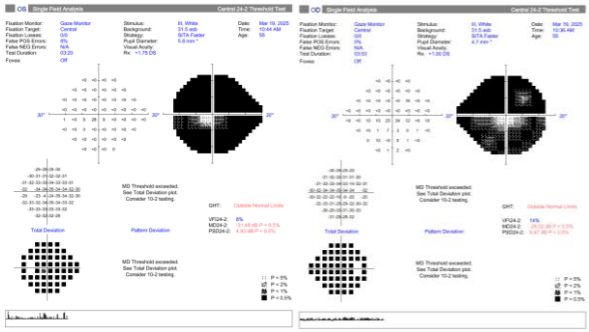
Why Manage Such Early Disease?



55-year-old Black man; lost to follow up for 5 years
- Peak untreated IOP 42 mm Hg OS; CCT <500 µm OD and OS

60



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Set Expectations

- Be reasonable in managing therapeutic expectations.
- All glaucoma progresses … eventually; is the rate of progression acceptable?
- People with overdiagnosed disease do well, because by definition, their disease was nonprogressive. This creates a cycle that reinforces more overdiagnosis, a phenomenon known as the popularity paradox.

- Sight Outcomes Research Collaborative (SOURCE) data presented at the American Glaucoma Society 2024 Annual Meeting
  - Approximately one-quarter of patients whose data identified them as being in the lowest risk group for glaucoma were being treated with glaucoma medications
  - In contrast, many of the highest-risk patients were not receiving treatment.
  - Ophthalmologists may be focusing too much attention on managing low-risk or early-stage patients

Margolis TP, Galor A, Novack GD. Implications of Diagnostic Error in Ocular Surface Disease: The Role of Anchoring and Ambiguous Diagnostic Terminology. *JAMA Ophthalmol*. 2025;143(1):5-6.
Brandt J. Presented at: AGS Annual Meeting; Feb. 29-March 3, 2024; Huntington Beach, CA; https://www.aao.org/education/headline/overdiagnosis-overtreatment-in-glaucoma-are-growin. Accessed September 11, 2025.

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Glaucoma:
Disease Progression and Management

Justin Schweitzer

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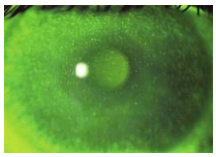
CASE STUDY:

- **Glaucoma Follow-up – patient had previous CEX**
- **GAT** → 16, Tmax 26; 15, Tmax 25
- **Meds:** Artificial tears, PGA qd OU fixed combo bid OU
- **PACH** → 550; 560
- **C/D** → 0.75v; 0.80v



Important Medical History:
- Rheumatoid Arthritis
- Tremors

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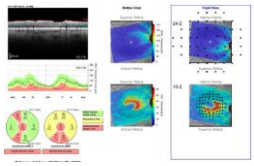
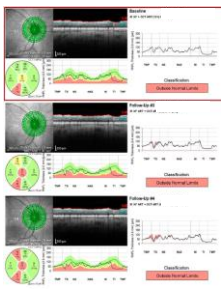
OCT





July 2021

July 2022

July 2023

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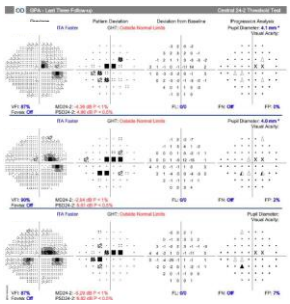
VFT

July 2021 — PSD 4.96

July 2022 — PSD 5.51

July 2023 — PSD 6.82



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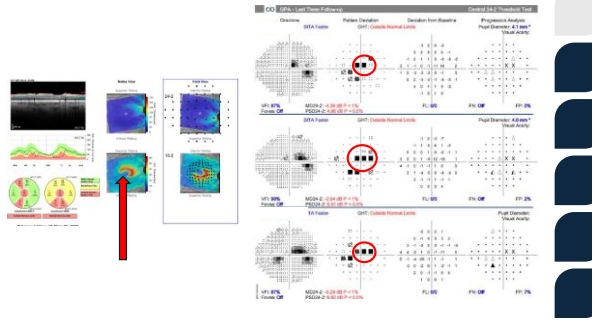

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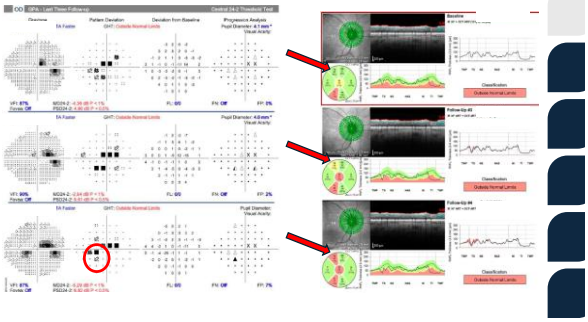

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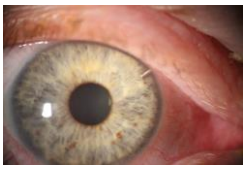
Case Study Summary



IOP Summary – 3 months postoperative

- OD: 15 mm HG
- OS: 15 mm HG
- **No Meds!**

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Interventional Glaucoma Mindset

Funke CM, Ristedt D, Yadgarov A, Michelett JM. Response to letter to the editor regarding interventional glaucoma consensustreatment protocol by Funke et al. *Exp Rev Ophthal.* 2025;20(4): 211-212.

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Considerations for First-Line Glaucoma Therapy

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LiGHT Trial and GLAUrious Study SLT and Direct SLT (DSLT)

LiGHT Trial

Conclusions:

1. No significant difference in QOL
2. 6.8% VS 19.6% progressed drops vs SLT
3. Trab required in 32 eyes in drops arm compared to 13 eyes in the SLT arm
4. 69.8% of SLT Drop Free @ 6 Years

GLAUrious Study (DSLT)

Gazzard G, Mariam A, et al. Laser in Glaucoma and Ocular Hypertension (LiGHT) Trial. Ophthalmology. 2023;130(2):139 -151.
Michael Bellin; GLAUrious, a multicentre, randomised, controlled study of direct selective laser trabeculoplasty in open angle glaucoma. *Invest. Ophthalmol. Vis. Sci.* 2022;64(8):5393.

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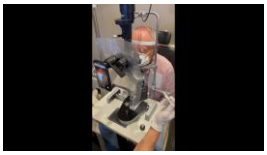
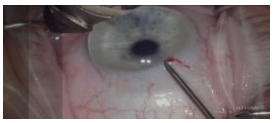
Glaucoma Drug Delivery





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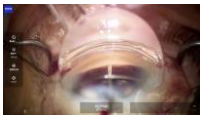
Trabecular Microbypass Stent
(iStent Inject W and iStent Infinite)

Schlemm Canal Microstent
(Hydrus)

75

Excisional Goniotomy
(Kahook Dual Blade)

Goniotomy
(iAccess)



Goniotomy
(SION)

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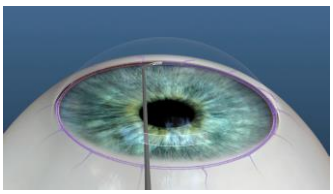
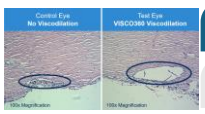
Ab-interno Trabeculotomy + Canaloplasty





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- Fluid infusion or aspiration during surgery
- Cutting or disruption of the trabecular meshwork during goniotomy procedures
- Catheterization and viscodilation of Schlemm canal (iTrack Advance)

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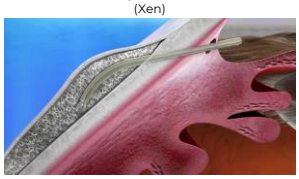
Subconjunctival Stent (Xen)



Xen 45 Gel Stent
US Pivotal Clinical Trial

	Baseline	12 month
Medicated IOP	25.1 (3.7)	15.9 (5.2)
Glaucoma Meds	3.5 (1.0)	1.7 (1.5)

Hypotony 16 (24.6%)
Bleb Needling 21 (32.3%)

AqueSys XEN 45 Glaucoma Implant in Refractory Glaucoma. NCT02036541.

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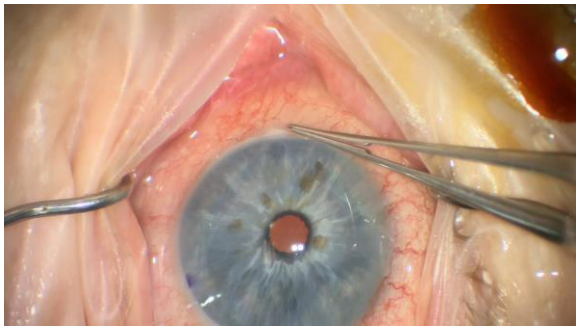

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In Conclusion...

- Glaucoma is both a **medical** and **surgical** disease
  - Key to success is collaboration
- Trends in treatment aim to **balance** effectiveness and safety
- MIGS procedures allow for **interventional glaucoma**

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Take-Home Points
Q&A
Polling

Justin Schweitzer

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Post-Program Polling Question

After participating in this activity, what is your typical first-line therapy for newly diagnosed glaucoma?

a) Medications
b) Selective Laser Trabeculoplasty (SLT)
c) Bimatoprost intracameral implant
d) Co-management for Surgery/MIGS

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Post-Program Polling Question

After participating in this activity, rate your level of confidence in understanding minimally invasive glaucoma surgery (MIGS) procedures?

a) Very Confident
b) Confident
c) Neutral
d) Not very confident
e) Not confident at all

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Post-Program Polling Question

After participating in this activity, on average, how long do you believe it takes a patient to progress from first non-central geographic atrophy (GA) to central GA?

a) Less than a year
b) 1-2 years
c) 3-4 years
d) 5 or more years

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Post-Program Polling Question

After participating in this activity, rate your level of confidence discussing with patients the FDA-approved treatments for GA?

a) Very Confident
b) Confident
c) Neutral
d) Not very confident
e) Not confident at all

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THANK YOU!

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