

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 Conference Advisory Board considers content and speakers for future meetings to provide you with the best education possible.



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**Innovations in  
Glaucoma**  
Next Generation Technology,  
Medications, and Delivery



Justin Schweitzer, OD, FAAO  
Vance Thompson Vision, Sioux Falls, South Dakota  
Optometric Externship Director  
Associate Director Residency Program

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**Financial Disclosure – Justin Schweitzer, OD, FAAO**

- Aerie – C/L
- Alcon – C/L
- Allergan – C/L
- Bausch + Lomb – C/L
- Ocular Therapeutix - C
- EyePoint - C
- Dompe – C
- Zeiss – C/L
- Sun – C/L
- Equinox - I
- Reichert - C
- J&J – C/L
- Glaukos – C/L
- Horizon – C
- Quidel – C
- Sight Sciences – C/L
- LKC - C

• Co-Chief Medical Editor: Modern Optometry

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## Today's Optometrists

*"To be on the cutting edge of optometry, you need to be on the cutting edge of science and technology."*

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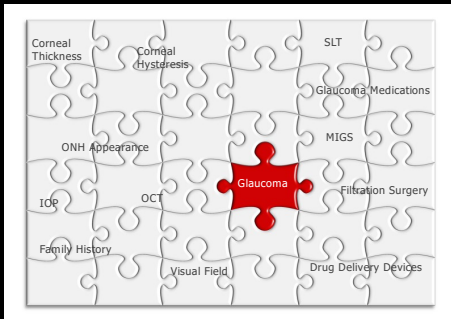
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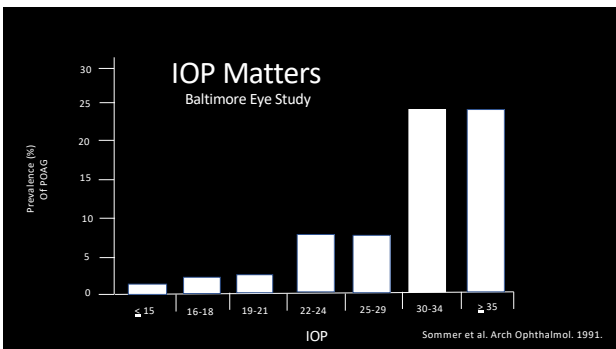
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### The Correcting Applanation Tonometer Surface (CATS)



British Journal of  
**Ophthalmology**

Modified Goldmann prism intraocular pressure measurement accuracy and correlation to corneal biomechanical metrics: multicentre randomised clinical trial

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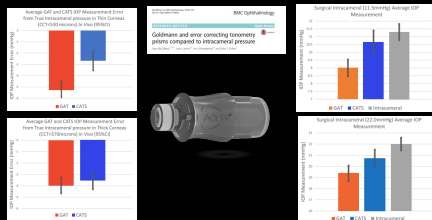
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### The Correcting Applanation Tonometer Surface (CATS)



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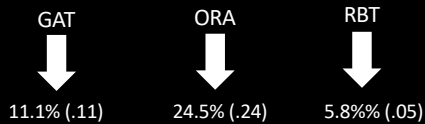
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### IOP "corneal-compensated" (IOPcc)

213 Eyes of 125 glaucomatous patients followed for 2.4 years



Susanna BN, Ogata NG, Daga FB et al. Association between Rates of Visual Field Progression and Intraocular Pressure Measurements Obtained by Different Tonometry's. Ophthalmology. 2019 Jan;126(1): 49-54.

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## Corneal Hysteresis, IOP, CCT



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## Corneal Hysteresis

Corneal Hysteresis reflects the ability of the corneal tissue to dissipate energy<sup>1</sup>  
Function of viscoelastic damping<sup>2</sup>

Two predictive functions

1. Which glaucomatous eyes are most susceptible to visual field loss progression and risk of rate of progression?
2. Which eyes are susceptible to glaucoma?

1. Luce DA. *J Cataract Refract Surg.* 2005;31:156-162.  
2. Dupps WA Jr. *J Cataract Refract Surg.* 2007;33:1499-1501.

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## Average CH in Normal Subjects

	N	CH
Brazil	105	10.1 +/- 1.8
UK	272	10.2 +/- 1.2
China	125	10.9 +/- 1.5
Japan	204	10.2 +/- 1.3
Spain	88	10.8 +/- 1.5
USA	44	10.5 +/- 1.2

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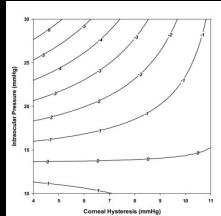
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## CH as a Predictor of Progression



Medeiros FA et al. *Ophthalmology*. 2013;120:1533-1540.

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## Corneal Biomechanics and Visual Field Progression in Eyes with Seemingly Well-Controlled Intraocular Pressure

Buraca N, Sacuma, MD,<sup>1,2</sup> Nava G, Ogan, MD,<sup>1</sup> Alexandre A, Jannat, MD,<sup>1</sup> Carolina N, Sacuma, MD,<sup>1,2</sup> Samuel J, DeBuck, PhD,<sup>1</sup> Felipe A, Medeiros, MD, PhD<sup>1</sup>

460 eyes of 334 glaucoma patients  
Follow-up – 4.3 years  
Well controlled if IOP < 18 mm HG

179 eyes well controlled  
42 (23.5%) of those eyes had VF progression

CH (8.6 vs 9.4)  
CCT (515 vs 531)

68% higher  
risk of progression

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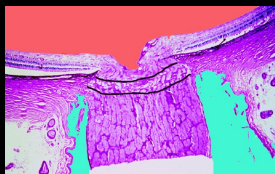
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## Relationship of Corneal Hysteresis and Anterior Lamina Cribrosa Displacement in Glaucoma

BRANDON J. WONG, SARAN MOGHIMI, LINDA M. ZANGWILL, MARK CHRISTOPHER, ABRAHAM BELGITH, BEN DUCI, CHRISTOPHER BOWEN, MARIANO A. FALLO, CHRISTOPHER A. GIBSON, AND ROBERT W. MEDEROS

147 eyes of 96 glaucoma patients  
Follow-up – 3.5 years

Choroidal thickness = posterior ALCS displacement  
Low Corneal hysteresis =



Each 1 mmHg lower CH  
= 0.66 microns of posterior ALCS displacement

Wong BJ, Moghimi S, Zangwill LM, et al. Relationship Of Corneal Hysteresis and Anterior Lamina Cribrosa Displacement in Glaucoma. *Am J Ophthalmol*. 2019 Nov 23.

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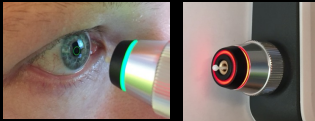
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## Home IOP Monitoring

A device is intended as an adjunct for monitoring IOP of adult patients (self-use). The HOME tonometer is designed for use at home or on the go.



Measurement time	IOP (Right)	Quality (Right)
10/22/2020 15:56	20	EXCELLENT
10/23/2020 7:55	20	EXCELLENT
10/23/2020 9:58	13	EXCELLENT
10/23/2020 16:04	26	GOOD
10/24/2020 7:58	13	EXCELLENT
10/24/2020 9:58	13	EXCELLENT
10/24/2020 15:59	20	EXCELLENT
10/25/2020 8:09	15	EXCELLENT
10/25/2020 10:12	15	EXCELLENT
10/25/2020 16:15	19	EXCELLENT
10/26/2020 8:02	14	GOOD
10/26/2020 10:32	17	EXCELLENT
10/26/2020 16:04	31	GOOD
10/26/2020 18:09	29	GOOD
10/26/2020 18:09	29	EXCELLENT
10/27/2020 7:58	15	EXCELLENT
10/27/2020 10:08	20	POOR
10/27/2020 10:10	20	EXCELLENT
10/27/2020 15:51	26	EXCELLENT
10/28/2020 8:11	19	POOR
10/28/2020 8:11	16	EXCELLENT
10/28/2020 10:14	16	EXCELLENT
10/28/2020 16:04	14	EXCELLENT
10/29/2020 8:02	20	EXCELLENT
10/29/2020 10:35	16	REJECTED
10/29/2020 10:56	17	EXCELLENT

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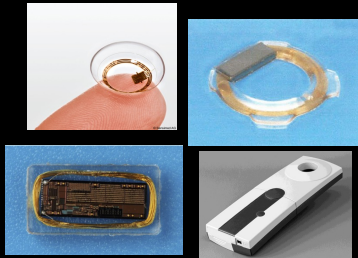
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## Continuous IOP Sensors



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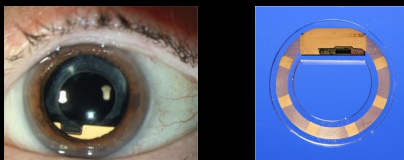
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## Implandata Eyemate

- Sulcus based IOP sensor
- 8 pressure-sensitive capacitors
- Diameter: 11.2 mm
- Thickness: 0.9 mm



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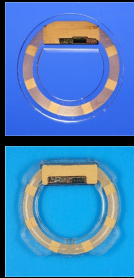
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### ARGOS-02 Trial: 1 year results

- 22 Patients
- Major Design Changes:
  - 0.9 to 0.5mm thickness with 0.1mm rounded tapering
  - 4 haptics to prevent ciliary sulcus rotation
- IOP Concordance:
  - D30:
    - Eyemate:  $22.2 \pm 9.2$  mmHg
    - GAT:  $19.5 \pm 6.8$  mmHg
  - D360:
    - Eyemate:  $15.7 \pm 3.8$  mmHg
    - GAT:  $14.1 \pm 2.2$  mmHg



Retrieved from: <https://doi.org/10.1016/j.ophtha.2019.08.011>

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### Sensors on the horizon...

LaunchPoint Technologies (Goleta, CA)

– Sensor attached to IOL or injected into vitreous



Intraocular Pressure Sensor, LaunchPoint Technologies. Available at: <https://www.launchpointtechnologies.com/products/ios>

Accessed 10/19/2019

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### Sensors on the horizon...

- AcuMEMS (Menlo Park, CA)
  - iSense System: Implantable sensor
- Glaukos (San Clemente, CA)
  - DOSE Medical IOP Sensor
- Implantsdata Ophthalmic Products GmbH
  - Suprachoroidal IOP sensor
- Injectasense Inc (Emeryville, CA)
  - Configurable on-demand sensor
- LaunchPoint Technologies (Goleta, CA)
  - Sensor attached to IOL or injected into vitreous
- Solx (Waltham, MA)
  - wireless intraocular sensor



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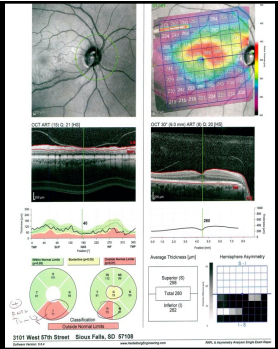
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## OCT

Pay attention to TSNIT curve.

Pay attention to the actual numbers in the segmentation plot

Pay attention to the numbers between eyes in the segmentation plot



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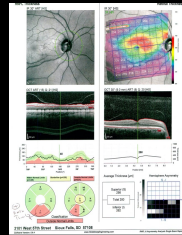
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Am J Ophthalmol. 2013 Sep;156(3):567-577.e1. doi: 10.1016/j.ajo.2013.04.037. Epub 2013 Jun 28.

**Diagnostic precision of retinal nerve fiber layer and macular thickness asymmetry parameters for identifying early primary open-angle glaucoma.**

Sullivan-Mee M<sup>1</sup>, Rungta G<sup>2</sup>, Patten D<sup>3</sup>, Halverson K<sup>4</sup>, Qualls G<sup>5</sup>.



Inter-eye (OD/OS) macular thickness asymmetry 5 microns

Intra-eye (sup/inf of same eye) macular thickness 9 microns

Inter-eye (OD/OS) average RNFL thickness 9 microns

Total RNFL thickness 78 microns or less

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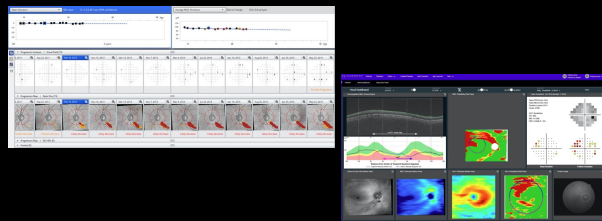
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## OCT Technology – Matching Structure and Function



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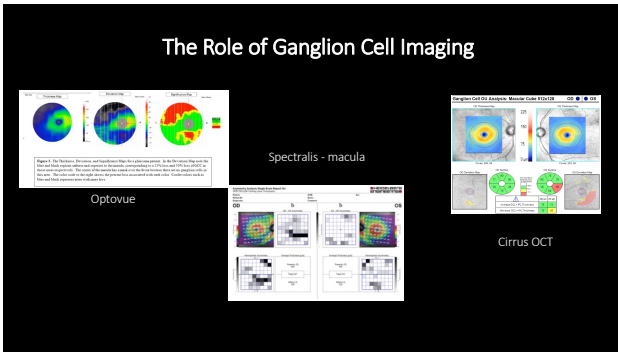
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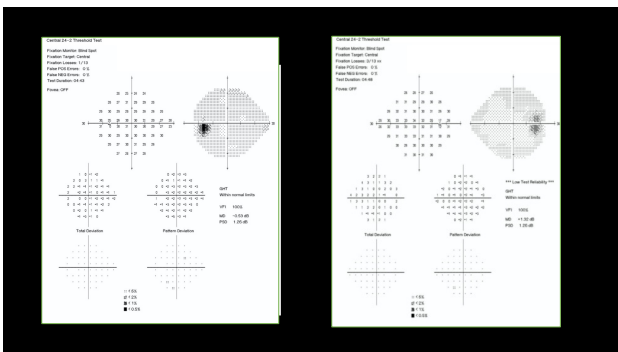
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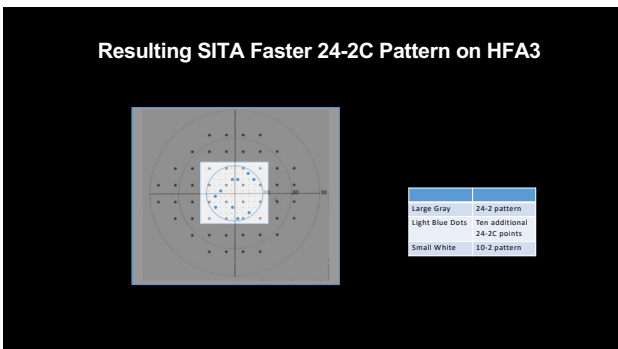
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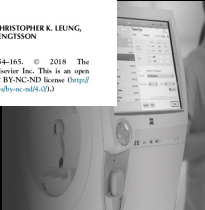
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# A New SITA Perimetric Threshold Testing Algorithm: Construction and a Multicenter Clinical Study

ANDERS HEIL, VINCENT MICHAEL PATELLA, LUKE Y. CHONG, AIRO IWASE, CHRISTOPHER K. LEUNG, ANJA TULLOJON, GARY C. LIH, THOMAS CALLAN, AND BOB BENGTHSON

• PURPOSE: To describe a new time-saving threshold visual field-testing algorithm, Interactive Thresholding Algorithm (ISTA) Fast, which is intended to replace SITA Fast—and to report on a clinical evaluation of this new strategy.

• OBSOLETE: 2019/198154-165, © 2018 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).




30.4% shorter than SITA Fast  
53.5% shorter than SITA standard

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[illegible]

**Objective Visual Field Testing**

FDA 510(K) Cleared  
Tests OU simultaneously in 7 minutes  
Measures the response of the pupils to a stimulus



objectiveFIELD

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[illegible]

# The Future of Visual Field Testing?

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[illegible]

## OCT Angiography: the Next Chapter?

- Images retinal microvasculature without dye injection
- Displays structure and function from a single imaging system



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## Trend Analysis

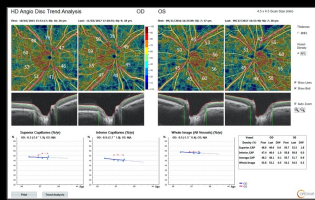


Image courtesy of Eric D. Huderman, MD and Michael H. Goldbaum, MD of Shiley Eye Institute, University of California at San Diego, La Jolla, CA

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## Evaluation of an AI system for the automated detection of glaucoma from stereoscopic optic disc photographs: the European Optic Disc Assessment Study

- Objectives - To evaluate the performance of a deep learning based Artificial Intelligence (AI) software for detection of glaucoma from stereoscopic optic disc photographs, and to compare this performance to the performance of a large cohort of ophthalmologists and optometrists.
- Results
  - Pegasus was able to detect glaucomatous optic neuropathy with an accuracy of 83.4% (95% CI: 77.5–89.2)
  - This is comparable to an average ophthalmologist / optometrist accuracy of 80.5% / 80% respectively (95% CI: 67.2–93.8) / (95% CI: 67–98) on the same images.
  - There was no statistically significant difference between the performance of the deep learning system and ophthalmologists or optometrists.

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## Genetics of Glaucoma

### Key Points

- Ultimately, it allows for a more personalized patient management treatment algorithm
- Understanding the genetic basis of various forms of POAG glaucoma provides an opportunity for targeting specific genes or biological pathways for disease.
- By genetic testing it may be possible in the future to provide personalized therapeutic plans for a given patient based on knowledge of their specific gene mutations and the molecular pathways they impact
- Patients with gene variants in mitochondrial genes may benefit from antioxidant therapies, whereas patients with mutations in lipid metabolism genes may benefit from cholesterol lowering medications. JAMA Ophthalmol. 2019;137(7):756-765. doi:10.1001/jamaophthalmol.2019.0900

### Avellino's test will have Monogenic & Polygenic POAG forms

#### Early Onset monogenic forms:

- Juvenile open-angle glaucoma
- Congenital glaucoma
- Anterior segment developmental syndrome

#### Adult Onset polygenic forms:

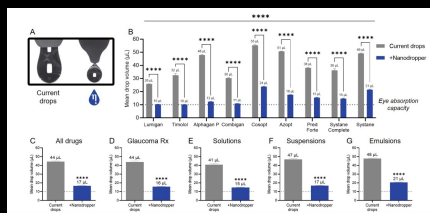
- Primary open-angle glaucoma (POAG)
- Angle-closure glaucoma (ACG)
- Low tension glaucoma (LTG)
- Exfoliation glaucoma

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## Treatment

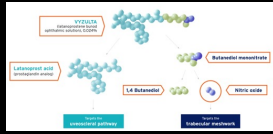
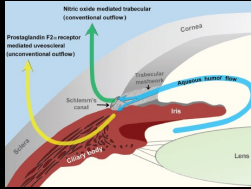
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## Delivering Treatment



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## latanoprostene bunod 0.024% (Vyzulta)



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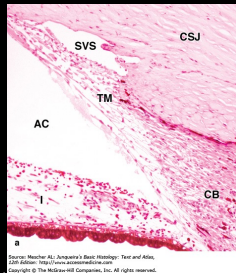
## Nitric Oxide

Endogenous in the human body

Causes alterations in the cytoskeletal network

Reduced NO in TM, Schlemm's canal, and ciliary muscle

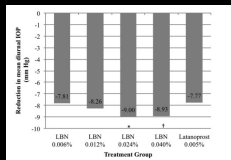
Nathanson JA et al. Alterations of ocular nitric oxide synthase in human glaucoma. Invest Ophthalmol Vis Sci. 1995



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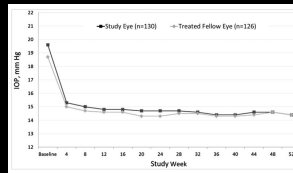
## VOYAGER Study

latanoprostene bunod 0.024% (Vyzulta)



## JUPITER Study

latanoprostene bunod 0.024% (Vyzulta)




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> JAMA Ophthalmol. 2016 Mar;34(3):294-303. doi: 10.1001/jamaophthalmol.2016.5601.

**Association of Dietary Nitrate Intake With Primary Open-Angle Glaucoma: A Prospective Analysis From the Nurses' Health Study and Health Professionals Follow-up Study**

Jae H Kang <sup>1</sup>, Walter C Willett <sup>2</sup>, Bernard A Rosner <sup>3</sup>, Emmanuel Buys <sup>4</sup>, Jarey L Wiggs <sup>5</sup>, Louis H Pangalos <sup>6</sup>



•63,893 women from Nurses' Health Study  
•41,094 men from Health Professionals Follow-Up Study

**Findings:**

- Compared with the lowest quintile of dietary nitrate intake (appx 80mg/day), the highest quintile (appx 240mg/day) was associated with:
  - 21% lower risk of all POAG
  - 44% lower risk of POAG with early paracentral visual field loss

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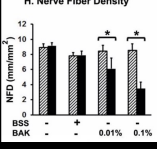
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**Neurotoxicity of BAK**

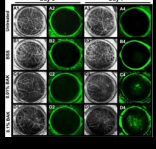
- Exposure to BAK (0.01% or 0.1%) QD x 7 days:
  - Decrease NFD (p=0.02 & 0.001)
  - Decrease aqueous production (phenol red)

**H. Nerve Fiber Density**

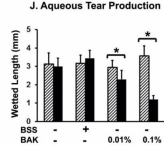


BSS	BAK	NFD (10 <sup>4</sup> /mm <sup>2</sup> )
-	-	~10.5
+	-	~9.5
-	0.01%	~8.5
+	0.01%	~7.5
-	0.1%	~6.5
+	0.1%	~5.5

**I. Aqueous Tear Production**



**J. Aqueous Tear Production**



BSS	BAK	Wetted Length (mm)
-	-	~4.5
+	-	~4.5
-	0.01%	~3.5
+	0.01%	~3.5
-	0.1%	~2.5
+	0.1%	~2.5

Invest Ophthalmol Vis Sci. 2012 Apr; 53(4): 1792-1802

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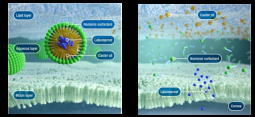
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**BAK-Free Latanoprost**

- Following instillation, micelles mix with the tear film
- As the micelles migrate toward the ocular surface, they break apart, releasing latanoprost



**Preservative-Free**

Formulation	Volume
LAT (Latanoprost 0.005%)**	7.5mL
DOP (Dorzolamide 2%)	25mL
BRIM DOP* (Brimonidine 0.15% and Dorzolamide 2%)	25mL
TIM LAT* (Timolol 0.5% and Latanoprost 0.005%)**	5mL
TIM DOR LAT* (Timolol 0.5%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL
TIM BRIM DOP* (Timolol 0.5%, Brimonidine 0.15%, and Dorzolamide 2%)	25mL (2.5mL preservative-free)
TIM BRIM DOR LAT* (Timolol 0.5%, Brimonidine 0.15%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL
TIM BRIM DOP* (Timolol 0.5%, Brimonidine 0.15%, and Dorzolamide 2%)	5mL
TIM BRIM DOR LAT* (Timolol 0.5%, Brimonidine 0.15%, Dorzolamide 2%, and Latanoprost 0.005%)**	5mL

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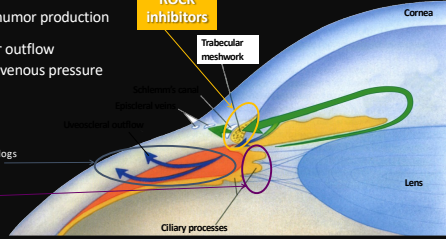
## netarsudil 0.02% (Rhopressa)

### MOAs

- ↓ aqueous humor production
- ↑ trabecular outflow
- ↓ episcleral venous pressure

- Prostaglandin analogs
- Alpha agonists
- Beta blockers
- Alpha agonists
- CAIs

### ROCK inhibitors



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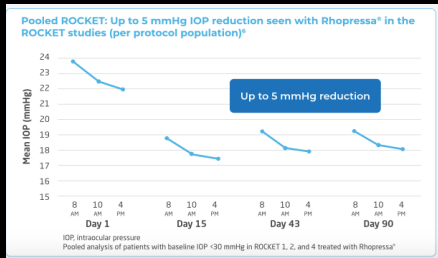
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## netarsudil 0.02% (Rhopressa)

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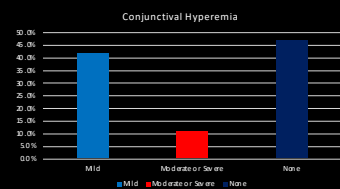
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## netarsudil 0.02% (Rhopressa)



~ 15-20% Hyperemia at baseline

6% dropout rate for hyperemia

Serle et al. Am J Ophthalmol. 2018; 186:116-127

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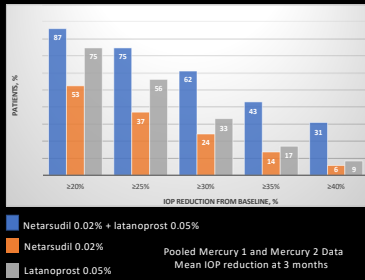
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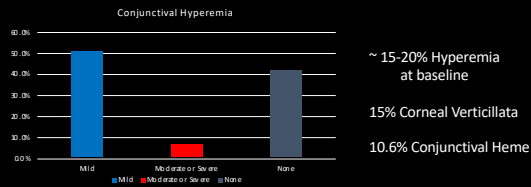
### netarsudil 0.02% + latanoprost 0.005% (Rocklatan)

- RHO protein kinase (destabilizes actin in TM)
- Rock inhibitor (lowers EVP)
- Latanoprost (uveoscleral outflow)
- Net Inhibition



59

### netarsudil 0.02% + latanoprost 0.005% (Rocklatan)



60

### Omidenepag Isopropyl (OMDI)

Selective, non-prostaglandin, prostanoid EP2 receptor agonist  
Mechanism of Action: Increase outflow via both conventional and uveoscleral

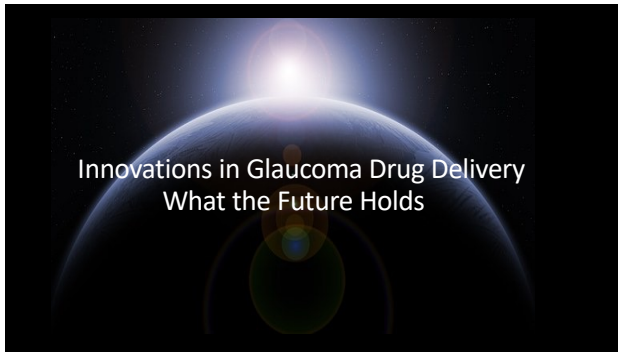
#### Phase 3 AYAME Study

OMDI 0.002% vs latanoprost 0.005%  
qd dosing x 4 weeks  
Baseline IOP ~ 24 mm Hg

OMDI = 25.1% reduction (17.81 mm Hg)  
Conjunctival hyperemia = 24.5%

61





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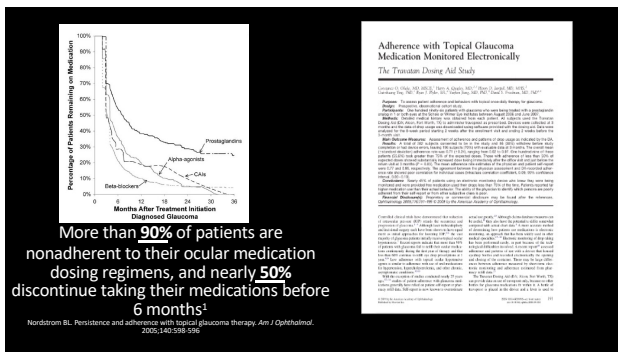
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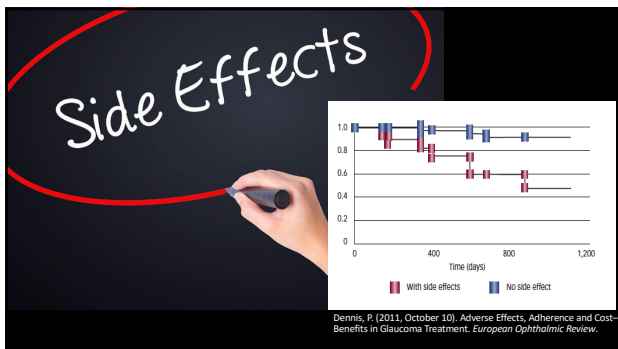
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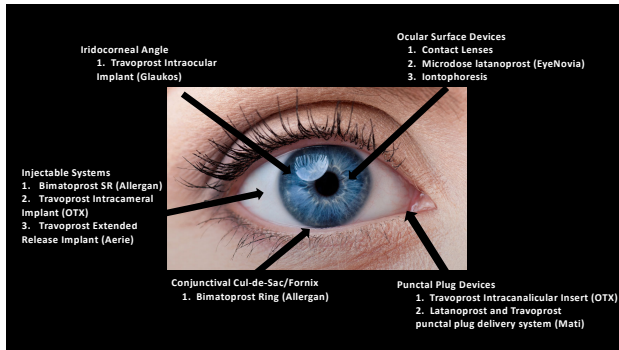
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### Patients Attitudes Towards Drug Delivery

- Triple Combination Eye Drop – 85%
- Microdose Eye Spray – 54%
- Drug-eluting Contact Lens – 31%
- Drug-eluting Periocular Ring Insert – 43%
- Injectable Subconjunctival Drug Insert- 32%
- Injectable Anterior Chamber Implant – 30%

**attitude**  
is everything

Wang BB, Lin MM, Nguyen T, et al. Patient attitudes towards novel glaucoma drug delivery approaches. Digit J Ophthalmol. 2018; 24(3): 16-23

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### Microdose latanoprost (EyeNovia)

Delivers microdoses of latanoprost with Optejet delivery

**Advantages:** 75% less drug and preservative  
88% of the time got to target

Achieved 29% IOP lowering from baseline in Phase 2 study

Pasquale LR, Shan L, Weinreb RN, et al. Latanoprost with high precision, piezo-print microdose delivery for IOP lowering: clinical results of the PG21 study of 0.4 micrograms daily microdose.

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## Drug-Eluting Contact Lens

Attractive option secondary to large residence time in the eye and upward of 50% bioavailability in comparison with eye drop formulations.



Li, CC, Chauhan, A. Modeling ophthalmic drug delivery by soaked contact lenses. *Ind Eng Chem Res* 2006; 45: 3718–3734.

Peng, C-C, Kim, J, Chauhan, A. Extended delivery of hydrophilic drugs from silicone-hydrogel contact lenses containing Vitamin E diffusion barriers. *Biomaterials* 2010; 31: 4032–4047.

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## Drug-Eluting Contact Lens

- Diopter Corporation
  - Uses an approved contact lens with approved drugs
  - Vitamin E Nano-barriers to extend drug release
- Phase I
  - Subject wore contact lens for 2 day dosing period
  - IOP reduction was observed over 9 days after the lens was removed
- Phase Ib and Phase 2 are planned for 2<sup>nd</sup> and 3<sup>rd</sup> quarter of 2021

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## Drug-Eluting Contact Lens

- MediPrint Ophthalmics
  - LLT-BMT1 – drug eluting contact lens - bimatoprost
- Phase I – SIGHT-1
  - 5 Subjects wore the lens for 7 days continuously
  - Demonstrated 100% tolerability and no adverse events
  - IOP efficacy was noted
- SIGHT-2 – Phase 2b dose-ranging clinical study is underway

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### Punctal Plug Delivery System (Mati Therapeutics)

#### Latanoprost and Travoprost designs

U.S. Phase II Multi-center Trials (Lower Puncta)  
 Glau 12 (n=92) – 96% retention rate  
 Glau 13 (n=87) – 92% retention rate

Phase II Clinical Study  
 L-Evolve - 5.5 mmHg IOP lowering over 12 weeks study



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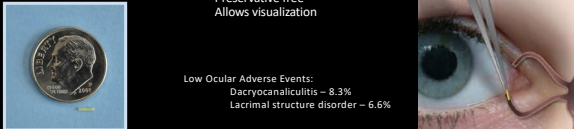
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### Travoprost Intracanalicular Insert (Ocular Therapeutix)

Bioresorbable sustained-release intracanalicular insert

Designed for continuous steady release of travoprost to the ocular surface for up to 90 days  
 Preservative free  
 Allows visualization



Low Ocular Adverse Events:  
 Dacryocanalculitis – 8.3%  
 Lacrimal structure disorder – 6.6%

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### Travoprost Intracanalicular Insert (Ocular Therapeutix)

Phase III randomized, double-blind, placebo-controlled clinical trial

Diurnal Time Points	Reduction in IOP					
	2 Week		6 Week		12 Week	
	mm Hg OTX-TP	Vehicle	mmHg OTX-TP	Vehicle	mmHg OTX-TP	Vehicle
8:00 AM	-5.72	-3.88	-4.81	-4.01	-3.91	-3.52
10:00 AM	-4.92	-3.16	-4.03	-3.23	-3.34	-2.63
4:00 PM	-5.22	-3.18	-4.16	-3.14	-3.27	-2.60

n=334 OTX-TP    n=211 Vehicle

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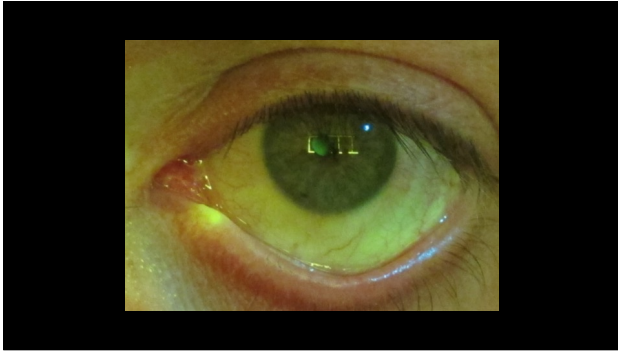
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**Bimatoprost SR** (Allergan)  
(10-microgram bimatoprost sustained-release implant)

- Biodegradable bimatoprost sustained-release implant
- FDA-approved and indicated to reduce IOP in patients with open angle glaucoma or OHT
- Single intracameral administration
- Phase I/II/III Studies



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**Bimatoprost SR** (Allergan)  
(10-microgram bimatoprost sustained-release implant)



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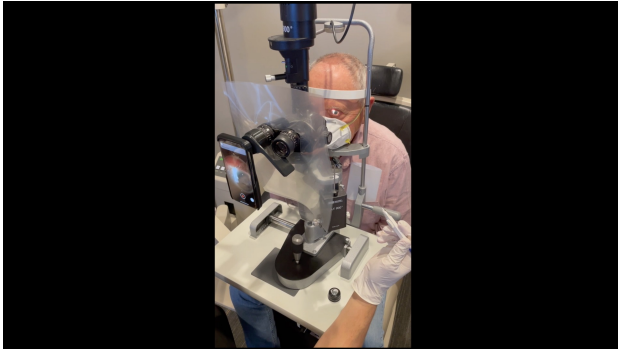
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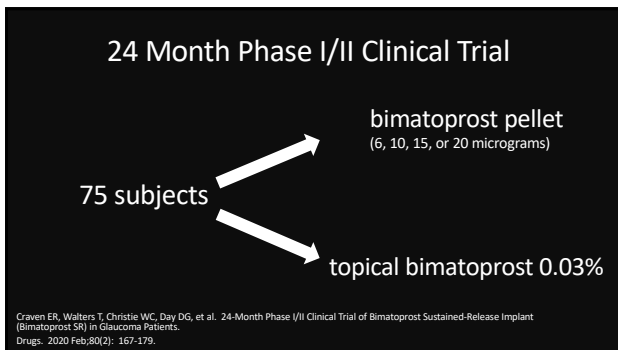
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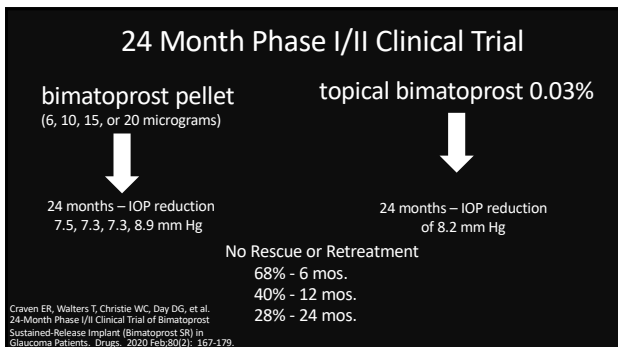
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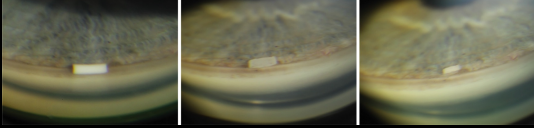
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**Phase III (ARTEMIS)**

27% -conjunctival hyperemia  
10% - post administration 2 days

5.4% - endothelial cell loss over 20 months

5% - iritis



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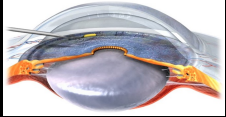
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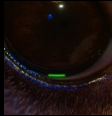
**Travoprost Intracameral Implant**  
(Ocular Therapeutix)

Bioresorbable sustained-release implant injected into the AC

Goal: Steady release of travoprost with target duration from 4 to 6 months



Preclinical Models (beagle dogs)  
Steady state release through 4 months  
IOP lowering of 25-30% through 4 months



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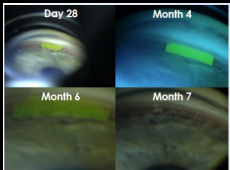
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**Travoprost Intracameral Implant**  
(Ocular Therapeutix)

Phase 1, prospective, multi-center, open label

Cohort 1 n=5 (15 micrograms)	→	Day 28 -9.1 mm Hg (n=5) Mo. 4 -7.6 mm Hg (n=4) Mo. 6 -7.5 mm Hg (n=3) *Mo. 21 - -9.3 (n=1)
Cohort 2 n=4 (26 micrograms)	→	Day 28 -6.0 mm Hg (n=4) Mo. 4 -6.8 mm Hg (n=4) Mo. 6 -6.1 mm Hg (n=3) *Mo. 9 - -5.9 (n=2)
Cohort 3 n=4 (15 micrograms Fast Degrading)	→	Day 28 -11.5 mm Hg (n=3) Mo. 4 -13.8 mm Hg (n=2) *Mo. 6 -12.5 (n=1)



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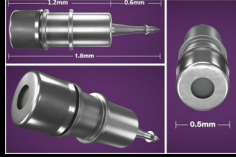
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**Travoprost intraocular implant**  
(Glaukos)

Resides in AC angle, anchored behind TM



- Length: 1.8 mm
- Diameter: 0.5 mm
- Titanium
- Non-ferrous

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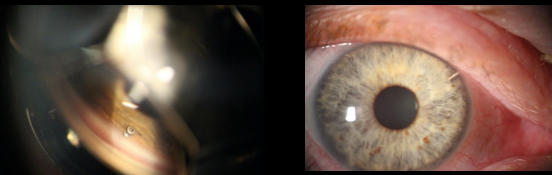
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**Travoprost intraocular implant**  
(Glaukos)



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**IDose Travoprost US Phase II: Preliminary Efficacy Results**

Average IOP reductions through Month 12 ranging from 7.9 to 8.5 mmHg in the implant arms

Represents 32-33% reduction in the implant arms



**24- Month Update**

Average IOP reductions from baseline = 7.9 mm Hg and 7.4 mm Hg in the fast and slow release arms.

Average IOP reductions from baseline = 29% and 28% in the fast and slow release arms.

Favorable safety profile with no ECC loss, no corneal adverse events, no adverse events of conjunctival hyperemia



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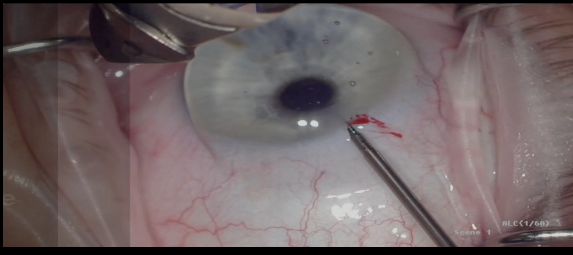
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**36 Month Update**

1. 70% and 68% of subjects in fast and slow-release were well-controlled on fewer or same medications as baseline.
2. Average IOP reductions were 8.3 mmHg and 8.5mmHg in the fast and slow-release arms.

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**CSF/ICP Pressure**



Jonas JB, Berenshtain E, Holbach L. Anatomic relationship between lamina cribrosa, intracocular space, and cerebrospinal fluid space. Invest Ophthalmol Vis Sci. 2003 Dec;44(12):3189-95.

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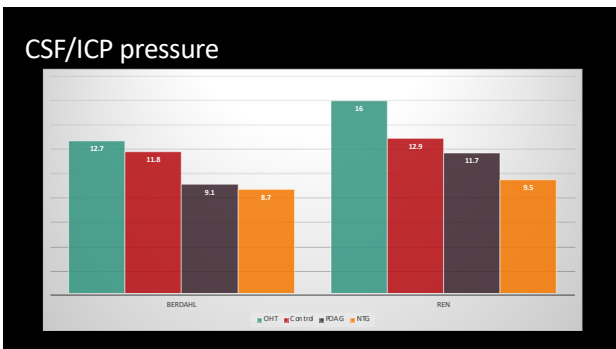
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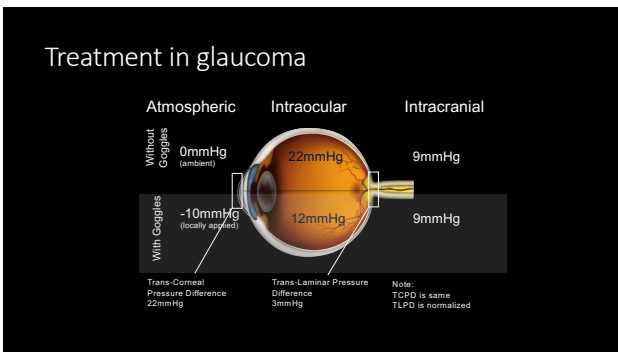
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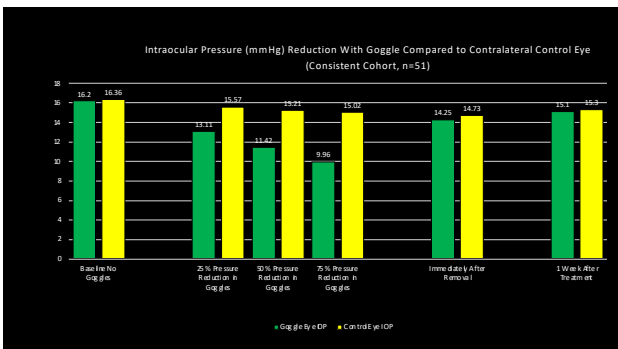
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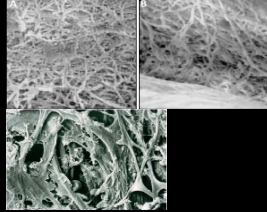
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## Selective Laser Trabeculoplasty

Selectively targets and laser burns pigmented TM cells



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## Selective Laser Trabeculoplasty Versus Medical Therapy as Initial Treatment of Glaucoma: A Prospective, Randomized Trial

L. Jay Katz, MD,\* William C. Steinmann, MD,† Azad Kabir, MD,‡ Jeanne Molineaux, COA,\* Sheryl S. Wizen, COA,\* and George Marcellino, PhD§ the SLT/Med Study Group

J Glaucoma • Volume 21, Number 7, September 2012

- SLT Med Study (2012)
  - Dr. Katz @ Wills Eye in Philadelphia
  - J Glaucoma 2012;21:460-468
- SLT (100 applications over 360 degrees of TM) vs. prostaglandin analog
- Primary outcome -> IOP
- Secondary outcome -> # of treatment steps

101

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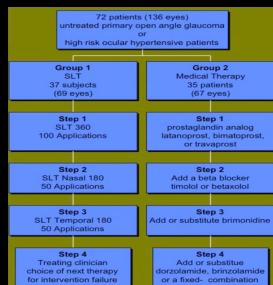
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## SLT Med Study Treatment Arms



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# SLT vs. Prostaglandins

## • SLT Med Study (2012)

### Results:

1. IOP reduction:
  - SLT – 25.7% IOP reduction
    - IOP reduced from 24.5 to 18.2 (6.3 mmHg reduction)
  - Prostaglandin – 28.3% IOP reduction
    - IOP reduced from 24.7 to 17.7 (7.0 mmHg reduction)
2. # of treatment steps:
  - SLT group - 11% of eyes required additional SLT
  - Prostaglandin group -> 27% of eyes required additional medication

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# Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LIGHT): a multicentre randomised controlled trial.

Gazzard G<sup>1</sup>, Konstantakopoulos E<sup>2</sup>, Ganaway-Heath D<sup>2</sup>, Gang A<sup>2</sup>, Vickerstaff V<sup>3</sup>, Hunter R<sup>4</sup>, Ambler G<sup>5</sup>, Bunce C<sup>6</sup>, Wormald R<sup>7</sup>, Nathwani N<sup>8</sup>, Barton K<sup>9</sup>, Rubin G<sup>9</sup>, Burrenson M<sup>9</sup>, LIGHT Trial Study Group

Primary Outcome - Quality of Life at 3 years  
Secondary Outcome – Cost, cost-effectiveness, clinical effectiveness, and safety

Conclusions:  
No significant difference in QOL  
97% probability of SLT as 1<sup>st</sup> treatment being more cost-effective  
SLT at target IOP 93% of visits vs 91.3% at target for meds  
78.2% of SLT Drop Free @ 3 Years

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# Steroid After Laser Trabeculoplasty (SALT)

Steroid	NSAID
• IOP Pre-Op: 23.3 mm Hg	• IOP Pre-Op: 23.3 mm Hg
• 12 week IOP check	• 12 week IOP check
• IOP lowering of 5.2±2.7 mmHg	• IOP lowering of 6.2±3.1 mmHg
Saline Tears IOP lowering of 3±4.3 mmHg	
• Steady state IOP ~ 6 weeks (new baseline)	

Groth et al. Steroids After Laser Trabeculoplasty (SALT) Trial: Impact of Short-term Anti-Inflammatory Treatment on SLT Efficacy. Ophthalmology June 5 2019

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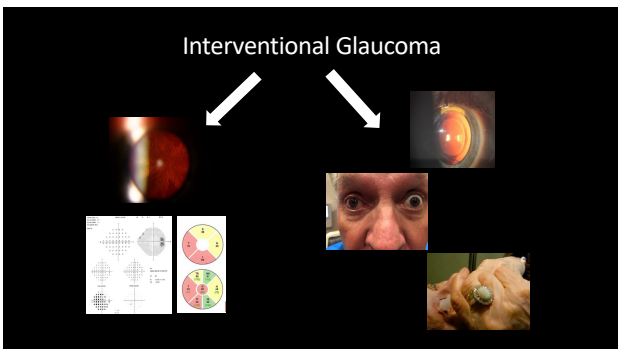
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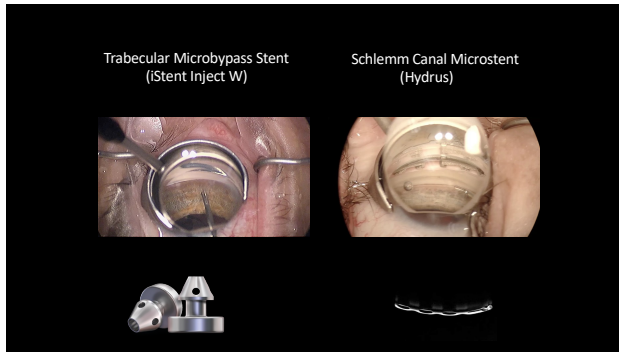
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**US Multicenter Pivotal Trial:  
Trabecular Microbypass Stent x 3  
(iStent infinite)**

**Three-stent, standalone procedure**

- Three wide-flange stents preloaded in injector system, to facilitate placement across "6 clock hrs. of Schlemm's canal


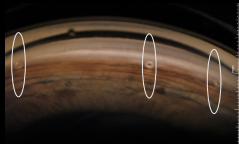
**Trial enrolled patients with open angle glaucoma with uncontrolled IOP:**

- Unresponsive to maximum tolerated medical therapy
- Uncontrolled by medical therapy and have failed  $\geq 1$  conventional incisional intraocular glaucoma or cilioablativ procedure

**Enrollment completed Oct 2019**

- US IDE open-label, prospective, single-arm pivotal study
- 72 subjects across 15 investigational sites
- 12-month follow-up

*Not approved by the FDA*

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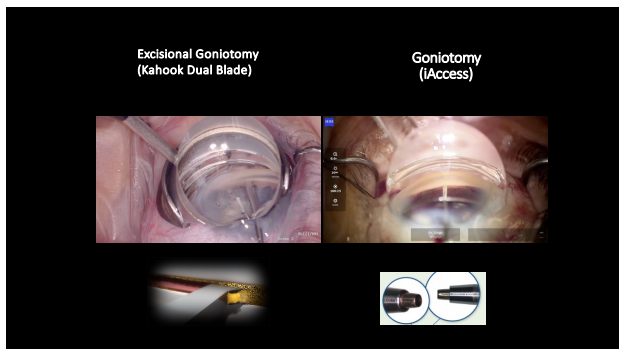
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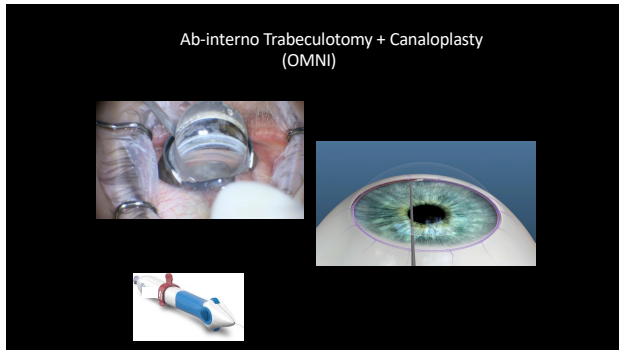
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Xen 45 Gel Stent  
US Pivotal Clinical Trial

Subconjunctival Stent (Xen)

	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%)

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**Technology is nothing.**  
What's important is that you have a faith in people, that they're basically good and smart, and if you give them tools, they'll do wonderful things with them.

justin.schweitzer@vancethompsonvision.com

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