AGE RELATED MACULAR DEGENERATION

A MODERN EPIDEMIC

JIM RUNCIMAN

DISCLAIMER:

		ALLOT D	A DAID I
MEDICAL	ADVISORY BOARDS	AUSI. R	5 PAID

NOVARTIS:VISUDYNE [Verteporfin]PDTLUCENTIS [Ranubizumab]BAYER:EYLEA [VEGF Trap]IVIALLERGAN :OZURDEX[PAST : Alcon – Retaane , Pfizer – Macugen]

2000 – present IVI 2011 – present

2013 – present

CONSULTANT ELLEX, ELLEX R&D

NFP BOARDS [UNPAID]

Royal Society for the Blind Macular Degeneration Foundation + chairman med. advisory comm.

+ research grant comm.

1995 – present 2004 – present

What is Macular Degeneration (AMD)?

- Progressive, chronic disease of central retina
- Loss of central vision
- Peripheral vision not affected
- Not black blind



The eye chart

a za H V Z D S	< 6/60 (legally blind)
•• NCVKD	
•• CZSHN • •• ONVSR •	
** KDNRO ** ** ZKCSV ** ** DVOHC ** ** OHVCK **	6/12 (driving limit)
6 3 42 51 51 50 51 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 60 <th>6/6 (normal vision)</th>	6/6 (normal vision)

Age-related Macular Degeneration in Australia

Responsible for over 2/3 of new cases of blindness in people aged over 50

All other eye diseases together comprise the other 1/3



Macular degeneration in Australia

- Leading cause of blindness* and severe vision loss
- 1 in 7 people over 50 have some evidence of macular degeneration
- Incidence increases with age 1/3 aged 75yrs have some AMD
- * legal blindness

How the eye works

- The eye works like a camera:
- Light passes through the pupil (shutter) and the eye lens (camera lens)
- It's focused on the retina (film), detects and encodes
- •Impulses sent along the optic nerve to the brain
- Brain interprets the impulses to form a picture





ROD PHOTORECEPTOR

What is the Macula?

optic nerve

Norm



🗕 macula



POSTERIOR POLE

40 degrees



5 degrees



MACULA - FOVEA CRITICAL **VERY FINE VISUAL ACUITY** VISUAL ACUITY **VISUAL ACUITY**

VISUAL ACUITY

VISUAL ACUITY

VISUAL ACUITY

VISUAL ACUITY

VISUAL ACUI

FOVEA

Very very highly specialized BUT Extremely susceptible to any insult !! Legally Blind <6/60



Micrograph image adapted from Kolb H. The Organization of the Retina and Visual System. 2012.1

1. Kolb H. Simple anatomy of the retina. In: The Organization of the Retina and Visual System. 2012.

OCT

OPTICAL COHERENCE TOMOGRAPHY

- **REVOLUTION** : in vivo high res optical biopsies
- 3-D OR 2-D IMAGING OF NEURO-RETINA
- RAPID, NONINVASIVE, NON-MYDRIATIC
- HIGHLY REPRODUCIBLE
- SERIAL COMPARISON
- NORMATIVE DATABASE
- ESSENTIAL
- BUT UNFUNDED !!

POST MORTEM HISTOLOGY

IN VIVO OPTICAL COHERENCE TOMOGRAPHY

		Vitreous
Tel - Man real	ILM	NFL
a care to a long		GCL
ANALSHEN LA COMENSAN		IPL
And State State State State State		INL OPL
	ELM	ONL
ON A ROUND SPREAKLY -		PRL
	RPE+BM CC	RPE+BM
50 μm		Choroid

OPTICAL COHERENCE TOMOGRAPHY

UNFUNDED

SD OCT C/S CUTS < 10 microns

Optical Coherence Tomography

FOVEA

foveola

Pure cone outer segments

ACTIVE RPE BARRIER

VERY VASCULAR 'WET' CHOROID



Quick easy non-mydriatic non-invasive acquisition

How AMD Develops

AMD is a disease of the Retinal Pigment Epithelium



RETINAL PIGMENT EPITHELIUM





VISUAL PIGMENT DISCS

RPE MONOLAYER CELLS



RPE MICROVILLI

ROD+CONE OUTER SEGMENT DISCS

The role of the RPE <u>Recycles discs</u> " DRY " NEURO - RETINA Nourishes -RPE ►<u>Removes waste</u> products VERY VASCULAR CHOROID Barrier stopping fluid and choroidal blood vessels from growing into retina

Outer retina in C/S









The role of the RPE

Waste builds up in the RPE as we age



Normal RPE cell

"Garbage" builds up over time

AGED EYE EM BLIND BLAMD DEBRIS



Early stage AMD



Drusen

waste products oxidative stress Inflammation MACs C

Early stage AMD



AGE RELATED MACULOPATHY

Drusen

Pigment Clumping



Types of AMD

• EARLY STAGES - asymptomatic

LATE STAGES

Dry MD common

- non-aggressive
- slow, progresses over years or decades
- end stage may have significant vision loss

Wet MD nasty

rapid onset, aggressive, severe vision loss

Late stage "DRY" AMD

'geographic' ATROPHY

NO TREATMENT YET – UNMET NEED

Late stage - Age related Macula Degeneration

DRY = atrophy

WET = CNV

Gradual visual loss RPE atrophy Haemorrhage + Fluid Rapid visual loss


Initial stage "WET" AMD



CNV

"bad" new blood vessel

> Leak Bleed Scar



Over expression of VEGF + C - bad choroidal new vessels

Wet Form Accounts for ~90% of Severe* Vision Loss Due to AMD¹

- Wet form is characterised by²
 - Subretinal fluid
 - Subretinal haemorrhage
 - RPE detachment
 - Hard exudates
- Wet AMD can be effectively treated with anti-angiogenic therapies^{3,4}

*Visual acuity 20/200 or worse.



Wet AMD in the central retina

- 1. Preferred Practice Pattern® Guidelines. American Academy of Ophthalmology; 2011
- 2. Lim JI, Tsong JW. In: Age-Related Macular Degeneration. 2007:125-157
- 3. EYLEA Product Information, 15 March 2012
- 4. Lucentis Product Information, 25 October 2011

Late stage "WET" AMD



Late stage "WET" AMD

LEAK+BLEED+SCAR AT MACULA

PROFOUND LOSS OF VISION AND QOL

Evolution of macular degeneration

72 year old man seen after 2 months and 1 year



soft drusen, pigment changes

bleed under retina scar formed under retina

AMD TRIALS

<u>OBSERVATIONAL</u> c/s or longitudinal
 BMES Paul Mitchell
 CERA Robyn Guymer
 Genetic

INTERVENTIONAL
 AREDS 1 & 2
 LEAD 2RT
 WET : ANTIVEGF
 DRY

Therapeautic

METRICS: Efficacy vs SOC

- BCVA LogMar Letters
- MP, Light- Dark, SCS, Colour, etc
- PRO
- Ophthalmoscopy
- OCT fluid, PED, CRT etc
- FAF for GA
- FFA & ICGA

for GA cnv, polyps, area

drusen, GA, RPE

drusen volume, GA area,

VFQ-25

SAFETY

- Serious Adverse Events
 Adverse Events
 NON OCULAR
 - OCULAR

IMAGING MODALITIES complement each other

- COLOR PHOTO non-mydriatic 45 deg
 OPTICAL COHERENCE TOMOGRAPHY
 MYDRIATIC CLINICAL VIEW various
- FUNDUS FLUORESCEIN ANGIOGRAM
- RED FREE PHOTO
- INFRA RED IMAGE
- FUNDUS AUTO FLUORESCENCE

Symptoms of MD

- Early stages = normally no symptoms!
- Distinguishing faces a problem
- Difficulty with detailed or fine vision
- Dark patches or empty spaces in central vision

Symptoms of wet AMD

ew things ne s as they begin t ds have from the pear until early nce, they are





wetAMD in one eye



TREATMENT for **AMD**

Presently no cure or prevention

• Dry MD = no treatment but diet and lifestyle important

• Wet MD = treatment now available

Treatments for WET AMD

Laser: for new vessels not under the fovea

Anti-VEGF drugs but Intravitreal injection repeatedly

VEGF – Vascular Endothelial Growth Factor

- VEGF is a natural protein that acts on endothelial cells (the cells that line blood vessels)
- VEGF stimulates <u>angiogenesis</u> (new vessel growth)
- VEGF is a potent inducer of vascular <u>permeability</u> (leakiness of blood vessels





VEGF INHIBITORS / BLOCKERS EFFECTS ARE :

• ANGIOGENESIS INHIBITED

cancer

<u>LEAKAGE</u> REVERSED / STABILIZED [VPF]

DECREASE INFLAMMATION

J.FOLKMAN

Treatment for Wet MD

Initial Ranubizumab – Trial Outcomes 2005



Treatment for <u>Wet</u> MD

AntiVEGF treatment outcomes:

Old lesions do NOT respond to treatment !

EARLY diagnosis and treatment is critical !

NEW ERA OF INTRA-VITREAL INJECTIONS



The evolution of evidence for anti-VEGF treatment in wet AMD

Ranibizumab LUCENTIS MARINA HORIZON ANCHOR FOCUS SAILOR PIER EXCITE SUSTAIN -> SECURE HARBOR

Lucentis comparator arm

Lucentis comparator arm

Bevacizumab AVASTIN

CATT

IVAN

Aflibercept EYLEA

VIEW I

VIEW II

IVI ANTI-VEGF AGENTS



REPEATED!! REPEATED!! REPEATED!! REPEATED!!

BUT

MASSIVE

BURDEN OF ONGOING TREATMENT

Incidence of Legal Blindness in Denmark 2000–2010¹

- From 2000 to 2010 the incidence of legal blindness from AMD fell to half the baseline incidence
- The bulk of the reduction occurred after the introduction of intravitreally injected anti-VEGF treatments in 2006



Figure adapted from Bloch SB et al. Am J Ophthalmol. 2012.1

AMD: Key Risk Factors

- Non-modifiable^{1,2}
 - Age
 - Genetic factors
- Modifiable^{1,2}
 - Cigarette smoking
 - High BMI*
 - Low level dietary antioxidants



Images used with permission from Microsoft

Other risk factors described in the literature are still to be confirmed.

*BMI = body mass index

Eong KA et al. In: Age-Related Macular Degeneration. 2007:47-85.

Preferred Practice Pattern[®] Guidelines. American Academy of Ophthalmology; 2011.

Impact of LATE AMD on patients

Loss of independence

- unable to work or travel
- loss of free-will, loss of purpose, feelings of guilt
- Loss of leisure activities
 - difficulty enjoying hobbies (reading, bridge)
 - feelings of boredom
- Loss of social activities
 - lack of social connection
 - difficulty monitoring own appearance
 - unable to recognise faces of family & friends

Low vision optical aids help improve vision for people with mecular degeneration. Many different types of magnifying devices are available. Spectacles, hand or stand magnifers, talescopes, and chood on sit talescopes, and objects are one of the available resources. And, are other preservibed by your ophthalized states by referral to a low vision speculist or center. Special lamps with beginer illumination are often beneficial. Books, newspapers, and other items available in large print offer further help.



Vision Impairment Prevents Healthy and Independent Ageing

- Impact of vision loss on a patient's quality of life and psychological wellbeing is comparable to that of cancer or coronary heart disease, increasing the risk of depression and suicide
- Risk of depression: 3 X more likely to experience depression compared to the general population

Vision Impairment Prevents Healthy and Independent Ageing

- Risk of falls increased 2 X
- Risk of hip fractures is increased 4 to 8 X
- Admission to nursing homes 3 years earlier
- Social dependence increased 2 X
- Social independence decreased 2 X
- Lower employment rates, a higher use of social services and social isolation

EFFECT OF LATE AMD

PROFOUND DECREASE IN QUALITY OF LIFE

grossly underestimated

TRUE QOL IMPACT OF LATE WET ARMD IS GROSSLY UNDERESTIMATED

6/60 OR LESS =

SIGNIF. CVA

ADVANCED PROSTATIC CANCER

INTRACTABLE PAIN

SUPPORT AND REHAB

THANK YOU

SWEPT SOURCE OCT



Retinal Imaging Quantifies AMD Disease, Progression and Treatment Response

Different modalities can qualify the presence of disease and quantify the extent, progression and treatment response



1.Preferred Practice Pattern[®] Guidelines. American Academy of Ophthalmology; 2011. 2. Singh RP et al. In: Age-Related Macular Degeneration. 2007:192-202.

Individual Impact of AMD¹

- Visual function impairment
 - Difficult to perform daily activities and pursue leisure activities
 - Increased financial burden
 - Impact on family
- Psychological well-being
 - Greater emotional distress and depressive disorder due to anxiety about the disease and fear of going blind
- Life satisfaction
 - Poor life satisfaction and social support, and greater stress
- 1. Mitchell J, Bradley C. Health Qual Life Outcomes. 2006;4:97.

Dry Form Accounts for ~80% of AMD Patients¹

- Dry form is characterised by²
 - Soft drusen
 - RPE* atrophy
 - Outer retinal atrophy
 - Loss of choriocapillaris
- There is a high unmet medical need
- Effective therapy is lacking

*RPE = retinal pigment epithelium



Dry AMD with characteristic drusen

1. Preferred Practice Pattern® Guidelines. American Academy of Ophthalmology; 2011.

2. Bhagat N, Flaxel CJ. In: Age-Related Macular Degeneration. 2007:97-107.


Fig. 12. Diagrammatic representation of disc shedding and phagosome retrieval into the pigment epithelial cell.