

# Eylea officially launched

A highly informative and inspiring scientific meeting was organised by Bayer New Zealand for ophthalmologists, ophthalmic nurses and registrars to officially launch Eylea (Aflibercept), a new treatment for age-related macular degeneration.

Professor Paul Mitchell, a world renowned medical retina specialist and Professor of Ophthalmology at the University of Sydney, shared his wealth of knowledge in relation to Eylea. He spoke on the molecular design, mode of action and the VIEW 1&2 studies. In presenting an overview he said VEGF-A is the main driver of angiogenesis in wet AMD while the roles of VEGF-B and PlGF (placental growth factor) are still not yet fully understood.

Aflibercept was designed specifically to block members of the VEGF-Family trapping all VEGF-A isoforms as well as PlGF. It has a higher affinity than native receptors, strict 1:1 binding and is formulated for intravitreal injection.

Professor Mitchell analysed results from data collected from both years 1 and 2 of the VIEW studies; Noninferiority Trials Comparing Aflibercept to Ranibizumab (Lucentis), the largest AMD study to date involving 2,412 patients. VIEW 1 was conducted in the US whilst VIEW 2 involved 26 countries including Australia. Patients were randomised to treatment with 0.5 mg aflibercept monthly, 2 mg aflibercept monthly or 2 mg aflibercept every 2 months following three initial monthly injections, or 0.5 mg ranibizumab given monthly. During the second year of the study, participants received treatment with Eylea proactively (every 12 weeks) or more frequently (reactively) in response to intraretinal oedema or reduced vision.

In summary, he said overall visual acuity was maintained in Year 2, however, a slight trend for loss of vision could be explained by the 20% of people who needed reactive dosing. It does appear that patients who responded to a proactive treatment schedule resulted in more stable visual outcomes with intravitreal aflibercept or ranibizumab.

The VIEW studies showed the efficacy and safety of Aflibercept 2 mg every other month was comparable to that of Ranibizumab 0.5mg monthly. After 52 weeks of proactive treatment, efficacy was largely maintained for the remainder of the study using this modified quarterly retreatment schedule. Most people remained stable and it may be possible to extend to longer treatment intervals based on individual visual and anatomic outcomes but they need to be monitored closely. A small sub-group, particularly those who needed extra treatments, tended to lose vision. This group needs to be identified and treated adequately.

Dr Wilson Heriot shared his clinical experience in using Eylea in Australia. He spoke about the scientific reasons and the journey of changing



Christie Murzello from Bayer NZ opening the Eylea scientific meeting

his patients over from Avastin or Lucentis.

“Part of the theoretical reason for me to change was the theory of fusion proteins, the binding of VEGF-A and PlGF, the high affinity, and the evidence as outlined by Paul of longer sustained effect vs Lucentis,” he said.

He presented anecdotal examples of profound results using Eylea.

“In many cases Eylea is having a potent and sustained effect. If you want the best result for your patient, at different phases of their disease, you have to be prepared to be more proactive. So far the scientific data suggests that Eylea works better – I call it the Viagra of the eye – it stays stronger for longer. In my clinical practice the review interval for patients coming back is not 8 weekly but most of the patients have been extending out 6-8 weeks with some exceptions. There is a significant difference in the response of patients with PEDs and this is a good reason to select out this drug even if you don’t use it for everybody.”

Professor Paul Mitchell spoke on the economic cost associated with AMD. He said there were many well documented impacts from vision impairment caused by late AMD relating to a range of morbidities and also to mortality. Analyses to estimate the economic cost of diseases like AMD involve many assumptions, which are still being refined however there is a need to include the impact on lives lost due to visual impairment and the effect on disability life years among other measures. New data suggests that reversing visual impairment may improve survival.

“This is the beginning of a whole new area. As eye doctors, we need to make sure we generate studies and develop protocols that can demonstrate that what we are doing to the eye actually has a positive effect on patients’ lives,” he said.

Two experts from the US were beamed in live to the meeting. Professor Quan Dong Nguyen spoke on ‘Selected Factors in Angiogenesis: VEGF and Beyond’ and Professor Jeffery Heier on the use of Eylea in clinical practice.

The focus then reverted to New Zealand with Dr Dianne Sharp presenting her clinical experience. She elaborated on the Auckland Aflibercept wAMD (AAA) Study that is evaluating the effectiveness



Professor Wilson Heriot, Dr Dianne Sharp and Professor Paul Mitchell



Drs Graham Wilson, In-Jung Lee, Andrew Riley and Kuo Luong Lee



Some of the delegates at the meeting

of intravitreal Aflibercept in poor responders. The study involves 50 people who have had persisting subretinal fluid and/or intraretinal oedema and who have been poor responders following at least four treatments with other anti-VEGF agents within six months.

“We have a new generation of anti-VEGFs and I believe they are moving us into a new era. We need to be demonstrating their benefits and cost benefits in the NZ environment. If we are able to obtain the same or better responses with fewer treatments and fewer visits, this will improve efficiency and management in our clinics and reduce treatment fatigue for patients. If we can preserve more vision for more people we are going to improve quality of life. We need NZ data to demonstrate this,” said Dr Sharp.

Data from RNZFB highlights a trend that has occurred in published data from Scotland, Denmark and other western countries which identifies a reduction in the number of registrations with national Blind Foundations coinciding with the introduction of anti-VEGF drugs in 2005.

“It is exciting to see we are already making an impact in reducing the incidence of severe vision loss and new treatments may increase that effect.”

From Dr Sharp’s experience

the people who can benefit most from the new generation anti-VEGF treatments are those with PCV, serous PEDs and occult CNV.

“With the AAA study we have an opportunity to identify likely responders, we need to demonstrate that response and confirm a cost benefit which we can then take to health authorities.

“Within the NZ environment we have regional challenges and cash-strapped Health Boards, but pivotal is the person with AMD and their quality of life. We need to show how we can save costs, yet provide the best treatment options for our patients with wAMD.”



Charlotte Jordan and Shanu Subbiah were married on a glorious sunny day in Auckland in November.

Charlotte is an optometrist who completed her BOptom in 2006, graduating in 2007. She then moved to the Department of Ophthalmology for four years where she did research and completed a PhD before deciding to do a medical degree. Charlotte is heading into her 4<sup>th</sup> year of medicine. Dr Shanu Subbiah is an ophthalmologist specialising in cataract, medical retina and anterior segment at Eye Institute. It was whilst he was doing a fellowship in Cornea and Anterior segment disease in Auckland in 2011 when he met Charlotte at the Department of Ophthalmology.

# E>Eye launches in NZ

France Medical launched E>Eye, a machine that treats dry eye syndrome, in New Zealand at Eye Institute’s conference for optometrists in November last year.

Sydney practitioner and owner of The Eye Practice, Dr Jim Kokkinakis has invested in the machine. Jim, an optometrist who has been practising for almost 30 years, is the first optometrist to buy the E>Eye in Australia.

Well known amongst his peers, Dr Kokkinakis is a senior lecturer at the School of Optometry UNSW and is a regular speaker at national and international congresses within his specialty areas including dry eye syndrome.

He has treated a couple of patients but at this stage he says it’s too early to comment on the success of the treatment.

“What is interesting is that a few say that it feels immediately better, whatever that means? One thing is for sure – I have high expectations. At this stage all patients have booked in for repeat treatments but it needs to be done over three visits

within four months. From there once a year for most patients – some will require treatment every three months depending on severity,” he said.

Meanwhile there is an E>Eye machine being used for research purposes at the Department of Ophthalmology, University of Auckland. Associate Professor Jennifer Craig is working with Amy Chen, an NZAO-sponsored summer student who has just completed Part V at DOVS, conducting a prospective, randomised, investigator and participant-masked trial to evaluate the effect of intense pulsed light (IPL) on tear film and ocular surface characteristics and on subjective comfort. Participants with symptomatic meibomian gland dysfunction who are enrolled in the study will undergo treatment on one eye only for six weeks. Outcome measures will be collected at various time points throughout this period for comparison between the eyes and over time. Treatment of the other eye will be offered to those experiencing benefit, following completion of the six week study.



Jennifer Craig with Martial Meyssignac and Aurelien Coursodon from France Medical

## NEW APPOINTMENT

Jon Bearpark has joined Paula Hollobon and David Bearpark at Little Peach. Recently home from an extended overseas work experience in Spain and England, Jon will initially be involved in an administrative role before taking on an account manager’s role detailing specific brands in the North Island.



## MSD tender

The Ministry of Social Development (MSD) is still working through the evaluation of the Optical Goods and Services’ Request for Proposals. The Ministry is tendering out \$8 million worth of optical goods and services. MSD won’t release information as to how many people/businesses submitted tenders. No implementation date has been set either.