

## Emerging Ophthalmic trends that would affect the future around us

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Interesting developments are happening in the field of ophthalmology. We would like to know about them as very soon they would be floating in and around us-

- Stairway study data out comes: In a phase 2 trial, Faricimab has been compared with Q4 dosing of Ranibizumab. BCVA outcomes of patient treated with Q16 and Q12 week showed that Faricimab was comparable to Q4 week Ranibizumab. Similarly the outcomes were comparable in terms of CST and anatomical reduction in CNV size. They are no new safety signals identified for the disease. Outcomes of this phase 2 trial would open doors to global phase 3 trial of Faricimab for neovascular CNVM that would start next year.

- Iris registry analysis unveils important risk factors for blindness in Diabetic retinopathy: The blindness criteria identified was 20/200 or worse, on two consecutive visits more than 3 months apart or no improvement beyond 20/100 after the first reading of 20/200 or worse-

Development of vitreous hemorrhage (hazard ratio 9.4 was the most significant risk factor. The other risk factors being development of glaucoma, Age related macular degeneration, RVO, diabetic macular edema and PDR.

In glaucoma trends are fading away for the drops. The new devices that are likely to strike the market are:

- Bimatoprost implant erodible pallet injection for anterior chamber,
- A titanium device containing travoprost to be implanted in trabecular meshwork
- Travoprost XR- ENV 515 errodable implant.

Other external devices likely to hit the market would include puntal plug containing a slow release prostaglandin analogue, and a Bimatoprost ring to be put in conjunctival cul de' sac.

- Topical treatment for retinal diseases: In an interesting contrast to glaucoma management where people are trending away from topical medication, retinal topical medication is being looked after as a viable alternative to intraocular implants. Such medication are using nano technology and are based on increase intra ocular permeability thus providing adequate drug concentration on site. Although still far away proponents of topical retinal medication are enthusiastic and would advocate this as patient friendly measure with ease of self medication.
- In an interesting presentation on removal of a subluxated Synchrony Accommodating IOL at least two of the panelist advocated use of anterior chamber implant. The other options included an iris claw IOL, a trans scleral fixation of PMMA IOL or a single piece foldable IOL.