Decisions in the Medical Management of Glaucoma Robert P. Wooldridge, OD, FAAO

Disclosure

- Speakers Bureau for Aerie, Novartis, Allergan, Bausch & Lomb, Glaukos, Ivantis, Optovue, Reichert, Synemed
- Investor: Nanodropper

When to Begin Treatment

Risk Assessment

- IOP
- Central Corneal Thickness (CCT)
- C/D ratio
- Ocular Perfusion Pressure (OPP)
- Corneal hysteresis
- Age
- Race
- Family history

Relationship Between Ocular Parameters and Progression to POAG

	High Risk	Moderate Risk	Low Risk
IOP (mm Hg)	>25.75	>23.75 to <25.75	<u><</u> 23.75
CCT (µm)	<u><</u> 555	>555 to <u><</u> 588	>588
Vertical C/D	<u>></u> 0.5	>0.3 to <0.5	<u><</u> 0.3

Adapted from Gordon MO et al. Arch Ophthalmol. 2002;120:714-720.

OHTS/EGPS 5-Year Risk Calculator

FACTORS						
? Age 55	RIGHT EYE MEASUREMENTS			LEFT EYE MEASUREMENTS		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd
? Untreated Intraocular Pressure (mm Hg)	25	25	25	25	25	25
? Central Corneal Thickness (microns)	555	555	555	555	555	555
Pertical Cup to Disc Ratio by Contour	0.50			0.50		
Pattern Standard Deviation Humphrey Octopus loss variance (dB) O (dB)	2.0	2.0		2.0	2.0	

Print Reset

15.1%

The patient's estimated 5-year risk (%) of developing glaucoma in at least one eye.

Gordon MO, Torri V et al; *Ophthalmology*. 2007;114(1):10-19.

Baseline Information

- IOP (at least 2, am and pm)
- Visual fields (2 within first 6 months)
- Stereo disc photos
- Central Corneal Thickness (CCT)
- Gonioscopy
- OCT/HRT

Initial Evaluations

- First Visit
 - Comprehensive Examination
 - Visual field
 - Optic nerve photos
- Second Visit
 - Intermediate exam
 - NFL Analysis
 - Gonioscopy
 - Initiate treatment

Damage Assessment

- Structural
 - Disc damage on examination
 - Dilation still necessary!
 - Cupping>pallor
 - Disc hems
 - Disc photos
 - Still important!
 - OCT NFL and ganglion cell complex (GCC)
- Functional
 - Visual fields

Eidon True-Color Confocal Retinal Imager



Technical Specs

- Non-mydriatic (min pupil 2.5 3 mm)
- Field of View: 60° (horizontal) x 55° (vertical)
- 14 Mpix CMOS sensor (4608 x 3288)
- Visible light spectrum 440 to 650 nm
- Infrared light spectrum 825 870 nm
- Spherical correction -12D and +15D
- Internal fixation movable across the whole field, for automated multi-field examinations

Advantages of Confocal Scanner

- Better resolution and contrast
- Imaging through cataract and media opacities
- No dilation
- No optic disc bleaching
- True color





White Light

Infrared

OD - Same patient, same day

Optos Daytona

CenterVue EIDON



Images courtesy of Jon Scott, OD, Battleground Eye Care, Greensboro, North Carolina

OD - Same patient, same day



Images courtesy of Jon Scott, OD, Battleground Eye Care, Greensboro, North Carolina

Glaucoma Progression Analysis

Agreement Among Glaucoma Specialists in Assessing Progressive Disc Changes From Photographs in OAG Patients

- 3 glaucoma specialists looked at stereophotos of 164 eyes
- Interobserver agreement was slight to fair
- After masked adjudication, in 40% of the cases in which the optic disc appeared to have progressed in glaucoma severity, the photograph of the "worse" optic disc was in fact taken at the start of the study.
- Caution must be exercised when using disc change on photographs as the "gold standard" for diagnosing open-angle glaucoma or determining its progression."

Jampel HD, Friedman D et al AJO 2009; 147(1): 39-44

Knowledge of chronology of optic disc stereophotographs influences the determination of glaucomatous change

- Two sets of stereo disc photos presented to three glaucoma specialists
 - Photographs of patients enrolled in the Advanced Glaucoma Intervention Study and Collaborative Initial Glaucoma Treatment Study studies from Wills Eye Hospital
 - Five year interval between photos
- Evaluated for glaucomatous progression each time
- First presented in chronologic order with dates shown
- Presented again three months later with order shuffled so observers did not know sequence

Results

- Intraobserver agreement between chronologically masked and unmasked readings was 61%, 64%, and 71% for the 3 observers, respectively
- The number of cases identified as having deteriorated was significantly higher (101 vs. 54) when the observer knew the chronological order with which the photographs were taken (P=0.007)
 CONCLUSIONS:
 - When disc photographs are read with knowledge of the chronology with which they were obtained, the observations differ considerably from when the readings are made without this knowledge.

Heather **B**

- Currently 57yo WF
- Followed for NTG since 2009
- Pre-treatment IOP OD 18 OS 19
- CCT R 595 L 611
- Monitored without treatment 2009–2011
- On constant medical treatment since 2011
- > S/P SLT OU 2017



Heather 2019









Pupil D	iameter: 4.0 mm Date: 02-13-2019
Visual	Acuity: Time: 1:07 PM
RX: +2	.25 DS DC X Age: 53
	*** Low Test Reliability ***
	GHT: Outside Normal Limits
	VFI 94%
	MD -2.30 dB P < 5%
-	PSD 6.45 dB P < 0.5%
	GPA
- 30	
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	▲ ▲ · ▲ ·
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	24-2
	Likely Progression
_	See GPA printout for complete
	analysis
	D2-23-2009 03-15-2010
	Previous Follow-up Exams:
	09-07-2017 05-03-2018
	▲ P < 5% Deterioration
	▲ P<5% (2 consecutive)
	▲ P < 5% (3+ consecutive)
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EYE FOUNDATION OF UTAH 201 EAST 5900 SOUTH, SUITE 1 SALT LAKE CITY, UTAH 84107 PH 801-268-6408 FAX 801-26 WWW.EYEFOUNDATION.COM

Heather

- Slowly progressive glaucoma despite aggressive medical therapy and SLT OU
- With good IOP control!
- Felt to be compliant
- Resistant to having surgery

More tests of your skills!

Heather 2.20.23

- > 34yo WF referred for glaucoma evaluation
- Referring doctor said recent photos showed drastic change in Rt. Nerve compared to 1 year ago
- C/O foggy vision OD with patchy spots above and below central fixation
- Notes good VA OS
- + FH of glaucoma in great grandmother

Heather 2.20.23

- VA CL R 20/25 L 20/15
- IOP R 50 L 43
- ORA R 56.7 CH 2.4
- L 47.6 CH 4.4
- CCT R 562 L 565
- SLE NL, quiet OU
- DFE as seen

2.20.23



2.20.23



Heather 2.20.23 Plan

- Diamox 500mg, Lumigan given in office
- Rx Rocklatan QHS, Simbrinza BID, Combigan BID samples given
- See referring OD in a few days
- RTC 1 week

2.27.23

- VAR20/25 L20/15
- IOP R 17 L 11
- ORA R 18.4 L 12.7
- CH R 8.9 L12.6
- March-April 2023
- OD SLT 360 performed
- OS SLT 180 performed (so far)

2.27.23



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Fixation Monitor: Gaze/Blind Spot Fixation Target: Central Fixation Target: Central Background: 31.5 ASB Fixation Target: Central Fixation CoSo Fove: 30 dB Fixation: 05:06 Fove: 30 dB Fixation: 05:06 Fove: 30 dB Fixation: 05:06 Fove: 30 dB Fixation: 05:06 Fove: 30 dB Fixation: 05:06 Fixation: 05:07 Fixation: 05:07 Fi							
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2.27.23



2.27.23 Progression Analysis OD


2.27.23 Progression Analysis OS



5.2.23

- Patient now taking latanoprost, dorzolamidetimolol, brimonidine OU
- Rocklatan denied by insurance
- IOP R 26 L 22
- Plan:
 - Continue present meds
 - Complete SLT OU

Chris B Glaucoma Suspect





Print Change Analysis







Chris VF OD 10 19 2018



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Chris 10 19 2018



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Chris 5 27 2020





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Chris 5 27 2020



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Chris 3 3 2021



Chris 1 19 2022



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Annette

- 69yoWF referred with large cups
- IOP
 - R 16, 11, 14 mmHg
 - •L18,13,16 mmHg
 - (three separate exams)
- ORA IOP R 15.3 L 17.5
- CH R 9.8 L 9.9
- CCT R 599 L 603

Annette 1 11 17



Annette 1–11–17







24-2 5/5/16



Central 24-2 Threshold Test



10-2 5/10/17

Central 10-2 mileshold rest

Fixation Monitor: Blind Spot Fixation Target: Central	Stimulus: III, White Background: 31.5 ASB	Pupil Diameter: 4.4 mm Visual Acuity:	Date: 05-10-2017 Time: 8:54 AM
Fixation Losses: 2/15	Strategy: SITA-Standard	RX: +3.50 DS DC X	Age: 69
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False NEG Errors: 0 %	+	+	
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Central 10-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot	Stimulus: III, White	Pupil Diameter: 5.9 mm	Date: 05-10-2017		
Fixation Target: Central	Background: 31.5 ASB	Visual Acuity:	Time: 8:46 AM		
Fixation Losses: 3/19	Strategy: SITA-Standard	RX: +3.50 DS DC X	Age: 69		
False POS Errors: 13 %					
False NEG Errors: 7 %	1		L		
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10-2 6/7/17



When to do 10-2 VF

- Standard of care is 1-2 VF's per year
- Still use 24-2 as standard test
- Periodically use 10-2 to "spot check" glaucoma suspects with normal 24-2
- Use 10-2 as primary test in severe, late-stage glaucoma

Long–Term Follow Up

- Exam every 3–4 months
 - 3-4x/year
- VF, ON photos or OCT each visit
- Each assessment for possible progression is done every 6-12 months
- More frequent exams and damage assessments with indication of possible change

More Frequent Visits if:

- Early in course
- Poor control
- Severe disease
- Questionable compliance

Which medication do I start with?

- Beta Blocker
 - Timolol
- Alpha Agonist
 - Alphagan
- Carbonic Anhydrase Inhibitor
 - Azopt/Trusopt
- Prostaglandin
 - Lumigan, Travatan, Xalatan, Zioptan
- Combination Agent?
 - Combigan, Cosopt, Simbrinza
- Rocklatan?

Initial Response to Treatment

- Is the patient using the drops?
- Tolerating the drops?
- Is the medication affordable??
- Ascertain IOP Reduction
- Any questions, problems or concerns?

Early Manifest Glaucoma Trial

- To compare the effect of immediately lowering the IOP, vs. no treatment or later treatment, on the progression of newly detected OAG.
- > 255 patients with mild glaucoma
 - ½ treated
 - ½ followed without treatment
- Treatment group
 - ALT plus Betoptic 0.5% bid
 - Xalatan if necessary (IOP>25)
- Control group
 - No treatment

Heijl A, Leske MC et al Arch Ophthalmol. 2002; 120(10):1268-1279.

Progression (median FU 6 yrs.)

- Control group: 62%
 - Median time: 48 months
- Treatment group: 45%
 - Median time: 66 months
 - Significantly later (18 month delay)
- Median FU: 6 years (at least 4 yrs.)
- Average IOP reduction: 25% (5.1mm)
- Control group: No change in IOP

Risk Factors at Baseline

- At Baseline
 - Higher baseline IOP
 - Exfoliation
 - Both eyes eligible (bilateral disease)
 - Worse mean deviation on VF
 - Older age
- Later
 - Higher IOP on follow-up
 - 11-13% increased risk per 1 mm rise
 - Disc hemorrhages

Baseline Factors-No Added Risk

- Sex
- Refractive error
- High or low BP
- Cardiovascular disease
- Migraine or Raynaud's Disease
- Smoker (current or prior)
- Glaucoma family history

So What?

- For every 1 mm IOP lowered, risk of progression decreases by 10%
- Relative risk of progression decreased by 50% with treatment
- No significant adverse effects

Patient LB: switch from latanoprost to Rocklatan

- 74yo M
- Medical history
 - HTN, asthma, prostate cancer
- S/P phaco/IOL OD
- Phakic OS with PXE, mild cataract
- Exfoliation glaucoma treated since 2017
- Pre-treatment IOP
 - OD 23mm Hg
 - OS 18mm Hg


VF 11 05 19

Central 24-2 Threshold Test



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OCT 6 10 2019 shows damage OD



6.10.2019

- Exfoliation glaucoma treated with PGA since 2017
 - SLT OD performed 2018
- Pre-treatment IOP
 - OD 23mm Hg
 - OS 18mm Hg
- IOP while on latanoprost QHS OU
 - OD 17mm Hg OS 20mm Hg
- Lower IOP desired
- Plan: D/C latanoprost, begin Rocklatan QHS OU

7.02.2019

- Patient reports compliant use of Rocklatan OU QHS
- Noted mild conjunctival hyperemia initially but since has cleared
- Tolerating Rocklatan well
- IOP
 - OD 12mm Hg
 - OS 11mm Hg
- Plan: Continue Rocklatan OU QHS

Jeff

- > 54yo M referred as glaucoma suspect
- VA 20/40 OU
- IOP
 - OD 44mmHg
 - OS 36mm Hg
- CCT
 - OD 542
 - OS 546
- Slit lamp exam reveals corneal endothelial pigment dusting OU
- Gonioscopy confirms Pigmentary Dispersion Syndrome OU

OCT shows iris concavity OU



Gonioscopy







Initial OCT



24-2 VF



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10-2 VF

Central 10-2 Threshold Test

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What is your plan?

- I. Refer him to someone I don't like
- > 2. Treat him myself
- 3. Call Rob

Treatment history

- Recently managed with latanoprost QHS OU, dorzolamide-timolol FDC BID OU
- Developed allergy to brimonidine earlier
- Also had SLT OU
- IOP running 14–16mm Hg OU on multiple visits
- Target IOP 10–12mm Hg
- Discussed option, risks and benefits of surgery
- Later changed to Rocklatan QHS OU and dorzolamide-timolol FDC BID OU
- IOP now 8–10mm Hg OU without surgery

Jeff 2018-2023



OD 2017-2023



OS 2017-2023



Lessons from Jeff's Case

- Young patient with severe glaucomatous damage
- Needs LOW target IOP
- Until advent of Netarsudil, he would likely have needed a trabeculectomy or tube shunt with high risk of complications
- Addition of Rocklatan allowed patient to get to a very low target IOP without surgery
- Shows the benefit of Rocklatan's unique MOA, including ability to decrease episcleral outflow pressure, thereby getting IOP to 10 or below.

Cindy



Cindy



entral 24-2 Threshold Test ixation Monitor: Gaze/Blind Spot Stimulus: III. White Pupil Diameter: 3.7 mm Date: 02-07-2017 Background: 31.5 ASB Time: 2:01 PM ixation Target: Central Visual Acuity: ixation Losses: 1/14 Strategy: SITA-Standard RX: +1.75 DS DC X Age: 62 alse POS Errors: 3% alse NEG Errors: 0 % est Duration: 05:19 ovea: OFF 20 21 29 28 29 29 25 30 29 21 32 28 29 29 30 30 27 24 29 19 20 30 32 30 26 26 22 29 (0 12 12 12 34 33 31 26 30 + 29 30 30 31 31 32 32 29 27 28 28 30 31 28 25 28 30 26 -5 -6 3 1 -8 -7 1 0 1 0 -4 1 0 -7 0 -1 -5 -1 -2 -9 3 -1 -1 -2 -1 -1 -3 -5 2 -2 -2 -3 -2 -2 -5 -6 GHT -3 -3 -1 -3 -4 -4 -4 0 -1 -2 0 -2 -3 -3 -3 -1 Within Normal Limits -1 -2 -1 1 1 0 -1 0 0 -1 0 2 2 1 0 -2 0 -1 -1 -1 0 1 1 -2 -2 -2 -2 -2 -1 0 -1 VFI 98% -3 -2 -3 -1 0 -2 -4 -3 -4 -2 -1 -3 -4 -3 -1 -4 -3 -1 0 -3 MD -0.87 dB PSD 2.07 dB P < 5% **Total Deviation** Pattern Deviation 0.00 + + : 2 · · · · · · · · · :: 🗶 :: . 11 × 11 × × × 22 × × 11 :: < 5% 2. < 2% ☆<1%

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Central 24-2 Threshold Test

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OCT Angle





Post-LPI

Who is a good candidate for Durysta? (Wooldridge)

- Noncompliant patients
 - Forgetful
 - Unmotivated
- Patients who cannot instill their drops
 - Arthritis, dementia, etc.
- Patients who hate drops!
 - New patient?
- Patients with OSD

Medication v. SLT?

- Glaucoma Laser Trial
- Medical history
- Age
- Cost
 - Insurance?
- > 24 hour effect?



Selective Laser Trabeculoplasty as Primary Treatment for Open-angle Glaucoma A Prospective, Nonrandomized Pilot Study

- Objective: To examine the safety and efficacy of SLT as primary treatment for OAG
- Methods: 45 eyes of 31 patients with OAG or OHT
 - (IOP 23 on 2 consecutive measurements) underwent SLT as primary treatment.
- IOP measured 1 hour, 1 day, 1 week, and 1, 3, 6, 12, 15, and 18 months postoperatively. During FU, patients were treated with glaucoma medications as required

Melamed S et al Arch Ophthalmol. 2003;121:957-960.

IOP Reduction (mm Hg)



POST SLT IOP Sustained



Results

- An IOP reduction of at least 20% after SLT was defined as a successful treatment.
- > Mean decrease in IOP: 7.7 \pm 3.5 mm Hg (30%).
- Forty-three (95%) of 45 eyes treated had IOP reduction on 2 consecutive visits (±2 mm Hg).
- When successful, the IOP reduction was sustained after SLT

Melamed S et al Arch Ophthalmol. 2003;121:957-960.

SLT Considerations

- Medical side effects
- Laser side effects
- Compliance
- COST
- Convenience
- Duration of effect
- Diurnal effect

Surgical Considerations

- Disease severity
- Age of patient
- Medical history
- Compliance
- Costs
- RISKS vs. BENEFITS

What Have We Learned?

- Make careful observations
- Utilize new technologies
- Monitor carefully for change
- Be aggressive with damage/progression
 - Consider damage vs. patient age
 - Consider risks vs. benefits
 - 1mm decrease = 10% decrease risk of progression
- Prostaglandins first in most cases
- Many options for second line medication