CNV: TREATMENT GUIDELINES

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THE STAGES OF ARMD:

MONITORING STAGE PREVENT/STOP ASSOCIATED FACTORS

AMD classification	Definition
Normal eyes	No signs of AMD Small 'hard' drusen
Early AMD	Low risk of progression: • medium drusen • pigmentary abnormalities Medium risk of progression: • large drusen • reticular drusen • medium drusen with pigmentary abnormalities High risk of progression: • large drusen with pigmentary abnormalities • reticular drusen with pigmentary abnormalities • vitelliform lesion without significant visual loss (best-corrected acuity better than 6/18) • atrophy smaller than 175 micrometers and not involving the fovea
NICE guidelines	

THE STAGES OF ARMD: VERY CLOSE MONITORING

AMD classification	Definition
Late AMD (indeterminate)	• RPE degeneration and dysfunction • Serous pigment epithelial detachment without neovascularisation

NICE guidelines

THE STAGES OF ARMD: TREATMENT STAGE

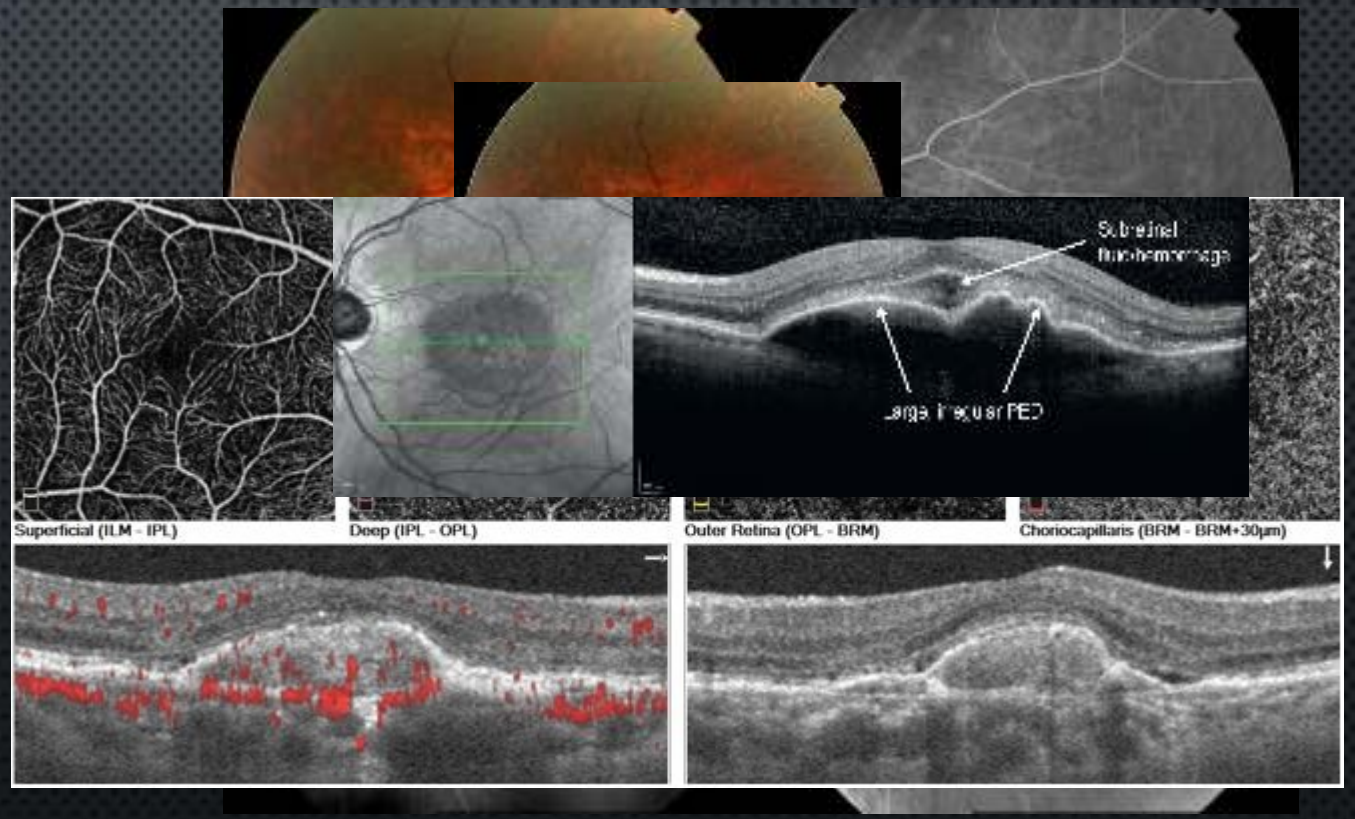
AMD classification	Definition
Late AMD (wet active)	Classic CNV Occult CNV Mixed CNV Retinal angiomatous proliferation Polypoidal choroidal vasculopathy
NICE guidelines	

THE STAGES OF ARMD: STAGE OF MONITORING AND REHABILITATION

AMD classification	Definition
Late AMD (dry)	• Geographic atrophy • Significant visual loss associated with: 1. dense or confluent drusen 2. advanced pigmentary changes and/or atrophy 3. vitelliform lesion
Late AMD (wet inactive)	• Fibrous scar • Sub-foveal atrophy or fibrosis secondary to an RPE tear • Atrophy (absence or thinning of RPE and/or retina) • Cystic degeneration (persistent intraretinal fluid or tubulations unresponsive to treatment)
NICE guidelines	

DIAGNOSIS OF CNV

- CLINICAL EXAMINATION
- OCT
- OCTA
- FFA



TREATMENT ANTI VEGF: INDICATIONS

VA 4/60- 6/12	• Anti VEGF 1st line of treatment
VA >6/12	• Only Anti VEGF • To be considered with all possible outcome and potential side effects
VA <4/60	• All studies didn't include them, so out come is not fully known • Should be considered in single eyed or better seeing eye

TREATMENT ANTI VEGF: ADMINSTERATION

- 3 LOADING MONTHLY DOSES
- PRN OR T&E
- T&E PROACTIVE WITH EXTENSION OF 2-4 WEEKS INTERVAL TO REACH 12-16 WEEKS AND BETTER OVERALL VA
- PRN REACTIVE AND NEEDS MONTHLY OCT/VISITS, WORSER OVERALL VA
- DEFINE THE TARGET OF THE 3 LOADING DOSES

SPECIAL CONSIDERATIONS

- Timing of treatment
- Type of CNV prognosis
- Monitoring of the other eye
- Monitoring of IOP
- Patients with active infection
- Patients with cardiovascular or cerebrovascular event

When to stop treatment

- After 2-3 visits of maximum extension with dry retina and stable VA
- Medical futility
- when reaching late wet AMD in NICE guidelines
- Non responsive patients

NON RESPONSIVE/ SUB OPTIMAL RESPONSIVE PATIENTS

- ***SUBOPTIMAL RESPONSE IS***: PERSISTENCE OF INTRARETINAL FLUID OR SUBRETINAL FLUID ON OCT
- OTHER ANATOMIC FEATURES OF ACTIVE OR WORSENING DISEASE (E.G., NEW SUB RETINAL HYPERREFLECTIVE MATERIAL OR NEW HEMORRHAGE)
- UNCHANGED (≤5-LETTER IMPROVEMENT)/REDUCED VA DUE TO NAMD, AFTER THREE CONSECUTIVE MONTHLY INTRAVITREAL INJECTIONS.

- ***TREATMENT- RESISTANT NAMD*** IS: PERSISTENT RETINAL FLUID ON OCT DESPITE CONTINUED INTRAVITREAL ANTI-VEGF INJECTIONS OVER A 12-MONTH PERIOD.

Patients compliance (https://doi.org/10.1016/j.ophtha.2020.07.060

WHEN TO SWITCH TREATMENT

- IN CASES OF ALLERGY OR PRESUMED TACHYPHYLAXIS.
- IF IN T&E MORE TIME IS NEEDED FURTHER THAN 16 WEEKS
- IF SRF, IRF PERSISTS AFTER FREQUENT IVI

COINCIDENCE DURING TREATMENT

- SUB FOVEAL HEMORRHAGE
- RPE RIPPING
- PCV

COMPLICATIONS

- Endophthalmitis
- Cataract
- Glaucoma
- Intra-ocular inflammation
- CRAO

OTHER TREATMENT MODALITIES

- PDT
- Trans-pupillary Thermo Therapy
- Port Delivery Systems
- Tyrosine Kinase Inhibitors
- Intravenous treatment by photo-targeted nanoparticles
- Gene therapy
- Combined therapy


Thank You