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TED: Current Treatments, Current Challenges

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Subramanian:

We are fortunate to now have approved systemic therapy for thyroid eye disease, or TED. What is it and how does it work?

This is CME on ReachMD, and I'm Dr. Prem Subramanian.

Dr. Smith:

I'm Dr. Terry Smith.

Teprotumumab is the first and only FDA-approved treatment for TED. Teprotumumab is an IGF-1 receptor inhibitor approved for all forms of TED. It is administered as an infusion every 3 weeks for 8 total infusions. Phase 2 and phase 3 clinical data in patients with active, moderate to severe disease, demonstrate that proptosis and diplopia outcomes are improved. Phase 3 extension study of patients with longer symptom duration and disease relapse showed positive results. These resulted in expanded indication to include all disease durations and severity levels.

What are some of the side effects of this treatment?

Dr. Subramanian:

In the clinical trials, there were side effects that were identified and the most frequent was muscle spasm. Others included alopecia, hyperglycemia, GI symptoms like diarrhea, and some transient hearing changes. In the clinical trials, the hearing changes, in particular, seemed to get better, but in real-world experience, it does seem that both hearing loss, potentially permanent, and hyperglycemia seem to be a bit more frequent than in the clinical trials. And in addition, it's been recognized that inflammatory bowel disease exacerbation is a potential when teprotumumab is used in patients who have a history of that disease. And so as we have used this and become more familiar with the side effects, we've developed some tips for safely optimizing our treatments in patients when we are using teprotumumab. The label for the drug was changed to imply or to indicate that we should always check hearing. And those of us who treat these patients take that to say that we should get audiograms at a baseline, sometime during treatment, perhaps, and as a final outcome. In addition, glycemic monitoring is indicated to make sure that patients don't start to have rising sugar levels and to make sure diabetes is controlled before any treatment is started.

Dr. Smith:

Great to have a nonsurgical treatment option, but we need our colleagues to be aware that no single therapy is optimal for every patient. Thus, choosing the most appropriate therapy for each patient is essential. Careful consideration of the pros and cons of each therapy is key.

Dr. Subramanian:

Absolutely, Terry. And I'll add to that, that patients need to know that they should report serious symptoms to us immediately, that side effects of teprotumumab are usually well-tolerated, and with careful physician monitoring and collaboration, in particular between ophthalmologists and endocrinologists, we can administer these treatments successfully and help our patients to deal with this very debilitating disease.

And so that's all the time we have today, Dr. Smith, and so I want to thank you for being here today.

Dr. Smith:

Thank you, Prem, and thank the audience.

Dr. Subramanian:

Yes, indeed. Thank you all. This has been CME on ReachMD and thank you for tuning in today.

Announcer:

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