Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/eye-on-ocular-health/the-evolution-of-retinal-vein-occlusion-treatment-from-laser-to-anti-vegf/37665/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

The Evolution of Retinal Vein Occlusion Treatment: From Laser to Anti-VEGF

ReachMD Announcer:
You're listening to *Eye on Ocular Health* on ReachMD. On this episode, we'll hear from Dr. Lisa Schocket, who's an Associate Professor and Chair of the Department of Ophthalmology and Visual Sciences at University of Maryland School of Medicine in Baltimore. She'll be discussing historical treatments of retinal vein occlusion.

Here's Dr. Schocket now.

Dr. Schocket:
I think the history of the treatment of branch retinal vein occlusions and central retinal vein occlusions is so interesting because it has changed so much since we discovered treatment.

So, for instance, the Branch Retinal Vein Occlusion Study recruited patients from 1977 to 1984, and that study looked at grid laser versus observation for the treatment of macular edema, and we saw great gains or improvements, or at least what we thought were great gains at the time in the '80s. So 65 percent of treated versus 37 percent of control eyes gained more than two lines of vision in that study, so the recommendation in the '80s until the early 2000s was grid laser for branch retinal vein occlusions. And what's interesting for me today is my residents, when I tell them that, think, "What in the world is laser for vein occlusion?" It's just so different now. And similarly, the Central Vein Occlusion Study, also 1988 to 1992, was recruiting patients, but that study didn't show that laser was helpful, so the recommendation was not to do laser for central vein occlusions.

But then in the early 2000s, the SCORE study looked at intravitreal steroids, which were found to be helpful in macular edema, but there was significant cataract and glaucoma, and so this didn't take off very well with intravitreal steroids. And then in 2009, the GENEVA study came out, and intravitreal dexamethasone implants were approved. And that kind of overlapped with the introduction or the early introduction of the anti-VEGF agents.

So when anti-VEGF therapies became available, it reshaped the landscape in so many ways because it changed patient expectations. Before, we were just telling patients, "Oh, we hope we can stabilize your vision with laser. Maybe we can make it a tiny bit better." But now, the expectation of patients is really, "How are you going to give me my vision back?" because we have these great treatments and we have great monitoring of disease. So now patients are understanding they often need monthly treatments, unfortunately. We're slowly coming out with treatments that last a little bit longer. And at the same time, we can actually show patients the progress of their disease, so we can show them their OCT, and patients can read their own OCT and understand improvement. And then we have so many different agents available, which is great—so many different anti-VEGF agents and different types of steroids, so if patients fail one anti-VEGF, we can switch to another. Currently, I would say, for retinal vein occlusions, the standard is really starting with anti-VEGF agents, switching up if it's not working, extending out treatment, and then also sometimes needing to switch to intravitreal steroids.

ReachMD Announcer:
That was Dr. Lisa Schocket talking about how we historically managed retinal vein occlusion. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!