

Easing the Anti-VEGF Treatment Burden: Optimize therapy and extension strategies to help patients tolerate those never-ending injections

McKinney S, ed. *Rev Ophthalmol*. January 2020;38-44.

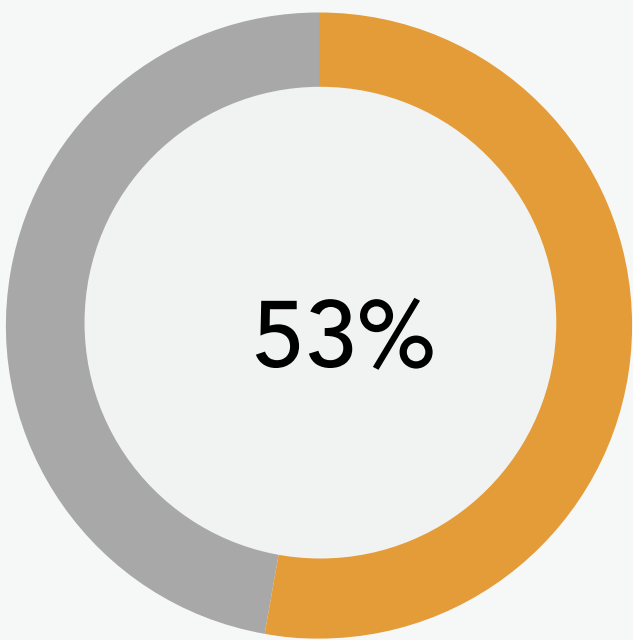
Patients who need antivasular endothelial growth factor (anti-VEGF) injections shoulder a significant burden that has retinal specialists increasingly concerned, especially when some patients lose hope and their commitment to treatment wanes. In this article, several retinal specialists were interviewed for their expertise.



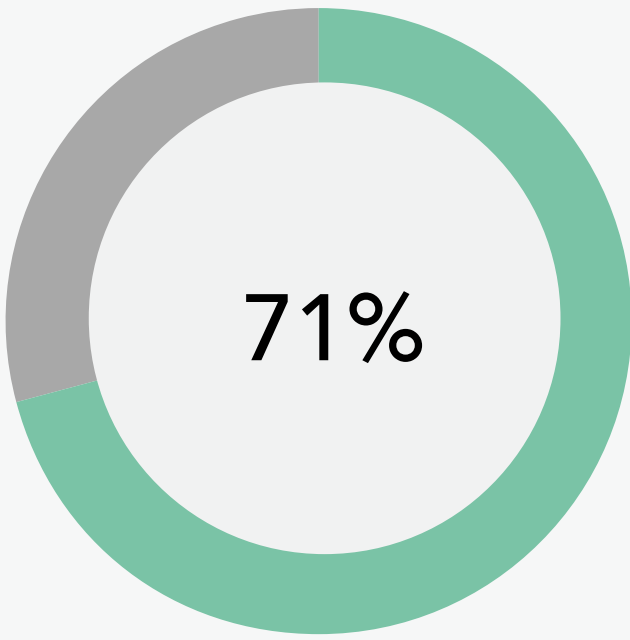
A European Study reported patient struggles

A European study reviewed the burden on 131 patients with diabetic macular edema and central retinal vein occlusion who were undergoing anti-VEGF therapy in 2015 and 2016. The findings revealed that each injection appointment (including travel time) took an average of 4.5 hours. Each six-month period of treatment required more than 13 hours for retinal vein occlusion (RVO) visits and 20 hours for diabetic macular edema (DME) visits.

Percent of working patients who needed to take off at least one day per appointment



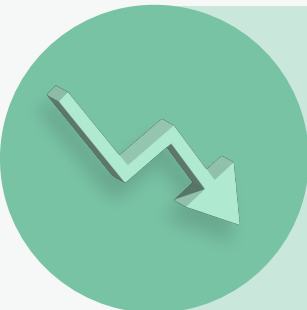
Percent of all patients who required assistance with travel and personal needs



The burden of undertreatment quickly worsens



Many patients continue to receive fewer anti-VEGF injections than recommended over the long-term, with a commensurate decrease in visual acuity.



Poor compliance and insufficient monitoring are two of many contributing factors.



More durable anti-VEGF agents and alternative therapies should improve outcomes and reduce the burden on patients, helping to reduce the often overwhelming patient flow in retinal offices.

Individualized Care

Jennifer Lim, MD, director of the Retina Service at the University of Illinois-Chicago College of Medicine, believes personalizing treatment is better than just suggesting monthly treatments. In the long run, it is unlikely to lose patients due to undertreatment if they are reliable and return for follow-ups.



Can We Do Better?

A leading retinal specialist Charles C. Wykoff, MD, PhD, thinks the long-term injections remain a major challenge for patients, payors, and physicians. Often inadequate dosing fails to achieve optimal anatomical and visual outcomes for patients with wet AMD. Clearly, there is a disconnect between the effectiveness of these medications and how they're being utilized, which results in a disconnect in outcomes.



Immediate Impact

Patients who visit less frequently could benefit from reduced office visits. With extended office visits, patients have more flexibility while maintaining vision gains. Getting to the doctor, comorbidities, and out-of-pocket expenses are all barriers to compliance.



Maximizing All Therapies

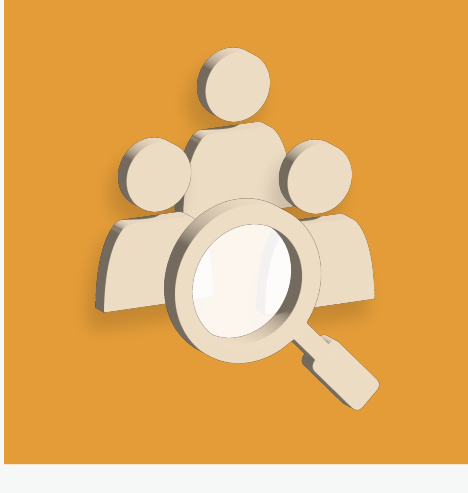
A proportion of eyes can ultimately be treated quarterly with current anti-VEGF drugs.



Keep patients coming back



Subspecialists suggest you can achieve more impact through compliance. Carl Regillo, MD, Chief of the Retina Service at Wills Eye Hospital in Philadelphia, hired someone to follow up with patients who missed appointments in his clinics. It's helpful to get in touch with patients to discover why they missed appointments. Checking-in reminds them of the importance of all of their visits, as well as determining whether they need assistance. Issues with transportation or health could arise. They may not be aware of transportation programs and other programs available in the community.



According to Jennifer Lim, MD, there are reliable and relatively healthy patients who want to be seen every two months, once the treatment interval is determined. Dr. Lim treats as needed and only offers PRN treatments to patients who are extremely reliable and relatively healthy and unlikely to miss an appointment because of illness, short of a catastrophic event.



Charles C. Wykoff, MD, PhD, relies on "safety nets" if patients miss their visits, focusing on communication and transportation assistance to make things as easy for patients and their families as possible. Additionally, his team will coordinate to get patients their treatments, even if they go abroad. Effective communication is the most important strategy. His team communicates early and often with patients and their families. He also tries to communicate the promise and hope of ongoing research and other potential opportunities.