

Complications and Safety of anti-VEGF Therapy

Fabrizio I. Camesasca, MD

Istituto Clinico Humanitas
Milano - Italy

Financial Disclosure

- I have no financial interests or relationships to disclose.

Anti-VEGF Therapy

- Choroidal Neovascularization
 - AMD
 - Myopic
- Diabetic Retinopathy
- Venous Occlusive Disease
- Corneal Diseases

Anti-VEGF Therapy

- Highly effective treatment for CNV
 - Potentially blinding condition
(80% of AMD-induced severe visual loss)
 - Previously untreatable, or with still high frequency of failure or recurrence (PDT)
- **Complications**
 - Systemic
 - Ocular

Anti-VEGF Therapy

Systemic Complications

- Systemically safe

(Apte RS, Ophthalmology, 2007 Sep)

- Multivariate analysis of available studies could not conclude or rule out possible increased risk of stroke in 0.5 mg group

(AAO Retina 2008 Subspecialty Day)

Anti-VEGF Therapy

Systemic Complications

1. Bevacizumab (Avastin)

- **PACORES** study.

4303 IVI, 1310 eyes (1173 pts),

12 months FUP (*Graefes Arch Clin Nexp Ophthalmol*, 2008 Jan)

- Systemic adverse effects: 1.5%
 - Systemic blood pressure elevation: 0.59%
 - Cerebrovascular accidents: 0.5%

Anti-VEGF Therapy

Systemic Complications

2. Ranimizumab (Lucentis)

- **MARINA** study (as well as ANCHOR) did not exclude pts with previous cardiovascular events
- Difference in rate of **thromboembolic events**: not statistically significant
- **ANCHOR** (vs. PDT): difference in rate of **thromboembolic events**: not statistically significant
- **SAILOR** (Safety Assessment of Intravitreal Lucentis fOR AMD) study
 - Interim analysis
 - Higher **stroke rate in 0.5 mg** dose group
- Data limited to 2-yrs experience in clinical trials, limited number of patients, retrospective studies

Anti-VEGF Therapy

Ocular Complications

- Endophthalmitis
- Retinal Pigment Epithelium Tears
- Retinal Detachment
- Other

Anti-VEGF Therapy

Endophthalmitis

- High number of anti-VEGF treatment cases
- Repeated injections per case
- **VISION** (Macugen) 12/892
 - 1.34%, rate per injection 0.16%
- **ANCHOR** (Lucentis)
 - 0.72%
- **MARINA** (Lucentis) 5/477
 - 1.04%, rate per injection 0.05%

Anti-VEGF Therapy

Endophthalmitis

- 1/5,233 injections (bevacizumab)
(Mason JO 3rd, Retina, 2008 Apr)
 - 0.00019 % rate per injection
- 1/1,218 injections (684 eyes)(bevacizumab)
(Jonas JB, J Ocul Pharmacol Ther 2007, Jun)
 - 0.0016%, 0.00082% rate per injection
- 3/10,254 injections (bevacizumab (1/3,501),
ranimizumab (2/6,347) pegaptanib (0/406))
(Pilli S, Am J Ophthalmol, 2008 May)
 - 0.00029% rate per injection

Anti-VEGF Therapy

Endophthalmitis

- Possible **direct inoculation** of ocular surface flora (i.e. coag. neg. Staphylococcus) into the vitreous cavity by the injection needle
(**de Caro JJ, Retina, 2008 Jun**)
- Little **scientifically** supported evidence to support most behaviours
- Current strategies generally not **evidence based**
(**Aiello LP, Retina, 2004 Oct**
Prenner J, AAO Subspecialty Day, Retina, 2007)

Anti-VEGF Therapy

Endophthalmitis

- Even if exceptionally rare, the severity of endophthalmitis mandates:
 - Careful respect of **asepsis**
 - If possible, sterile **environment** (OR)
 - Standardized **procedures**
 - Attention to **postoperative** treatment

Anti-VEGF Therapy

Retinal Pigment Epithelial Tears

- Advanced age
- Setting of vascularized PED in AMD
 - Fibrovascular PED or CNV with PED
- Tear within 4-8 wks from 1st-2nd injection

(Chang LK, Retina, 2007 Jun)

Anti-VEGF Therapy

Retinal Pigment Epithelial Tears

- Pegaptanib
(Dhalla MS, Am J Ophthalmol, 2006 Apr)
(Chang LK, Retina, 2007 Sep)
- Ranibizumab (Bakri SJ, Am J Ophthalmol, 2007 Mar)
- Bevacizumab:
 - 1.6% (Garg S, Clin Experiment Ophthalmol, 2008 Apr)
93% with occult subfoveal NVM
 - 7.5% (Arias L, Eur J Ophthalmol, 2007 Nov-Dic)
 - 2.9% of all AMD, 7% of AMD with RPE detachment
(Wong LJ, Retina, 2008 Oct)

Anti-VEGF Therapy

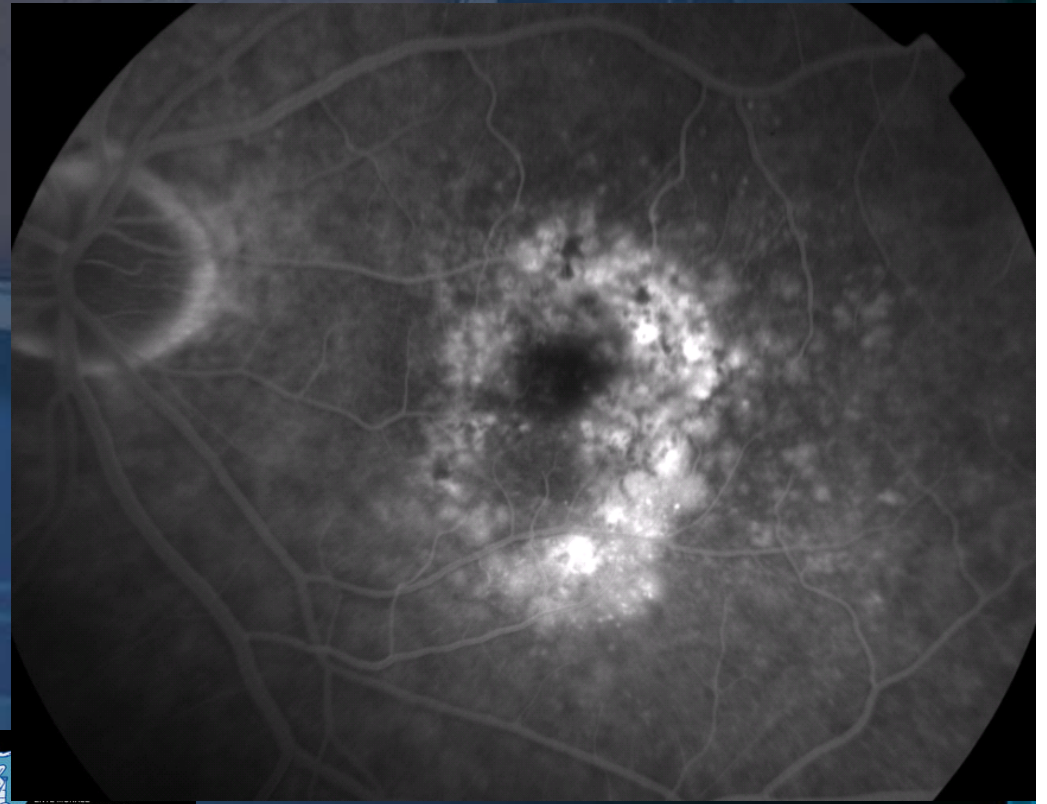
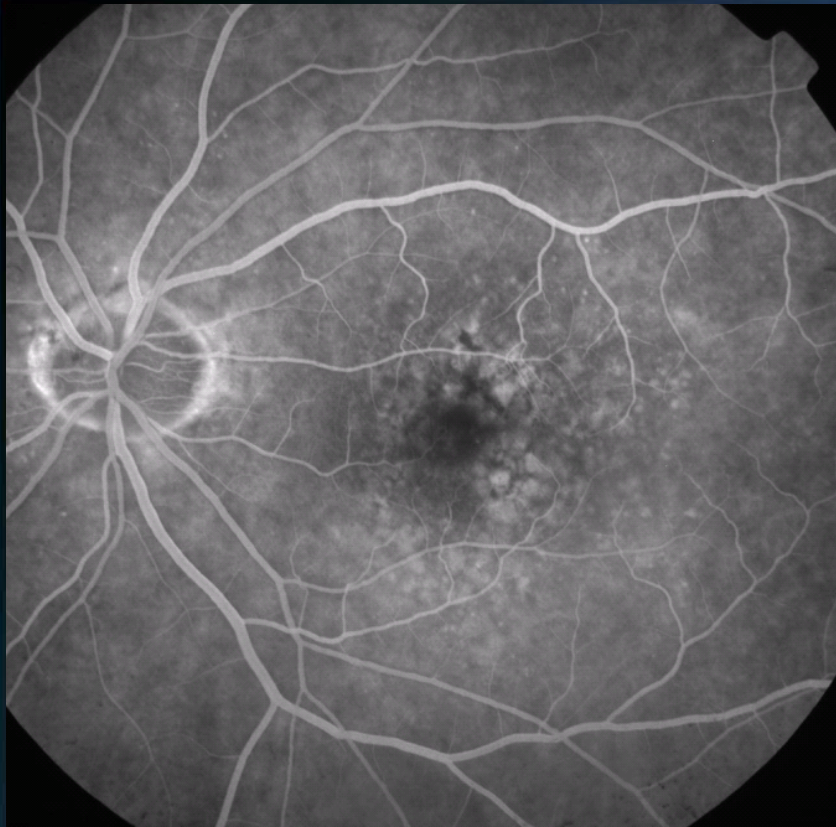
Retinal Pigment Epithelial Tears

- The conclusion to generally exclude patients with PED from anti-VEGF therapy is **not** justifiable due to the therapeutic efficiency and associated gain of vision

(Kook D, *Ophthalmology*, 2008 Feb)

- Maintenance of therapy may help **preserve** vision **after** RPE tear development

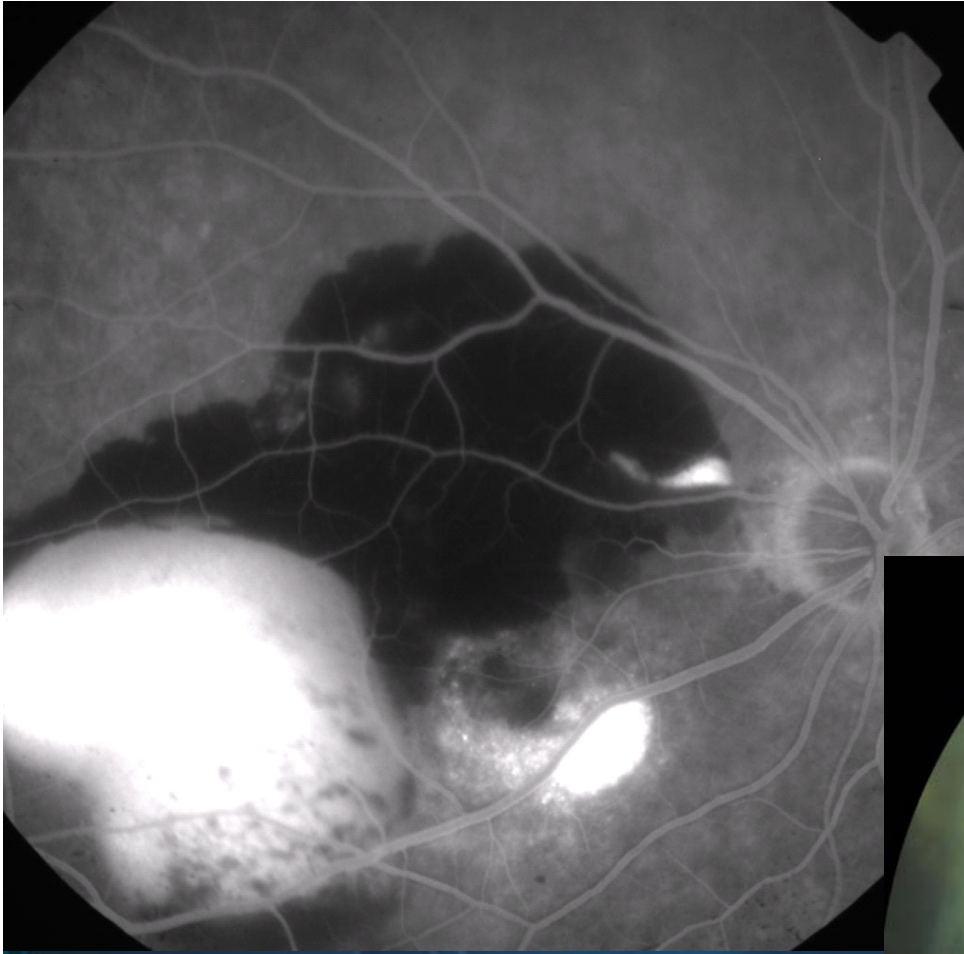
Retinal Pigment Epithelial Tears...



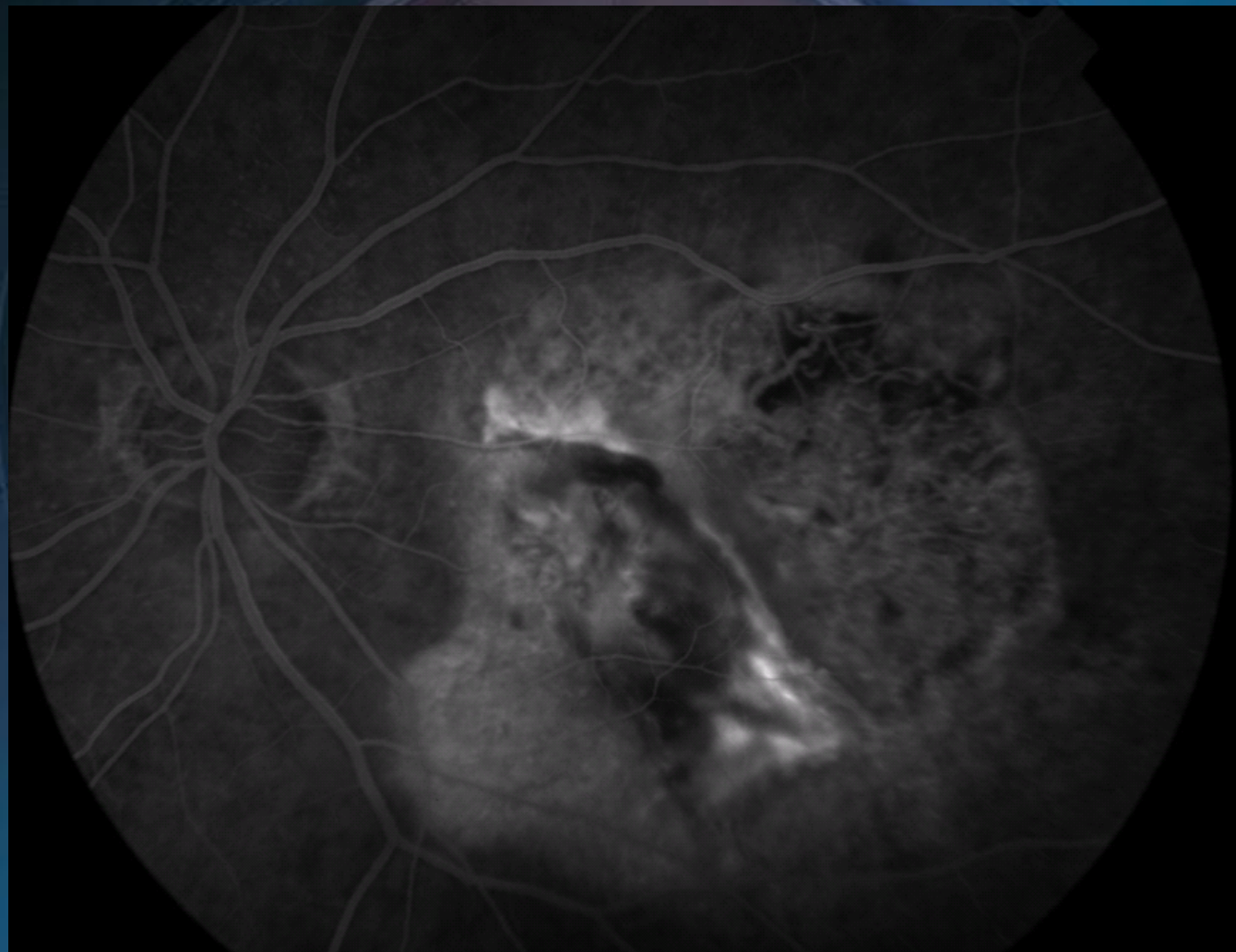
Continuing
to Treat or Not ?



The Fellow Eye... Untreated.



Three Years, and 7 IVT Later... VA 20/60



Anti-VEGF Therapy

Retinal Detachment

- **VISION** (Macugen) 0.08%
- **MARINA** (Lucentis) 0.00%, 2 yr data
- **ANCHOR** (Lucentis) 0.36%

- Low rates, similar to natural history

Anti-VEGF Therapy

Other Complications

- Ocular Hemorrhages
 - 2.9% - Repeated injections in anticoagulated patients
 - (Dayani PN, Am J Ophthalmol, 2007 Sep)
- Submacular Hemorrhages
 - (Goverdhan SV, Br J Ophthalmol 2008 Feb)
- Intraocular Pressure Changes
 - (Hollands H, Can J Ophthalmol, 2007 Dec)
- Advanced glaucoma: transient significant IOP rise
 - (Frenkel RE, Am J Ophthalmol, 2007 Jun)

Anti-VEGF Therapy

Ocular Complications

1. Bevacizumab (Avastin)
 - **PACORES** study. 4303 injections, 1310 eyes (1173 pts)
(*Graefes Arch Clin Nexp Ophthalmol*, 2008 Jan)
 - Endophthalmitis 0.16%
 - Tractional retinal detachments: 0.09%
 - Uveitis: 0.02%
 - Rhegmatogenous Retinal Detachments: 0.02%
 - Vitreous hemorrhage: 0.02%

Anti-VEGF Therapy in:

Retinal Angiomatous Proliferation (RAP)

- Viable treatment option
 - (Ghazi NG, Retina, 2008 May)

Myopic Choroidal Neovascularization

- No short-term safety concerns (14 patients)
 - (Hernandez-Rojas ML, Retina, 2007 Jul-Aug)

Diabetic Retinopathy

- Traction retinal detachment in severe PDR
 - (Arevalo JF, Br J Ophthalmol, 2008 Feb)

Caveats

- Polypoidal lesions (PCV): **ineffective** for diminishing choroidal vascular changes. Additional PDT useful

(Gomi F, Br J Ophthalmol, 2008 Jan)

Lai TY, Br J Ophthalmol 2008 May)

- Advanced glaucoma: transient significant IOP rise

– (Frenkel RE, Am J Ophthalmol 2007, Jun)

- Uveitis

– (Kumar A, Ophthalmol 2008, Mar)

- Increased foveal thickening after three months

without treatment

– (Melamud A, Am J Ophthalmol Jul 2008)

Conclusions

- Extremely powerful treatment
- Systemic complications are rare
- Most ocular complications can be prevented with sound clinical management
- Endophthalmitis ...

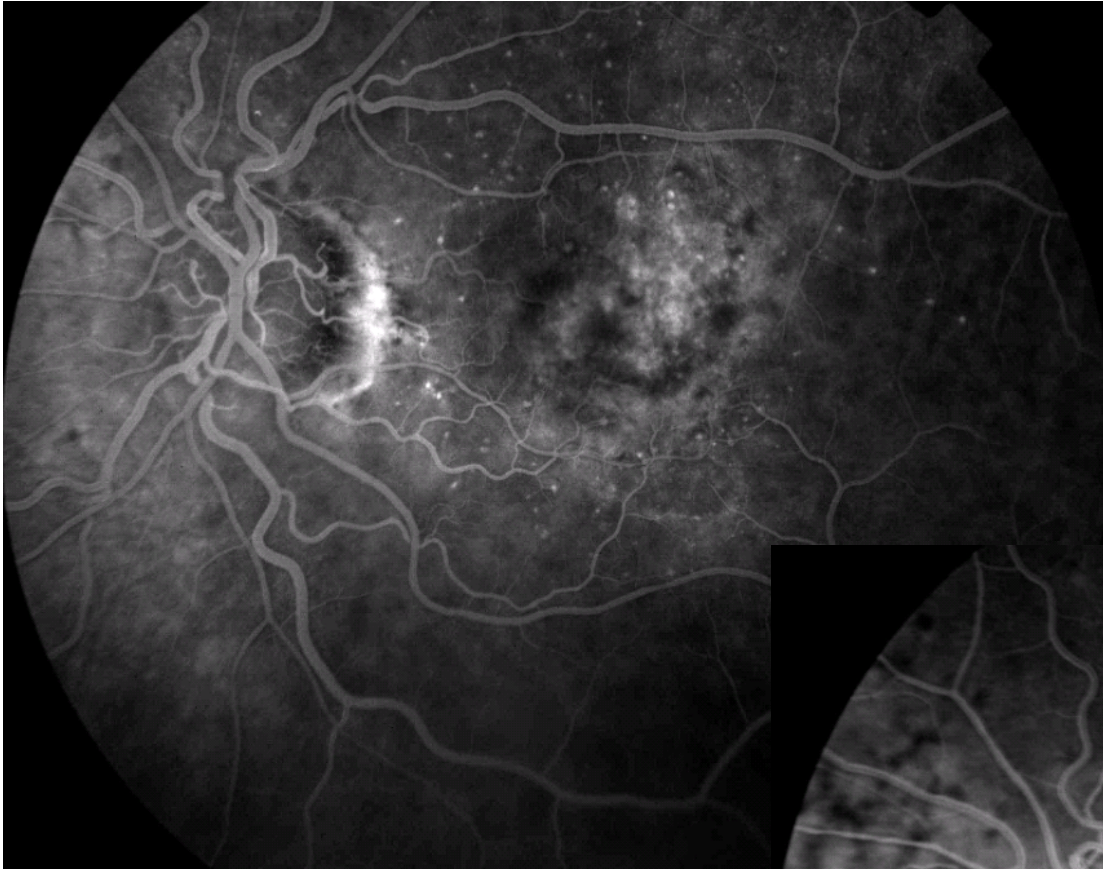
Conclusions

The most frequent invasive ocular surgical procedure: **cataract**

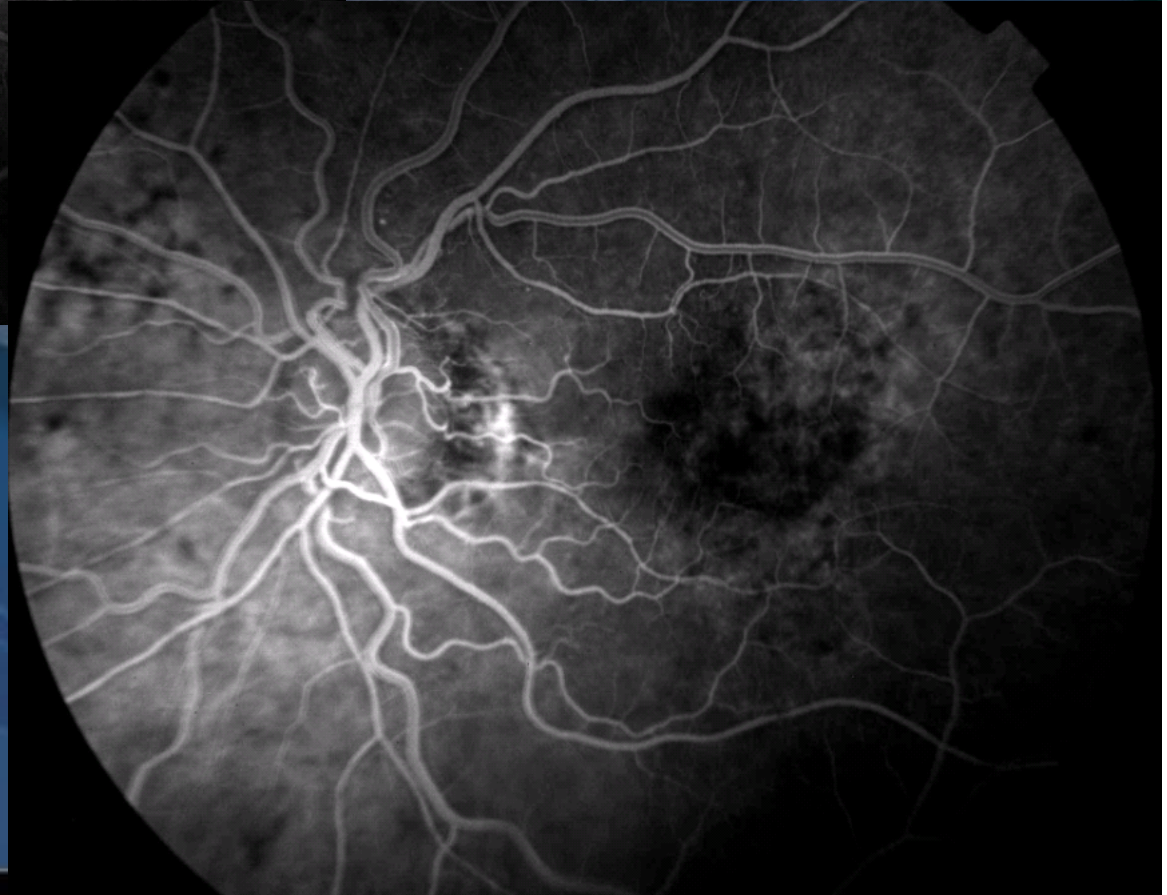
Endophthalmitis after cataract surgery:

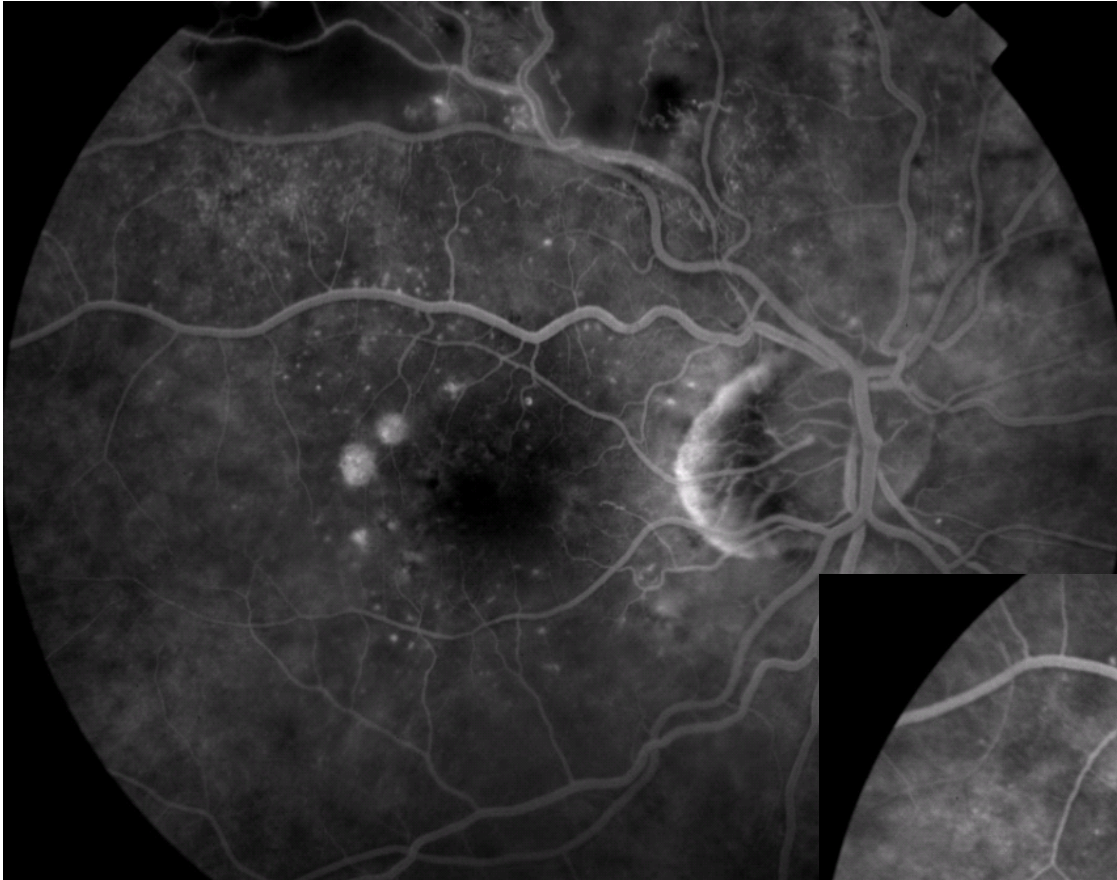
- 0.048% (109/225.471) in Sweden
 - (Lundström M, *Ophthalmol* 2007, May)
- 0.0017% Endophthalmitis Study Group ESCRS
 - (*J Cataract Refract Surg* 2007, Jun)
- 0.052% Japanese Society Ophthalmic Surgeons
 - (*Acta Ophthalmol Scand* 2007, Dec)

LE, 90 y.o. woman
20/200



After Avastin





RE, 20/25, one
month later...



...no longer !