



**SPECIALTY EYE
INSTITUTE**


**MIGS
LESS IS MORE**

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GLAUCOMA CAN BE DEVASTATING

- Glaucoma is the second leading cause of blindness worldwide
- In the US, there are an estimated 3.7M cases of OAG, growing to more than 4M cases by 2020



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STANDARD TREATMENT OPTIONS FOR GLAUCOMA	
Standard Treatment Options	Challenges
Glaucoma Medications	<ul style="list-style-type: none"> • Long-term exposure to glaucoma medication can cause corneal surface damage • Non-compliance to medication <ul style="list-style-type: none"> • More than 90% of patients are non adherent, and nearly 50% stop taking their medications before 6 months¹
Laser Trabeculoplasty	<ul style="list-style-type: none"> • Less durability in laser treatments
Invasive Surgery Trabeculectomy / Shunt	<ul style="list-style-type: none"> • Risks associated with invasive surgery • Cost burden to patients & system

1. Medications & Persistence and Adherence with topical glaucoma therapy. Ann Ophthalmol. 2002;145:288-294.

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MY MEDICAL APPROACH TO GLAUCOMA

- Latanoprost almost always first
 - Works as well as any prostaglandin and less side effects
 - No time consuming insurance problems
 - Probably all 90 % of patients will need

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SLT VS. DORZALAMIDE/TIMOLOL

- Patient choice
- Lean towards laser if compliance is an issue

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RHOPRESSA (NETASUDIL) OR ROCKLATAN (LATANOPROST+NETASUDIL)

- Will probably move up the charts as better insurance coverage because can get big IOP decrease
- Corneal verticillata in 15%

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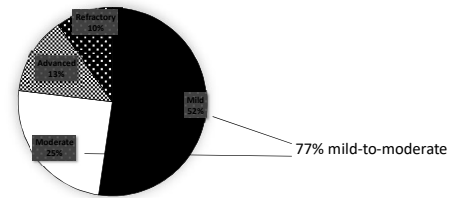
THE REST OF THE LOSERS

- Combigan
- Timoptic
- Diamox
- Iopidine
- Vysulta

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MILD-TO-MODERATE GLAUCOMA PREDOMINATES

Patients with Glaucoma



Paradigm Shift to Surgical Options Earlier

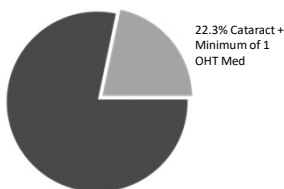
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CONCOMITANT CATARACT & GLAUCOMA PATIENTS – US

- Significant treatment opportunity with more than 1 in 5 eyes with cataracts on OHT medication

3.9M US Cataract Procedures



Source: American Medical Association, American Society of Cataract and Refractive Surgery, 2012-2015

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I-STENT AND I-STENT INJECT

- Approved for Mild or Moderate glaucoma in conjunction with cataract surgery
 - Restores pathway of normal flow
 - Now inject 2 stents with new system

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THE IStent *INJECT* TRABECULAR MICRO-BYPASS

For patients with cataracts and glaucoma, iStent *inject* is:

- FDA approved therapy for the treatment of elevated IOP in adult patients with mild-to-moderate primary open-angle glaucoma in conjunction with cataract surgery
- The first available *ab interno*, micro-bypass system designed to restore natural physiological outflow **through two openings** through the trabecular meshwork
- Excellent safety profile similar to that of cataract alone



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AQUEOUS ANGIOGRAPHY VIDEO

Aqueous Angiography
Before and After Stenting

Alex Huang, MD, PhD

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A close-up photograph of a 2016 US penny being tested by a device. The penny is held in a grey, cylindrical holder. A small, dark, circular device, labeled 'The iStent Project Device', is positioned to the right of the penny, with a thin line indicating its interaction with the coin's surface. The penny features the profile of Abraham Lincoln and the text 'IN GOD WE TRUST', 'LIBERTY', and '2016'.

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- Patients undergoing cataract surgery with mild-to-moderate primary open-angle glaucoma
- Cataract surgery patients who could benefit from better control of their IOP, which may allow for their medications to be reduced
- Patients wanting to decrease risk of IOP fluctuations associated with medication compliance or who are non-adherent to prescribed regimens
- Patients looking to avoid the risks of more invasive procedures
- Patients challenged in paying for medications or who cannot tolerate medications or have experienced negative side effects of glaucoma medications

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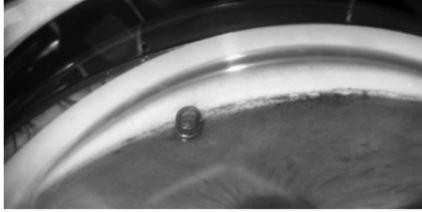
- Done with cataract surgery
- Inserted into trabecular meshwork
- Technically difficult

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- This is best chance to greatly reduce IOP but it carries many of same risks as traditional trabeculectomy
- Role of Mitomycin
- Patient counseling

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CYPASS MICROSTENT



- Initially promising
- Pulled from market due to corneal decompensation if proximal end touched cornea

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CASE PRESENTATION

- A 80 yo WM presents for cataract surgery on Latanoprost and has no visual field defect and normally appearing optic nerves on OCT. IOP is 19 OU
- Before he was started glaucoma medications his IOP was 30.
- What would you choose to do?

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CASE PRESENTATION

- A 72 BF with advanced glaucoma with 2 quadrants of VF loss and IOP of 26/24 presents without a cataract and is losing vision on maximal medications
- Is she a good MIGs candidate?

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