



Glaucoma Clinical Trials

Classic clinical trials: The Big 6

Study Name	Key Contribution
?	Looked at efficacy of treating glaucoma before it appears
?	Looked at efficacy of treating glaucoma after it has appeared
?	Compared incisional surgery vs meds as initial glaucoma treatment
?	Compared laser surgery vs meds as initial glaucoma treatment
?	Compared laser vs incisional surgery in advanced glaucoma
?	Evaluated role of IOP in NTG



Glaucoma Clinical Trials

Classic clinical trials: The Big 6

Study Name	Key Contribution
<i>Ocular Hypertension Treatment Trial (OHTS)</i>	Looked at efficacy of treating glaucoma before it appears
<i>Early Manifest Glaucoma Trial (EMGT)</i>	Looked at efficacy of treating glaucoma after it has appeared
<i>Collaborative Initial Glaucoma Treatment Study (CIGTS)</i>	Compared incisional surgery vs meds as initial glaucoma treatment
<i>Glaucoma Laser Trial (GLT)</i>	Compared laser surgery vs meds as initial glaucoma treatment
<i>Advanced Glaucoma Intervention Study (AGIS)</i>	Compared laser vs incisional surgery in advanced glaucoma
<i>Collaborative Normal -Tension Glaucoma Study</i>	Evaluated role of IOP in NTG



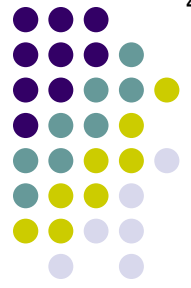
Glaucoma Clinical Trials

Classic clinical trials: The Big 6

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<i>Early Manifest Glaucoma Trial (EMGT)</i>	Looked at efficacy of treating glaucoma after it has appeared

We'll also take a look at the ***Tube vs Trab (TVT) Study***, although it remains to be seen whether this study will be influential enough to muscle its way into the Big 6!

<i>Glaucoma Laser Trial (GLT)</i>	Compared laser surgery vs meds as initial glaucoma treatment
<i>Advanced Glaucoma Intervention Study (AGIS)</i>	Compared laser vs incisional surgery in advanced glaucoma
<i>Collaborative Normal -Tension Glaucoma Study</i>	Evaluated role of IOP in NTG



Glaucoma Clinical Trials

- **Ocular Hypertension Treatment Study**
 - Objective: Efficacy of medical treatment in preventing/delaying onset of POAG in OHTN

Primary open-angle glaucoma

Ocular hypertension



Glaucoma Clinical Trials

- **Ocular Hypertension Treatment Study**

- Objective: Efficacy of medical treatment in preventing/delaying onset of POAG in OHTN

- Subs: ~1600 patients with IOP # to #, nl abb. & diff abb.

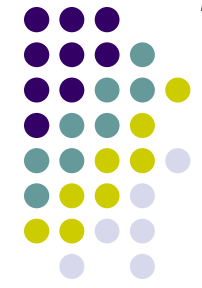


Glaucoma Clinical Trials

- **Ocular Hypertension Treatment Study**

- Objective: Efficacy of medical treatment in preventing/delaying onset of POAG in OHTN
- Subs: ~1600 patients with IOP 24-32, {nl VF & ONH}

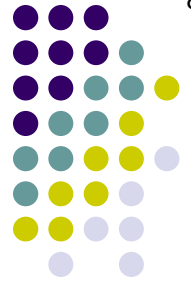
'Normal visual fields and optic nerve head'



Glaucoma Clinical Trials

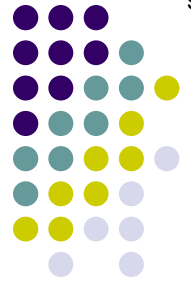
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- Objective: Efficacy of medical treatment in preventing/delaying onset of POAG in OHTN
- Subs: ~1600 patients with IOP 24-32, nl VF & ONH
- Protocol: 1 eye assigned to tx, the other to no tx
 - Treatment target: % IOP reduction *and* IOP < #



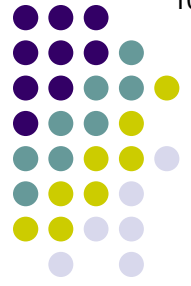
Glaucoma Clinical Trials

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 - Subs: ~1600 patients with IOP 24-32, nl VF & ONH
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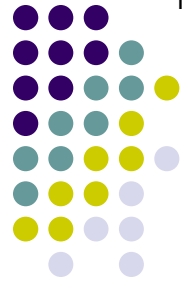
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 - Findings:
 - At 5 years, []% of untreated eyes developed POAG, vs []% of treated eyes



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 - At 5 years, 9.5% of untreated eyes developed POAG, vs 4.4% of treated eyes

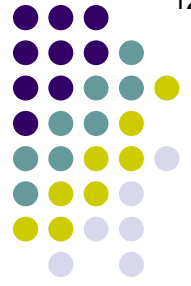


Glaucoma Clinical Trials

● Ocular Hypertension Treatment Study

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- Findings:
 - At 5 years, 9.5% of untreated eyes developed POAG, vs 4.4% of treated eyes
 - new risk factor (abb.) is a significant and independent predictor of POAG, even after adjusting for IOP, age, CDR

↙
cup-disc ratio

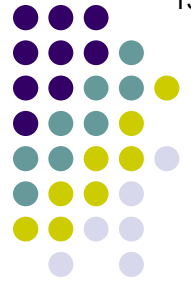


Glaucoma Clinical Trials

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- Findings:
 - At 5 years, 9.5% of untreated eyes developed POAG, vs 4.4% of treated eyes
 - CCT is a significant and independent predictor of POAG, even after adjusting for IOP, age, CDR

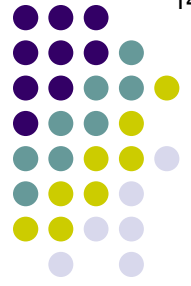
Central
Corneal
Thickness



Glaucoma Clinical Trials

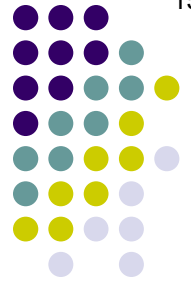
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 - If CCT < #, POAG risk 3x than if CCT > #



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 - Findings:
 - At 5 years, 9.5% of untreated eyes developed POAG, vs 4.4% of treated eyes
 - CCT is a significant and independent predictor of POAG, even after adjusting for IOP, age, CDR
 - If CCT < 555, POAG risk 3x than if CCT > 588



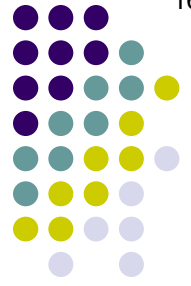
Glaucoma Clinical Trials

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There was another finding that was surprising and controversial. What was it? vs

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Glaucoma Clinical Trials

● Ocular Hypertension Treatment Study

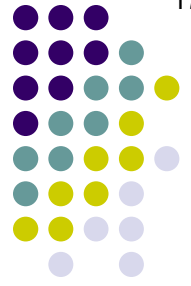
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- **Findings:**

There was another finding that was surprising and controversial. What was it?

That common clinical condition was associated with a **reduced** risk of developing glaucoma

VS

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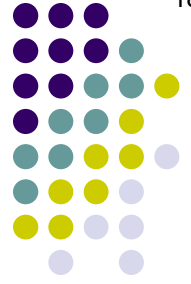
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 That diabetes was associated with a **reduced** risk of developing glaucoma

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Glaucoma Clinical Trials

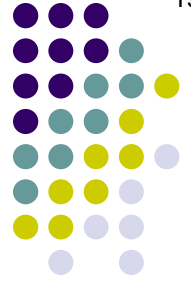
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● Findings:

There was another finding that was **surprising** and controversial. What was it? VS
That diabetes was associated with a reduced risk of developing glaucoma

- Why was this finding surprising? G,
even after adjusting for IOP, age, CDR
 - If CCT < 555, POAG risk 3x than if CCT > 588



Glaucoma Clinical Trials

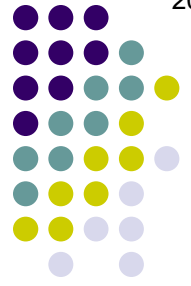
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● Findings:

There was another finding that was **surprising** and controversial. What was it? VS
That diabetes was associated with a **reduced** risk of developing glaucoma

- Why was this finding surprising? G,
Because previous studies had found either no association between diabetes and glaucoma, or that diabetes was associated with an **increased** risk of glaucoma
even after adjusting for IOP, age, CCR
- If CCT < 555, POAG risk 3x than if CCT > 588



Glaucoma Clinical Trials

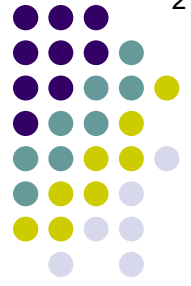
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● Findings:

*There was another finding that was surprising and **controversial**. What was it? VS That diabetes was associated with a **reduced** risk of developing glaucoma*

Why was this finding controversial?



Glaucoma Clinical Trials

● Ocular Hypertension Treatment Study

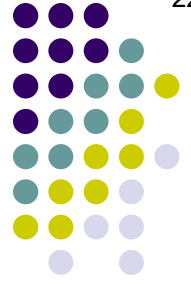
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● Findings:

*There was another finding that was surprising and **controversial**. What was it? VS*
 That diabetes was associated with a **reduced** risk of developing glaucoma

Why was this finding controversial?

The OHTS exclusion criteria included the presence of retinopathy, including diabetic retinopathy. Because of this, the diabetic cohort that participated in the OHTS is not representative of the diabetic population as a whole. Thus, any conclusions derived from the OHTS regarding the relationship between diabetes and glaucoma are tentative at best.

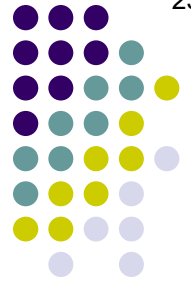


Glaucoma Clinical Trials

- **Early Manifest Glaucoma Trial**

- Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG

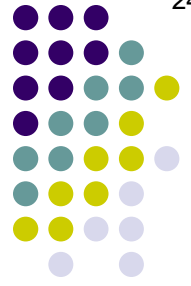
↙
normal-tension glaucoma



Glaucoma Clinical Trials

- **Early Manifest Glaucoma Trial**

- Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG
- Protocol: 1 eye assigned to treatment + treatment, the other to no treatment



Glaucoma Clinical Trials

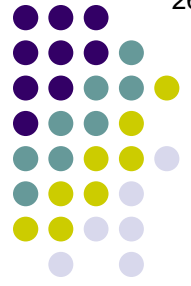
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 - Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG
 - Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment



Glaucoma Clinical Trials

● Early Manifest Glaucoma Trial

- Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG
- Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment
- Findings:
 - Significantly more progression in untreated eyes % than in treated eyes %



Glaucoma Clinical Trials

● Early Manifest Glaucoma Trial

- Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG
- Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment
- Findings:
 - Significantly more progression in untreated eyes (**62%**) than in treated eyes (**45%**)



Glaucoma Clinical Trials

● Early Manifest Glaucoma Trial

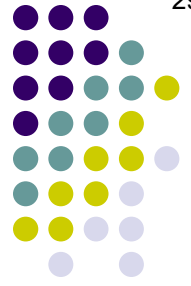
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 - Progression occurred later in treated eyes



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Glaucoma Clinical Trials

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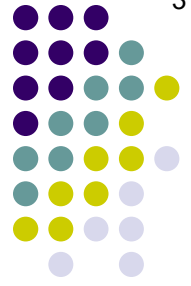
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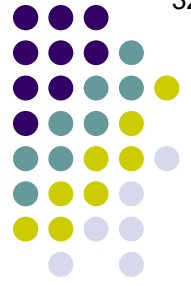
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- Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment
- Findings:
 - Significantly more progression in untreated eyes (**62%**) than in treated eyes (**45%**)
 - Progression occurred later in treated eyes
 - ALT + betaxolol had little IOP-lowering effect on eyes for which the baseline IOP was **15** or less
 - Every 1 mmHg decrease in IOP from baseline to the first follow-up visit was associated with a ~% reduction in risk of glaucoma progression



Glaucoma Clinical Trials

● Early Manifest Glaucoma Trial

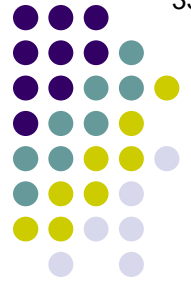
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Glaucoma Clinical Trials

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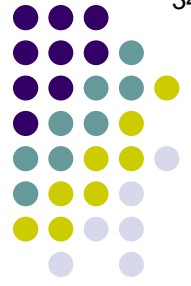
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- Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment
- Findings:
 - Significantly more progression in untreated eyes (**62%**)
What does this imply about managing NTG?
 - ALT + betaxolol had little IOP-lowering effect on eyes for which the baseline IOP was **15** or less
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Glaucoma Clinical Trials

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- Objective: Compare immediate treatment vs observation in newly-diagnosed OAG/NTG
- Protocol: 1 eye assigned to **ALT + betaxolol**, the other to no treatment
- Findings:
 - Significantly more progression in untreated eyes (**62%**)
 - *What does this imply about managing NTG?*
That such pts likely need medical tx with something other than a β blocker, or they may require incisional surgery
 - ALT + betaxolol had little IOP-lowering effect on eyes for which the baseline IOP was **15** or less
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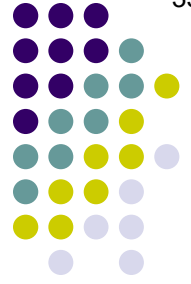
Glaucoma Clinical Trials

● Early Manifest Glaucoma Trial

- Objective: Compare immediate treatment vs. entry to no treatment
- Note: This info is straight from the BCSC *Glaucoma* book, and thus must be borne in mind while taking the OKAP, WQE and Boards. That said, be aware that some glaucoma experts dismiss it, arguing that the number of pts in the EMGT with IOP ≤ 15 was too small to support such conclusions. Caveat emptor.

● Findings:

- Significantly more progression in untreated eyes (62%)
 - *What does this imply about managing NTG?*
That such pts likely need medical tx with something other than a β blocker, or they may require incisional surgery
- ALT + betaxolol had little IOP-lowering effect on eyes for which the baseline IOP was 15 or less
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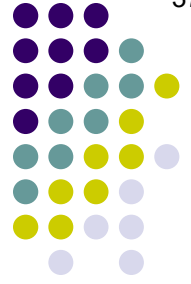
Glaucoma Clinical Trials

- **Collaborative Initial Glaucoma Treatment Study**
 - Objective: Compare efficacy of medicine vs surgery as initial treatment for POAG



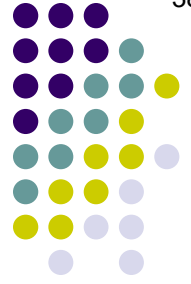
Glaucoma Clinical Trials

- **Collaborative Initial Glaucoma Treatment Study**
 - Objective: Compare efficacy of medicine vs surgery as initial treatment for POAG
 - Subs: ~600 pts (1200 eyes) w/ new diagnosis POAG



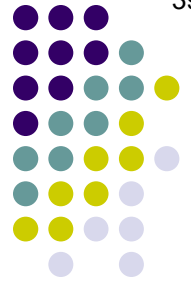
Glaucoma Clinical Trials

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 - Subs: ~600 pts (1200 eyes) w/ new diagnosis POAG
 - Protocol: 1 eye received tx 1, the other a tx 2



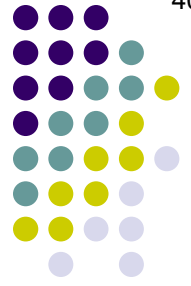
Glaucoma Clinical Trials

- **Collaborative Initial Glaucoma Treatment Study**
 - Objective: Compare efficacy of medicine vs surgery as initial treatment for POAG
 - Subs: ~600 pts (1200 eyes) w/ new diagnosis POAG
 - Protocol: 1 eye received **meds** , the other a **trab**



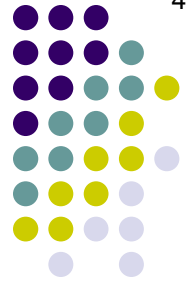
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 - IOP reduction better in **tx** group (45% vs 38%)



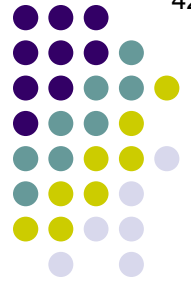
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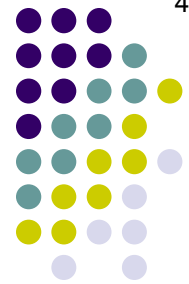
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 - IOP reduction better in **Trab** group (45% vs 38%)
 - Cataracts more common in **tx** group



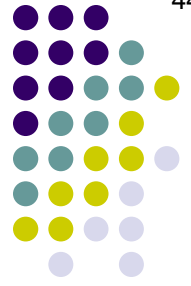
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 - Protocol: 1 eye received **meds** , the other a **trab**
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 - IOP reduction better in **Trab** group (45% vs 38%)
 - Cataracts more common in **Trab** group
 - After 5 years, VF loss worse in which group?



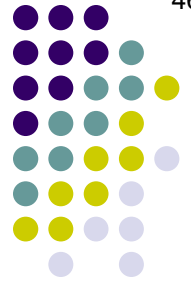
Glaucoma Clinical Trials

- **Collaborative Initial Glaucoma Treatment Study**
 - Objective: Compare efficacy of medicine vs surgery as initial treatment for POAG
 - Subs: ~600 pts (1200 eyes) w/ new diagnosis POAG
 - Protocol: 1 eye received **meds** , the other a **trab**
 - Findings:
 - IOP reduction better in **Trab** group (45% vs 38%)
 - Cataracts more common in **Trab** group
 - After 5 years, VF loss **equal between groups**



Glaucoma Clinical Trials

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 - Objective: Compare efficacy of medicine vs surgery as initial treatment for POAG
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 - Findings:
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 - Cataracts more common in **Trab** group
 - After 5 years, VF loss **equal between groups**
 - NOTE: Findings do *not* warrant surgery as initial tx

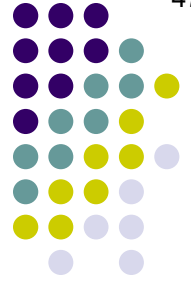


Glaucoma Clinical Trials

- **Glaucoma Laser Trial**

- Objective: Compare efficacy/safety of ALT vs T_{.5} for initial treatment of POAG

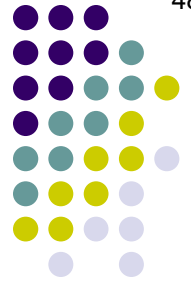
(Timolol 0.5%)



Glaucoma Clinical Trials

- **Glaucoma Laser Trial**

- Objective: Compare efficacy/safety of ALT vs $T_{.5}$ for initial treatment of POAG
- Subs: ~270 pts (540 eyes) w/ new diagnosis POAG



Glaucoma Clinical Trials

● Glaucoma Laser Trial

- Objective: Compare efficacy/safety of ALT vs $T_{.5}$ for initial treatment of POAG
- Subs: ~270 pts (540 eyes) w/ new diagnosis POAG
- Protocol: 1 eye assigned to ALT, other to $T_{.5}$
 - Other meds added to either eye as needed



Glaucoma Clinical Trials

● Glaucoma Laser Trial

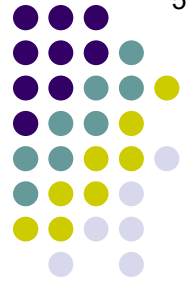
- Objective: Compare efficacy/safety of ALT vs T_{.5} for initial treatment of POAG
- Subs: ~270 pts (540 eyes) w/ new diagnosis POAG
- Protocol: 1 eye assigned to ALT, other to T_{.5}
 - Other meds added to either eye as needed
- Findings:
 - ALT v T_{.5} IOP 1-2 better, needed fewer additional meds



Glaucoma Clinical Trials

● Glaucoma Laser Trial

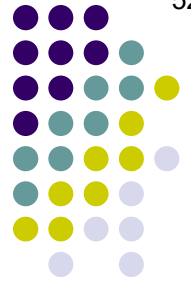
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Glaucoma Clinical Trials

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- Findings:
 - ALT IOP 1-2 better, needed fewer additional meds
 - No difference in VF/VA at 2 years, **but...**
 - ALT v T_{.5} had better VF at 7 and 9 years



Glaucoma Clinical Trials

● Glaucoma Laser Trial

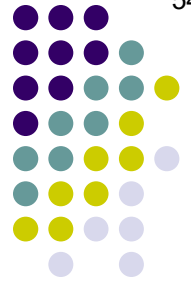
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Glaucoma Clinical Trials

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 - ALT had better VF at 7 and 9 years
- Note: Study preceded drug, drug, drug, as well as not ALT, so implications are somewhat dated



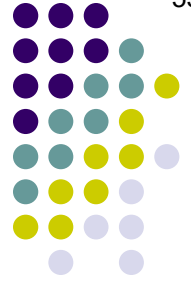
Glaucoma Clinical Trials

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- Findings:
 - ALT IOP 1-2 better, needed fewer additional meds
 - No difference in VF/VA at 2 years, **but...**
 - ALT had better VF at 7 and 9 years
- Note: Study preceded Xalatan, CAI, α_2 agonists, as well as SLT, so implications are somewhat dated

(Selective laser trabeculoplasty)

Carbonic anhydrase inhibitors



Glaucoma Clinical Trials

- **Advanced Glaucoma Intervention Study**

- Two objectives:

- 1) Compare ALT (A) vs trab (T) as first surgery in advanced POAG
- 2) *(You come up with the second objective)*

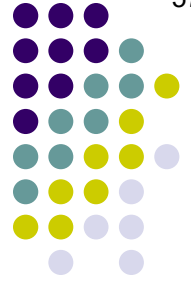


Glaucoma Clinical Trials

- **Advanced Glaucoma Intervention Study**

- Two objectives:

- 1) Compare ALT (*A*) vs trab (*T*) as first surgery in advanced POAG
- 2) Determine relation between IOP and VF loss

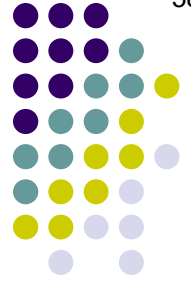


Glaucoma Clinical Trials

- **Advanced Glaucoma Intervention Study**

- Two objectives:
 - 1) Compare ALT (*A*) vs trab (*T*) as first surgery in advanced POAG
 - 2) Determine relation between IOP and VF loss
- Subs: 789 eyes w/ advanced OAG refractory to MTMT

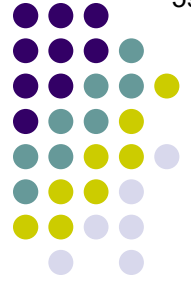
(maximum tolerated medical management)



Glaucoma Clinical Trials

- **Advanced Glaucoma Intervention Study**

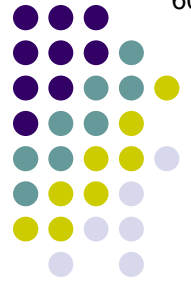
- Two objectives:
 - 1) Compare ALT (*A*) vs trab (*T*) as first surgery in advanced POAG
 - 2) Determine relation between IOP and VF loss
- Subs: 789 eyes w/ advanced OAG refractory to MTMT
- Protocol: half assigned to tx order 3 txs, other half to 3 txs



Glaucoma Clinical Trials

- **Advanced Glaucoma Intervention Study**

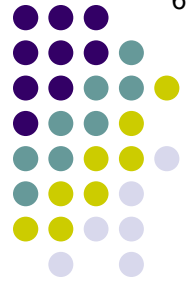
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Glaucoma Clinical Trials

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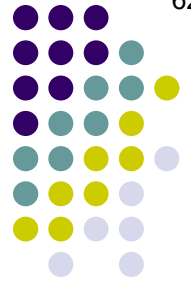
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- Findings:
 - IOP control better in treatment order treatment order



Glaucoma Clinical Trials

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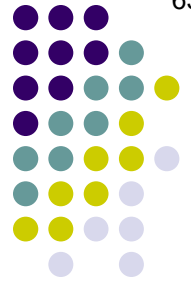
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 - IOP control better in treatment order *TAT*



Glaucoma Clinical Trials

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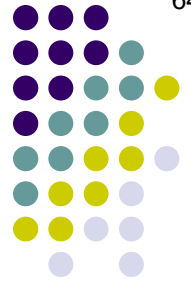
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 - IOP control better in treatment order *TAT*
 - VF/VA loss: Whites better w/ treatment order; blacks better w/ treatment order



Glaucoma Clinical Trials

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Glaucoma Clinical Trials

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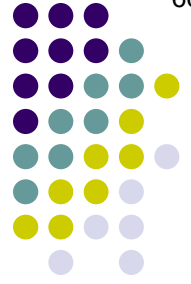
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 - Patients maintaining IOP < # on 100% of visits had almost no VF progression



Glaucoma Clinical Trials

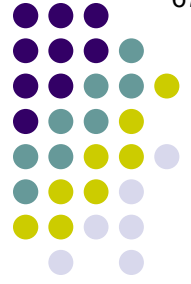
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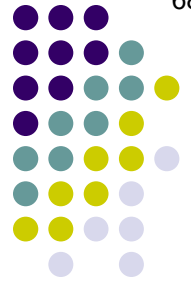
Glaucoma Clinical Trials

- **Collaborative Normal-Tension Glaucoma Study**
 - Objective: Determine whether IOP is involved in the pathogenesis of NTG



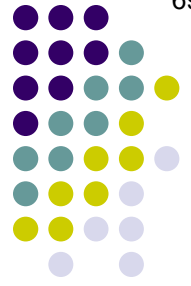
Glaucoma Clinical Trials

- **Collaborative Normal-Tension Glaucoma Study**
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 - Subjects: 70 patients (140 eyes) with normal IOP and VF loss



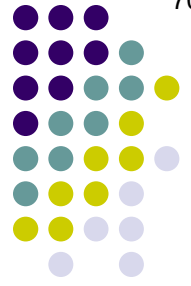
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 - Tx: as needed to lower IOP



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 - Subjects: 70 patients (140 eyes) with normal IOP and VF loss
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 - Tx: **Meds/ALT/surgery** as needed to lower IOP **30%**



Glaucoma Clinical Trials

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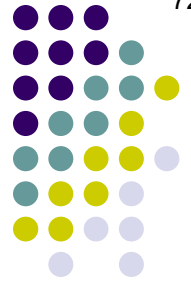
What one topical hypotensive was used?



Glaucoma Clinical Trials

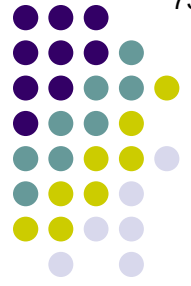
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*What one topical hypotensive was used?
Pilo*



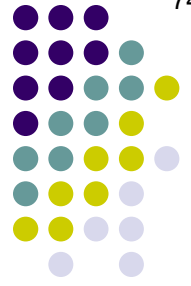
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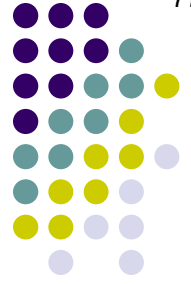
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Glaucoma Clinical Trials

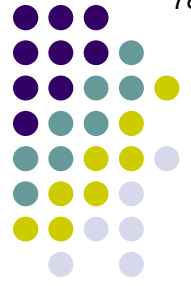
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 - 12% of treated eyes **progressed anyway**



Glaucoma Clinical Trials

- **Collaborative Normal-Tension Glaucoma Study**

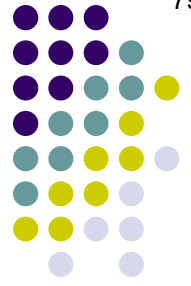
- Objective: Determine whether IOP is involved in the pathogenesis of NTG
- Subjects: 70 patients (140 eyes) with normal IOP and VF loss
- Protocol: Several risk factors for progression were identified, including:
 - gender
- Tx: Meds
- Findings:
 - Lowering IOP 30% → reduced rate of ONH/VF loss, *but...*
 - 65% of untreated eyes had *no progression*
 - **12% of treated eyes progressed anyway**



Glaucoma Clinical Trials

- **Collaborative Normal-Tension Glaucoma Study**

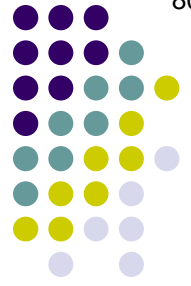
- Objective: Determine whether IOP is involved in the pathogenesis of NTG
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- Protocol: Several risk factors for progression were identified, including:
 - Female gender
- Tx: Meds --
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 - Lowering IOP 30% → reduced rate of ONH/VF loss, *but...*
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Glaucoma Clinical Trials

- **Collaborative Normal-Tension Glaucoma Study**

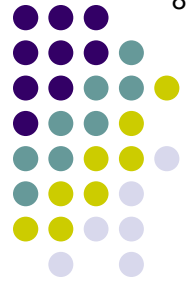
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 - --Female gender
 - --History of **ouch!** s or **ouch?** disorders
 - --
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Glaucoma Clinical Trials

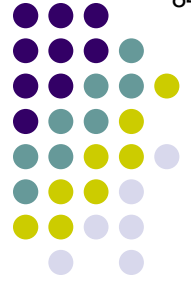
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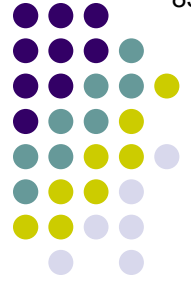
Glaucoma Clinical Trials

- **Tube versus Trabeculectomy (TVT) Study**
 - Objective: Compare the safety/efficacy of tube shunt and trab in eyes with a history of



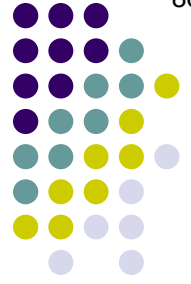
Glaucoma Clinical Trials

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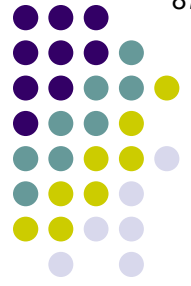
Glaucoma Clinical Trials

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 - Objective: Compare the safety/efficacy of tube shunt and trab in eyes with a history of **prior ocular surgery**
 - Subjects: 212 eyes w/ hx of previous **surg.** and/or **surgery** surgery, w/ IOP too high (18-40) on MTMT



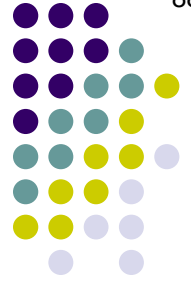
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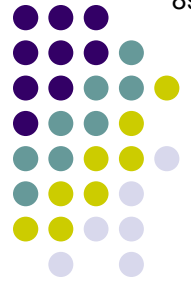
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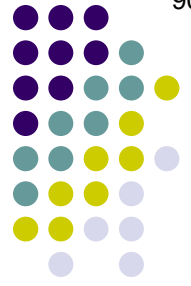
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 - Protocol: Eyes randomly assigned to tube or trab; meds added as needed for IOP control
 - Findings:
 - IOP outcome: Good vs poor control; which treatment (if either) yielded better IOP control?



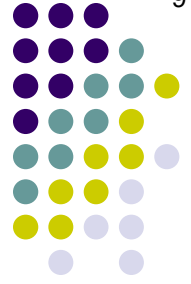
Glaucoma Clinical Trials

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 - Objective: Compare the safety/efficacy of tube shunt and trab in eyes with a history of **prior ocular surgery**
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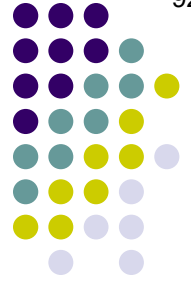
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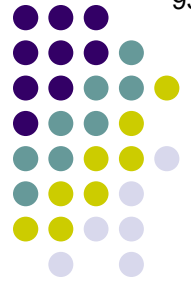
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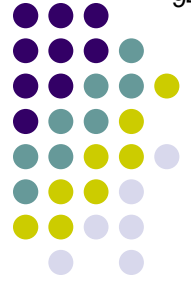
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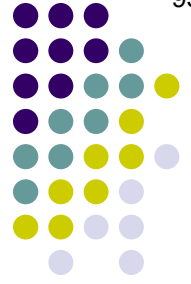


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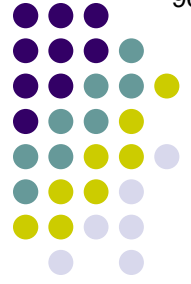
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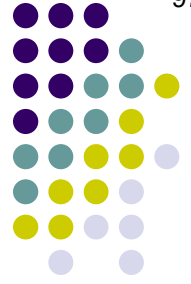
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shunt
surgery

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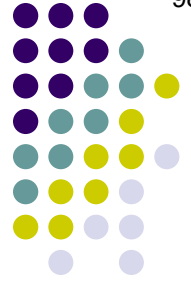
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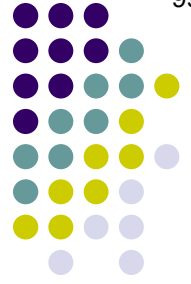
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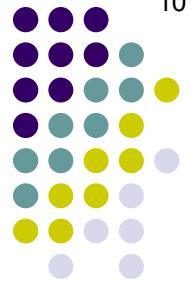
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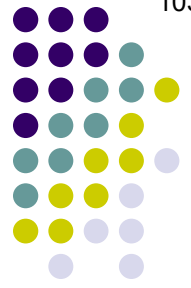
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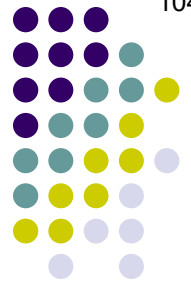
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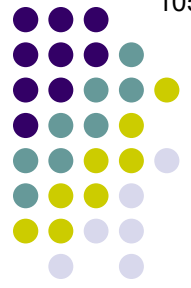
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Is the EX-PRESS device MRI safe?

It is, provided the MRI strength is 3T or less, although the manufacturer advises avoiding MRI of the head during the first few weeks after implantation if possible. (For further safety info concerning this or other MIGS devices, see the manufacturer's info.) The point is, be prepared to receive calls from providers on your MIGS pt's health-care team asking whether that 'glaucoma thing' you put in their eye is MRI safe.



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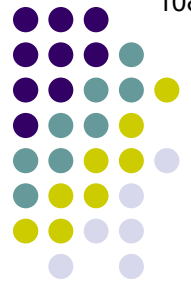
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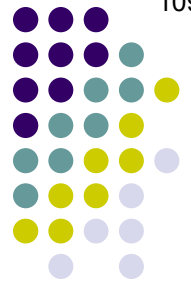
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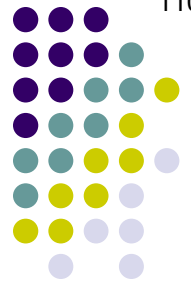
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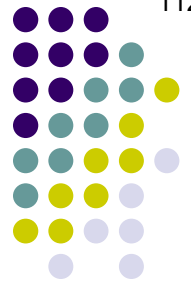
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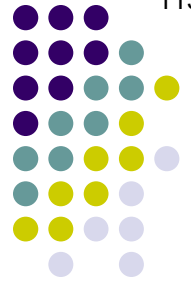
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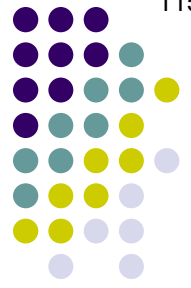
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After the Tenon's capsule and conj overlying the drainage device had scarred sufficiently to offer some (but not too much!) resistance to aqueous filtration; this scarring process is called *encapsulation*

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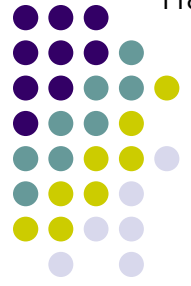
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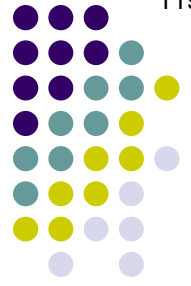
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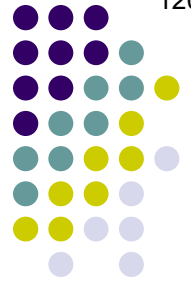
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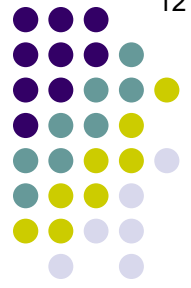
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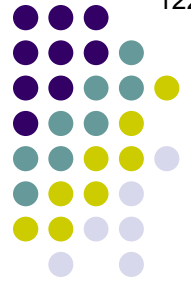
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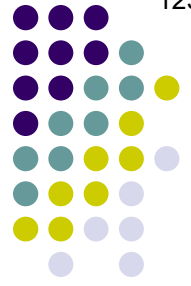
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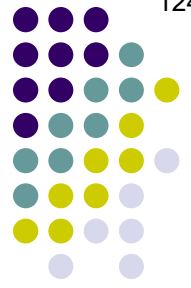
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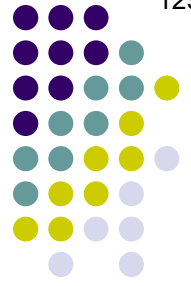
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Why is this a problem for the study?

Some experts have questioned whether suboptimal MMC dosing might have inflated the complication/failure rate in the Trab arm of the study

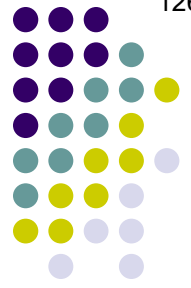
- Higher failure, post-op complication rates in Trab group



Glaucoma Clinical Trials

● Tube versus Trabeculectomy (TVT) Study

- Objective: Compare the safety/efficacy of tube shunt and trab in eyes *with a history of prior ocular surgery*
- Subjects: 212 eyes w/ hx of previous trab and/or cataract surgery, w/ IOP too high (18-40) on MTMT
- Protocol: Very important! Remember, the TVT study concerned eyes with a history of previous surgery, not 'virgin' eyes!
- Findings:
 - Good IOP control in both groups (no statistical difference)
 - Tube group needed more meds than Trab group
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 What about the relative efficacy/safety of tube vs trab in virgin eyes?
 This is the subject of the **Primary Tube vs Trabeculectomy Study**
- Findings:
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 - Higher failure, post-op complication rates in Trab group