

Experience With Triamcinolone Acetonide Suprachoroidal Injection for Uveitic Macular Edema: A Physician Survey

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Financial Disclosure

PRESENTER

Michael A. Singer, MD

Dr. Singer reports receiving consulting fees from Aerie, Alimera, Allegro, Allergan, Eyepoint, Genentech, Kodiak, Novartis, Regeneron, and Santen; serving on the speakers' bureau for Allergan, Apellis, Genentech, Mallinckrodt, Novartis, Regeneron, and Spark; and performing contracted research for Aerie, Allegro, Allergan, DRCR, Genentech, Icon, Ionis, Kalvista, Kodiak, Novartis, Opthea, Optos, Regeneron, Santen, Senju, and Sydnexis.

Survey participants (Drs. Singer, Chang, Henry, Warrow, Walter, Emami-Naeini, Blinder, Dacey, Chu, Raiji, Rifkin, Shah) received an honorarium from Bausch & Lomb Americas, Inc.

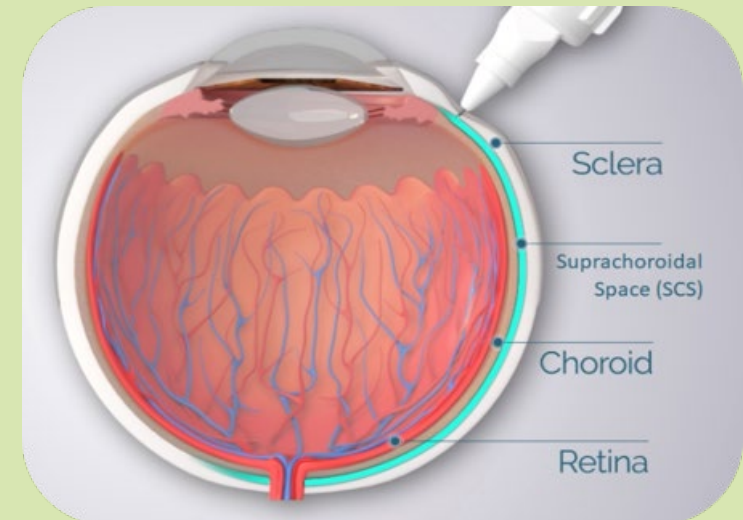
Dr. Yassine is an employee of Bausch & Lomb, Bridgewater, NJ.

Background

- Triamcinolone acetonide injectable suspension for suprachoroidal use (SCS-TA) provides targeted steroid delivery to the choroid/retina while minimizing drug exposure in non-targeted tissues¹
- SCS-TA is approved by the FDA for the treatment of macular edema (ME) associated with uveitis

Objective

- To evaluate perceptions of and early experience with the injection procedure among early adopters of SCS-TA along with patient outcomes



Ocular cross section with SCS injectate highlighted in teal



SCS Microinjector[®]

FDA = US Food and Drug Administration.

1. Habot-Wilner Z, et al. *Acta Ophthalmol.* 2019;97(5):460-472.

Survey Respondents and Patients

- Retina/uveitis specialists who had completed ≥ 10 suprachoroidal injections of SCS-TA were eligible to participate in virtual meetings in which they discussed a series of pre-defined questions probing their experience
- The survey was sent to the participants ahead of the meeting and included 37 questions spanning patient selection, the suprachoroidal injection procedure, patient outcomes, and overall satisfaction

12

retina/uveitis
specialists
participated

243

SCS-TA-treated
patients
(avg 20)

 ≥ 291

suprachoroidal
injections
(avg 24)

43

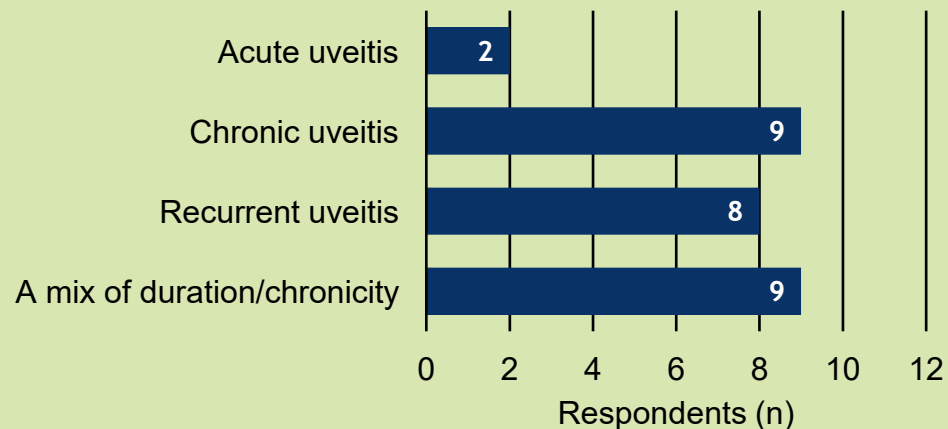
patients requiring
re-injection
(avg 4)

SCS-TA = suprachoroidal triamcinolone acetonide.

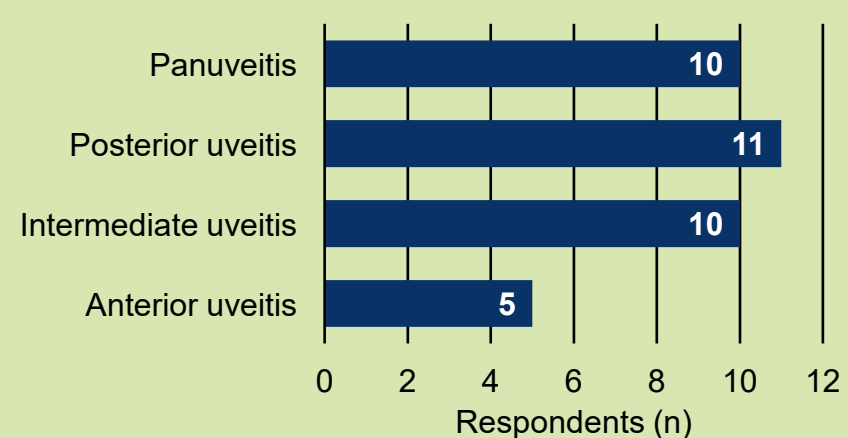


Disease Characteristics

Disease duration



Anatomical location

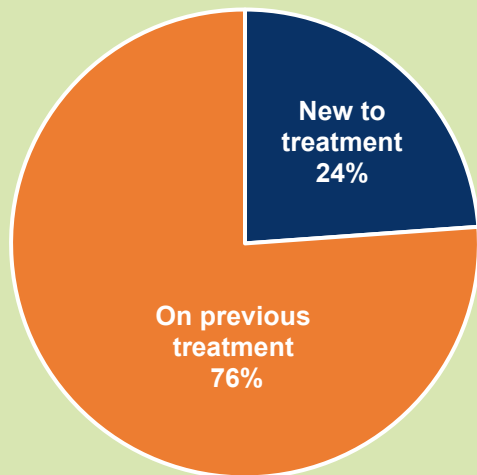


Diagnosis (number of respondents)

- Idiopathic uveitis (12)
- Pars planitis (8)
- Birdshot retinochoroidopathy (7)
- Sarcoidosis (6)
- HLA-B27-related (4)
- Vogt-Koyanagi-Harada syndrome (3)
- Post-surgical, serpiginous, post-vitreotomy (3)
- Reactive arthritis (1)

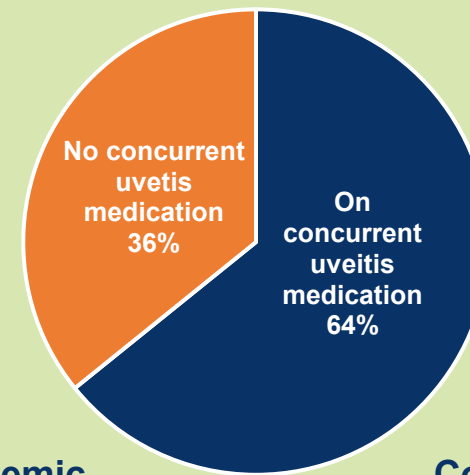
Previous and Current UME Treatment

Few patients were new to UME treatment*



*n=243 patients (n=11 respondents)

Most patients were on concurrent uveitis medications



Concurrent Systemic Medications:

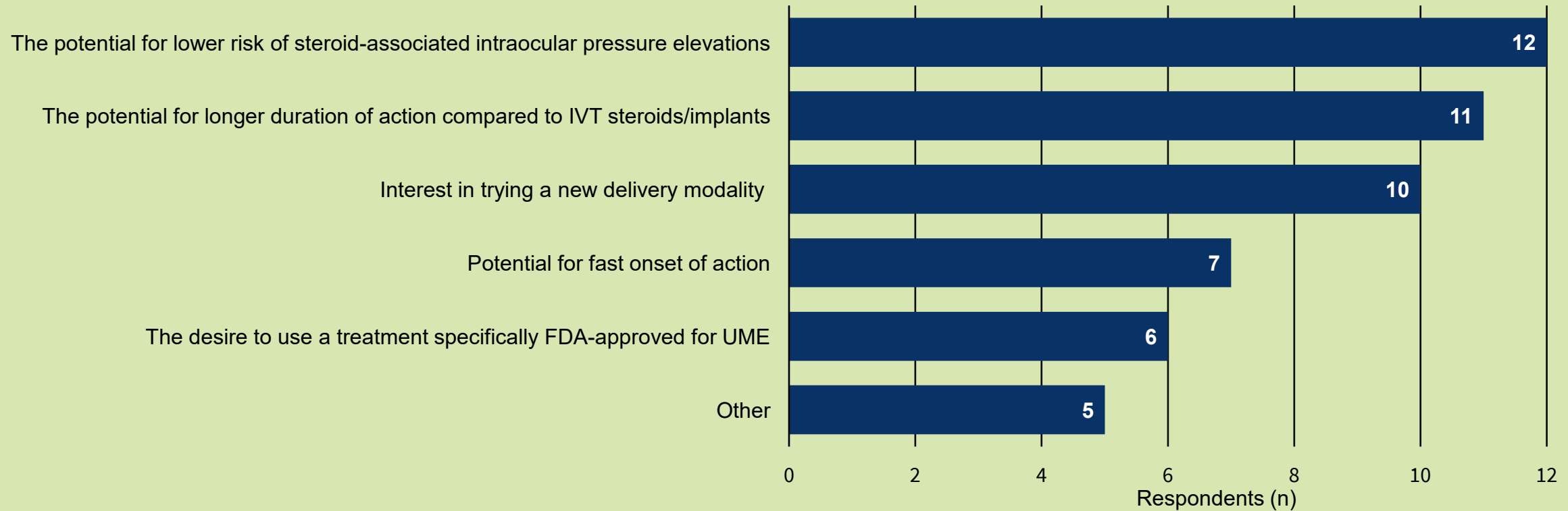
- Antimetabolites
- Biologics
- Steroids

Concurrent Topical Medications:

- Steroids
- NSAIDs
- IOP-lowering medications

IOP = intraocular pressure; NSAID = non-steroidal anti-inflammatory drug; UME = uveitic macular edema.

Reasons For Adopting SCS-TA

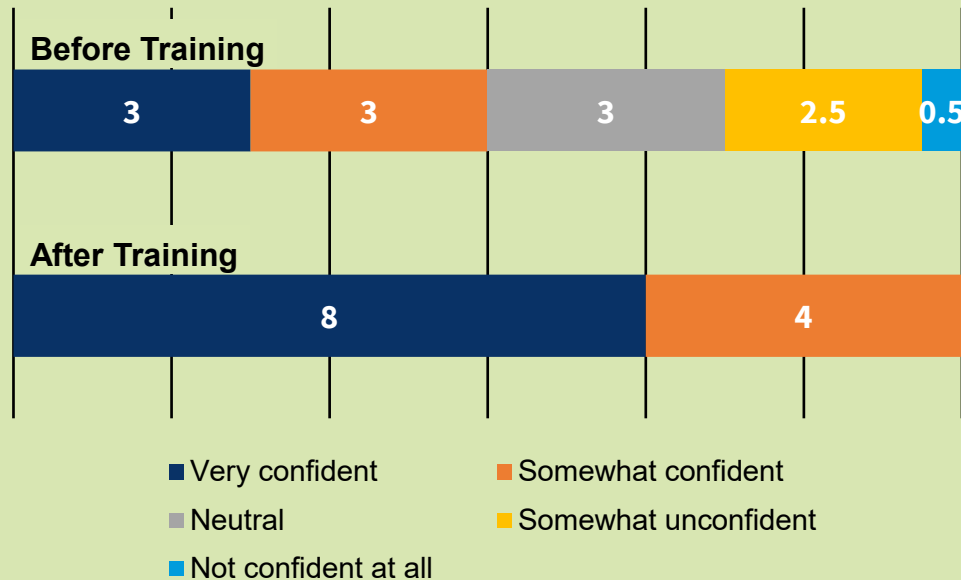


FDA = US Food and Drug Administration; IVT = intravitreal; SCS-TA = suprachoroidal triamcinolone acetate;
UME = uveitic macular edema.

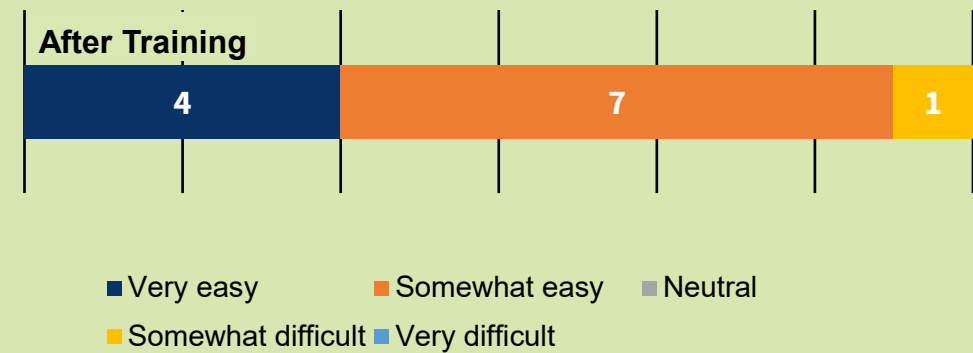
Other: aphakia or open posterior capsule; unicameral eyes (not suitable for IVT implants);
unresponsive to other treatments

Physician Training: SCS-TA Injection

Training increased physician comfort with the SCS-TA injection procedure



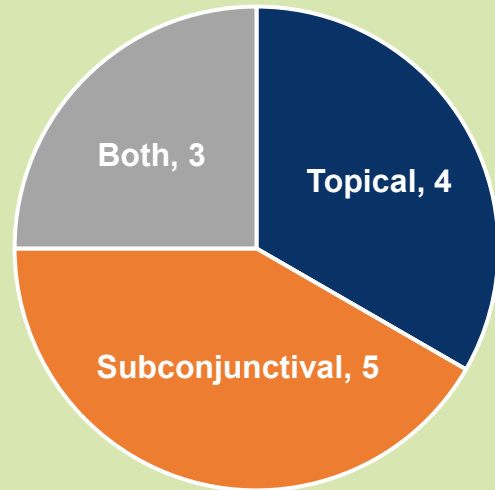
Most physicians reported easy administration after training



SCS-TA = suprachoroidal triamcinolone acetate.

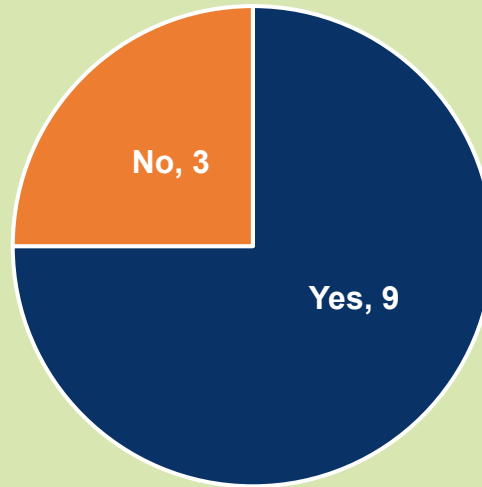
Anesthesia and Needle Selection

Respondents commonly used subconjunctival anesthesia



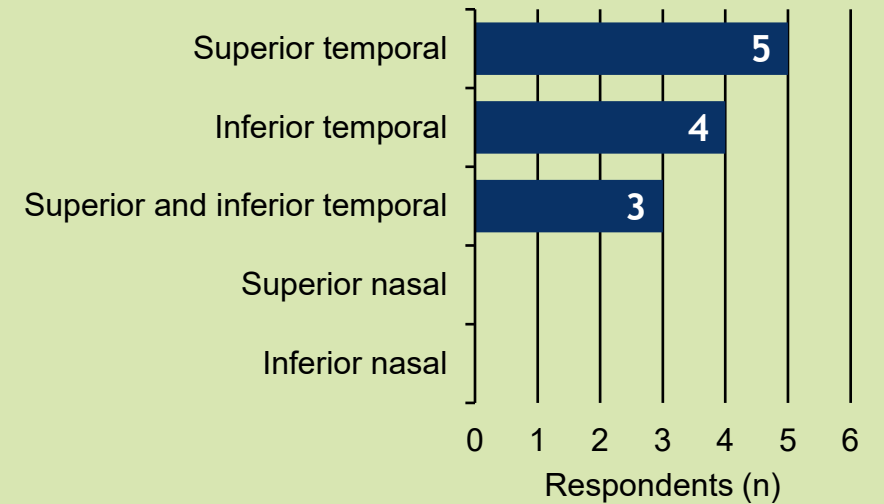
n=12 respondents

75% of respondents used the 900- μ m needle first



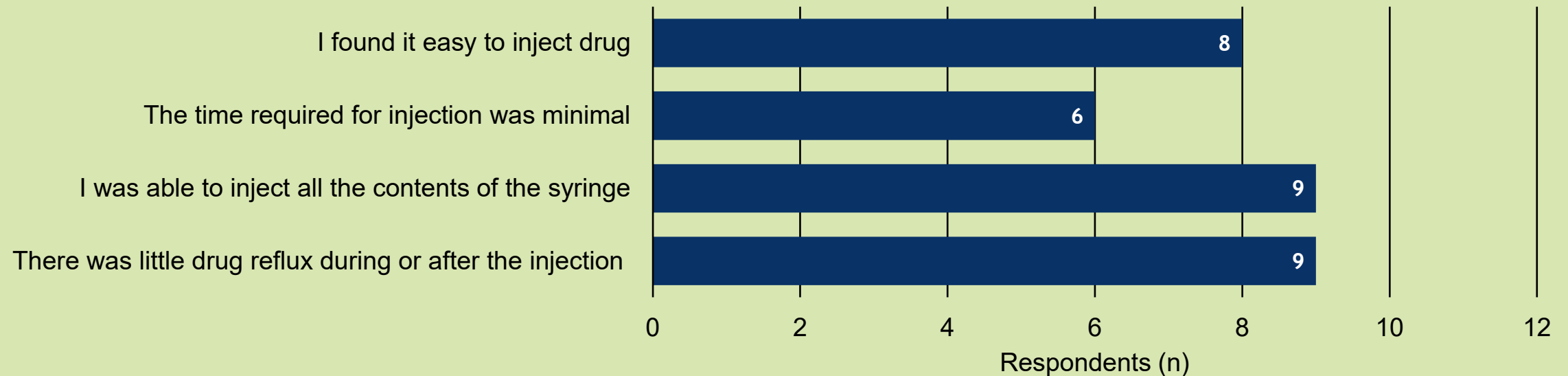
n=12 respondents

Injections targeted the temporal quadrant



SCS-TA Injection Experience

Experience with the injection procedure itself



- Most respondents rated the SCS-TA injection procedure as slightly or moderately more difficult than intravitreal injections (11/12) or intravitreal implants (10/12) but reported positive overall experience

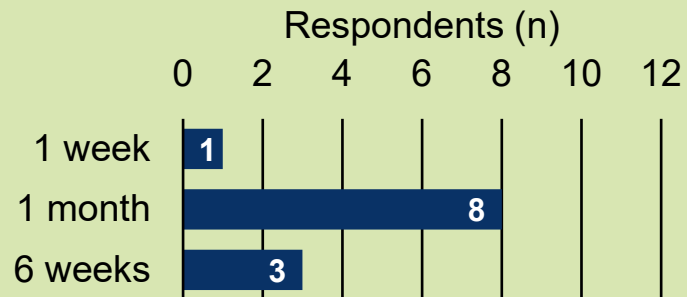
SCS-TA = suprachoroidal triamcinolone acetonide.

Patient Outcomes at Follow-Up

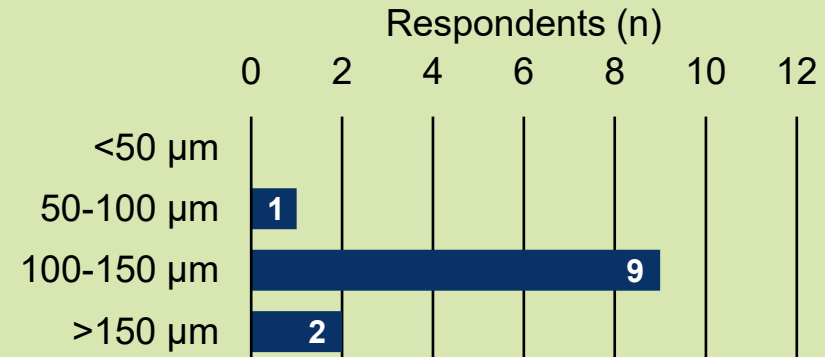
2-3 lines of vision gained
(most respondents)

CST reduced by $\geq 100 \mu\text{m}$
(92% of respondents)

Typical time to follow-up

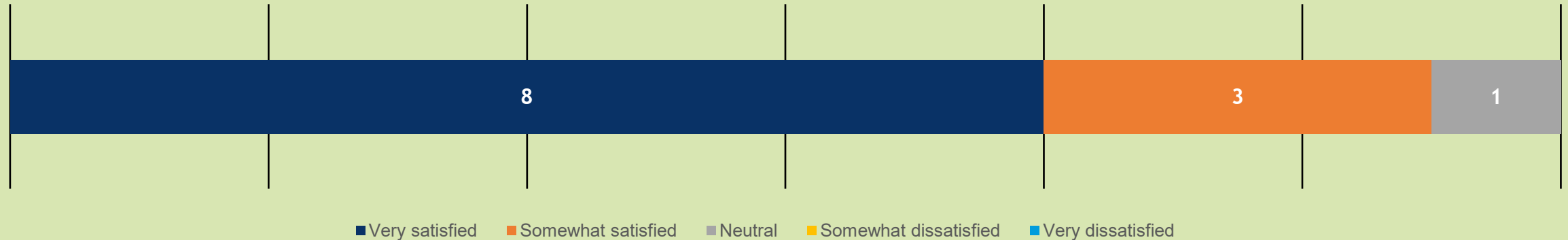


Decrease in central subfield thickness



Treatment Satisfaction

Most respondents (92%) were satisfied with SCS-TA treatment



- Respondents expressed interest in using SCS-TA in post-surgical UME patients, steroid responders, and younger patients

SCS-TA = suprachoroidal triamcinolone acetonide; UME = uveitic macular edema.

Conclusions

- Perceptions and experiences of early adopters of treatments involving new delivery techniques can reveal educational gaps and provide real-world evidence
- Findings from this survey of early adopters of SCS-TA suggest that suprachoroidal injection was easy to learn and resulted in patient improvements in vision and in macular edema
 - Improvements were aligned with findings from clinical registration trials

SCS-TA = suprachoroidal triamcinolone acetonide.