Dalton and Associates

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WEDNESDAY, APRIL 6, 2011

Stay tuned to find out what this might mean for future research in the areas of dry eye and other ocular surface disorders.

TFOS releases global consensus report on meibomian gland dysfunction

The Tear Film and Ocular Surface Society (TFOS) finalized its global consensus report on meibomian gland dysfunction (MGD), the group said in a press release. The report clarified a definition of MGD as “a chronic, diffuse abnormality of the meibomian glands, generally characterized by terminal duct obstruction and/or qualitative/quantitative changes in the glandular secretion. This may result in alteration of the tear film, symptoms of eye irritation, clinically apparent inflammation, and ocular surface disease.”

As Dr. Kelly Nichols eloquently pointed out in her introduction, "There are rare occasions in a field of science when significant advances occur in leaps and bounds, rather than in small, deliberate steps. This moment is imminent in the field of MGD—and therefore in dry eye disease."

The MGD group also developed a universal classification system based on pathophysiology, rather than anatomical changes or severity of the disease. This system was designed to meet the needs of both clinicians and researchers, TFOS noted. The consensus paper also makes recommendations for the diagnosis of MGD and MGD-related disorders and suggests a sequence of diagnostic tests to be performed in an order that will minimize the influence of one test on a subsequent test. Recommendations for MGD evaluation, grading, management, and therapy are also offered, as well as norms for clinical trials designed to assess treatment

interventions.

Dr. Nichols said the TFOS MGD report was the culmination of 2 years' worth of commentary, clinical argument and clarification from more than 50 of the world's leading authorities on the topic.

The MGD group thinks additional research is warranted to study further aspects of MGD, TFOS said in the release. The findings are published in a special open-access issue of *Investigative Ophthalmology and Visual Science* and on the group's website (www.tearfilm.org).

It's my opinion that Dr. Nichols and her TFOS colleagues have seriously underestimated what their consensus report will truly mean not only for those who study the disease, but much more importantly... for those who are affected by it. I'm sure this is but the tip of the MGD iceberg.

Posted by Michelle Dalton at 1:53 PM 0 comments

Labels: blepharitis , MGD , ocular surface disease

WEDNESDAY, NOVEMBER 17, 2010

Give the gift of sight

We've all heard the doom and gloom about how the Baby Boomer generation is going to put an incredible strain on the healthcare system in the coming decades, both financially and physically as there will simply not be enough physicians to attend to the needs of the elderly.

Most of us know what a living will is, and this is not the place to wax prophetic about their pros and cons. It is, however, a place to implore those who read this to donate organs upon your death. Specifically, donate your eyes. With the technology improvements in corneal transplantation coming rapid-fire, the likelihood of a person rejecting the donor cornea is decreasing. What would have eliminated you in the past from being a donor (previous LASIK surgery, for example) may not necessarily limit you today or in the future. Other diseases (Hepatitis B or C) or medicosocial factors (meaning, drug use) will still prevent someone from donating their eyes, but you never know... in 10 or 15 years, science may have figured out how to

overcome those obstacles and keep the deceased's cornea healthy enough for use in a living person.

Most importantly, though, the Eye Bank Association of America has noted the numbers of corneas used for transplants in the U.S. has increased 33% since 2005; the need for corneas will increase from about 44,000 in 2005 to more than 198,000 in 2030. And there simply are not enough donors to go around. The medical industry is doing what it can to ensure corneas remain viable for as long as possible, but for now the tissue is only good for about a week after it's been harvested. Researchers are actively working on methods to keep the tissue viable and pliable for up to a month, but that's still in the early preliminary stages.

So, think about it... and remember to check back here every so often for more updates on what's what in the world of ophthalmology.

Posted by Michelle Dalton at 10:14 AM 0 comments

Labels: corneal transplantation , eye bank , ophthalmology

WEDNESDAY, OCTOBER 20, 2010

Greetings, and early news from AAO

October 20, 2010

What is Dalton and Associates? For those new to following this blog, the topics are limited to medical writing, medical conferences, etc. It's what I *do* -- I'm a medical writer and the company employs those involved in healthcare communications. Although the group tends to publish for medical professionals, this blog will hopefully highlight some of the relevant issues from a patient's perspective (or at least what I think someone in the general public might be interested in).

So, that being said, here we go:

Updates from the recent American Academy of Ophthalmology meeting in Chicago: Wet age-related macular degeneration (where you slowly lose central vision and can see clearly only in your peripheral vision) is still

"uncurable." Right now, what's called anti-VEGFs are the primary treatment, but they are extremely costly, averaging $2,000 per injection -- and you need monthly injections to stave off disease progression. Two drugs manufactured by one company (Genentech) seem to be the best options out there. One of these (Lucentis) is approved for AMD, the other (Avastin) is not. Doctors are allowed by law to use any drug that is approved for any indication, so quite a few are using Avastin in much smaller doses (and, therefore a much smaller price tag) than it's approved for. For obvious business purposes, Genentech would prefer physicians and insurance companies alike to opt for Lucentis; the argument Genentech often puts forth is that Avastin was not developed for, nor has been studied in, eye diseases. It's a cancer drug, period.

The National Eye Institute, however, has heard so much from the retinal physician community that it started a comparison study between the two; results of this study should be available some time next year. Early talk on the AAO show floor, however, indicated that most physicians are expecting the study to simply verify what they seem sure about -- that both drugs work to prevent the progression of the disease, and in some cases can restore a patient's lost vision.

Just in case those results are not what the government finds, several other companies are using Lucentis in combination with other treatments to see if those other treatments can help reduce the number of injections needed -- let's face it: having to travel every month or so to your retinal specialist for an injection can be burdensome on patients and their caregivers. So anything that can reduce the number of injections from 10 or 12 a year to 3 or 4 seems like a great idea -- IF it works. Jury's still out on those...

Keep checking back for more updates over the course of the next few weeks.

Posted by Michelle Dalton at 5:32 AM 0 comments

Labels: AMD , American Academy of Ophthalmology , Lucentis

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