

# Early Intervention with MIGS: Standalone and Combined with Cataract Surgery

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# Audience Question #12

**How strongly do you agree with the following statement?**

**“Surgery should be a last resort when managing glaucoma patients.”**

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

# Audience Question #13

**How confident are you in your understanding of which MIGS device to use during different stages of glaucoma disease progression?**

- a) Very confident
- b) Confident
- c) Neutral
- d) Not so confident
- e) Not confident at all

Myth or Fact: Surgery is a last resort when treating glaucoma patients.

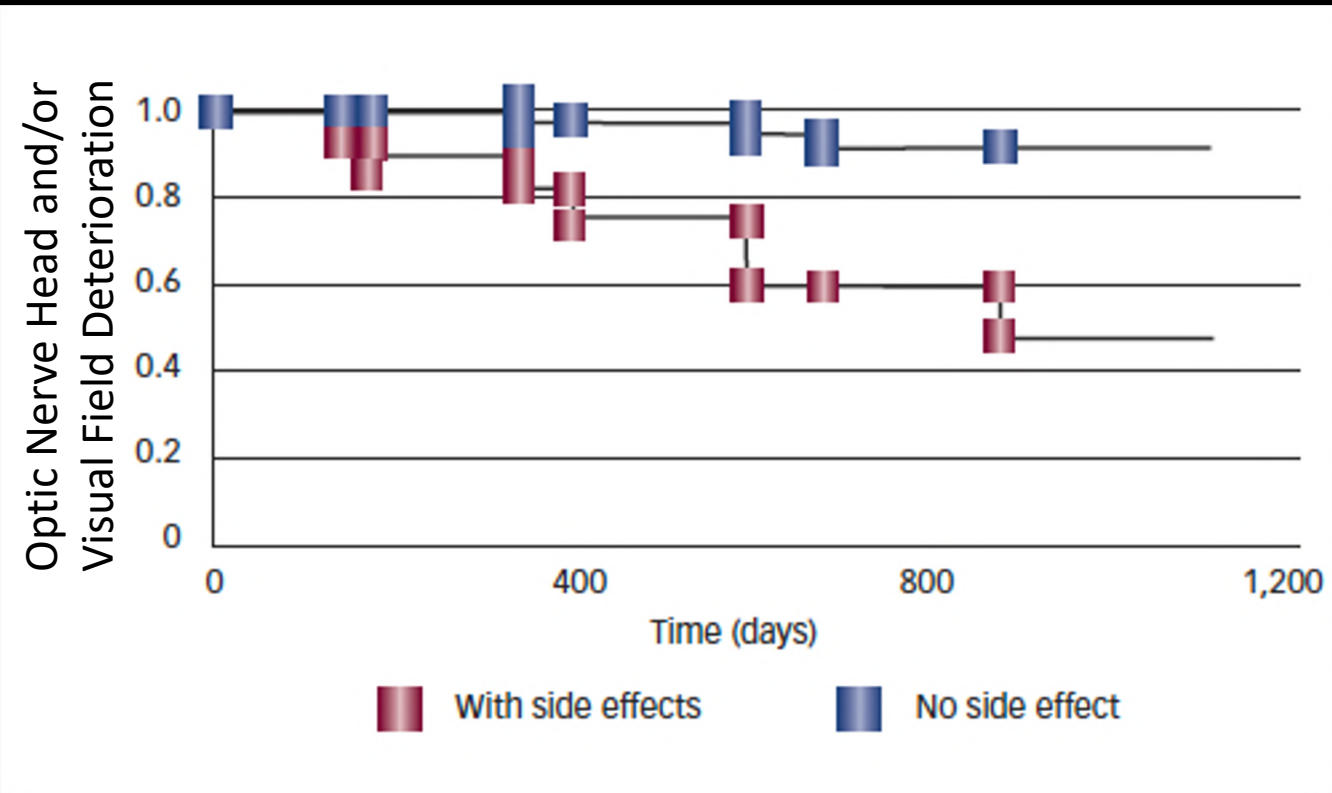
MYTHS

FACTS



# Myth or Fact: Surgery is a last resort when treating glaucoma patients.

Side Effects with drops

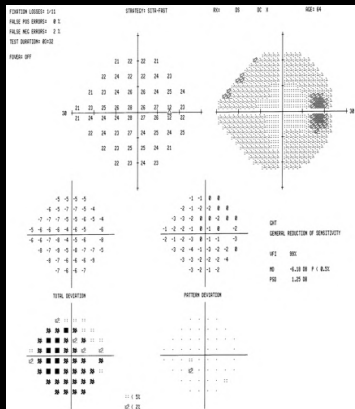
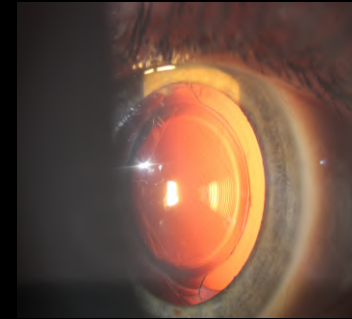
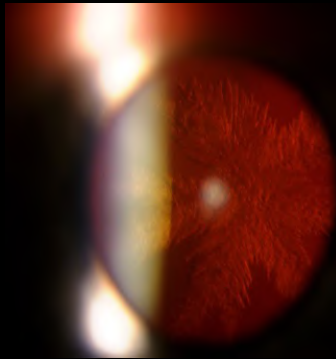
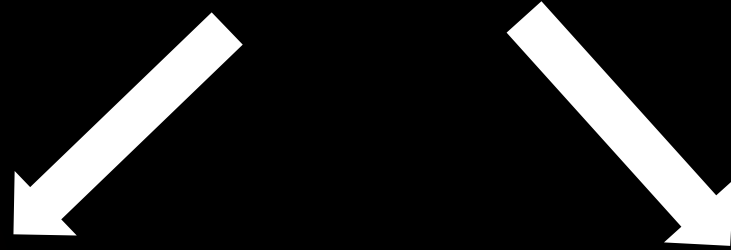


Disease progression was **3.3-fold higher** in patients who experienced adverse events

# Importance of early intervention

- Choice of first-line therapy is leading determinant of long-term outcomes and economic costs
- Effective early treatment that prevents or delays glaucoma progression could halve the long-term costs of disease management

# Interventional Glaucoma



*Panel Discussion:*

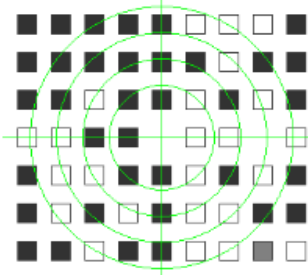
Why is early intervention so important for glaucoma patients, regardless of disease severity?

How does the current pandemic impede your ability to evaluate patient compliance?

# Home Monitoring



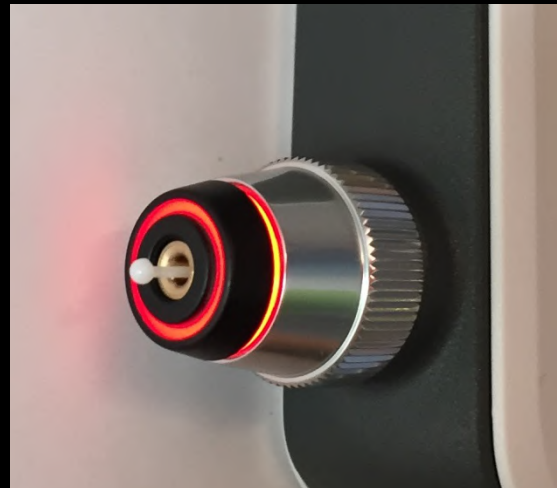
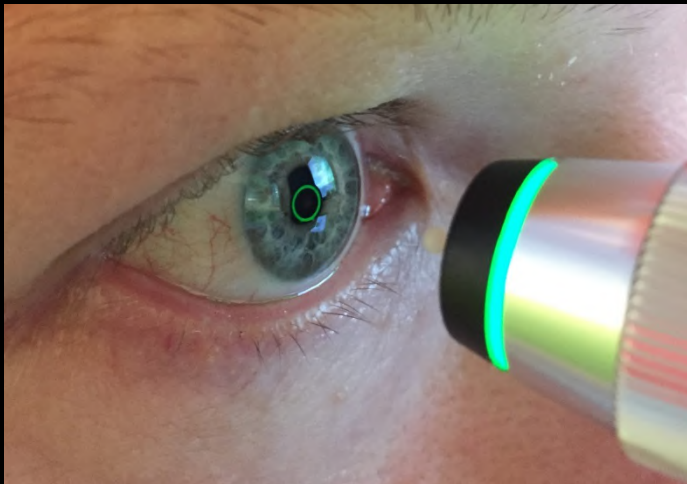
2020-08-18 10:24:48



Valid Test  
Fixation Loss 00%  
False Positive 00%  
False Negative 00%  
Device TT 04 Minutes - 31  
Seconds  
MRT  
+/- SD \_\_\_\_\_

RIGHT EYE  
NORMAL  
STABLE  
BORDERLINE  
INCONCLUSIVE

SAVE



# How do you identify potential MIGS patients?

- Needing to lower pressure
- Exhibiting allergies/adverse reactions to drop therapy
- Progressing despite maximal medical therapy
- Cannot afford prescription drops
- Non-compliant with therapy
- Stable disease but wanting to decrease or discontinue drop burden



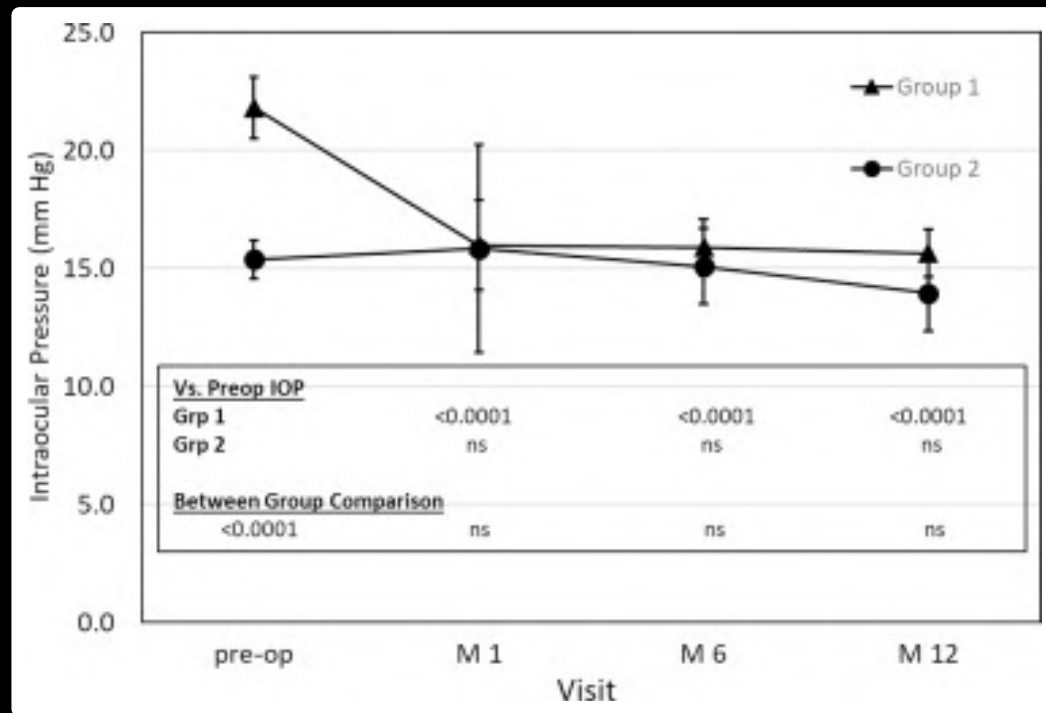
# MIGS Patient Types

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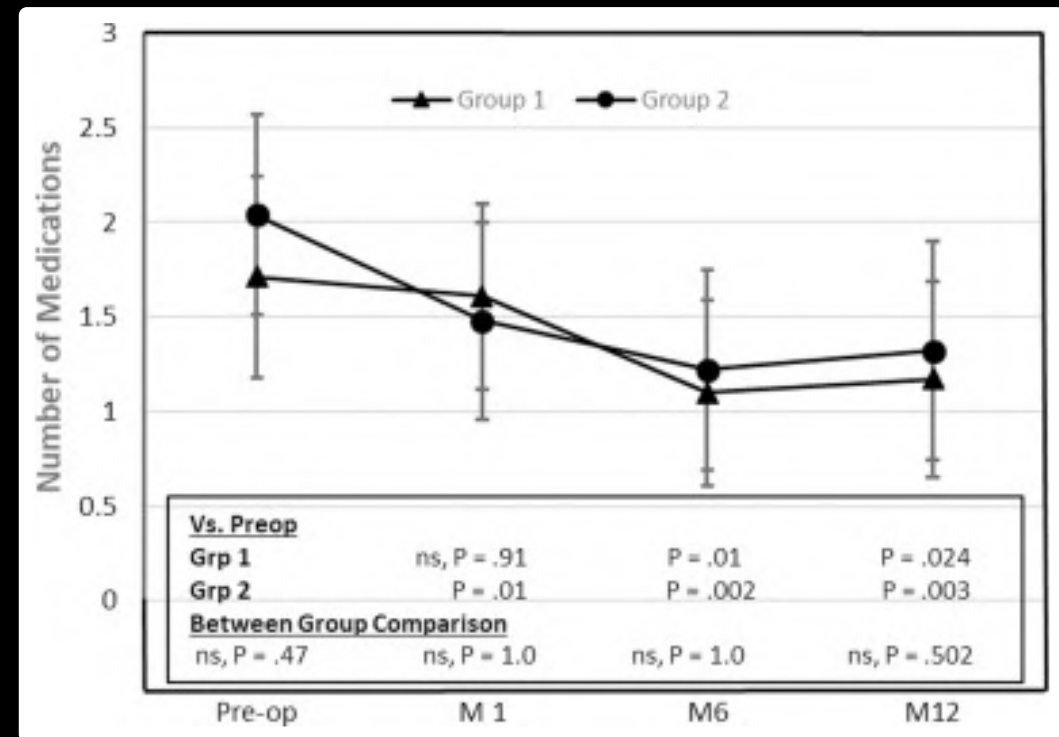


# MIGS in pseudophakic patients

Significant reduction in IOP seen at month 1 and sustained through month 12 postop



Mean medication use declined, with a 50% increase in medication-free patients



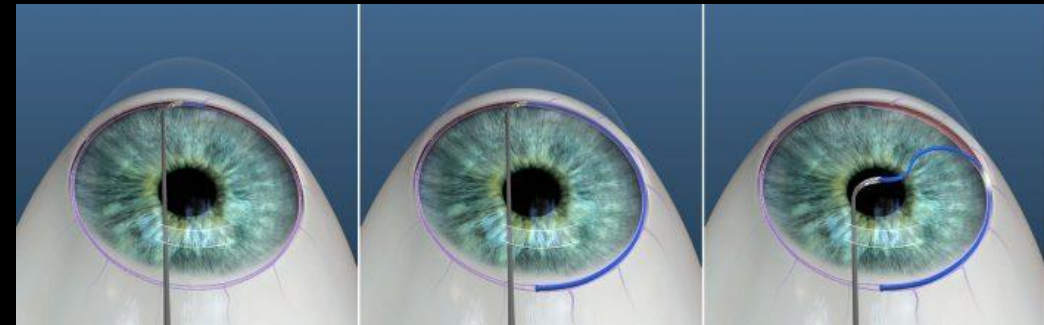
*Panel Discussion:*

What are the unique characteristics when identifying pseudophakic MIGS patients?

Any unique follow-up considerations?

# MIGS in combination with cataract surgery

- Baseline IOP
  - Group 1: >18 mmHg
  - Group 2: ≤18 mmHg
- 12-months after MIGS:
  - Mean IOP was reduced in Group 1 and remained controlled in Group 2
  - Medications were reduced in both groups



Mean IOP	Baseline (mmHg)	12-month post-op (mmHg)
Group 1	21.9	15.1
Group 2	14.1	13.4

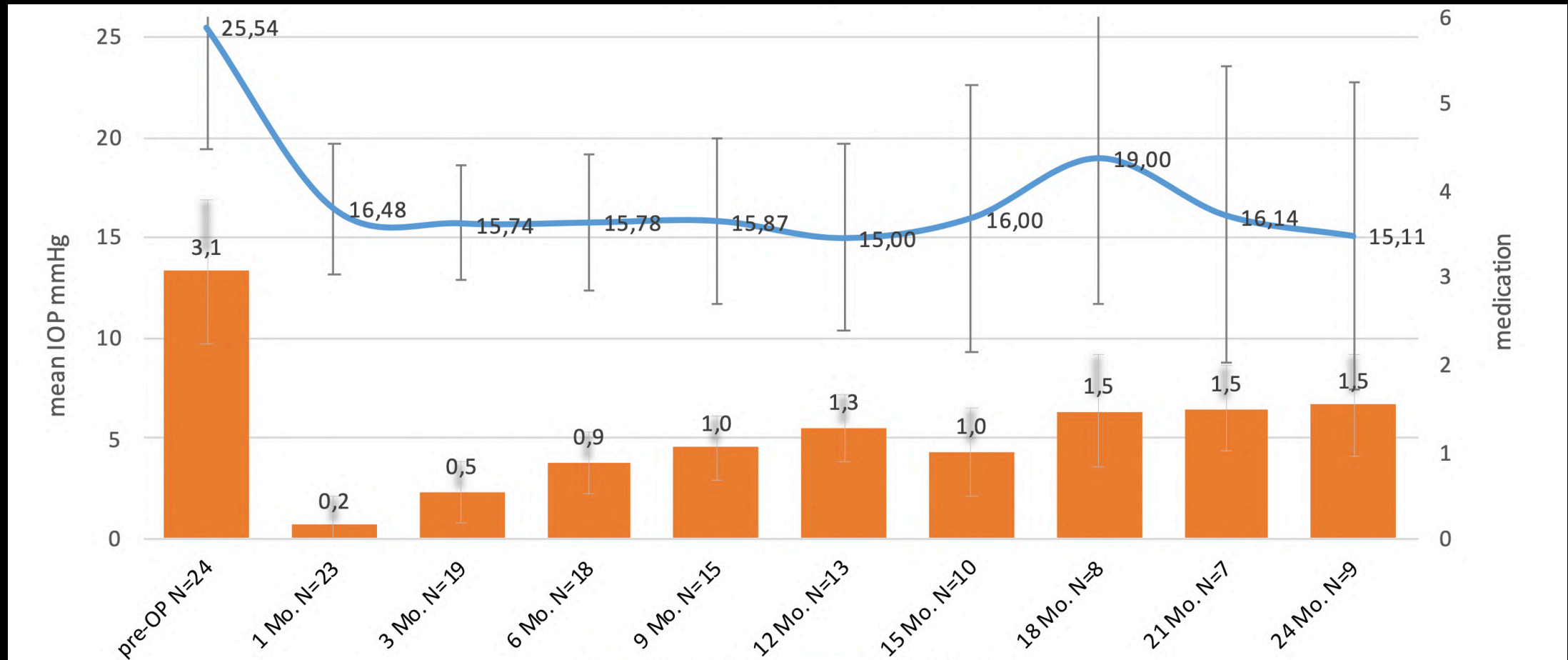
Medications	Baseline	12-month post-op
Group 1	2.0 ± 1.3	1.1 ± 1.1
Group 2	1.6 ± 1.3	0.9 ± 1.2

*Panel Discussion:*

What are the unique characteristics when identifying MIGS patients combined with cataract surgery?

Any unique follow-up considerations?

# Standalone MIGS in pre-cataract patient



*Panel Discussion:*

What are the unique characteristics when identifying standalone pre-cataract MIGS patients?

Any unique follow-up considerations?