Comparison Study Shows Avastin and Lucentis Equally Effective in Treating Wet AMD

Results from the first year of a two-year clinical trial conducted at Casey Eye Institute and other clinical centers find that two common treatments for neovascular (wet) age-related macular degeneration (AMD) are equally safe and effective in preserving vision. Called the Comparison of AMD Treatments Trials (CATT), the large-scale study of 1,200 patients compared Avastin (bevacizumab) and Lucentis (ranibizumab), two similar anti-angiogenic medications made by Genentech.

The medications, injected into the eye’s vitreous (the clear gel that fills most of the eye) are considered highly effective in preserving and even improving vision. Wet AMD is less common than the dry form, but left untreated can cause irreversible loss of central vision.

Avastin, approved by the Food and Drug Administration (FDA) for the systemic treatment of colon cancer in 2004, is used off label and is considerably less expensive than Lucentis, which was developed specifically for wet AMD. In 2005, clinical trials showed that Lucentis, which is derived from a protein similar to Avastin, successfully saved or improved vision in patients with wet AMD.

(Continued on page 2)
Comparison Study (Continued from page 1)

Before Lucentis won FDA approval in 2006, many retina specialists were treating AMD patients with low doses of Avastin because of its effectiveness and availability, and it remains in common use today.

“Hundreds of thousands of AMD patients are treated each year with Avastin and Lucentis, both of which are very successful in blocking the growth of abnormal blood vessels, which leads to vision loss,” says Christina Flaxel, M.D., principal investigator of the study at Casey. “But until now, we did not have data from large studies to verify that Avastin is comparable to Lucentis in terms of efficacy and safety,” she says.

Not only do these initial findings shed light on the drugs’ safety and effectiveness, but they help answer questions about dosing. Participants were randomly assigned to one of four regimens for a year. Patients in two of the groups received monthly injections of Avastin or Lucentis, while patients in the other two groups were given Avastin or Lucentis only when the eye doctor saw signs of disease activity, such as fluid in the retina.

The report, published in the May 19, 2011 issue of the New England Journal of Medicine, found that after one year, improvement in vision was nearly identical with both drugs. The study also showed that patients who received Lucentis or Avastin only when needed fared nearly as well as the monthly group, with excellent overall visual results and four to five fewer injections.

“This demonstrates that patients may benefit just as well when given treatments only when needed rather than on a strict monthly schedule,” says Dr. Flaxel.

According to the National Eye Institute (NEI), which sponsored the CATT investigation, the number of deaths, heart attacks and strokes were low and similar for both drugs during the study. The hospitalization rate was slightly higher for patients receiving Avastin, although no one cause could be attributed to the additional hospitalizations.

Researchers in the CATT study will continue to follow participants through the second year of treatment. The additional information will help scientists learn more about the long-term effects of these medications on vision, safety and dosing.
Dynamic Duo Are Enthusiastic Supporters of Macular Degeneration Center

Rena Tonkin and her daughter Cheryl Tonkin consider themselves two peas in a pod. They share a love of the arts, a deep commitment to their community and even, they lightheartedly divulge, the same astrological sign.

So when Rena’s battle against age-related macular degeneration (AMD) began a decade ago, it was only natural that Cheryl would join her in her fight. Not only does Cheryl accompany her mother to her appointments at Casey Eye Institute, but the two are enthusiastic boosters of Casey’s Macular Degeneration Center. Both serve on the center’s Advisory Board and volunteer at popular community education events such as the Low Vision Expo.

“We are not only grateful for what Casey has done for my mother, but for what it is doing to improve the outcomes for so many other patients,” says Cheryl. “Being on the board not only gives us the opportunity to learn more about macular degeneration but to contribute to progress against the disease.”

In turn, the physicians and staff at the Macular Degeneration Center are thankful to have such eager ambassadors who are so supportive of its work, says Michael Klein, M.D., director of the Macular Degeneration Center. Both contribute a unique perspective as a result of their own experiences with AMD — Rena as a patient and Cheryl as a close family member.

For the two women, community involvement is a priority and a strong tradition that 83-year-old Rena always instilled in her children. “I told Cheryl, if you want something done, you have to be involved,” says Rena, who is a founding member of the Asian Arts Council at the Portland Art Museum.

Among her many civic endeavors, Rena painted children’s party room murals at the Oregon Zoo and created the glittering environment for the first Zoo/OMSI auction, as well as a memorable “jungle” décor for the first CASA Voices for Children Auction. Cheryl’s resume includes professional work as the public relations and marketing director of the Portland Art Museum and the first director of Portland’s Classical Chinese Garden. Now, a public relations and marketing consultant, she has volunteered on many notable events including the Susan B. Komen Race for the Cure. Together, Rena and Cheryl co-chaired a highly successful benefit for the Jewish Federation of Greater Portland.

A talented commercial and residential interior designer, Rena is a “visual person” who noticed problems with her vision early on, recalls Cheryl. “It became difficult to read or draw design plans but new eyeglasses didn’t help,” says Rena, adding she was stunned when her doctor diagnosed her with early AMD. At the time, she knew little about the disease.

Soon after, she was referred to Casey and enrolled in the Complications of Age-related Macular Degeneration Prevention Trial (CAPT). The five-year study, conducted at eye centers throughout the United States, evaluated whether treatment with a low-level laser could prevent advanced AMD.

Although her condition remained stable for several years, she recently developed wet AMD in one eye and is being treated with injections of Lucentis. “Thanks to the Casey’s work my mother is able to try a breakthrough treatment that didn’t exist when she was first diagnosed,” says Cheryl.
2011 Macular Degeneration and Low Vision Expo
Saturday, October 29, 2011 • 9 a.m. to 4 p.m.
Doubletree Hotel – Lloyd Center
1000 NE Multnomah • Portland, Oregon
Free and open to the public

All Day: Hands-on exhibits of devices, technology and services for people with impaired sight, including video magnifiers, audio books, accessories and more.

Morning and Afternoon Presentations by Casey Faculty Physicians
9:30 - 10:10 a.m.  Macular Degeneration: New Directions in Research, Treatment and Prevention
Repeats: 1:40 - 2:10 p.m.
  Michael Klein, M.D., and Peter Francis, M.D., Ph.D.
  Casey Eye Institute Macular Degeneration Center

10:30 – 11:10 a.m.  Reading, Driving and Living Well with Low Vision
Repeats: 2:40 - 3:10 p.m.
  Grace Tran, O.D., F.A.A.O.
  Casey Eye Institute Evelyn L. Jones Vision Rehabilitation Center

Keynote Speaker: Bill Takeshita, O.D., F.A.A.O.
“Low Vision is Not Bad. It’s Just Different!”
11:20 am. – 12:10 p.m.

Dr. Bill Takeshita is an accomplished low vision optometrist in Los Angeles, Calif. who lost his own eyesight at the height of his career. His vision loss has given him a unique understanding of how vision impairment affects lives.

Afternoon Breakout Sessions
1:40 - 2:20 p.m.
  Q&A with Dr. Bill: Dr. Takeshita will be available after his talk to answer your questions in a more intimate setting.

1:40 - 2:20 p.m.
  High Tech Highlights: Using Electronic Devices to Read, Access Information and Stay in Touch. Covers the latest in accessible cell phones, such as iPhone, and alternatives to books, including iPad, audio books and more.
  Richard Turner, Oregon Commission for the Blind

1:40 - 2:20 p.m.
  Going Mobile: Getting Around Safely and Independently in Your Home and Out in the World. Covers personal safety, White Cane Law and a variety of ride options, including public transportation.
  Carolyn Briggs, Oregon Commission for the Blind

Details about registration, exhibitors and event schedule will be mailed to subscribers of this newsletter later this summer and posted on our web site, www.caseyamd.com

For more information or to be added to the Insight newsletter mailing list, please call the Macular Degeneration Center at 503-494-3537.
Viewing the World a Little Differently: Using Your Side Vision

By Grace Tran, O.D., F.A.A.O.
Casey Eye Institute Evelyn L. Jones Vision Rehabilitation Center

Although people with age-related macular degeneration (AMD) are challenged by changes to their central vision, their side vision remains intact. Central vision allows you to detect fine detail while viewing the world around you. When you look directly at an object it is clear because you are using your central vision. Your side vision also allows you to see and identify what you are viewing; however, it is not as clear as seeing with central vision. Side vision is also referred to as peripheral vision. You are using your peripheral vision when you don’t look directly at an object you want to see. Sometimes people with AMD can actually see a bit better by using their peripheral vision.

There are several ways you can use your peripheral vision to see things, sometimes even without knowing you are using a fully working part of your vision. In order to use your peripheral vision, you may need to move your eyes in different directions while looking at an object. It is as though you are viewing from the corners of your eyes. You can also use your peripheral vision by turning or tilting your head in different directions while looking at an object. Because AMD affects each person’s central vision differently, finding and using peripheral vision with eye and/or head movements will also differ for each person. It is also important to remember that because AMD symptoms can change over time, your ability to use peripheral vision may also change.

This technique of using peripheral or side vision is called eccentric viewing. Eccentric viewing may be helpful for some people with AMD, but it can be challenging to master. The distortion or blank spot in central vision can make it difficult to see objects all at one time. It may be hard to recognize a face or to read a newspaper fluently while looking straight at it. Keeping the eye or head in these different directions to view something straight ahead is different from how we normally use our vision. However, some people with AMD can utilize the technique of eccentric viewing to make the most of their remaining vision.

Although there are strategies to help you find, use and maintain eccentric views, clinical research has yet to agree on a standard method. But those with AMD should not feel alone or have to struggle to figure out if there may be useful side vision. A visit to an eye care provider or vision rehabilitation doctor can explore these strategies with you and hopefully introduce you to viewing the world a little differently.

Dr. Tran is a faculty physician at Casey’s Evelyn L. Jones Vision Rehabilitation Center. You can reach the vision rehabilitation center at 503-494-3098.

“Some people with AMD can utilize the technique of eccentric viewing to make the most of their remaining vision.”
Honor Roll

A Special Thank You

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