



# EURETINA EDUCATION PLATFORM



# 2022

CLINICAL SURVEY  
**OUTCOMES**

# EURETINA Clinical Survey Outcomes 2022



This report contains the results of the 2022 EURETINA Clinical Trends Survey, conducted in-person at the 22nd Congress of EURETINA and online. The survey questions several areas of clinical practice, including retinal diagnostics, neovascular and atrophic AMD, as well as DME, retinal detachment, myopia management, and gene therapy.

Over 2000 physicians responded to the 91 questions, which were developed and reviewed with the EURETINA leadership and substantiated by a data scientist. To better identify the educational needs of its members, EURETINA leadership refers to the results of these surveys and the feedback they elicit. The collected data will also enhance the opportunities featured at the Annual Congress of EURETINA and other educational channels such as the EURETINA Online Education Platform ([IME ePlatform](#)) as well as print and digital supplements in various trade publications.

91

questions on  
key clinical opinions  
and practice patterns



2,017

EURETINA delegates  
responded to survey



51%  
MALE



48%  
FEMALE



1%  
UNDISCLOSED



Average years  
in practice



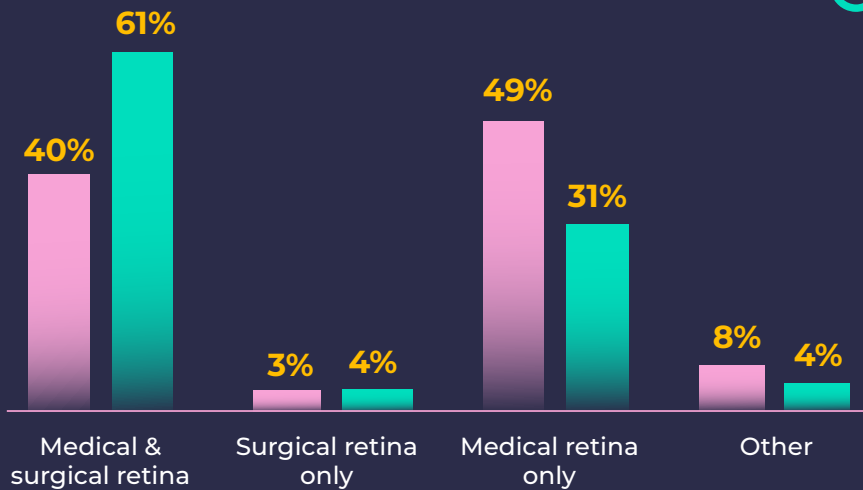
59%  
10+ years



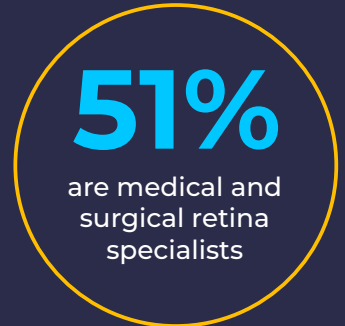
9%

currently in medical  
school or in training

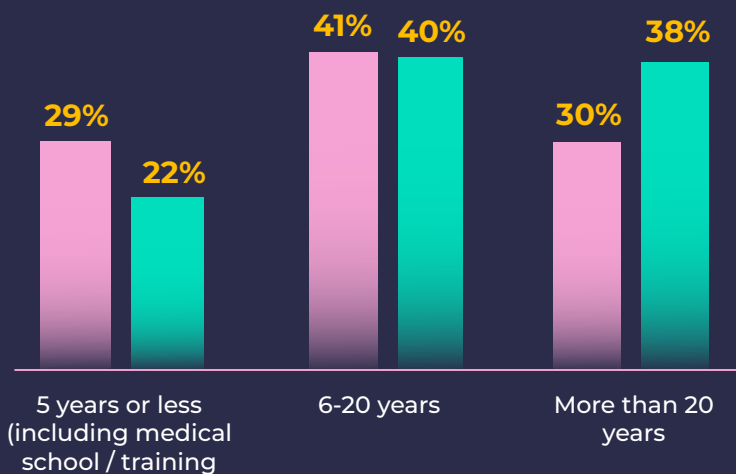
Q: Are you a medical or surgical retina specialist or both?



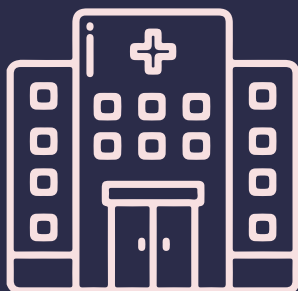
### Field of Expertise:



Q: How many years have you been in practice post training?



### Primary Surgery Location:



- **28%** University hospital
- **26%** Public hospital
- **17%** Private hospital
- **9%** Surgeon-owned clinic
- **5%** Corporate-owned clinic
- **6%** Hospital-owned clinic
- **1%** Retired or do not perform surgery
- **1%** Other

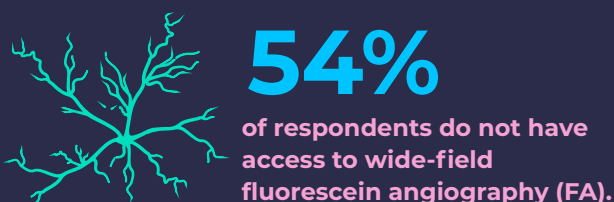
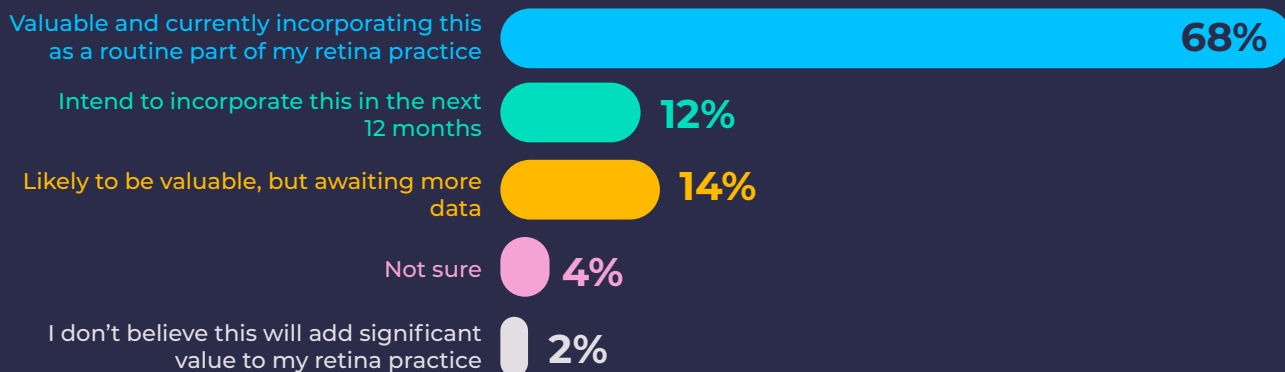


# Diagnostics

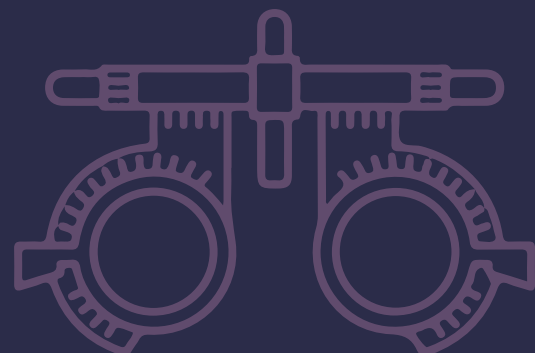
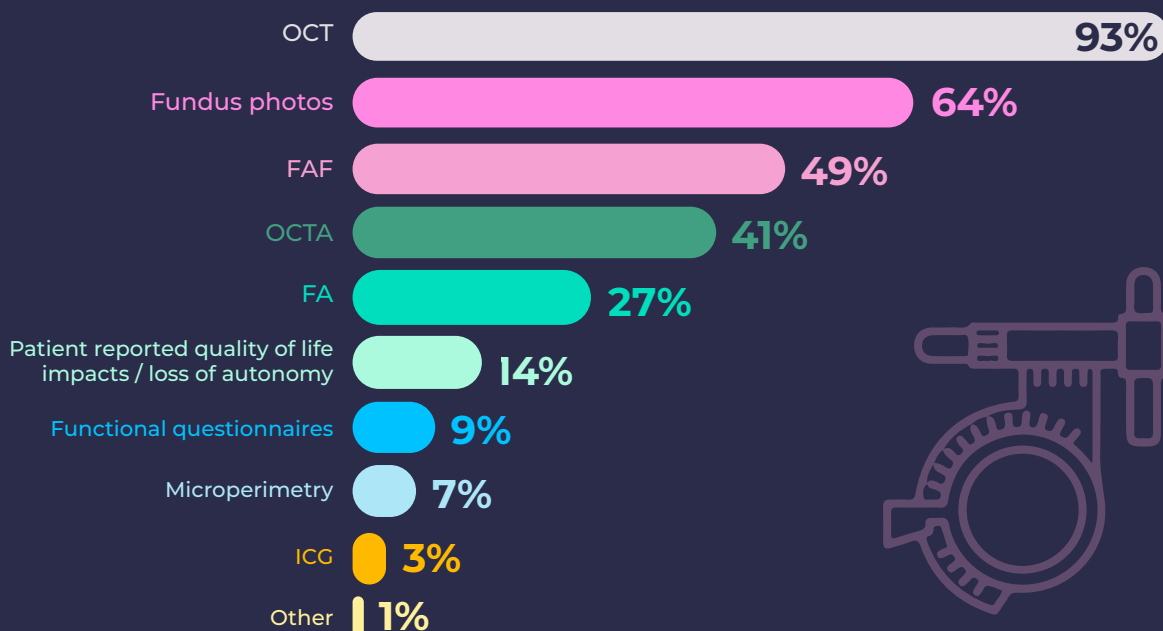
Q: Which OCT do you use?  
(Select all that apply.)



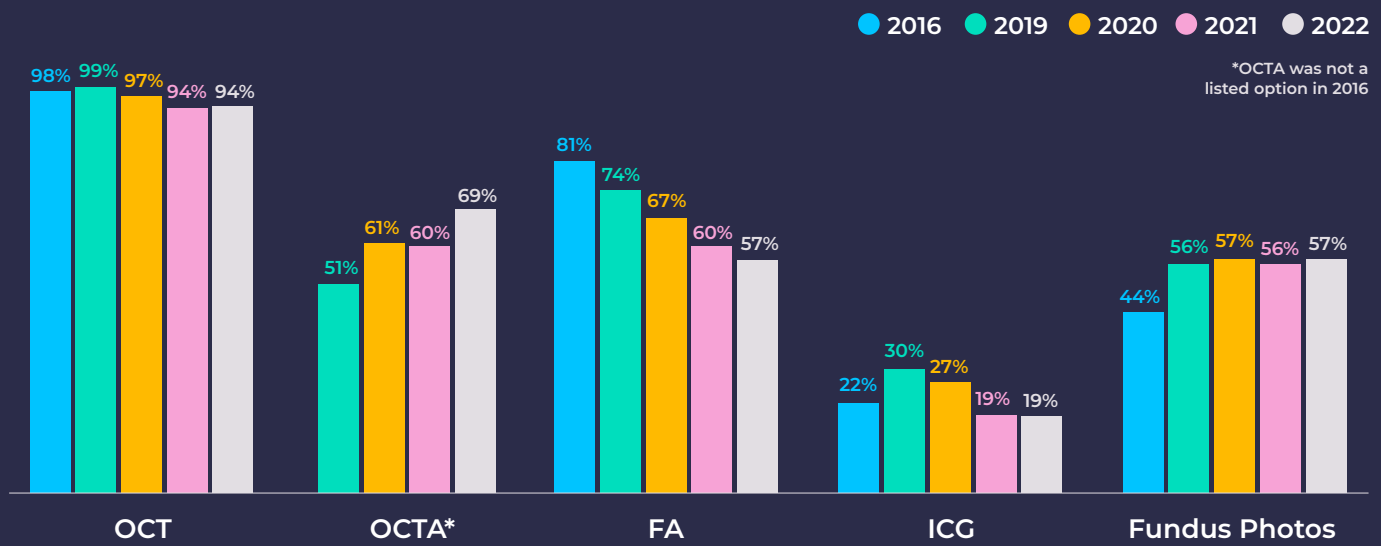
Q: What is your belief in the current value of OCT Angiography?



Q: What are all the techniques that you use at time of diagnosis for atrophic AMD patients? (Select all that apply.)



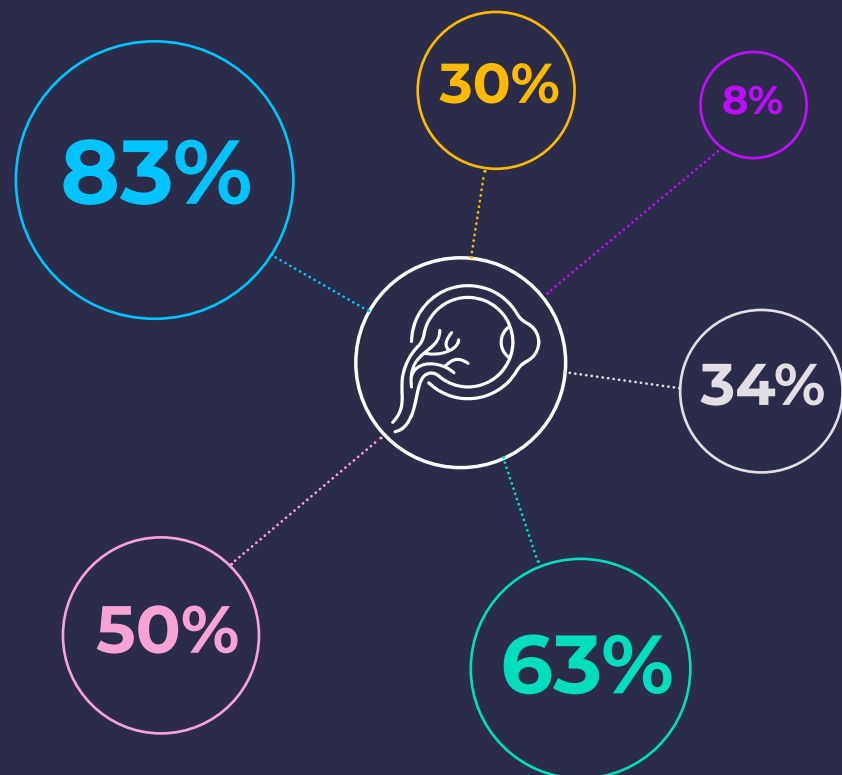
**Q:** What are all the imaging techniques that you use at time of diagnosis for neovascular AMD patients? (Select all that apply.)



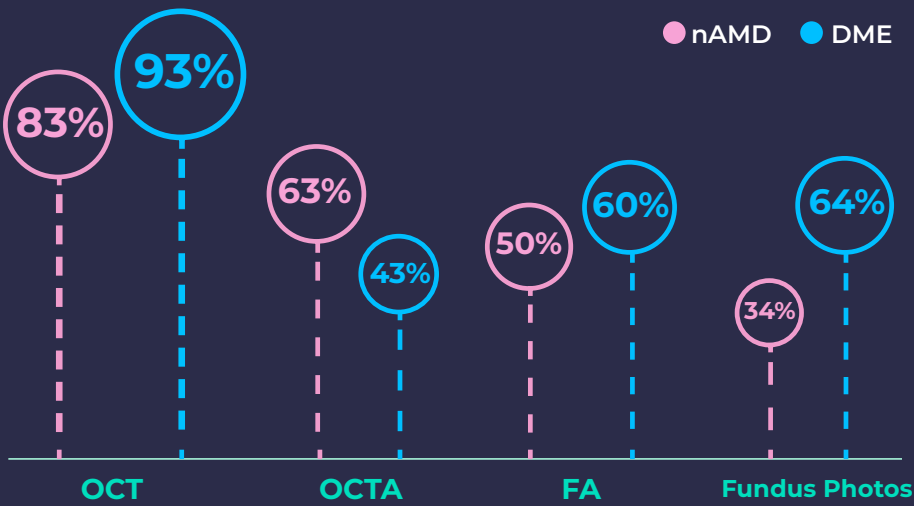
OCT remained the main modality to diagnose neovascular AMD since 2016. The use of OCTA and fundus photography have increased by **18%** and **13%** point, respectively, while FA use has decreased by **24%** point.

**Q:** What are all the imaging techniques that you use for neovascular AMD at time of follow up, for a patient who is NOT responding well to treatment? (Select all that apply.)

- OCT
- OCTA
- FA
- Fundus Photos
- ICG
- Other

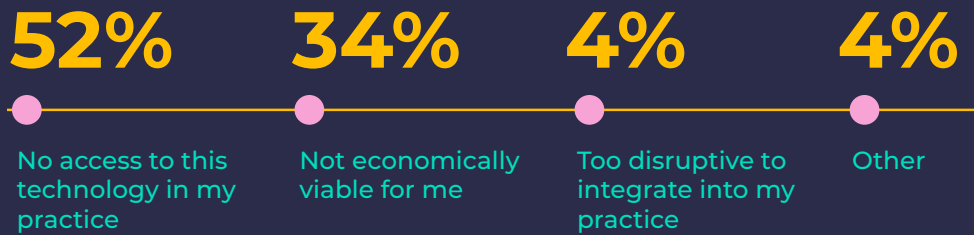


Q: What are all the imaging techniques that you use for neovascular AMD and DME patients? (Select all that apply)



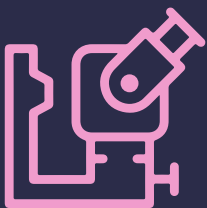
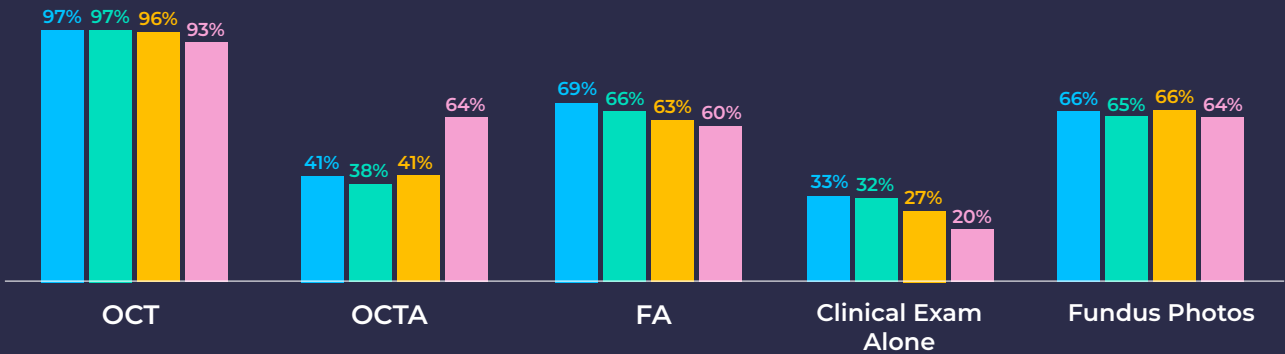
**81%**  
of respondents use multi-modal imaging

Q: If you are NOT using multi-modal imaging, why not?



Q: What are all the imaging techniques that you use for DME patients? (Select all that apply.)

● 2019 ● 2020 ● 2021 ● 2022



On average  
**31%**  
of patients use at-home OCT devices to accurately monitor and predict disease progression in AMD and DME



**87%**  
agree that AI will improve prediction of clinical outcomes in retinal diseases

# Atrophic AMD & Geography Atrophy (GA)



average number of patients seen monthly that have atrophic AMD

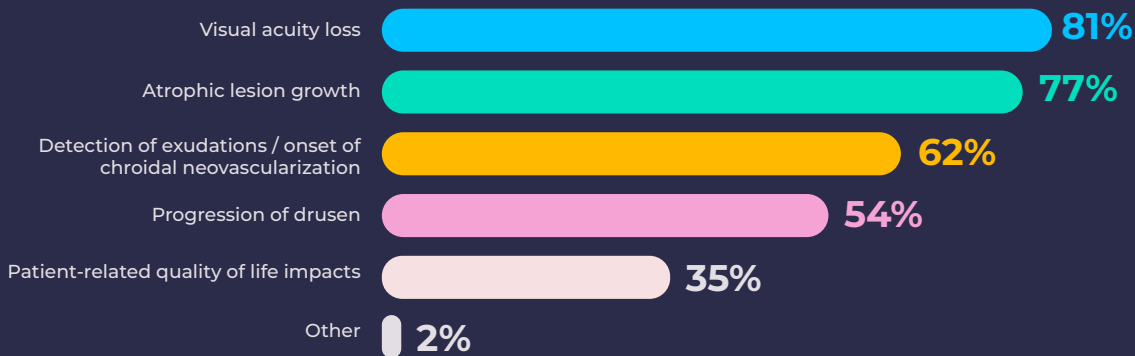


of atrophic AMD patients have GA

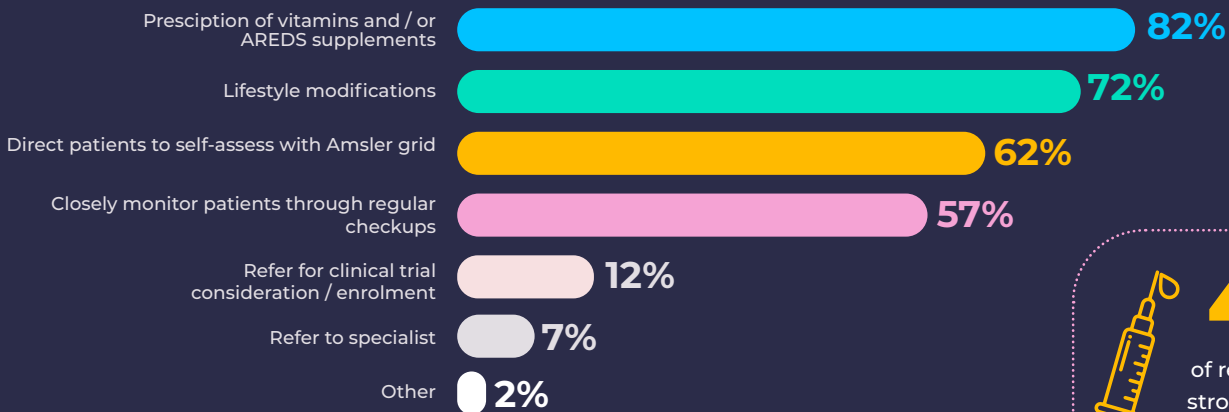


of respondents see their atrophic AMD patients every 3-6 months

**Q:** What are the hallmarks you use to monitor progression of atrophic AMD? (Select all that apply.)

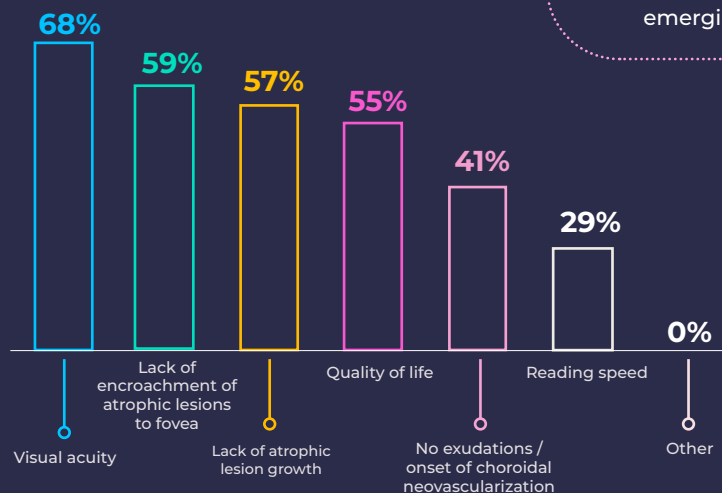


**Q:** How are you managing your atrophic AMD patients? (Select all that apply.)



**40%**  
of respondents lack a strong understanding the potential impact on patient outcomes of emerging AMD therapies

**Q:** Which of the following do you use as a parameter to define successful geographic atrophy (GA) management?



# Neovascular AMD

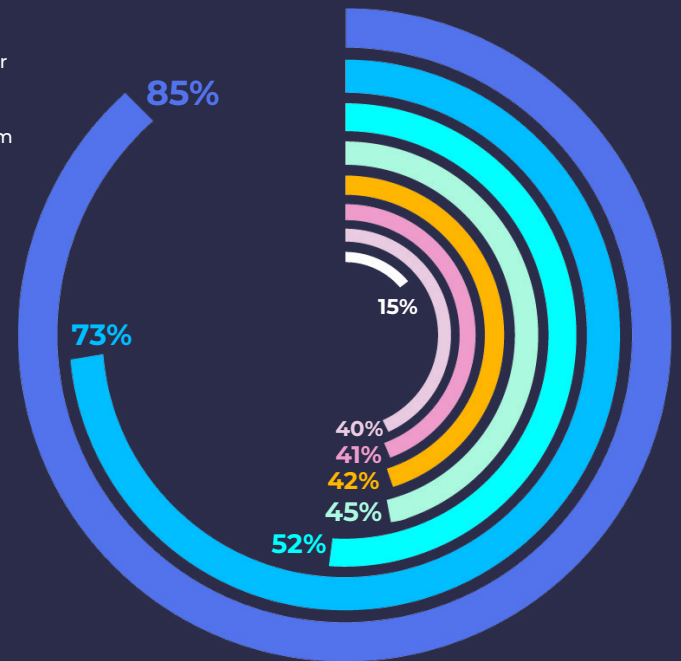


55

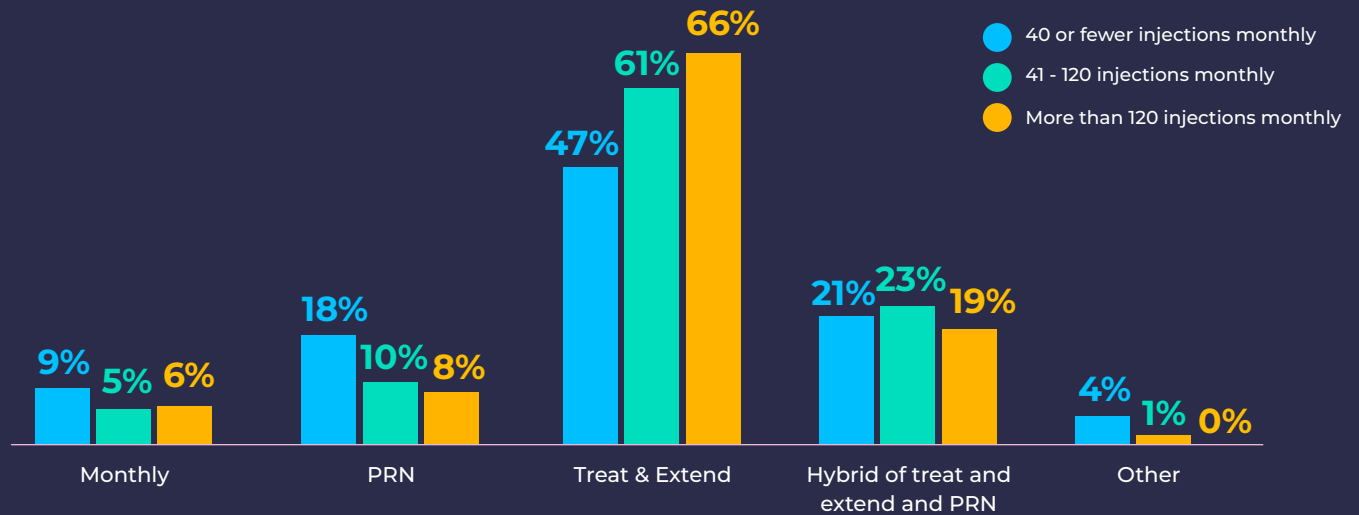
average number of patients seen monthly that have neovascular AMD.

Q: When do you decide to initiate anti-VEGF therapy in a patient with AMD? (Select all that apply.)

- Development of subretinal and/or intraretinal fluid on OCT
- Fluid and/or heme in clinical exam
- Development of subRPE fluid on OCT
- Macular neovascularization on OCT with or without fluid
- Patient develops subjective worsened distortion / decline in vision
- Objective decline in best corrected visual acuity
- MNV as seen on FA
- Development of PED on OCT without fluid



Q: What treatment regimen do you use for the majority of your neovascular AMD patients?



The use of monthly and PRN treatment regimens for neovascular AMD have decreased since 2016, while the use of Treat and Extend has increased by 18% point.

5



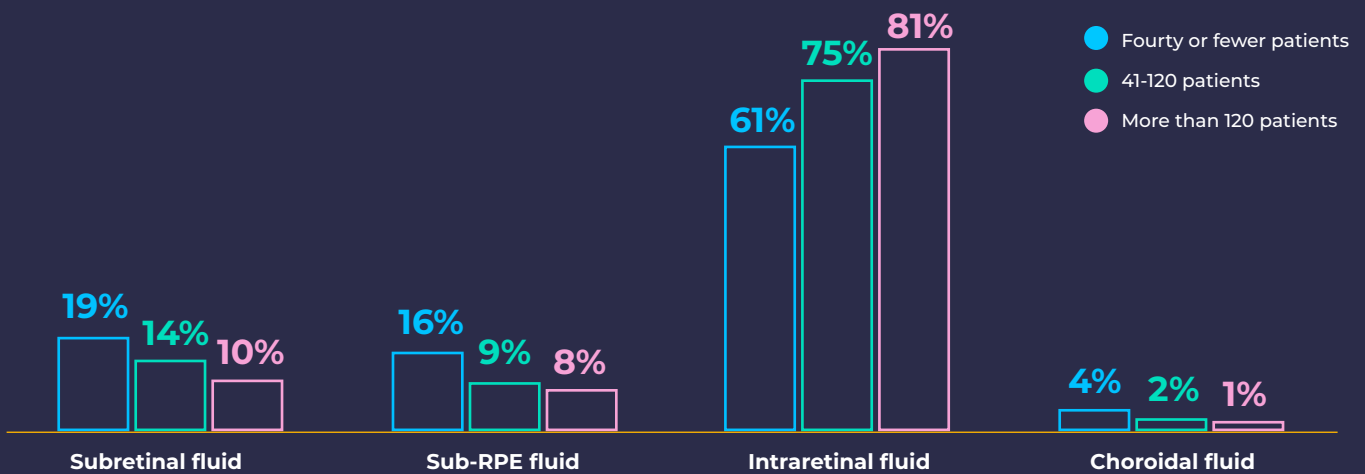
average number of injections before anti-VEGF agents are switched due to inadequate response.

48%

of standard neovascular AMD patients are dry on OCT 6 months after the initial first-line treatment.

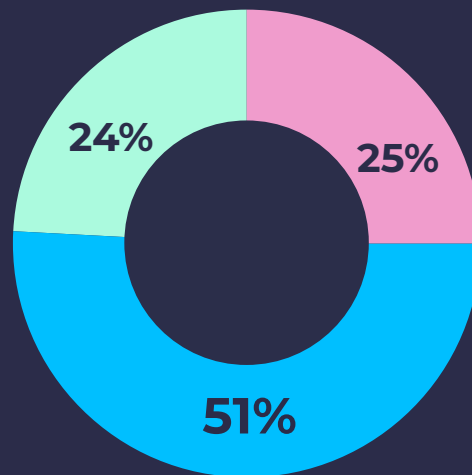


**Q:** Which type of retinal fluid do you consider having the most negative impact on visual outcomes in patients with neovascular AMD?



**Q:** What is your fluid threshold for treatment for patients with neovascular AMD?

- I accept no fluid
- I accept a small amount of SUBRETINAL fluid because I feel it is tolerable or may be beneficial, but I don't allow intraretinal fluid
- I accept a small amount of SUBRETINAL or INTRARETINAL fluid, but only if OCT and visual acuity is stable

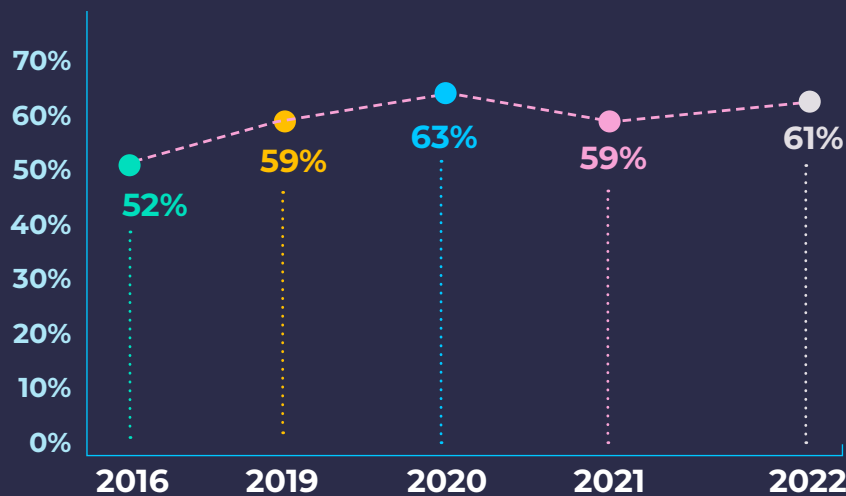


**61%**

of patients who require regular anti-VEGF injections are adherent with their treatment timeframes.

**84**

average number of anti-VEGF injections performed monthly.



Average patient compliance with anti-VEGF treatment time frames has increased by 9% point since 2016.



**77%**

of respondents would prefer a duration of effect to be 6-12 month for a sustained drug-delivery implant.

# Diabetic Macular Edema

46

average number of patients seen on a monthly basis that have DME.



4

average number of injections before an alternative treatment is considered for DME patients who are not responsive to primary anti-VEGF therapy.

Q: Do you consider systemic safety a critical component of your treatment decisions with anti-VEGF therapies?



48%

Yes, on a case-by-case basis

42%

Yes, always

10%

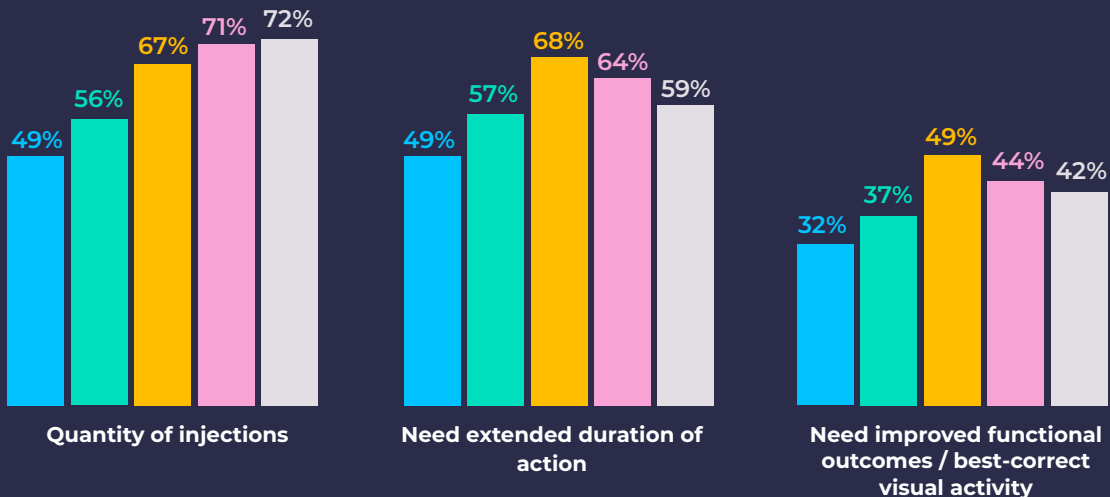
No, I believe these therapies are all safe

35%

of respondents do not prescribe topical antibiotics for use with intravitreal injections.

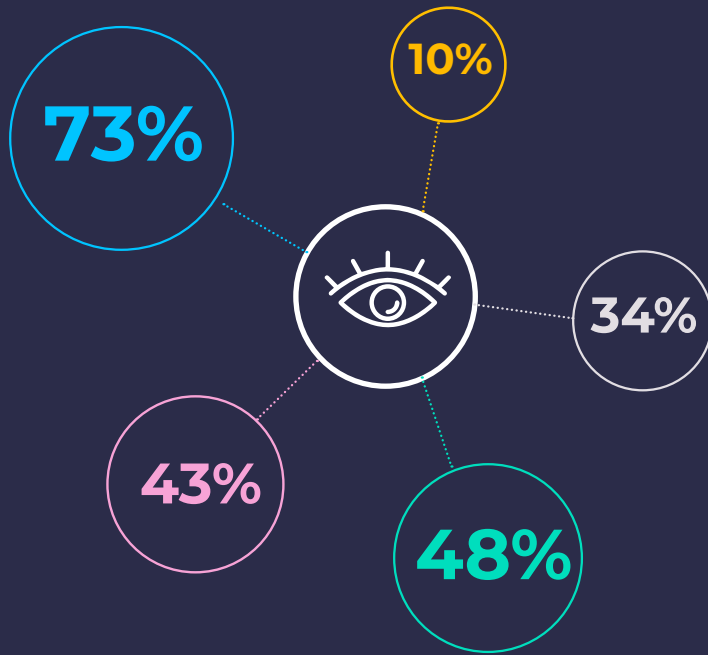
Q: What is the largest unmet need for current anti-VEGF treatments? (Top 3 responses.)

● 2016 ● 2019 ● 2020 ● 2021 ● 2022

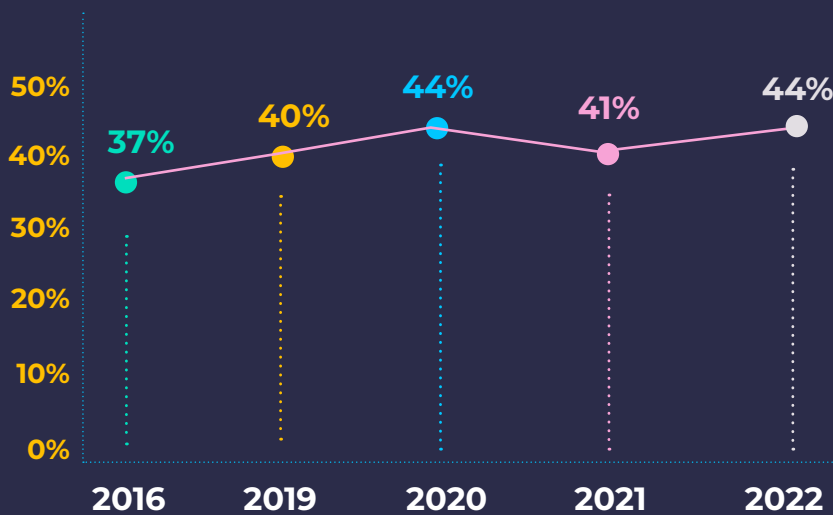


Concerns regarding unmet needs of anti-VEGF treatments have overall increased, but extended duration of action and the treatment burden remain the main issues.

**Q:** Of your DME patients that do not comply with their treatment regimen what are their reasons for not complying? (select all that apply)



- Frequency of Visits
- Cost
- Transportation to office
- Injection pain / discomfort
- Other



The average percentage of DME patients who achieve 3 or more lines of BCVA improvement 6 months after first line treatment has increased by 7% point since 2016.



40% of standard DME patients have a CFT of < 250 microns 6 months after the initial first-line treatment.



44% of standard DME patients are achieving 3 or more lines of BCVA improvement 6 months after initial first-line treatment.

**69%**

69% of respondents have a very strong and strong understanding of the long-term efficacy and safety profile of steroids used for DME.

**Q:** For acute endophthalmitis what medications do you use? (select all that apply)



**89%**  
Intravitreal Antibiotics



**69%**  
Prompt Vitrectomy with Cultures

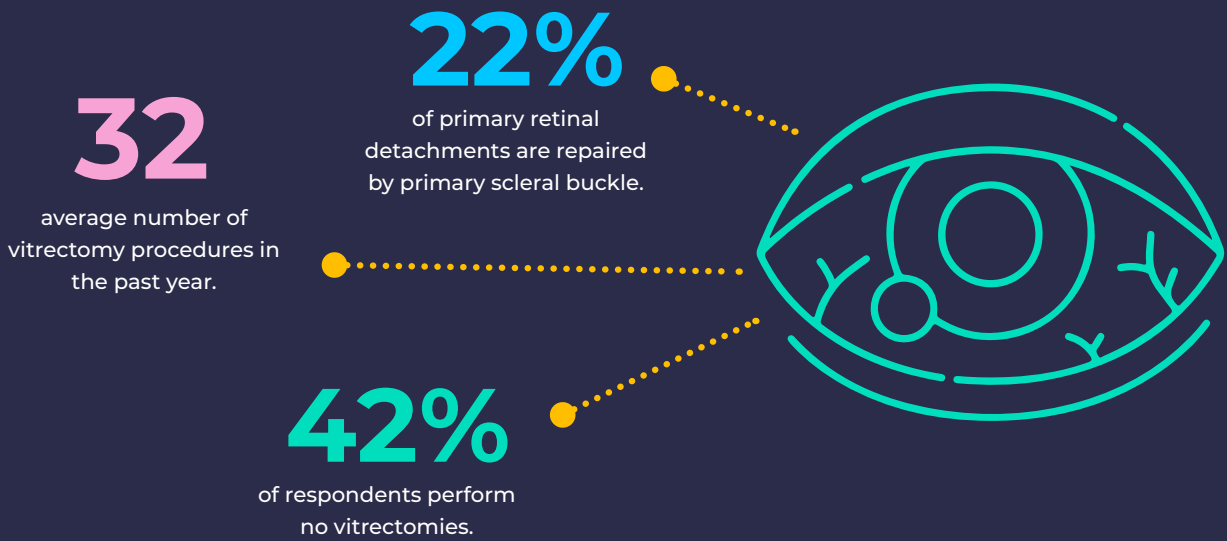


**35%**  
Oral Antibiotics

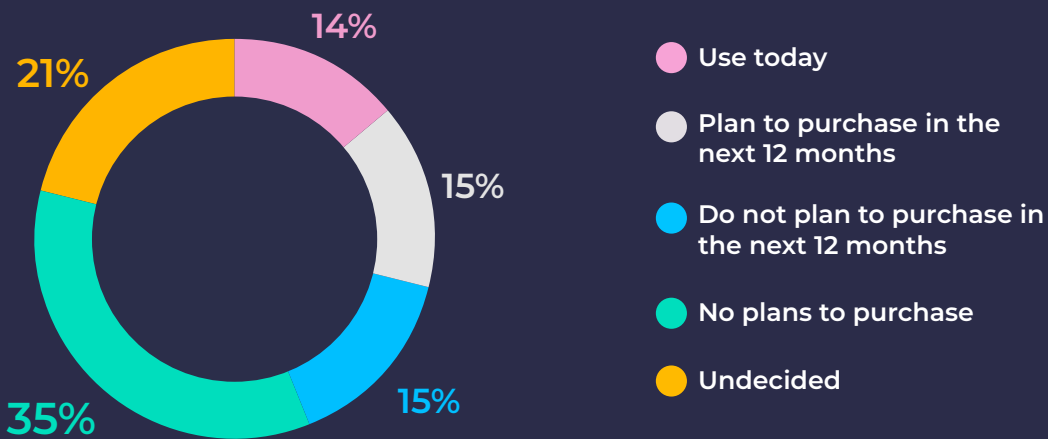
**2**

2 average number of endophthalmitis cases related to intravitreal injections observed within the last 2 years.

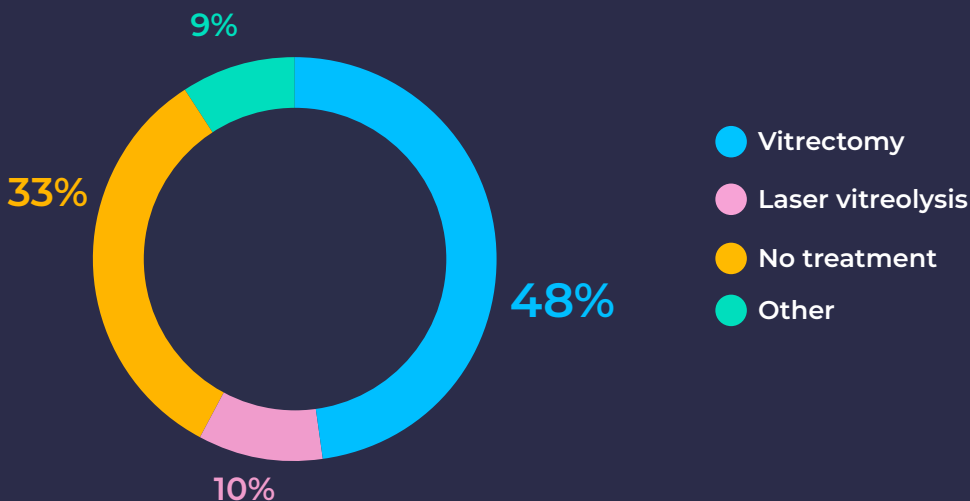
# Vitroretinal Surgery and Uveitis



Q: Have you adopted a digital surgical visualization station?



Q: What is your primary treatment for a patient with debilitating/severe (non-hemorrhagic) vitreous opacities?

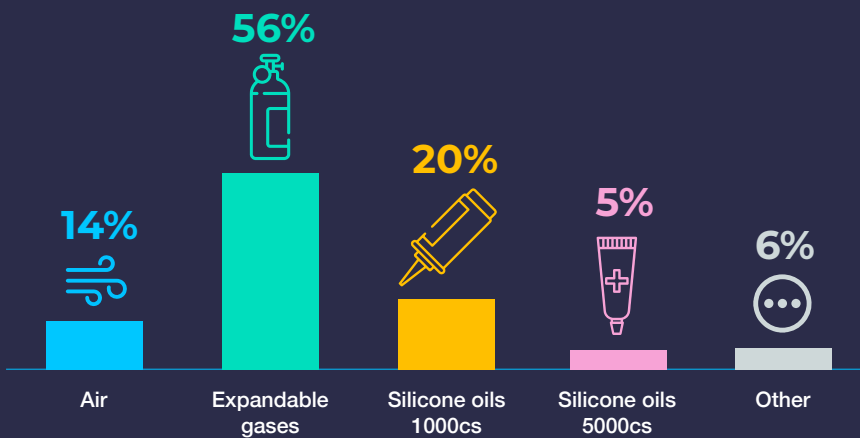


**Only 46%** of respondents have a very good or good understanding of how to optimize fluidics during a vitrectomy procedure.

**Q:** How quickly do you perform surgery to correct macula-on vs. macula-off detachment?



**Q:** Which tamponade do you most commonly use for vitrectomies?



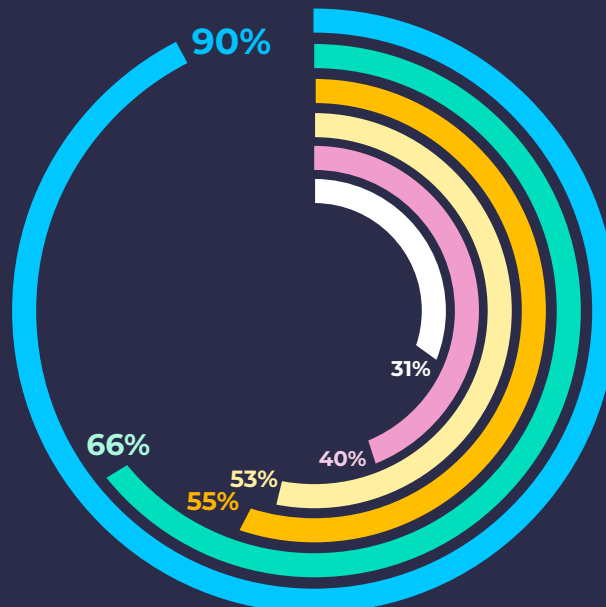
**87%**



of respondents prefer 23 or 25 gauge for tractional retinal detachment.

**Q:** What imaging modalities do you use for your evaluation of patients with posterior uveitis? (Select all that apply.)

- OCT
- Fundus Photography
- Fundus Autofluorescence
- Standard Fluorescein Angiography
- Wide-Field Fluorescein Angiography
- ICG



**11%**

average number of patients treated for uveitis.



**30%**

average number of uveitis patients that are co-managed with rheumatology.