



EURETINA EDUCATION PLATFORM



2021

CLINICAL SURVEY
OUTCOMES

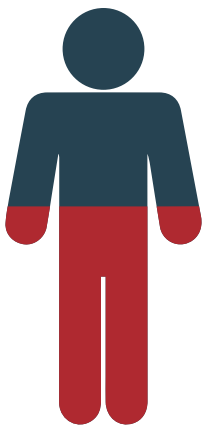
2021 EURETINA Clinical Trends Survey Outcomes

Survey Background & Overview

This report contains the results of the 2021 EURETINA Clinical Trends Survey, conducted in conjunction with the 21st Virtual Congress of EURETINA. Delegates had the opportunity to complete the survey online through the EURETINA website. Questions addressed several areas of clinical practice, including retinal diagnostics and artificial intelligence (AI), wet AMD, dry AMD and geographic atrophy (GA), diabetic macular edema (DME) and gene therapy.

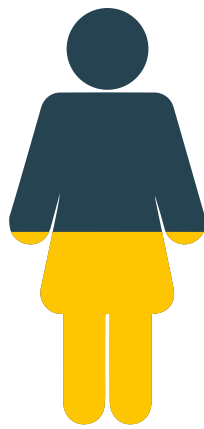
Nearly 1700 delegates responded to the 73 questions, which were developed and reviewed with the EURETINA leadership and substantiated by a data scientist. To better identify the educational needs of its members, the EURETINA leadership refers to the results of these surveys and the feedback they elicit. The collected data is also utilised to enhance the independent medical education (IME) programmes featured at the Euretina Annual Congress and other educational channels such as the online EURETINA Education Platform, as well as Retina Today print and digital supplements.

We invite you to study the 2021 Survey's key findings and be ready to take advantage of upcoming educational events. EURETINA encourages all delegates to participate in the upcoming 2022 EURETINA Clinical Trends Survey, launching in September at the 22nd Congress of EURETINA, and taking place online throughout autumn, at <https://tfgedu.questionpro.com/EURETINA2022>



51%

Male



49%

Female

73



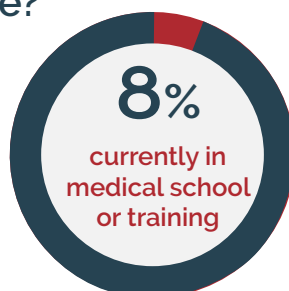
Questions on key clinical opinions and practice patterns

1688



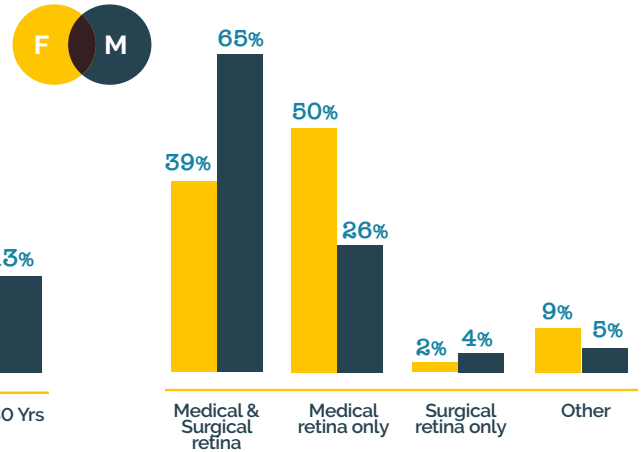
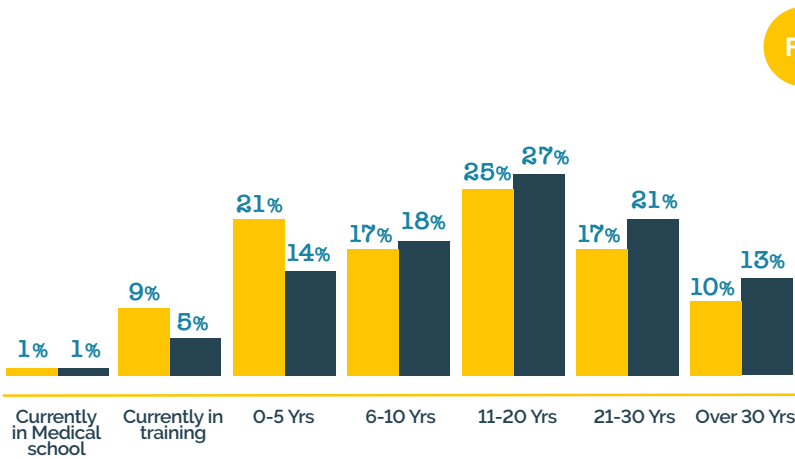
EURETINA delegates responded to the survey

Q. How many years are you in practice?

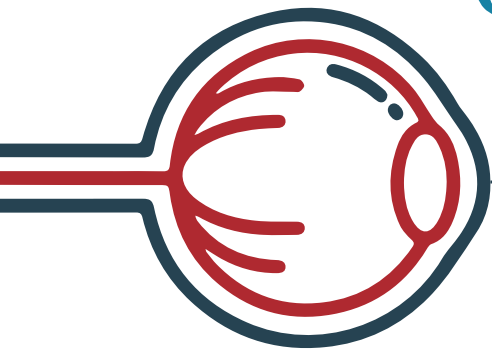


Q. How many years have you been in practice post training?

Q. Are you a medical or surgical retina specialist?



Q. What is your field of expertise?



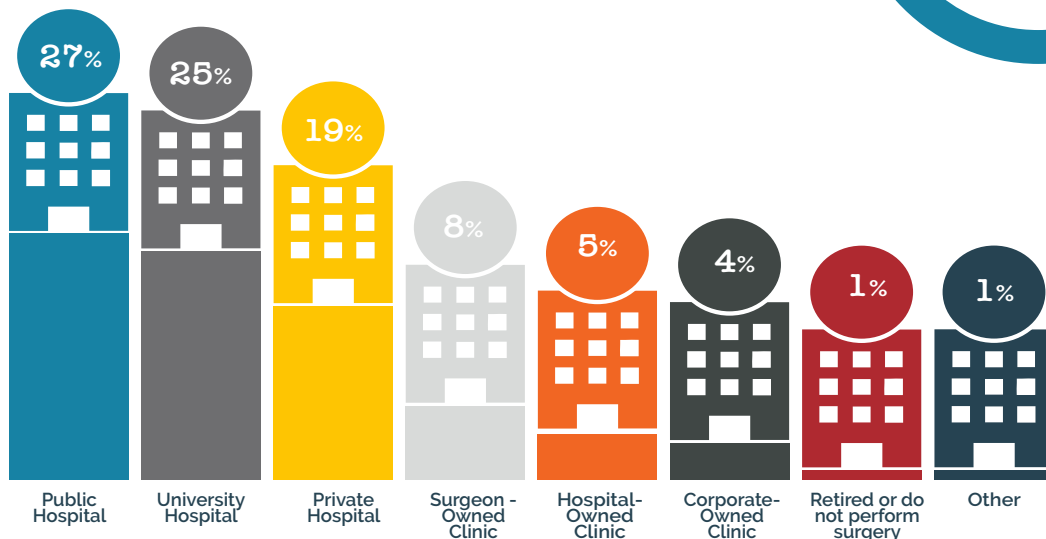
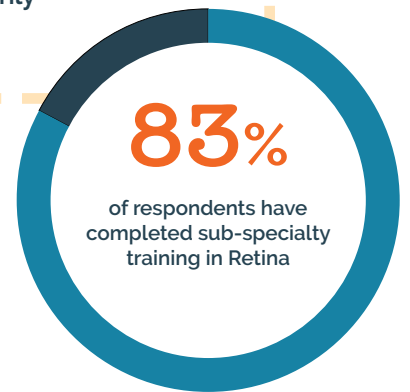
53% 37% 10%

Medical & surgical retina specialists

Medical retina specialists only

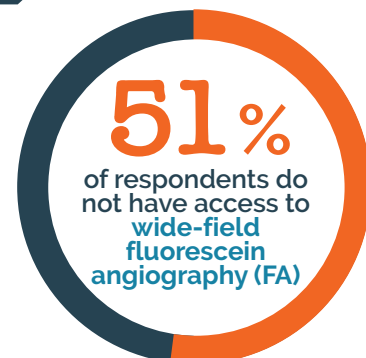
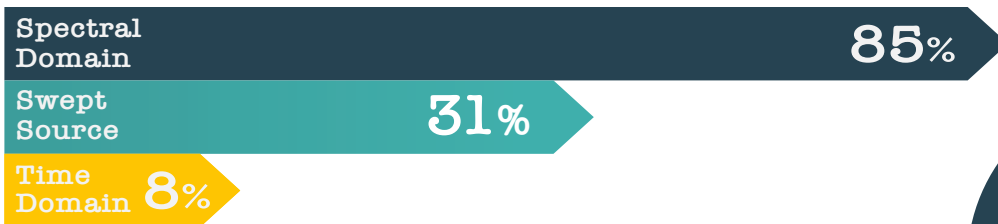
Other or surgical retina specialists only

Q. What/where is your primary surgery location?

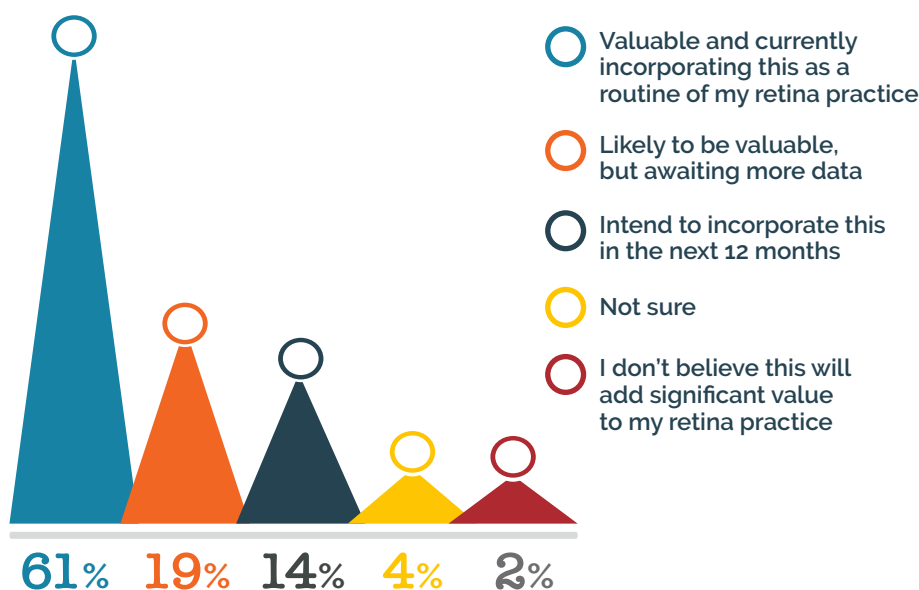




Q. Which OCT do you use?
(Select all that apply)

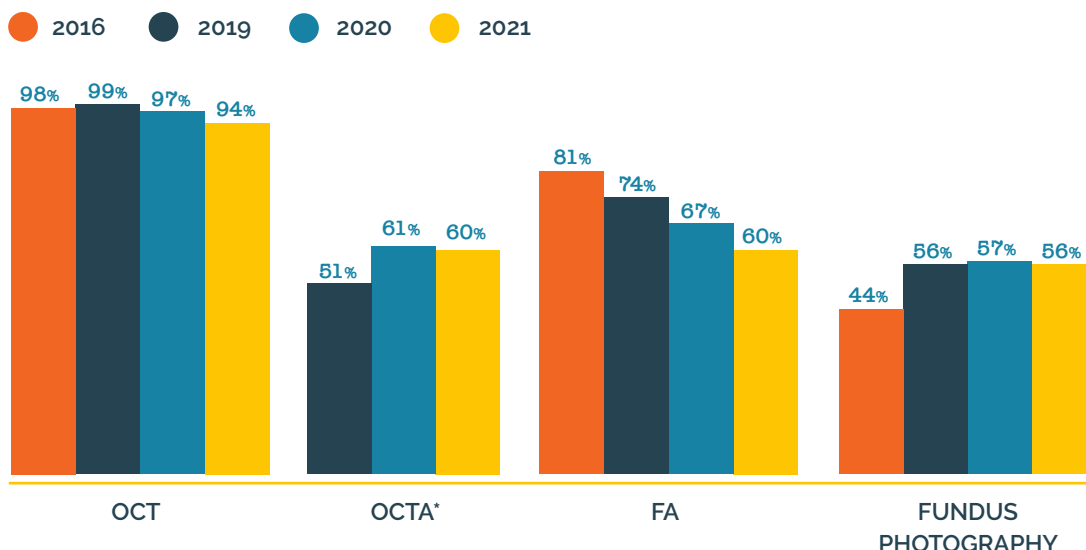


Q. What is your belief in the current value of OCT Angiography?



OCT remains the main modality to diagnose wet AMD since 2016. The use of OCTA and fundus photography have increased by 9% and 12% point, respectively, while FA use has decreased by 21% point.

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

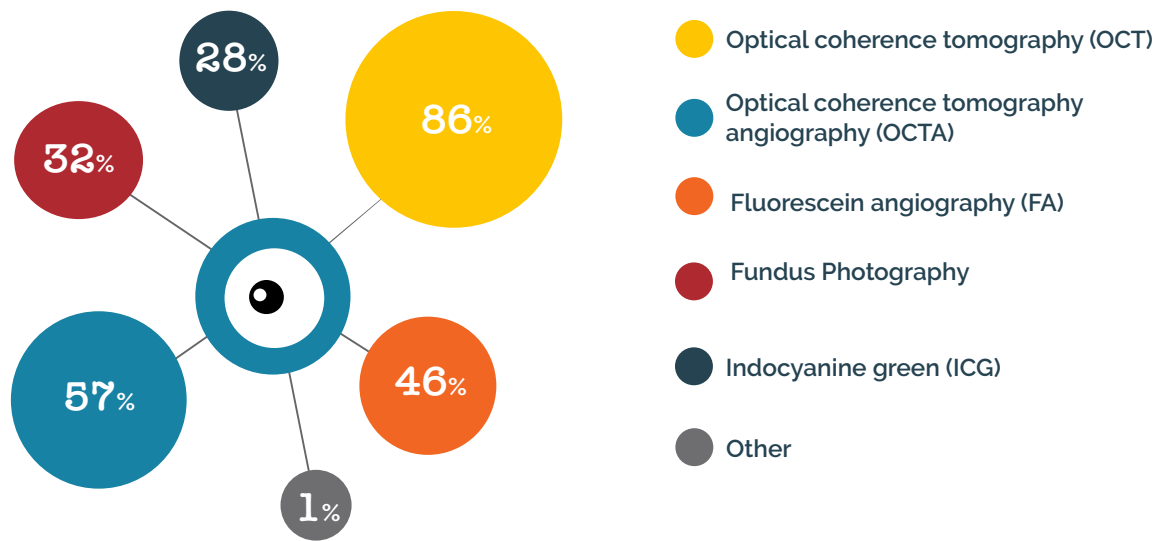


* answer option not available in 2016

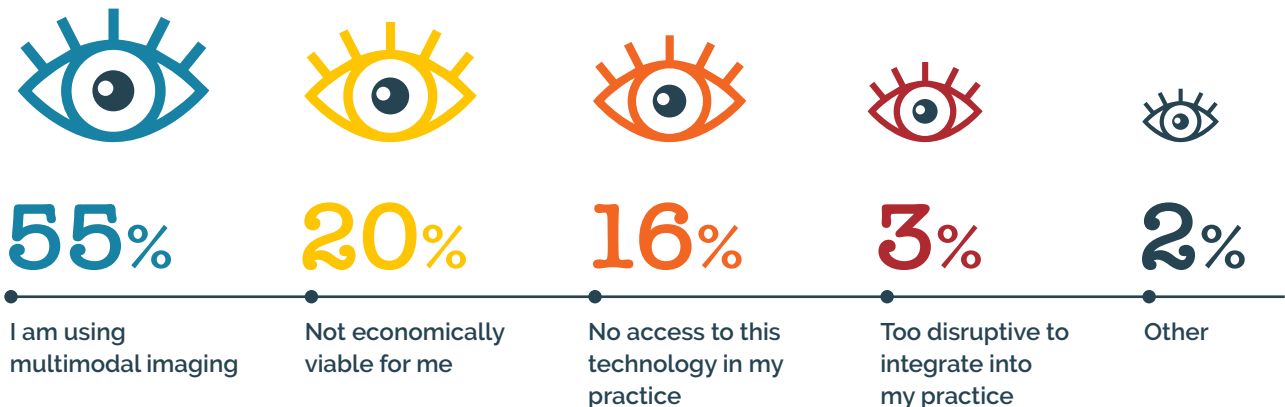
2021 EURETINA Clinical Trends Survey Outcomes

Diagnostic Data

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



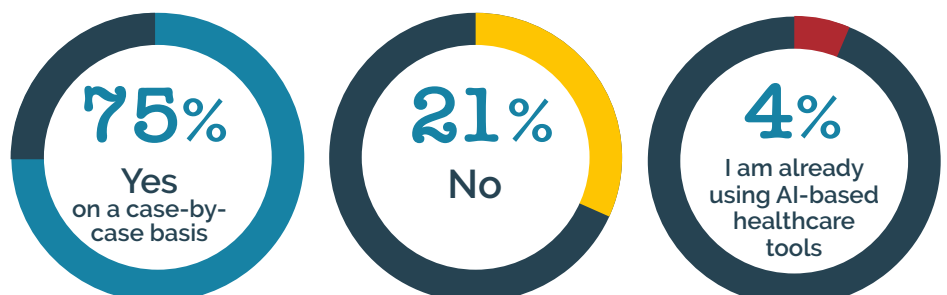
Q. If you are NOT using multimodal imaging, why not? (Select all that apply)



72%

of respondents believe that **artificial intelligence** will significantly assist their ability to diagnose and monitor retina diseases in the next 2-3 years.

Q. Would you use AI-based healthcare tools in your practice?



2021 EURETINA Clinical Trends Survey Outcomes

Diagnostic Data

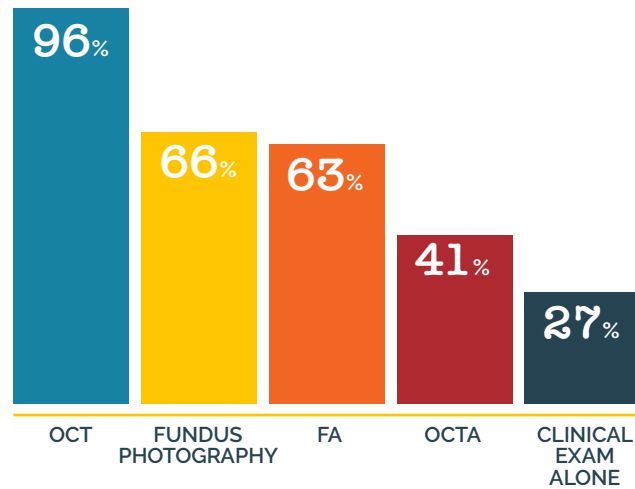
61%

of respondents agree or strongly agree that the accuracy and predictive powers of current AI tools can adapt to specific and unforeseen medical situations.

74%

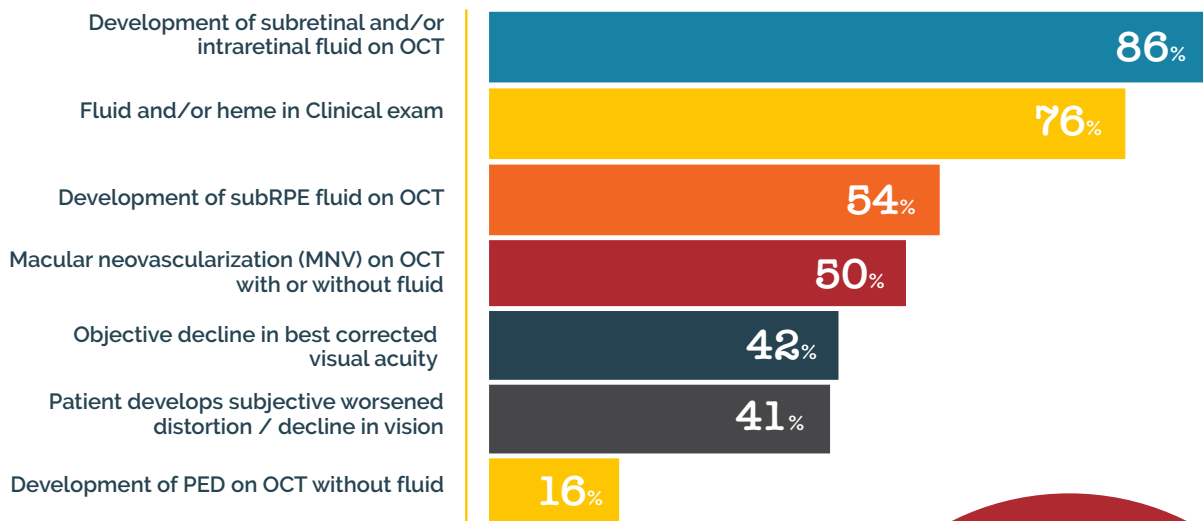
of respondents agree or strongly agree that at-home OCT devices have the potential to accurately monitor and predict disease progression in nAMD and DME patients.

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



Wet AMD Data

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

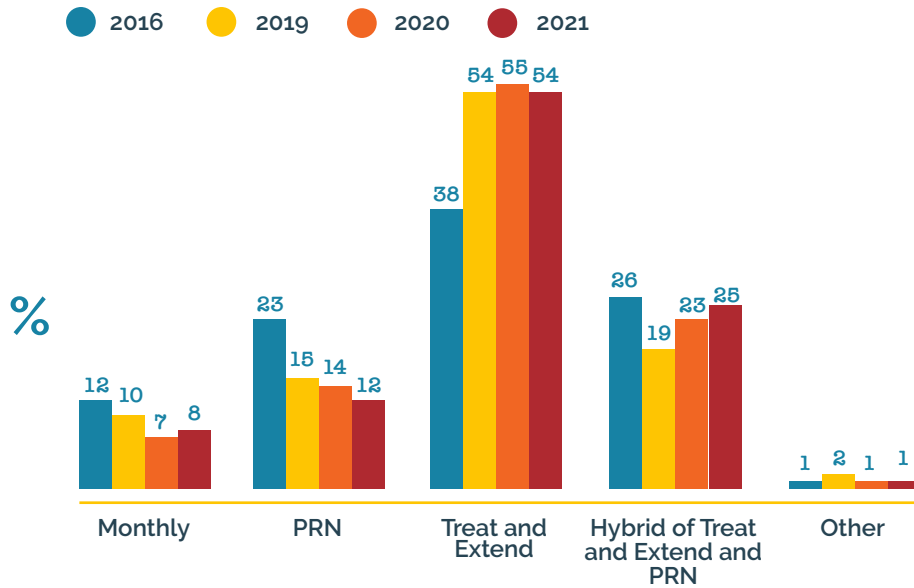


Average number of patients seen weekly that have wet AMD

50%

Average percentage of standard wet AMD patients are dry on OCT 6 months after the initial first-line treatment

Q. What regimen of treatment do you use for the majority of your wet AMD patients?



The use of monthly and PRN treatment regimens for wet AMD have decreased since 2016, while the use of Treat and Extend has increased by 16% points. (p < 0.001)

Q. What is your fluid threshold for treatment of patients with wet AMD? (Top 3 responses)

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

39%

I accept a small amount of SUBRETINAL or INTRARETINAL fluid, but only if OCT and visual acuity is stable

24%

I accept no fluid

22%



Average number of anti-VEGF injections performed weekly.

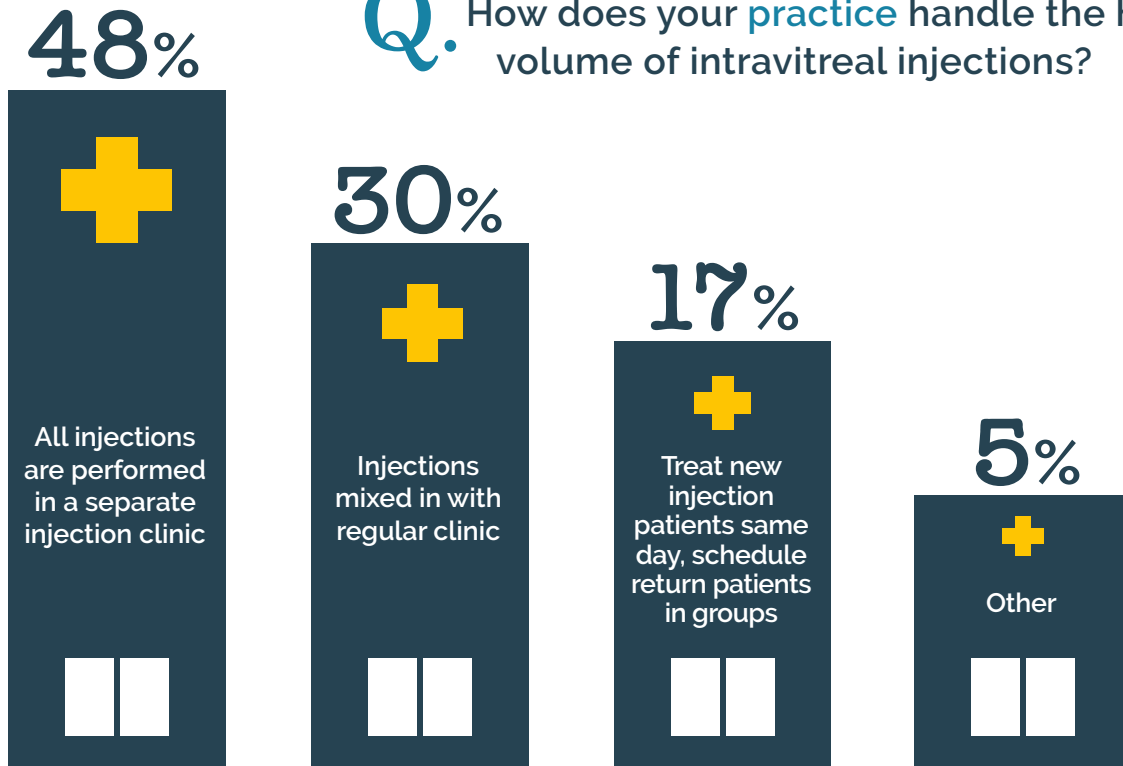
59%

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



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

Q. How does your practice handle the high volume of intravitreal injections?



75%

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

90%

of respondents agree or strongly agree that long-acting anti-VEGF therapeutics and implantable sustained release devices will improve patient adherence.

Dry AMD Data

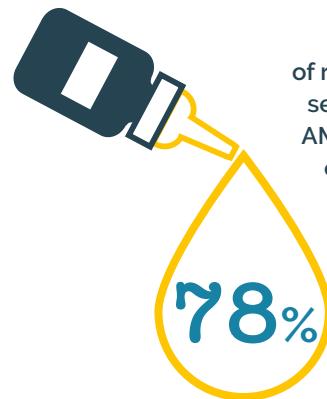


Average number of patients seen weekly that have dry atrophic AMD.



32%

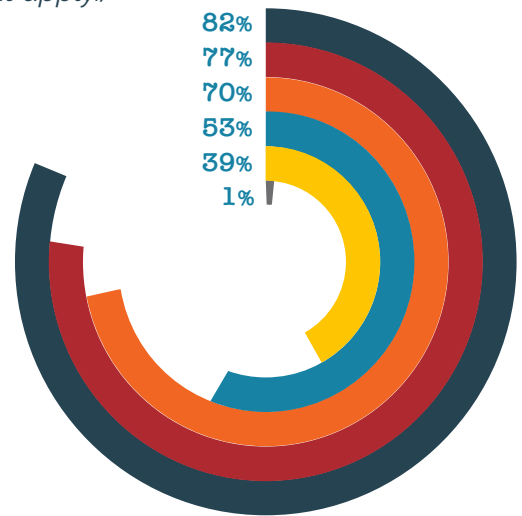
of dry AMD patients have GA



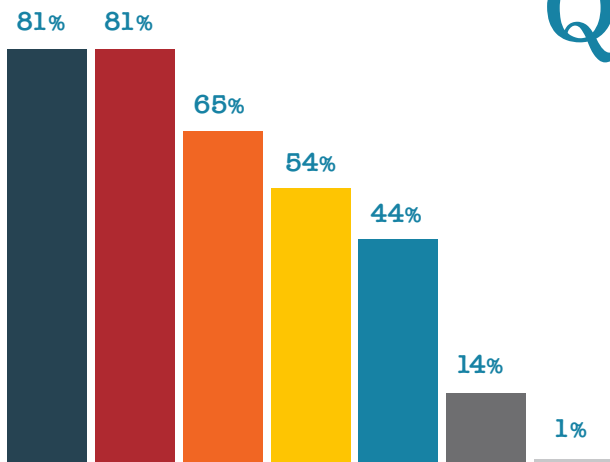
of respondents see their dry AMD patients every 3-6 months.

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

- Visual acuity loss
- Atrophic lesion growth
- Detection of exudations/onset of choroidal neovascularization (CNV)
- Progression of drusen
- Patient-reported quality of life impacts
- Other



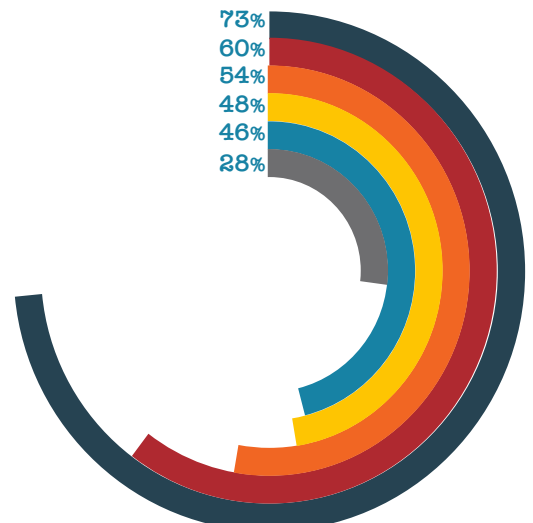
Q. How are you managing your dry AMD patients? (Select all that apply.)



- Prescription of vitamins and/or AREDS supplements
- Lifestyle modifications (weight loss, smoking cessation, UV protection etc)
- Direct patients to self-assess with Amsler grid
- Closely monitor patients through regular check ups
- Refer to specialist (low vision, retina, etc)
- Refer for clinical trial consideration/enrolment
- Other

Q. Which of the following do you use as a parameter to define successful geographic atrophy (GA) management? (Select all that apply.)

- Visual acuity
- Lack of atrophic lesion growth
- Lack of encroachment of atrophic lesions to fovea
- No exudations/onset of choroidal neovascularization (CNV)
- Quality of life
- Reading speed



DME Data

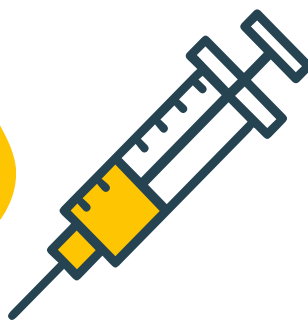
DME Data



Average number of patients seen on a monthly basis that have DME



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



35%

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

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



47%

Yes, on a case-by-case basis



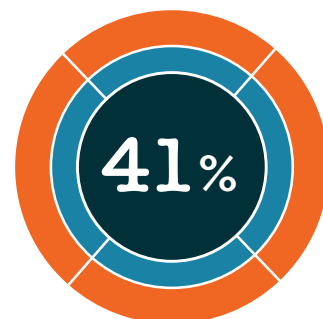
38%

Yes, always



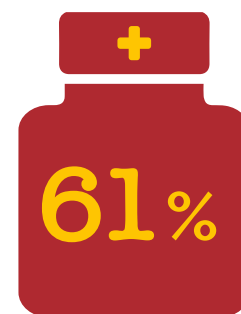
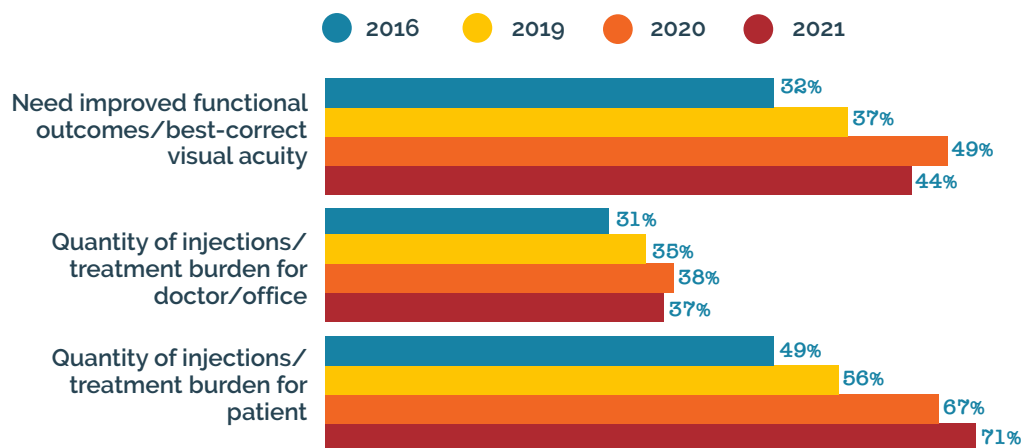
15%

No, I believe these therapies are all safe



Average percentage of standard DME patients who have a CFT of < 250 microns 6 months after the initial first-line treatment

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

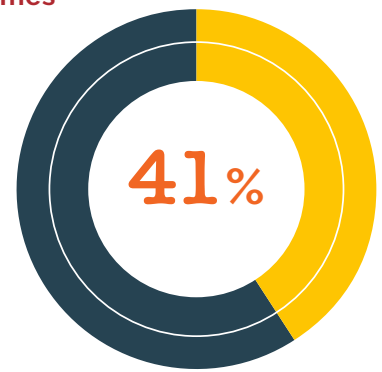
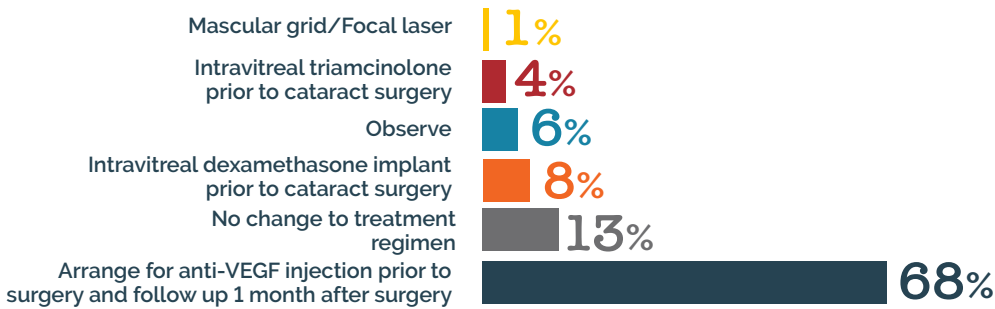


of respondents have a very strong/strong understanding of the long-term efficacy and safety profile of steroids used for DME



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

Q. If a patient with DME is going to undergo cataract surgery, what do you do?



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



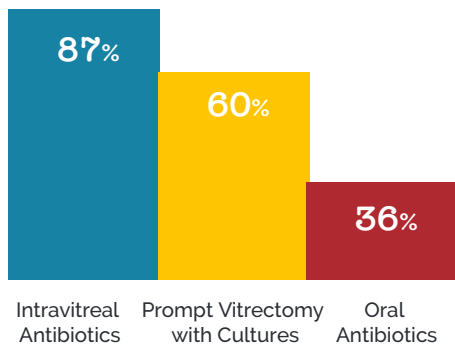
Vitreoretinal and Gene Therapy Data



2

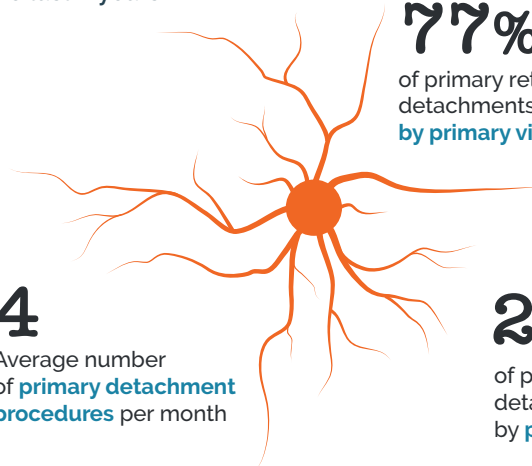
Average number of endophthalmitis cases related to intravitreal injections observed within the last 2 years

Q. For acute endophthalmitis what medications do you use?
(Select all that apply)



4

Average number of primary detachment procedures per month



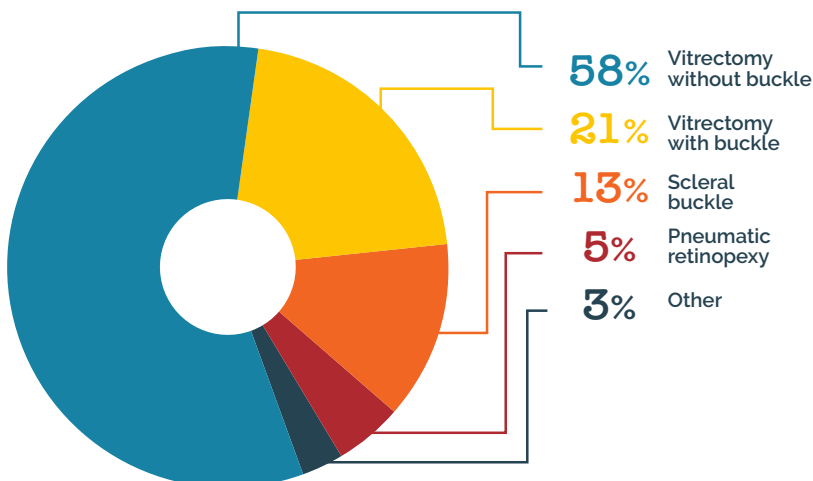
77%

of primary retinal detachments are repaired by primary vitrectomy

29%

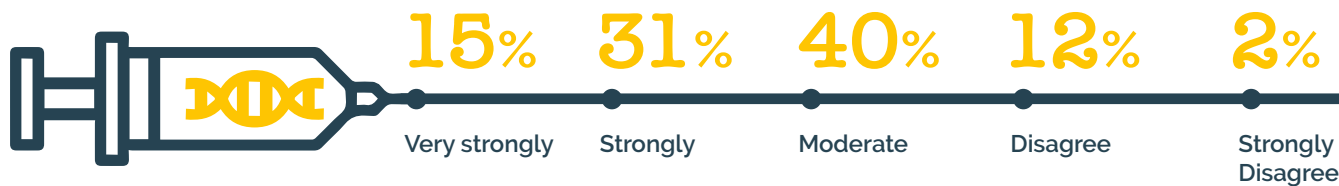
of primary retinal detachments are repaired by primary scleral buckle

Q. How would you treat a pseudophakic patient with an inferior macula-on RD with a single tear at 8:00?

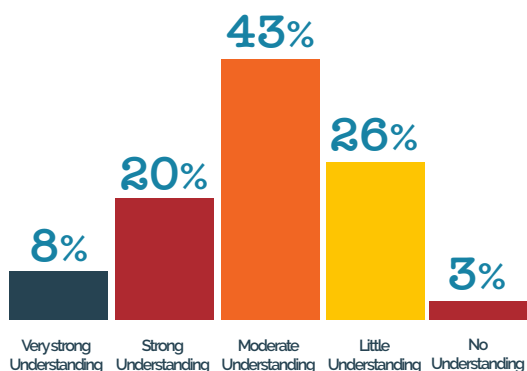


52% of respondents have a good or very good understanding of how to optimise fluidics during a vitrectomy procedure

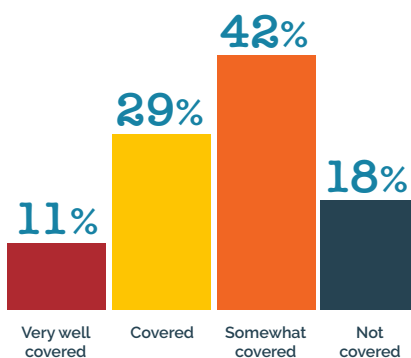
Q. How strongly do you believe that **gene therapies** are going to become a significant part of your practice in the coming years?



Q. How strong is your understanding of the **components of gene therapy** and how gene therapy can be utilised depending on the disease and underlying cause?



Q. How well are your **inherited retinal disease** patients taken care of by your current provider and referral network?



61%

of respondents will not genetically test patients for AMD until there is a proven intervention that would be effective for these patients

Q. How strong is your belief that **gene therapies are the future** for inherited and acquired retinal disorders?

