



EURETINA EDUCATION PLATFORM



2023

CLINICAL TRENDS SURVEY
OUTCOMES

Survey Background & Overview

This report contains the results of the 2023 EURETINA Clinical Trends Survey, conducted in-person at the 23rd Congress of EURETINA or online. Questions addressed several areas of clinical practice, including retinal diagnostics, AMD, DME, retinal detachment, myopia management, and gene therapy.

Over 3,000 physicians responded to the 99 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.





99

questions on key clinical opinions and practice patterns



3,237

EURETINA delegates responded to survey



48% Male

52% Female



15

average number of years in practice



58%

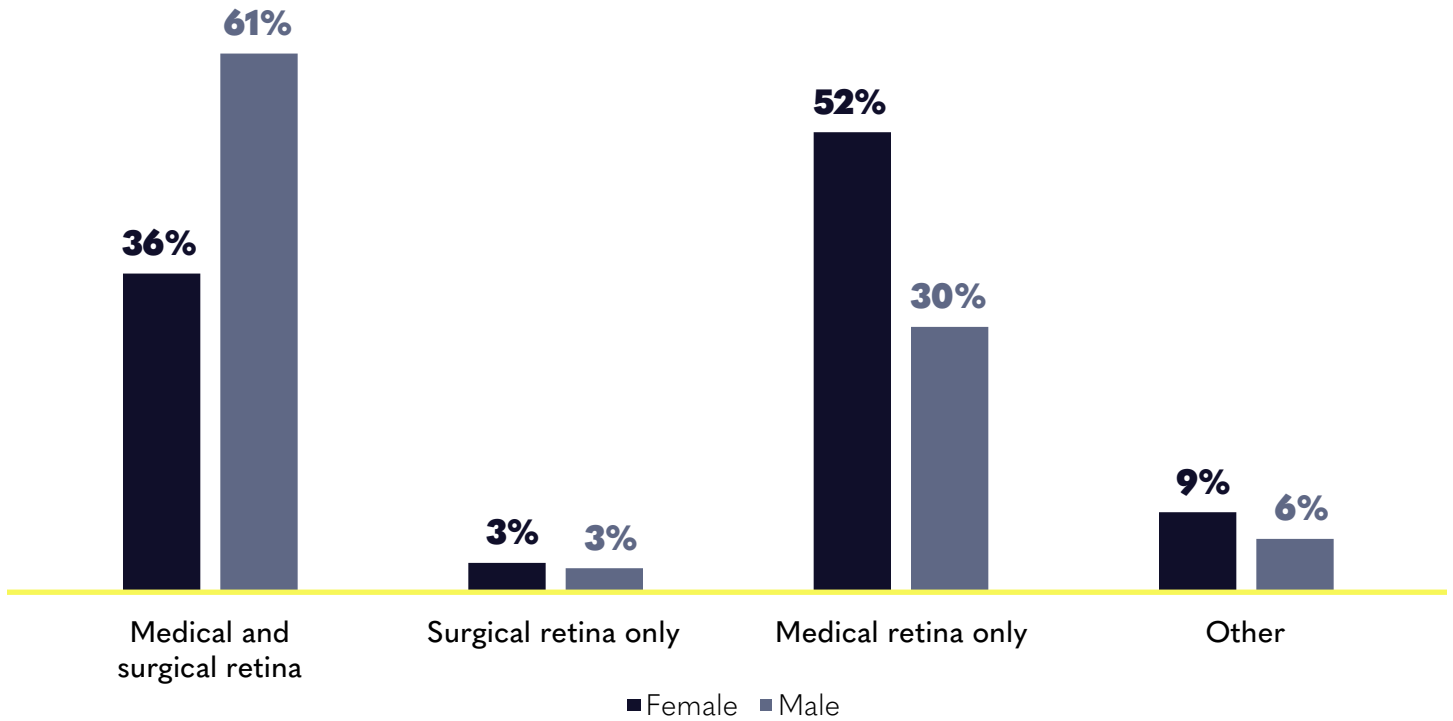
more than 10 years of practice



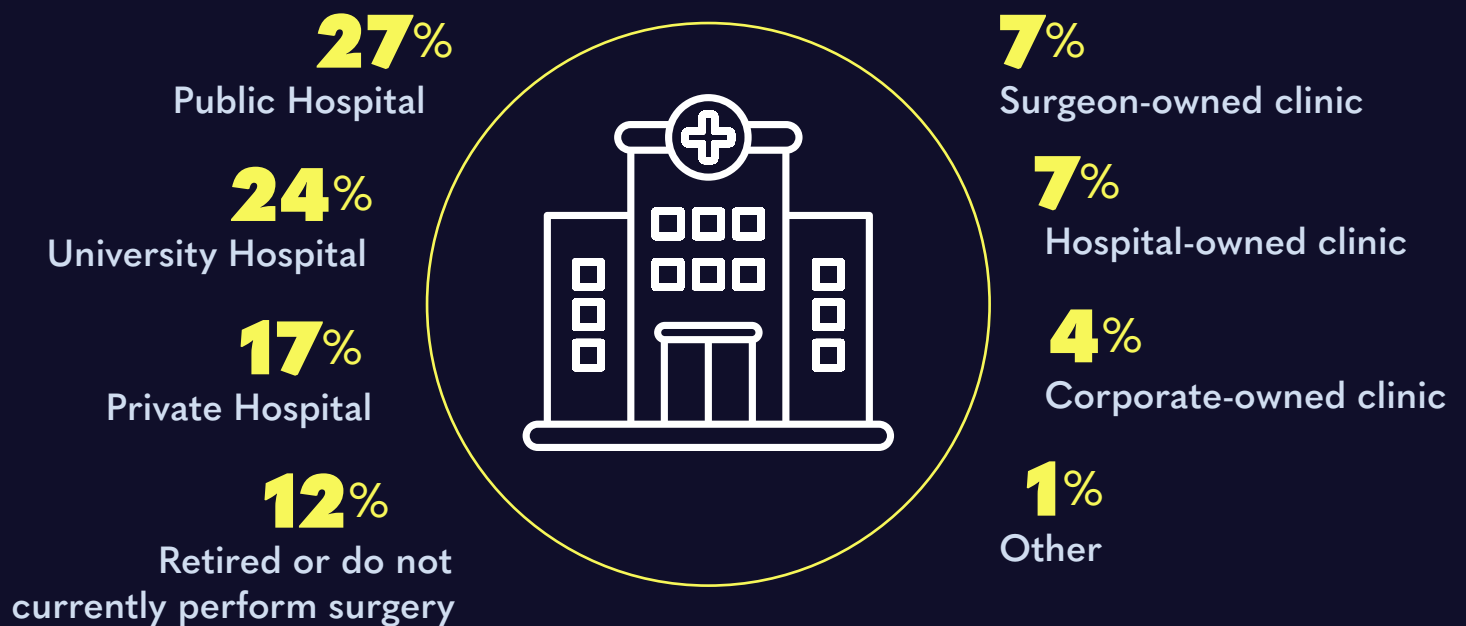
8%

currently in medical school or in training

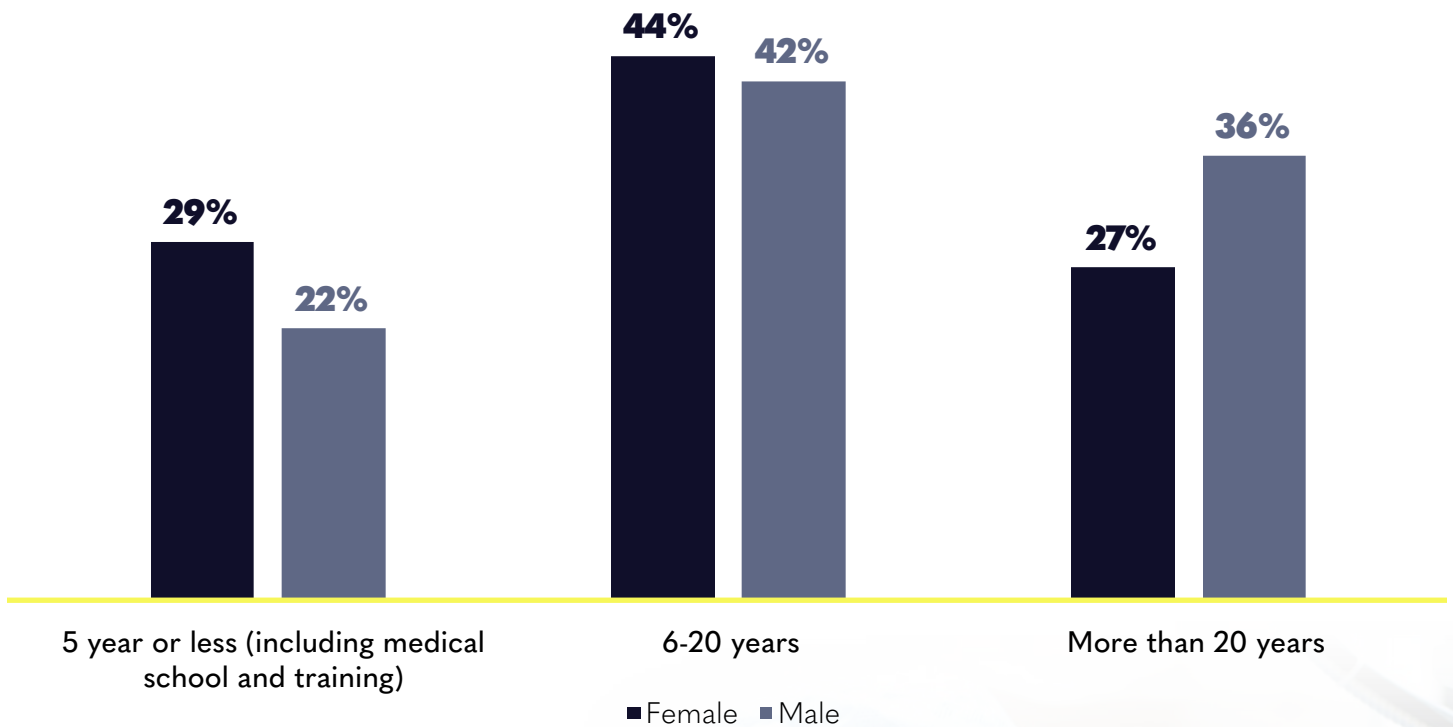
SPECIALIZATION BY GENDER



PRIMARY SURGERY LOCATION



YEARS OF EXPERIENCE BY GENDER



FIELD OF EXPERTISE



48%

are medical and surgical retina specialists



41%

are medical retina specialists only



11%

other or surgical retina specialists only

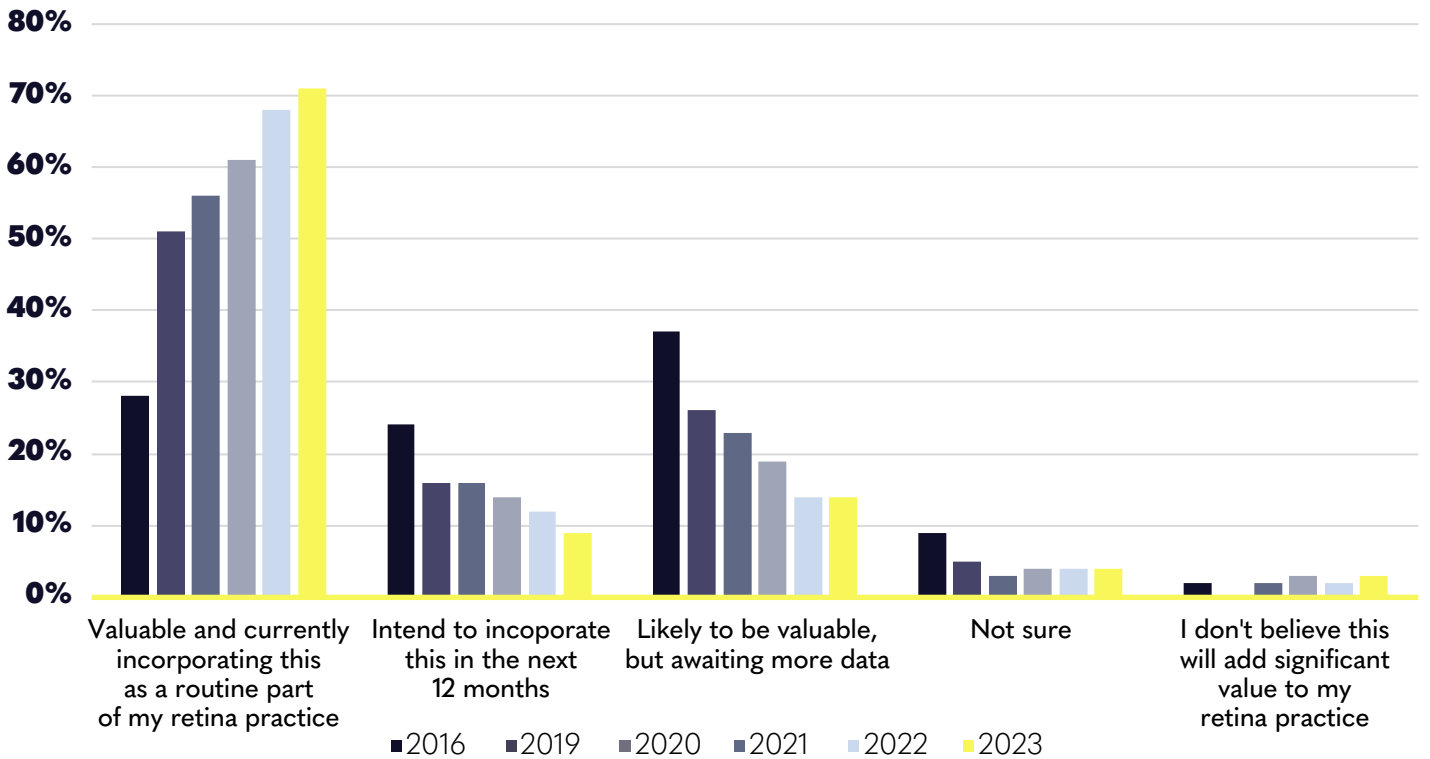


91%

of respondents have completed sub-specialty training in Retina

Diagnostics

WHAT IS YOUR BELIEF IN THE CURRENT VALUE OF OCT ANGIOGRAPHY?



86%

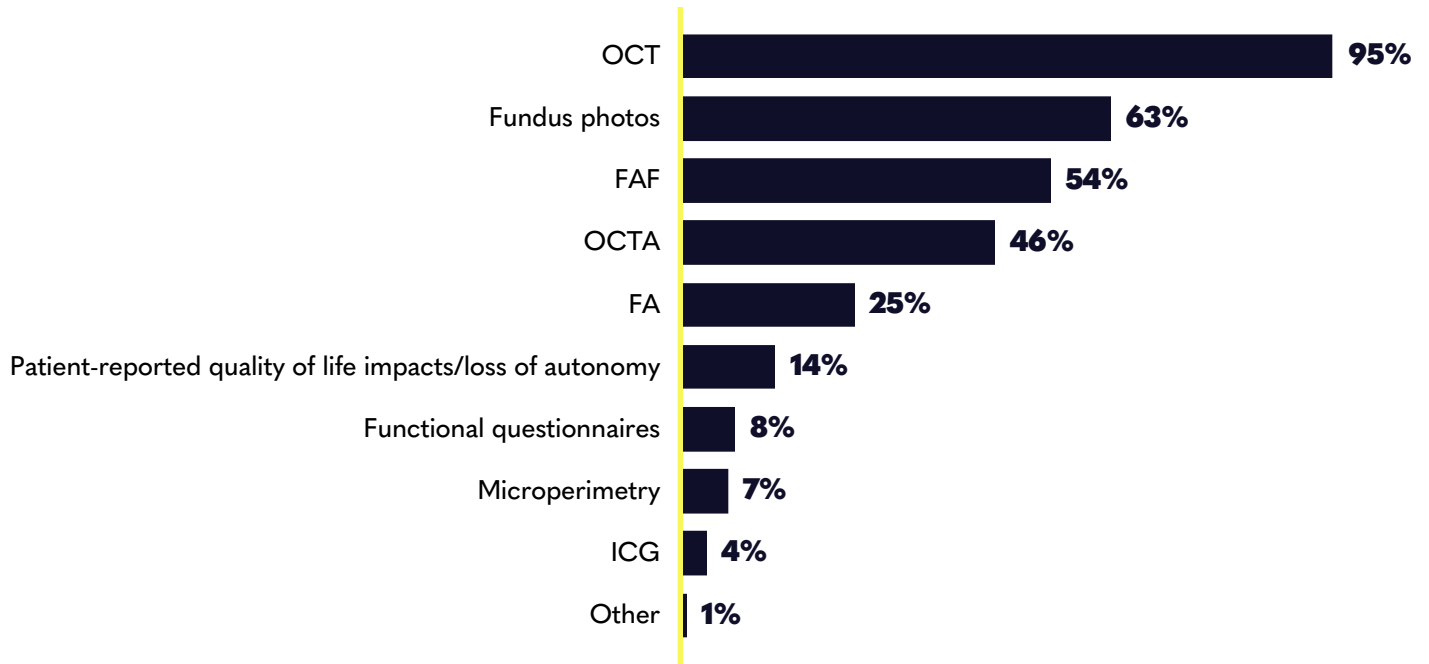
of respondents agree that artificial intelligence will improve prediction of clinical outcomes in retinal diseases



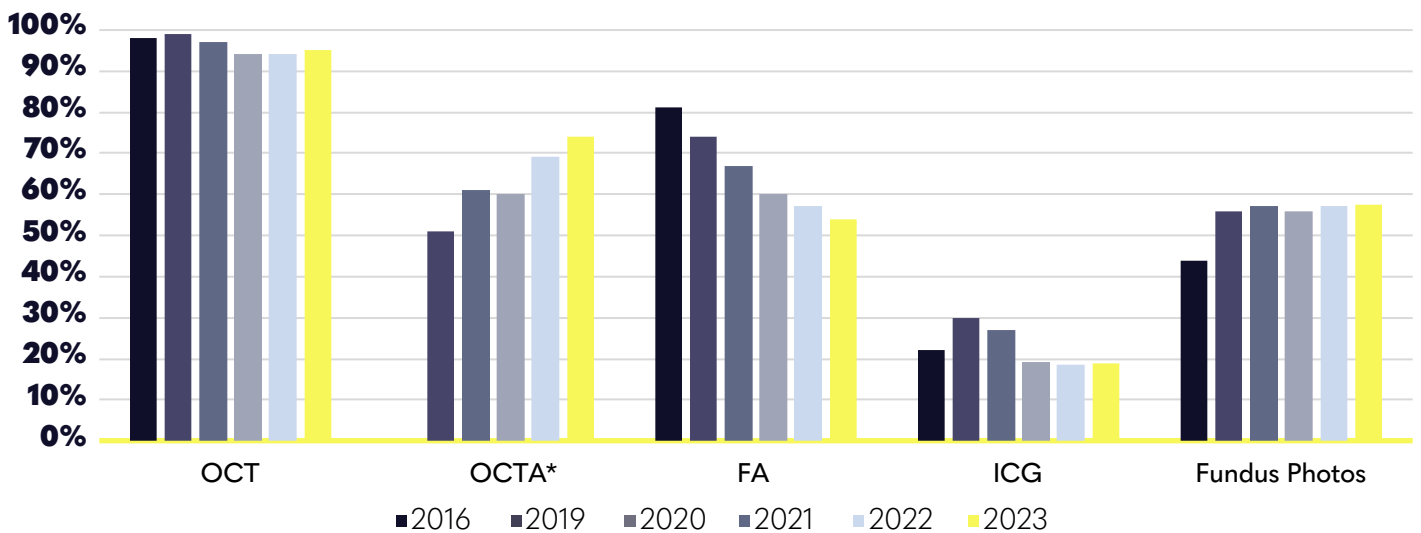
79%

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

WHAT ARE ALL THE TECHNIQUES THAT YOU USE AT TIME OF DIAGNOSIS FOR ATROPHIC AMD PATIENTS? *(Select all that apply)*



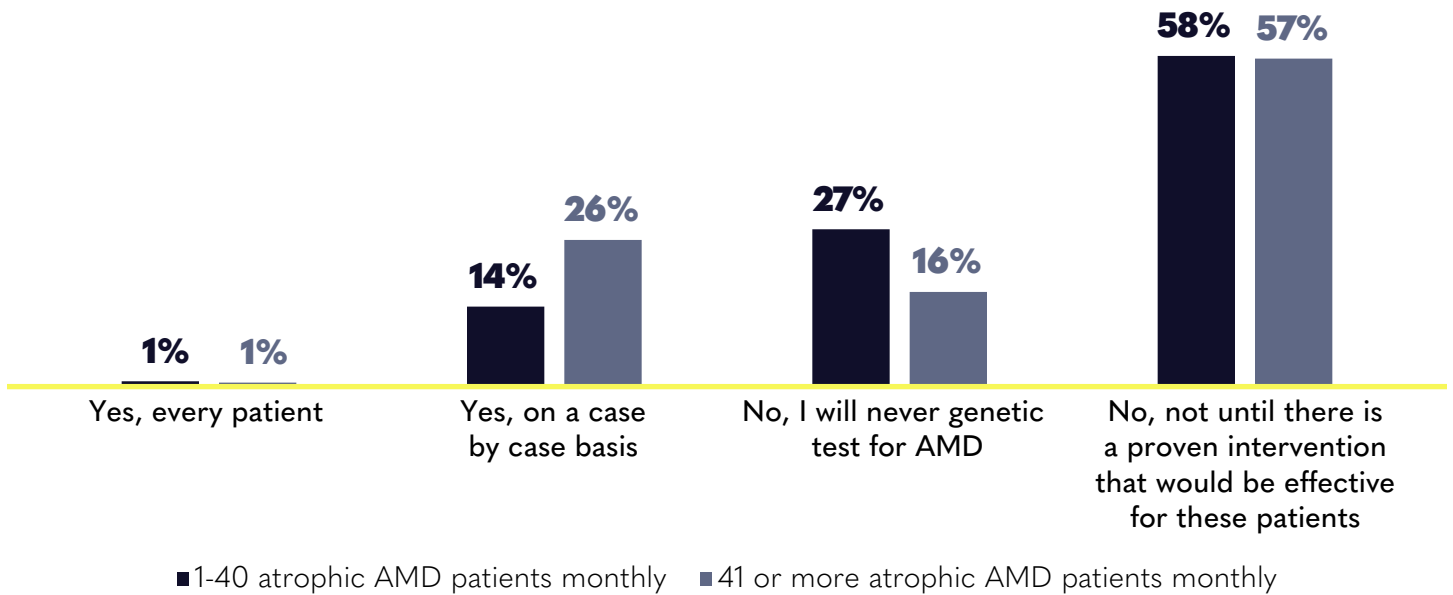
WHAT ARE ALL THE IMAGING TECHNIQUES THAT YOU USE AT TIME OF DIAGNOSIS FOR NEOVASCULAR AMD PATIENTS? *(Select all that apply)*



*OCTA was not an option in 2016

OCT remained the main modality to diagnose neovascular AMD since 2016. The use of OCTA has **INCREASED BY 23%**, while FA use has **DECREASED BY 27% points**.

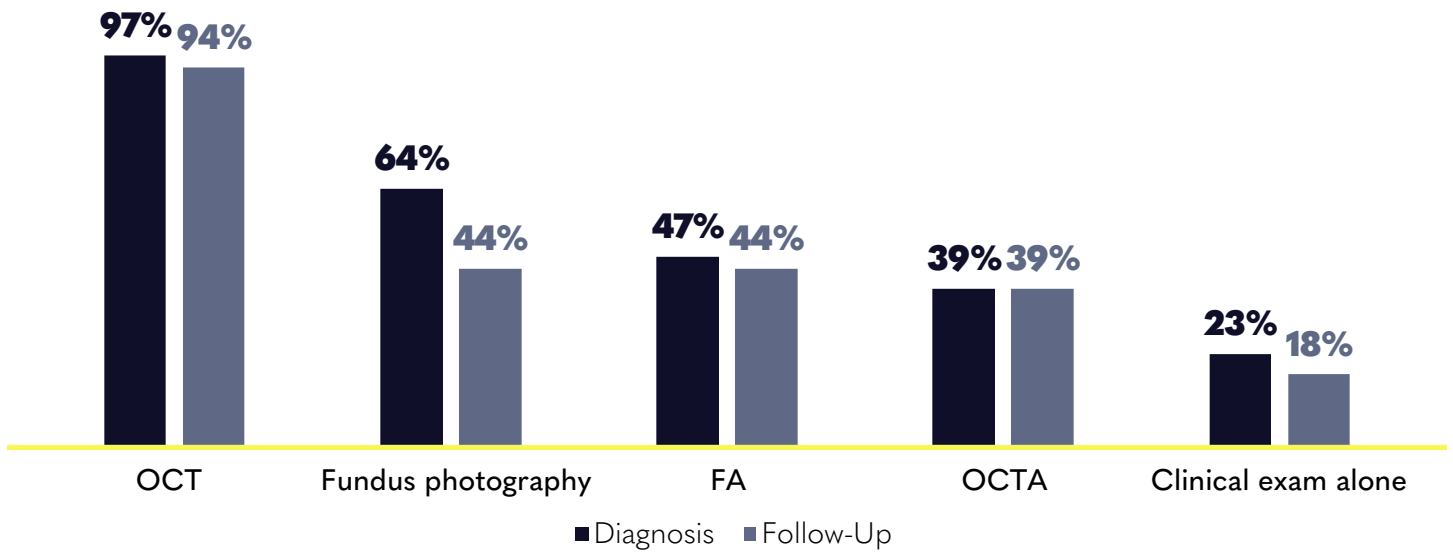
DO YOU GENETIC TEST YOUR PATIENTS FOR AMD?



IF YOU ARE NOT USING MULTI-MODAL IMAGING, WHY NOT?



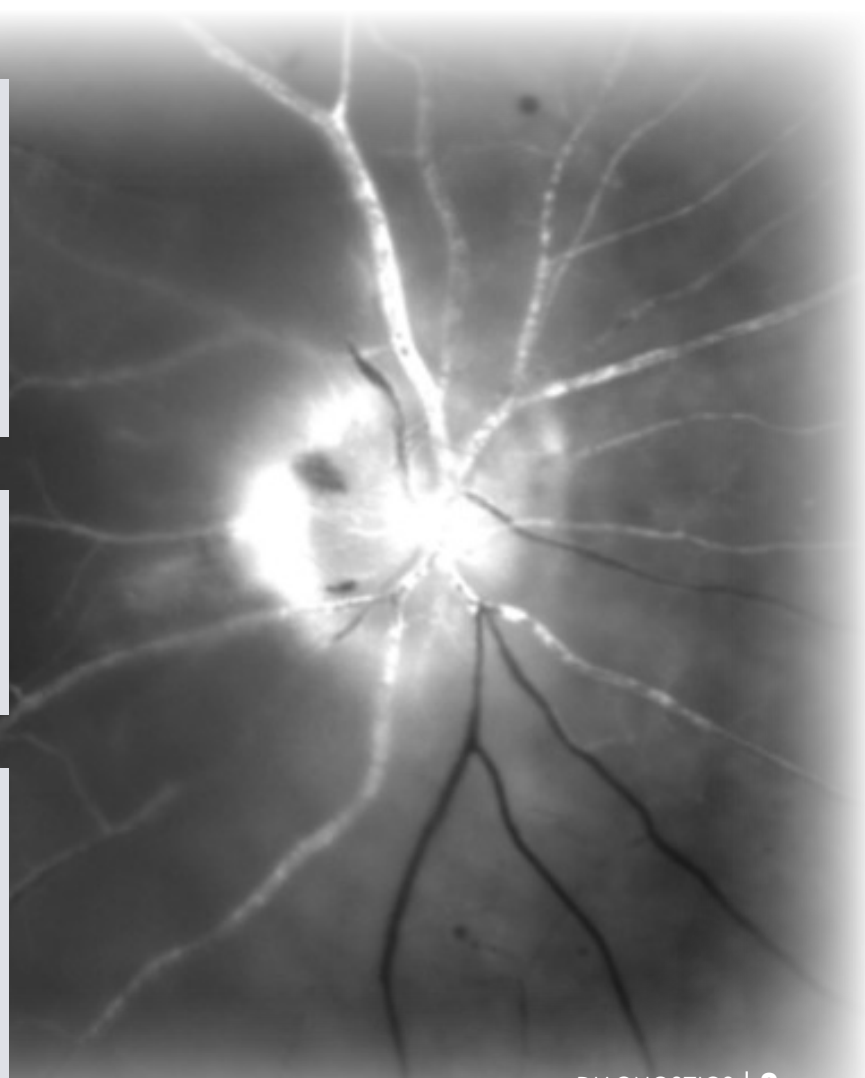
WHAT ARE ALL THE IMAGING TECHNIQUES THAT YOU USE FOR DIAGNOSIS / FOLLOW-UP FOR DME PATIENTS? (Select all that apply)



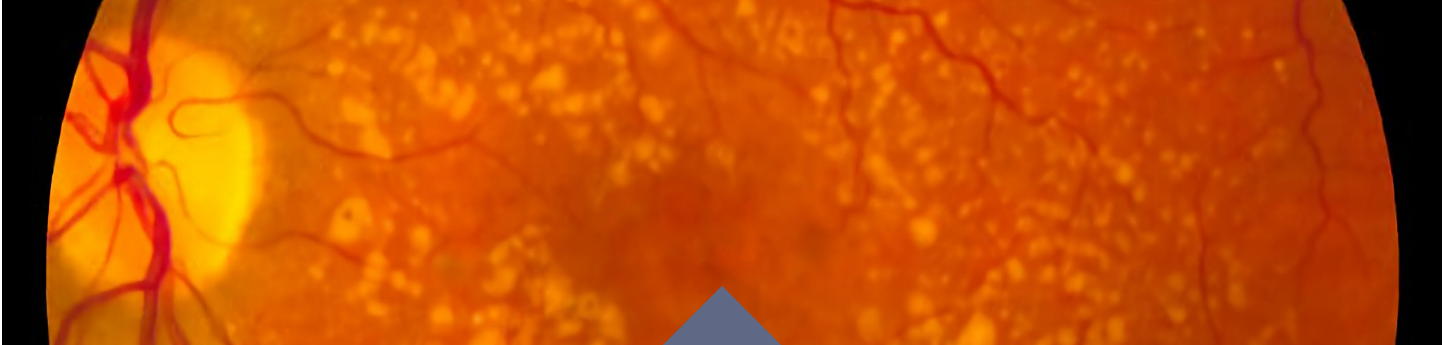
Imaging technique usage was similar for the diagnosis and follow-up for DME patients, except fundus photography which saw a **20%-POINT DECREASE IN USAGE** at follow-up

56% OF RESPONDENTS DO NOT HAVE ACCESS to wide-field fluorescein angiography (FA)

On average, just **24% OF PATIENTS USE AT-HOME OCT DEVICES** to accurately monitor and predict nAMD and DME disease progression



Atrophic AMD & Geographic Atrophy



42

average number of patients seen monthly that have atrophic AMD

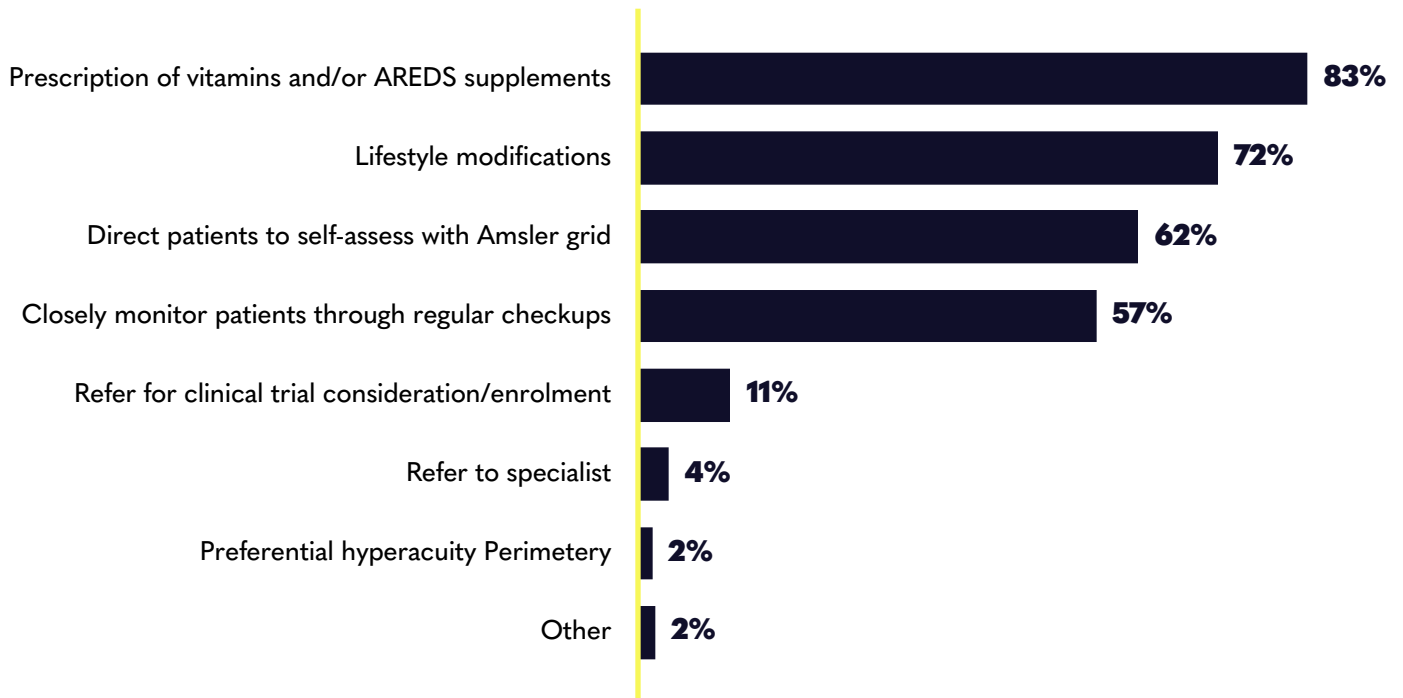
18%

of atrophic AMD patients have GA

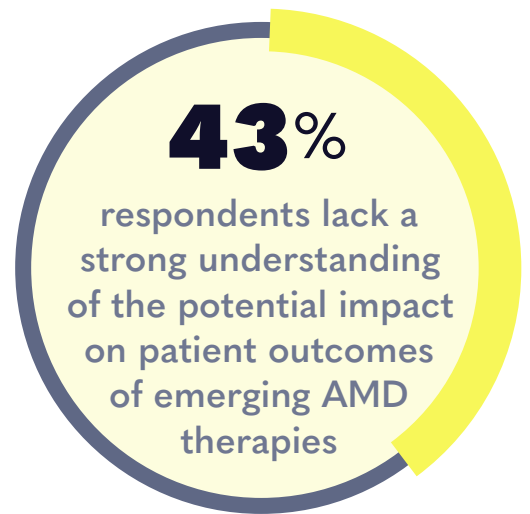
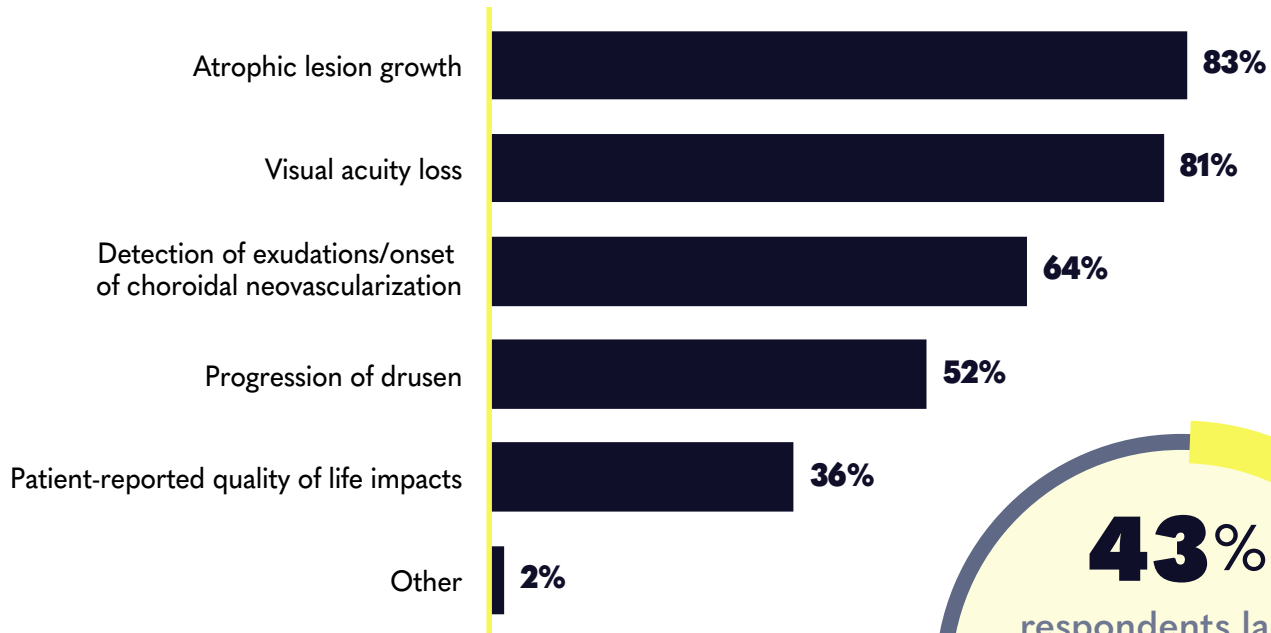
76%

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

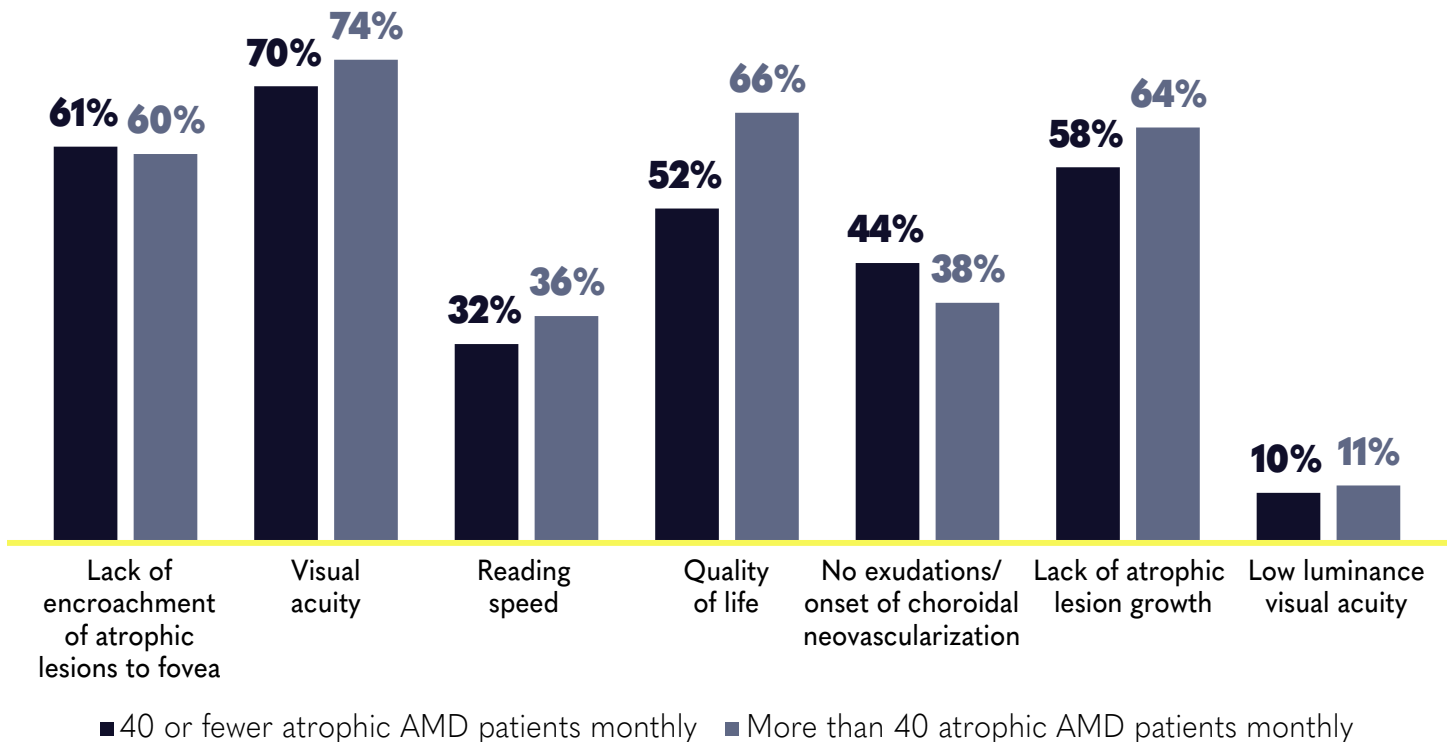
HOW ARE YOU MANAGING YOUR ATROPHIC AMD PATIENTS? *(Select all that apply)*



WHAT ARE THE HALLMARKS YOU USE TO MONITOR PROGRESSION OF ATROPHIC AMD? *(Select all that apply)*

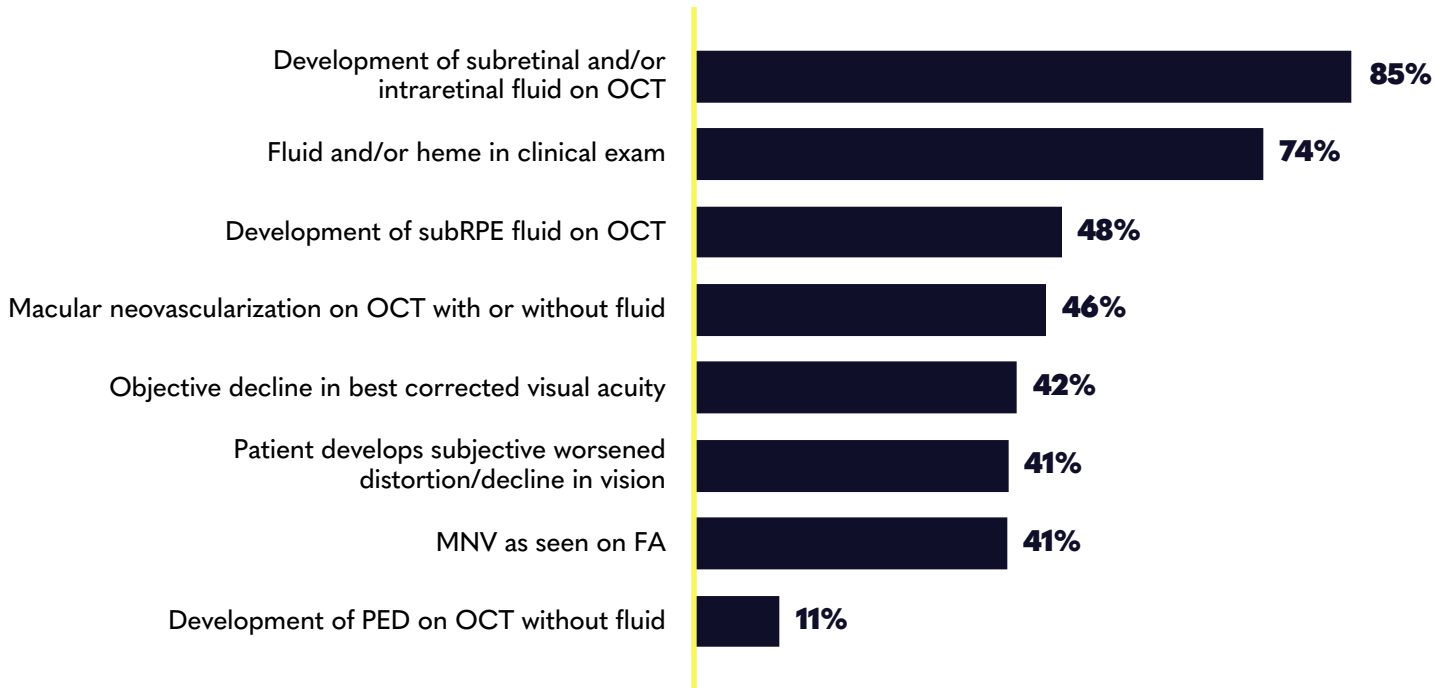


WHICH OF THE FOLLOWING DO YOU USE AS A PARAMETER TO DEFINE SUCCESSFUL GEOGRAPHIC ATROPHY (GA) MANAGEMENT? *(Select all that apply)*

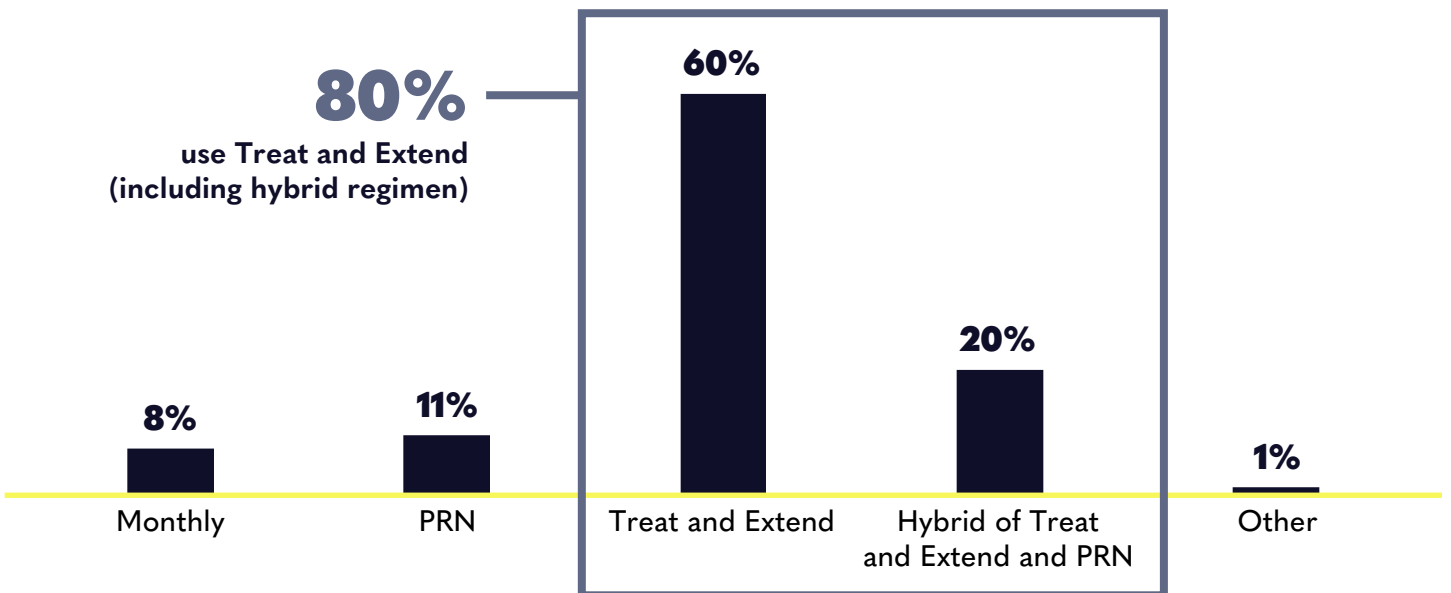


Neovascular AMD

WHEN DO YOU DECIDE TO INITIATE ANTI-VEGF THERAPY IN A PATIENT WITH AMD? *(Select all that apply)*

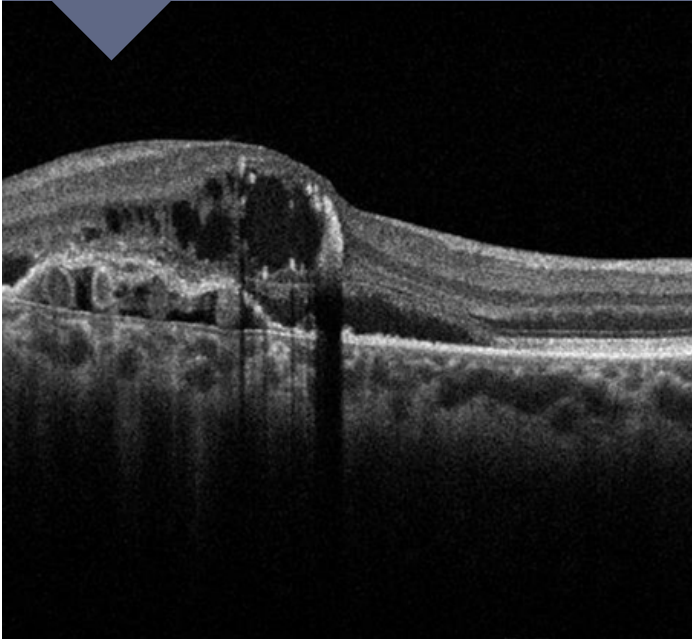


WHAT REGIMEN OF TREATMENT DO YOU USE FOR THE MAJORITY OF YOUR NEOVASCULAR AMD PATIENTS?



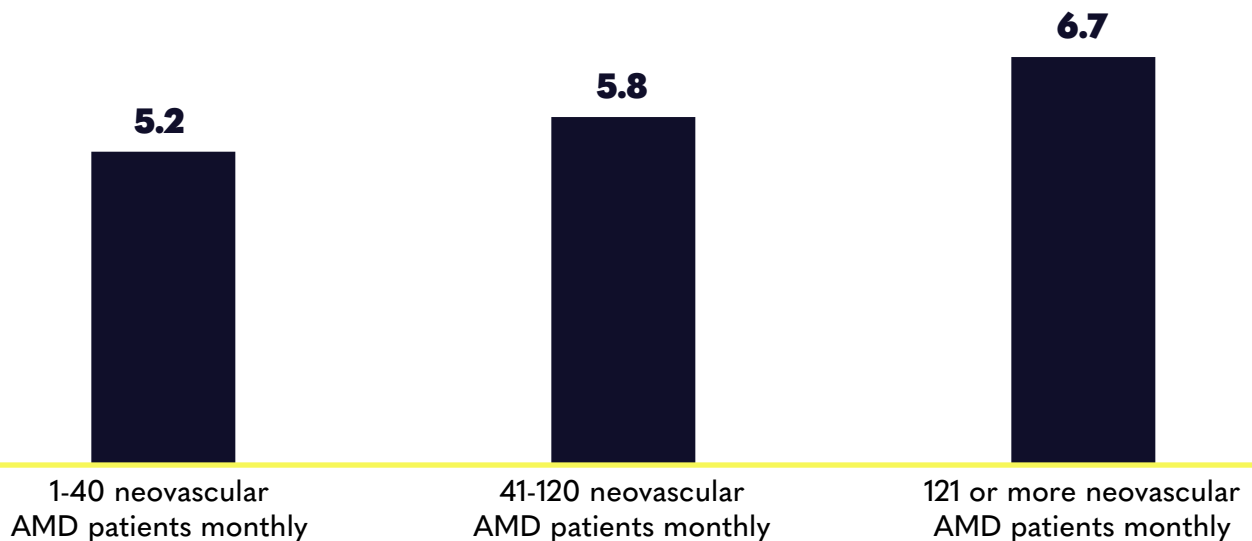
55

average number of patients seen monthly that have neovascular AMD



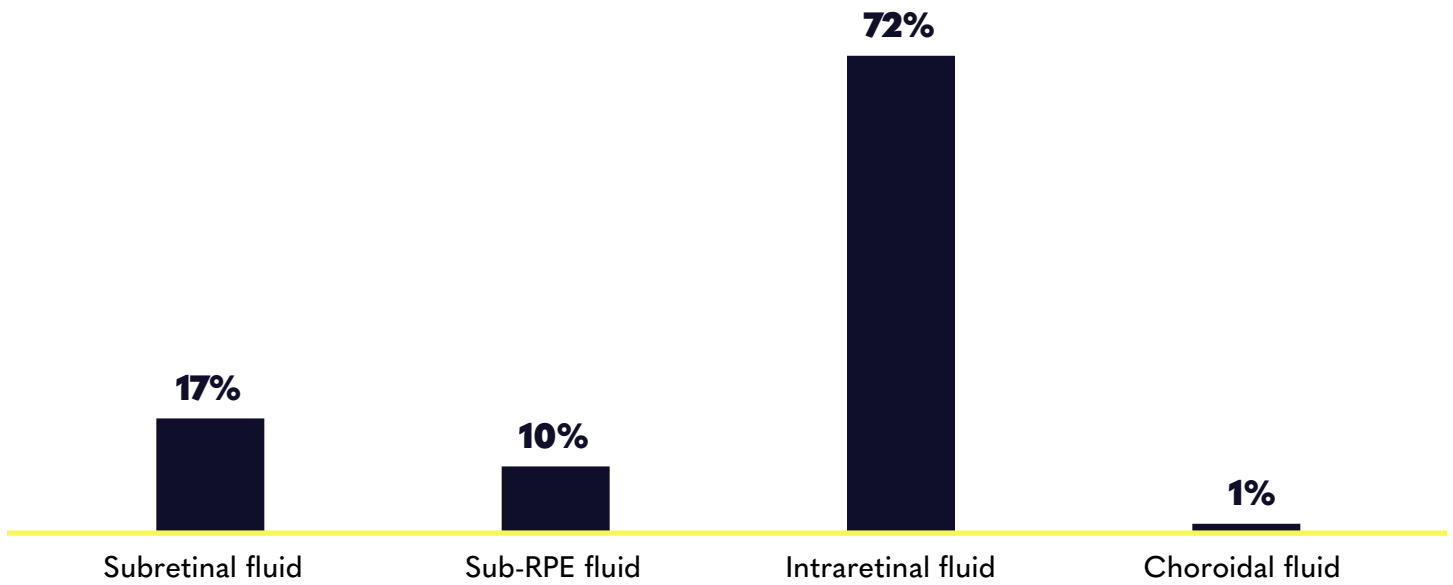
*The use of monthly and PRN treatment regimens for neovascular AMD have decreased since 2016, while **the use of Treat and Extend has increased by 18% point***

AFTER HOW MANY INJECTIONS DO YOU CONSIDER SWITCHING ANTI-VEGF AGENTS DUE TO INADEQUATE RESPONSE?



Values represented average percentages selected by respondents in each group

WHICH TYPE OF RETINAL FLUID DO YOU CONSIDER HAVING THE MOST NEGATIVE IMPACT ON VISUAL OUTCOMES IN PATIENTS WITH NEOVASCULAR AMD?



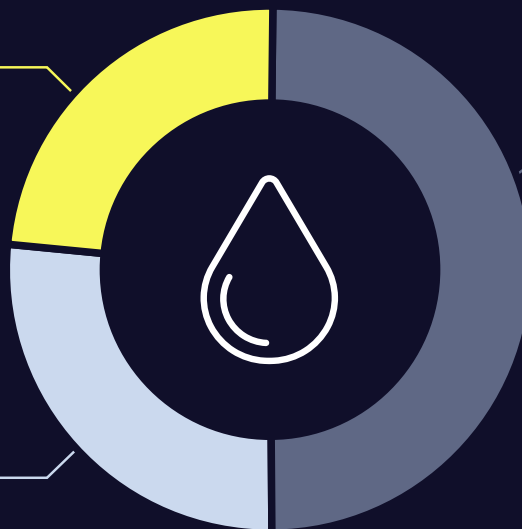
WHAT IS YOUR FLUID THRESHOLD FOR TREATMENT OR PATIENTS WITH NEOVASCULAR AMD?

23%

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

27%

I accept no fluid

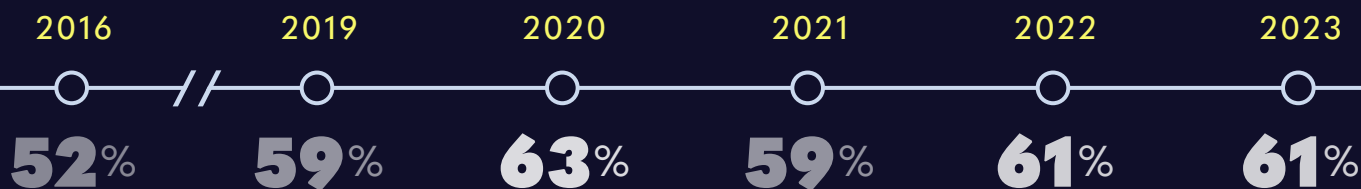


50%

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

61%

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



Average patient compliance with anti-VEGF treatment timeframes has **INCREASED BY 9% POINT SINCE 2016**

On average, **45% OF STANDARD NEOVASCULAR AMD PATIENTS ARE DRY** on OCT 6 months after the initial first-line treatment

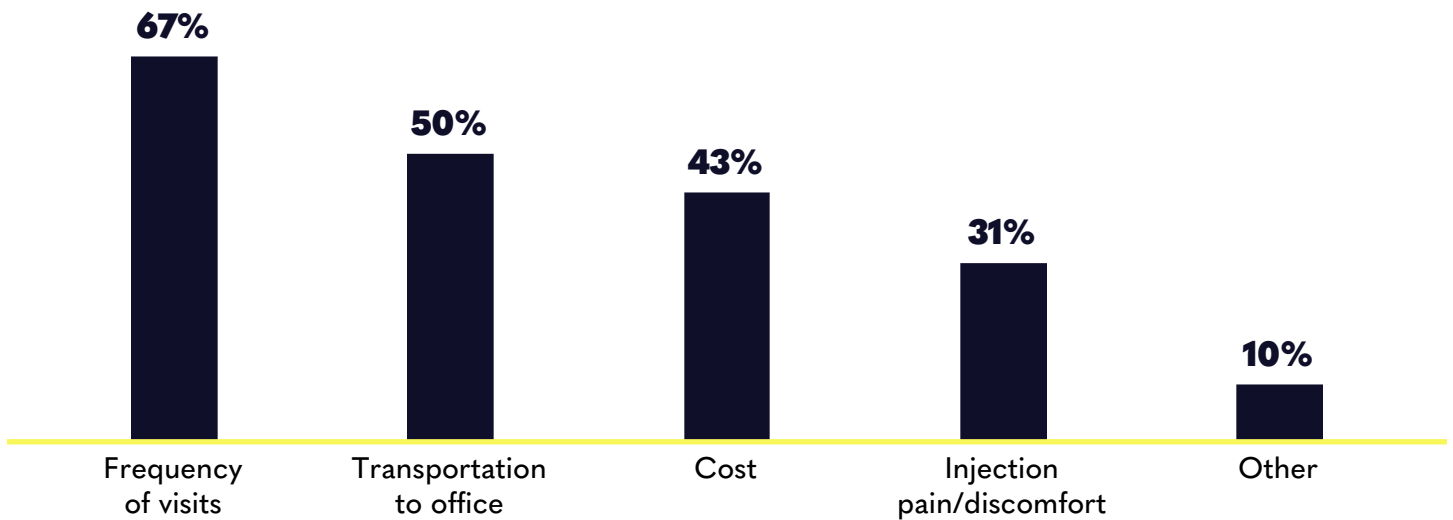
On average, **88 ANTI-VEGF INJECTIONS** are performed monthly

77% of respondents would prefer a duration of effect to be **6-12 MONTHS** for a sustained drug-delivery implant



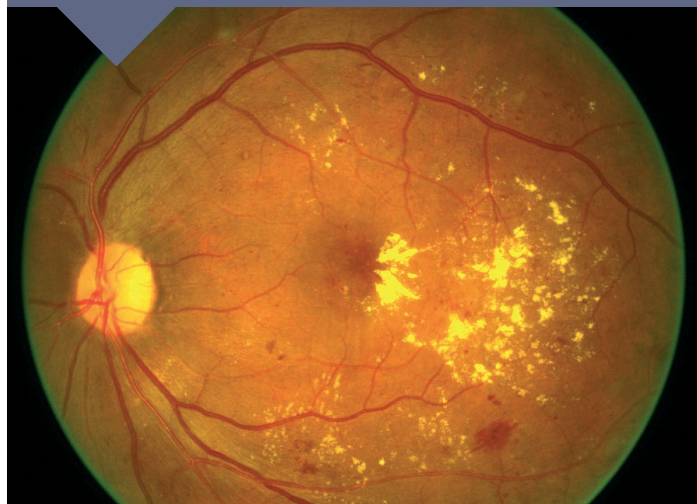
DME

OF YOUR DME PATIENTS THAT DO NOT COMPLY WITH THEIR TREATMENT REGIMEN WHAT ARE THEIR REASONS FOR NOT COMPLYING? *(Select all that apply)*



41

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

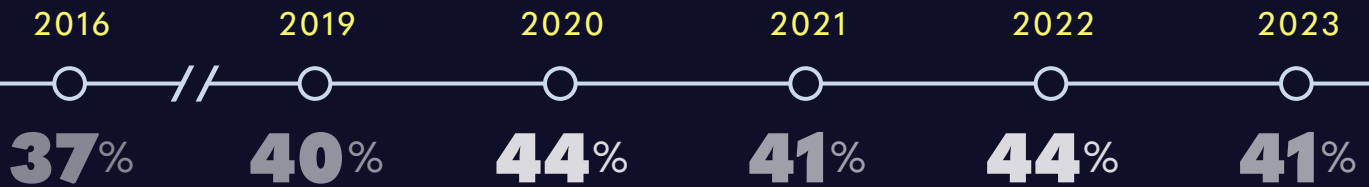


40%

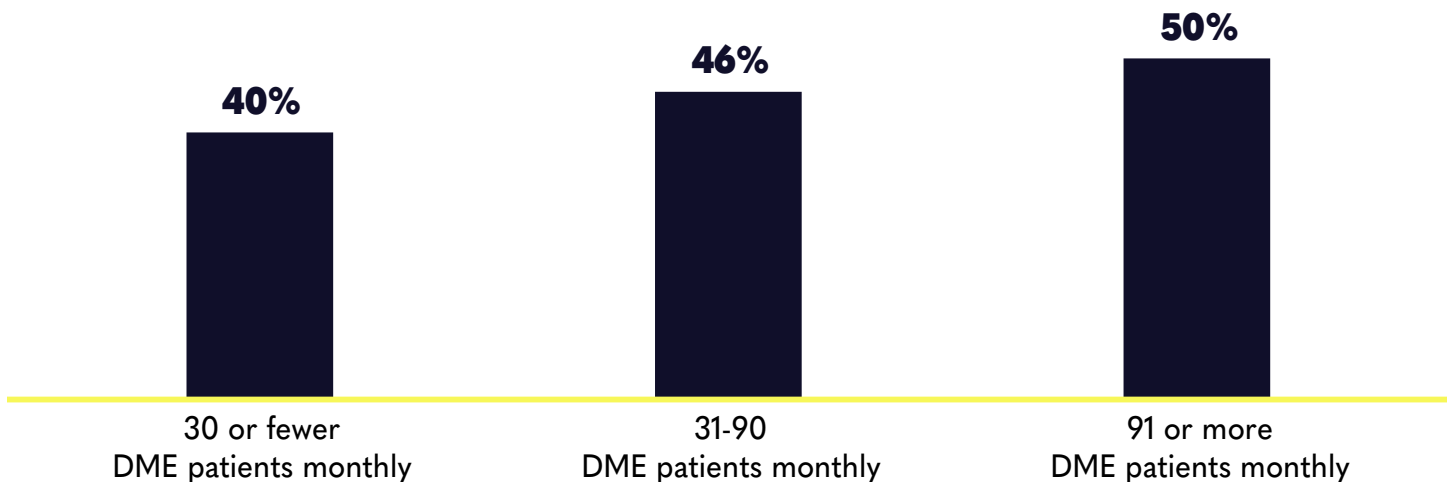
of standard DME patients have a CFT of < 250 microns
6 months after the initial first-line treatment

41%

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



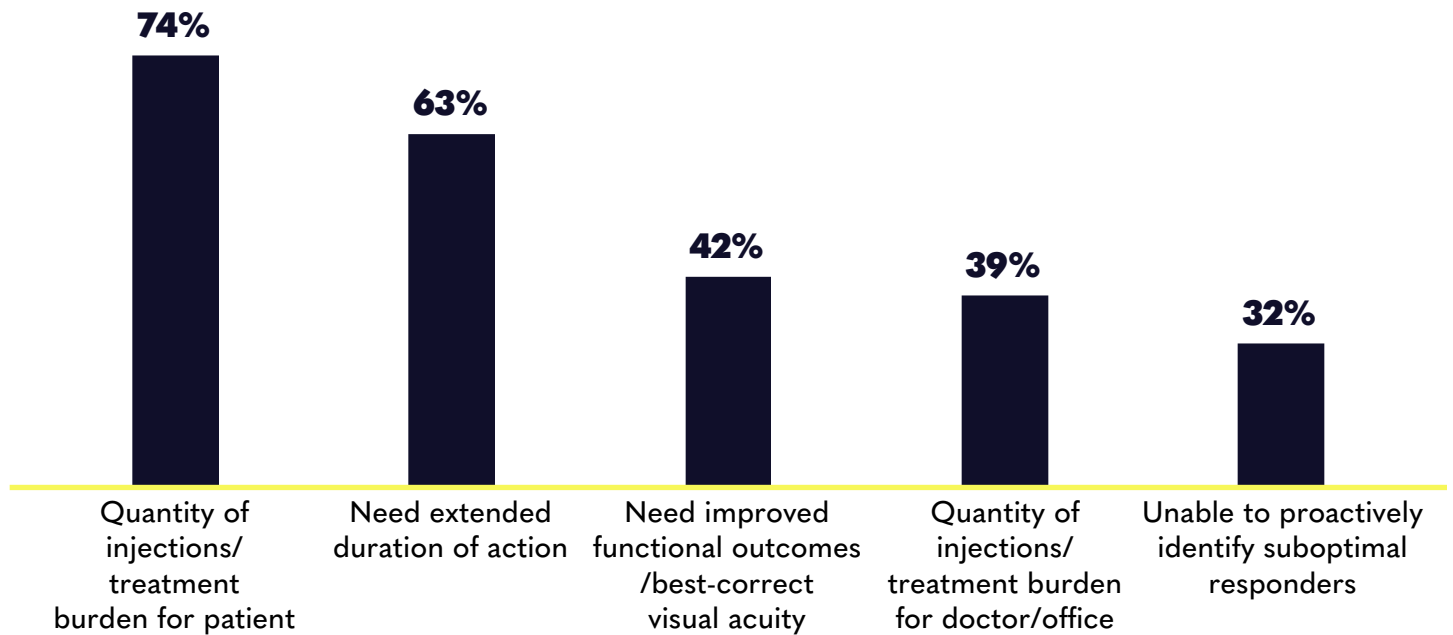
WHAT PERCENTAGE OF YOUR STANDARD DME PATIENTS ARE
ACHIEVING 3 OR MORE LINES OF BCVA IMPROVEMENT 6
MONTHS AFTER YOUR INITIAL FIRST-LINE TREATMENT?



Values represented average percentages selected by respondents in each group

Pharmacology & Therapeutics

WHAT IS THE LARGEST UNMET NEED FOR CURRENT ANTI-VEGF TREATMENTS? *(Select all that apply; top 5 responses shown here)*



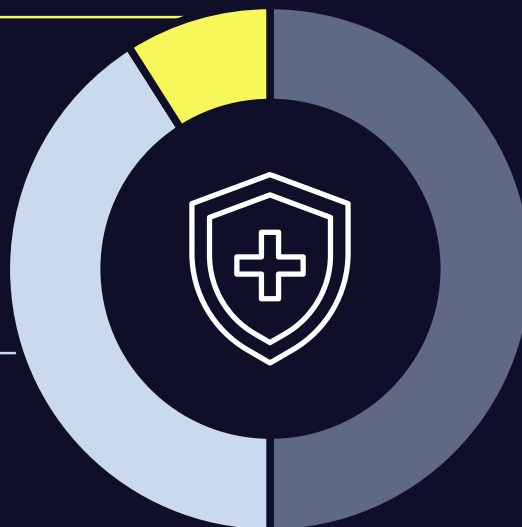
DO YOU CONSIDER SYSTEMIC SAFETY A CRITICAL COMPONENT OF YOUR TREATMENT DECISIONS WITH ANTI-VEGF THERAPIES?

9%

No, I believe these therapies are all safe

41%

Yes, always



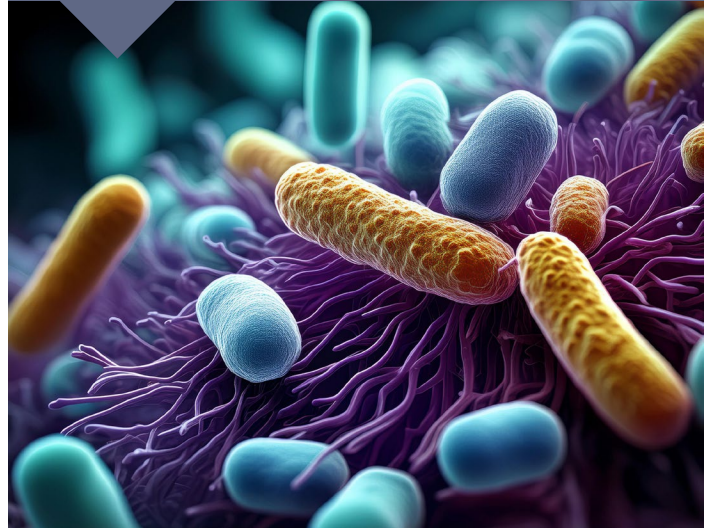
50%

Yes, on a case-by-case basis

Endophthalmitis

2

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



67%

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

FOR ACUTE ENDOPHTHALMITIS WHAT MEDICATIONS DO YOU USE? *(Select all that apply)*



69%

Tap and intravitreal antibiotics



41%

Prompt Vitrectomy, intravitreal antibiotics with cultures

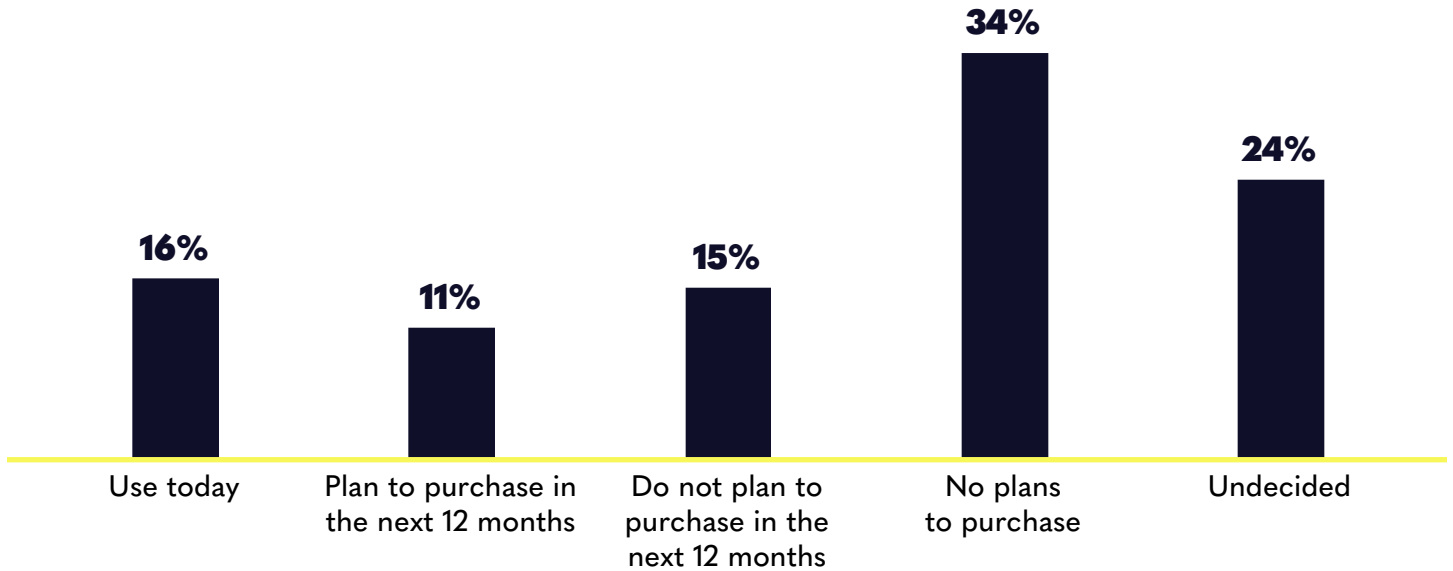


19%

Oral antibiotics

Vitreoretinal Surgery

HAVE YOU ADOPTED A DIGITAL SURGICAL VISUALIZATION STATION?



21%

of primary retinal detachments are repaired by primary scleral buckle



88%

of respondents prefer 23 or 25 gauge for tractional retinal detachment



33

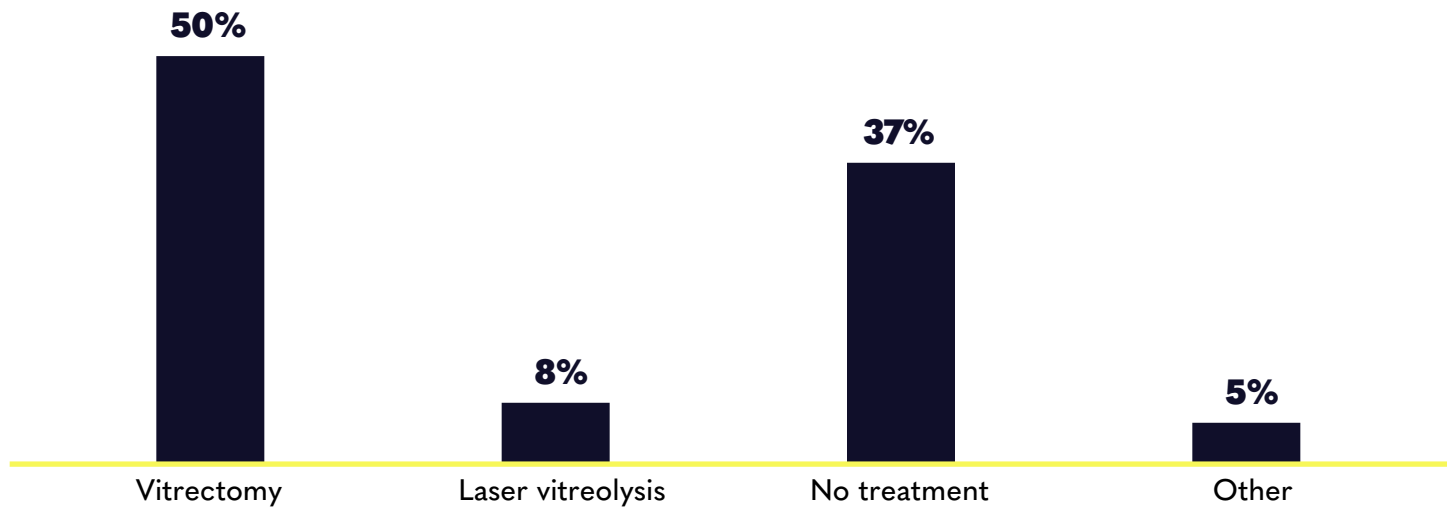
average number of vitrectomy procedures in the past year



42%

of respondents perform no vitrectomies

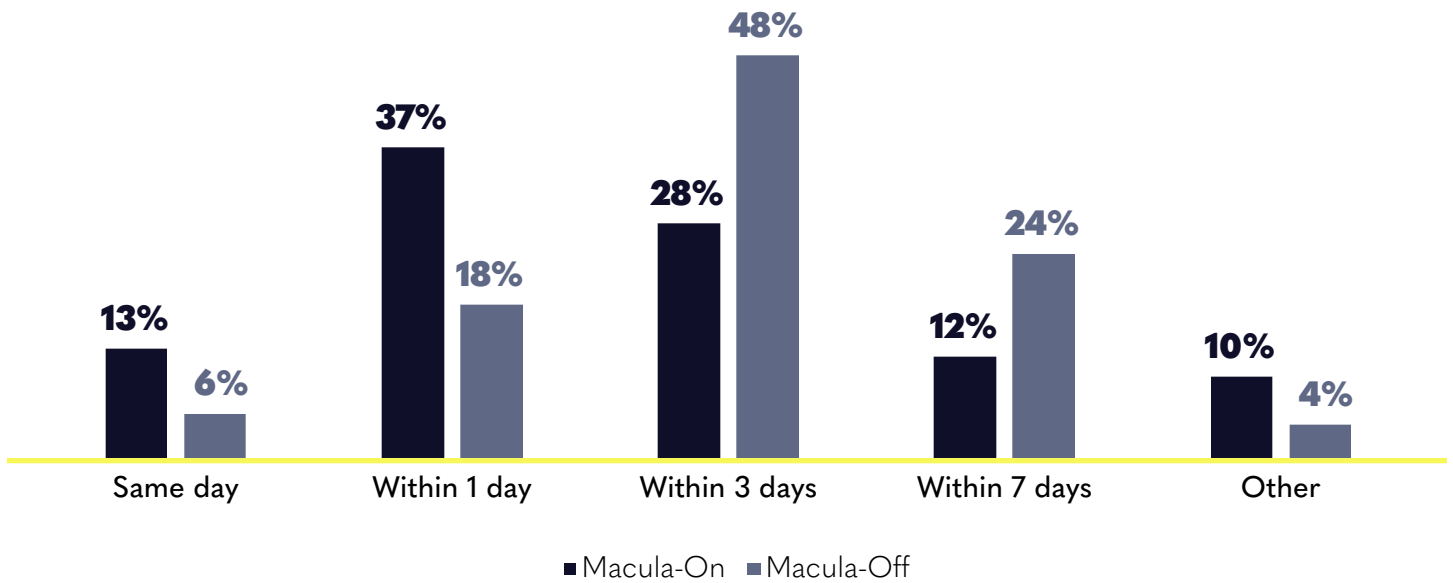
WHAT IS YOUR PRIMARY TREATMENT FOR A PATIENT WITH DEBILITATING/SEVERE (NON-HEMORRHAGIC) VITREOUS OPACITIES?



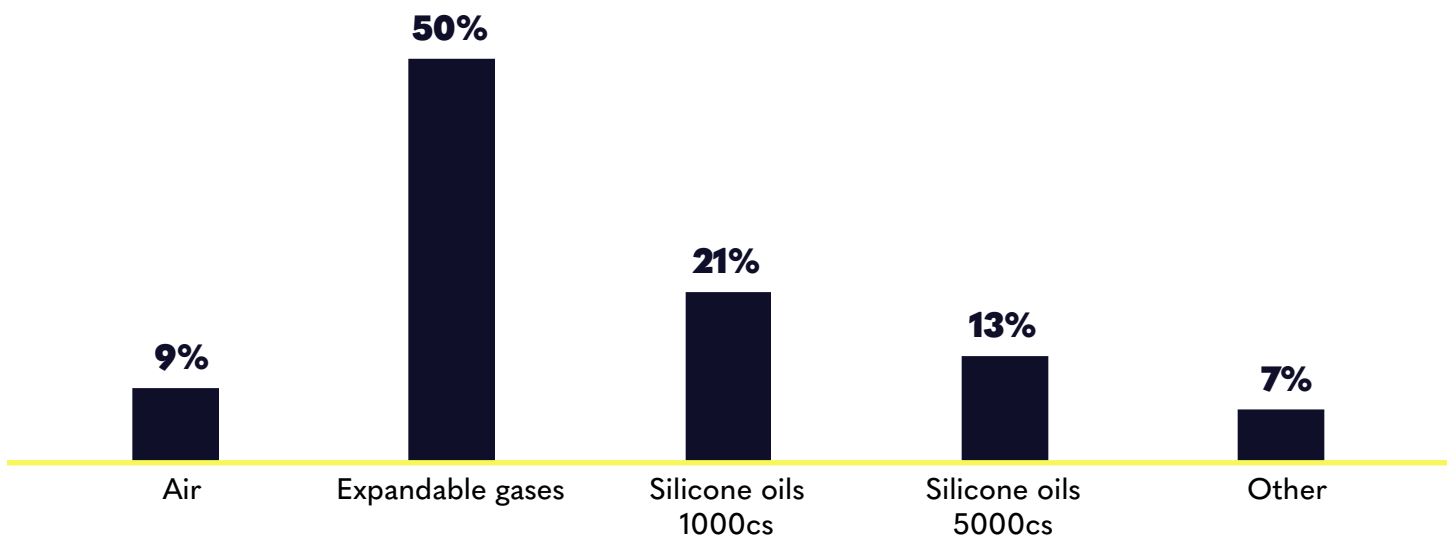
51%
of respondents have a very good or good understanding of how to optimize fluidics during a vitrectomy procedure



HOW QUICKLY DO YOU PERFORM SURGERY TO CORRECT _____ DETACHMENT?

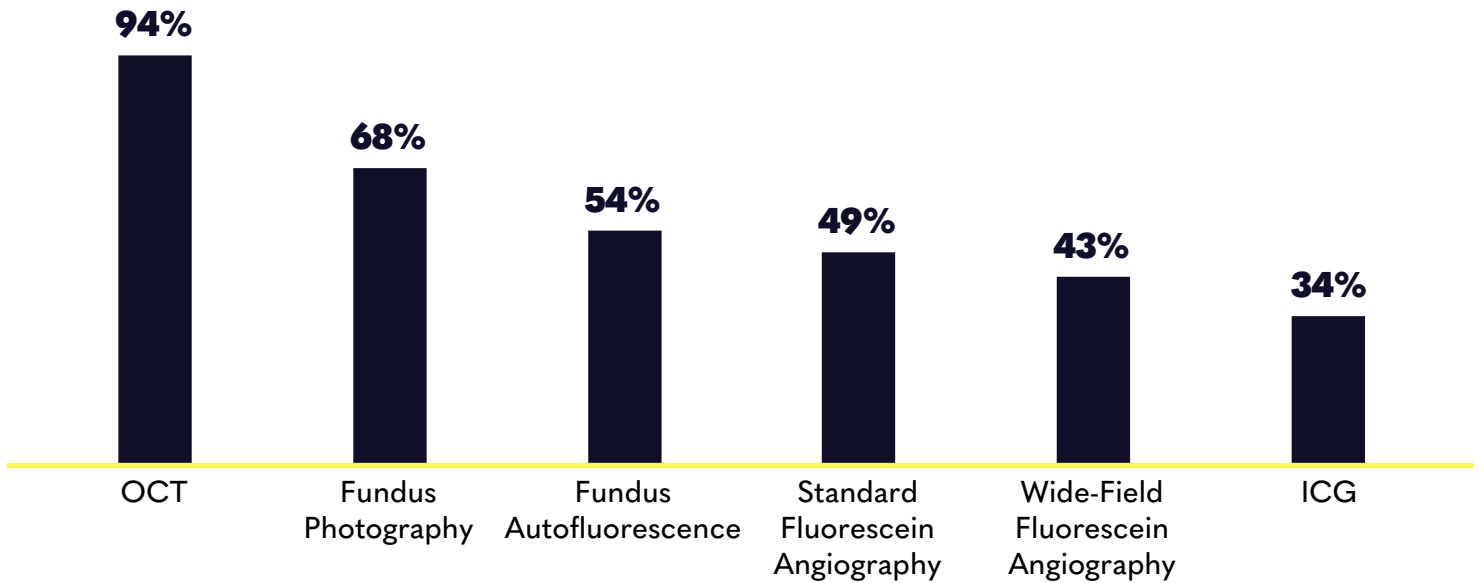


WHICH TAMPONADE DO YOU MOST COMMONLY USE FOR INFERIOR RETINAL DETACHMENT WITHOUT PVR?



Uveitis

WHAT IMAGING MODALITIES DO YOU USE FOR YOUR EVALUATION OF PATIENTS WITH POSTERIOR UVEITIS? *(Select all that apply)*



11%

of all patients are treated for uveitis



31%

of uveitis patients are co-managed with rheumatology





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European Society of Retina Specialists