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Sustaining Visual Benefits of Photobiomodulation in Dry Age-Related Macular Degeneration

Announcer:
Welcome to CE on ReachMD. This activity, titled Sustaining Visual Benefits of Photobiomodulation in Dry Age-Related Macular Degeneration is provided by Evolve Medical Education.

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Dr. Munk:
Hello, everyone. This is CE on ReachMD, and I am Marion Munk. Today, I'm joined by my colleague, David Boyer. Thank you so much for joining us. Today, we will be discussing how to sustain visual acuity benefits using photobiomodulation in dry age-related macular degeneration.

What is very important to remember is that in order to sustain visual acuity, you have to repeatedly do photobiomodulation. And when we look at the clinical data we have so far, the initial LIGHTSITE I trial was doing photobiomodulation every 6 months. And what you can see, that after 6 months, every time the visual acuity decreased slightly. However, as soon as the PBM was performed another time, then visual acuity improved again. But based on this fact, that we had a waxing and waning of visual acuity, it was further decided to limit the interval between the photobiomodulation sessions and treat the patients every 4 months.

Dr. Boyer:
Marion, I think it's important to point out this is not a cure. You need to continue to apply PBM in order to get the best results. I think that when you go to LIGHTSITE III, the 4-month intervals certainly showed that. And I think that the effect was continued over the 24-month period.

Dr. Munk:
Correct, yes. This is what you nicely see. So, with only 6-month interval, we saw that visual acuity decreased within the treatment intervals, while within a 4-month interval you could sustain visual acuity. But as he has pointed out, it has to be continued in order tokeep and sustain best corrected visual acuity improvement. And I think, also, the LIGHTSITE IIIB trial is a good example why it is important to keep on treating the patients with photobiomodulation.

What is your take on that, David?

Dr. Boyer:
I was very impressed by the LIGHTSITE IIIB program. We certainly had the 24 months showing a definite improvement in the PBM-treated patients compared to SHAM, but then there was a period of time until the drug was approved in financing that they could

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continue a longer-acting study. And certainly, it started to show, even in the PBM-treated patients, there was a slight decrease, but in the sham patients, they continued to deteriorate, so that the difference between the treated and untreated, 20 months after treatment was great. But it was very important to see that once the PBM treatment was reapplied, that the visual acuity actually improved back to the 5-letter improvement, while the sham-treated patients continue to do poorly.

Dr. Munk:
So you can say it's never too late to start PBM, but the earlier you start, the better it is. And you can also see, if you even treat the patient once, you can also see that the decrease of visual acuity is at a lower pace than compared when the patient would have never been treated with PBM. Correct?

Dr. Boyer:
That is correct. I mean, you can see clearly that treatment intervals have, at 4 months, caused a continued improvement. And as you pointed out, it was early but continued, and after a couple of treatments the result was even further improved. So I think it really points out to the fact that continued treatment at set intervals will give you the best results. And also, this is almost Koch's postulates; you treat somebody, take away the treatment, they get worse, and then you start the treatment again, and they get better. So, I think this really shows that there is a treatment effect here.

Dr. Munk:
Yeah, that's a very good point. This is one point, how to define treatment effect here. Totally agree with you. Unfortunately, I think our time is already up, and so thank you very much, David, for the insight, and thank you all for listening.

Dr. Munk:
Thank you.

Hello, everyone. This is CE on ReachMD, and I'm Mary Munk. And today, I'm joined by my colleague, David Boyer. Thank you for joining us. Today we will review the real-world evidence of photobiomodulation efficacy in ocular indications.

Announcer:
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