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SLT in the armamentarium of glaucoma therapies



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Questions



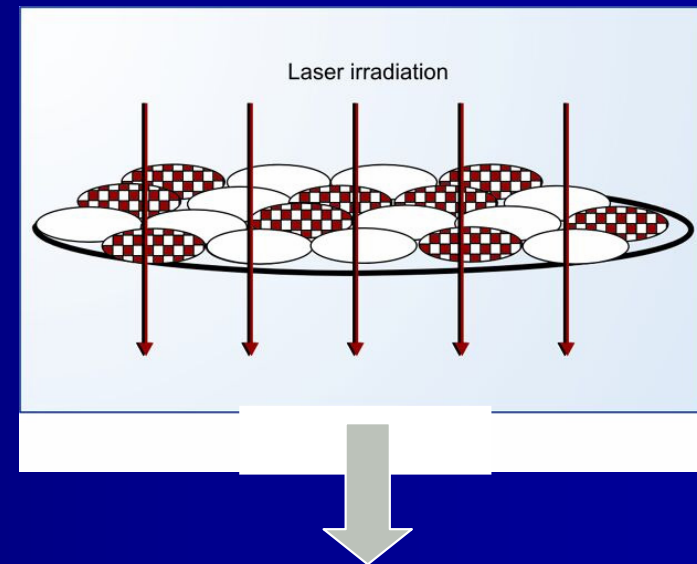
- Is SLT really a new therapeutic procedure?
- What is the difference to ALT?
- What is the IOP-lowering potential?
- Depends the indication for SLT on the type of glaucoma?
- Depends the indication on the stage of glaucoma?
- Are there contraindications?



Selective Laser Trabeculoplasty: really a new procedure?

- developed by **Latina et al. 1995**
- q-switched, frequency-doubled Nd:YAG (534 nm)
 - puls duration of 3ns
 - spot size 400 μ m

~~Mechanical theory (ALT)~~



Cellular theory

- Induction of cell division
- Migration of macrophages

	<i>SLT</i>	<i>ALT</i>
<i>Introduction</i>	1995-1998*	1979**
<i>Laser source</i>	Nd:YAG (532 nm)	Argon (488-514nm)
<i>Laser burns</i>	50	50
<i>Spot size (μm)</i>	400	50
<i>Duration</i>	3 nsec	0,1 sec
<i>Degree of treated angle</i>	180	180
<i>Clinical criteria</i>	Bubble formation	Bubble formation and blanching

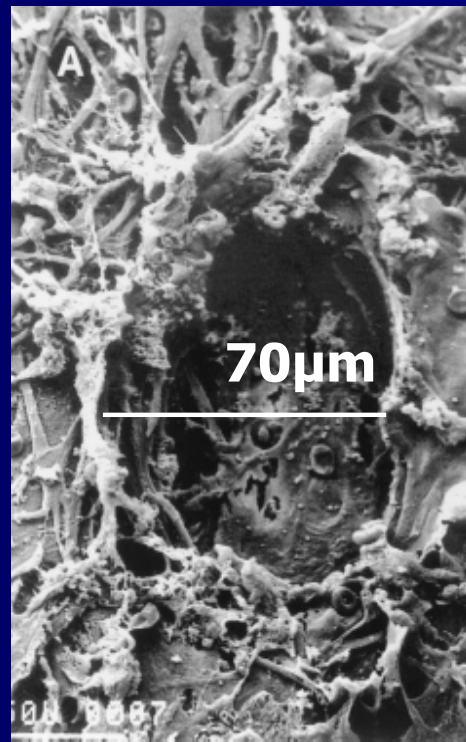
* Latina MA ET AL. Ophthalmology 1998;105:2082-2090

** Wise JB, Witter SL. Arch Ophthalmol 1979; 97:319-22

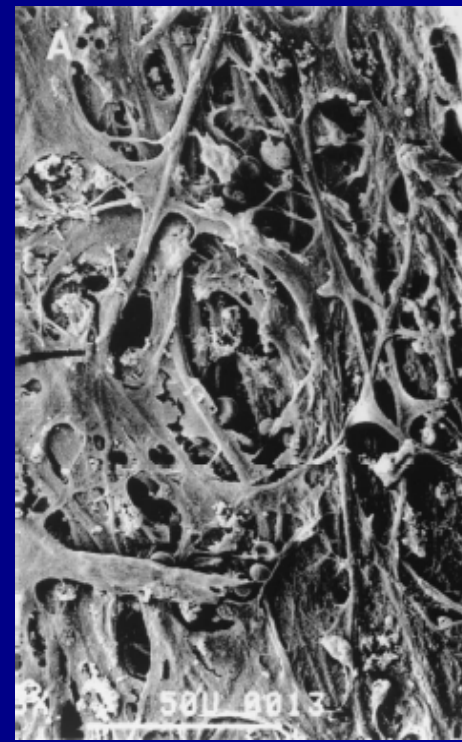
Morphologic changes after SLT and ALT in human autopsy eyes

A. Scanning electron microscopy*

ALT



SLT

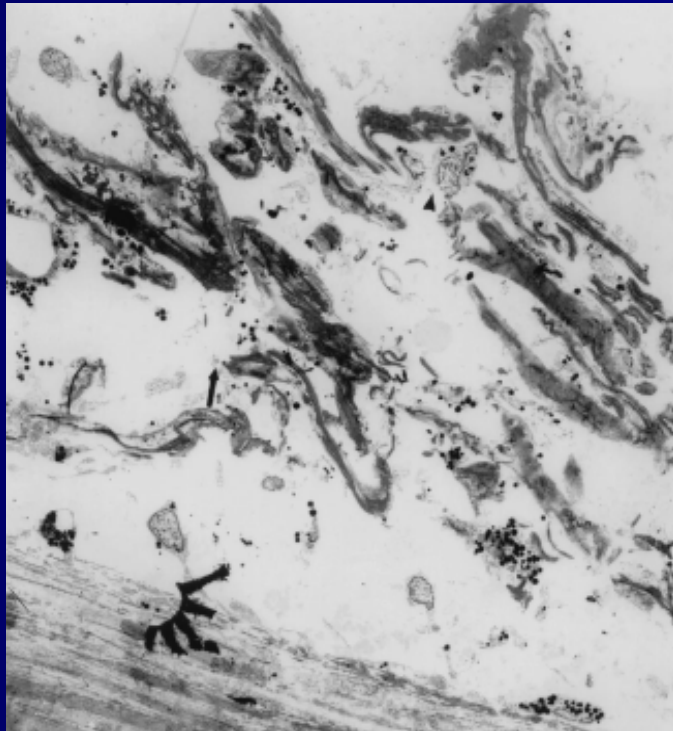


* Kramer TR, Noecker RJ. Ophthalmology 2001; 108: 773-779

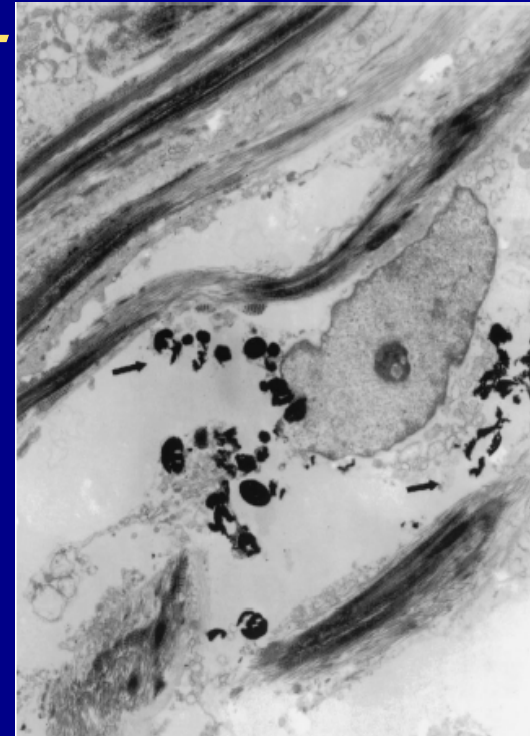
Morphologic changes after SLT and ALT in human autopsy eyes

B. Transmission electron microscopy*

ALT



SLT



* Kramer TR, Noecker RJ. Ophthalmology 2001; 108: 773-779

Clinical comparison of SLT versus ALT

IOP-lowering effect

<p><i>Karim et al.</i> <i>Br J Ophthalmol</i> <u>1999</u></p>	<p>ALT = SLT (6 months)</p>	<p>Better results with SLT than Re-ALT in patients with previous ALT</p>
<p><i>Juzych et al.</i> <i>Ophthalmology</i> <u>2004</u></p>	<p>ALT = SLT (5 years)</p>	<p><u>Success rate 1 / 3 / 5y:</u> SLT 68% / 46% / 32% ALT 54% / 30% / 31%</p>

Karim FD, et al. Br J Ophthalmol 1999; 83: 718-722

Juzych MS, et al. Ophthalmology 2004; 111: 1853-1859

Summery efficacy / safety: SLT versus ALT

	<i>SLT</i>	<i>ALT</i>
<i>Efficacy</i>	comparable	
<i>Total laser energy</i>	much higher with ALT (appr. 80x)	
<i>Discomfort / pain</i>	Less discomfort with SLT*	
<i>Inflammation</i>	Less anterior chamber reaction after SLT*	
<i>IOP-elevation</i>	Comparable (appr. 20% 5mmHg or more)	
<i>Re-Treatments</i>	Higher sucess rate after previous ALT	Markedly reduced efficacy**
<i>Long term effects</i>	?	Higher rate of scarring after trabeculectomy

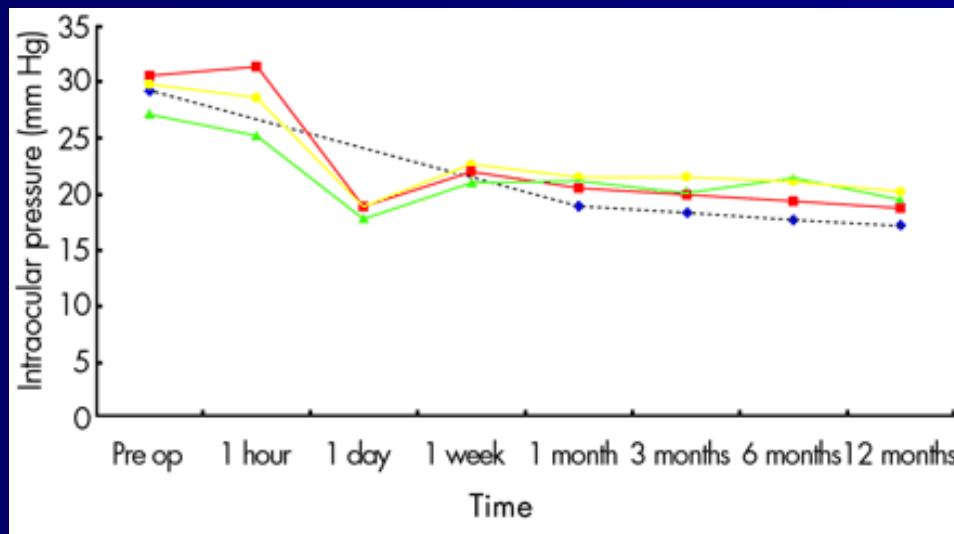
* Martinez-de-la-Casa et al. Eye 2004; 18: 498-502

** Feldmann et al. Ophthalmology 1991; 98: 1061-1065

Short- and Mid-term clinical results

<i>Hodge et al.</i> <i>Br J Ophthalmol</i> <u>2005</u>	60% 1 year, POAG >20% IOP reduction	No age relation Higher success in patients with higher baseline IOP
<i>Latina et al.</i> <i>Ophthalmology</i> <u>1998</u>	70% 6 mo, POAG >3mmHg IOP reduction	Similar efficacy in patients with previous ALT
<i>Melamed et al.</i> <i>Arch Ophthalmol</i> <u>2003</u>	89% 18 mo, POAG >5mmHg IOP reduction	Increase of IOP >5mmHg 1 hour after treatment in 11%

SLT v monotherapy with latanoprost: A prospective randomized trial in POAG

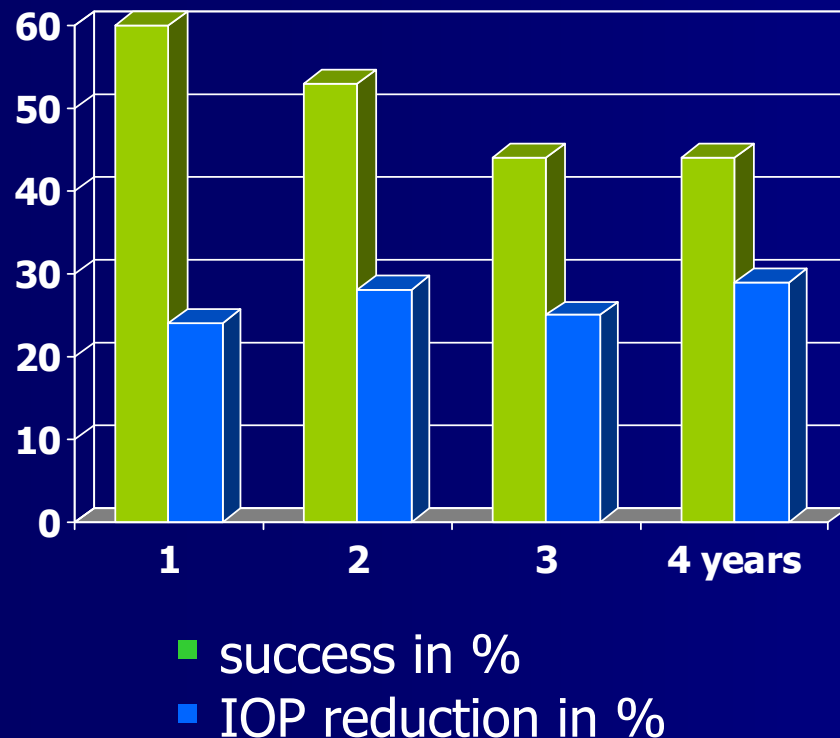


..... Latanoprost
 ■ SLT 90°
 ■ SLT 180°
 ■ SLT 360°

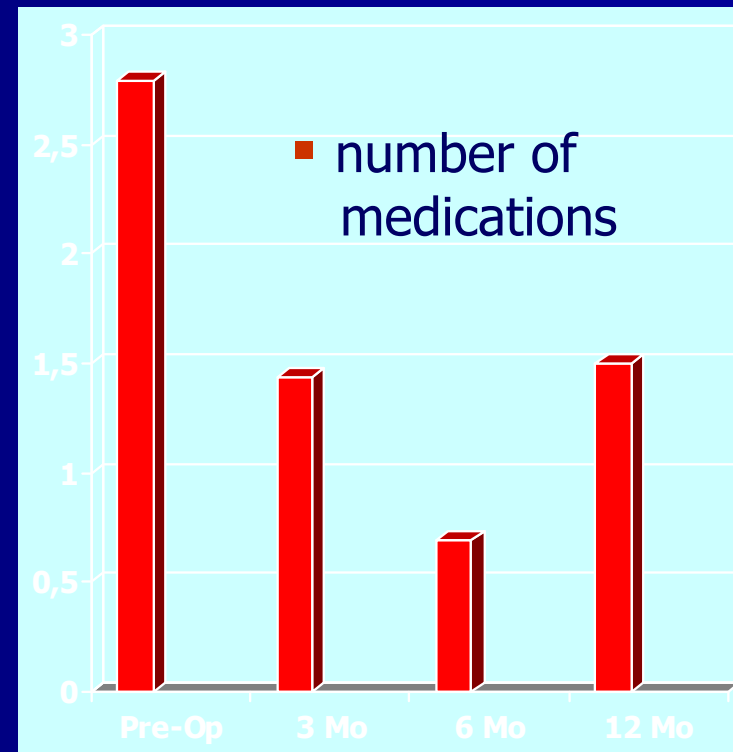
IOP ↓	Latano- prost	SLT 90°	SLT 180°
>20%	90%	34%	65%
>30%	78%	11%	48%

Nagar et al. Br J Ophthalmol 2005; 89: 1413-1417

Long-term clinical results and replacement of medical therapy



Weinand et al.
Eur J Ophthalmol 2006;16: 100-4



Francis et al.
Am J Ophthalmol 2005;140: 524-5

Answers



- SLT is effective and very safe in ***early POAG and OHT***
- IOP-lowering potential ***appr. 20-25% (>5 mmHg)***
- SLT is more effective in patients with ***higher IOP at baseline***
- Reduction of IOP to the upper tens ***target IOP 15-20mmHg***
- Reduction of medical therapy in controlled glaucoma
- Treatments are possible and effective after previous ALT

Indication and contraindication

■ Indication

Early POAG /OHT

associated with

- failure of primary medication
- discomfort / allergy with primary medication
- poor compliance

■ Contraindication

- advanced glaucoma (AGIS)
- normal tension glaucoma
- primary and secondary angle closure glaucoma
- angle recession glaucoma
- dysgenetic glaucoma
- Active uveitis

Further Questions



- What are the biological effects inside the trabecular meshwork?
- Inputs for medical research?
- May SLT influence the results of filtering surgery at later time?
- How is the efficacy of SLT in glaucoma subgroups other than OHT and POAG?
- How is the efficacy of SLT as a retreatment after failed previous SLT?