Selective Retina Therapy

MOI

National Evidence-based Healthcare Collaborating Agency, SEOGL, South Korea

OBJECTIVES: The safety and effectiveness of Selective Retina Therapy as a procedure that induces the regeneration of the retinal pigmented epithelial layer by selectively destroying only the retinal pigmented epithelial cell in patients with retinal diseases were assessed. METHODS: Assessment was made on the Selective Retina Therapy by extending this procedure to patients who are subjected to selective retinal therapy by means of macular edena and central serous chorioterupathy patients. Intervention procedures included a broad range of technologies that selectively damages the retinal pigments and all devices without limitation were selected in assessment of the safety and effectiveness of this technology. For information search, a PubMed database, 8 international databases including Korea Med and overseas databases including Ovid-Medline, Ovid-Embase and Cochrane Library were used. A total of 55 relevant literatures were searched in order to search search through the use of search words related to ‘selective retina therapy’. As the result, a total of 7 literatures were included in the final assessment by applying the criteria for selection and exclusion to the 28 literatures after having excluded 21 overlappingly searched literatures. Each of the stages from literature search to application of selection standards and extraction of data were carried out independently by 2 assessors under the deliberation by the Sub-committee. RESULTS: Although there is no safety problem with the Selective Retina Therapy when implemented on central serous chorioterupathy patient, there is no literature that made report on the key effectiveness variable of the Therapy, making the assessment of the effectiveness of this technology difficulty. CONCLUSIONS: Therefore, this technology was assessed to be at a stage that requires further researches (Recommendation rating D, Classification as technology in research stage 3).

Real World Skin Clearance Rates for Biologic Treatments in Patients with Moderate to Severe Plaque Psoriasis: Interim Results from a Large Prospective, Observational Study


1Paul Sabatier University, Toulouse, France, 2Whips Cross University Hospital & the Royal London Hospital, London, UK, 3University di Verona, Verona, Italy, 4Dermatologikum Hamburg, Hamburg, Germany, 5Hospital de la Santa Creu i Sant Pau, Barcelona, Barcelona, Spain, 6CHU de Nice - Hôpital l'Archet 2, NICE CEDEX 3, France, 7University Francisco, CA, USA

OBJECTIVES: Biologic treatments are approved for moderate/severe plaque psoriasis. In trials of newer biologics, many patients achieved complete skin clearance. This abstract reports interim Results from a study examining real-world effectiveness of biologics in psoriasis. METHODS: This prospective observational study includes adults initiating biologic treatment, or switching to a new biologic, for psoriasis in Europe and the US. Dermatologist evaluation of the Psoriasis Area and Severity Index (PASI) and the patient-reported Psoriasis Symptom Index (PSI) and Dermatology Life Quality Index (DLQI) are collected at baseline, 6 and 12 months after biologic initiation. Endpoints include complete skin clearance (100% improvement in PASI [PASI 100] or PASI 0), PASI 90, PSI and DLQI. Missing data are imputed using the last observation carried-forward. These interim Results include patients who had the opportunity to complete a 6-month assessment. RESULTS: This interim analysis included 126 patients (69.8% male, mean [SD] age 47.3 [14.3] years, mean [SD] psoriasis duration 17.3 [12.9] years). At baseline, mean (SD) PASI was 6.5 (4.2), 66% of patients were biologic naïve. At 6-months, 17.5% (95% CI: 11.3%, 25.2%) of patients achieved complete skin clearance; fewer than half (48.0% [39.0%, 57.1%]) achieved a PASI 75, 28.0% [20.3%, 36.7%] achieved a PASI 90, and 17.6% [11.4%, 25.4%] a PASI 100. In addition, 16.8% of patients had a PSI of 0 and 23.8% a DLQI of 0 (lower scores indicate fewer psoriasis symptoms and better quality of life). CONCLUSIONS: Fewer than 20% of patients achieved complete skin clearance 6 months after initiating a biologic and less than half achieved a 75% improvement in PASI. In addition, more than 75% of patients reported some skin clearance 6 months after initiating a biologic and less than half achieved a 75% improvement in PASI [PASI 100] or PASI = 0. Results from this interim analysis were imputed using the last observation carried-forward. These interim Results include patients who had the opportunity to complete a 6-month assessment. CONCLUSIONS: These Results suggest that more effective treatments could improve outcomes for many patients with moderate to severe psoriasis.

Research Poster Presentations – Session II

Disease – Specific Studies

Cancer – Clinical Outcomes Studies

PCN1

Prospective Study of Radiation Related Adverse Events and Its Management Among Patients — A Pilot

Himanshu Patil1, Acsah Annie F1, Rajesh H1, Babarun M1, Madhavi Y1, Parthasarathi G1

1JSS College of Pharmacy, Mysore, JSS University, Mysore, India, Mysore, India

OBJECTIVES: This study was conducted to assess the pattern of radiation related adverse events and its management in patients who are on radiation therapy or chemo-radiation therapy. METHODS: This was a prospective observational study conducted between the period of March 2015 and March 2016 in JSS Hospital & Institute of Mysore, India. RESULTS: This study was conducted to assess the pattern of radiation related adverse events and its management in patients who are on radiation therapy or chemo-radiation therapy. METHODS: This was a prospective observational study conducted between the period of March 2015 and March 2016 in JSS Hospital & Institute of Mysore, India. The patients who were on radiation therapy were enrolled and followed by clinical pharmacists on daily basis to identify adverse event(s) if any. Upon identification, adverse events were discussed with concerned radiation oncologists for authentication and graded as per defined by Radiation Therapy Oncology Group (RTOG). Enrolled patients were further fol-