

# **Suprachoroidal outflow as a surgical target for the treatment of glaucoma**

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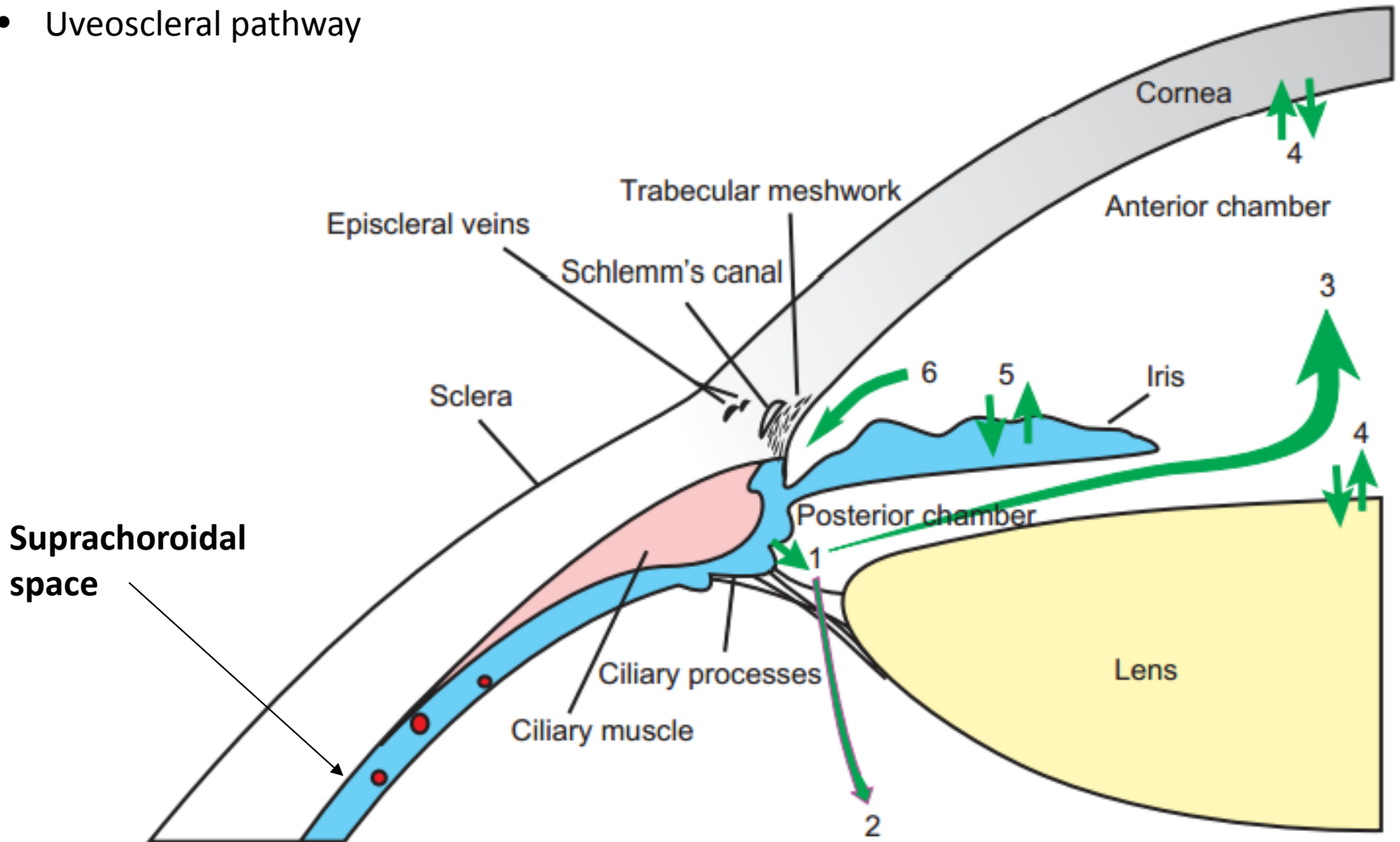
# Disclosures

- Aeon
- Alcon
- Allergan
- AqueSys
- Bausch & Lomb
- Calhoun Vision
- Carl Zeiss Meditec
- ForSight Labs
- Glaukos
- InnFocus
- IRIDEX
- iScience Interventional
- Ivantis
- Merck& Co
- NeoMedix
- Ocunetics
- QLT
- SOLX
- Transcend Medical
- TrueVision Systems

# Aqueous outflow

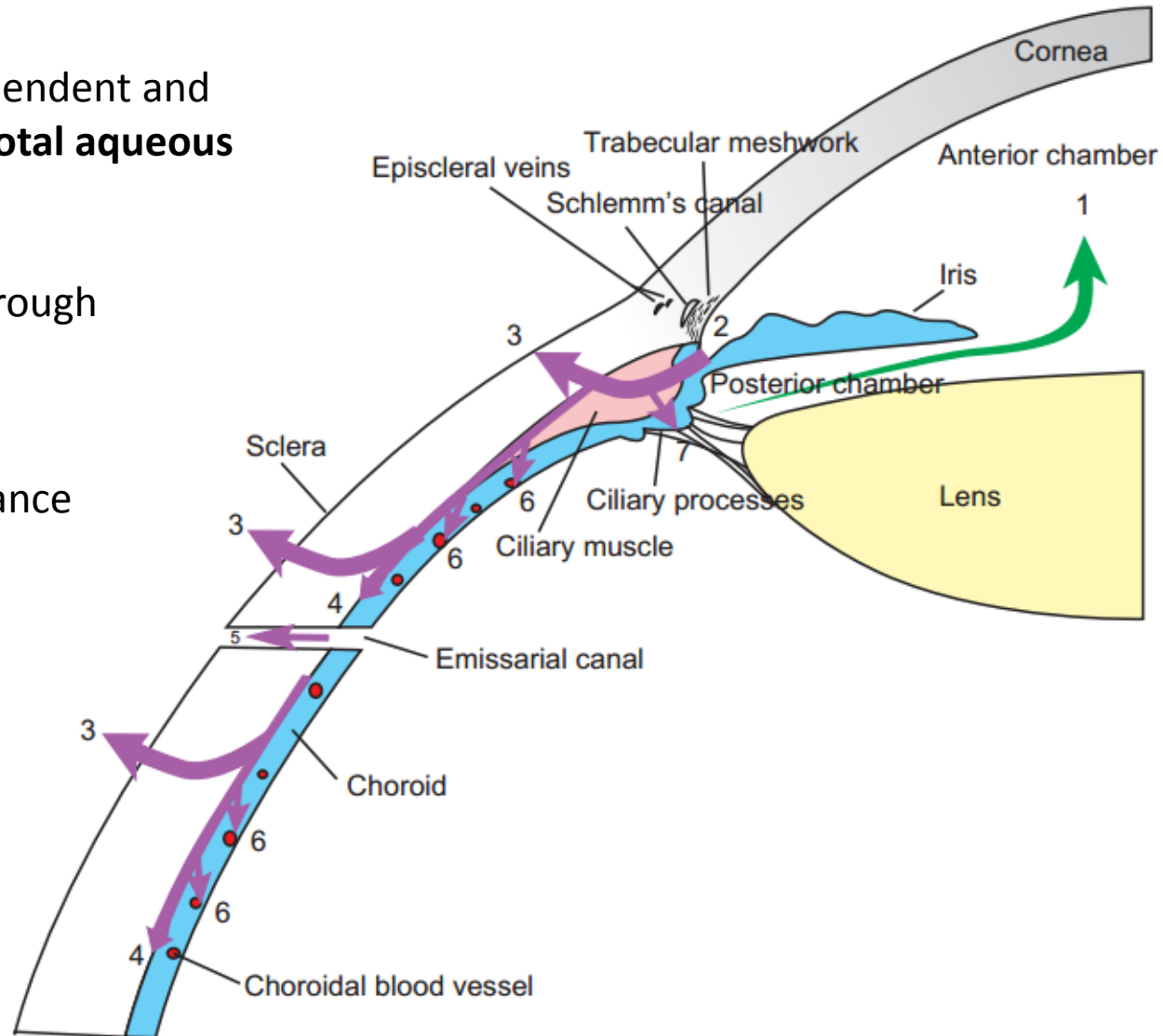
Two main physiologic outflow paths for aqueous humor:

- Trabecular pathway
- Uveoscleral pathway



# Uveoscleral outflow path

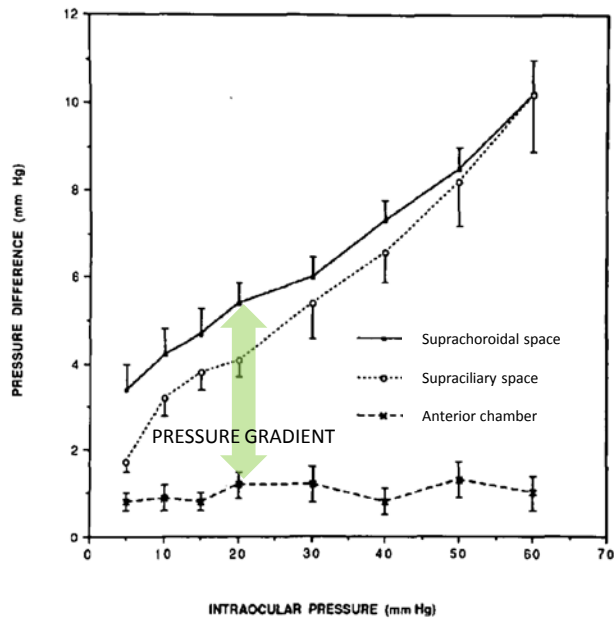
- Considered pressure independent and contributes **up to 57% of total aqueous outflow**<sup>1</sup>
- Aqueous exits primarily through the sclera and choroidal blood vessels
- The highest point of resistance is the **ciliary body**



# Suprachoroidal outflow as therapeutic target

## Robust pressure gradient

Pressure differential between anterior chamber and suprachoroidal space is 4 mmHg (at physiological range)<sup>1</sup>



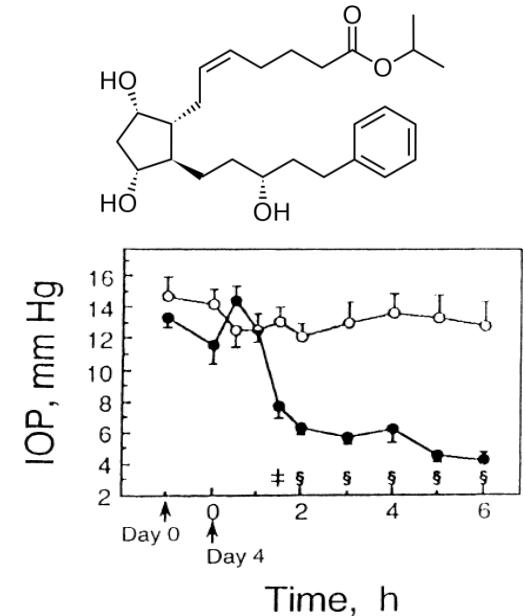
## Continuous, absorptive reservoir

Single point access to the suprachoroidal continuum with up to 160x more surface area vs the trabecular meshwork<sup>2,3</sup>



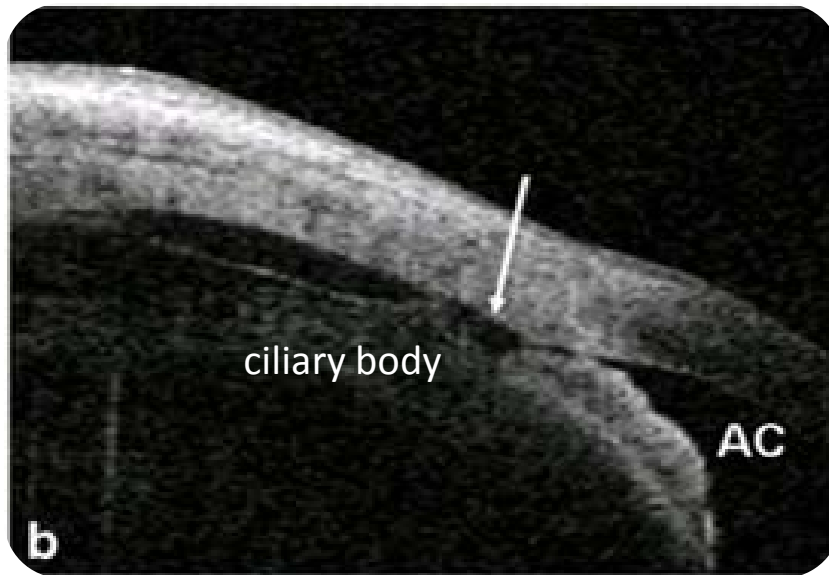
## Pharmacologic precedent

Prostaglandins – first-line therapy and most effective medical treatment – acts on uveoscleral pathway<sup>4</sup>



1. Emi K, Pederson JE, Toris CB. Hydrostatic pressure of the suprachoroidal space. IOVS. 30(2):233-238
2. Patel SR, Lin ASP, Edelhauser HF, Prausnitz MR. Suprachoroidal Drug Delivery to the Back of the Eye Using Hollow Microneedles. Pharm Res. 2011 January; 28(1): 166–176
3. Internal analysis – Grierson (1979). BJO. 63:9-16; Olsen (1998). Am J Ophth. 125:237-241.
4. Weinreb RN, Toris CB, Gabelt BT, Lindsey JD, Kaufman PL. Effects of prostaglandins on the aqueous humor outflow pathways. Surv Ophthalmol 2002;47(Suppl 1):S53-S64

# Supraciliary stenting creates a conduit to the suprachoroidal space



## Cyclodialysis cleft

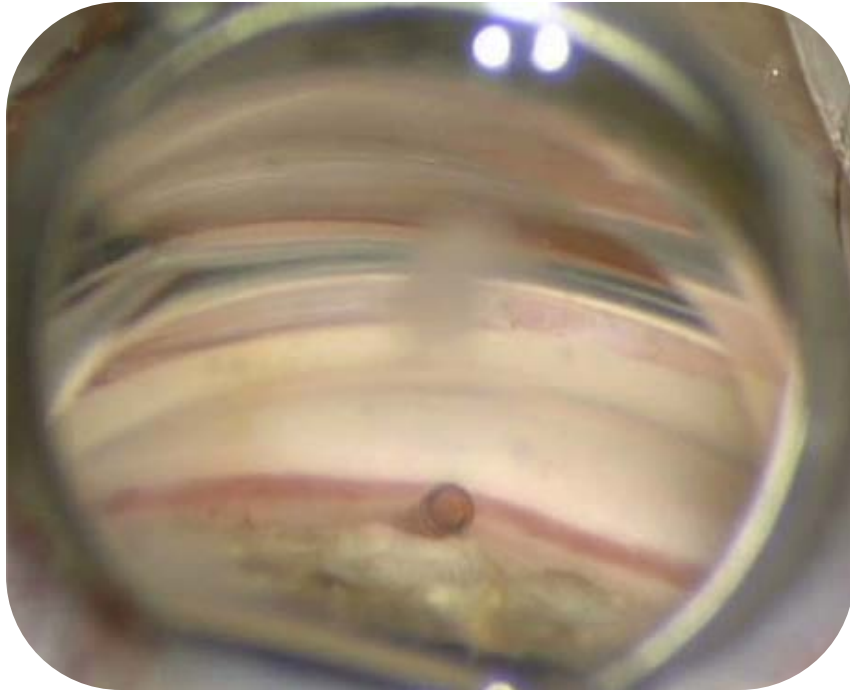
Historically used procedure which was effective but limited in duration, as the ciliary body cleft would eventually close



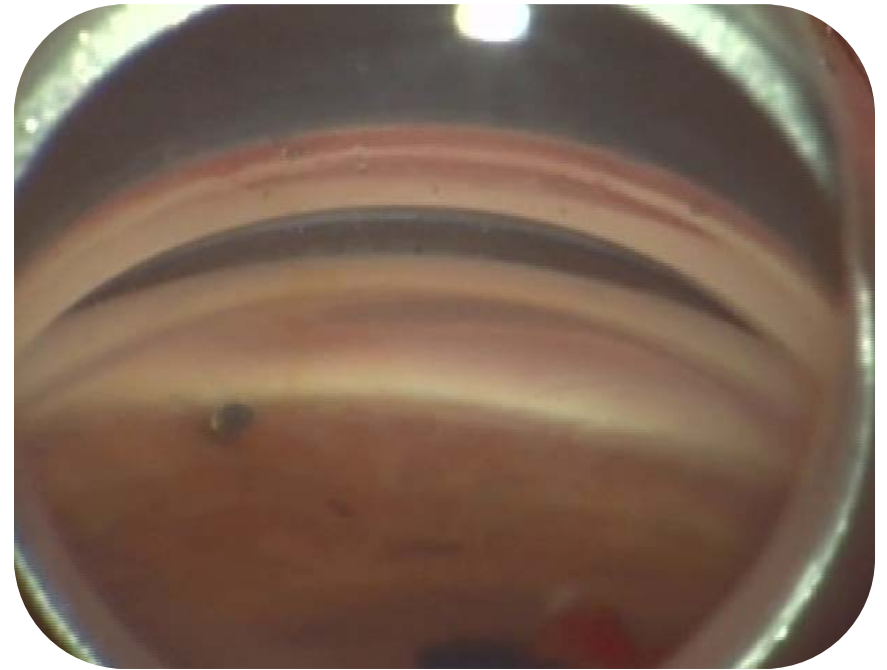
## Supraciliary Stent *in situ*

Supraciliary stenting allows for a “controlled cyclodialysis” that is repeatable and permanent to overcome ciliary body flow resistance

# Current ab interno supraciliary devices in US clinical studies



**CyPass Micro-Stent**



**iStent Supra**

**Caution:** Investigational devices. Federal (US) Law limits these devices to investigational use.

# Supraciliary micro-stent implantation



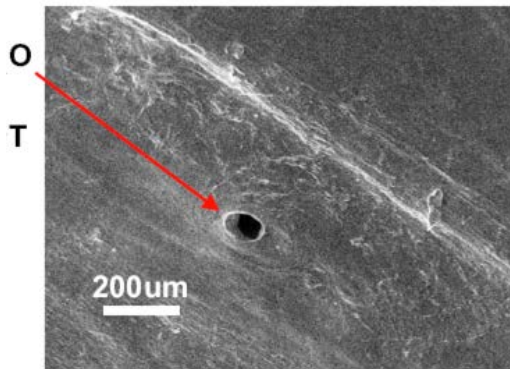
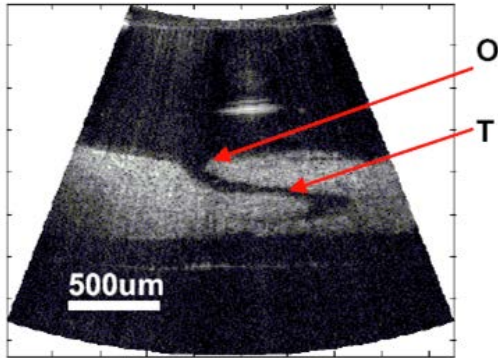
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# Challenges with trabecular outflow path

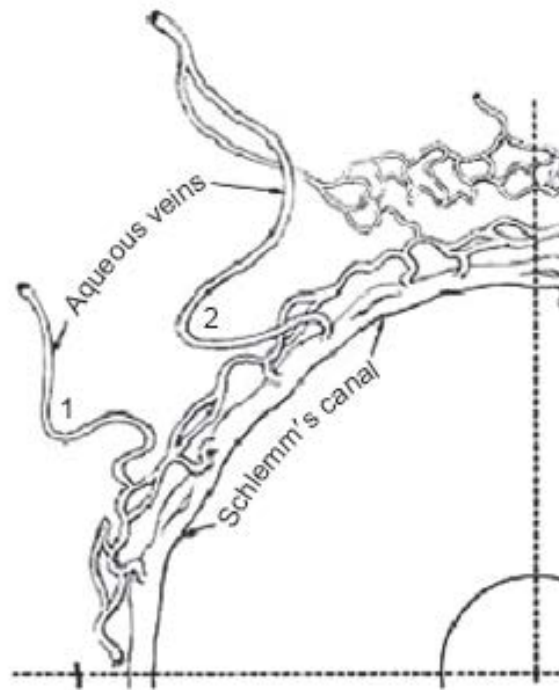
## Downstream resistance

Discrete canalicular system and episcleral venous back pressure limits outflow potential



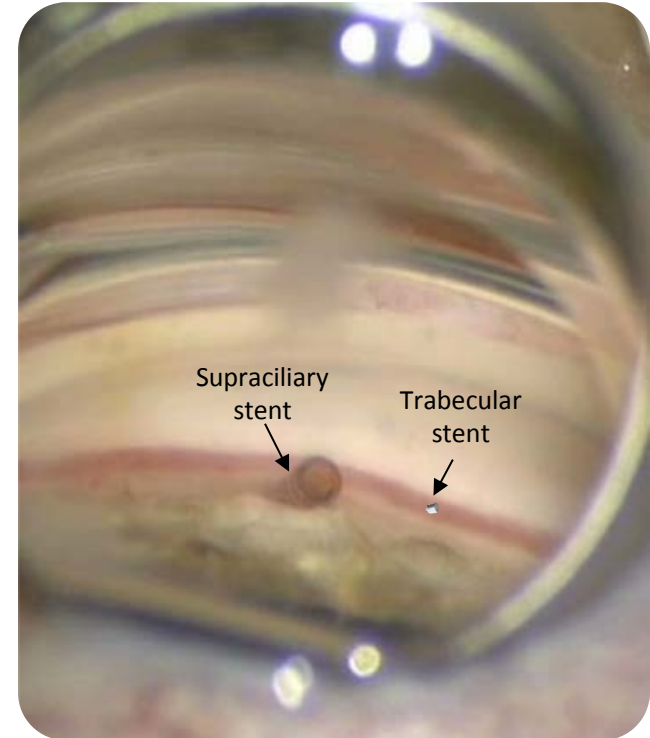
## Variability in collector channel location

Placement of two stents may be required for optimal placement with respect to collector channels



## Smaller anatomical target

Trabecular meshwork and Schlemm's canal provide significantly smaller surgical target vs. the ciliary body band



# Suprachoroidal outflow – promising MIGS target

- Potential for best-IOP-lowering efficacy based on physiological mechanism
- Preliminary safety results from international experience in line with other MIGS devices
- Anatomical approach makes for more elegant procedure
- Overall – suprachoroidal outflow represents a very promising MIGS approach