

OPHTHALMOLOGY

Seeing Eye-to-Eye

James Tressitt was concerned when his two older sisters were diagnosed with macular degeneration, the leading cause of blindness among persons over age 60. He learned it could be hereditary. The straight lines that sometimes appeared wavy to him were curious. Still, he put off getting an eye exam.

"My one sister wasn't responding well to treatment and had serious vision problems. Then an optometrist I saw about my eye glasses told me I have macular degeneration and should see a retina specialist," Mr. Tressitt recalled. "It hit me that I just didn't want to lose my vision."

Mr. Tressitt saw Jonathan Prenner, MD, Clinical Assistant Professor of Ophthalmology at UMDNJ-Robert Wood Johnson Medical School with the Retina-Vitreous Center (RVC) at Robert Wood Johnson University Hospital. "If caught early and managed carefully, macular degeneration is now a very treatable condition," Dr. Prenner said.

Mr. Tressitt was diagnosed with wet macular degeneration in his left eye. "He had bleeding and fluid in and under the retina," Dr. Prenner explained. "If not attended to quickly, that can lead to growth of blood vessels, additional leakage, hemorrhaging and eventual scarring. Once this disease gets to a form where scarring becomes the predominant feature, we don't have a whole lot of options."

Mr. Tressitt was treated initially with Lucentis, a medication that blocks VEGF (vascular endothelial growth factor), which causes new blood vessels to grow. The RVC was a clinical trial center for the development of Lucentis from phase one through Federal Drug Administration (FDA) approval in 2006. The medication is injected directly into the eye. With anesthesia, it's a painless

procedure. "My only discomfort is a little irritation after the injection, but that was gone after about a day," Mr. Tressitt said.

There was some improvement, but the disease remained active. And it was frustrating that Mr. Tressitt needed to come in frequently from Westfield for treatment. So Dr. Prenner offered Mr. Tressitt a new alternative. In December, Mr. Tressitt became among the first patients offered Eylea, a new drug that the RVC helped research for more than five years. It gained FDA approval in November.

"In many patients, although not all, we've seen improvement in their anatomy and function when using Eylea," Dr. Prenner explained. "One week after Mr. Tressitt's first treatment, the fluid went away and his vision became 20/20. That's very impressive."

Mr. Tressitt noticed the effects almost immediately. "There are no wavy lines, no dark spots. I only wear sunglasses and glare-reducing glasses when I drive at night. Other than that, my vision is quite good."

Dr. Prenner has progressively given Mr. Tressitt more time between injections based on his response to Eylea. High-resolution imaging tests performed each visit show the eye's status and drive decision-making regarding treatment. Now, Mr. Tressitt is at 10 weeks between treatments and he may ultimately be able to extend that to once a quarter.

"I am relieved," Mr. Tressitt says. "I have no illusions that I will be cured, but Dr. Prenner has helped me preserve my vision. I'm so thankful for the treatment options at the RVC at RWJ."

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