

# Clinical Update

March 2005

## *Macugen® Injections Can Limit Vision Loss for Patients With Wet Macular Degeneration*

Guthrie ophthalmologist Michael Hudock, MD, is now offering Macugen injections to treat active, neovascular (wet) age-related macular degeneration (AMD). Phases 1 and 2 of the clinical trials for Macugen were conducted domestically; a large, controlled clinical trial including nearly 1,200 patients with at least 20/320 vision was conducted internationally. These trials demonstrated that Macugen is effective, including for disease subtypes for which, until now, there has been no effective treatment.

patients can be diagnosed by their own eye doctor, although a retinal specialist should determine if the patient is an appropriate candidate for Macugen. Wet AMD causes severe vision loss and legal blindness – a central blind spot with inability to see detail such as faces or reading material.

Macugen injections can greatly reduce the risk of moderate to severe vision loss by inhibiting the growth of and leakage of fluid from new blood vessels under the retina. These vessels cause

vision loss from retinal swelling, bleeding, and the contraction of scar tissue, all of which can be minimized by Macugen injections. Treatment limits progression of the disease, reducing (but not eliminating) the risk of further vision loss. Macugen may benefit up to half of patients newly-diagnosed with wet AMD.

The intraocular Macugen injections of pegaptanib sodium are administered directly into the patient's eye after the application of topical anesthetic. "There is, of course, some discomfort, but I've discovered that most patients feel the injection caused less pain than expected. The greatest problem has been apprehension before the first injection," said Dr. Hudock. Patients receive Macugen injections every six weeks for a minimum of one year, with a recommended period of two years – the length of time for which the clinical trial revealed a continuing benefit. This treatment course involves ongoing

eye exams to be conducted a week after each injection, which translates to eight outpatient injections and eight follow-up visits the first year.

Macugen is not appropriate for AMD patients with the dry form of AMD (85% of all AMD patients) as it will not ameliorate their condition. Macugen injections are also not indicated for patients with wet AMD who have severe, long-standing vision loss, including most with loss for greater than two months. However, it can be considered for those with some previous, less severe vision loss who are now experiencing



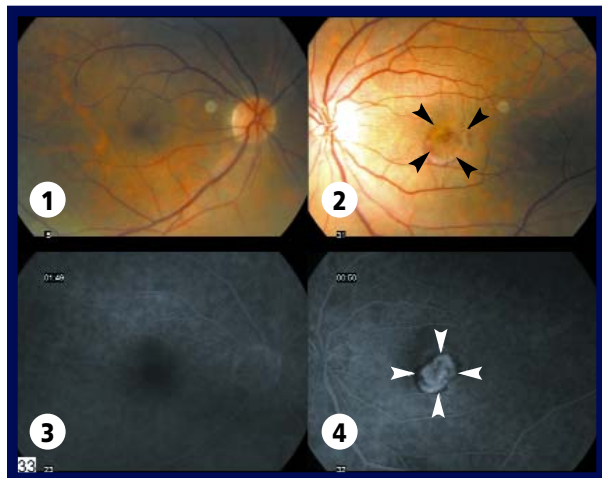
**Guthrie Ophthalmologist  
Michael Hudock, MD  
Retinal Specialist**

further loss. Patients who are also candidates for laser treatment for wet AMD will be counseled about their options, including the relative risks, benefits and costs. Macugen is FDA-approved and is covered by Medicare.

Macugen, like previously available laser treatments for wet AMD, may arrest or limit vision loss. However, as the retina is incapable of repair, Macugen cannot restore vision. Reports of miraculous visual recovery with this treatment involve patients with recent onset of disease with a rapid vision loss and rapid reversal, before permanent damage has occurred. Visual improvement, even to a modest degree, is unusual with this treatment. The goal is to minimize or halt further damage. Dr. Hudock cautions that a critical part of this or any therapy for AMD is setting appropriate expectations for the patient.

Dr. Hudock trained in retinal surgery, including the techniques needed for Macugen treatments (interpretation of fluorescein angiograms and direct injections of medications into the eye) at the New York Hospital/Cornell University Medical Center in New York City.

For more information or to refer a patient for Macugen, call 1-800-474-4481.



**(1) Posterior segment of unaffected right eye; the retinal pigment is even. (2) Left eye showing central subretinal hemorrhage and edema; the abnormal subretinal vessel's location is not visible. (3) Fluorescein angiogram showing normal right eye; dye is visible in the retinal vessels but does not leak. (4) Fluorescein angiogram showing subretinal neovascularization of the left eye; the vessels are prominently leaking dye. This patient is a good candidate for treatment with either photodynamic therapy ("cold laser") or Macugen.**

AMD is the leading cause of legal blindness in adults over 65 in the United States. It affects 10% of those age 65-75, and 30% of patients 76-85. Although the wet form of AMD affects only 10% of AMD patients, it is estimated to cause between 70 and 90% of cases of legal blindness from AMD, typically causing much more rapid and severe loss of vision than the dry form. Wet AMD is diagnosed following a comprehensive eye exam, including history of the present illness, ocular history, and an exam of the retina through dilated pupils. Most



[www.guthrie.org](http://www.guthrie.org)

## Botox® Therapy for Muscle-Spasm Induced Pain

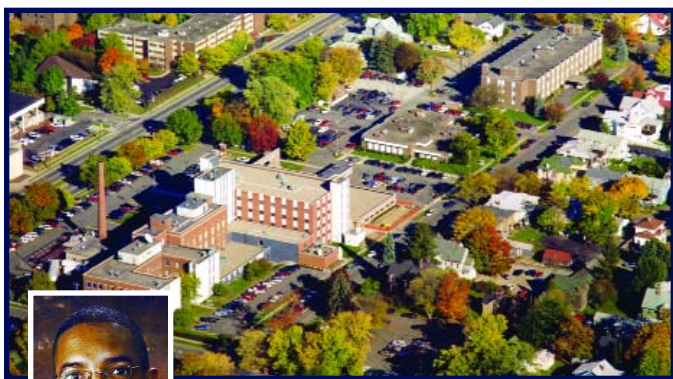
Guthrie neurologist Su Kanchana, MD, Ph.D., is now offering Botox therapy for neurology patients with recurrent muscle spasms or chronic muscle spasms (dystonia) who are experiencing severe pain. Since the purpose of using Botox is to relax the muscles, it can also be used to control involuntary movement. The benefits of Botox therapy can last up to three months. To relieve the patient's spasm, a small dose of Botox is injected directly into the muscle at the site of spasm. The latest in neurophysiology

technology is used to pinpoint the most beneficial injection site or sites in order to cause the patient the least amount of discomfort. A neurologist must screen each candidate to determine whether Botox is appropriate for the particular needs of each individual patient. Properly selecting patients who should receive Botox injections for muscle spasms is essential, as the injections can be uncomfortable and the patient must have a clear need for this type of relief. Treating movement and muscle spasm

disorders is one of Dr. Kanchana's specialties – she completed a clinical fellowship in movement disorders at the National Institute of Neurological Disorders and Stroke at the National Institutes of Health in Bethesda, MD. She is also a member of the Movement Disorder Society. Dr. Kanchana offers a Botox clinic each Thursday afternoon from 1-5 PM at Robert Packer Hospital in Sayre, PA. She is also available for consultations each weekday at Guthrie Clinic in Sayre.

For more information on Botox therapy or to refer a patient, call (570) 882-2838.

## Plastic and Reconstructive Surgery at Corning Hospital



**David McCorvey, MD**  
Plastic & Reconstructive  
Surgeon

Guthrie plastic and reconstructive surgeon David McCorvey, MD, is now offering services at Corning Hospital that will expand the hospital's surgical capabilities. These services include breast reconstruction, pediatric plastic surgery, body contouring after massive weight loss, and management of chronic

wounds. Dr. McCorvey has office hours at Guthrie's Corning Centerway regional office and at Guthrie Clinic in Sayre; patients seeking consultations may contact Dr. McCorvey's office

at (607) 973-8173. Dr. McCorvey earned his bachelor's degree in chemistry from Oral Roberts University in Tulsa, OK, and his medical degree from the University of Wisconsin Medical School in Madison. He completed an internship and a residency in general surgery at the State University of New York at Buffalo, and a residency in plastic and reconstructive surgery at the University of Texas Health Science Center at San Antonio. He also received a certificate in pediatric plastic surgery from the Christus Santa Rosa Health Care Children's Hospital in San Antonio, TX. He is an affiliate member of the American Society of Plastic Surgeons and a member of the American College of Surgeons candidate group.

For more information, call (607) 973-8173.

## Cardiac Rehabilitation in Ithaca Expands Hours

Guthrie's Cardiac Rehabilitation and Risk Factor Reduction Program at Guthrie's Ithaca regional office has altered its schedule, offering patients expanded access to services not available elsewhere in the Ithaca area. As of February 7, hours and capacity for the Ithaca program were increased to meet demand. Phase II of the program – thrice-weekly sessions with telemetry monitoring – is offered on Mondays, Wednesdays and Fridays, and Phase III – twice-weekly sessions without telemetry monitoring – is offered on Tuesdays and Thursdays. "This allows more opportunity and flexibility for

patients to continue their exercise programs, with expanded room for Phase III. We were also able to expand Phase II to meet the growing demand for cardiac rehabilitation," said Ginny Graydon, RN, Cardiac Rehabilitation Nurse at Guthrie's Ithaca regional office. All three phases of cardiac rehabilitation include blood pressure, cholesterol and diabetes control; nutrition recommendations; risk-factor, stress and weight management; smoking cessation; and supervised, progressive exercise and activity. The benefits of cardiac rehabilitation include improved functional abilities, quality of life and ability

to perform activities of daily living; increased self-esteem and confidence; increased knowledge of the disease process, heart disease and prevention strategies; and reduction of lifestyle-related risks. Medicare covers cardiac rehabilitation for patients who have had angina, bypass surgery or a heart attack; private insurance coverage for cardiac rehabilitation varies. Guthrie's Cardiac Rehabilitation program is also offered at Corning Hospital, Corning, NY; HealthWorks, Erwin, NY; Robert Packer Hospital, Sayre, PA; and Troy Community Hospital, Troy, PA.

For more information or to refer a patient for Cardiac Rehabilitation at the Ithaca regional office, call (607) 257-4720.