RETINAL PIONEERS Summit

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The 7th Annual Retinal Pioneers Summit (6 and 7 March 2025, London): Key educational content

Meeting overview

- The Retinal Pioneers Summit is an annual meeting designed to enable UK ophthalmologists to explore the latest innovations and scientific and clinical advancements in the management of medical retina conditions.
- The meeting was hosted by Consultant Ophthalmologists Claire Bailey (*University Hospitals Bristol and Weston NHS Foundation Trust*) and Ian Pearce (*NHS University Hospitals of Liverpool Group*).
- The objectives of this Retinal Pioneers Summit were:

To discuss the **latest developments** in the medical retina landscape, including the **latest anti-VEGF treatments** and **wider implications for clinical practice**

To provide a platform for the **sharing of best practice to enhance management** of retinal disease and explore the potential impact of current and forthcoming **technologies to advance patient care**

To equip attendees with **practical skills and holistic knowledge** to facilitate **development of retina services to meet the unmet needs of patients**

Meeting statistics

19 Expert speakers

165 Consultant ophthalmologists attending from across the UK

4 Parallel workshops

1 Keynote speech

Improving patient care and clinician well-being

Several sessions over the 1.5-day Retinal Pioneers Summit meeting explored patient-centred care in medical retina clinics, alongside methods of improving clinician well-being.

DEBATE: Are patient-reported outcome measures (PROMs) of more relevance in future medical retina clinical studies than conventional clinical outcome measures such as best-corrected visual acuity (BCVA)?

The initial audience opinion was 50% for the motion, 20% against the motion and 30% unsure (n=100).

For: Prof Sobha Sivaprasad, (*Moorfields Eye Hospital NHS Foundation Trust*). Key arguments:[1]

- PROMs reflect a holistic view of a patient's need and may help to quantify effects of a treatment on quality of life
- PROMs measure changes in vision that are meaningful for patients
- PROMs consider the emotional, psychological and systemic effects of ophthalmic diseases

Against: Dr Marion Monk (*Gutblick, Switzerland*). Key arguments:

- BCVA is viewed as the gold standard for visual acuity assessment in retina[2]
- PROMs are subjective and variable[3]
- PROMS have limited predictive value for disease progression[4]
- PROMs can be insensitive to subtle changes in disease[5]
- PROMs should be implemented alongside conventional outcomes, rather than instead of them[3]

THE VERDICT: Are PROMs of more relevance in future medical retina clinical studies than conventional clinical outcome measures such as BCVA? (n=110)

32.4% of respondents voted for*

59.5% Of respondents voted against*

8.1% Of respondents were unsure*

INTERACTIVE WORKSHOP: Quality conversations: A practical guide for managing conflicts, concerns, and complaints at work

David Liddle (*The TCM Group*) and Ian Pearce explored key tips for having quality conversations such as establishing ground rules to create a psychologically safe space to converse, active listening, showing empathy and suspension of judgement.[6] To manage conflicts, the speakers also discussed the importance of securing a win-win outcome. This can be achieved through exploring respective needs and interests, navigating disagreements away from anger and cooperation towards a resolution.[6]

INTERACTIVE WORKSHOP: Putting patients first: Patient-centred care in the clinic

Peter Cackett (*NHS Lothian*) and Mahmoud Awad (*Swansea Bay University Health Board*), discussed how clinicians can address patient well-being in macular clinics, including:

- Improving treatment compliance by introducing non-pharmacological therapies for pain during the treatment procedure such as music, chatting and hand-holding[7]
- Promoting early diagnosis of anxiety and depression in patients with vision loss[8]
- Establishing a 'holistic macular clinic', which would provide an optometrist review, OCT scan, clinical assessment and psychological assessment all in one visit[9]

- Peter and Mahmoud also highlighted the importance of clinician mental health and top tips to promote **well-being**, including talking to others, taking time for hobbies and exercise, and creating clear separation between home and work life.[10]

INTERACTIVE WORKSHOP: An update on GIRFT

Clinical Lead for Ophthalmology at GIRFT Elizabeth Wilkinson (*Royal Devon University Healthcare NHS Trust*) and Consultant Ophthalmologist Helen Devonport (*Bradford Teaching Hospitals NHS Foundation Trust*) invited delegates to act as GIRFT Academy members, discussing the optimal management pathway for a patient with wet AMD or RVO, and how elements of this pathway could be integrated into current practice to make best use of NHS resources. Key ideas included:[14]

- One-stop clinics to provide multiple assessments in a single visit
- Increase resources available on the NHS app
- Improve patient education and disease awareness
- Utilise a patient transport service to support treatment visits or implement home self-check/treatment options

PLENARY: Being your best self in the face of stress and burnout

Kev House (*The Art of Brilliance*) explored how clinicians can be their best selves during challenges and hardship through being their top 2% for just 4 minutes, named the '4-minute rule'.[15] His talk outlined how to identify helping or harming behaviours utilising a traffic light system and how to avoid these harmful behaviours to heighten positivity.

KEYNOTE: How patients and doctors can navigate health and wellness

Award winning science presenter, podcaster, and lecturer Dr Xand van Tulleken used his medical expertise to discuss how in an era of science and modernity, reductionist views on the body and how to treat disease may not be beneficial for health.[11]

Xand explained that the outcomes associated with consuming artificial vitamin and mineral supplements sometimes do not align with expectation due to the complexities of the human body.[8] Resveratrol, AREDS and AREDS2 formulations were used as examples.[11–13]

Aflibercept 8 mg is not licensed for the treatment of retinal vein occlusion.

*Percentage indicates votes following the debate.

AMD, age-related macular degeneration; AREDS(2), Age-Related Eye Disease Study (2); BCVA, best-corrected visual acuity; CEO, Chief Executive Officer; GIRFT, Getting It Right First Time; RVO, retinal vein occlusion.

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The 7th Annual Retinal Pioneers Summit (6 and 7 March 2025, London): Key educational content

Clinical updates with aflibercept 8 mg

Following the UK approval of aflibercept 8 mg in January 2024 for the treatment of neovascular age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DMO),[16] several sessions over the 1.5-day Retinal Pioneers Summit meeting explored the latest real-world experiences with aflibercept 8 mg and practical advice for its implementation in UK clinical practice.

PLENARY: A practical guide to using aflibercept 8 mg: Consensus pathways, top tips, OcuClick® and SPECTRUM

Prof Richard Gale (*York and Scarborough Teaching Hospitals NHS Foundation Trust*) and Claire Bailey provided a presentation detailing the latest guidance on aflibercept 8 mg use in UK clinical practice.
Key highlights included:

- Evidence from the nAMD clinic cost analysis by Sivaprasad *et al.* (2024), showing that **operational strain** accounts for substantial clinic expenses and in such limited capacity conditions, **treatment durability** is an important factor for maintaining **cost-effective** ophthalmology services.[17]
- An exploration of the treatment durability of aflibercept 8 mg, considering clinical trial data and the licensed posology.[16,18,19]
- The **aflibercept 8 mg consensus pathway for nAMD** developed by 13 UK expert ophthalmologists, including Richard and Claire, to provide practical guidance for the use of aflibercept 8 mg in UK clinical practice, as well as consensus recommendations for aflibercept 8 mg, including:[20]
  - Use of the OcuClick pre-filled syringe where possible
  - Accurate recording and documentation of CST and VA
  - Guidance for patients previously treated with other anti-VEGF agents
- An overview of the **SPECTRUM study** (NCT06075147), a prospective, **real-world study in 18 countries**, studying visual outcomes, number of injections and safety profile of aflibercept 8 mg in both treatment-naïve and previously treated nAMD and DMO cohorts over a period of 2 years.[17]
  As of December 2024, 1,048 patients have been enrolled out of a target of approximately 2,500 (~100 patients per country).[21]

Poll question: To what extent does operational strain affect your medical retina service delivery? (n=95)

The most popular answers were:*

62.1%	**Strain has a large day-to-day impact on service delivery**
22.1%	**Strain has some day-to-day impact on service delivery**
11.6%	**Strain sometimes affects service delivery, but it does not have a day-to-day impact**

PLENARY: Experiences with aflibercept 8 mg in clinical practice

In this session, the presenters shared their real-world experiences with aflibercept 8 mg through presentation of case studies and audit data.

- Dr David Brown (*Retina Consultants of Texas, USA*) shared his experiences of switching previously treated patients with nAMD and visual impairment due to DMO to aflibercept 8 mg, with examples **of patients reaching q12 intervals.**[22]
- Prof Richard Gale presented his recent audit data of 25 treatment-naïve and 22 treatment-experienced eyes with nAMD, as well as his audit of 132 eyes (109 patients) with either treatment-naïve or treatment experienced nAMD or visual impairment due to DMO. Richard concluded with case studies from patients with previously treated and treatment-naïve nAMD, highlighting effects of aflibercept 8 mg on BCVA, CRT, IOP and treatment intervals attainable.[23]
- Serena Salvatore (*University Hospitals Bristol and Weston NHS Foundation Trust*) presented audit data from Bristol Eye Hospital for 38 treatment-naive eyes with nAMD:[24]
  - Compared to baseline, **BCVA significantly increased from baseline** after the first aflibercept 8 mg injection (P=0.001) and at 8 weeks after the loading phase† (P<0.001)
  - **57.9% of eyes were completely dry‡** after the first injection of aflibercept 8 mg (P<0.001) compared to at baseline
  - **60%** of patients reached intervals of **10 weeks or over** (Mean follow up: 29.1 ± 2.9 weeks, 34 patients)

Current and future technologies in medical retina

The key themes of the Retinal Pioneers Summit 2025 focused on people and innovation, therefore a number of sessions explored current and forthcoming technologies in clinical practice, looking to what the future of medical retina may hold.

INTERACTIVE WORKSHOP: A journey into multimodal retinal imaging

Gabriella De Salvo (*University Hospital Southampton NHS Foundation Trust and University of Southampton*) explored two case studies from her clinic, demonstrating the power of multimodal imaging for diagnosis of eye diseases. She showed how multicolour, SD-OCT, widefield, FFA and ICGA imaging could be combined, particularly in cases of rare retinal diseases, and highlighted how technology can allow the rendering of 3D OCT images to help visualise the retina.[25]

PLENARY: Implementing AI into clinical practice

Dr Marion Munk explored how AI may aid decision making and workflow optimisation in ophthalmology, including:[3]

- Automated quantification of parameters such as IRF and SRF
- Improvement of patient education and sharing of data
- AI tools for writing patient letters
- EMRs for fast data extraction and exchange
- EMRs for searching eligible patients for clinical trials

Marion also demonstrated how such AI tools may be implemented in a patient's journey.

PLENARY: Managing inherited retinal diseases in practice

Dr Kenneth Fan (*Retina Consultants of Texas, Houston, USA*) delivered a presentation outlining common IRDs and how best to mange these in clinical practice.
His key takeaways included:[26]

- Having a low threshold for suspicion for something atypical
- Being prepared for genetic testing
- Having a resource for genetic counselling whether by a practitioner or general counsellor

Kenneth also discussed the various provided some advice for the diagnosis and management of IRDs, and considered how the treatment landscape for IRDs might change over the next few years.

*Other options included: Strain rarely affects service delivery (2.1%) and strain does not affect service delivery at all (2.1%). †Loading phase consists of one injection every 4 weeks for three consecutive doses. ‡Defined as absence of IRF or SRF. AI, artificial intelligence; BCVA, best-corrected visual acuity; CRT, central retinal thickness; CST, central subfield thickness; DMO, diabetic macular oedema; EMR, electronic medical record; FFA, fundus fluorescein angiography; ICGA, indocyanine green angiography; IOP, intraocular pressure; IRD, inherited retinal disease; IRF, intraretinal fluid; nAMD, neovascular age-related macular degeneration; OCT, optical coherence angiography; q12, every 12 weeks; q16, every 16 weeks; SD-OCT, spectral domain optical coherence tomography; SRF, subretinal fluid; VA, visual acuity; VEGF, vascular endothelial growth factor.

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23. Information courtesy of Richard Gale.
24. Information courtesy of Serena Salvatore.
25. Information courtesy of Gabriella de Salvo.
26. Information courtesy of Kenneth Fan.

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