Addition Technology Inc.

Optometric Education Series

Intacs ® Corneal Implants For Keratoconus

Presented by:
Lance Kugler, M.D.
Patti Fries, OD

LaserVision Correction Omaha
Omaha, NE

Presentation Outline

- Brief Introduction
- Indications
- Treatment Continuum
- Current Surgical Options
- Results
- The Procedure
- Post-Operative Management
- Conclusion

Intacs®

CORNEAL IMPLANTS

An Introduction

ADDITION TECHNOLOGY™

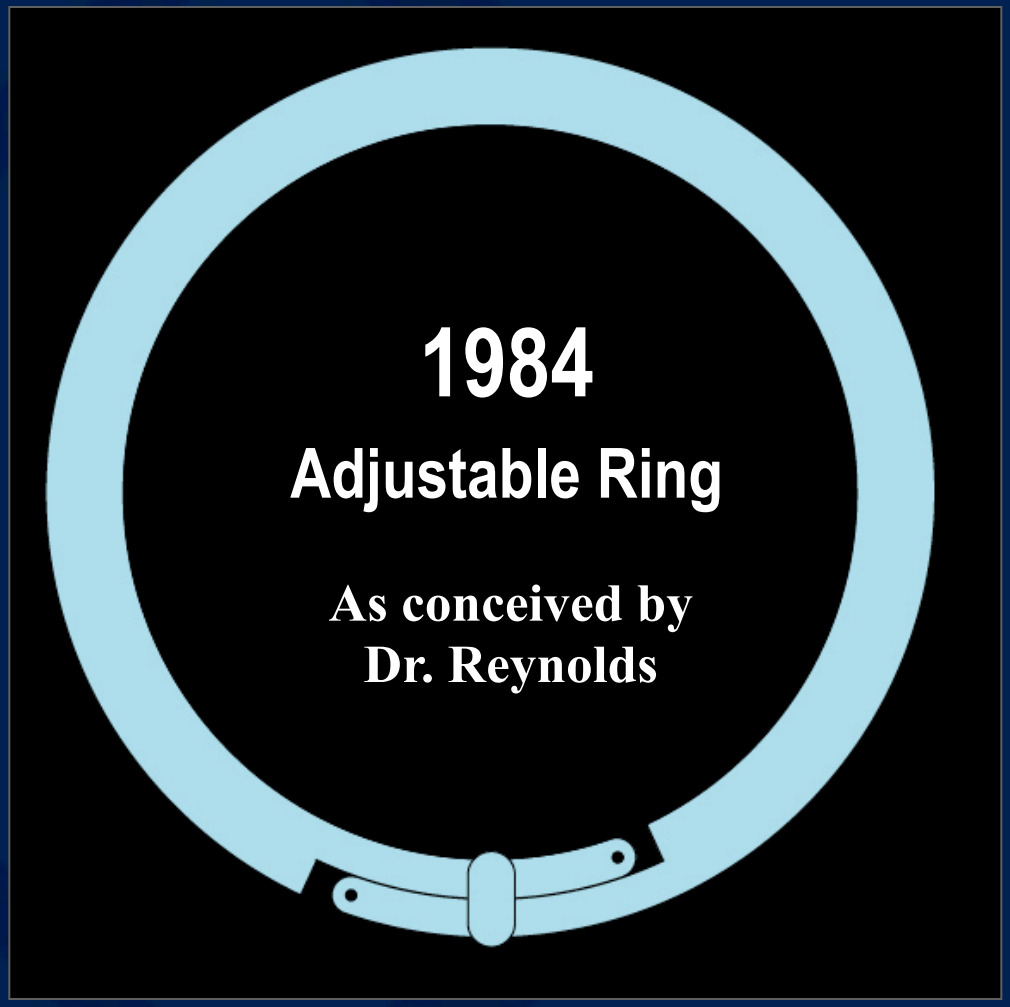
Intacs History

Gene Reynolds, O.D.

1921 - 1994

- Oklahoma optometrist first conceptualized the idea in 1978
- One of the early medical champions of contact lenses in the U.S.
- Developed CorneaScope in late 1960s - led to today's topography

Intacs History

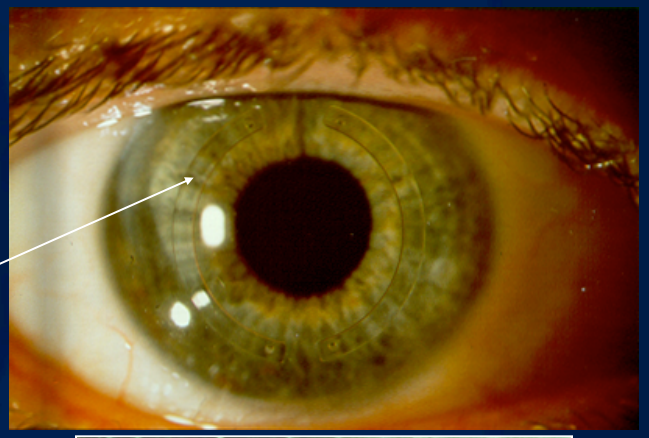


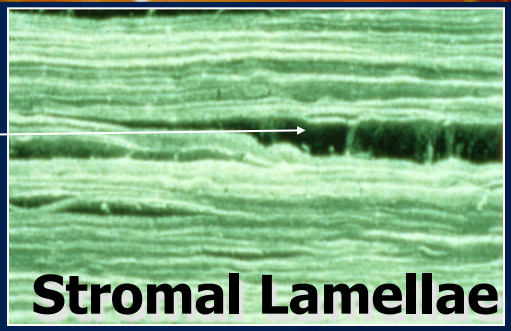
Key Points In Intacs History

- 1978 – Intacs Conceived by A.E. Reynolds, O.D.
- 1985 – First Pre-Clinical Studies
- 1991 thru 1997 Myopia Phase I-III Clinical Trials, CE Mark Granted
- 1999 – Trade Name Intacs Adopted – FDA Approval Granted
- 2001 – Addition Technology Acquires KeraVision's Assets
- 2003 – Intacs Receives European Approval for Keratoconus
  FDA Humanitarian Use Device Designation for Keratoconus
- 2004 – Intacs Receives U.S. FDA Approval to Treat Keratoconus
- 2007 – Over 100 Peer Reviewed Articles have been Written

Intacs Design Features

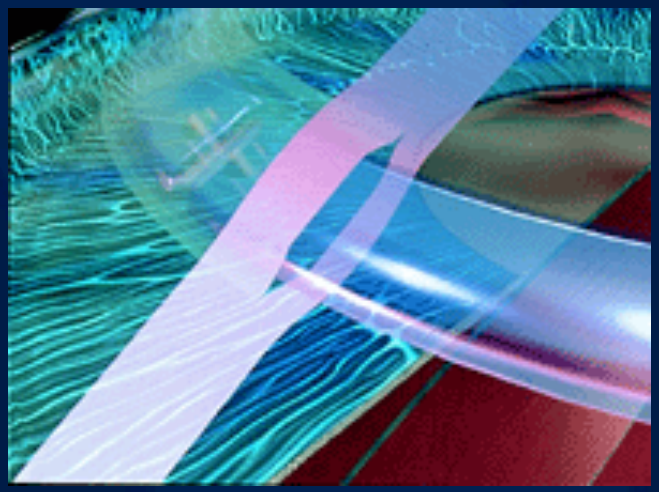
- 150° Arcs PMMA
- Precision Lathe-Cut to ± 0.01mm
- Hexagonal-Shaped Section of a Cone
- Inner Diameter = 6.8 mm
- Outer Diameter = 8.1 mm 2 Positioning Holes for Manipulation
- Intacs placement:
  - In peripheral cornea
  - Between stromal layers

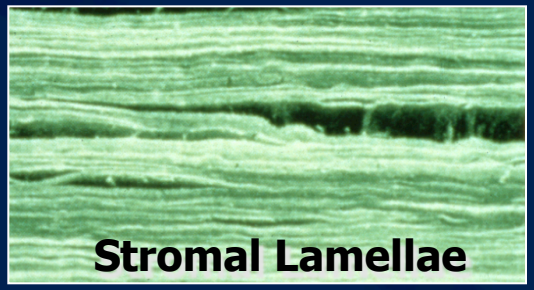




How Intacs Work

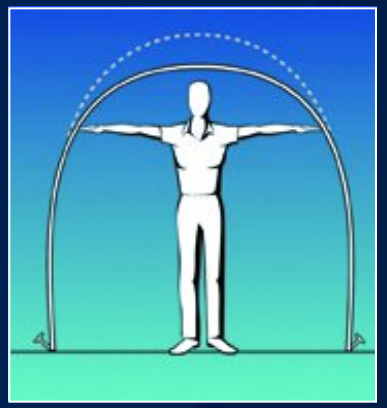
- Inserts Placed at least 70% Corneal Depth in the Peripheral Cornea
- Inserts Separate Corneal Lamellae
- Results in a Shortened Corneal Arc Length
- The Central Cornea Flattens
- Thicker Inserts Increase Flattening





Normal Cornea

Intacs



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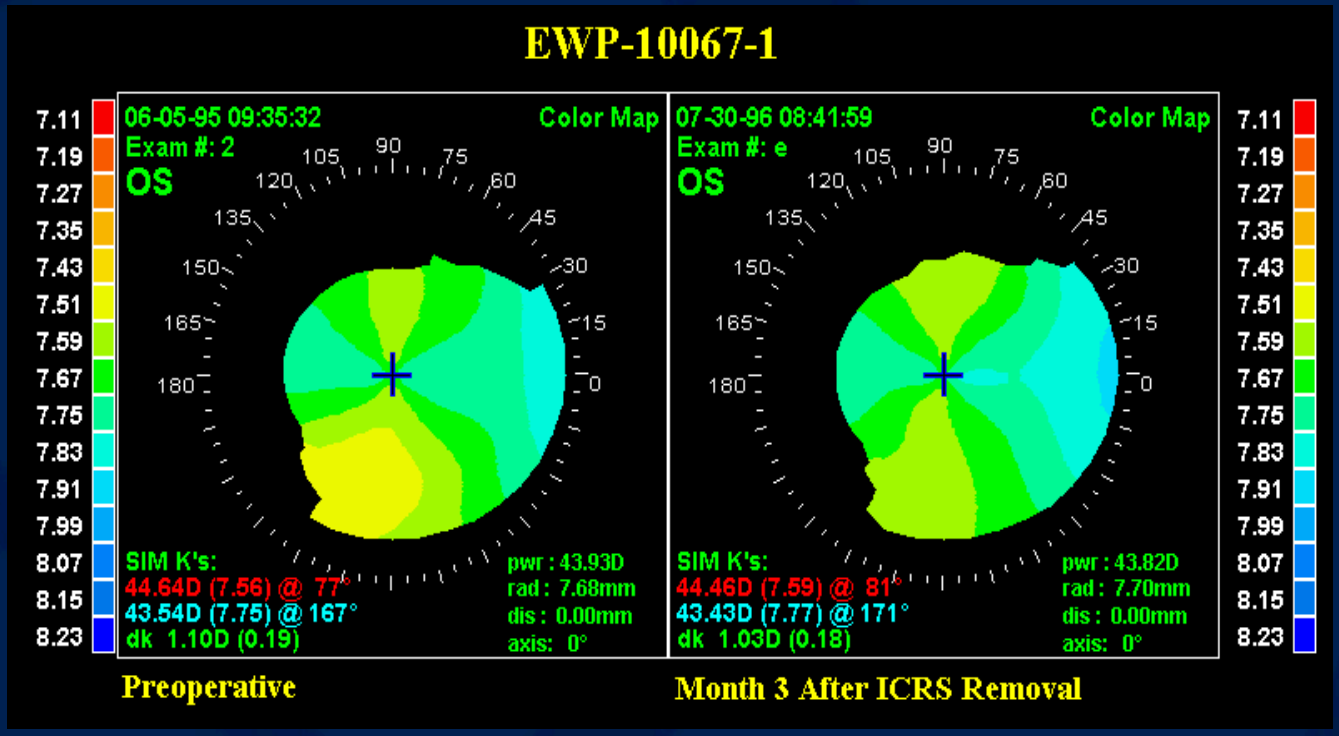
Intacs Flexibility

- Maintains Original Corneal Prolate Morphology
- Additive
  - Removable/Replaceable
- Large, Clear Central Optical Zone



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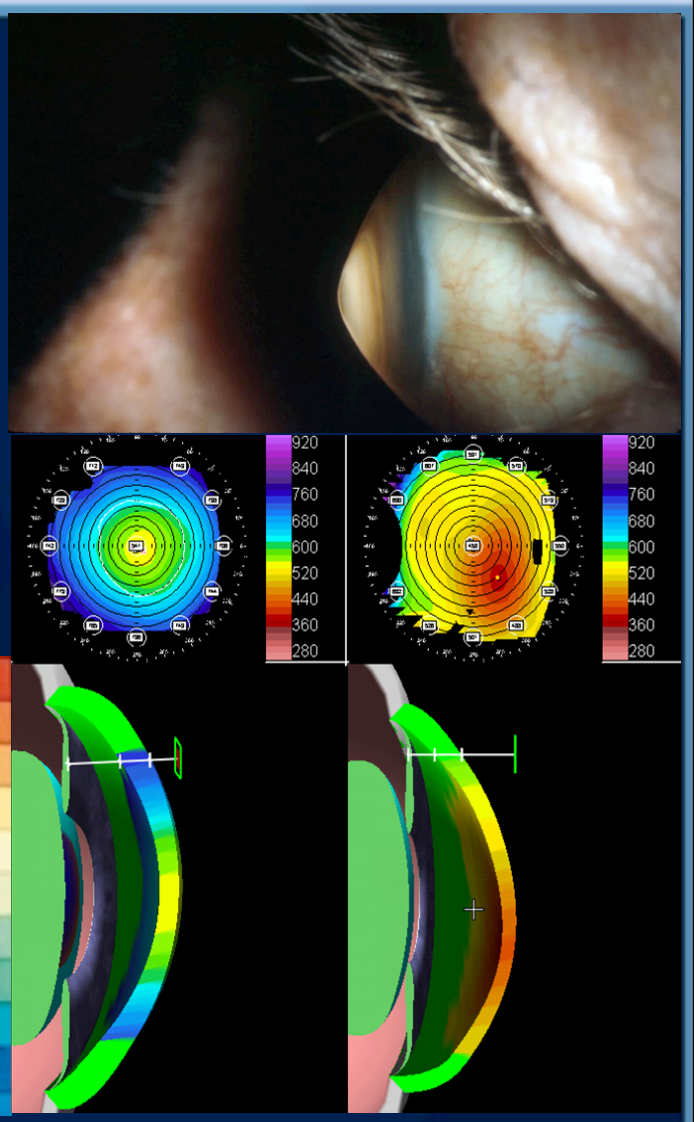
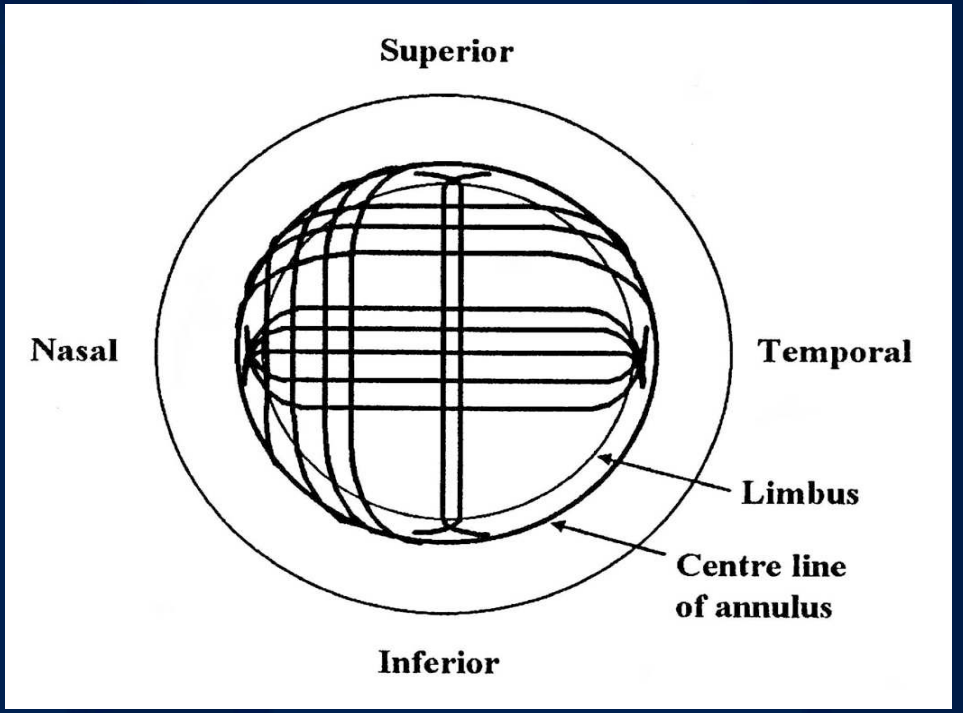
Keratoconus

- Non-Inflammatory Ectasia
  - Stromal Thinning
  - Disruption of Bowman's Membrane
- Corneal Ectasia
  - Myopia
  - Irregular Astigmatism
- Optical Correction
  - Spectacles – early
  - Contact Lenses – early
- Demographics
  - Vary – 1 in 2000
- Obscure Etiology
  - Heredity
  - Environmental



Why Does the Cornea Bulge in KC?

- Corneal tissue is abnormal
  - Too elastic?
  - Abnormal cross-linking of collagen?
- Loss of structural integrity of Bowman's Layer?
- Keratocyte apoptosis
  - Trauma (Eye rubbing)
- Corneal tissue bulges because it's too thin?



Intacs®

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Indications

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Indications For Use

Keratoconus:

- Intacs are Intended for the Reduction or Elimination of Myopia and Astigmatism in Patients with Keratoconus who are No Longer able to Achieve Adequate Vision with Contact Lenses or Spectacles
- The Goal is to Restore Functional Vision Potentially Defer PKP
- Subset of Keratoconus Patients to be Treated who have Experienced a Progressive Deterioration in their Vision, such that they can No Longer Achieve Adequate Functional Vision on a Daily Basis with their Contact Lenses or Spectacles;
  - Who are 21 Years of Age or Older
  - Who have Clear Central Corneas
  - Who have a Corneal Thickness of 450 Microns or Greater at the Proposed Incision Site
  - Who have PKP as Remaining Option to Improve Functional Vision

Indications For Use

Myopia:

- **Since FDA Approval in 1999, Intacs are Indicated for the Reduction or Elimination of Mild Myopia up to –3.00 Diopters with Documented Stability of Refraction as Demonstrated by a Change of ≤ 0.50 Diopter for at Least 12 Months prior to the Preoperative Examination; and where the Astigmatic Component is +1.00 Diopter or Less**

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Contraindications For Use

- Patients with Corneal Thickness of <450 Microns at the Incision Site
- Patients with Collagen Vascular, Autoimmune or Immunodeficiency Diseases
- Patients who are Pregnant or Nursing
- In Presence of Ocular Conditions, e.g. Recurrent Corneal Erosion Syndrome, or Corneal Dystrophy
- Patients on Isotretinoin (Accutane[1]) or Amiodarone HCl (Cordarone[2])

[1]Accutane® is a Registered Trademark of Hoffman-LaRoche, Inc.
[2]Cordarone® is a Registered Trademark of Sanofi

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Keratoconus Treatment Continuum

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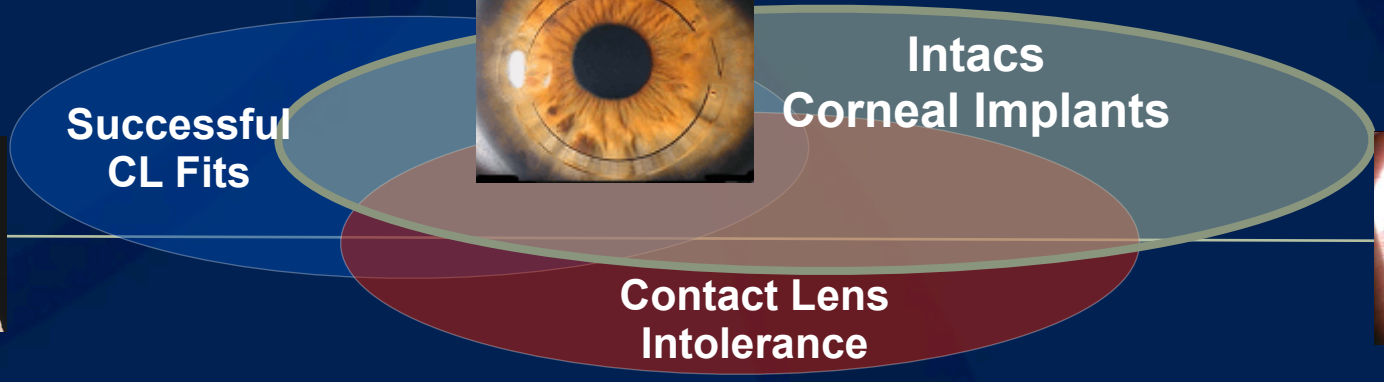
Keratoconus Lifecycle

New Treatment Continuum

Contact Lenses

Corneal Transplant



Today:

- Patient told they have Keratoconus or are Suspect
- Patient Educated on Current and Future Options to Treat their Condition (Including Intacs)
- Fit with Glasses or Contact Lenses
- Fit with Gas Perm or Specialty Contact Lenses and told about Intacs
- Re-Fit with Specialty Contact Lenses
- Becomes Contact Lens Intolerant
- Get Intacs
- Potentially Defers a Corneal Transplant

Keratoconus Treatment Flow

Old Paradigm

Disease Identification & Management

Spectacles, Contacts, Custom Lenses

Optometric Physician

→

Identification of Surgical Need

Contact Lens Intolerance
or
Central Scarring

Optometric Physician

→

Work-Up, PKP Surgery, Post-Op

1 to 3 Months Patient Recovery

Surgeon

↓

PKP Post-Op Care

12 to 24 Months

Surgeon

→

Post PKP Fitting

Specialty Custom Lenses

Surgeon/Optometric Physician (Specialist)

→

Long-Term Follow-Up

Specialty CL Fitting, Regular Monitoring
(Re-Graft 17.9%)

Surgeon/Optometric Physician (Specialist)

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Keratoconus Treatment Flow

New Paradigm

Disease Identification & Management

Spectacles, Contacts, Custom Lenses

Optometric Physician

→

Identification of Surgical Need

Contact Lens Intolerance or Risk of Scarring

Optometric Physician

→

Pre-Surgical Planning & Intacs Surgery

1-7 Days Patient Recovery

Surgeon

↓

Post-Operative Case Management

Include Initial CL Fit

1 to 3 Months

Optometric Physician

→

Post-Operative Case Management

3 to 6 Months
Re-Referral if Complications or Atypical Outcomes

Optometric Physician

→

Long-Term Follow-Up

Include CL Fitting, Periodic Monitoring (Defer PKP)

Optometric Physician

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Current Surgical Options For Severe Keratoconus

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Surgical Options For Keratoconus

- 10% to 20% of Keratoconus Patients Ultimately Require Surgery
- Lamellar Keratoplasty
  - Interface haze limits visual result
- Penetrating Keratoplasty
  - Most frequent procedure
    - 5,092 cases in 2009 attributed to keratoconus (U.S.)
  - 80% to 90% Successful
  - Issues
    - Graft Rejection rate almost 20%
    - Continued Astigmatism
    - Endothelial Cell Loss (Limited graft longevity)
    - Recurrence of Keratoconus

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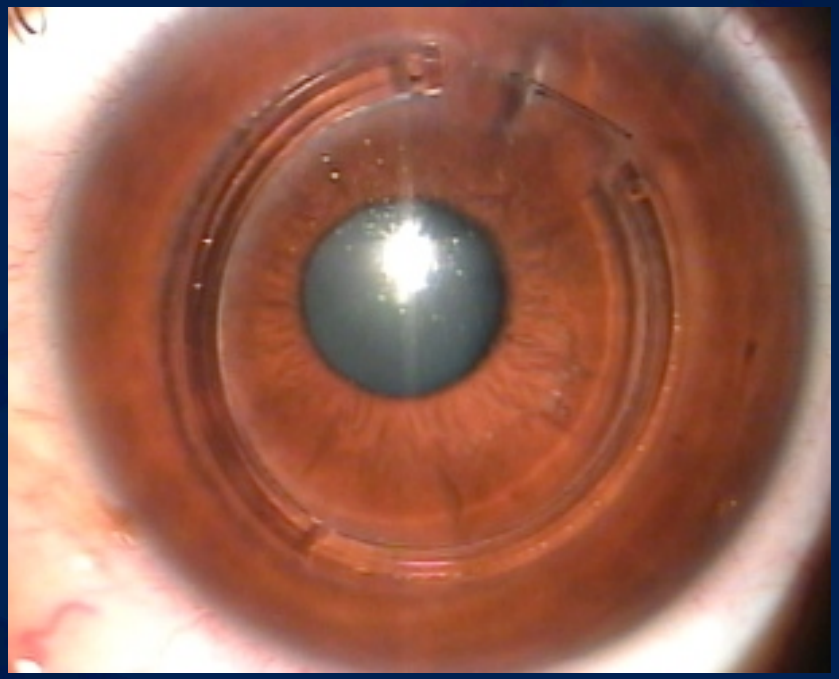
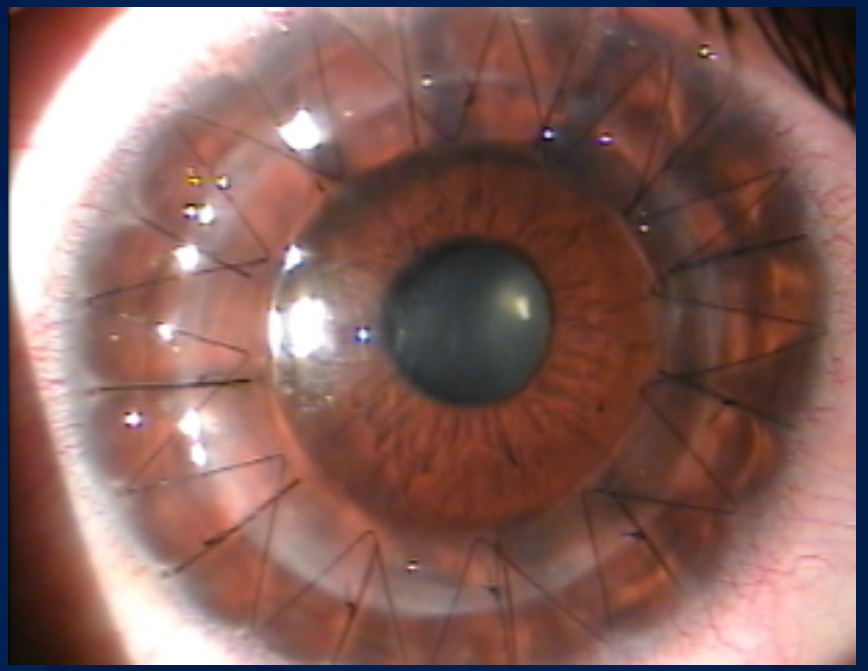
Surgical Options For Keratoconus



Intacs

-0.75



Transplant

+8.00 -2.00 X 180°

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Surgical Options For Keratoconus

INTACS

Reversible Out-Patient Procedure
Time: 20-30 Minutes
Rehab Time: 1-2 Weeks
(Visual Function Immediate)
Corneal Lamellar Procedure
Periodic Follow-up
Complications
- Unsatisfactory ring placement
- Segment extrusion
- (All easily managed with segment removal)

PKP

Irreversible Procedure
Time: 1 Hour
Rehab Time: 12-18 Months

Intraocular Procedure
Lifetime Follow-up required
Complications
- Cataract
- Glaucoma
- Endophthalmitis
- Rejection
- Expulsive hemorrhage
- Corneal ulcer
- Neovascularization
- Induced astigmatism
- Disease recurrence
- Risk of viral transference

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Surgical Options For Keratoconus

INTACS

Endothelial cell loss, not clinically significant[1]

Provides structural integrity, PKP still an option without complication

Outcomes: predictable, case dependent

[1]Two-Year Endothelial Cell Assessment following INTACS implantation, Azar et al, J Refract Surg. 2001 Sept-Oct

PKP

Significant loss of endothelial cells

Permanently weakened cornea with risk of additional trauma

Outcomes: unpredictable, often unstable

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Surgical Options For Keratoconus

Financial Facts:
In addition to the overwhelming medical benefits…

According to a 2005 Milliman Research Report
on the cost estimates of a corneal transplant:

- Corneal Transplants Performed : 32,840
- Corneal Transplants for Ectasia / Corneal Thinning: 5056
- First Year Billed Charges For a Corneal Transplant: $19,100.
- Total Billed Charges for Ectasia Alone: ~$100 Million

Comparatively, treating these same patients with Intacs would have saved a significant amount to the healthcare system and provided a safe, “standard of care” approach to treating keratoconus.

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Surgical Options For Keratoconus

Conclusion:
Intacs Intervention is Superior to a Corneal Transplant

- Goal of Intacs is to restore functional vision
  - Effective functional refraction with soft, soft-toric, or rigid contact lenses is likely
  - Reshapes cornea resulting in contact lens tolerance
- Intacs implantation reduces corneal coning
  - Central cone is flattened
  - Asymmetrical cones are repositioned centrally
- Post-surgical recovery
  - Visual improvement can be immediate
  - Vision stabilizes in months rather than a year or longer
- High potential to defer transplant

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Early Keratoconus Treatment

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Glasses & Contact Lenses

Early Keratoconus Treatment

Contact Lenses

Most patients are easily treated with contact lenses or glasses in the early stages of keratoconus.

As the disease progresses, physicians must determine when a patient becomes intolerant before complications lead directly to a corneal transplant.

Intacs is a natural next step to aid in treating the myopia and astigmatism associated with keratoconus enabling the cornea to become flatter, more normal in shape. Thus allowing for a more acceptable contact lens fit and potentially avoiding a corneal transplant all together.

Develop a clear definition of contact lens intolerance.

Contact Lenses CLEK Facts

Fact:

Since inception of the study, every year about 30% of patients in the study had or developed scarred corneas*.

Prevention:

Educate patients about Intacs earlier before the cornea becomes too steep.

Does contact lens tolerance = functional vision?

*CLEC Archive: https://vrcc.wustl.edu/clekarchive/

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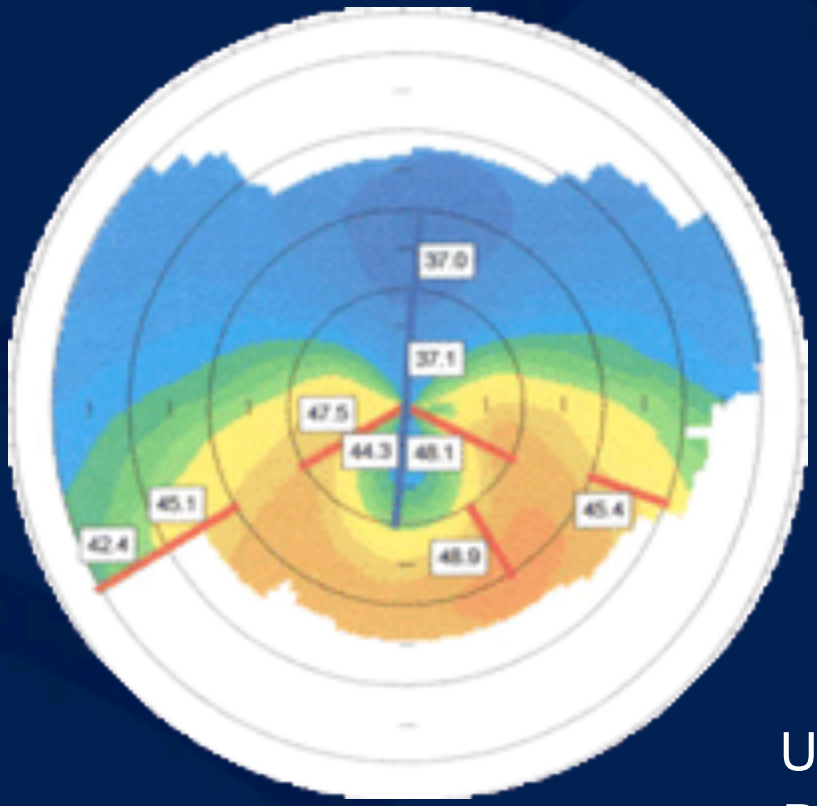
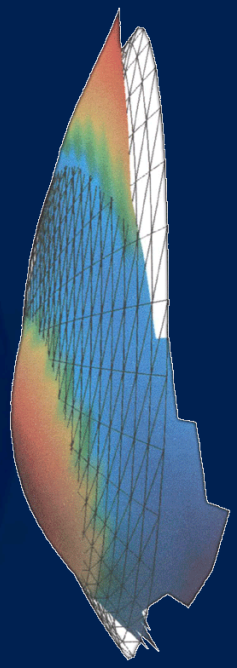
Results

Results

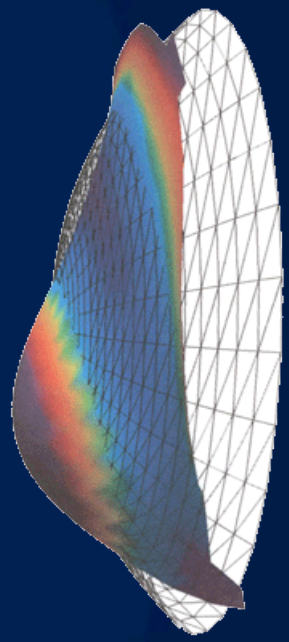
Case Example 1 – Pre-Op



Anterior



Posterior



UCVA CF

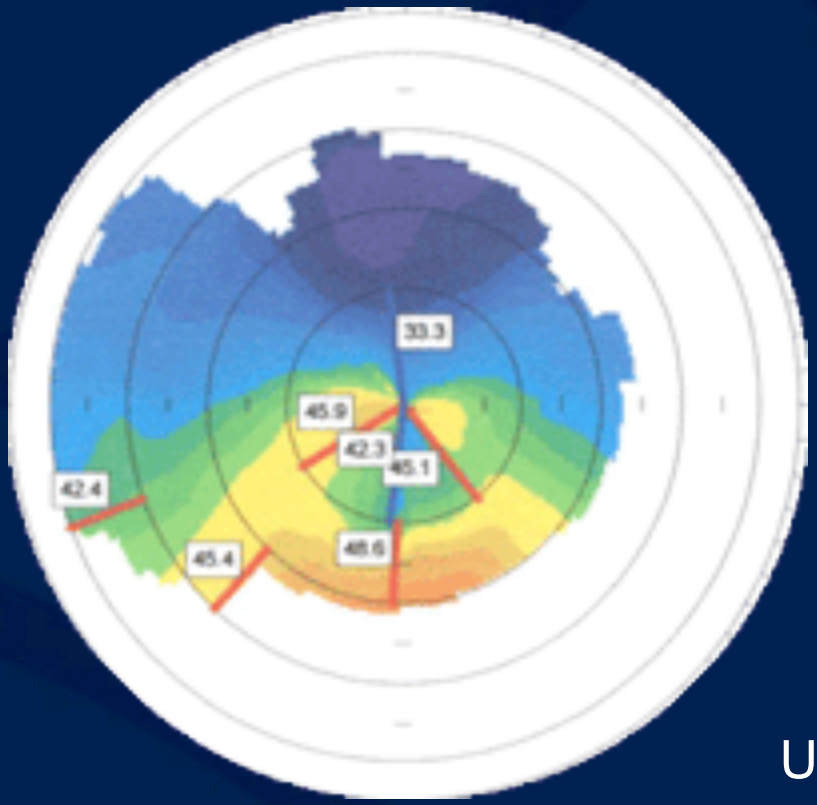
BCVA: 20/50

MR: -7.00 -6.00 @ 60

Max K: 46.60 @ 175

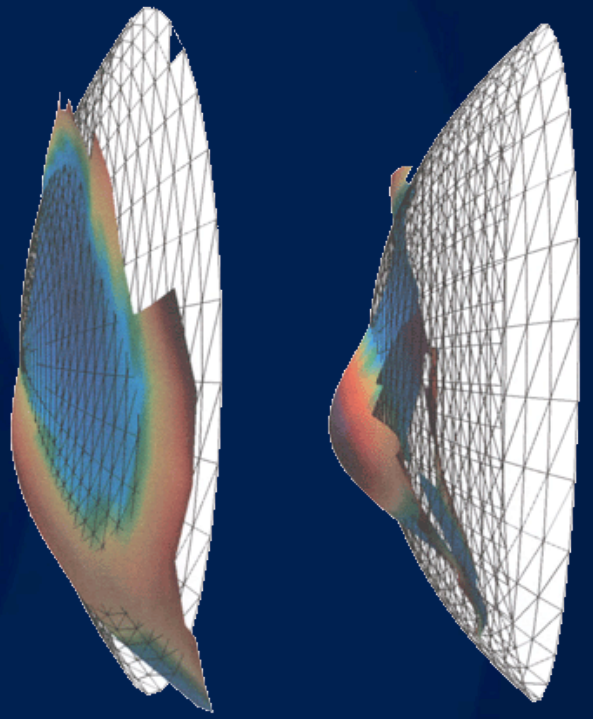
Custom RGP Intolerant

Case Example 1 – Post-Op



Anterior

Posterior



UCVA 20/80

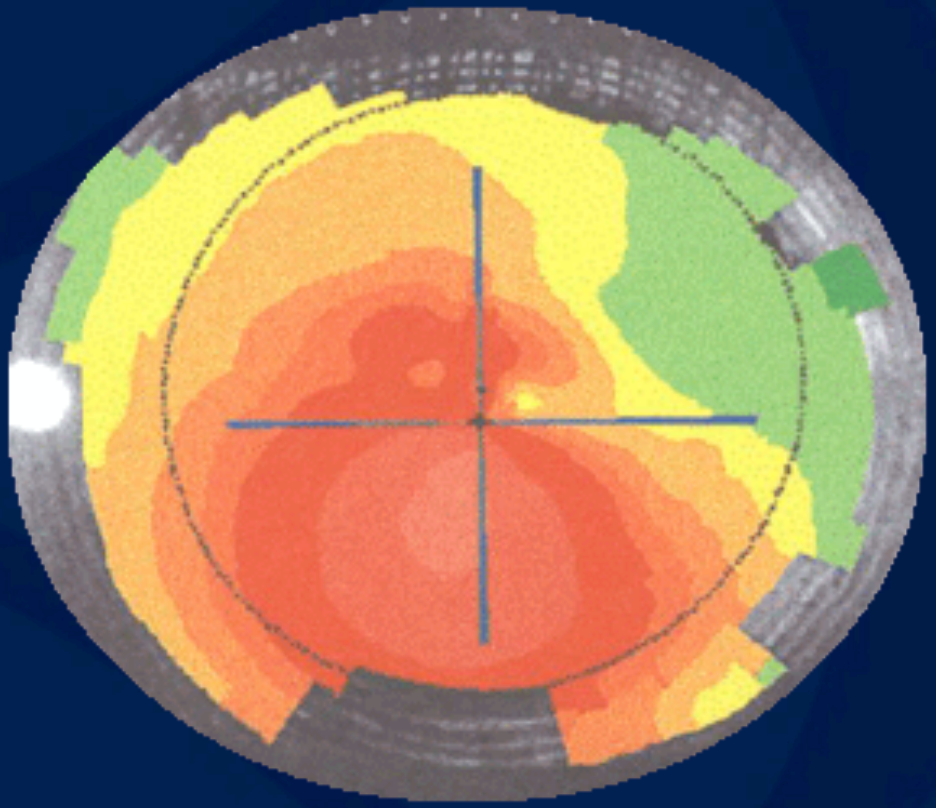
BCVA: 20/30

MR: -2.00 -2.75 @ 60

Max K: 43.40 @ 14

Soft Toric

Case Example 2 – Pre-Op



UCVA CF

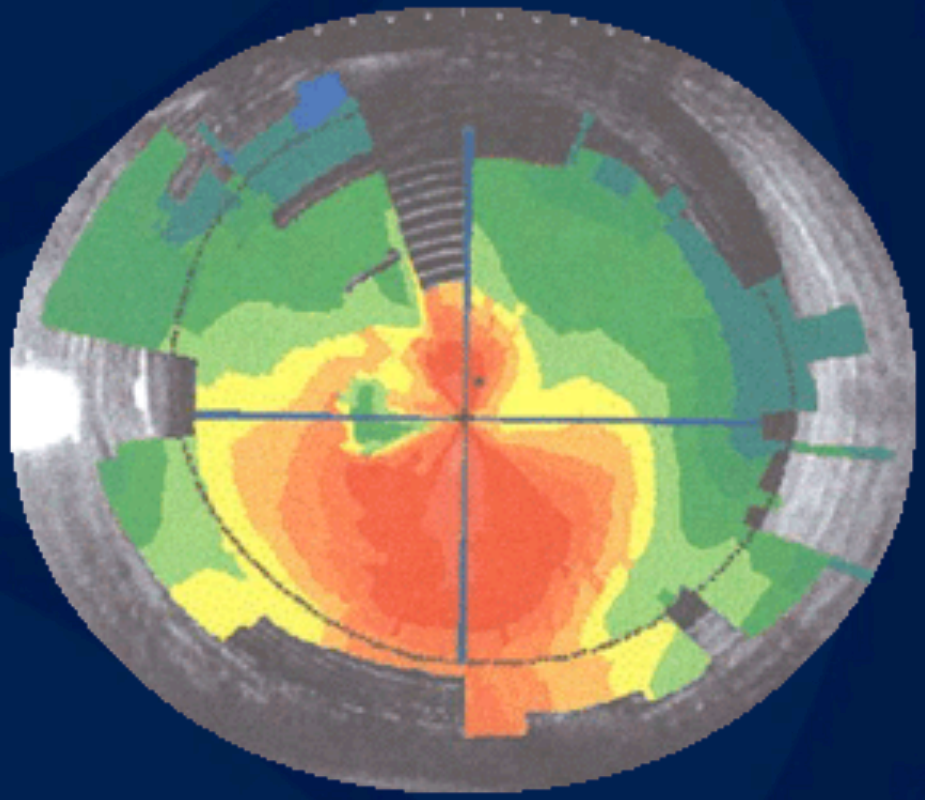
BCVA: 20/50

MR: -4.75 + 5.00 @ 20

Max K: 55.78 @ 90

Custom RGP Intolerant

Case Example 2 – Post-Op



UCVA 20/40

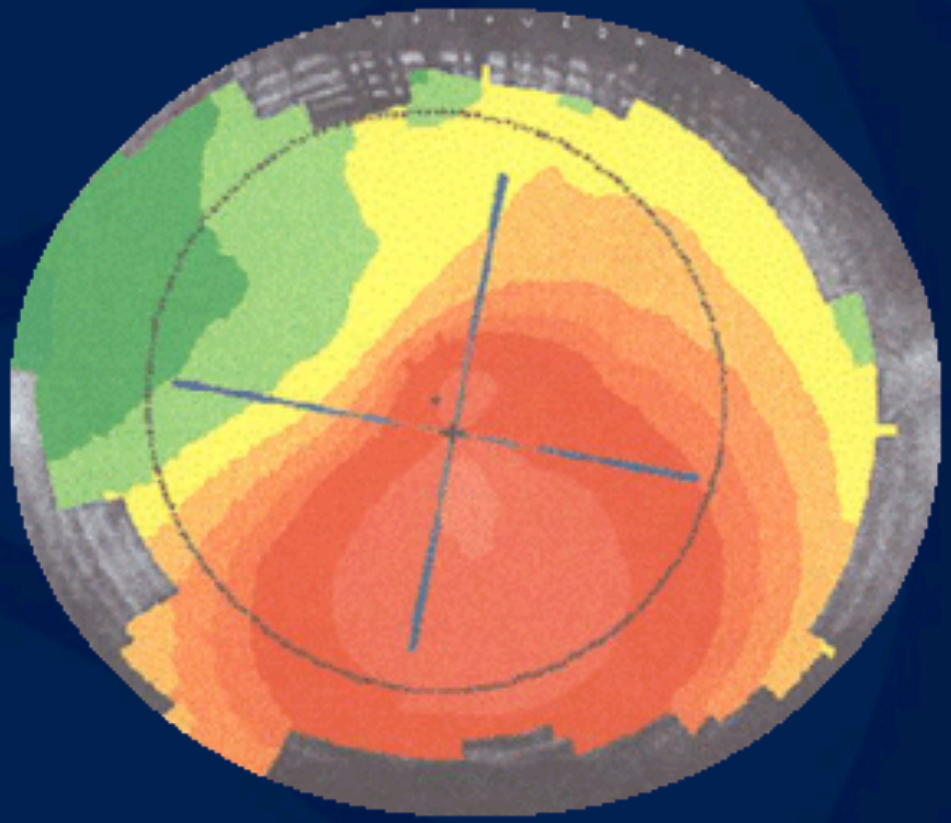
BCVA: 20/25

MR: -2.00

Max K: 51.69 @ 89

RGP Tolerant

Case Example 3 – Pre-Op



UCVA CF

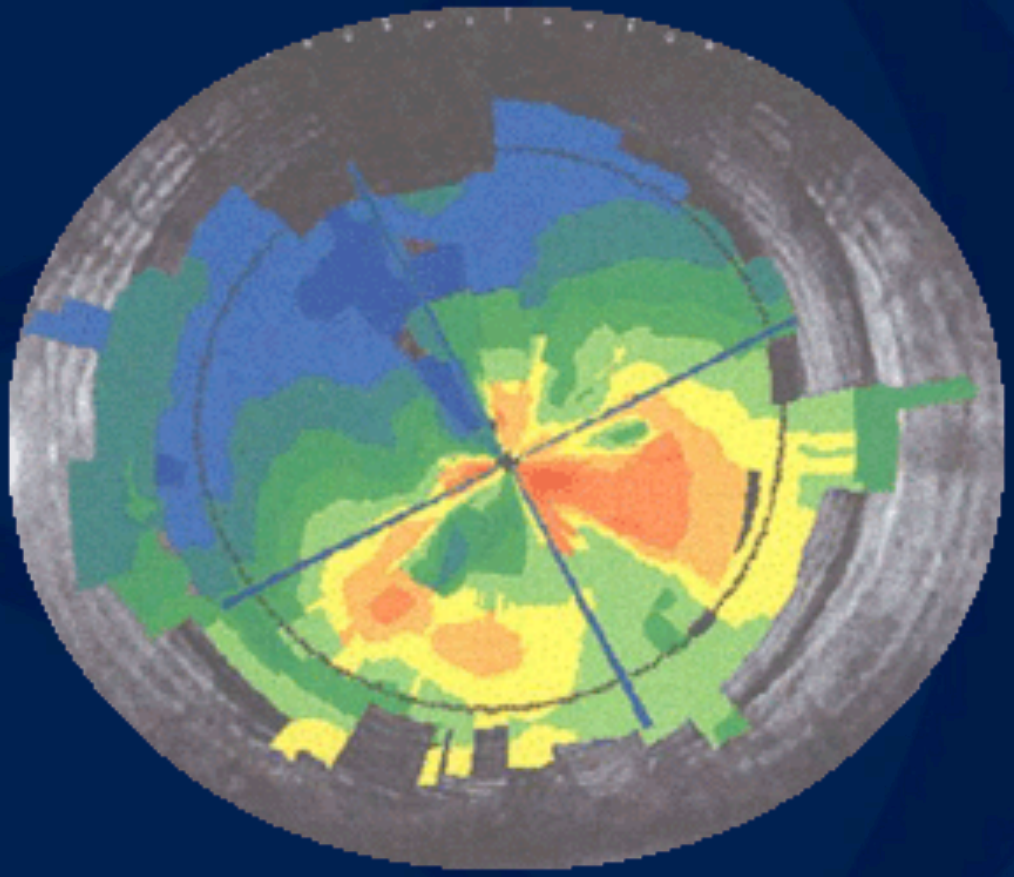
BCVA: 20/45

MR: -6.25 -4.75 @ 175

Max K: 54.43 @ 79

Custom RGP Intolerant

Case Example 3 – Post-Op



UCVA 20/80

BCVA: 20/30

MR: -.50 -3.00 @ 135

Max K: 51.69 @ 89

RGP Tolerant

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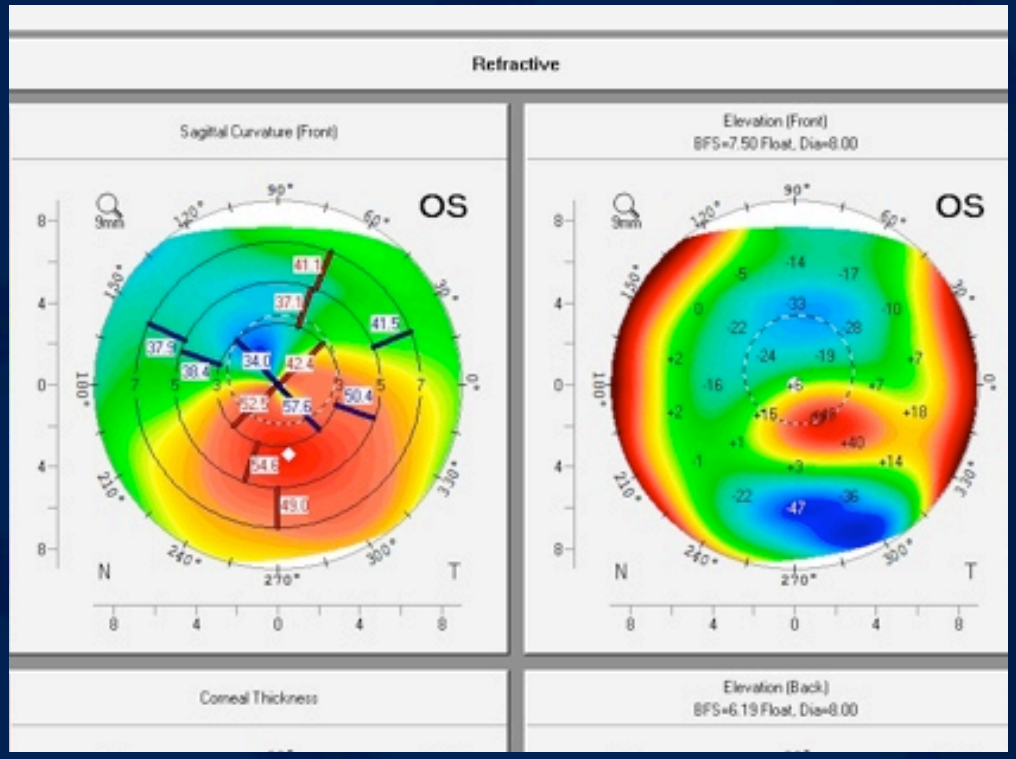
My Results

Case T.J.: Pre-Op



UCVA 20/CF

BCVA: 20/50

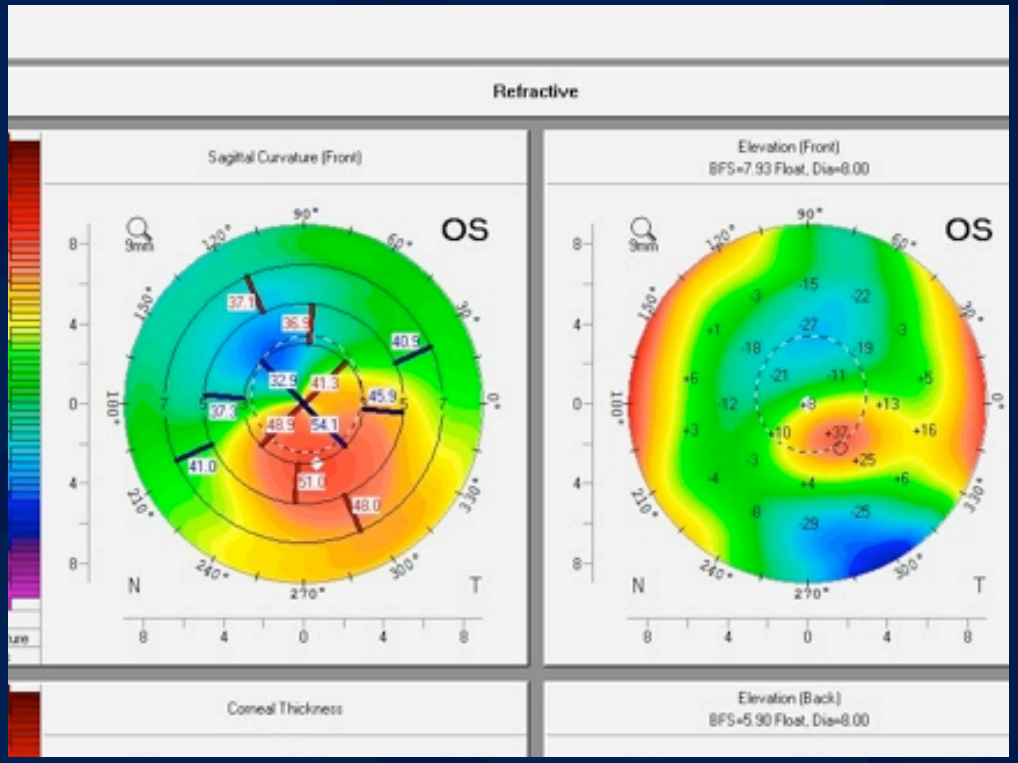
MR: -1.00 +4.75 x 025

RGP Intolerant

ADDITION TECHNOLOGY™

My Results

Case T.J. – Post-Op



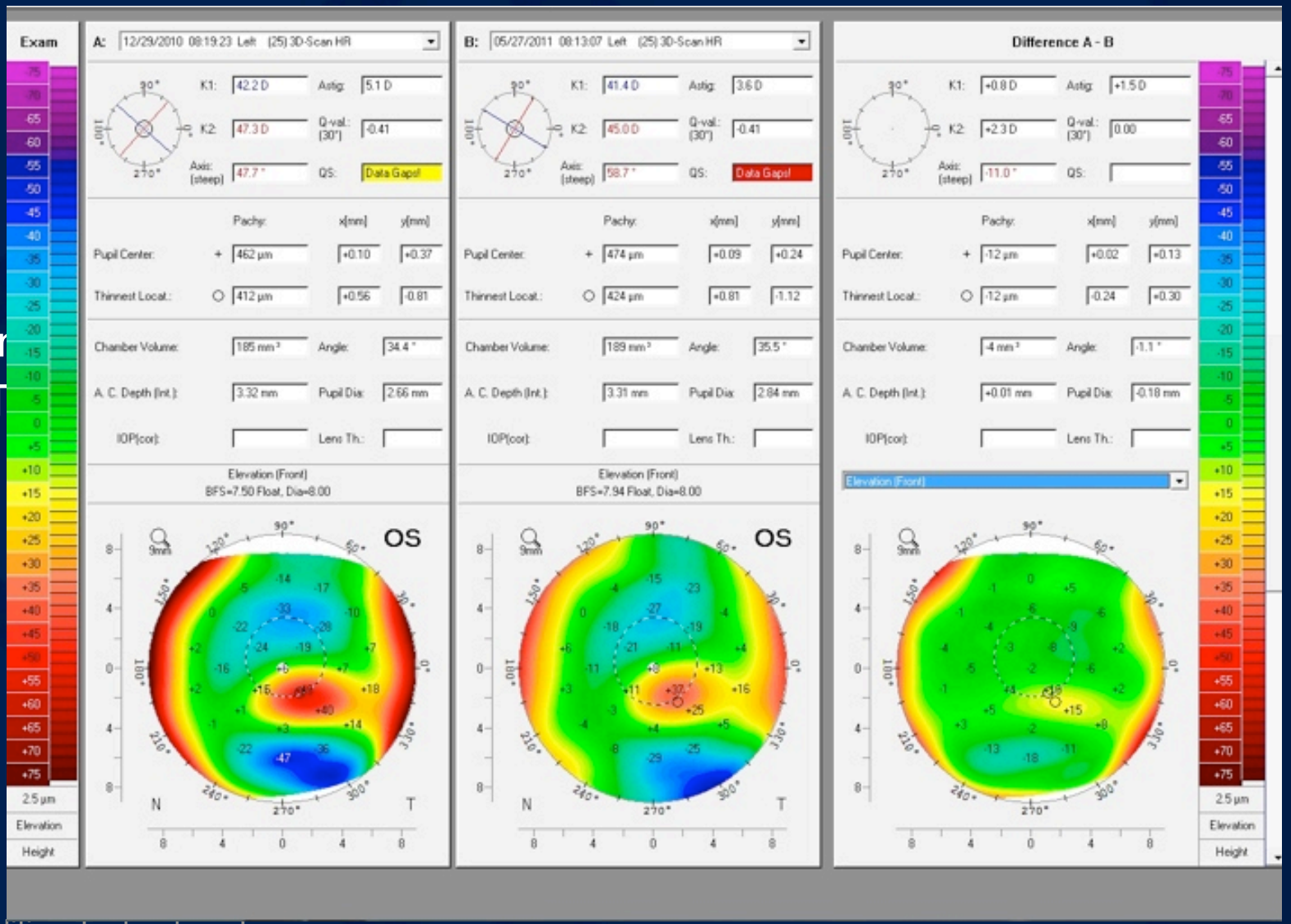
UCVA 20/40

BCVA: 20/20

ADDITION TECHNOLOGY™

My Results

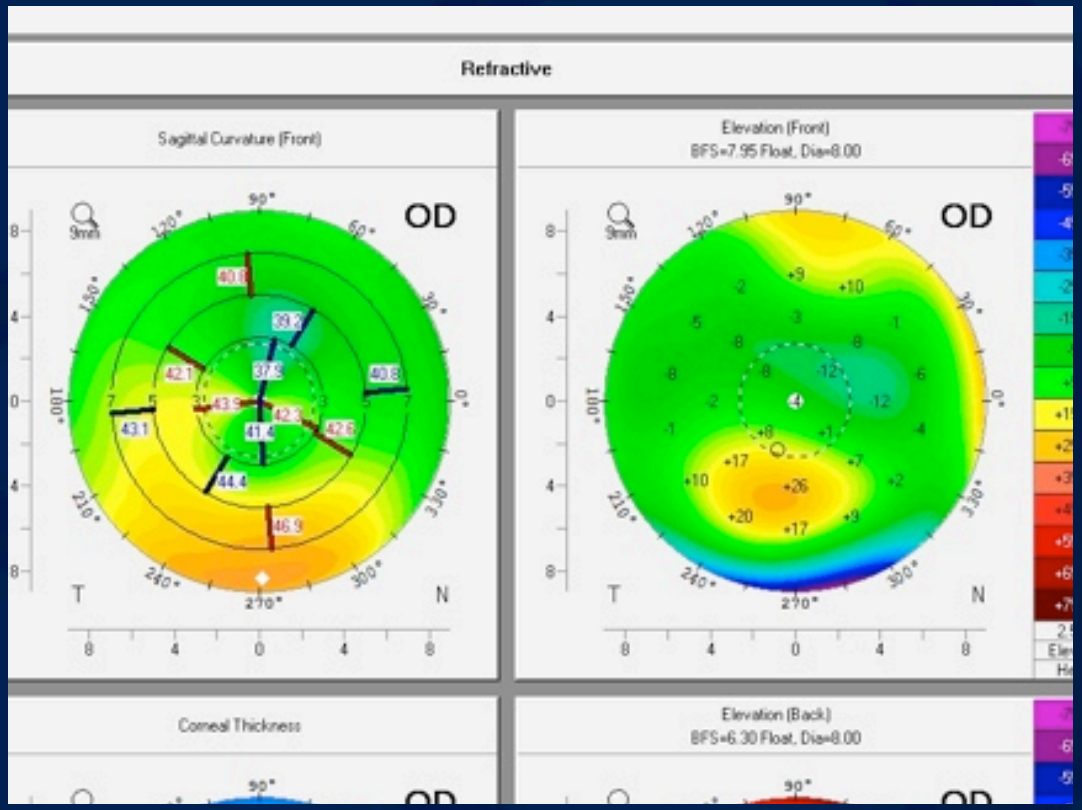
Case T.J. – Compare



ADDITION TECHNOLOGY™

My Results

Case M.M..: Pre-Op



UCVA 20/200

BCVA: 20/20

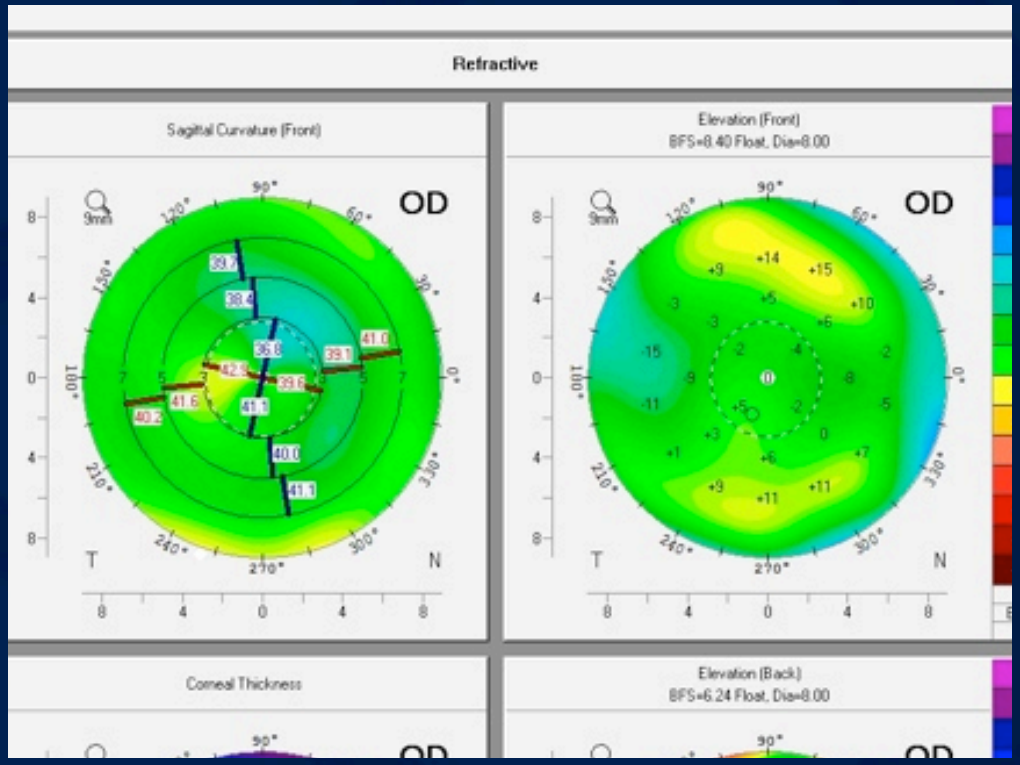
MR: -1.75 +3.50 x 150

CL Intolerant

ADDITION TECHNOLOGY™

My Results

Case M.M. – Post-Op



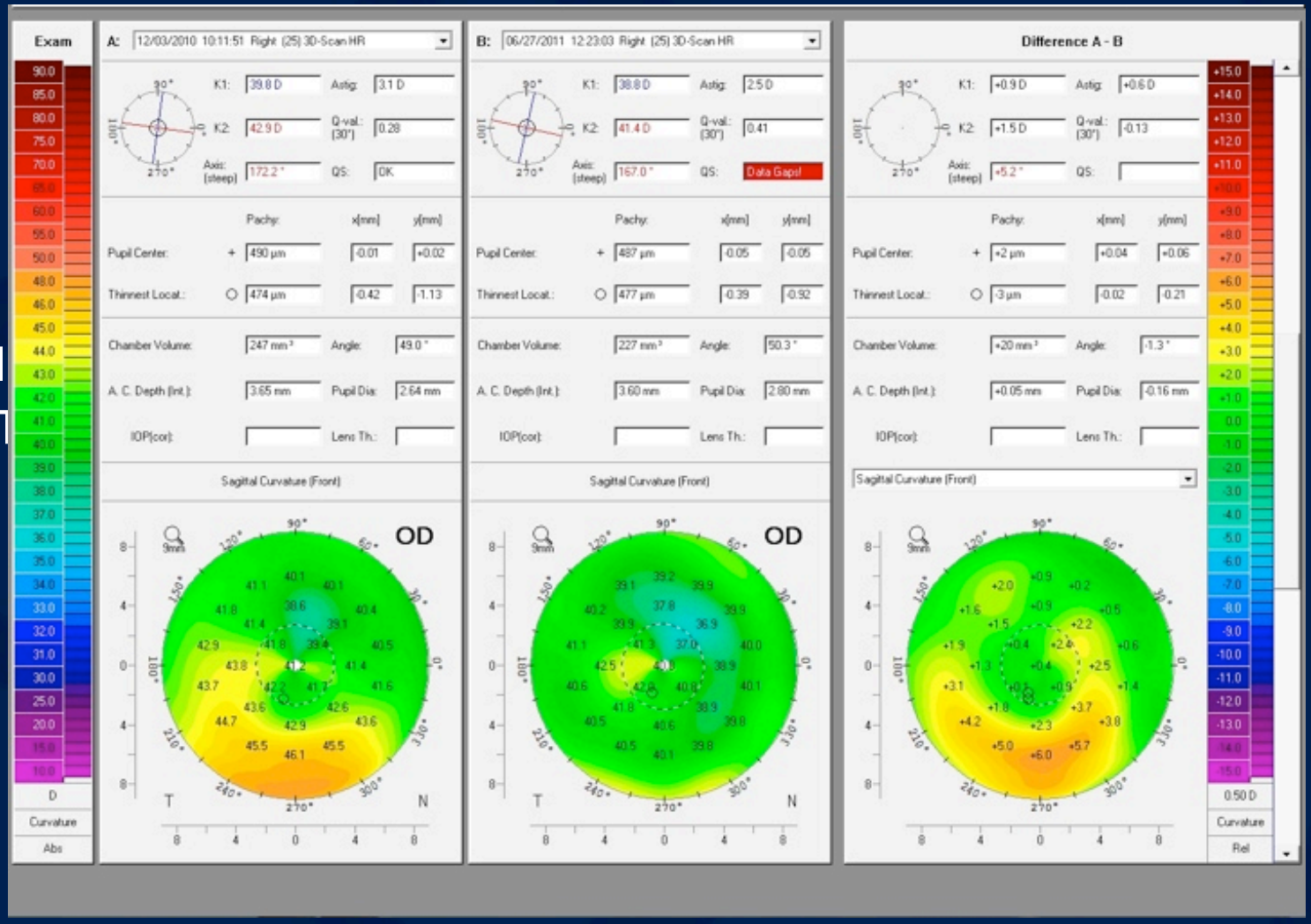
UCVA 20/30

BCVA: 20/20

ADDITION TECHNOLOGY™

My Results

Case M.M. – Compare



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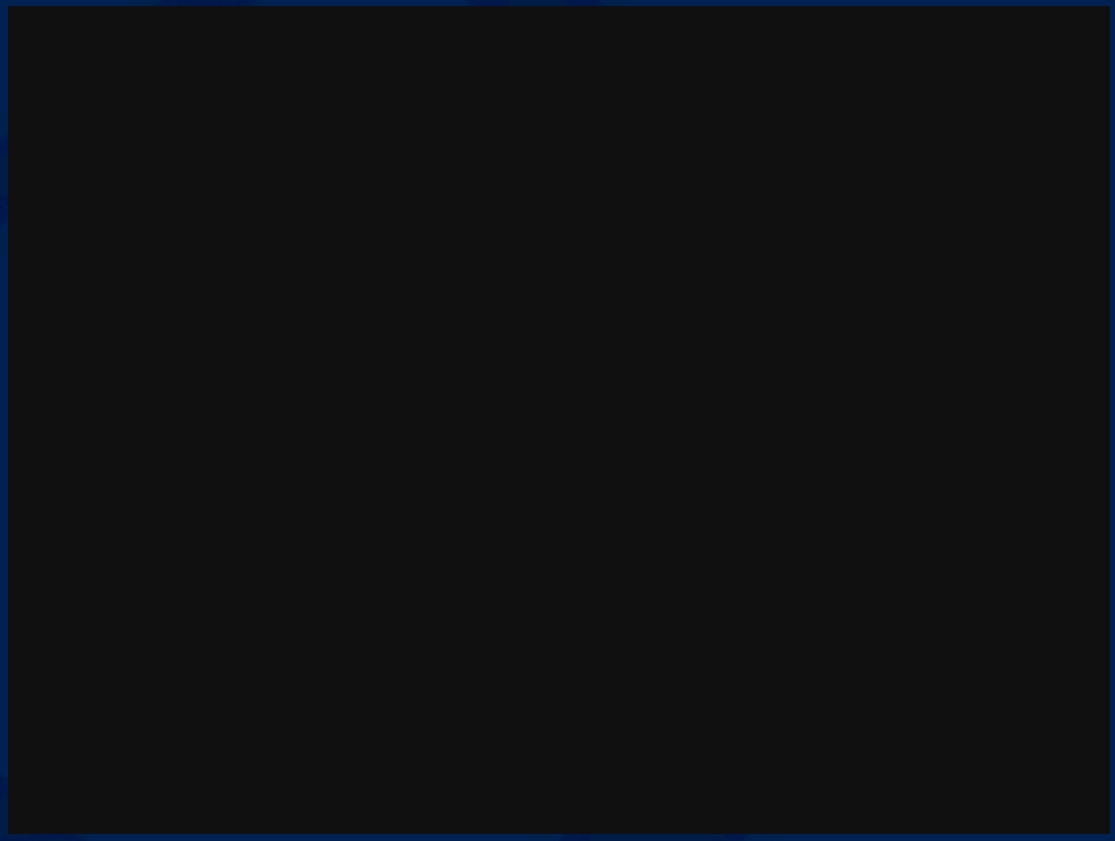
The Intacs Procedure

Using FS Laser



Watch the Pre-op and Post-op mire

Intacs Normalize Corneal Shape

Video Courtesy Mark Swanson, MD

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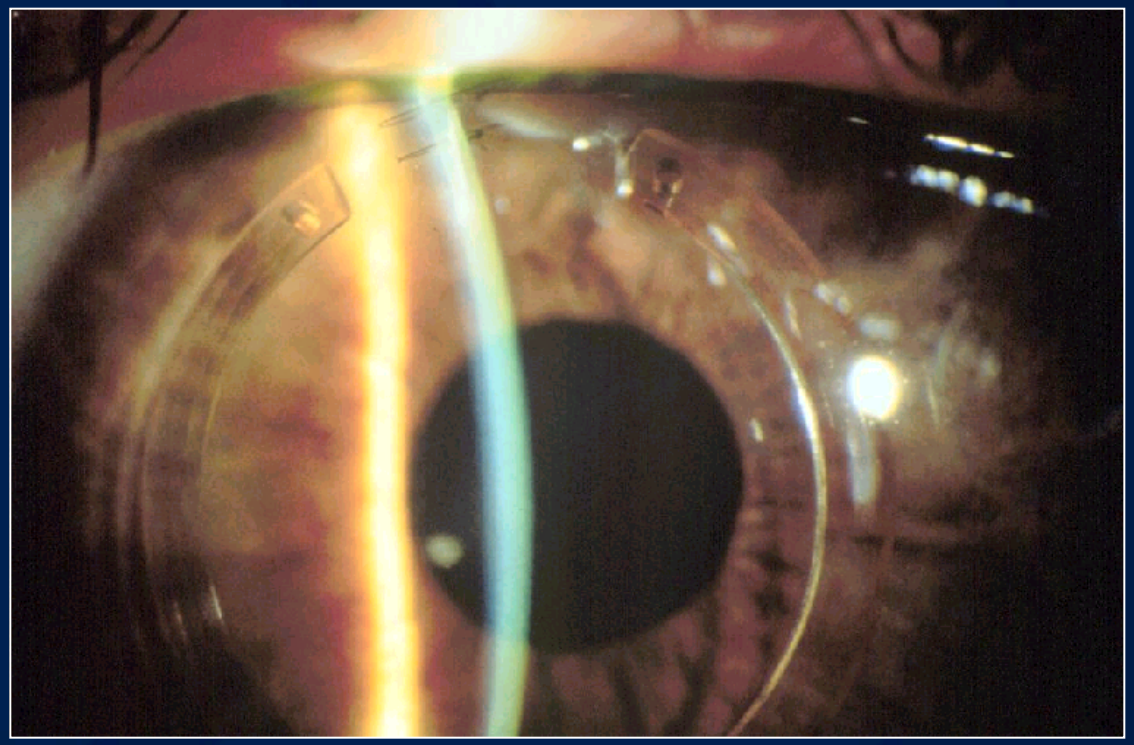
Post-Operative Management

Post-Operative Management Issues

- **Filamentary Keratitis**
- **Symptoms**
  - **Foreign Body Sensation**
  - **Photophobia**
- **Action**
  - **Debridement**
  - **Bandage Contact Lens**

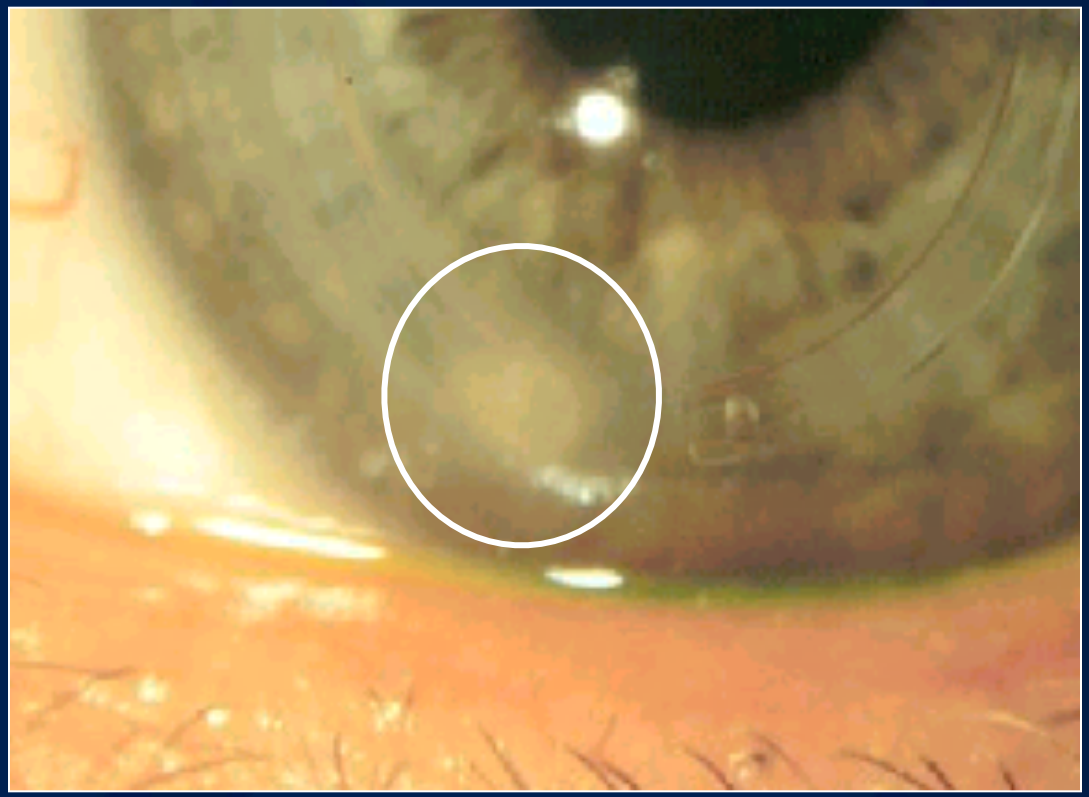


Post-Operative Management Issues

- **Drug Toxicity/Allergy**
  - **Symptoms**
    - **Foreign Body Sensation**
    - **Irritation**
  - **Findings**
    - **Superficial Punctate Keratitis**
    - **Chemosis**
    - **Lid Edema and Erythema**
  - **Action: Stop the Offending Medication**

Post-Operative Management Issues

- **Infection**
- **Symptoms**
  - **Pain - Hallmark**
  - **Photophobia**
  - **Decreased Vision**
- **Findings**
  - **Infiltrate at Incision or in Tunnel**
- **Medication**



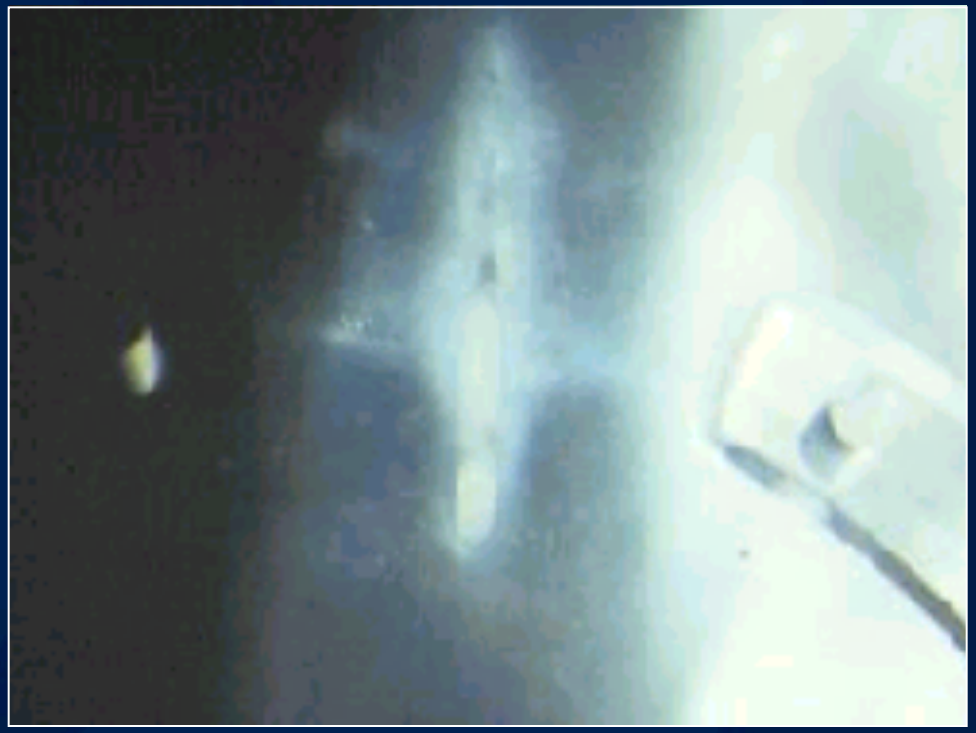
Post-Operative Management Issues

- **Management of Infection**

- **Initiate Fortified Antibiotic Therapy**
- **Follow Closely**
- **If Continued Progression**
  - **Remove the Intacs**
- **Refer to Manual for Suggested Treatment**

Post-Operative Management Issues

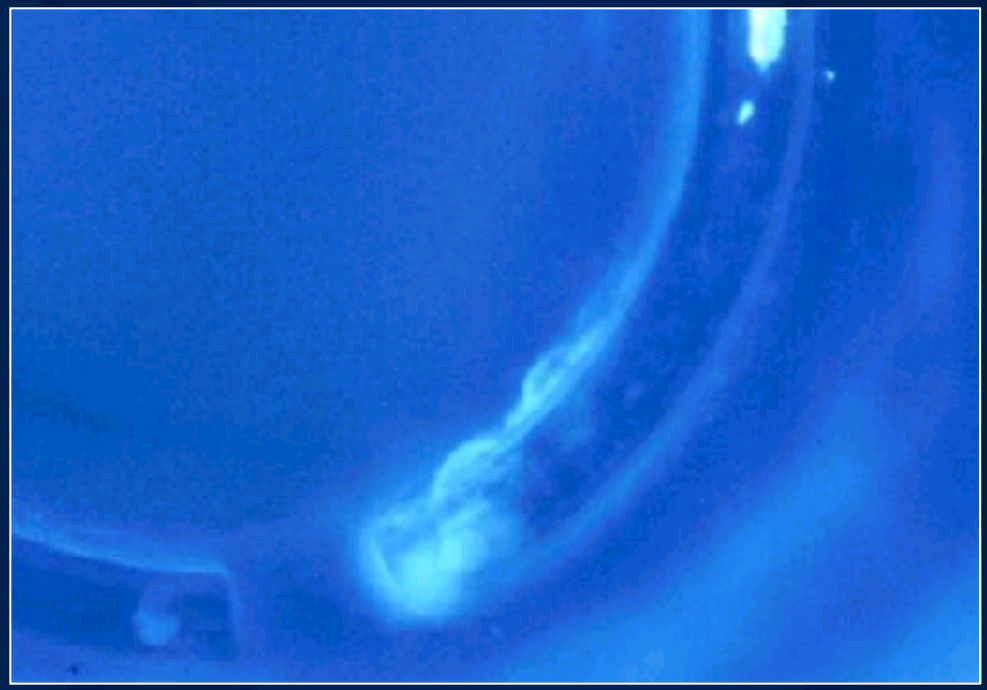
- **Epithelial Cyst or Plug In Incision**
- **Epithelial Plugs Associated with**
  - **Against the rule Astigmatism**
  - **Loss of Refractive Effect**
  - **Foreign Body Sensation**



Post-Operative Management Issues

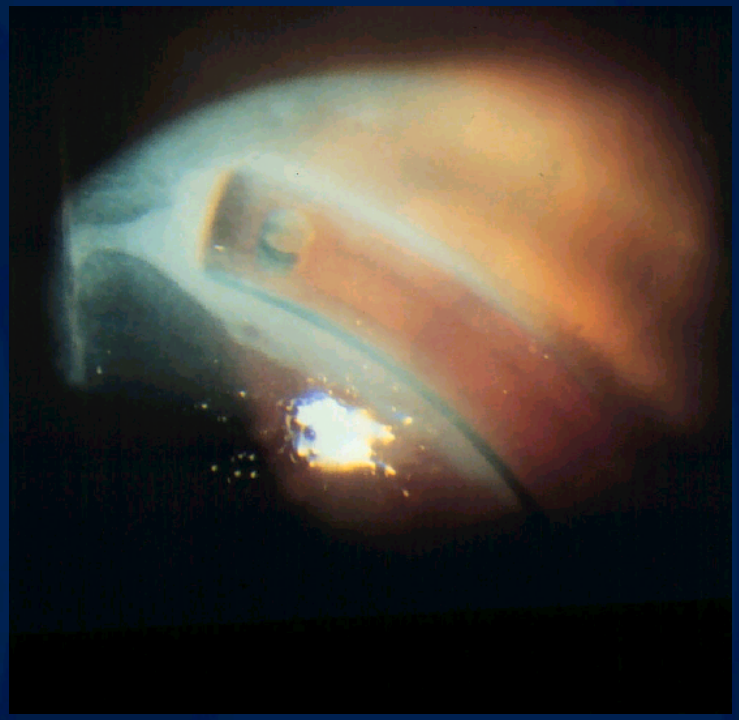
Corneal Thinning (Melting)

- Symptoms
  - Foreign Body Sensation
- Findings
  - Epithelial Breakdown Over the Intacs
  - Shallow Placement
- Cause
  - Shallow < 50% Depth
- Treatment
  - Removal as Soon as You Notice Shallow Placement
  - Re-Tunnel and Reposition at > 50% Depth
  - This should be Noted at the Day 1 or Day 7 Examination
  - Early Intervention is Recommended



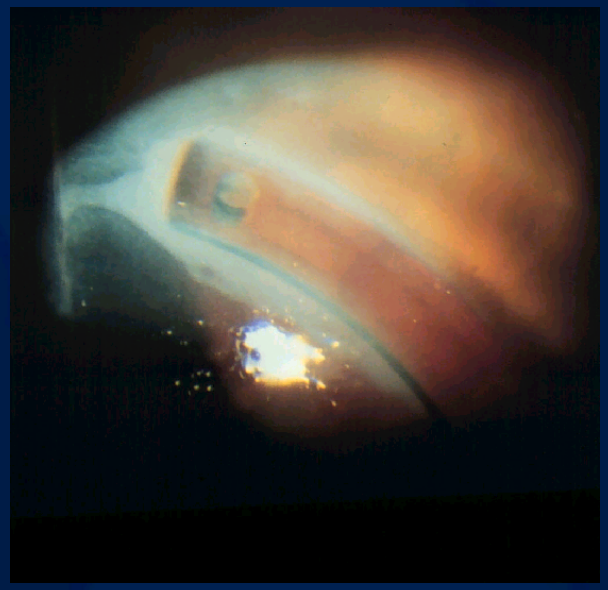
Post-Operative Management Issues

- **Corneal Infiltrates – Differential Diagnosis**
  - **Sterile**
    - Onset 7 - 21 Days
    - Symptoms of Iritis
    - Usually No Pain
  - **Infectious**
    - Onset 1-14 Days
    - Severe Pain
  - **Symptoms**
    - Redness
    - Photophobia
  - **Findings**
    - Focal Whitish Infiltrate in the Tunnel Between the Incision and the Superior Intacs
    - Iritis
    - May Represent Epithelial Streaming and the Stromal Reaction to the Epithelial Cells



Post-Operative Management Issues

- **Corneal Infiltrates – Differential Diagnosis**
- **Possible Causes**
  - **Poor Wound Healing**
  - **Incomplete Wound Closure**
  - **Inadequate Steroid Dosing**
  - **Mechanical Trauma**
  - **Epithelial Cells in Tunnel**

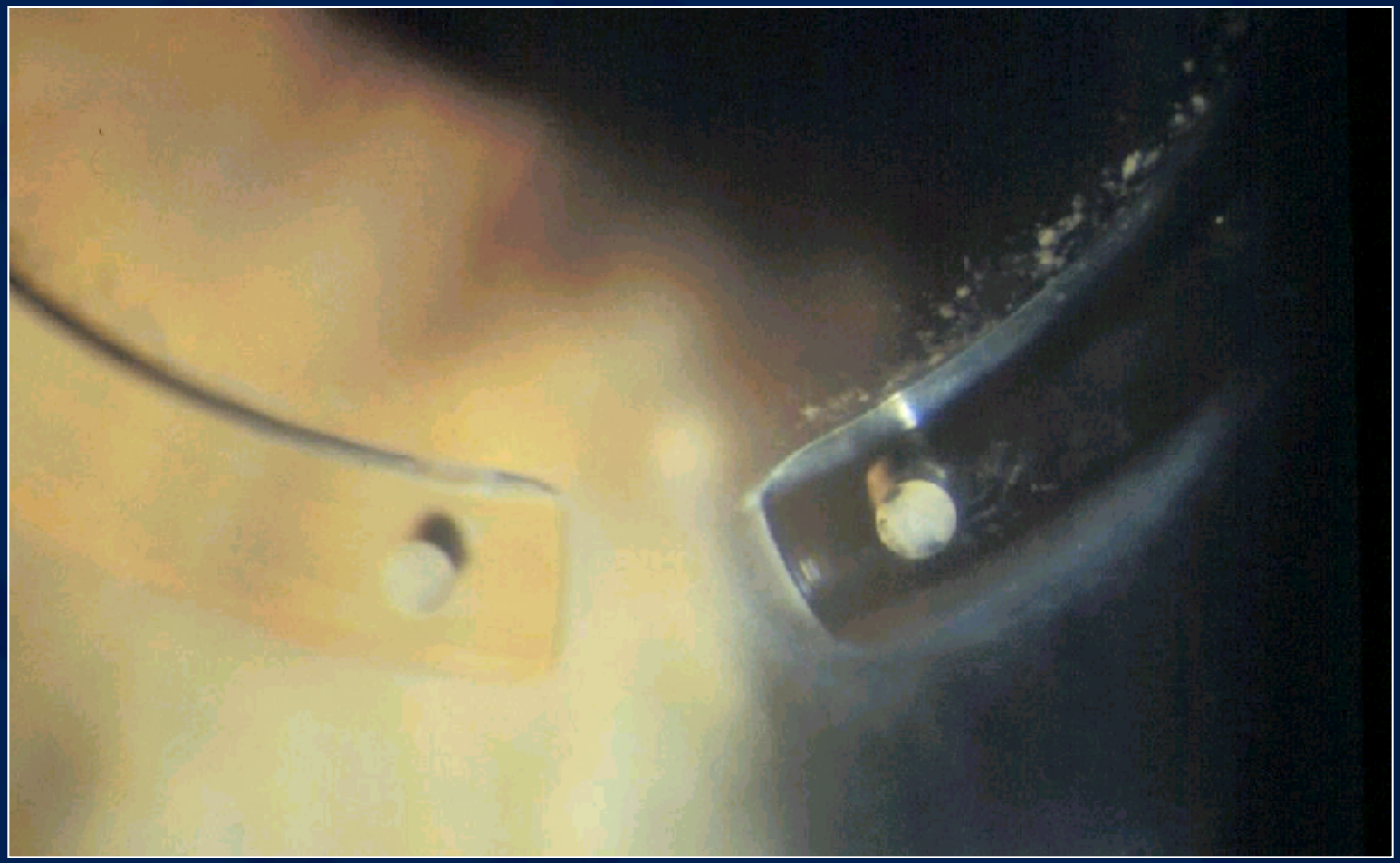


- **Solutions**
  - **1% Pred-Forte qid, Fluroquinolone qid**
  - **Symptoms Improve Quickly and Resolve within a Few Days**
  - **Infiltrate Resolved in 1 - 3 Weeks**
  - **Infiltrate Resolution Occurs With or Without Topical Medications**

Post-Operative Management Issues

- **Glare – Pupil Size**
  - Possible Causes
    - Mesopic Pupil Greater than 7mm
  - Findings
    - Glare
  - Solutions
    - More Careful Patient Selection
    - Remove Intacs

Ring-Hole Debris

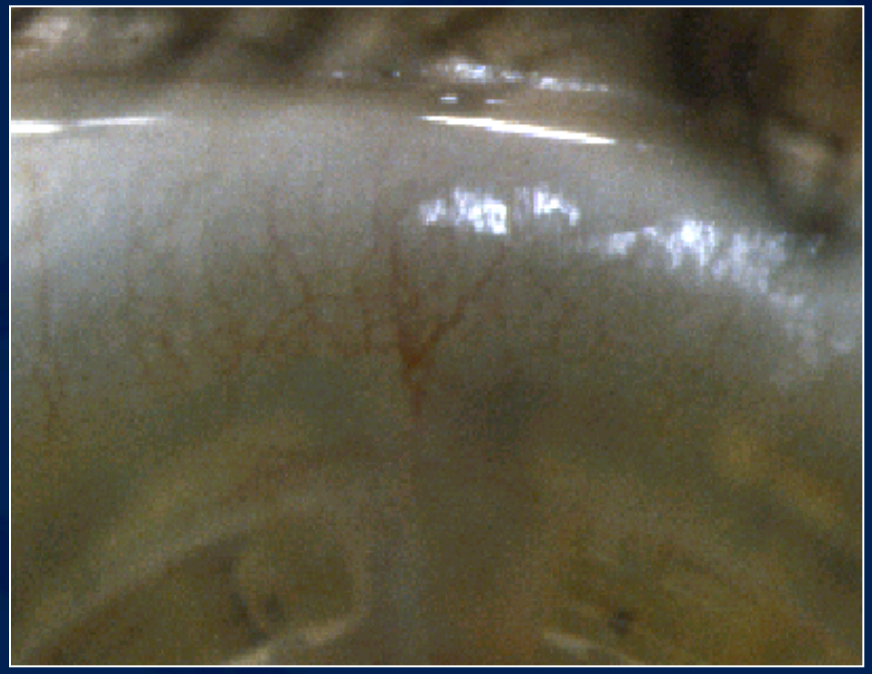


Post-Operative Management Issues

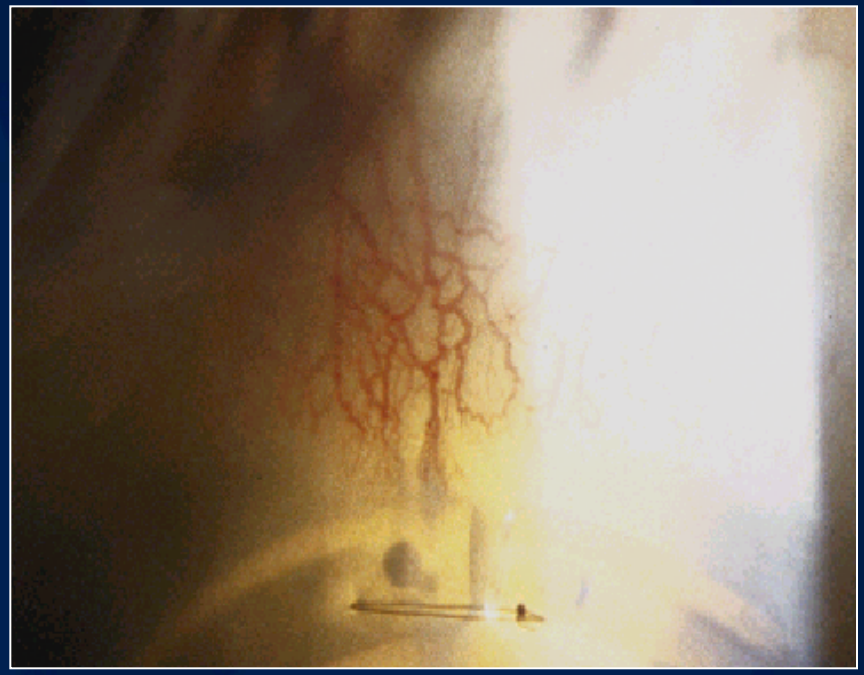
Pannus & Tunnel Neovascularization

- Pannus Risk Factors
  - Prior Contact Lens Wear
  - Preoperative Pannus
  - Incision to Limbal Vessels
  - Intacs Too Close to Limbus
  - Loose Sutures
- Wound and Tunnel Vascularization
  - Use Corticosteroids to Stop Surface Vessels from Reaching or Entering the Wound

Pannus & Tunnel Neovascularization



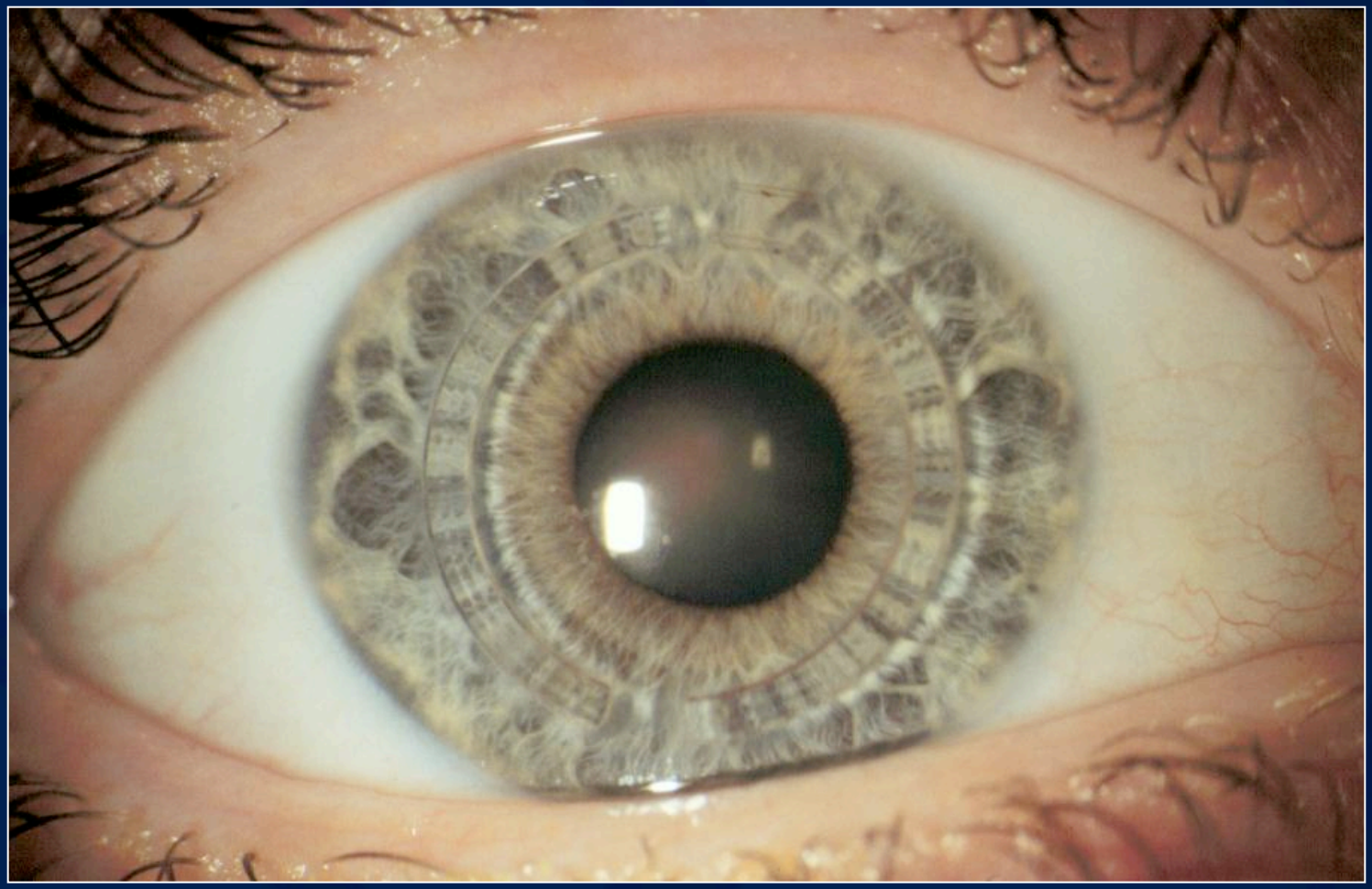
corticoid steroids was not done



Loose suture with open / close Wound causing irritation inciting an Angry vessel response.

ADDITION TECHNOLOGY™

Goal: Satisfied Patient



ADDITION TECHNOLOGY™

The Result: Great Outcomes

Intacs®

CORNEAL IMPLANTS

Peer Reviewed Data

Keratoconus Peer Reviewed Data

Title	Authors	Publication
Comparison of outcomes of 2 channel sizes for intrastromal ring segment implantation with a femtosecond laser in eyes with keratoconus.	Ertan A., Kamburoglu G.,	J J Cataract Refract Surg. 2007 Apr; 33 (4): 648-53
Penetrating keratoplasty versus intrastromal corneal ring segments to correct bilateral corneal ectasia; preliminary study.	Rodriguez LA, Guilen PB, Benavides MA, Garcia L., Porras D., Daqui-Garay RM	J Cataract Refract Surg 2007 Mar; (33) (3) 488-96
Implantation of Artisan toric phakic intraocular lens following Intacs in a patient with keratoconus.	Kamburoglu G., Ertan A., Bahadir M.	J J Cataract Refract Surg. 2007 Mar; 33 (3): 528-30
Histopathological findings after intracorneal ring segment implantation in keratoconic human corneas.	Samimi S., Leger F., Touboul D., Colin J.	J Cataract Refract Surg 2007 Feb; (33) (2) 247-53
Management of superior pellucid marginal degeneration with a single intracorneal ring segment using femtosecond laser.	Ertan A., Bahadir M.	J Cataract Refract Surg 2007 Feb; (23) (2) 205-8
Long-term follow-up of Intacs in keratoconus.	Kymionis GD, Siganos CS, , Anastasakis a., Yoo SH, Pallikaris AI, Astyrakakis N., Pallikaris IG	Am J Ophthalmol. 2007 Feb; 143 (2) 236-44
Topography-guided vertical implantation of Intacs using a femtosecond laser for the treatment of kertoconus	Bahadir, Memet, Ertan, Aylin	J Cataract Refract Surg 2007 Jan; (33) (1) 148-151
Reduced best spectacle-corrected visual acuity from inserting a thicker Intacs above and thinner Intacs below in keratoconus.	Chan CC, Boxer Wachler B.	J Cataract Refract Surg 2007 Jan; (23) (1) 93-5
Effect of inferior-segment Intacs with and without C3-R on keratoconus	Boxer Wachler, Chan, Franzco	J Cataract Refract Surg 2007 Jan; (33) 75-80
Intacs for the correction of keratoconus: Two-year follow-up	Colin, Joseph, Malet, J.	J Cataract Refract Surg 2007Jan; (33) 69-74
New Surgical approaches to the Management of Keratoconus and Post-Lasik Ectasia	Tan, Purcell, Torres, Schanzlin	Trans Am Ophthalmol Soc / Vol 104 / 2006

Keratoconus Peer Reviewed Data

Title	Authors	Publication
Intacs insertion with femtosecond laser for the management of keratoconus: one-year results	Ertan A., Kamburoglu G., Bahadir M.	J Cataract Refract Surg 2006 Dec; 32 (12) 2039-42
Optical coherence tomography to assess intrastromal corneal ring segment depth in keratoconic eyes	Lai MM, Tang M., Andrade EM, Li Y., Khurana RN, Song JC, Huang D.	J Cataract Refract Surg 2006 Nov; 32 (11) 1860-5
INTACS inserts using the femtosecond laser compared to the mechanical spreader in the treatment of keratoconus	Rabinowoitz YS, Li X., Ignacio TS, Maguen E.	J Refract Surg. 2006 Oct ; 22 (8): 764-71
Intrastromal ring segment insertion using a femtosecond laser to correct pellucid marginal corneal degeneration	Ertan A., Bahadir M.	J Cataract Refract Surg 2006 Oct; 32 (10) 1710-6
After 5 Years Follow-Up: Do Intacs Help in Keratoconus?	Ibrahim, Tarek A.	I Cataract & Refractive Surgery Today 2006 July/August
Intacs Adjustment Surgery for Keratoconus	Pokroy, Levinger	J Cataract Refract Surg 2006 June (32) 986-92
Intracorneal Ring Segments for Keratoconus Correction: Long-term Follow-up	Alio, Shabayek, Artola	J Cataract Refract Surg 2006 June (32) 978-85
Analysis of Results Related to Good and Bad Outcomes of Intacs Implantation for Keratoconus Correction	Alio, Shabayek, Belda, Correas, Feijoo	J Cataract Refract Surg 2006 May, (32) 756-61
European Clinical Evaluation: Use of Intacs for the Treatment of Keratoconus	Colin, Joseph	J Cataract Refract Surg 2006 May, (32) 747-55

Keratoconus Peer Reviewed Data

Title	Authors	Publication
Are Intracorneal Rings Still Useful in Refractive Surgery?	Guell, Jose L.	Current Opinion in Ophthalmology 2005, 16:260-265
Keratoconus Managed with Intacs	Levinger, Pokroy	Arch of Ophthalmol/Vol 123, Oct. 2005
Treating Keratoconus with Intacs Corneal Ring Segments	Hellsted, Makela, Uusitalo, Emre	J Refract Surg. 2005 May-Jun;21(3): 236-46
Management of Pellucid Marginal Degeneration with Intracorneal Ring Segments	Barbara, Shehadeh-Masha'our, Zvi, Garzozi	J Refract Surg. 2005 May-Jun; 21(3):296-8
One or 2 Intacs Segments for the Correction of Keratoconus	Alio, Artola, Hassanein, Haroun, Galal	J Cataract Refract Surg. 2005 May;31(5):943-53
Conservative Treatment of Early and Moderate Pellucid Marginal Degeneration: A New Refractive Approach with Intracorneal Rings	Mularoni, Torreggiani, di Biase, Laffi, Tassinari	Ophthalmology. 2005 April 12(4):660-6
Keratoconus: Current Surgical Options	Lemp, M.A.	Invest Opthalmol Vis Sci 2004;45: E-Abstract 2896
Intrastromal Corneal Segments (intacs®) Safety in Keratoconic Eyes	Kymionis, Aslanides, Siganos, Pallikaris	J Cataract Refract Surg. 2004 Jan;30(1):230-3
Intacs for Early Pellucid Marginal Degeneration	Kymionis, Aslanides, Siganos, Pallikaris	J Cataract Refract Surg. 2004 Jan;30(1):230-3
Corneal Ring Segments (Intacs) for the Treatment of Asymmetrical Astigmatism of the Keratoconus. Follow-up after 2 Years	Tunc, Deveci, Sener, Bahcecioglu	J Fr Ophtalmol. 2003 Oct;26(8):824-30. French
Intracorneal Rings for the Correction of Pellucid Marginal Degeneration	Rodriguez-Prats, Galal, Garcia-Lledo, De La Hoz, Alio	J Cataract Refract Surg. 2003 Jul;29(7):1421-4
Intacs for Keratoconus	Boxer Wachler, Christie, Chandra, Chou, Korn, Nepomuceno	Ophthalmology. 2003 May ;110(5):1031-40. Erratum in: Ophthalmology. 2003 Aug;110(8): 1475
Implantation of Intacs and a Refractive Intraocular Lens to Correct Keratoconus	Colin, Velou	J Cataract Refract Surg. 2003 Apr;29(4):832-4
Management of Keratoconus with Intacs	Siganos, Kymionis, Kartakis, Theodorakis, Astyrakakis, Pallikaris	Am J Ophthalmol. 2003 Jan;135(1):64-70
Intacs Inserts for Treating Keratoconus: One-Year Results	Colin, Cochener, Savary, Malet, Holmes-Higgin	Ophthalmology. 2001 Aug; 108(8):1409-14
Correcting Keratoconus with Intracorneal Rings	Colin, Cochener, Savary, Malet	J Cataract Refract Surg. 2000 Aug;26(8):1117-22

Thank You!

Thank You.