Editor

We read with great interest the recent original article published in your journal, entitled “Clinical impact of the worldwide shortage of verteporfin (Visudyne®) on ophthalmic care”.(Sirks et al, 2022) We think that it is an insightful summary of the effects of the ongoing verteporfin shortage on the care of patients with certain retinal diseases. With this letter, we would like to give prominence to the subgroup of patients with chronic central serous chorioretinopathy (CSR), for whom the PDT is essentially the only evidence-based effective treatment. We are presenting the data of two medical retina clinics which are also referral centres for their areas: the medical retina clinic of the University Hospital of Southampton and the Ophthalmology service of St Thomas’ Hospital, London.

In Southampton, the waiting list includes 19 patients with CSR and persistent subretinal fluid (SRF) for more than 6 months in one or both eyes. The median age is 49 years old and 95% are men. 79% need PDT unilaterally and 21% need bilaterally, with a total of 20 eyes in need of treatment. The mean(SD) waiting time is 9(4) months, with 32% of the patients on the waiting list for 12 months or more. Respectively, in St Thomas’ ophthalmology, 47 patients are in the waiting list for PDT. The median age is 55 years old and 77% are men. Among them, 64% need PDT unilaterally and 36% bilaterally, with a total of 64 eyes in need of treatment. 65% of those patients have been in the waiting list for more than 1 year, whereas before the beginning of the shortage this period did not exceed one month.

We calculated the Visual Acuity (VA) loss during the waiting period for those patients. In Southampton, 50% of the affected eyes (10 eyes) lost 5 or more letters on the Snellen chart, with 30% among those, experiencing a VA loss greater that 15 letters. In St Thomas’, 31% of the affected eyes(20 eyes) lost more than 5 letters and among those, 35% lost more than 15 letters on the Snellen chart.

It becomes obvious that the ongoing shortage of verteporfin is affecting significantly the vision of CSR patients. In our clinics, the delay of PDT affected significantly the VA in 1 out of 3 patients. Moreover, this is a disease that affects young and middle aged people who are still active members of the workforce of the society. Therefore, significant vision loss in this population may have an important socioeconomic impact in the community. Unfortunately, there are no alternative treatments for those patients. The mineralocorticoid-Receptor antagonists were not shown superior to placebo(VICI trial, Lotery et al, 2020) and micropulse laser was found to be inferior to PDT (PLACE trial, van Dijk et al 2018). All the aforementioned depict clearly the urgency of resolving this issue. The promise to have this manufacture problem resolved until the beginning of 2022 was not met and only small amounts of Visudyne are provided to Europe. The prioritisation of ocular oncology is righteous, but the amount of untreated CSR patients is increasing with significant impact on their vision. There is a compelling need for measurements to be applied. Some good suggestions have been made in Sirks’ article (2022). The collaboration among the market authorization holder (MAH) (European Medicines Agency), the health professionals and patient societies is essential. However, at this point, the intervention of the state becomes crucial, including compulsory licensing to alternative manufacturers and/or encouragement of new public‐private partnerships that would sustain verteporfin production.

References:

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