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Single Technology Appraisal (STA)

Ranibizumab for the treatment of choroidal neovascularisation associated with pathological myopia

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Patients and patient advocates can provide a unique perspective on the technology, which is not typically available from the published literature.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Please do not exceed the 8-page limit.

About you

Your name: Clara Eaglen

Name of your organisation: Royal National Institute of Blind People (RNIB)

Are you (tick all that apply):

- a patient with the condition for which NICE is considering this technology? No
- a carer of a patient with the condition for which NICE is considering this technology? No
- an employee of a patient organisation that represents patients with the condition for which NICE is considering the technology? If so, give your position in the organisation where appropriate (e.g. policy officer, trustee, member, etc) Yes
- other? (please specify)

General comments

RNIB is the UK's leading charity helping people with sight loss lead independent and fulfilling lives. An increasing focus of our work is on sight loss prevention and access to treatments. As part of this work we aim to ensure that patients are treated with new, clinically proven treatments as quickly as possible.

Our appraisal response has been informed through discussions with patients (including those on the REPAIR trial), clinicians and published research to:

- examine the impact of choroidal neovascularisation associated with pathological myopia on quality of life
- explore current treatments
- assess the medication under consideration

As a result, RNIB calls on the NICE Appraisal Committee to recommend ranibizumab for the treatment of choroidal neovascularisation associated with pathological myopia without restrictions.

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We also ask that the final guidance recognises the importance of rapid access to this treatment, as the quicker a patient receives treatment the better their visual outcome is likely to be. We also believe that ranibizumab should be made available for any eye likely to benefit from the treatment as judged by a qualified clinician.

About choroidal neovascularisation associated with pathological myopia and sight loss:

This eye condition leads to rapid, permanent sight loss and affects the central vision.

If left untreated - or if not treated optimally - this condition can leave patients at risk of:

- early retirement from paid employment
- dependence on carers and spouses (who often have to give up work as well)
- loss of income and dependence on state benefits
- increased costs for visual aids, transport and domestic help
- increased risk of falls and accidents requiring further NHS treatment
- loss of independent mobility
- inability to drive
- inability to cook safely, maintain of good quality nutrition and read labels to see when food is out of date
- difficulty with activities of daily life including self-administration of medication
- loss of confidence and self-esteem
- clinical depression requiring NHS treatment
- social isolation
- not being able to recognise the faces of loved ones

In the past year, RNIB has helped 23 patients who called our advocacy helpline with myopic maculopathy. On each occasion, staff spent time explaining the condition, its treatment and listened to patients' fears (they are usually terrified of losing their sight, employment and ability to drive).

Choroidal neovascularisation associated with pathological myopia tends to affect younger people in their forties and fifties. This means they have a number of responsibilities including caring for dependants and older relatives; financial pressures such as a mortgage and expensive prescription glasses; and other eye health burdens as they are at higher risk of developing cataract and retinal detachment. To add to this, patients often face additional emotional anguish as current treatment is hard to obtain, not that effective and without treatment they will lose their sight. We have assisted many patients in undertaking individual funding requests in an attempt to secure treatment with PDT or laser, however, this is not always successful and is an additional burden for patients when they are struggling to come to terms with their diagnosis.

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What do patients and/or carers consider to be the advantages and disadvantages of the technology for the condition?

1. Advantages
(a) Please list the specific aspect(s) of the condition that you expect the technology to help with.
For each aspect you list please describe, if possible, what difference you expect the technology to make.

RNIB believes the advantages of this technology are:

(i) the safe and effective treatment of choroidal neovascularisation associated with pathological myopia

- Currently patients with choroidal neovascularisation associated with pathological myopia have no NICE approved treatments. Ranibizumab offers an option to patients who are likely to lose their sight if their condition is left untreated. A trial patient told RNIB that the technology is a "a lifeline when faced with losing sight". Clinicians tell us that Verteporfin Photodynamic Therapy and laser photocoagulation are treatment options but not in routine use and not that effective. Patients tell us that they are rarely offered treatment or are told by their clinician that it will not work.

- There is high unmet medical need in patients with this eye condition. It affects a younger cohort of patients (compared with other retinal diseases such as wet AMD) and if left untreated could force patients to give up work and live on benefits.

- The method of delivery and use of Lucentis in the eye is tried and tested in other eye conditions. This gives clinicians and patients' confidence that it is safe for use in the eye as it has been used in routine practice over a number of years.

- The number of injections required by patients with this condition is much less than for wet AMD. The trial patients we spoke to often only needed 2-3 injections over the 12 month trial period to stablisie/improve their vision and in some cases only a single injection. As the patient population with this condition is small and few injections are required to treat each patient, the overall cost to the NHS is likely to be low.

- The wording in the license for this condition allows clinicians to use a flexible monitoring frequency when treating patients with ranibizumab. This means patients may not have to be monitored monthly and that intervals can be extended. This is good news for eye clinics (which are already under pressure due to rising demand and lack of resources) and for patients and carers who require less trips to the hospital. The latter is likely to result in less time off work, less time waiting in the eye clinic and less time spent making difficult journeys to the hospital using public transport.

(ii) it is more effective than the current licensed treatment

- The REPAIR trial showed that ranibizumab is more effective than the current treatment (Verteporfin Photodynamic Therapy and laser photocoagulation). Clinicians agree, noting that ranibizumab is a useful treatment and much better than laser which can cause retinal scars and lead to progressive vision loss in myopes.
- According to trial data, ranibizumab not only led to stabilised vision in many patients but also improvements. This was confirmed in our telephone conversations with trial patients - one noted a three line letter gain on the eye chart following treatment and all the patients noticed improvements within two weeks of treatment.

(b) Please list any short-term and/or long-term benefits that patients expect to gain from using the technology. These might include the effect of the technology on:
- the course and/or outcome of the condition
- physical symptoms
- pain
- level of disability
- mental health
- quality of life (lifestyle, work, social functioning etc.)
- other quality of life issues not listed above
- other people (for example family, friends, employers)
- other issues not listed above

As mentioned above, being diagnosed with a condition that can lead to sight loss is a sudden and terrible shock. The costs are high financially, emotionally and socially.

Loss of central vision means that people are forced to give up employment, driving and active pursuits that promote health such as walking and cycling. They must abandon fulfilling cultural past-times and leisure activities such as reading, going to the cinema, sewing and DIY. These losses damage quality of life and escalate the risk of mental ill health and social isolation. Sight loss also creates extra burden for the health and social care system as patients are at increased risk of falls and associated complications.

Therefore, ranibizumab is likely to result in substantial health-related benefits for patients in both the short and long term:

- In the short term: many trial patients said their vision improved considerably within weeks of treatment and that they could resume their day to day activities and continue working/driving.
- In the short, medium and long term: the treatment helped prevent anxiety and depression as patients had an option that could save their sight. Many of the patients we spoke to describe their fear of losing their vision, particularly the younger patients who noted they were 20 years younger than the other patients in the eye clinic. In one case, a patient developed depression following diagnosis and needed counselling to support them during their treatment journey - they said their mental health would have deteriorated substantially had there not been a treatment for their condition.

- In the longer term: ranibizumab can save sight and enable patients to continue to live safe and independent lives. It means that they can continue to work, drive and cook safely.

2. Disadvantages
Please list any problems with or concerns you have about the technology. Disadvantages might include:
- aspects of the condition that the technology cannot help with or might make worse
- difficulties in taking or using the technology
- side effects (please describe which side effects patients might be willing to accept or tolerate and which would be difficult to accept or tolerate)
- impact on others (for example family, friends, employers)
- financial impact on the patient and/or thier family (for example cost of travel needed to access the technology, or the cost of paying a carer)

A small number of patients with aggressive disease may require a lot of injections and may need to return to the eye clinic on a frequent basis for monitoring/treatment (this is for the clinician to decide but could mean monthly visits to the eye clinic).

A complication of intravitreal injections is endophthalmitis, a severe inflammation of the interior of the eye. Timely diagnosis and treatment is required to prevent it causing irreversible sight loss. Less frequent intravitreal injections - as achieved using this technology - will reduce the risk of endopthalmitis for patients.

Similarly patients receive antibiotics after each intravitreal injection, so fewer injections will reduce the amount of antibiotics required. This is good in the long term as over exposure to antibiotics can lead to resistance.

3. Are there differences in opinion between patients about the usefulness or otherwise of this technology? If so, please describe them.

All the patients we spoke to welcomed the use of ranibizumab for this condition, noting that sight is precious and that this technology should be made available on the NHS.

Most patients were nervous about the idea of having an injection in their eye but all agreed that the thought was far worse than the reality. Most could not feel anything during the procedure and only a few reported pain in their eye the next day.

4. Are there any groups of patients who might benefit more from the technology than others? Are there any groups of patients who might benefit less from the technology than others?

We are aware that choroidal neovascularisation associated with pathological myopia affects the working age population (people aged 40-60) and those of an Asian (Far East)

decent. However, as there is a lot of unmet need with this condition, we believe ranibizumab should be made available on the NHS to all who need it.

Comparing the technology with alternative available treatments or technologies NICE is interested in your views on how the technology compares with existing treatments for this condition in the UK.

(i) Please list any current standard practice (alternatives if any) used in the UK.

Verteporfin Photodynamic Therapy is licensed for the treatment of choroidal neovascularisation associated with pathological myopia (mCNV). Laser photocoagulation has also been used to treat the condition. However, neither are NICE approved or in routine use - diagnosed patients tell us that they are either not offered treatment or told by their clinician that it will not work. Clinicians also tell us that both options are not effective and can lead to scarring in myopes.

We are concerned that some clinics may be using an unlicensed drug - bevacizumab - to treat this eye condition. We, like the Royal College of Ophthalmologists, feel that NICE and the Medicines and Healthcare Products Regulatory Agency (MHRA) must review the use of this drug before it is used in the eye. We also believe it is vital that a national body is identified to take responsibility for the risk management and pharmacovigilance relating to any ongoing use of bevacizumab in intravitreal injections. Also, General Medical Council guidance states that doctors should not prescribe an unlicensed treatment if a suitable licensed alternative will meet the patient's need, therefore we feel NICE must not use bevacizumab as a comparator in this appraisal.

(ii) If you think that the new technology has any advantages for patients over other current standard practice, please describe them. Advantages might include:
- improvement of the condition overall
- improvement in certain aspects of the condition
- ease of use (for example tablets rather than injection)
- where the technology has to be used (for example at home rather than in hospital)
- side effects (please describe nature and number of problems, frequency, duration, severity etc)

The REPAIR trial showed that ranibizumab is more effective in treating choroidal neovascularisation associated with pathological myopia than Verteporfin Photodynamic Therapy.

Verteporfin Photodynamic Therapy does not allow for extended monitoring, whereas the license for ranibizumab does. As stated above, this is beneficial for eye clinics and patients and carers.

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(iii) If you think that the new technology has any disadvantages for patients compared with current standard practice, please describe them. Disadvantages might include:
- worsening of the condition overall
- worsening of specific aspects of the condition
- difficulty in use (for example injection rather than tablets)
- where the technology has to be used (for example in hospital rather than at home)
- side effects (for example nature or number of problems, how often, for how long, how severe).

We feel there are no disadvantages.

Research evidence on patient or carer views of the technology
If you are familiar with the evidence base for the technology, please comment on whether patients' experience of using the technology as part of their routine NHS care reflects that observed under clinical trial conditions.

No comments

Are there any adverse effects that were not apparent in the clinical trials but have come to light since, during routine NHS care?

No comments

Are you aware of any research carried out on patient or carer views of the condition or existing treatments that is relevant to an appraisal of this technology? If yes, please provide references to the relevant studies.

RNIB has spoken to a number of patients who took part in the REPAIR trial and has summarised a number of case studies in the appendix of this document.

Availability of this technology to patients in the NHS
What key differences, if any, would it make to patients and/or carers if this technology was made available on the NHS?

It would mean patients have access to a NICE approved treatment that is safe and effective. It would provide a lifeline to those facing sight loss and could improve sight in many patients.

It is also likely to prevent those of working age giving up employment and help them maintain their independence (e.g. by continuing to drive). This in turn could stop the isolation and depression which is often associated with sight loss.

What implications would it have for patients and/or carers if the technology was not made available to patients on the NHS?

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If the technology is not approved, the majority of patients with choroidal neovascularisation associated with pathological myopia will lose their sight. This is unnecessarily sight loss due to the fact there is a safe, effective treatment available.

Leaving patients to obtain ranibizumab through Individual Funding Requests is not an option. In our experience, this route rarely provides access to the treatments that patients desperately need and creates a huge amount of unnecessary emotional anxiety.

Not approving the treatment will also increase health inequalities as some patients will be able to pay for private treatment (with ranibizumab) while others will not (and will be left to lose their sight). It will also put clinicians in a difficult position as they may be under pressure to go against GMC guidance and use bevacizumab to treat the condition.

Are there groups of patients that have difficulties using the technology?

No - patients tell us that they will do anything to save their sight including having injections in the eye and undertaking difficult journeys on public transport to get to the eye clinic for frequent hospital appointments.

Equality
NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that this appraisal:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which [the treatment(s)] is/are/will be licensed;
- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;
- could lead to recommendations that have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the Committee to identify and consider such impacts.

We are aware that choroidal neovascularisation associated with pathological myopia affects the working age population (people aged 40-60) and those of an Asian (Far East) decent. NICE should consider how its decision affects these groups of individuals.

Other Issues
Please consider here any other issues you would like the Appraisal Committee to consider when appraising this technology.

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We call on NICE to recommend ranibizumab for the treatment of choroidal neovascularisation associated with pathological myopia. We also call for the guidance to be made available for any eye (judged by a qualified clinician) to be likely to benefit from the treatment.

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Appendix: case studies

To assist with our submission, we undertook telephone interviews with a number of patients who were part of the REPAIR trial. Six of these have been summarised as case studies below. In each case we explored the impact of the eye condition on the patient's quality of life and their views on the new technology.

Name: Patient A
Age: 64
Occupation: retired

Summary:
Patient A has severe myopia in both eyes and extremely poor vision in their right eye. They were diagnosed with choroidal neovascularisation associated with pathological myopia in their left eye in April 2010 and joined the REPAIR trial shortly after.

Impact of the condition on quality of life:
Patient A said the condition prevented them from undertaking day to day tasks such as cooking and watching TV. They found it very hard to judge distance and often bumped into objects. They needed someone with them at all times when outside the house as crossing the road was difficult - road marking were distorted and they could not see across the road.

About the REPAIR trial and treatment:
Patient A recalls a rapid deterioration of vision in their left eye in April 2010. Images on the TV had wavy lines moving up and down, road marking became wobbly and they stated to see flashing blue and green colours when looking at blue or green objects (the clinician told them this was because their right eye was compensating for the left).

Several days after the visual distortions began they went to the optometrist and were referred to the eye hospital on the same day. At this stage their consultant asked if they wanted to take part in the REPAIR trial and they agreed. They went back to the hospital the next day for tests and were given a Lucentis injection a week later. They said the thought of having an injection in the eye was daunting but definitely worth it. They had some pain in their left eye the next day but said their sight improved markedly.

Following the first injection they were monitored monthly. As their eye condition seemed stable, their monitoring was extended to two monthly visits.

In 2011 their sight deteriorated a little and they had another injection in July that year. On this occasion they felt confident about the procedure as the previous injection had not been a bad experience. Since then they have been monitored every five weeks and consultants plan to extend this monitoring to every two months in the future. Patient A was very complimentary about the care they received at the hospital.

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Patient A would recommend Lucentis to anyone with choroidal neovascularisation associated with pathological myopia. They said it saved their sight and should be made available on the NHS.

Name: Patient B
Age: 77
Occupation: retired

Summary:
Patient B has choroidal neovascularisation associated with pathological myopia in their left eye.

Impact of the condition on quality of life:
Patient B said the condition stopped them from undertaking day to day tasks and living a safe, independent life. They found it difficult to go outside the house in bright sunlight or in the dark as these lighting conditions affected their vision greatly. Cooking was extremely difficult and they purchased talking scales to assist them. They used to cook a lot and had to rely on their memory when making dishes as it was impossible to see recipes. In particular, they could not see labels on food in the refrigerator and know whether it was out of date or not. Patient B volunteers in a charity shop but said the condition prevented them from using the cash till, so they wrote down what items had been sold and asked sighted volunteers to help input the sales data into the till. The condition also stopped them reading and knitting.

About the REPAIR trial and treatment:
Patient B recalls their sight deteriorating rapidly in February 2010. They first noticed the problem when they were unable to see the pin pad when using an ATM to withdraw money.

They went to their GP and were rapidly referred to the hospital for tests. The consultant at the eye clinic told them they had fluid leaking at the back of their left eye and suggested they join the REPAIR trial.

Following tests, the patient received a Lucentis injection in February 2010. Patient B reported being quite nervous ahead of the procedure but that they had got wound themselves up for nothing and did not feel anything. They have had monthly monitoring ever since and get intravitral injections on some occasions but could not recall how many times. After each injection they said their vision improves considerably. They can also tell when they need another injection as their vision starts to deteriorate.

Patient B believes Lucentis should be made available on the NHS for patients with choroidal neovascularisation associated with pathological myopia.

Name: Patient C
Age: 59

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Occupation: office worker

Summary:
Patient C had a cataract and choroidal neovascularisation associated with pathological myopia their right eye.

Impact of the condition on quality of life:
When the symptoms of choroidal neovascularisation started it prevented them from driving at night or taking longer, unfamiliar journeys during the day. This meant their partner had to take them to their hospital appointments. It made reading very difficult and, as they work in an office, hampered their ability to use a computer. During the course of the day, as their eyes got tired, they were unable to read the screen because the text began to blur. Without treatment they would have had to stop working.

About the REPAIR trial and treatment:
Patient C went to the optician for a routine test and was referred to the eye hospital for suspected cataract. During the consultation at the eye clinic a second problem was detected in their right eye. They were asked to return to the clinic a few weeks later to see a different consultant and were diagnosed with choroidal neovascularisation associated with pathological myopia. Patient C was told the cataract in their right eye could be removed once the other condition had been addressed.

The consultant explained that there were no treatment options available on the NHS for their eye condition. They were offered an operation (private provision) but told it may not work. They were also asked if they wanted to take part in the REPAIR trial. After speaking to family and friends, Patient C opted to take part in the trial and saw another consultant for further tests to identify if they were a suitable candidate. They met the trial criteria and commenced treatment in March 2010.

Before the first injection, Patient C felt very anxious but went ahead with the treatment as they were so scared of losing their sight. They commented that the thought of the injection was worse than the actual procedure. During the twelve month trial period, Patient C went back to the hospital for monthly monitoring and had further injections on the third and fifth month. After each injection Patient C noticed an improvement in their sight. The noted that the care they received at the hospital was really good, that they were treated well and that their condition and treatment explained clearly.

Since completing the trial, Patient C has had their cataract removed in their right eye. They continue to be monitored at the eye clinic.

Patient C would not hesitate to recommend the treatment and believes it should be made available for NHS patients. They stated that eyesight is precious and if something can be done to save sight it is worth doing. They felt it must be more cost effective for the health service to pay for a few injections rather than let someone lose their sight and require further NHS and social care.

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Name: Patient D
Age: 49
Occupation: office worker

Summary:
Patient D has myopia in both eyes and choroidal neovascularisation associated with pathological myopia in their right eye.

Impact of the condition on quality of life:
Patient D first noticed problems with their sight when they had double vision which made crossing the road dangerous. They also saw two people walking towards them in the street until they got closer and Patient D realised it was just one person. Patient D also could not see fine detail – when looking at a face they could see hair and a beard but no features. Driving also became hazardous as they could see two cars coming towards them but one was a reflection of the other.

About the REPAIR trial and treatment:
In November 2010, Patient D noticed a small blank spot in the central vision of their right eye. In March 2011, they went for a routine eye test at their optician and were referred to the local eye hospital via their GP. Due to various delays, Patient D did not get an appointment with a clinician for two months but once in the system, everything was much smoother. In August 2011, they saw a consultant who put them forward for the REPAIR trial and within one week they had met the clinical team and undertaken a series of eye tests. Treatment commenced in September 2011. Patient D recalls being nervous about the injection on the day of treatment but felt they worried about nothing as the procedure did not hurt. Within two weeks of having the intravitreal injection, they noticed a substantial improvement in their vision.

Patient D said the hospital staff were excellent and helped them to relax. They only required one Lucentis injection to stabilise their vision and went for monthly monitoring for the 12 month trial period. Their parent attends hospital appointments with them and because, Patient D is much younger than the other patients, staff often think their parent is the patient waiting for treatment.

Patient D is now monitored every six months. They have an Amsler Grid to check their vision and have been told to go to the eye clinic should their vision change.

Patient D notes that their vision is now much better. They still have a shadow in the centre of their right eye but they are very pleased with the outcome of the treatment. They would recommend Lucentis to anyone with their condition.

Name: Patient E
Age: 56
Occupation: NVQ assessor

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Summary:
Patient E had cataract and choroidal neovascularisation associated with pathological myopia in both eyes. The left eye developed choroidal neovascularisation first and was treated during the REPAIR trial. The right eye developed the condition at a later date and Patient E was treated with Lucentis at a different hospital.

Impact of the condition on quality of life:
Patient E is an NVQ assessor and needs to drive for their job. Their eye condition made them feel anxious about driving – as the road appeared wavy – and this wrecked their confidence and stopped them driving at night. If they had not had treatment to save their sight they would have had to give up work. The condition and thought of going blind also brought on severe depression and they had counselling to help them through the difficult period. They remember being very scared about the situation and not knowing what to do.

About the REPAIR trial and treatment:
Patient E recalls being at work in early 2010 and parts of the room started to appear wavy, particularly the edges where the ceiling met the walls. They also remember their Venetian Blinds at home not being straight. Driving began to be hazardous as the road became less clear and at that point they called the doctor to discuss their eye condition.

They were referred to the eye hospital, underwent tests and were asked if they wanted to take part in the REPAIR trial. Patient E spoke to friends who worked in the health service and was told intravitreal Lucentis injections were already being used safely for other eye conditions – this helped them make up their mind and they decided to take part in the trial. In May 2010 they completed a consent form and started treatment. The hospital staff kept them informed throughout and reassured them that the process would be fine.

On the day of the injection, Patient E recalls being in a dark place - very scared of losing their sight at the age of 54, terrified of having a sharp needle placed in their eye and uneasy about being the youngest person in the clinic. Patient E did not feel a thing during the procedure and said this made the follow-up injection a lot less worrying.

They had two injections in total and monthly follow-up appointments during the 12 month trial period. Their partner accompanied them to each early morning appointment but had to leave them to go to work. This meant that Patient E had to get a bus home, which took two hours rather than a 30 minute drive, leaving them too exhausted to return to work that day. After the trial, Patient E did not have any further monitoring but would like regular tests to put their mind at ease.

Their sight was fine until February 2013, when a colleague asked them to look at their computer screen. Patient E noticed wavy lines once again. They went straight to the Accident and Emergency Department at their local hospital and fluid was found at the back of their right eye. Following a series of tests, they were diagnosed with choroidal neovascularisation associated with pathological myopia in their other eye. Patient E has

now received three Lucentis injections in their right eye – in March, April and May 2013 – and is now waiting for a further hospital appointment in June.

Patient E believes the drug is wonderful and a lifeline to those facing sight loss. They would not hesitate to recommend it to patients with the same condition.

Name: Patient F
Age: 48
Occupation: garden designer and marketing manager

Summary:
Patient F has myopia in both eyes and choroidal neovascularisation associated with pathological myopia in their right eye.

Impact of the condition on quality of life:
When symptoms of the condition first started, Patient F recalls text jumping up and down on a page when reading. This was particularly problematic as they need to read documents and review images as part of their job, casting doubt over whether they could continue to work if their eye condition deteriorated further. The condition also hampered their ability to drive safely, which was also required for their job (i.e. driving to attend meetings). Patient F also noted that applying make-up properly was extremely difficult and affected their confidence and motivation to go out and socialise. Patient F is also an avid book reader and would have been devastated to lose their ability to read.

About the REPAIR trial and treatment:
Patient F's vision began to deteriorate in early 2010 when they noticed blurred vision and very large floaters in their right eye. They also noticed distortions as straight lines appeared wavy and text ran up and down a page in curves. Patient F was not sure what the problem was and five days later decided to go to the opticians for an eye examination. The optometrist took a retinal photo, further tests and referred Patient F to the hospital.

Patient F was worried they had a detached retina – the only eye condition they had heard of – and underwent more tests at the eye clinic. They noted having a long, anxious wait before being diagnosed with choroidal neovascularisation associated with pathological myopia. They recall having to wait two to three weeks to see a consultant and then six to seven weeks before being recruited to the REPAIR trial.

Patient F was apprehensive the night before the first Lucentis injection and did not sleep well. They were fully informed about the procedure prior to treatment and complemented hospital staff on their communication skills. The anxiety continued into the next day but they were spurred on by the patients they met at the clinic who had to put up with regular intravitreal injections for wet AMD. Hospital staff in the clean room put Patient F at ease prior to the injection and the procedure was over quickly – Patient F said the thought of the procedure was far worse than the reality.

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Patient F only needed one injection for their sight to improve significantly and to be able to read three more lines on the eye chart. They went back to the eye clinic for monthly monitoring for the first six months. Now they only need an annual check up at their opticians. Patient F's sight has been saved by the treatment - they have a misty grey area in the centre of their right eye but feel fortunate that this is the only problem.

Patient F believes that sight is a precious thing and that NHS patients should have access to Lucentis for choroidal neovascularisation associated with pathological myopia.