Biological Therapy in Ophthalmology

An essay submitted for Partial fulfillment of Master Degree in Ophthalmology

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Abstract

The application of the biological agents in certain aggressive types of ocular inflammation, such as *Behcet's* disease, represents a main topic in uveitis treatment. Adalimumab has shown a more comparable efficacy than infliximab in *Behcet's* disease, offering a better patient compliance due to the SQ administration. On the other hand, the limited number of trials available is limiting the use of adalimumab to those cases, which are not responding to the standard of care.

An important issue for the biological agents is represented by the pediatric use: the drugs seems to be better tolerated by children and did not show significant side effects during the treatment.

Ky words;

Biological Therapy in Ophthalmology

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Aim of the work

To review the uses of biological therapy in systemic diseases that Present by eye manifestations and isolated eye diseases.

We will also review the side effects of biological therapy.

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List of Abbreviations

| 5-FU | 5-fluorouracil |
|-----------|--|
| AMD | Age related macular degeneration |
| ANA | Antinuclear Antibody |
| APCs | Antigen presenting cells |
| AS | Ankylosing spondylitis |
| BCC | Basal cell carcinoma |
| BD | Behcet' disease |
| CHAMPIONS | The controlled high risk avonex multiple sclerosis prevention study in ongoing neurologic surveillance |
| CHAMPS | The controlled high-risk subjects avonex multiple sclerosis prevention study |
| CL | Clearance |
| C_{MAX} | Maximum serum concentration |
| CME | Cystoid macular edema |
| CNV | Choroidal neovascularization |
| FDA | Food and drug administration |
| HLAB27 | Human leukocytic antigen B27 |
| HSV1 | Herpes simplex virus 1 |
| IBD | Inflammatory bowel disease |

| IGE | Immunoglobulin E |
|------|-------------------------------|
| IL | Interleukins |
| INF | Interferon |
| JIA | Juvenile idiopathic arthritis |
| JRA | Juvenile rheumatoid arthritis |
| MIF | Migration inhibition factor |
| MS | Multiple sclerosis |
| RPE | Retinal pigment epithelium |
| SPA | Spondeloarthropathy |
| ТВ | Tuberculosis |
| TCR | T- cell receptor |
| TNF | Tumour Necrosis Factor |
| VKHS | Vogt Koyanagi Harada Syndrome |

Introduction

Biological therapy:

It is a type of treatment stimulates or restores the ability of the natural immune (defense) system to fight infection and disease.

Biological therapy is thus any form of treatment that uses the body's natural abilities that constitute the immune system to fight infection and disease.

(Rosenbaum JT, 2010)

Types of Biological Therapy

There are two basic categories of biological therapy: immunotherapy and cytotoxic therapy.

Immunotherapy uses a variety of methods and drugs to manipulate the immune system. This creates a hostile environment for the existence or growth of cancer in the body.

Cytotoxic therapy involves changing the cancer cells' biology so that they become weak and die. (*Moorthy*, 2009).

(1) Immunotherapy

Immunotherapy can be either active or passive. Active immunotherapy involves setting an immune response in the cancer patient to fight cancer cells. In passive immunotherapy, immune molecules are given to patients who do not produce them on their own. Both approaches can be specific or nonspecific

- Specific Active Immunotherapy: stimulate a specific immune response.
- **Nonspecific Active immunotherapy**: a general immune response, activating a wide range of Immune cells. The agents used in this method include interferons and interleukins (IL-2 and IL-12, for example)

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-Passive Immunotherapy: adoptive immunotherapy that the patient adopts an immune response that has been developed in a test tube.

(2) Cytotoxic Therapy (Tumor Cell Modulation)

The second main category of biological therapy is sometimes called cytotoxic (cell-killing) therapy. This approach uses proteins called cytotoxins that are produced by the body's cells to attack the cancer either by destroying the cancer cells or by making it difficult for them to grow and reproduce. Another term for this approach is tumor cell modulation.

Tumor cell modulation changes the cancer cell's biology so that they become weak and die. Some of the agents used in this approach are called cytotoxins. Perhaps the best-known cytotoxin in this category is tumor necrosis factor (TNF), a toxin secreted by activated macrophages to selectively kill tumor cells, principally by interfering with their blood supply.

TNF is being used to treat conditions such as Crohn's disease and rheumatoid arthritis. Etanercept (Enbrel) and infliximab (Remicade) are examples of commercially available injectable TNF- blocking treatments.

<u>Uses of biological therapy in ophthalmology:</u>

Biological therapy used principally in cancer centers, organ transplantation, rheumatology therapy but they have not been licensed for treatment of ocular inflammatory conditions but clinical trials are currently in progress.

Introduction

Uses in ophthalmology include:

- Noninfectious inflammatory uveitis. The main use of biological therapy.
- -Can be used in any autoimmune disorder eg, peripheral ulcerative keratitis,
- Inflammatory macular edema
- -In pediatric age group eg, treatment of juvenile idiopathic arthritis.

Uveitis by strict definition implies an inflammation of the uveal tract. However, the term is now used to describe many forms of intraocular inflammation involving not only the uveal tract but also the retina and its vessels (*Jabs et al.*, 2005).

The choice of treatment for noninfectious inflammatory uveitis depends on several factors. The diagnosis, the severity of the disease, the presence of concurrent systemic disease requiring immunosuppression, the duration of inflammation, the reversibility of visual loss and whether it is unilateral or bilateral are the main indicators. Other factors that need to be considered when choosing treatments are due to drug-related side effects and interactions, including the general health of the patient (e.g., the presence of diabetes, renal failure, liver dysfunction and hypertension), and patient compliance to medication and follow-up. There have been changes in the management of uveitis over the last few years, with immunomodulatory agents and new intraocular delivery systems (*Fraser and Pavesio*, 2008).