Correspondence

Randomized, Controlled, Phase 2 Trial of Povidone-Iodine/ Dexamethasone Ophthalmic Suspension for Treatment of Adenoviral Conjunctivitis

REPLY

WE WOULD LIKE TO THANK RAMAKRISHNAN AND ASSOCIates for their comments and welcome the opportunity to respond to the points made in their letter.

To address the first point regarding preparation of the treatments, the formulation of the study treatment povidone-iodine (PVP-I)/dexamethasone (DEX) was composed of the 2 actives PVP-I and DEX and other excipients approved for use in ophthalmic formulations. The vehicle control had a similar composition as PVP-I/DEX without the actives, and a commonly used preservative was added to the vehicle. This preservative was not included in PVP-I/DEX since PVP-I enables the product to be self-preserving. Ramakrishnan and associates raised concerns that the follow-up period of 12 days in our study[1] was too short to evaluate the potential long-term effects of PVP-I/DEX on the resolution of punctate keratitis and subepithelial infiltrates. Our study was a phase 2 proof-of-concept clinical trial designed to include subjects with the signs and symptoms of adenoviral conjunctivitis and was not limited to a specific subset of subjects with punctate keratitis and subepithelial infiltrates. Adverse events, whether related to the study treatments or not, were assessed during the study visits in all patients. As shown in Table 3 of our article, the rates of these corneal adverse events in the PVP-I/DEX group were comparable to those in the vehicle group.[1] Although it was not stated in the article, all patients with corneal adverse events were followed, and a relationship to the study drug in any treatment group was not suspected for any corneal adverse event.

Ramakrishnan and associates also questioned why we did not measure intraocular pressure (IOP) during the study. In previous studies where ophthalmic DEX 0.1% was administered alone[2] or in combination with PVP-I[3] for 7 days, and IOP was measured, treatment with these drugs did not lead to an elevation in IOP. The label warning for the approved DEX product Maxidex (0.1% DEX ophthalmic suspension)[4] states that IOP should be routinely monitored if the product is used for ≥10 days. We did not measure IOP in our study since the PVP-I/DEX was administered for 5 days only. In response to the final point raised, this was an early phase 2 study. Development of this product for approval will adhere to the required regulatory path with appropriately controlled studies using agreed-upon posology, duration, and follow-ups. Phase 3 clinical trials are ongoing (NCT02998541 and NCT02998554).

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CONFLICT OF INTEREST DISCLOSURES: SEE THE ORIGINAL article for any disclosures of the authors. Dr Narvekar and Dr Haque were employees of Shire (Lexington, Massachusetts, USA) at the time the original study was conducted.

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Cataract Surgery and Rate of Visual Field Progression in Primary Open-Angle Glaucoma

WE HAVE READ WITH GREAT INTEREST THE ARTICLE BY KIM and associates.[1] Cataract surgery is regarded especially beneficial in glaucoma patients based on its potential in attenuating intraocular pressure (IOP) and improving visual field (VF) reliability and optic nerve head and nerve fiber imaging quality. However, cataract surgery in patients with glaucoma requires diligent peri- and postoperative care.

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