

MEDIA RELEASE

22 August 2014

**Macular Disease Foundation Australia welcomes
PBAC recommendation of sight-saving treatment**

Macular Disease Foundation Australia has welcomed the Pharmaceutical Benefits Advisory Committee's (PBAC) positive recommendation to list ranibizumab (Lucentis) for the treatment of Diabetic Macular Edema (DME) and Retinal Vein Occlusion (RVO). The treatment is administered as a series of injections into the eye.

It is critical that patients have access to registered treatments which, in numerous, large, randomised controlled trials, have been shown to save sight, and in many cases, regain vision already lost.

Julie Heraghty, CEO of Macular Disease Foundation Australia stated, "The Foundation has for over 18 months been advocating strongly for access and affordability for registered treatment for these serious macular diseases, which can lead to vision loss and blindness.

"Given the extended time it has taken for PBAC recommendation, the Foundation is calling on the Federal Government to ensure that access to this sight-saving treatment is not held up by red tape. The treatment for DME and RVO needs to be fast tracked for Cabinet approval and quickly made available for patients," Ms Heraghty said.

With the current diabetes epidemic this is particularly important. Diabetes is Australia's fastest-growing chronic disease¹, and everyone who has diabetes is at risk of developing diabetic eye disease which can progress to diabetic macular edema. This is a complication of the disease leading to leaking fluid under the retina which can cause vision impairment and blindness if not treated. Diabetic eye disease is the main cause of serious vision loss and blindness in working age Australians.

The frightening reality is that most people with type 1 diabetes and over 60% of people with type 2 diabetes will develop diabetic eye disease within 20 years of diagnosis².

The expected dramatic increase in diabetes prevalence in the coming decades will increase the number of people with diabetic eye disease and vision loss, placing pressure on the health system and the economy³. Awareness of the importance of eye tests, early detection, and access and affordability to treatment is the key to saving sight.

Retinal Vein Occlusion affects about 1 to 2% of people over 40, although most cases occur in people over 60.

Saving sight from diabetic eye disease and RVO will avoid the emotional, social and economic costs to the individual and their families and the cost of blindness to Government and the taxpayer.

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References

1. Source: Diabetes Australia <http://www.diabetesaustralia.com.au/UnderstandingDiabetes/Diabetes-in-Australia/>
2. Yau J, et al. Diabetes Care. 2012; 35:556-564
3. *Out of Sight* Baker IDI Report CERA 2013

Macular Disease Foundation Australia

Macular Disease Foundation Australia's vision is to reduce the incidence and impact of macular disease in Australia through education, awareness, research, support services and representation. The Foundation is a national charity providing information, guidance and support on prevention, early detection, treatment and rehabilitation. The Foundation is the voice of the macular disease community, building healthy communities through the development of effective public policy, a sound knowledge base and strong relationships and partnerships. The Foundation's work encompasses macular degeneration, diabetic retinopathy, retinal vein occlusions and a range of other macular diseases.

For more information contact the Macular Disease Foundation Australia on 1800 111 709 or visit www.mdfoundation.com.au

Diabetic Eye Disease

Over one million Australian adults have been diagnosed with diabetes. Nearly as many are believed to have diabetes but are undiagnosed. The prevalence of diabetes is climbing rapidly posing major public health and economic concerns. Diabetes can result in a number of serious complications including diabetic eye disease. Most people with type 1 diabetes and over 60% of people with type 2 diabetes will develop diabetic eye disease within 20 years of diagnosis. The dramatic increase in diabetes prevalence is expected to substantially increase the number of people with diabetic eye disease. Early diagnosis and intervention can dramatically reduce vision loss.

Diabetic Macular Edema

Diabetic Macular Edema (DME) is a complication in some people who develop diabetic eye disease. High blood glucose levels can lead to damage of the small blood vessels in the retina at the back of the eye. Over time, the vessels become weaker, and may become blocked. This can cause leakage of fluid or blood, and a reduction in the supply of oxygen (ischaemia) to the retina. In response to this lack of oxygen, new blood vessels may form in the retina. These new vessels are usually quite weak and can leak more fluid or blood, causing swelling and loss of vision. If these leaking vessels result in swelling of the central macula area it is called diabetic macular edema.

The longer a person has diabetes, the more likely they are to develop signs of eye disease. In addition, periods of poorly controlled glucose levels increase the risk of developing diabetic eye disease earlier and of having more severe disease.

Retinal Vein Occlusion

Retinal Vein Occlusion (RVO) is when one of the veins in the retina becomes blocked. It may lead to varying degrees of vision loss, depending on the severity and location of the blockage. In some cases the vision loss can be substantial, although it will not cause total blindness. It affects about 1 to 2% of people over 40, although most cases occur in people over 60. It usually only occurs in one eye, although about 10% of people with RVO will eventually develop the problem in the other eye.