Identifying risk factors for silicone oil droplets in anti-VEGF injections: a quantitative in vitro study

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Summary

- Intravitreal injections:
 - Silicone oil (SiO) droplets are released by syringes
- ► Purpose:
 - To examine potential risk factors of release of silicone oil droplets in anti- VEGF injections
- Methods:
 - Quantitative in-vitro study
 - Study the source of silicone oil droplets: compounding, delivery syringe
 - Impact on the quantity of SiO: technique, drug

Summary

Conclusions:

Compounding processes can be a source of SiO droplets Variability between the 3 anti-VEGF agents

Variability between insulin syringes

Introduction

Silicone oil (SiO) droplets are released by syringes and found in the vitreous of patients that received intra-vitreal injections (Bakri and Ekdawi, 2008; Freund et al., 2006).

These droplets can lead to:

► Complaint of floaters that, in some cases, require vitrectomy (Hahn et al., 2015)

▶ Post injection glaucoma: clogging of the trabecular meshwork (Wingard, et al, 2019)

Purpose

To examine some potential risk factors of release of silicone oil droplets in anti- VEGF injections

► compounding

- ► injection techniques
- ► drug

Methods

Quantitative in-vitro study

Three anti-VEGF agents (Bevacizumab, Ranibizumab and Aflibercept) + control (sterile water for injection)

Compounding process:

- the content of the industry vials was drawn into a 3 ml syringe ("base syringe" – BD and TERUMO)
- compounded into the drug delivery syringe (BD 0.3ml Insulin Syringe).



Methods

The contents were injected into amber glass vials (silicone-free)

Four different techniques of injections:

Normal

► Heavy

AgitationOverfill



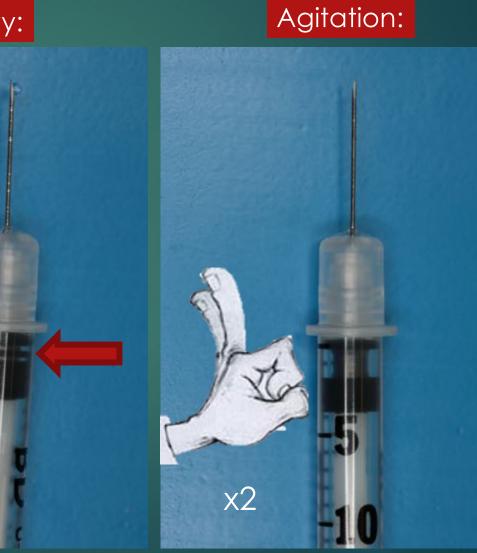


Methods: techniques

Normal:







Overfill:

- Syringe prepared with .07 ml
- .02 ml is primed
- .05 ml is injected

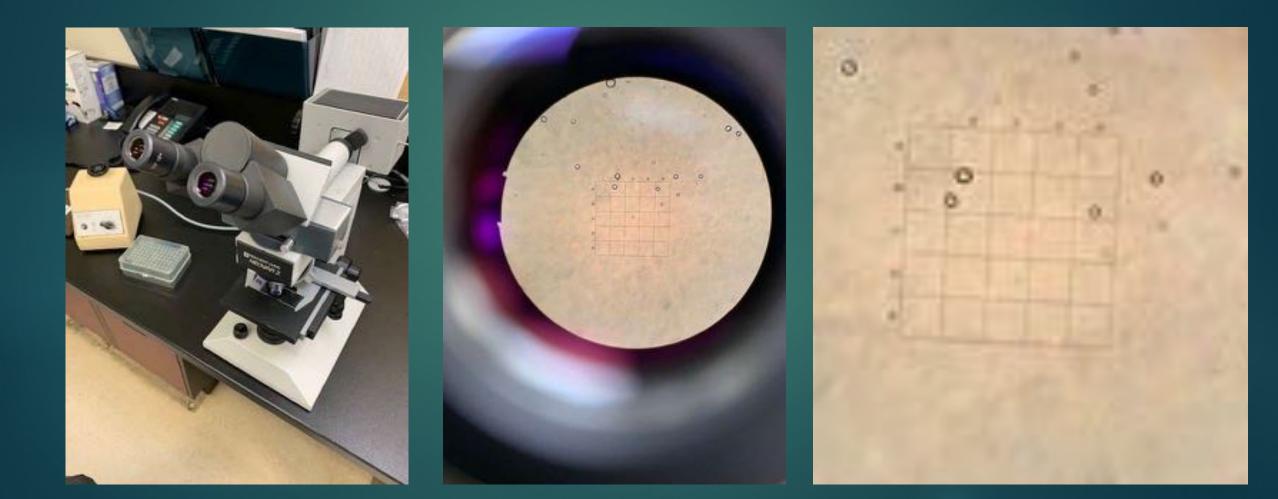
Methods

- Content was examined for the presence and quantity of SiO droplets
- 100 x magnification with a Brightfield light microsocope
- Hand tally counter was used to count the number of drops.

Each vial was tested in triplicate (3x3µL)



Methods



Rationale/Hypothesis

Source of silicone oil droplets:
Base syringe (compounding)?
OR
Delivery syringe?

Impact on the presence:
Technique?
OR
Drug?

Organization of trials

Syringe	Total of Trials	
Delivery syringe (after compounding)	792	
Base syringe only	36	
Total	828	

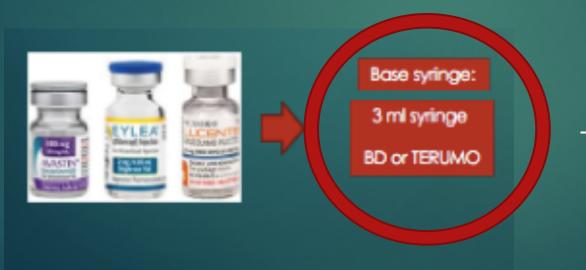
Drug	Total of Trials:			
Aflibercept	228			
Bevacizumab	246			
Ranibizumab	108			
Control	246			
Total	828			

Technique	Total of Trials:			
normal	288			
heavy	288 108			
overfill				
agitation	108			
Total	828			

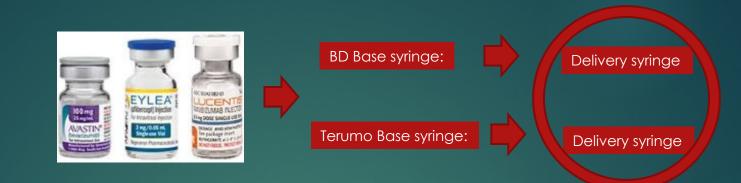
▶ Base syringe (3cc) for compounding:

► TERUMO VS BD

By student's t-test, the when testing the base syringe alone, there was no significant difference in the quantity of SiO oil found, p=0.376

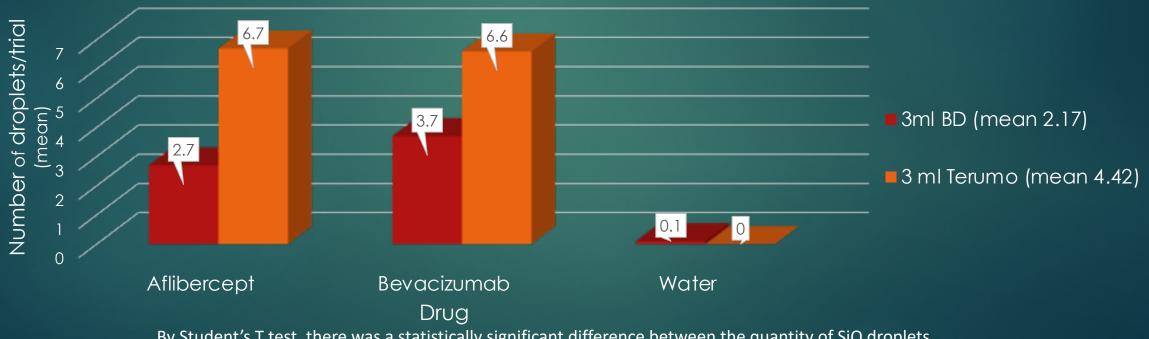


-> TEST FOR SiO Droplets



Base syringe & Delivery syringe:

► TERUMO VS BD



Base syringe and drug

By Student's T test, there was a statistically significant difference between the quantity of SiO droplets between BD and Terumo base syringes, **p=0.05**

► Technique

Heavy vs normal vs agitation vs overfill

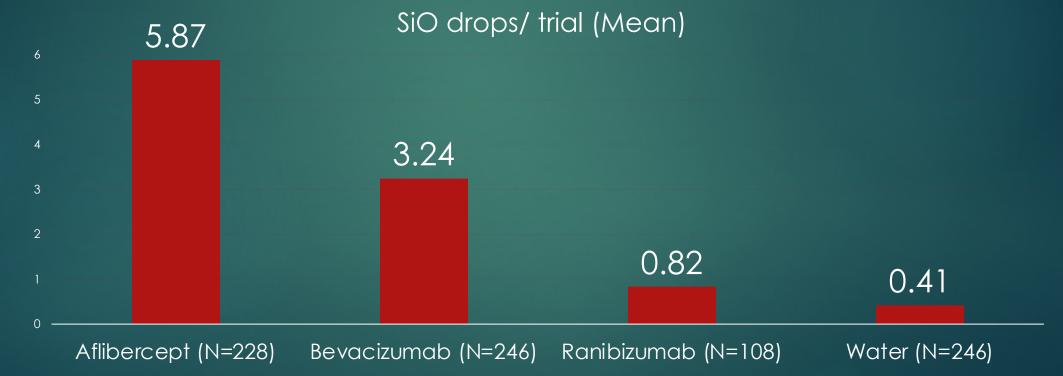
4.5 4 3.95 3.5 3 2.5 2.65 2 2.31 2.09 1.5 0.5 0 agitation heavy overfill normal Technique

Drops of SiO counted/ trial (Mean)

One way anova: there was no significant difference in quantity of SiO found between groups, p>0.05 (p=.189);

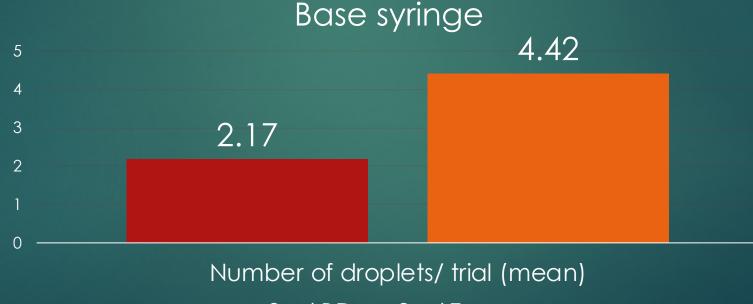
Drug

Aflibercept vs Bevacizumab vs Ranibizumab vs Control (Water)



Conducted one -way ANOVA comparing quantity of SiO droplets (significant)

Compounding processes can be a source of SiO droplets for anti-VEGF injections.



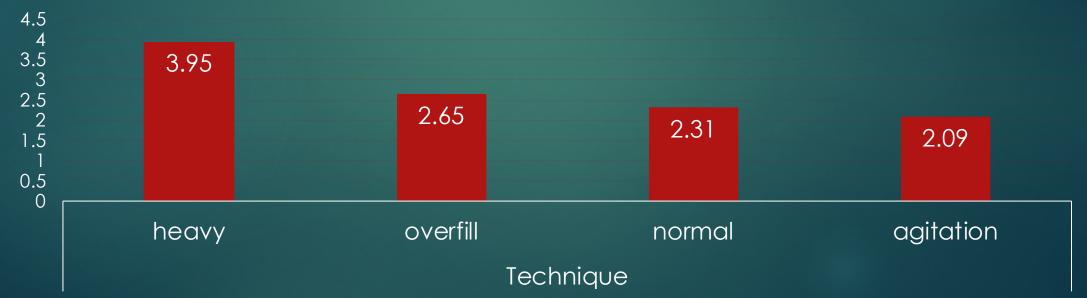
■ 3 ml BD ■ 3 ml Terumo

- Syringes containing anti-VEGF agents release more silicone oil droplets compared to syringes with control (water)
 - Suggesting a possible interaction between the anti-VEGF molecules and SiO.
 - Different between the 3 anti-VEGF agents studied.



 The "Heavy force" technique is associated with an increased number of SiO droplets per trial.
Not statistically significant

Drops of SiO counted/ trial (Mean)



This study has also showed variability between insulin syringes of the <u>same</u> manufacturer

suggesting that the amount of SiO as lubricant in each syringe may be variable.

Technique		c	lrops of SiO/ tria	I			Average SiO
	Ν	Mean	Maximum	Minimum			drops/trial (Range)
Normal	288	2.31	50	0	Drug	Aflibercept (N=228)	5.87 (0-50)
Heavy	288	3.95	50	0		Bevacizumab (N=246)	3.24 (0-50)
Overfill	108	2.65	31	0		Ranibizumab (N=108)	.82 (0-9)
Agitation	108	2.09	27	0		Water (N=246)	.41(0-17)

Thank you