

What You Should Know About Neurotrophic Keratitis

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Disclosures

- Dompè: R
- Santen: C

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What is neurotrophic keratitis?



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What is neurotrophic keratitis?




- AAO EyeWiki:
 - Neurotrophic Keratitis (NK) is a corneal degenerative disease characterized by a reduction or absence of corneal sensitivity. In NK, corneal innervation by the trigeminal nerve is impaired.

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What is neurotrophic keratitis?



- Dua et al 2018:
 - Neurotrophic keratopathy is a disease related to alterations in corneal nerves leading to impairment in sensory and trophic function with consequent breakdown of the corneal epithelium, affecting health and integrity of the tear film, epithelium and stroma.




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Dua et al. Prog Retin Eye Res. 2018.

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Discovery of NK

- 1822 Mayo: V section > corneal anesthesia
- 1854 Graefe: first human case
- 1866 Rosow & Snellen: rabbit experiment
 - Corneal changes reverse on complete lid closure
 - Termed *keratitis neuroparalytica*

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Mayo. Anatomical and Physiological Commentaries, 1822.
Graefe. Archiv für Ophthalmologie, 1854.
Snellen. Dutch Archives of Medicine and Philosophy, 1866.

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Mackie's classification

Stage 1 of neurotrophic keratopathy demonstrates the following:


- Rose Bengal staining of the inferior palpebral conjunctiva (lissamine green is now the standard dye used instead of rose Bengal)
- Decreased tear breakup time
- Increased mucous viscosity
- Punctate corneal epithelial fluorescein staining

Stage 2 is characterized by:

- Epithelial defect - Usually oval and in the central/superior cornea
- Defect surrounded by a rim of loose epithelium
- Edges may become smooth and rolled
- Stromal swelling with folds in the Descemet's membrane
- Sometimes associated with anterior chamber inflammatory activity

Stage 3 is characterized by:

- Stromal lysis/melting
- May result in perforation




Sacchetti & Lambiase. Clin Ophthalmol. 2014.
Dua et al. Prog Retin Eye Res. 2018.
Mackie. Current Ocular Therapy. PA 1995.

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Mackie's classification

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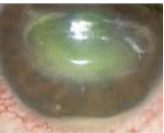
Sacchetti & Lambiase. Clin Ophthalmol. 2014.
Dua et al. Prog Retin Eye Res. 2018.
Mackie. Current Ocular Therapy. PA 1995.

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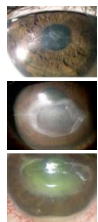


Sacchetti & Lambiase. Clin Ophthalmol. 2014.
Dua et al. Prog Retin Eye Res. 2018.
Mackie. Current Ocular Therapy. PA 1995.

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ASCRS NKSG

Stage	Mackie	ASCRS	Clinical features
	0	0	Altered sensation without any keratopathy
1	1	1	Corneal epitheliopathy without any stromal involvement
	2	2	Punctate epithelial keratopathy with anterior stromal haze
2	3	3	Persistent or recurrent epithelial defects
	4	4	Persistent or recurrent epithelial defects with stromal scarring but no ulceration
3	5	5	Persistent or recurrent epithelial defects with corneal ulceration
	6	6	Corneal perforation



Sacchetti & Lambiase. Clin Ophthalmol. 2014.
Dua et al. Prog Retin Eye Res. 2018.
Mackie. Current Ocular Therapy. PA 1995.

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Diagnosing neurotrophic keratopathy

Ocular symptoms

History

Clinical examination and tests

NK Suspected

Test corneal sensitivity

Normal → NK Unlikely

Reduced → NK Likely

Further tests Grading

- Asymptomatic
- Dryness
- Lacrimation
- Reduced vision
- Disproportionate with signs

Painless infective keratitis




Image courtesy of SickKids Hospital, Toronto, Canada
Dua et al. Prog Retin Eye Res 2018.

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Diagnosing neurotrophic keratopathy

```

graph TD
    A[Ocular symptoms  
History] --> B[Clinical examination and tests]
    B --> C{NK Suspected}
    C --> D[Test corneal sensitivity]
    D --> E{Normal}
    D --> F{Reduced}
    E --> G[NK Unlikely]
    F --> H[NK Likely]
    G --> I[Further tests  
Grading]
    H --> I
    
```

- Symptoms
- History:
 - Underlying eye/ systemic condition
 - Previous ocular/brain surgery

UCLA Stein Eye Institute DOHENY EYE INSTITUTE Dua et al. Prog Retin Eye Res 2018.

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Diagnosing neurotrophic keratopathy

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graph TD
    A[Ocular symptoms  
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Grading]
    H --> I
    
```

- Symptoms
- History
- Exam
 - Cranial nerves
 - External exam: mind the white eye
 - Slit-lamp exam: cornea & AC
 - Corneal sensation testing

UCLA Stein Eye Institute DOHENY EYE INSTITUTE Dua et al. Prog Retin Eye Res 2018.

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Diagnosing neurotrophic keratopathy

```

graph TD
    A[Ocular symptoms  
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Grading]
    H --> I
    
```

- Symptoms
- History
- Exam
- Investigations
 - ±MRI brain and orbit
 - IVCM

UCLA Stein Eye Institute DOHENY EYE INSTITUTE Image from European Dry Eye Network. Dua et al. Prog Retin Eye Res, 2018. Cruzat et al. Semin Ophthalmol, 2010.

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Overview of conventional treatment

- Stabilize corneal epithelium
- Encourage healing
- Prevent stromal lysis

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Promoting healing: growth factors substitutes

UCLA Stein Eye Institute DOHENY EYE INSTITUTE Spadesa et al. Br J Ophthalmol, 2016. Taubota et al. Ophthalmology, 1999.

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Serum drops in neurotrophic keratopathy

- Matsumoto et al 2004
 - 14 eyes of 11 patients with NK (7 DM, 5 herpetic)
 - 20% autologous serum 5 - 10x/day
 - All healed in 17.1±8.0days
 - Improved corneal sensitivity
- Yoon et al. 2007
 - 20% umbilical cord blood serum
 - 28 eyes healed at 4.4±4.0weeks
- Jeng & Dupps 2009
 - **50% autologous serum** -
 - 23/25 eyes healed in 22.4 ± 26.1 days

UCLA Stein Eye Institute DOHENY EYE INSTITUTE Matsumoto et al. Ophthalmology, 2004. Yoon et al. Ophthalmology, 2007. Jeng & Dupps. Cornea, 2009.

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Amniotic membrane in neurotrophic keratopathy

- Chen et al. 2000
 - 16 eyes of 15 patients with NK
 - 76% healed within 16.6±9.0 days
 - Others healed after tarsorrhaphy added

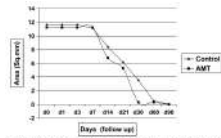
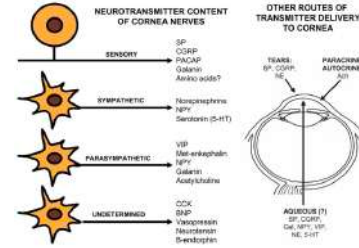


FIGURE 5. Graph showing the decrease in the median ulcer area in the two groups during the study period of 90 days.

- Khokhar et al. 2005
 - RCT of 30 eyes of 30 patients
 - Grp 1: conventional + tarsorrhaphy or BCL
 - Grp 2: amniotic membrane transplant
 - Complete healing at 3 month f/u at end point
 - No difference in healing response (success or time to healing)

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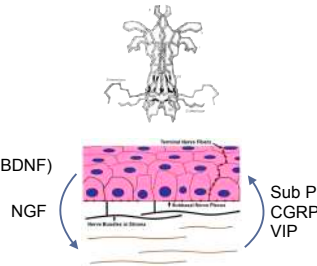
Novel interventions in NK



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Neurotrophins

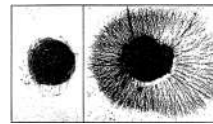
- Family of 4
 - Nerve growth factor (NGF)**
 - Neurotrophin 3 (NT-3)
 - Neurotrophin 4/5 (NT-4)
 - Brain-derived neurotrophic factor (BDNF)



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NGF

- First discovered by Levi-Montalcini & Cohen 1954
 - Discovered factor that stimulated nerve growth from sarcoma
 - Shown to stimulate nerve growth in chick embryo
 - Nobel Prize Awardees in 1986

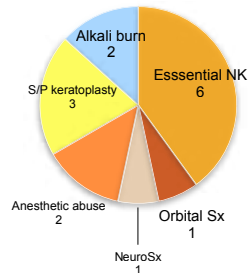


Rita Levi-Montalcini Stanley Cohen

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NGF and NK

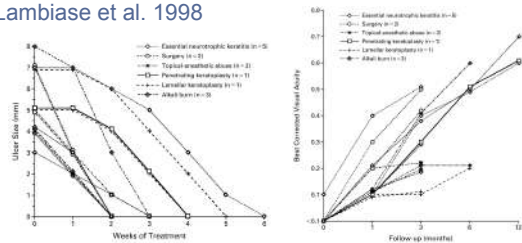
- Lambiase et al. 1998
 - 14 eyes of 12 patients
 - Persisting ulcer for 45±24days
 - No sensation on cotton wisp
 - Murine NGF 200µg/ml 10x/day



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NGF and NK

- Lambiase et al. 1998



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Cenergermin & NK

- REPARO Trial
 - Phase 1 and 2 multi-center double-blind RCT
 - rhNGF (Cenergermin) in 10 or 20µg/ml, 6x/day x 8weeks
 - Patients aged ≥18 with Mackie stage 2 or 3 NK

Results	Recombinant Human Nerve Growth Factor	
	10 µg/ml (N = 52) ^a	20 µg/ml (N = 52) ^b
Healed at week 8, n (%)	23/51 (45.1)	26/52 (50.0)
Difference (95% CI - vehicle), %	3.5	3.4
95% CI	15.88-54.71	15.96-57.81
P-value	<0.001	<0.001
Healed at week 8, n (%)	30/51 (58.8)	37/52 (71.2)
Difference (95% CI - vehicle), %	31.4	32.9
95% CI	11.53-51.49	12.62-53.22
P-value	0.002	0.002

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Cenergermin & NK

- US Pivotal trial, 2020
 - 11 US centers double-blind RCT, N=48
 - Placebo v Cenergermin 20µg/ml
 - 24 weeks follow-up

Topical Recombinant Human Nerve Growth Factor (Cenergermin) for Neurotrophic Keratopathy
A Multicenter Randomized Vehicle-Controlled Pivotal Trial

Stephens J, Pflugfelder GJ, Wang J, et al. *Ophthalmology*. 2020;127(12):1885-1892.

UCLA Stein Eye Institute | DOHENY EYE INSTITUTE | Pflugfelder et al. Ophthalmology, 2020.

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Cenergermin & NK

- Zwingberg et al., 2020
 - N=11, f/u 13.6months, 100% PED closed
 - 1/11 recurred at 9months after treatment
- Hatcher et al., 2021
 - 9 eyes in 8 children, f/u 2-13months
 - 63% improved NK staging
 - mean recurrence free 10months
- Di Zazzo et al., 2019
 - Treatment comparison

Treatment	Eyes (n)	Healing %
NGF	132	75.2 ± 4
AMT	124	57.6 ± 21.38
STY	107	81.2 ± 19.2
BCL	19	66.7 ± 8.7

UCLA Stein Eye Institute | DOHENY EYE INSTITUTE | Zwingberg et al. Klin Monatsbl Augenheilkd 2020; Hatcher et al. Ocul Surf, 2021; Di Zazzo et al. Ocul Surf, 2019.

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Cenergermin & NK

- Heterogenous cohort
 - Disease specific efficacy unknown
 - Lack of data on stage 1 NK
- Corneal sensitivity
 - Conflicting data
- Side effect profile
 - Ocular pain (16%)
 - Hyperemia, FBS, inflammation
 - Neovascularization - variable

Study	Year ^a	NGF/AMT	Vehicle	Treatment Difference ^b (95% CI)
NGF25A	Baseline	6.8 (3.7-9.8)	10.9 (8.7-13)	
	Change from baseline at Week 8	3.8 (0.26-7.3)	0.7 (0.25-1.1)	0.9 (0.2-1.7)
NGF25B	Baseline	3.3 (1.8-4.8)	3.1 (1.6-4.6)	
	Change from baseline at Week 8	3.3 (0.2-6.4)	0.9 (0.2-1.6)	0.3 (-0.4-0.8)

UCLA Stein Eye Institute | DOHENY EYE INSTITUTE | FDA Printed labeling; Mastroianni et al. Am J Ophthalmol, 2020; Zwingberg et al. Klin Monatsbl Augenheilkd 2020.

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Novel surgery in NK - corneal neurotization

neurotization [noo-roi'za'shun]

- regeneration of a nerve after its division.
- the implantation of a nerve into a paralyzed muscle.

Sasou et al. *Plast Reconstr Surg*. 2015; Leckerly & Grobelaar. *Arch Plast Surg*. 2013.

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Types of corneal neurotization

Direct (DCN)

Direct transfer of a healthy nerve

- Contralateral transfer
- Ipsilateral transfer
- Endoscopic contralateral transfer
- Endoscopic ipsilateral transfer

Indirect (ICN)

Nerve graft interposition

- Sural nerve → frontal branches
- Great auricular nerve → frontal branches
- Sural nerve → greater auricular nerve
- Acellular nerve allograft

UCLA Stein Eye Institute | DOHENY EYE INSTITUTE | Image courtesy of Farheen AI; Torzsa et al. *Plast Reconstr Surg*. 2009.

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Direct corneal neurotization

- Terzis et al. 2009:
 - Contralateral supraorbital & supratrochlear nerves
 - Transferred to the corneal limbus of the affected eye

Terzis et al. *Plast Reconstr Surg*, 2009.

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Direct corneal neurotization

- Terzis et al. 2009:
 - 6 patients with unilateral NK

Terzis et al. *Plast Reconstr Surg*, 2009.

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Indirect corneal neurotization

Sural nerve graft
Supratrochlear nerve
End-to-side connection
Nerve at limbus

Image courtesy of Farheen Ali.

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Surgical steps of ICN

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Elbaz et al. *JAMA Ophthalmol*, 2014.

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Indirect corneal neurotization

Corneal Neurotization
Footage from SEI and SickKids

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Outcomes of corneal neurotization

DCN	ICN
<p><u>Direct transfer of a healthy nerve</u></p>	<p><u>Nerve graft interposition</u></p>
<ul style="list-style-type: none"> • No. of patients: 26 • Median age: 43 years (19 - 81) • Median f/u: 2 years (0.25 - 19) • Sensation imp: 21 (81%) • Vision imp: 8 (67%) 	<ul style="list-style-type: none"> • No. of patients: 73 • Median age: 30 years (0 - 76) • Median f/u: 1.0 years (0.13 - 3.6) • Sensation imp: 66 (90%) • Vision imp: 39 (63%)

Image courtesy of Farheen Ali, Terzis et al. *Plast Reconstr Surg*, 2009.

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Long term results of ICN

Pre-op
Post-op

Right Cornea
Left Cornea

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Catapano & Fung et al. SJO 2019
Fung et al. Cornea 2018

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Potential effects of neurotization

- DCN
 - Alopecia
 - Frontal nerve damage
 - Sensory denervation
 - Subgaleal hematoma
 - Subconjunctival neuroma
- ICN
 - Sensory denervation
 - Allodynia
 - Subcutaneous hematoma
- Visual rehabilitation
 - Catapano et al 2019
 - 2 PKP; 2 DALK
 - 3 epithelialized spontaneously

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Giannaccare et al. Cornea, 2021
Catapano et al. Br. J. Ophthalmol, 2019.

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Unanswered questions on neurotization

- Autografts v allografts
 - No comparative studies to date
- Timing of intervention
 - Early prevention of progression v last resort
- Biomarker of efficacy
 - Sensation as primary outcome?

2019 0mm
2021 0mm

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Fogagnolo et al. Am J Ophthalmol, 2020.
Giannaccare et al. Cornea, 2021.

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Emerging therapies for NK

NEUROTRANSMITTER CONTENT OF CORNEAL NERVES

- SENSORY: SP, CGRP, PACAP, Galanin, Adrenic acids?
- SYMPATHETIC: Norepinephrine, Igry, Serotonin (5-HT)
- PARASYMPATHETIC: VIP, Met-enkephalin, IGF1, Galanin, Acetylcholine
- UNCERTAIN: CGK, BDNF, Vasopressin, Neurendorphin, Serendipin

OTHER ROUTES OF TRANSMITTER DELIVERY TO CORNEA

- TRANS: SP, CGRP, NGF
- PARACRINE: AUTOCRINE: AGE
- AGGRESSIVE (?) SP, CGRP, Gal, IGF1, VIP, NGF, BDNF

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Müller et al. Exp Eye Res, 2003.

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Substance P (SP)

- Brown et al 1997
 - SP + insulin-like growth factor 1 (IGF-1) in 16mo
 - Complete healing after 1 month
- Nishida et al 2007
 - Used SP-derive tetrapeptide & IGF1
 - Complete healing by D28 in 8/11 patients

pre 1 day 7 day 14 day

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Brown et al. Arch Ophthalmol, 1997.
Nishida et al. Jpn J Ophthalmol, 2007

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Emerging therapies for NK

- Insulin
 - Wang et al. 2017: 6/6 healed
 - Soares et al. 2021: 19/21 healed

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Wang et al. Cornea, 2017.
Soares et al. Cornea, 2021.

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Emerging therapies for NK

- Insulin
- NGF mimetics
 - Nicergoline
 - Lee & Kim 2015: N=23, 85% healing and improved sensation
 - Miguel-Escuder et al. 2021: N=14, 71% healing
- Varenicline (NCT04957758)
- Udonitrectag (NCT04276558)



Lee & Kim. Cornea, 2017.
Miguel-Escuder et al. Ocul. Immunol. Inflamm., 2021.

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Emerging therapies for NK

- Insulin
- NGF mimetics
- Thymosin β 4
 - Dunn et al. 2010
 - NCT02600429 - results pending

Case	Age/Sex	Ref.	Stratification	Therapy	Initial defect	Tx end	Healed (%)
#1	61/M	R	Dist	SE-Ophthalmic thymosin β 4 eye	2.0 x 1.0	0.0 x 0.0	0.0 x 0.0
#2	47/F	R	Dist	Stromal debride + EP eye	3.5 x 3.0	1.0 x 0.25	Shore-like defect
#3	60/M	L	Alvear	SE-Ophthalmic-stromal	1.8 x 0.3	1.1 x 0.3	Shore-like defect area = 0.1 mm ²
#4	57/M	L	Alvear	SE-Ophthalmic-stromal + EP eye	4.5 x 1.6	0.3 x 0.3	0.0 x 0.0
#5	64/F	R	Alvear	Stromal + EP eye	4.1 x 3.6	4.0 x 4.0	0.0 x 0.0
#6	73/F	R	Alvear	SE-Ophthalmic-stromal	3.3 x 3.6	3.2 x 2.8	0.0 x 0.0

*Cases 1-4 = 20-day treatment; Cases 5, 6 = 40-day treatment.
*Range Corneal Area (mm²).


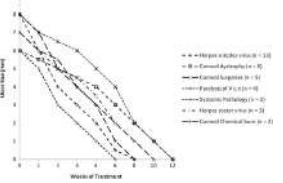
Dunn et al. Ann. N.Y. Acad. Sci., 2010.

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Emerging therapies for NK

- Insulin
- NGF mimetics
- Thymosin β 4
- PRGF
 - Sanchez-Avila et al. 2018
 - Plasma rich in growth factors (PRGF)
 - Strict pharmaceutical development
 - contain trophic factors, anti-inflammatory, and antibacterial agents
 - NCT02707120 (pending)

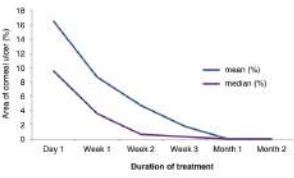
Sanchez-Avila et al. Int. Ophthalmol., 2018.

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Emerging therapies for NK

- Insulin
- NGF mimetics
- Thymosin β 4
- PRGF
- Matrix regenerating agent
 - Arvola et al., 2016: 33% healed
 - Cochener et al., 2019: 65% healed
 - Salazar-Quiñones et al., 2020: 82% healed



Arvola et al. Cornea, 2016.
Cochener et al. J Fr Ophtalmol, 2019
Salazar-Quiñones et al. Arch Soc Esp Otolari (Engl Ed), 2020

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Summary: NK management strategy

NK suspected, e.g. - painless ED - PED \geq 14d - Herpetic/ Nerve trauma

Assessment of corneal sensation

Normal → Consider alternative diagnosis

Abnormal → Mackie classification IVCN ± Neuroimaging

Mild: Stage 1

- Address lid/ systemic issues
- Preservative free meds
- Punctual occlusion
- Serum eye drops
- Therapeutic CL
- Cenegermin

Moderate: Stage 2

- All Stage 1 treatments
- Self-retained amnion
- MMP inhibitors
- Amniotic membrane transplant
- Tarsorrhaphy
- MICN surgery

Severe: Stage 3

- All Stage 2 treatments
- Cyanoacrylate glue
- Tectonic keratoplasty

Dua et al. Prog Retin Eye Res, 2018.
Diana et al. BMC Ophthalmology, 2021.

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Clinical trial: NCT04627571

Structural and functional changes of corneal innervation after treatment with cenegermin

Study Description

This is a prospective longitudinal observational study designed to evaluate the short- and medium-term effects of topical cenegermin on corneal nerve anatomy and function in patients with neurotrophic keratopathy (NK) relative to conventional treatments.

Inclusion Criteria

- Patients \geq 18 years of age; AND
- Persistent corneal epithelial defect that is refractory to conventional non-surgical treatments for \geq 2 weeks; AND
- Evidence of decreased corneal sensitivity, defined as \leq 40mm on Cochet-Bonnet esthesiometer, within the area of the persistent corneal epithelial defect; AND
- Evidence of decreased corneal sensitivity, defined as above, in \geq 2 corneal quadrants outside the persistent corneal epithelial defect.

Exclusion Criteria

- Patients with severe neurotrophic keratopathy characterized by corneal stromal ulceration involving over 75% of the total central corneal thickness and impending perforation.
- Patients who had been using or who are going to use antidiabetic or anti-hypertensive, plasma rich plasma cytotopic, or antibiotic oint ointments for the treatment of neurotrophic keratopathy.
- Ocular surgery (including laser or refractive surgical procedures) within three months before study enrollment.
- Presence of concurrent bacterial or fungal infections.



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