

CROSS-LINKING CORNEALE A GUIDA TERANOSTICA

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XLIX Congresso Regionale Società Oftalmologica Siciliana

Presidente: Prof. Pasquale Aragona

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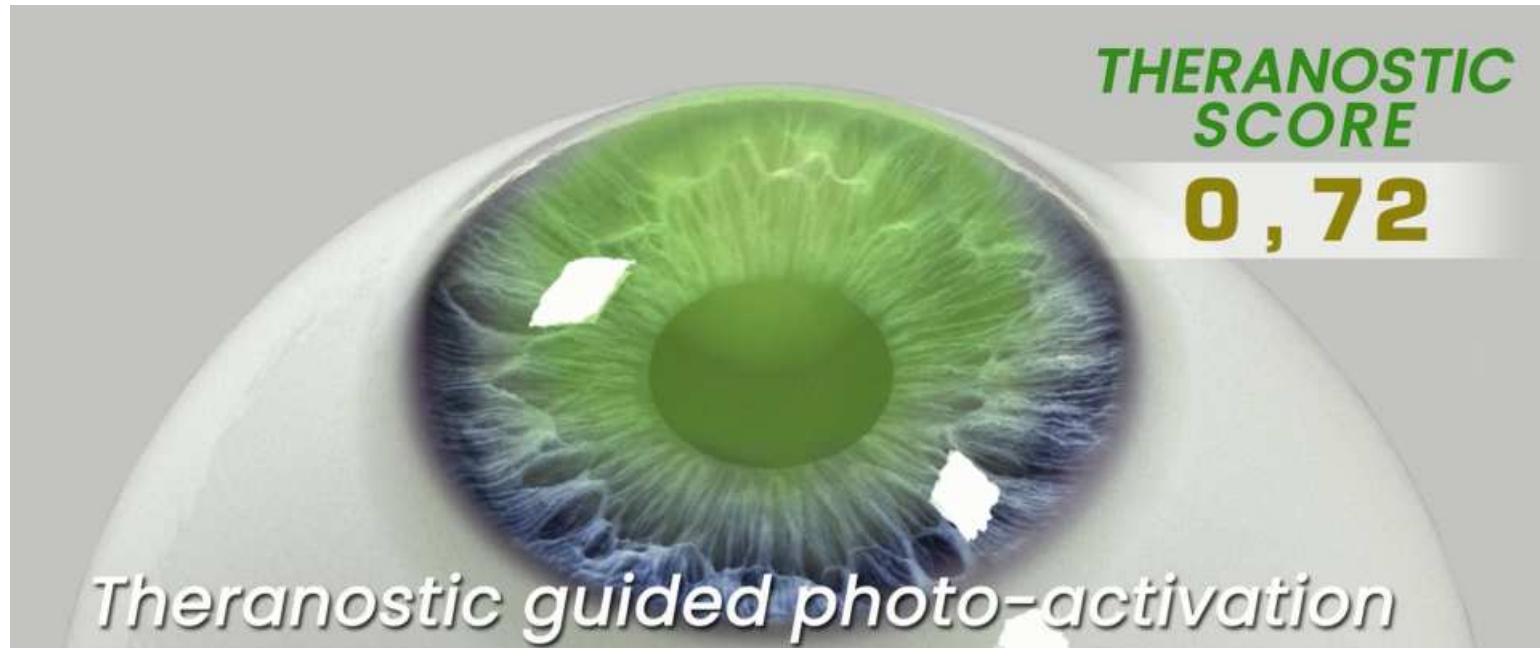
OUTLINE

1. THERANOSTICS
2. ARGO MULTICENTER RANDOMIZED CLINICAL TRIAL
3. THERANOSTIC-GUIDED CORNEAL THERAPY
4. CLINICAL CASES

Disclosure: co-founder and shareholder Regensight srl and Vision Engineering Italy srl

THERANOSTICS

Theranostics combines *therapy* & diag*nostics*



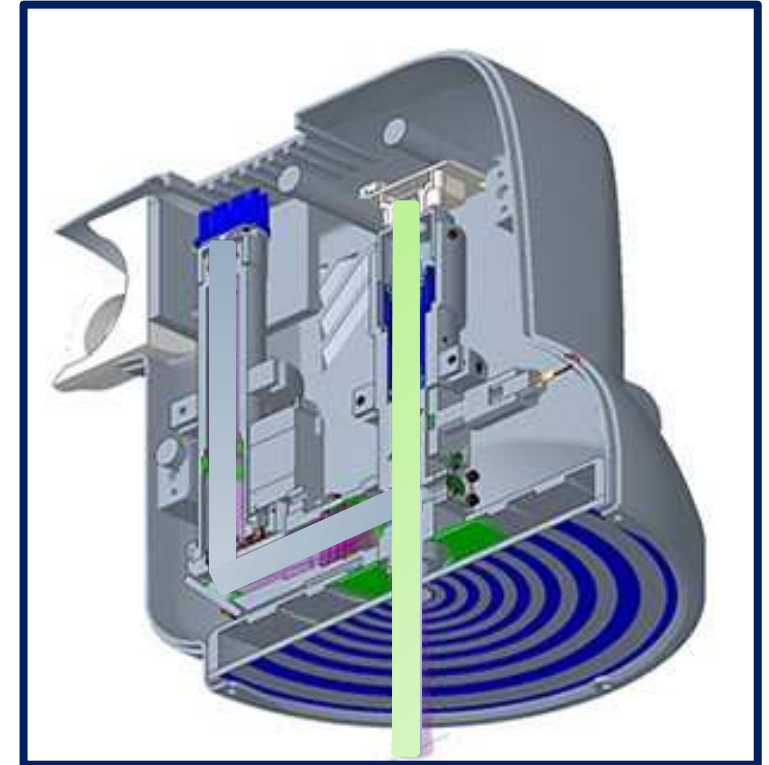
Theranostics is an emerging approach of **personalized**, **precision** and **predictive** medicine.

Light-triggered theranostics for keratoconus involves **UV-A light** excitation of photo-activatable **riboflavin**, enabling **simultaneous** controlled corneal therapy and imaging

THERANOSTICS

Theranostics combines **therapy** & diag**nostics**

*The **same UV-A light source** is used for **simultaneous** fluorescence **imaging** to measure the corneal **riboflavin concentration** and for **targeted photo-polymerization** to treat the cornea*



ARGO BACKGROUND



Cochrane Eyes and Vision

Sue Anschutz-Rodgers Eye Center
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

**Excellence in sight:
trusted evidence,
informed decisions,
and better vision
health**

Join us in ARVO Special Interest Group (SIG)
Virtual Meeting Room
Thursday, May 12, 2022
2:00-3:30 PM MDT

Trusted evidence.
Informed decisions.
Better health.

CONCLUSIONS of COCHRANE META-ANALYSIS STUDY

*"Most effective method for **corneal cross-linking** is not known.*

CXL efficacy fluctuates between 10% and 90%*

***Theranostic UV-A device** measuring real-time corneal concentration of riboflavin, via acquisition and analysis of fluorescence emitted from riboflavin when illuminated by UV-A light (Marco Lombardo et al.) **to solve it"**.*

ARGO TRIAL Question: *Is CXL effective for halting disease progression?*

TRIAL Hypothesis: *Is riboflavin concentration the primary factor influencing CXL treatment efficacy?*

Ng SM, Ren M, Lindsley KB, Hawkins BS, Kuo IC. Transepithelial versus epithelium-of corneal crosslinking for progressive keratoconus. Cochrane Database of Systematic Reviews 2021; Issue 3. Art. No: CD013512.

*Chunyu T et al. Sci Rep 2014; 4: 5652.
Li J et al. PLoS One 2015; 10(5): e0127079.
Sykakis E et al. Cochrane Database Syst Rev 2015; 3: CD010621.
Kuo IC et al. Cochrane Systematic Review. Am J Ophthalmol. 2021;229:274-287.
Serrao S et al. Int Ophthalmol 2022; 42(1):337-348.

The primary outcome measure was **validation of the combined use of theranostic imaging biomarkers, riboflavin score and theranostic score**, through measurement of their accuracy and precision to correctly classify eyes and **positively predict a K_{\max} flattening at 1 year after treatment**.



The study consisted of a study arm, where participants were stratified with allocation ratio 1:1 into either treatment protocol:

- Epithelium-off corneal cross-linking ("**Epi-OFF CXL**")
- Epithelium-on corneal cross-linking ("**Epi-ON CXL**")

Objective: to validate the predictive ability of theranostics,
regardless of the CXL treatment protocol

The ARGO trial has been approved by the Italian Ministry of Health (prot. n. DGDMF/I.5.i.m.2/2021/2024 05/01/2022) in conformity with **art. 62 and Annex XV of the Regulation (EU) 2017/745 MDR**.



- Azienda Ospedaliera Universitaria Careggi, Università di Firenze
 - Prof.ssa Rita Mencucci



- Azienda Ospedaliera Universitaria G. Martino, Università di Messina
 - Prof.ssa Anna Maria Roszkowska



- Policlinico Universitario Mater Domini – Università Magna Graecia di Catanzaro
 - Prof. Vincenzo Scorcìa

Scientific Director Dr. Marco Lombardo

Approval was granted by the Ethical Committees of Regione Calabria Sezione Area Centro (prot. n. 358 18/11/2021), AOU Gaetano Martino (prot. n. 101 23/11/2021) and Area Vasto Centro (prot. n. 21250_spe 18/01/2022)

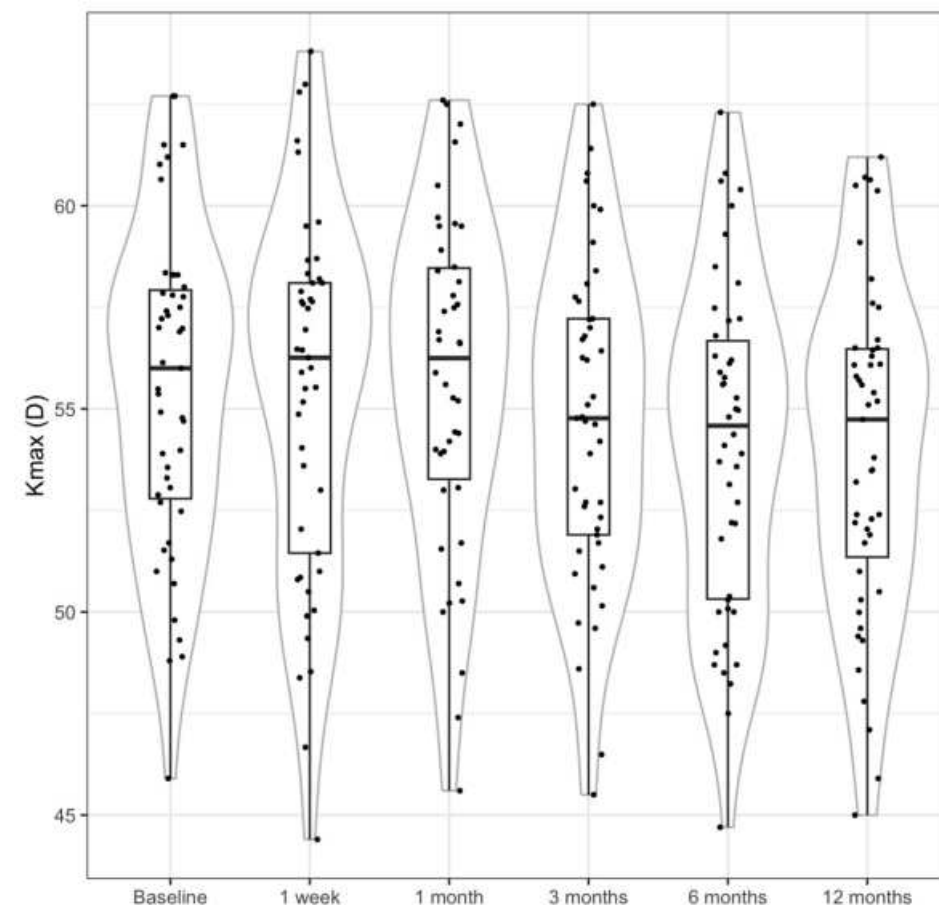
Patients' demographics and medical history	
N	50
Gender (Female, %)	13 (26%)
Age (years)	26 ± 5 Median: 26 (95% CI: 22 - 30)
Positive family history of keratoconus (n, %)	12 (24%)
Concurrent pathologies	history of allergy: n.4 (8%) hypothyroidism: n.3 (6%) diabetes mellitus: n.1 (2%) systemic lupus erythematosus and ulcerative colitis: n.1 (2%)

CUT-OFF VALUES OF THERANOSTIC SCORES WERE NOT KNOWN BY OPERATORS

Riboflavin score >0.40 & Theranostic score ≥ 0.60

The combined use of **riboflavin score** and **theranostic score** predicted the CXL effect in flattening K_{\max} at 1 year of follow-up, **regardless of treatment protocol** (Epi-OFF or Epi-ON) with:

- **91% accuracy**
- **95% precision**



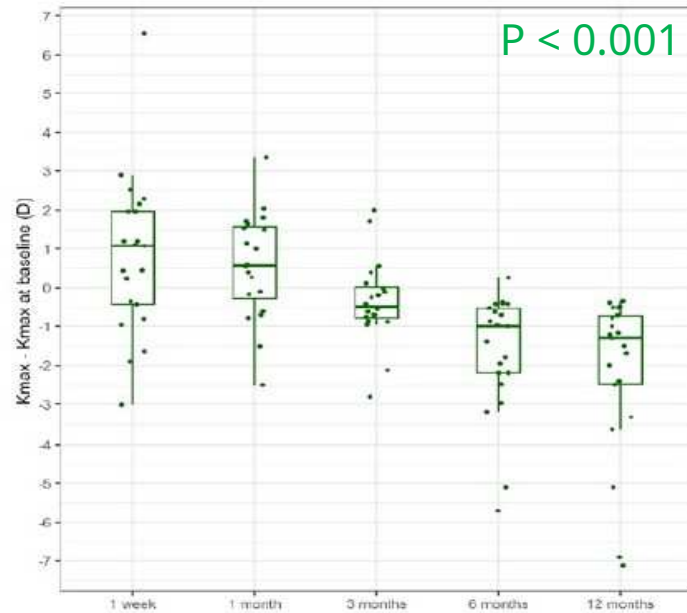
STRATIFICATION

CLINICAL TRIAL NCT05457647

K_{\max} change in true positives of stratification groups (1 year)

Thera-CXL epi-off

$K_{\max} -2.1 \pm 1.9 D$



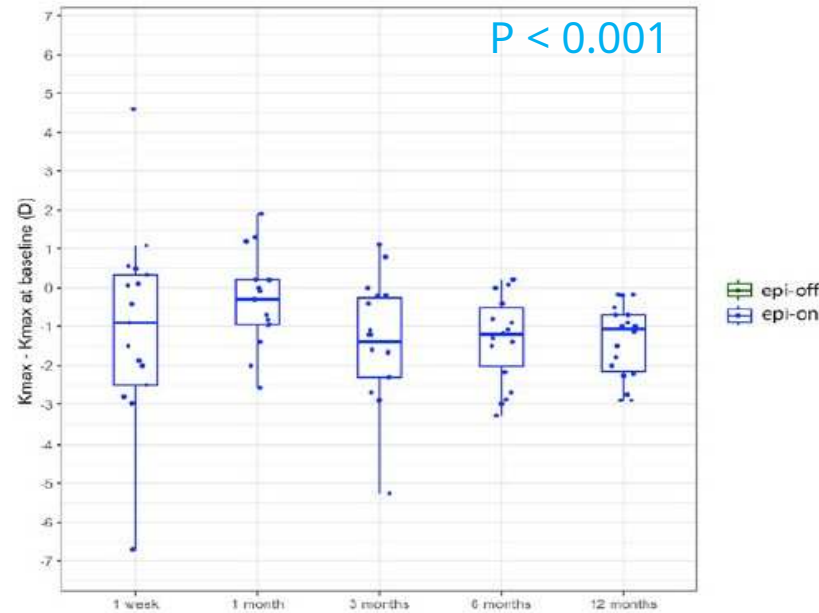
Vs

State of the art CXL epi-off

$K_{\max} -1.3 \pm 1.4 D^*$

Thera-CXL epi-on

$K_{\max} -1.3 \pm 0.9 D$



Vs

State of the art CXL epi-on

$K_{\max} -0.3 \pm 1.5 D^*$

* References

1. Sykasis E et al. Cochrane Database Syst Rev. 2015;2015(3):CD010621
2. Ng SM et al. Cochrane Database Syst Rev 2021;3(3):CD013512
3. Serrao S et al. Int Ophthalmol 2022; 42(1): 337-348
4. Chunyu T et al. Sci Report 2014; 4: 5652
5. Li J et al. Plos ONE 2015;10(5):e0127079.



Assessment of the Predictive Ability of Theranostics for Corneal Cross-linking in Treating Keratoconus

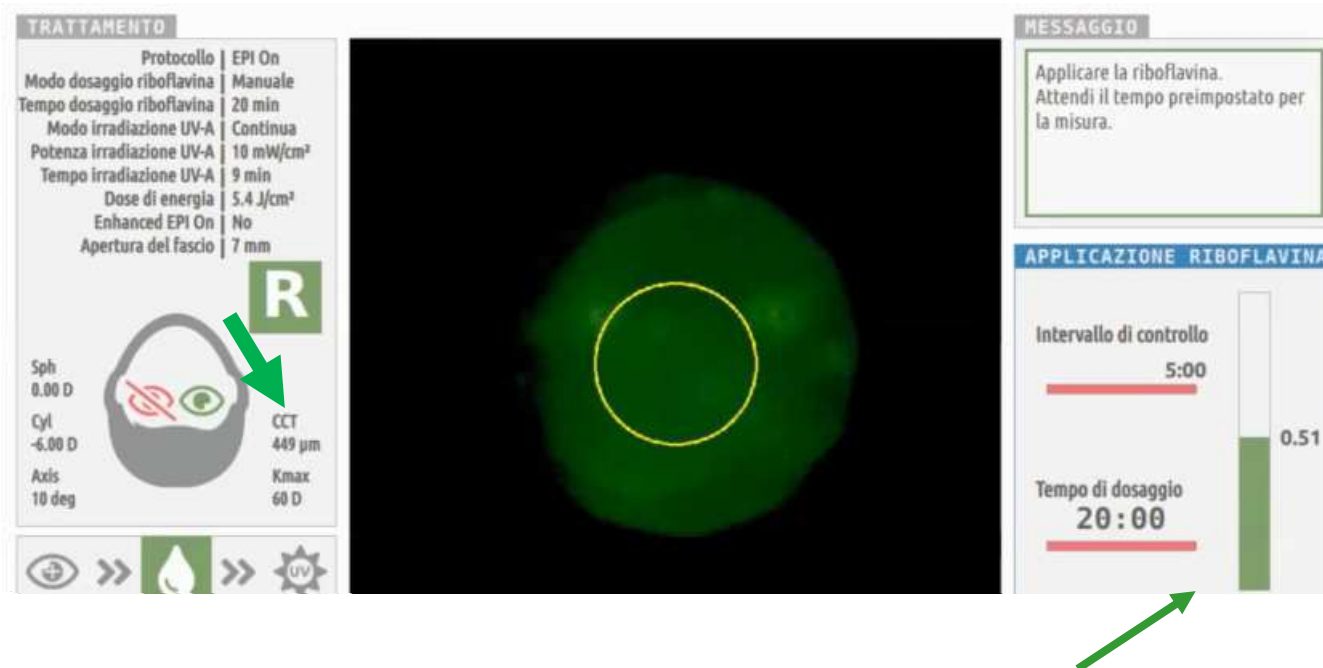
A Randomized Clinical Trial

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Giuseppe Giannaccare, MD, PhD,⁵ Giuseppe Lombardo, MEng, PhD,⁶ Danilo Alunni Fegatelli, PhD,^{7,9}
Annarita Vestri, PhD,⁷ Luca Bifezzi, MD,⁵ Giuseppe Massimo Bernava, MEng, PhD,⁶
Sebastiano Serrao, MD, PhD,⁸ Marco Lombardo, MD, PhD⁸

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OPERATIONAL PROCEDURE

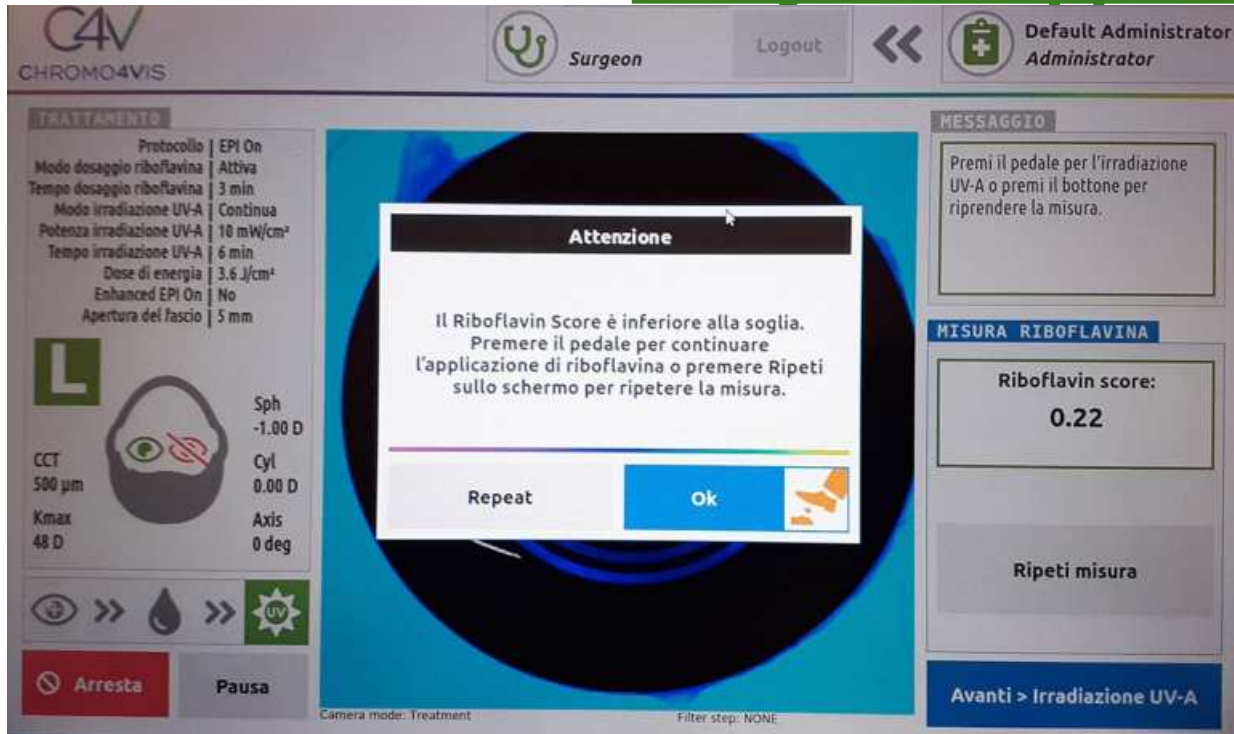
Riboflavin application phase



Riboflavin Score

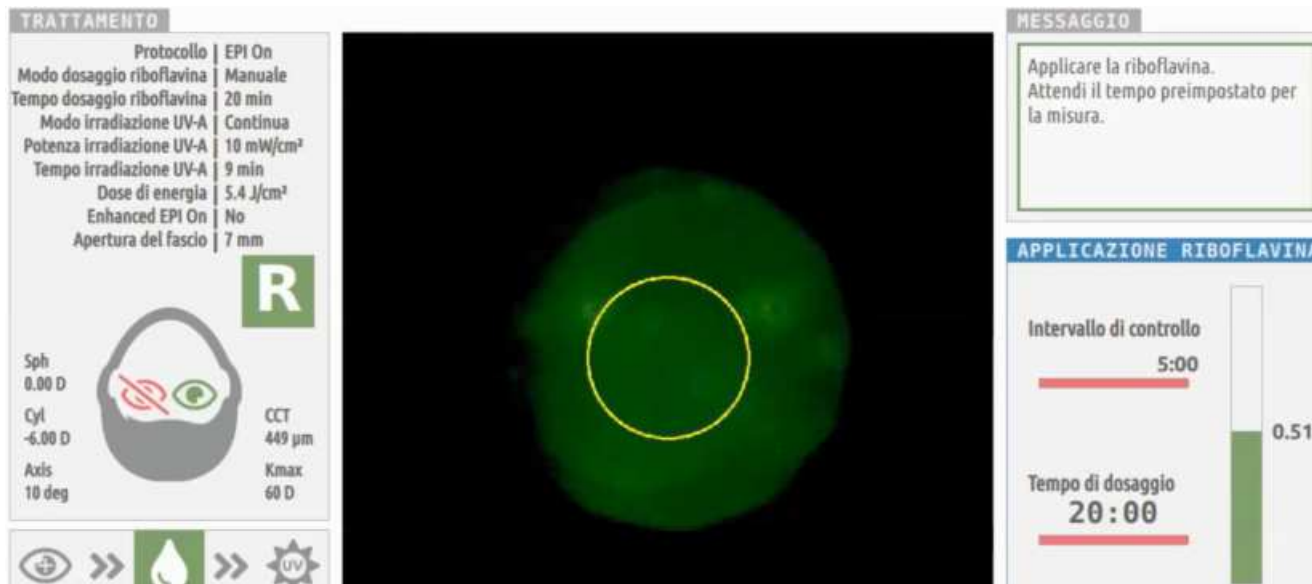
Theranostics makes use of
molecular *imaging*
diagnostics *to assess*
corneal *riboflavin*
concentration

Riboflavin application phase



If the **riboflavin score** is below the pre-defined threshold of 0.40, the C4V CHROMO4VIS **DOES NOT allow** the operator to proceed to **UV-A light irradiation** of the cornea

Riboflavin application phase



Next > UV-A Irradiation

Riboflavin Score >0.40

As the **riboflavin score** reaches a pre-defined threshold, it **allows the operator to proceed** to UV-A light irradiation of the cornea

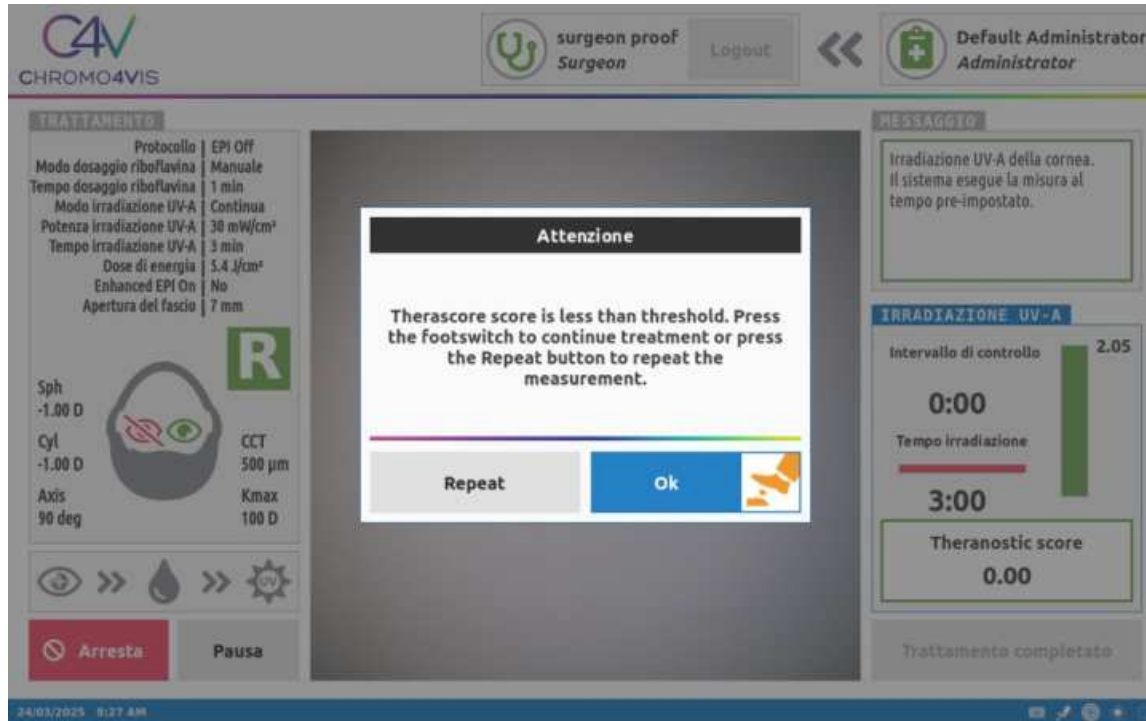
UV-A light irradiation phase



Theranostics tailor the **exact** therapeutic dose of **riboflavin** and **UV-A light** energy to the cornea for predictive tissue strengthening and corneal flattening

Therapeutic Score

UV-A light irradiation phase



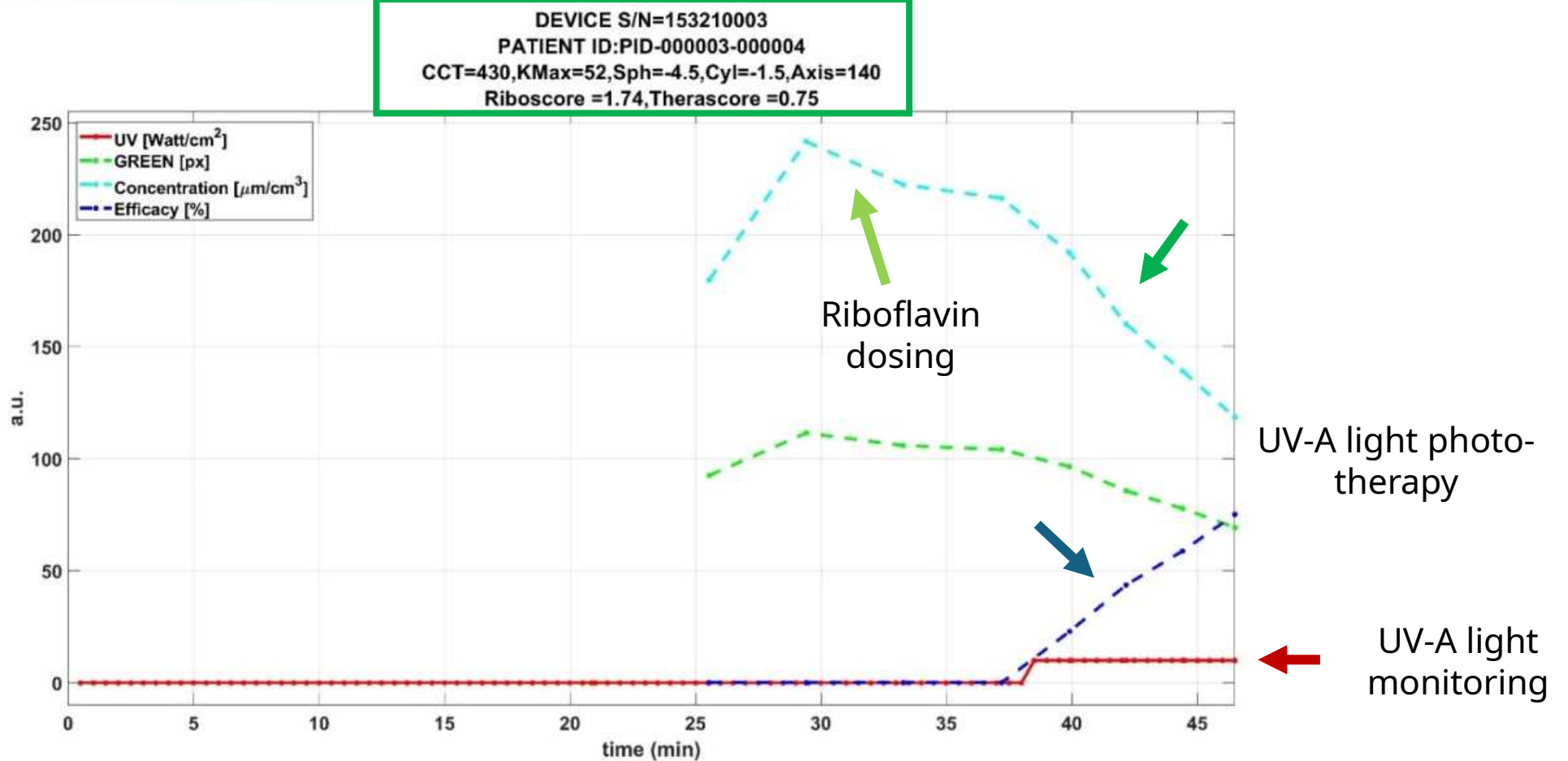
If the system detects a *theranostic score* < 0.6 at the end of the pre-set UV-A irradiation time, it warns the operator to continue UV-A light irradiation.

Therasure Score
 < 0.6

ARGO Study Case

18 years old patient

EpiOFF CXL : 15 min. RitSight dosing + 10 mW/cm² UV-A irradiation for 9 min.

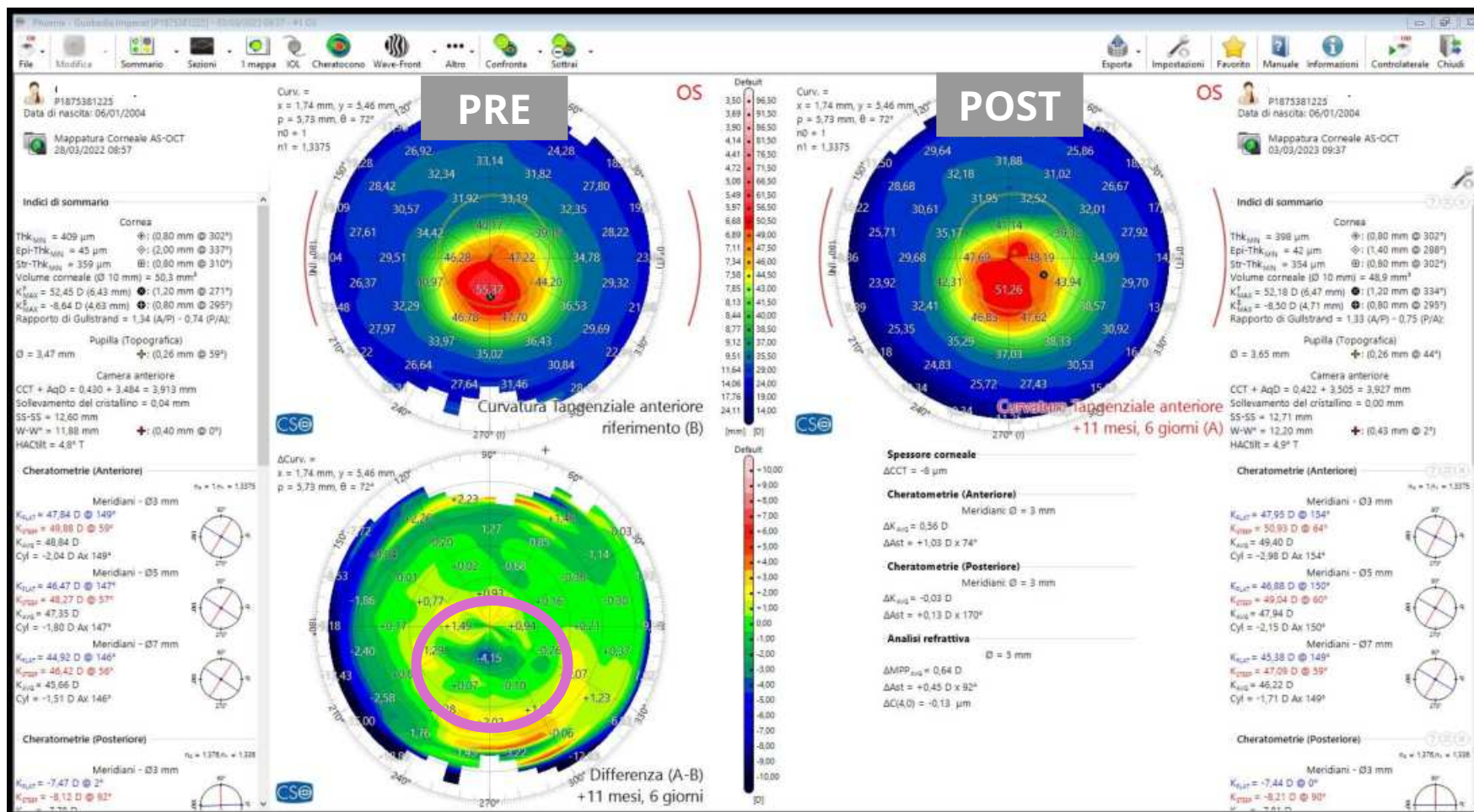


riboflavin score = 1.74 & *theranostic score* = 0.75

EpiOFF study case

18 years old patient

EpiOFF CXL : 15 min. RitSight dosing + 10 mW/cm² UV-A irradiation for 9 min.



K_{max} at 1 year postop:

K_{max} -4.1 D

Visual Acuity

Pre-op: 20/25

-4.50=-1.50@140

1-year post-op: 20/20

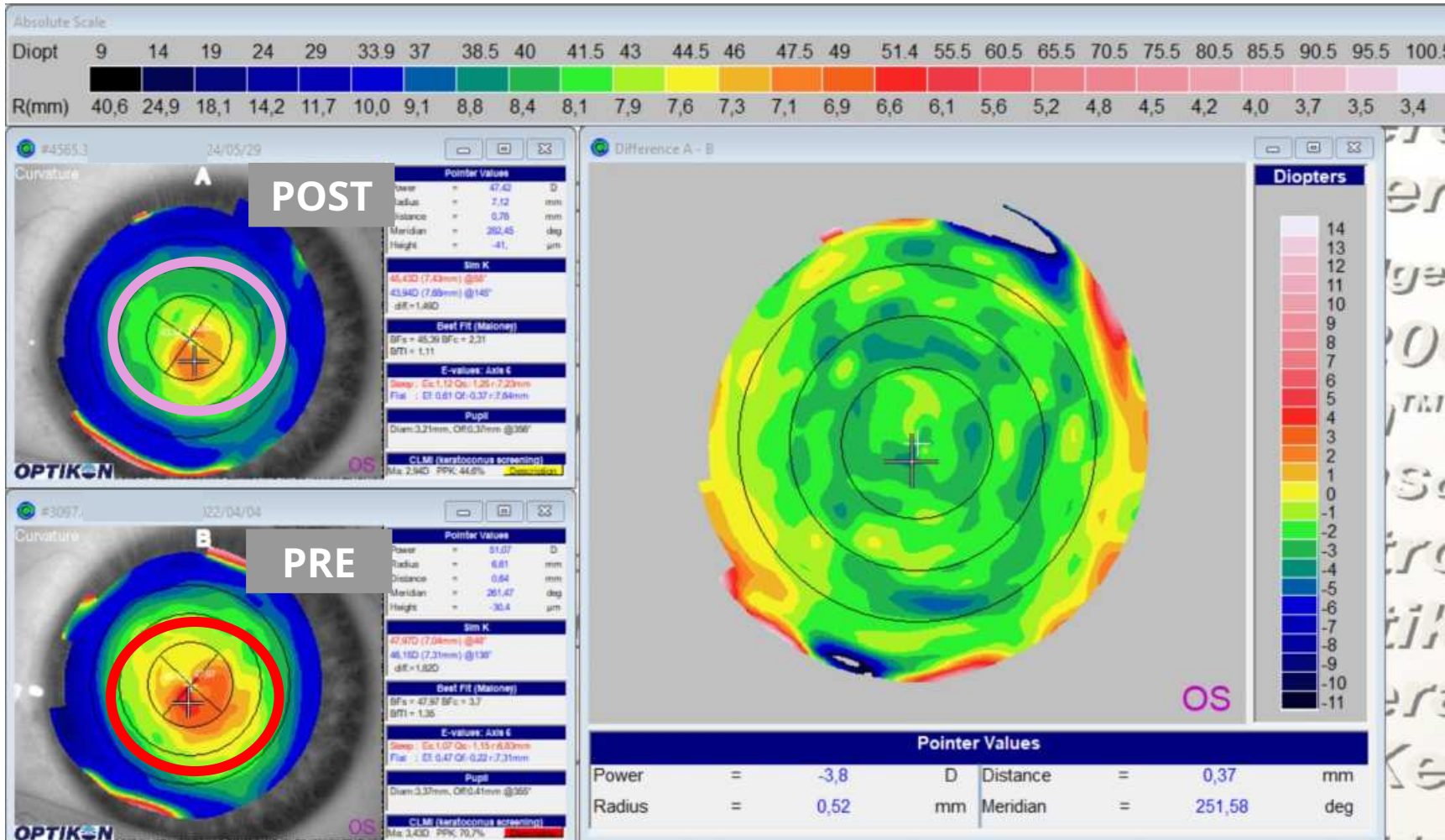
-4.00=-3.50@170

riboflavin score = 1.74 & theranostic score = 0.75

EpiON study case

25 years old patient

EpiON CXL : 20 min. RitSight dosing + 10 mW/cm² UV-A irradiation for 9 min.



K_{\max} at 2 years postop:

K_{\max} -3.8 D

Visual Acuity

Pre-op: 16/20

-0.75=-1.50@140

1-year post-op: 20/20

-1.50@120

riboflavin score = 0.80 & theranostic score = 1.05

ARGO CLINICAL TRIAL QUESTION

Can we demonstrate definitely that CXL effectively halts progression of keratoconus?

ANSWER FROM ARGO CLINICAL TRIAL DATA OUTCOMES

*Yes, **theranostics** now provides the opportunity to assess CXL treatment efficacy in real-time, **accurately predicting** its therapeutic benefit with **high accuracy** and **precision**.*

ARGO CLINICAL TRIAL HYPOTHESIS

Is riboflavin concentration the primary factor influencing CXL treatment efficacy?

ANSWER FROM ARGO CLINICAL TRIAL DATA OUTCOMES

*Yes, the key factor determining the CXL therapeutic efficacy is the **real-time monitoring of riboflavin concentration** within the cornea prior to UV-A light photo-therapy and its efficient **UV-A light mediated photo-activation**.*

THANKS FOR
YOUR
ATTENTION

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