2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SE CTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.1 0 x 1.70)
Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Mitne — Last Name
Somaia — First Name
Middle

RETINA AND VITREOUS — Service (sector)
644/06 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo- UNIFESP)

EFFECTS OF COPAXONE IN THE NERVE FIBER LAYER THICKNESS AND RETINAL FUNCTION IN DIABETIC PATIENTS AFTER PAN -RETINAL PHOTOCOAGULATION, A DOUBLE-MASKED RANDOMIZED CLINICAL TRIAL.

S. Mitne, S.H. Teixeira, L. Nóia, N.S. Moraes, M.E. Fa rah, A. Paranhos Jr.

Purpose: To evaluate the neuroprotective effect of Copaxone (Glatiramer acetate, COP, Copolymer-1) injections in the nerve fiber layer thickness and retinal function in diabetic patients who underwent panretinal photocoagulation (PRP).
Methods: Twenty seven patients (49 eyes) with severe nonproliferative or early proliferative diabetic retinopathy and no previous laser treatment were enrolled. They were divided into two groups: A which received Copaxone or B which received mannitol (placebo) using a block randomization. Both drugs were offered by subcutaneous administration one week prior and in the three sections of PRP, one per week. All patients received a full ophthalmic examination (best-corrected Log-Mar visual acuity, slit lamp examination, applanation tonometry, fundus biomicroscopy and indirect fundus examination); functional examination (Humphrey 24-2 SITA STANDARD visual field, Eletroretinograms and FDT G 20 strategy visual field) and anatomic examination (Color fundus photo graphy and fluorescein angiography, GDX- VCC, Optical Coherence Tomography (OCT) and Heidelberg Retinal Tomography (HRT) according to the chronogram table above:

Exams		Pre PRP	1st month	3rd m.	6th m.	1 yr.
Functional Exams	VA (log- Mar)	+	+	+	+	+
	SAP	+	+	+	+	+
	FDT	+	+	+	+	+
	ERG	+			+	
Anatomic Exams	OCT	+	+	+	+	+
	HRT	+	+	+	+	+
	GDx-VCC	+	+	+	+	+
	Color fundus photography	+				+

On the baseline evaluation, qui-squared test will be used for categorical variables evaluation (sex, race, retinopathy grade). Student bi -tailed t test for independent variables, will be used when analyzing continuous variables (age, visual acuity, MD of SAP and FDT). To compare two groups, a two -way variance analysis test for repeated measurements will be used. All the probabilities (p -values) will be considered statistically significant as they reach values lower than 0.05.
Results: Since the study is on going, and it is a double masked randomized controlled clinical trial, we are presenting the baseline results co mparing groups A and B. The inclusion phase was successfully achieved. The epidemiological analyses before treatment showed no differences between groups concerning sex (Chi-Square = 0.33; p = 0.57), age (Group A: 51.7± 8.9; Group B: 56.7± 10.9; p=0.21), time of diabetes (Group A: 14.4 ± 6.8; Group B: 13.1 ± 4.3; p=0.56), and initial serum glucose level (Group A: 197.7 ± 92.2; Group B: 212.6 ± 47.1; p=0.67).
Conclusion: There are no significant differences regarding baseline data between groups A and B.