THROUGH OUR LENS

SPRING 2025

DIABETIC MACULAR EDEMA

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A snapshot of the condition in Hispanic populations

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—Javier E. De La Torre, MD, an ophthalmologist at the Southwest Eye Institute in El Paso, TX

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THE LATEST ON

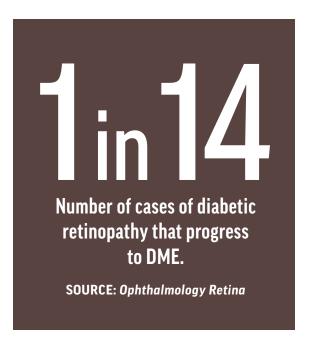
Diabetic Macular Edema

ARE YOU ON THE MOST EFFECTIVE TREATMENT?

Researchers tracked the effects of anti-VFGF injections on 1,236 eyes with diabetic macular edema (DME) for up to six years. They wanted to identify factors that might predict how well people would respond to the medication. They found that Hispanic people tended to have worse vision at the start of treatment compared to non-Hispanic people. Hispanic people also saw the least improvement in their vision over the first six months of treatment. It's important to start treatment for DME as early as possible and to ask your doctor whether your treatment plan is the most effective option for you.

SOURCE: Ophthalmology Retina





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WHATIS DIABETIC **MACULAR** EDEMA?

Poor blood sugar control over the long term can threaten your vision

By Sonya Collins Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Uncontrolled high blood sugar from diabetes can damage blood vessels throughout your body, including the ones in your eyes. Once blood vessel damage reaches the retina, it can lead to diabetic retinopathy and then advance to diabetic macular edema (DME).

DME is swelling (edema) in the macula—an oval-shaped area at the center of the retina that gives you central vision and lets you see fine details.

"If it's not treated in a timely fashion, DME can cause permanent damage to the retina that can lead to irreversible vision loss," says Rafael Ufret, MD, an ophthalmologist at UT Southwestern Medical Center in Dallas.



WHAT CAUSES DME?

Ongoing exposure to high blood sugar makes your blood vessels porous. "They develop tiny holes and become like a leaky garden hose," says Audina M. Berrocal, MD, an ophthalmologist at the University of Miami Health Bascom Palmer Eye Institute in Florida. When this happens to



blood vessels in the retina, she says "the retina, which is supposed to be like a dry sponge, becomes wet." Like a sponge, when the retina fills with fluid that leaks from the blood vessels, it expands and swells.

The swelling puts stress on the retina, and the macula in particular, that can damage the eye and threaten your vision. You could develop blurry vision, double vision, floaters, difficulty seeing colors, and other vision problems.

IS THERE ANYTHING I CAN DO ABOUT DME?

DME can lead to blindness if left untreated, but "you can always get better disease control and make things better," Berrocal says. Following your doctor's recommendations for medication, diet, and exercise to control your diabetes can help with your DME, too. It's also critical to start treatment for DME as soon as possible.

WHAT YOU CAN DO TO SLOW DME PROGRESS

- ★ Ask your doctor if you're doing everything to get your blood sugar, cholesterol, and blood pressure under control.
- ★ Never miss an appointment with your diabetes doctor or your eye specialist.
- ★ If your diabetes isn't well controlled with your primary care doctor, ask if you need to see an endocrinologist.
- Get 30 minutes of moderate to vigorous physical activity, like a brisk walk, at least five days a week.



For Nina, life has always revolved around family and the joy of food. As a child, she spent her summers in Mexico, learning to cook traditional recipes such as guiso and frijoles charros with her grandmother. Now, as a mother of three, she loves to bring her family together once a month, with these dishes at the heart of every gathering.

Nina knew that if she left her diabetic macular edema untreated she could lose her vision. Faced with the possibility of having to let go of cooking, working, and traveling, she found her inner strength and didn't let her condition define her.

"This journey, as hard as it may be, I felt like I was prepared for it somehow"

The birth of her first grandson became her turning point. She knew she had to take care of her health and her vision, not only for herself, but for her family too.

"I knew I wanted to be in his life... I want to see him when he graduates kindergarten, I want to see him grow up"

With her retina specialist's support, Nina started treatment with VABYSMO and noticed her vision improved.* She took joy in rediscovering life's simple pleasures.

"I'm just very grateful I can see* because I got to a point where I didn't know what was going to happen"



She treasures the small moments that are often taken for granted, like watching TV from her couch, taking her grandson to the park, and clearly seeing his features for the first time.

"I can see every little thing, like every little mole*"

Her treatments are now 3 months apart[†] (patients start on monthly loading doses and may extend up to 4 months), and Nina has more time to travel and see her grandchildren.

"I'm just the luckiest person"

Patient experiences may vary.

*Clinical studies showed people on VABYSMO gained vision on an eye chart (11 letters on average), similar to those on aflibercept 2 mg through year 1.

†After 4 or 6 initial monthly eye injections, your doctor will choose a schedule of 1 to 4 months based on patient response. Dosing may vary.

IMPORTANT SAFETY INFORMATION

What is VABYSMO?

VABYSMO (faricimab-svoa) is a prescription medicine given by injection into the eye used to treat adults with neovascular (wet) age-related macular degeneration (AMD), diabetic macular edema (DME), and macular edema following retinal vein occlusion (RVO).

Please see Consumer Brief Summary and Important Safety Information on pages 10 and 11.

SELECT IMPORTANT SAFETY INFORMATION

Do not receive VABYSMO if you:

- Have an infection in or around your eye.
- Have active swelling around your eye that may include pain and redness.
- Are allergic to VABYSMO or any of the ingredients in VABYSMO.

Please see Consumer Brief Summary and Important Safety Information on pages 10 and 11.



SELECT IMPORTANT SAFETY INFORMATION

What is the most important information I should know about VABYSMO?

- Injections like the one for VABYSMO can cause an eye infection (endophthalmitis), separation of layers of the retina (retinal detachment), or inflammation in the eye that can lead to vision loss. Call your healthcare provider right away if your eye becomes red, sensitive to light, or you have a change or loss of vision.
- VABYSMO may cause a temporary increase in pressure in the eye (intraocular pressure), which occurs within 60 minutes after receiving the eye injection.

Please see Consumer Brief Summary and Important Safety Information on pages 10 and 11.

SELECT IMPORTANT SAFETY INFORMATION

What is the most important information I should know about VABYSMO? (cont.)

Although not common, VABYSMO patients have had serious, sometimes fatal, problems related to blood clots, such as heart attacks or strokes (thromboembolic events). In clinical studies for wet AMD during the first year, 7 out of 664 patients treated with VABYSMO reported such an event. In clinical studies for DME from baseline to week 100, 64 out of 1,262 patients treated with VABYSMO reported such an event. In clinical studies for RVO during 6 months, 7 out of 641 patients treated with VABYSMO reported such an event.

Please see Consumer Brief Summary and Important Safety Information on pages 10 and 11.

IMPORTANT SAFETY INFORMATION

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 healthcare provider right away if your eye becomes red, sensitive to light, or you have a change or loss
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- Severe inflammation of vessels in the retina has happened for patients treated with VABYSMO. Call your healthcare provider immediately if you experience a change in vision.

Before receiving VABYSMO, tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or plan to become pregnant. Based on how VABYSMO interacts with your body, there may
 be a potential risk to your unborn baby. You should use birth control before your first injection, during
 your treatment with VABYSMO, and for 3 months after your last dose of VABYSMO.
- Are breastfeeding or plan to breastfeed. It is not known if VABYSMO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you receive VABYSMO.
- Are taking any medications, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider about all the medicines you take.

What should I avoid while receiving VABYSMO?

 Your vision may be impaired after receiving an eye injection or after an eye exam. Do not drive or use machinery until your vision has recovered sufficiently.

What are the most common side effects with VABYSMO?

- The most common side effects with VABYSMO were cataract and blood on the white of the eye (conjunctival hemorrhage).
- These are not all the possible side effects of VABYSMO.

Call your healthcare provider for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects to Genentech at 1-888-835-2555.

Please see the VABYSMO full Prescribing Information for additional Important Safety Information.

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SUMMARY OF INFORMATION ABOUT VABYSMO

This is only a brief summary of important information about VABYSMO (vah-BUYS-mo) (faricimab-svoa) and does not replace talking to your doctor about your condition and your treatment.

What is VABYSMO used for?

VABYSMO (faricimab-svoa) is a prescription medicine given by injection into the eye used to treat adults with neovascular (wet) age-related macular degeneration (AMD), diabetic macular edema (DME), and macular edema following retinal vein occlusion (RVO).

When should I not take VABYSMO?

Do not receive VABYSMO if you:

- Have an infection in or around your eye.
- Have active swelling around your eye that may include pain and redness.
- Are allergic to VABYSMO or any of the ingredients in VABYSMO.

What warnings should I know about VABYSMO?

- Injections like the one for VABYSMO can cause an eye infection (endophthalmitis), separation of layers of the retina (retinal detachment), or inflammation in the eye that can lead to vision loss. Call your healthcare provider right away if your eye becomes red, sensitive to light, or you have a change or loss of vision.
- VABYSMO may cause a temporary increase in pressure in the eye (intraocular pressure), which occurs within 60 minutes after receiving the eye injection.
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- Severe inflammation of vessels in the retina has happened for patients treated with VABYSMO. Call your healthcare provider immediately if you experience a change in vision.

What should I tell my healthcare provider?

Before receiving VABYSMO, tell your healthcare provider about all of your medical conditions, including if you:

- Are pregnant or plan to become pregnant. Based on how VABYSMO interacts with your body, there may be
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 treatment with VABYSMO, and for 3 months after your last dose of VABYSMO.
- Are breastfeeding or plan to breastfeed. It is not known if VABYSMO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you receive VABYSMO.
- Are taking any medications, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider about all the medicines you take.

What should I avoid while receiving VABYSMO?

 Your vision may be impaired after receiving an eye injection or after an eye exam. Do not drive or use machinery until your vision has recovered sufficiently.

What are the side effects of VABYSMO?

- The most common side effects with VABYSMO were cataract and blood on the white of the eye (conjunctival hemorrhage), the appearance of spots in vision (vitreous floaters), tearing of a thin layer of cells in the retina (retinal pigment epithelial tear), increased pressure in the eye, and eye pain.
- These are not all the possible side effects of VABYSMO.

The risk information provided here is not comprehensive. To learn more, talk about VABYSMO with your doctor. The FDA-approved product labeling can be found at VABYSMO.com





(a) LISTEN TO THIS!

HOW DME MAY DIFFER IN YOUR COMMUNITY

A snapshot of the condition in **Hispanic populations**

By Rachel Reiff Ellis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When it comes to diabetic macular edema (DME), Hispanic communities are harder hit than other ethnicities. One of the main reasons for this is the higher rate of diabetes in this population.

"Hispanic adults are around 60% more likely than non-Hispanic White adults to be diagnosed with diabetes," says Javier E. De La Torre, MD, an ophthalmologist at the Southwest Eye Institute in El Paso, TX.

Having diabetes can lead to nerve damage in the eye, also called diabetic retinopathy. Diabetic retinopathy can progress to DME when fluid leaks into the macula, causing swelling and problems with your vision.

CONTRIBUTING FACTORS

The American Diabetes Association predicts that by 2030, 3 million Hispanic and Latine



adults will be at risk of losing their sight as a result of complications from diabetes. Hispanic populations are also more likely to have diabetes earlier in life, which leaves more time for complications like DME to develop.

"In addition to the high rate of diabetes, factors like poor blood sugar control, hypertension, and obesity—conditions that are more prevalent in the Hispanic population contribute to the development of DME," says Marilyn A. Márquez, MD, a retina specialist with Tyson Eye in Bonita Springs, FL.

Because of issues such as lack of insurance, lan-



guage barriers, and limited access to specialized eye care, many Hispanic adults may not receive timely treatment, increasing the risk of permanent vision loss.

PREVENTION IS KEY

Studies show that some of the risk for getting diabetes in the Hispanic population is genetic and can't be prevented. But regular eye checks and good diabetes control can go a long way toward curbing DME numbers.

Focus on these practices:

- Find a doctor who can help you keep tabs on your diabetes. Healthy blood sugar, blood pressure, and cholesterol levels are all important for your eye health.
- See your eye doctor regularly. If you don't have a retina specialist, ask your regular doctor for a recommendation.

- Exercise regularly, even if it's just a 10-minute walk three times a day.
- If you smoke, ask your doctor to help you find a program to help you quit as soon as possible.

HISPANIC-SPECIFIC RESOURCES

Whether you're looking for a Spanish-speaking doctor or want more information about DME in Hispanic society, these sites can help:

- **★** American Academy of **Ophthalmology's OjosSanos:** AAO.org/Salud-Ocular
- **Latinos en Optometry:** LatinosEnOptometry.org
- **National Eye Institute in Spanish:** NEI.NIH.gov/Espanol

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TREATMENT 101

Medical options for managing your DME

By Rachel Reiff Ellis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Treatments for DME have come a long way in recent years. Some may even reverse damage to your eyes. Here are the current options.

INJECTIONS

The most common treatment doctors choose for DME is medication you get as an injection. Your doctor uses a tiny thin needle to put the medication into the gel-like substance that fills your eye (the vitreous).

Some of these medications block a protein called vascular endothelial growth factor (VEGF), while others block both VEGF and a protein called angiopoietin-2 (Ang2). The normal job of these proteins is to make more blood vessels when your body needs



them, but sometimes your body makes too much, causing problems in your eyes.

"When the medications block VEGF, new vessels stop growing," says Nathaniel Roybal, MD, PhD, a retina specialist at Retina Consultants of New Mexico in Albuquerque. "They also help slow leakage from the abnormal blood vessels already in the eye."

You may also get corticosteroid injections in your eye to help reduce swelling.

IMPLANTS

In some cases, you may need medication delivered to your eye with a small



implant. Usually, you get corticosteroids in these implants. Implants stay in your eye and release a small amount of medication over time.

"We use these for people who may not respond to anti-VEGF therapy or who cannot undergo frequent injections," says Tomas A. Moreno, MD, a retina specialist at Florida Retina Institute in Jacksonville.

In February 2025, the FDA approved an implant option for delivering anti-VEGF medication. For people who see improvement with anti-VEGF treatment, this may be a more convenient treatment alternative.

PROCEDURES

Two types of procedures can also be helpful for treating DME: laser therapy and a surgery called a vitrectomy.

In laser surgery, also called photocoagulation, a doctor uses a laser to seal leaking blood vessels to reduce swelling in your eye. This therapy can also shrink the blood vessels in your eye and keep them from growing again.

A vitrectomy surgery removes some of the gel and blood that's leaked into your eye. They may also remove scar tissue to help your retina focus more clearly.

IACOB WACKERHAUSEN/VIA GETTY IMAGES

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HOW MUCH DO YOU KNOW?

Put your DME knowledge to the test

By Kendall K. Morgan Reviewed by Brunilda Nazario. MD. WebMD Chief Physician Editor, Medical Affairs

- 1. Diabetic macular edema (DME), or swelling in the central part of your retina, can happen when uncontrolled high blood sugar leads to worsening of a condition called diabetic retinopathy. True 🗆 False 🗆
- 2. You can't reverse vision loss that has already happened when you have DME. **True** □ False □
- 3. Your risk for losing vision from DME or other causes is greater if you are Hispanic or Latino compared to any other group.
 - False □ True 🗆
- 4. DME is more common now than it was in the past.

True	ig F	alse 🔲
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an increase from 2009 to 2018. nosis and treatment of DME shows 4. TRUE. A study of trends in the diag-

tend to lose vision at younger ages. this group. Hispanic people also rate of vision loss and blindness in 3. TRUE. A study found the highest

vessels in your eyes. amount of fluid leaking from blood reverse vision loss by reducing the Jected into your eyes can sometimes 2. FALSE. Anti-VEGF medicines in-

your retinopathy is severe. cause swelling. It's more likely when get DME when leaky blood vessels petes and diabetic retinopathy will 1. TRUE. One in 15 people with dia-

ANSWERS: