



# THE IMPORTANCE OF BEING DIRECT *THE DSLT REVOLUTION*

Selective Laser Trabeculoplasty (SLT) is finally getting the respect it deserves. In 2019, the Laser in Glaucoma and Ocular Hypertension Trial (LIGHT) 1,2 provided compelling evidence that we should consider SLT first line in ocular hypertension and mild to moderate primary open-angle glaucoma (POAG). Such an approach staves off the ocular surface insult of topical ocular medication while also eliminating the burden of drop compliance. Nevertheless, before SLT can become the first line, we have numerous obstacles as a field that must be overcome. In many ways, Alcon's acquisition of Belkin's direct SLT (DSLST) device is just what the doctor ordered. In a matter of seconds, with very little end-user skill required, DSLST similar to iris tracking with LASIK, provides precise laser placement even with patient motion.

Belkin initially developed the DSLST to provide glaucoma therapy to underserved communities and nations. Although a noble pursuit, what may be even more transformative to the field, and also why I suspect Alcon acquired the technology, is to place DSLST in its rightful place as first-line therapy. First-line therapies must be easy to introduce, have low complications, and have high success rates. In many ways, traditional indirect SLT is much like radial keratotomy (RK). In the right surgeon's hands with the right patient, the outcome can be acceptable. As we have all seen numerous RK failures, I suspect many SLT failures could be circumvented with automation. What enabled the rapid forward progression from RK to modern laser vision correction (LVC) is we handed over control to the robots. Much like Alcon has led the charge forward on the LVC front, it is exciting to see we will now likely see a similar rapid advancement in DSLST protocols. These advances will likely tee up a situation in which instead of eye drops, our POAG and ocular hypertensives could get annual DSLST or DSLST on whatever interval we find necessary to hold IOP at an acceptable level.

At the infancy of acquisition, many of the most important questions of how Alcon will leverage the Belkin DSLST are still being sorted out. Although somewhat preliminary, I have included the current answers from Alcon's Jim Di Filippo on how Alcon will lead the DSLST revolution.

## INTERVIEW OF JIM DI FILIPPO, *GM FOR US SURGICAL FRANCHISE*

### **Why is the acquisition of the Belkin DSLST a good fit for Alcon?**

Alcon remains deeply committed to the glaucoma specialty and interventional glaucoma specifically. Adding DSLST broadens Alcon's existing glaucoma portfolio of pharmaceutical drops and implantables, with a first-line laser treatment option.

### **What barriers does DSLST resolve to enable widespread first-line laser use?**

Like traditional selective laser trabeculoplasty (SLT), direct selective laser trabeculoplasty (DSLST) delivers laser energy to the trabecular meshwork. With DSLST, the technology eliminates the need for a gonio lens or coupling gel. This makes the device patient-friendly and physician-friendly providing the precision treatment necessary while offering an intuitive, streamlined workflow and non-contact delivery.

**Are different treatment protocols being developed? If so, what will the protocols be based upon?**

With this acquisition and in partnership with societies, key opinion leaders, and our customers, Alcon plans to expand DSLT as a first-line therapy for glaucoma.

**Will reimbursement to DSLT be the same as Gonio SLT?**

DSLT is indicated to perform SLT. As a result, it will fall under the same procedure code.

**When will the product be widely available?**

DSLT is currently available for sale in select countries in the E.U. and the U.K. It is 510(k) cleared in the U.S. We will begin to introduce the device to U.S. physicians on a limited basis by the end of 2024, and more broadly available in the first half of 2025.



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