CADTH PATIENT GROUP INPUT
"Minimally Invasive Glaucoma Surgery: Implementation Considerations"

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Glaucoma affects over 400,000 Canadians and is one of the most common causes of preventable blindness globally. With these and other considerations in mind, the Canadian Council of the Blind (CCB), Canadian National Institute for the Blind (CNIB), and the Foundation Fighting Blindness (FFB) are pleased to see that CADTH is undertaking an Environmental Scan to overview and analyze the use of minimally invasive glaucoma surgery (MIGS) procedures in Canada.

Comprising a group of surgical devices and procedures that relieve intraocular pressure while avoiding the invasiveness of existing treatments, MIGS is a relatively new approach to glaucoma and, as described at length in the draft environmental scan, one that is currently being implemented inconsistently and ad hoc across Canada. Considering the current state of implementation and CADTH's gesture towards the importance of weighing a "patient domain that combines socio-cultural, socio-economic, and epidemiological components" (p. 26), we would like to offer three key themes or frameworks to guide the continued patient-centered analysis of MIGS.

1. Safety and Efficacy
The safety and efficacy of MIGS is of course a key concern for glaucoma patients. The draft scan includes evidence that MIGS devices potentially offer higher safety and fewer follow-ups for patients, but also highlights that there are inconsistencies across the expert community regarding safe implementation. Devices and procedures must meet established safety benchmarks to ensure consistent, safe implementation. We ask that MIGS and related technologies and techniques be held to consistent safety standards that align with established benchmarks for emerging health technologies.

2. Patient Choice and Transparency
The draft scan highlights Dr. Karim Damji's suggestion that "Patient education about MIGS and new surgical techniques can be an enabler" (p. 27). A patient's knowledge of a device or procedure can certainly help "enable" or push implementation forward, but it is also important to ensure that patients have the opportunity to provide informed consent before undergoing a procedure.

When patients are consenting to a treatment, the process must be transparent and clearly communicated, and patients must be given ample opportunity to consider factors that might impact their decision. Any form of coercion—whether direct or indirect, intentional or unintentional—is antithetical to patient safety, agency, and self-worth.

3. Implementation Consistency and Rural Outreach
Health care is complex and context-dependent, relying on a number of interacting services and technologies. That said, we know that Canadian patients value not only universal access to services but consistency across provinces and territories. This is a lofty goal, undoubtedly, but it is central to any

patient-centered approach: a patient in rural Saskatchewan, for instance, should be able to access a similar quality of care as a patient in one of Canada's larger urban centres.

As MIGS devices and techniques continue to develop and as implementation evolves, we ask that CADTH consider the unique geographic and socio-economic barriers faced by Canadians in rural communities and, more broadly, belonging to marginalized groups.

We look forward to the continued development of CADTH's Environment Scan on MIGS in Canada, and to providing support and insight on behalf of our patients where appropriate. When we put patients first in our analysis of new drugs and technologies, we guide our work according to the most important dynamic: the individuals whose lives are changed as a result of new treatments and policy decisions. We hope that our frameworks can play some role in steering this process along patient-centered lines.