

# UMBILICAL CORD SERUM EYE DROPS FOR SEVERE OCULAR SURFACE DISEASE

**Executive Summary** 

[Adapted from the report by NOORMAH MOHD DARUS]

Review Group Membership

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## Disclaimer:

Technology review is a brief report, prepared on an urgent basis, which draws on restricted from analysis reviews pertinent literature, on expert opinion and / or regulatory status where appropriate. lt subjected to an external review process. While effort has been made to do so, this document may not fully reflect all scientific research available. Additionally, other relevant scientific findings may have been reported since completion of this review.

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**Background** 

Blood preparations such as autologous serum (AS) are plasma rich in growth factors, platelets, while umbilical cord serum (UCS) contain a high concentration of biologically active components and growth factors. The tear film consists of mucin, aqueous, and lipid layers and contains many growth factors and vitamin A, which are essential for regulating the proliferation, differentiation, and maturation of the ocular surface epithelium. Ocular surface disorders including dry eye disease or keratoconjunctivitis sicca are characterized by a decrease in quality and quantity of the tear film and squamous metaplasia of the conjunctival epithelium. Dry eye syndrome also called *keratoconjunctivitis sicca* is the eye disease in which eyes cannot make enough tears to keep the proper eye lubrication and cleansing function. Conventional treatments for ocular surface disorders include the application of artificial tears, topical anti-inflammatory agents, secretagogues, therapeutic contact lenses, and punctal occlusion. Because peripheral blood serum (PBS) harbors essential tear components and growth factors, AS eye drops have been used for the treatment of severe ocular surface diseases. It was found that UCS contains a higher level of essential tear components, growth factors, and neurotrophic factors than AS.

This review was requested by a Consultant Ophthalmologist from Ophthalmology Department, Kuala Lumpur Hospital, Ministry of Health Malaysia (MOH) to assess the effectiveness, safety and cost-effectiveness of using UCS eye drops for the treatment of ocular surface disorders especially for patients that is not effective using AS eye drops.

## Objective/Aim

The objective of this systematic review was to assess the effectiveness, safety and cost- effectiveness of using umbilical cord blood serum eye drops for the treatment of ocular surface disorders.

## **Results and Conclusions**

A total of 353 titles were identified through the Ovid interface and PubMed. Ten articles related to the treatment of severe ocular surface diseases using UCS eye drops was included in this review consisting of two randomised controlled trial, one non-randomised clinical trial and seven interventional studies. The studies were conducted in Korea, Italy, India and Turkey.

From the above review it was found that there was fair to high level of evidence to show that UCS eye drops may have potential in the treatment of severe ocular surface diseases such as dry eye syndrome, corneal epithelial defect, neurotrophic keratitis, acute ocular chemical burns and after laser epithelial keratomileus. The majority of the studies were of controlled trials and interventional studies. However, most of the studies were limited by the small number of subjects and the short duration of study. Two randomised controlled trials comparing UCS eye drops versus AS drops showed better improvement using the UCS eye drops. From the studies the authors suggested that UCS eye drops were safe. The UCS eye drops manufacturing need to be done by a certified laboratory and personals who can handle the preparation. Issue of consent from patients who agree to donate cord blood, the testing for infectious diseases such as HIV, Hepatitis C, syphilis etc. also need to be addressed.

The estimated cost for 40 x 1ml of segmented UCS eye drops produced by the Cord Blood Bank Division, National Blood Centre is about RM152.20 for one patient (The estimation cost does not include labour cost, equipment charges and maintenance charges).

## Methods

Electronic databases were searched through the Ovid interface: Ovid MEDLINE® In-process and other Non-indexed citations and Ovid MEDLINE® 1948 to present, EBM Reviews - Cochrane Central Register of Controlled Trials – August 2015, EBM Reviews - Cochrane Database of Systematic Reviews - 2009 to August 2015, EBM Reviews - Health Technology Assessment – 2<sup>nd</sup> Quarter 2015, EBM Reviews - Database of Abstracts of Reviews of Effects – 2<sup>nd</sup> Quarter 2015, EBM Reviews – NHS Economic Evaluation Database 2<sup>nd</sup> Quarter 2015, Embase – 1988 to 2015 week 35. Searches were also run in PubMed. Google was used to search for additional web-based materials and information. No limits were applied. Additional articles were identified from reviewing the references of retrieved articles. Last search was conducted on 1<sup>st</sup> September 2015.

2015

