Comparison of Suprachoroidal and Intravitreal Injection Flow Mechanics Analyzed via Multimodal Imaging

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Core Advantages of Treating via the Suprachoroidal Space

**Compartmentalized**
Away from non-diseased tissues

Visualized via cryofreeze and sectioning

**Targeted Delivery**
Directly to posterior tissues

Visualized via fluorescing dye under UV light

**Bioavailable**
Bathing choroid & adjacent tissues

Visualized via real-time endoscopy
Suprachoroidal injection shows posterior and diffuse spread; IVT injection shows injectate bolus in vitreous.

For Reference: Images oriented per cross-section diagram above.

**Intravitreal Injection**

Injectate located as a bolus in the vitreous

Dye injected followed by immediate freezing, then sectioned across injection plane.

**Suprachoroidal Injection**

Injectate spreads from scleral spur towards macula.
Suprachoroidal injectate spreads immediately in circumferential and posterior directions.

Fluorescing dye Injected under UV Light, filmed in real time.
Clinical read through with in-office suprachoroidal injections

**AS-OCT 30 minutes after suprachoroidal injection of **CLS-TA** shows expansion of SCS beyond the scleral spur**


**Real-time thermal imaging of suprachoroidal injection of RGX-314 shows circumferential, posterior spread**

CLS-TA: Investigational formulation of triamcinolone acetonide injectable suspension

RGX-314: Investigational gene therapy AAV8 vector expressing an anti-VEGF Fab
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