

Abstract 71

TREAT AND EXTEND VERSUS PRO RE NATA REGIMENS IN NEOVASCULAR AGE-RELATED MACULAR DEGENERATION: RETROSPECTIVE COMPARATIVE STUDY IN A CLINICAL PRACTICE SETTING.

Oral

Monaco P.^[1], Del Borrello M.^[1], Airaldi M.^[2], Tozzi L.^[1], De Robertis D.^[1], Tollot L.^[1], Invernizzi A.^[2]

^[1]Ophthalmology Department, San Martino Hospital ~ Belluno ~ Italy, ^[2]Eye Clinic - Department of Biomedical and Clinical Science "Luigi Sacco" ~ Milano ~ Italy

Purpose:

To compare efficacy of anti-Vascular Endothelial Growth Factor (VEGF) medications following pro re nata (PRN, injections only in case of active disease) or treat and extend (T&E, extension of treatment intervals up to 12 weeks depending on the clinical findings) protocols in real-practice conditions throughout two years.

Methods:

89 treatment-naïve eyes from 78 exudative age-related macular degeneration patients enrolled in the Fight Retinal Blindness! registry were identified and retrospectively reviewed: 47 eyes (PRN group) and 42 eyes (T&E group). Subjects having a follow-up of at least 24 months were defined as completers. The primary outcome was visual acuity (VA) change at 2 years, other outcomes included number of intravitreal anti-VEGF injections, proportion of active visits and incidence of macular atrophy and subretinal fibrosis. Calculation of visual outcomes over 24 months used the last-observation-carried-forward (LOCF) for non-completers.

Results:

Final VA using LOCF for non-completers was similar (median [IQR], 65 [55, 75] vs. 62 [35, 71.5] LogMAR letters, $p = .35$), as well as adjusted VA change from baseline (mean [95% CI], 0.6 [-4.4, 5.7] vs. -2.2 [-7.4, 3] letters, $p = .44$). T&E patients received significantly more injections (median [IQR], 7.5 [5, 9.2] vs. 10.5 [8.8, 12], $p < .001$). T&E was significantly associated with fibrosis compared to PRN (31% vs 63% at 2 years, HR = 4, $p < .001$) but not with macular atrophy (12% vs. 52% at 2 years, HR = 1.8, $p = .28$).

Conclusions:

In our study the T&E protocol permitted a reduction of the evaluations improving the patient's compliance. The mean change in VA was similar with a dropping after 18 months in the T&E group. VA trend was more stable with less variations until 18 months in the T&E.