Abstract 216

TREAT AND EXTEND VERSUS PRO RE NATA (PRN) TREATMENT MODALITIES IN POLYPOIDAL CHOROIDAL VASCULOPATHY

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Purpose:

To determine the preferable treatment regimen (treat-and-extend and pro re nata (PRN) with aflibercept) in the maintenance phase of polypoidal choroidal vasculopathy (PCV), by comparing the 1-year outcomes of visual acuity (VA), rates of recurrence and developed fibrosis, and the number of intravitreal injections

Methods:

Naive and previously untreated PCV patients were included in our prospective study. The loading phase consisted of a session of photodynamic therapy (PDT) and three monthly intravitreal injections of 2.0 mg aflibercept (IAIs) (38 eyes) Afterwards, the eyes were re-examined and 30 of them without any exudative phenomena were included in the study. They were divided in 2 groups; in the first one (16 patients) the PRN treatment modality was applied, while in the second one (14 patients) the treat-and-extend regimen was applied.

Results:

Over the study period (12 months), VA significantly improved in treat-and-extend group and remained stable in the PRN group. Moreover, the patients of treat-and-extend group did not encounter development/progression of fibrosis or any recurrent episodes, whereas the patients of PRN group faced significantly more recurrent episodes and the frequency of development/progression of fibrosis was significantly higher. However, the treat-and-extend treatment regimen was accompanied by a significantly elevated number of IAIs.

Conclusions:

We underlined the efficacy and superiority of treat-and-extend regime with IAIs, which seems to yield better functional outcomes since it was accompanied by lower recurrence and subfoveal fibrosis rates, although a greater number of injections was required.