LONG TERM REAL WORLD OUTCOMES OF A TREAT & EXTEND REGIMEN FOR WET AGE RELATED MACULAR DEGENERATION IN A DISTRICT GENERAL HOSPITAL

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PURPOSE

To report 24-month real world outcomes of modified treat and extend (mT&E) Aflibercept (AFL) for wet age related macular degeneration (wARMD) and true T&E (tT&E) with Ranibizumab (RNZ) in a Secondary Ophthalmology department of the UK NHS.

METHODS

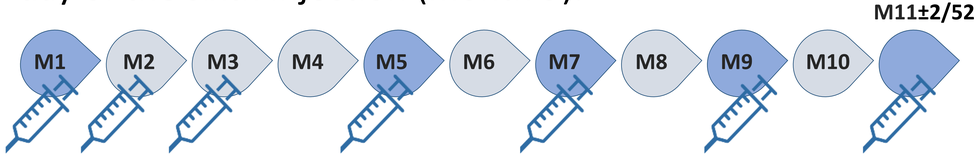
Retrospective review – non randomised

- 79 unselected patients / 85 eyes (mean age 80.9 years, range 51-98) diagnosed with wARMD between December 2013 and August 2015 and placed on mT&E Aflibercept
- 60 unselected patients / 62 eyes (mean age 80.9 years, range 57–96) with wARMD between November 2013 and September 2014 and placed on tT&E Ranibizumab
- Follow up for 24/12(±1/12)
- Descriptive and non-parametric statistical analysis performed

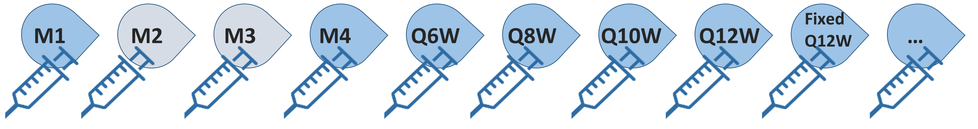
Primary endpoints were improvement in best corrected visual acuity (BCVA) and central-subfoveal retinal thickness (CRT) at months 12(±2/52), 24(±1/12)

Secondary endpoints were the number of injections and distribution of treatment intervals at months 12 (±2/52) and 24(±1/12) and proportion of patients with active disease at month 11(±2/52)

Modified T&E; following a course of **six fixed injections (3 monthly – 3 bimonthly)** in the first year of treatment, the treating clinician could place the patient on T&E on the day of the sixth injection (month 9).

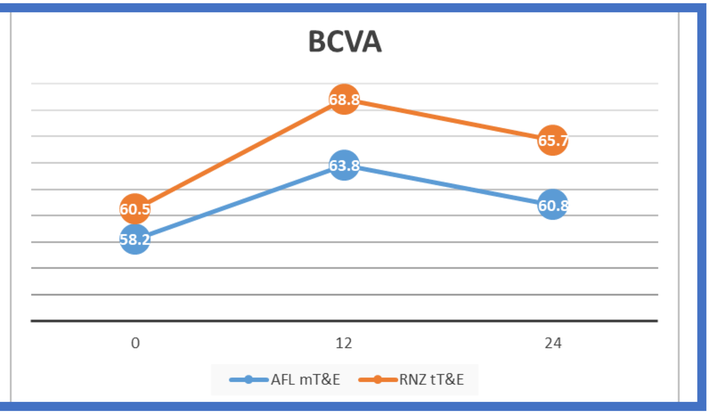


True T&E; following a course of **four fixed monthly injections**, the patients received monthly treatment until no signs of disease activity.



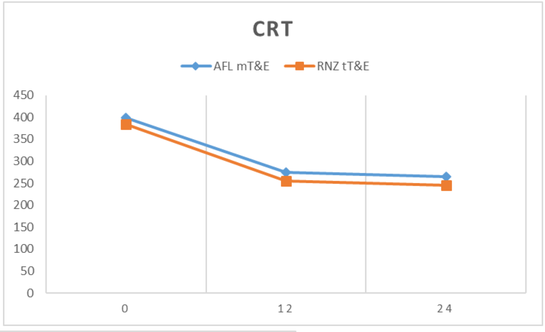
RESULTS

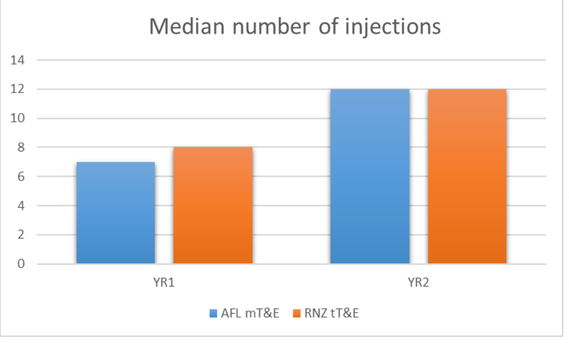
- By **month 12 BCVA improved significantly** to a mean of 63.8 letters and 68.8 letters respectively, while at months 24 mean BCVA was 60.8 and 65.7.



RESULTS

- CRT **decreased significantly by month 12** to 274.3µm and 255.1µm which was maintained during the study





- The median **number of injections:**
- **7** for the AFL mT&E group YR1
- **8** for the RNZ tT&E group YR1
- Both groups had a median of **12** injections

CONCLUSION

- AFL on a mT&E and RNZ on a tT&E regimen **are both overall effective treatments** for wARMD offering significant anatomical and **visual improvement** in the long term.
- T&E regimens after the initial fixed dosing phase help maintain treatment outcomes with an overall reduction of the treatment burden
- tT&E with RNZ appears to **achieve better disease control in the initial stages of treatment**.
- **Patients on mT&E could benefit from more frequent injections in the first year achieving better disease stability which could potentially improve the long term outcomes**