Purpose increasing experience suggests that aflibercept, an anti-vascular endothelial growth factor (VEGF) agent, given every 8 weeks as indicated may not maintain initial improvements in patients treated monthly for wet age-related macular degeneration (AMD). We examined whether this dosing allows continued visual acuity (VA) and anatomical improvements, including pigment epithelial detachment (PED) resolution.

Methods Twenty patients with wet AMD (treated December 2011–November 2013) were included in this retrospective interventional case series. Only patients treated with three initial monthly doses of 2.0 mg aflibercept were included. At baseline and each visit, best-corrected VA and presence of PED or intra- or sub-retinal fluid on optical coherence tomography, were recorded. Results Of the 20 patients (aged 63–88) with wet AMD, 16 (80%) had previously received anti-VEGF therapy and four had baseline PED. Following three consecutive monthly injections, 15 patients (75%) had stable/improved VA, 14 (70%) had clinically meaningful sub-retinal fluid reductions and three had stable/improved PED. At the fourth visit (mean 7.2 weeks after the third injection), compared with the previous visit, VA had decreased in seven patients (35%), intra- or sub-retinal fluid had increased in 13 (65%) and PED returned in all who initially responded. Thirteen patients (65%) could not be extended to dosing every 8 weeks. Conclusions Our data suggest that aflibercept given every 8 weeks after three monthly injections as recommended may not be optimal for all patients with wet AMD. We advise close monitoring, more often than every 8 weeks, for patients initiating aflibercept treatment.