ANALYSIS OF THE EFFECTS OF AFLIBERCEPT IN AGE-RELATED MACULAR DEGENERATION PREVIOUSLY TREATED WITH BEVACIZUMAB OR RANIBIZUMAB
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Purpose: To report the clinical outcomes of intravitreal aflibercept therapy in eyes with neovascular AMD switched from intravitreal bevacizumab or ranibizumab.

Methods: A retrospective review of 86 eyes treated in a 1+PRN regimen, in a clinical setting with bevacizumab or ranibizumab that were switched to aflibercept. Aflibercept was used in patients considered refractory to bevacizumab (persistent exudation despite consecutive injections) – group 1, and in patients on therapy with ranibizumab (refractory or controlled but requiring frequent injections) due to a institutional policy decision – group 2. Changes in best-corrected visual acuity (BCVA), anatomic response with the switch, central retinal thickness (CRT) and frequency of injections were compared.

Results: Eighty six eyes of 69 patients were analyzed; 39 eyes in group 1 and 47 in group 2. Mean follow-up time was 18 months prior to the switch and 5.9 months with aflibercept. Visual acuity showed stability with therapeutic switch in both groups (group1: 58.2 and 58.4, p=0.900; group2: 55.5 and 55.1, p=0.725) and the mean number of injections per month was significantly lower (0.753 vs 0.649, p=0.030). With the switch to aflibercept, 89.5% of patients showed anatomic improvement with reduction of intra and/or subretinal fluid and both groups presented significant improvement in CRT (Group 1 - 68.5 µm, p=0.040; Group 2 - 85.0 µm, p=0.001).

Conclusion: Switching patients with neovascular AMD from bevacizumab or ranibizumab to aflibercept results in anatomical improvement and stabilized vision, while allowing injection intervals to be extended.