SWITCH OF INTRAVITREAL RANIBIZUMAB TO BEVACIZUMAB FOR THE TREATMENT OF NEOVASCULAR AGE-RELATED MACULAR DEGENERATION: CLINICAL COMPARISON

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Purpose: To compare the clinical outcomes after switching from intravitreal ranibizumab (Lucentis) to bevacizumab (Avastin) for the treatment of patients with neovascular age-related macular degeneration (AMD).

Methods: We performed a retrospective review. All patients enrolled in the study had a minimum of three injections of ranibizumab and bevacizumab, before and after the switch, respectively. All patients were treatment naïve and were treated with an 1+PRN regimen, with a monthly evaluations. The main clinical outcomes included comparisons of best corrected visual acuity (BCVA), retinal thickness and frequency of injections while receiving both drugs.

Results: One-hundred and ten eyes of 104 patients met the inclusion criteria. Mean baseline BCVA was 52.4 ETDRS letters. Mean follow-up period with ranibizumab was 18.1 ± 7.6 months, followed by 12.2 ± 2.6 months with bevacizumab. The mean injection rates per month while receiving ranibizumab and bevacizumab were 0.54 and 0.56 respectively (P = 0.230). The difference between the mean BCVA at baseline and mean BCVA at the time of the switch was not statistically significant (52.4 and 54.8 respectively, P = 0.059), however, the mean BCVA before the switch was approximately 3 letters higher compared to the mean score at the last follow-up visit with bevacizumab (54.8 and 51.7 letters respectively, P < 0.001). During treatment with ranibizumab there was a mean decrease of the central retinal thickness of 72.9 µm (p < 0.001), but with the change to bevacizumab the central retinal thickness increased 19.2 µm (P = 0.103).