REAL LIFE DATA OF TREAT AND EXTEND REGIMEN WITH RANIBIZUMAB FOR WET AMD AT THE UNIVERSITY EYE CLINIC OF HERAKLION


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Purpose: To evaluate visual and anatomical outcomes of treat and extend (TREX) protocol in patients with wet type of age-related macular degeneration (AMD) receiving treatment with ranibizumab. Methods: Retrospective, non-randomized study of patients with wet AMD who were treated with ranibizumab either by switching from a pro re nata (PRN) to a TREX regimen or by starting treatment with a TREX protocol. Best corrected visual acuity (BCVA; logMAR), central retinal thickness (CRT), number of injections, duration of treatment and maximum treatment intervals accomplished were analyzed. Results: 41 eyes (41 patients) were included; 31 switched to TREX from a PRN regimen while 10 started their treatment with TREX. During PRN treatment patients received 11.6 injections (median: 8) in a time period of 26.7 months (median: 14; 2.6/6 months). At baseline, mean BCVA was 0.36 and mean CRT was 305.74 μm. Mean follow-up was 6.8 months (median: 7) after switching to TREX. Mean number of injections was 4.2 (median: 4; 3.2/6 months), BCVA was 0.41 and CRT 291.7 μm. Maximum TREX treatment interval reached a mean of 2.6 months (median: 2.5), while 30% of patients relapsed during their follow-up. Mean follow-up of patients who started their treatment with TREX was 9.6 months (median: 8). Mean baseline BCVA and CRT was 0.39 and 362 μm and improved to 0.23 and 319.6 μm, respectively. Conclusion: Switching patients from PRN to TREX protocol seems to provide better anatomical outcomes, while simultaneously retaining visual acuity. Mean number of injections slightly increased, however patients’ follow up visits decreased resulting significant improvement in the overall workload of our department.