Bevacizumab effective in proliferative diabetic retinopathy

In eyes with high-risk proliferative diabetic retinopathy (HR-PDR), intravitreal bevacizumab injections plus panretinal photocoagulation injections result in less deterioration of vision and reduces foveal thickness better than panretinal photocoagulation alone, according to the results of a randomised, masked, controlled trial. In the prospective study, 42 patients received the combined treatment in one eye and panretinal photocoagulation alone in the other. Compared to baseline, mean visual acuity was significantly worse throughout six months’ follow-up in the photocoagulation alone group but was stable in the group receiving bevacizumab. In addition, mean foveal thickness increased significantly in the control group but did not change in the bevacizumab group.


Ranibizumab more cost effective than Pegaptanib

The results of a retrospective multicentre study indicate that the cost of preserving one line of vision over that achieved by photodynamic therapy with verteporfin is €1,225.98 for ranibizumab and €2,286.18 for pegaptanib in eyes with neovascular AMD. The study involved 788 eyes of 763 patients who underwent treatment for AMD in the Czech republic. There was a significant loss of vision over one year in eyes treated with PDT but vision remained stable in those receiving pegaptanib or ranibizumab. Pegaptanib was highest for the annual cost €5,467.63/patient), compared to €4,247.47 for ranibizumab therapy and €2,783.65 PDT with verteporfin.

- Kalar et al. Ophthalmologica “Cost and Effectiveness of Therapy for Wet Age-Related Macular Degeneration in Routine Clinical Practice” 2013 July DOI:10.1159/000350802.

Ranibizumab provides sustained visual improvements

A variable dosing regimen of ranibizumab produced stable improvements in vision in 174 treatment-naïve eyes of 156 patients with neovascular AMD throughout three years of follow-up, according to a retrospective case-note review study. The median baseline visual acuity improved significantly from 50 letters to 55 by the end of 12 and 24 months (p = 0.04), and fell by just one letter at three years. In addition, the mean number of injections fell from 4.8 during the first year to 2.9 in the second year, and to 2.4 in the third year. The mean gain in visual acuity was inversely proportional to the baseline visual acuity and did not correlate with the number of injections.


Smoking does not increase risk of PDR

Smoking neither increases nor decreases the risk of proliferative retinopathy in Type 1 diabetic patients according to the results of a 25-year follow-up study. The study involved 201 individuals from a population-based cohort of diabetic patients who underwent ophthalmoscopy at baseline and by nine 45-degree colour field fundus photos at the 25-year follow-up examination.