Ranibizumab as the Primary Treatment for Proliferative Diabetic Retinopathy in a 'Real Life' Private Retina Office Setting

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PURPOSE

DRCR Protocol S established intravitreal ranibizumab (RBZ) as an acceptable primary treatment for proliferative diabetic retinopathy (PDR). The frequency of injections and the larger than expected loss to followup led us to evaluate whether study treatment results could be replicated in a 'real life' private office clinical setting.

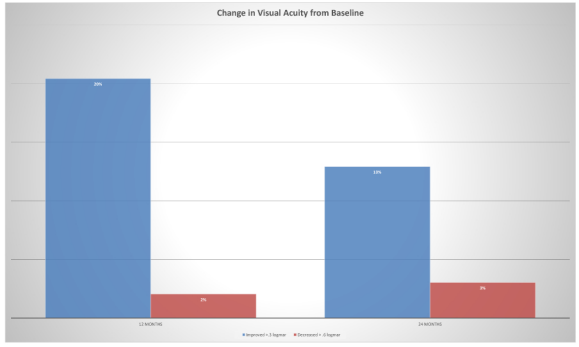
METHODS

Retrospective review of 63 consecutive PDR eyes (38 patients) treated primarily with RBZ. We reviewed the charts of all patients (n=156) seen in our private office with PDR between October 2011 and April 2018. Eyes were eliminated from the analysis if pan retinal photocoagulation or vitrectomy was initially performed for treatment of PDR.

RESULTS

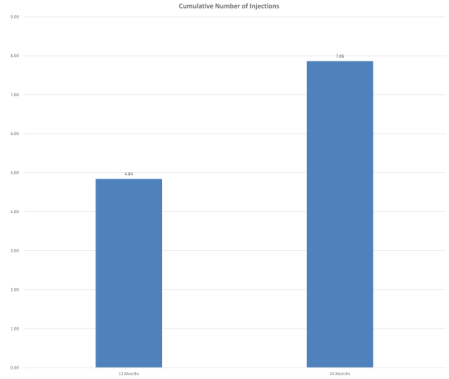
Mean age at baseline was 59.54 years; 45.76% were male. Of the 63 subject eyes, regression of PDR with RBZ alone was achieved in 59 (94%). Diabetic macular edema requiring RBZ treatment was present at baseline in 12 eyes.

Vision: At 12 months, mean best available vision improved by greater than 1 line. At 12 months 10 of 41 eyes (20%) improved ≥ .3 logmar units and at 24 months, 4 of 31 eyes (13%) improved ≥ .3 logmar units. Of eyes losing vision, at 12 months only 1 of 49 eyes (2%) lost ≥ .6 logmar units, and at 24 months, 1 of 33 eyes (3%) lost ≥ .6 logmar units.



In eyes with less than or equal to 20/50 baseline vision, 67% (10/15) improved ≥ .3 logmar units at 12 months.

Number of Injections: In the 49 eyes completing 12 months followup, the mean number of injections in the first year was 4.84±2.14. For the first two years (N=28), the cumulative mean number of injections was 7.86±3.43.



Complications: Vitreous hemorrhage developed in 15 eyes (25%) after starting treatment. One eye developed traction retinal detachment; there were no cases of endophthalmitis. One eye required vitrectomy and three required PRP.

Lost to Followup: At 12 and 24 months, 7.5% and 26.7% of eyes were lost to followup.

CONCLUSION

'Real life' treatment of PDR with RBZ as the primary treatment in a private office setting mimics the results in DRCR Protocol S. As in the clinical trial, patient followup remains a concern. RBZ can be administered safely and effectively to treat PDR in a 'real life' private clinical setting.

DISCLOSURES

Itay Kazaz, Genentech Code F (Financial Support), Michael J. Elman, Genentech Code F (Financial Support), Genentech Code I (Personal Financial Interest)