New Treatments for Retinal Vein Occlusion

etinal venous occlusive (RVO) disorders are common among our patients; however, due to the multifactor-

er, due to the multifactorial nature of branch retinal vein occlusion (BRVO) and central retinal vein occlusion (CRVO), managing these conditions remains a challenge to our profession. Traditionally, we have used laser photocoagulation to address RVO, as prescribed by the results of the BVOS (Branch Vein Occlusion Study). Visual acuity over the long term, however, is not optimal after laser, especially if macular edema is present.

At a time when exciting new techniques are being evaluated for treating RVO disorders, it is important that physicians remain aware of the current and emerging clinical information that can help their patients.

There has been a burgeoning interest in using new methods and modalities to approach CRVO and BRVO, including the use of combi-

nation treatments involving laser photocoagulation, intraocular steroid injections, and therapeutics targeting vascular endothelial growth factor (VEGF). Monotherapy for the underlying macular edema is also under investigation with steroids and anti-VEGF agents.

We have available data from small studies that provide insight into the efficacy of various treat-

ments, and soon we will have evidence from large, randomized, controlled clinical trials (eg, SCORE [Standard Care Versus

Corticosteroid for Retina Vein

Occlusion], BRAVO [A phase 3, multicenter, randomized, sham injection-controlled study of the efficacy and safety of ranibizumab injection compared with sham in subjects with macular edema secondary to branch retinal vein occlusion], and CRUISE [A phase 3, multicenter, randomized, sham injection-controlled study of the efficacy and safety of ranibizumab injection compared with sham in subjects with macular edema secondary to central retinal vein occlusion]) that will supply the retina community with the data





EMERGING DATA

As the range of available therapeutics in this area evolves, treatment patterns and timing of thera-

required to make effective clinical decisions for CRVO and BRVO.

peutic intervention must be addressed by experts in the field in order to best determine effective methods of patient management. In this issue of *Retina Today*, we focus on RVO with a series of articles providing updates on SCORE, BRAVO, and CRUISE. Additionally, we have included articles that discuss the results of smaller studies investigating the use of therapeutics and surgery.

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