Applying Clinical Data to Practice in AMD

Over the past 12 months, there have been many developments in regard to age-related macular degeneration (AMD). After positive 1-year data from the VIEW 1 and VIEW 2 trials were released, aflibercept (Eylea, Regeneron) was approved for neovascular AMD with labeling recommending less frequent injections than ranibizumab (Lucentis, Genentech) after 3 monthly loading doses. Subsequent 2-year data from the phase 3 trials held up the positive safety and efficacy evidence from year 1, although questions remain as to the long-term difference in treatment intervals between the 2 approved drugs with real-world dosing regimens.

The 1-year results from the CATT were also released at the Association for Research in Vision and Ophthalmology meeting in May 2011 and published in the *New England Journal of Medicine*. Although many of us were not surprised to learn that, with respect to visual outcome, bevacizumab (Avastin, Genentech) was found to be noninferior to ranibizumab, the prn arms did quite well when compared with the monthly arms. Additionally, the similarity of the duration of action of these 2 drugs could be seen as a surprise (albeit not a big surprise), as the molecular size of bevacizumab is significantly larger.

As the events of the past year suggest, the management of neovascular AMD will continue to evolve. We are fortunate to now have 2 approved and highly effective agents (as well as a seemingly equivalent off-label option) to treat this important age-related disease at a time when the population is aging. As molecular explorations yield new approaches and combination therapies and drug delivery devices hopefully demonstrate their safety and effectiveness in coming years, those of us in the retina subspecialty may have the opportunity to work together to devise more sustainable treatment regimens to combat this sight-threatening progressive disease. ■

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