Fluctuation Speed as a New Criterion to Evaluate the Efficiency of Intravitreal Anti-VEGF Drugs

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Dear Editor

I read the article by Zinkernagel et al. [1] entitled 'Fluctuations in pigment epithelial detachment and retinal fluid using a bimonthly treatment regimen with aflibercept for neovascular age-related macular degeneration' with great interest. The authors evaluated intraretinal and subretinal fluid fluctuations in patients treated with aflibercept. I congratulate the authors for this well-organized study and want to make some contributions.

There are some criteria used to assess the efficiency of anti-VEGF drugs and to identify treatment intervals. Best-corrected visual acuity and central retinal thickness are the most common ones. Based on these criteria, treatment intervals for ran-

ibizumab and bevacizumab are advised to be monthly and those for aflibercept bimonthly [2, 3]. I appreciate the evaluation of fluid fluctuations presented by the authors because the speed of fluid fluctuation negatively correlates with the need for retreatment. A higher fluctuation speed (FS) of an anti-VEGF drug indicates that the efficiency period of this drug is short, and thus treatment intervals should be short too. On the contrary, a lower FS shows the necessity for a longer treatment period. I suggest that besides best-corrected visual acuity and central retinal thickness, FS should be used more commonly in studies about anti-VEGF drugs.

References

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- 3 Schmidt-Erfurth U, Kaiser PK, Korobelnik JF, et al: Intravitreal aflibercept injection for neovascular age-related macular degeneration: ninety-six-week results of the VIEW studies. *Ophthalmology* 2014;121:193–201.