Myopic choroidal neovascularisation – Use the patient's motivation

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Abstract from Pastore MR, Capuano V, Bruyère E, et al.: Monotherapy for choroidal neovascularization secondary to pathologic myopia. *Ophthalmologica* 2018;239:133–142

Keywords

Intravitreal injections · Myopic choroidal neovascularization ·
Ranibizumab

Abstract

Purpose: The aim of this study was to evaluate the 9-year outcome of ranibizumab monotherapy for myopic choroidal neovascularization (mCNV).

Methods: This was a retrospective, nonrandomized, multicentric study to evaluate the long-term outcomes of mCNV treated with ranibizumab monotherapy for at least 9 years according to a strict pro re nata regimen.

Results: Seventeen eyes of 17 patients (12 women, mean age 57.9 ± 7.7 years) were included. The mean follow-up period was 112.4 ± 3.9 months (range 108–120). The mean difference in best-corrected visual acuity (BCVA) from baseline to the last follow-up was $+1.2 \pm 15.6$ ETDRS letters ($p = 0.004$, between initial vs. 12 and 24 months). The mean total number of intravitreal injections for each patient was 1.24 ± 1.70 per year (range 2–25). No systemic adverse reactions related to the drug treatment were detected during the 9-year follow-up period.

Conclusions: Long-term ranibizumab monotherapy treatment induces unchanged or better BCVA compared to baseline after a 9-year treatment in almost all eyes.

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Knowledge transfer

Background

The treatment of patients with a choroidal neovascularisation (CNV) on the background of myopia demonstrates a significantly better treatment response in comparison to CNV in the case of age-related macular degeneration (AMD). The significantly lower number of intravitreal operative medication applications (IVOM) is likewise welcome. However, patients with myopic CNV at initial diagnosis are significantly younger, which means that the illness and treatment last for a longer period of time. An important criterion in assessing the efficacy and, in particular, the usefulness of treatment is to take the long-term successes into account. The observational studies (so-called real-life studies or phase IV studies) yielded some disillusionment in the treatment of CNV in the case of AMD since the results achieved in the approval studies (phase III studies) were not able to be confirmed in the phase IV studies. There are numerous reasons for this; however, it appears that primarily logistical challenges lead to the discontinuation of treatment or at least to treatment delays. The fact that Pastore et al. dealt with the long-term data in the case of patients with myopic CNV is thus a very welcome thing. Although the work observed a relatively small group size ($n = 17$), it is a representative selection. The mean age was 57 years, the mean myopia was -12.8 dioptres. A pro re nata (PRN) plan was used and it was attempted to perform monthly follow-up examinations. On this plan, results in the initial months were comparable with those of the approval study for ranibizumab in the case of myopic CNV.

Motivation is particularly high in patients with myopic CNV

The first reasonable success for the group of authors was the fact that over the long follow-up observation phase of 9 years, 7.3 check-ups were performed on average per year. This can also be explained by the younger patients who have a high level of motivation. The visual acuity could be stabilised on an acceptable level

with the aid of only 1.2 IVOM per year. For the affected persons, this is also a reasonable balance between the time and effort needed for treatment and functional success. There were by all means patients who needed IVOM only in the initial phase of the treatment. This is another difference from CNV in the case of AMD and a motivator for persons affected by myopic CNV.

Conclusions for clinical practice

Myopic CNV is particularly alarming for those affected, because the patients are generally younger and, in most cases, still employed. It is therefore extremely important to assess not only the short-term successes but also to observe the long-term course. The result of this study was that visual acuity in the vast majority of patients could be stabilised over a period of 9 years with little IVOM. Of note are also the high-frequency check-ups which have not been achievable to date in the case of patients with AMD. This demonstrates the high level of motivation of myopic CNV patients which one can and should utilise as the attending ophthalmologist.

Disclosure Statement

I hereby declare that there are no conflicts of interest with regard to this commentary.

Republication

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