

Tolerating Subretinal Fluid in nAMD (FLUID Study 24-month results) - 2019



Objective

To determine whether tolerating some subretinal fluid (SRF) using a treat-and-extend (T&E) regimen can achieve similar visual acuity (VA) outcomes as treatment aimed at resolving all SRF in patients with neovascular age-related macular degeneration (nAMD)

Methods

Design: Single-masked RCT

Sample Size: 349

Treatment Groups:

- Intensive group (N = 174): ranibizumab 0.5 mg monthly until resolution of SRF and intraretinal fluid (IRF) before extending treatment intervals
- Relaxed group (N = 175): ranibizumab 0.5 mg monthly until resolution of IRF only before extending treatment intervals

Outcome Measures:

- Mean change in BCVA
- Central subfield thickness
- # injections over 24 months

Results

Point 1: Treatment until full resolution of SRF (intensive arm) did not improve VA outcomes compared to those treated until resolution of IRF alone (relaxed arm).

- Mean change in BCVA from baseline to month 24 was 3.0 letters in the intensive group and 2.6 letters in the relaxed group (P = 0.99)
- Similar proportions of both groups achieved 20/40 or better VA (53.5% vs. 56.6%, P = 0.92) and 20/200 or worse VA (8.7% vs. 8.1%, (P = 0.52)

Point 2: Those in the relaxed group received fewer injections with longer treatment intervals than those in the intensive group.

- The relaxed group received a mean of 15.8 injections over 24 months while those in the intensive group received a mean of 17 (P = 0.001).
- More participants in the intensive group never extended beyond 4-week treatment intervals (13.5%) than in the relaxed group (2.8%; P = 0.003)
- More participants in the relaxed group extended to and maintained 12-week treatment intervals (29.6%) than the intensive group (15.0%; P = 0.005).

TLDR: Patients treated with ranibizumab until resolution of IRF only achieved comparable VA with fewer injections than those treated to complete SRF resolution.