

Treatment of Age-related Macular Degeneration With Photodynamic Therapy (TAP) - 1999



Objective

To determine whether the risk of vision loss in patients with subfoveal choroidal neovascularization (CNV) caused by age-related macular degeneration (AMD) can be reduced using photodynamic therapy (PDT) with verteporfin.

Methods

Design: Two multicenter, double-blinded, placebo-controlled RCT

Sample Size: 609
(all patients received a laser light at 689 nm delivering 50 J/cm²)

Treatment Groups:

- 207 to placebo
- 402 to verteporfin (PDT)

Outcome Measures:

- Primary outcome: Proportion of eyes with <15 letters lost at 1 year after study entry
- Proportion of eyes with <30 letters lost compared to baseline
- Mean changes in visual acuity, contrast threshold, & angiographic outcomes

Results

Point 1: A larger percentage of patients treated with verteporfin lost fewer than 15 letters of visual acuity compared to placebo at 12 months

- 246 (61%) of 402 eyes assigned to verteporfin versus 96 (46%) of 207 eyes assigned to placebo lost <15 letters (P<0.001).

Point 2: Patients with predominantly classic CNV lesions (CNV occupying 50% or more of the entire lesion) given verteporfin showed visual acuity benefits

- 67% verteporfin versus 39% placebo showed <15 letter loss (P<0.001)
- There was no statistically significant difference when CNV was between 0% to 50%.

Point 3: No significant difference in attributable adverse events were noted between the two groups

- Transient visual disturbances: 18% verteporfin vs 12% placebo
- Injection-site adverse events: 13% verteporfin vs 3% placebo
- Transient photosensitivity reactions: 3% verteporfin vs 0% placebo

TLDR: Verteporfin therapy can safely reduce the risk of vision loss in patients with predominantly classic CNV secondary to AMD with minimal systemic or ocular harm