Clinical practice: Anti-VEGF therapy for resistant macular edema.

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Background and Importance
Therapy approved for diabetic macular edema (DME) are intravitreal ranibizumab (IR), intravitreal afilbercept (IA) and dexamethasone intravitreal (ID). Currently there is a gap of information on its use in unresponsive to previous treatment.

Aim and objectives
To evaluate clinical effectiveness and safety of afilbercept or ranibizumab (Anti-VEGF) therapy for resistant macular edema.

Material and methods
Descriptive and retrospective study.
- All patients with DME unresponsive to previous anti-VEGF therapy
- Clinical data were obtained: Digital clinical history.
- Study period: September 2021 - September 2022.

Clinical data
- Sex
- Age
- Pathology
- Previous therapy
- Type treatment
- Number injections during study
- Response
- Adverse events (AE).

Results

<table>
<thead>
<tr>
<th>Clinical Data</th>
<th>N=18</th>
<th>N=16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
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<tr>
<td>Age</td>
<td>69 (35-90) years</td>
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<tr>
<td>Pathology</td>
<td>Resistant macular edema</td>
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<td>Previous therapy</td>
<td>One-line anti-VEGF therapy</td>
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<td>Type treatment</td>
<td>80% afilbercept, 20% ranibizumab</td>
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<tr>
<td>Number injections during study</td>
<td>261 injections of IR (median 9, range 3-12)</td>
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Effectiveness: Complete or partial response
Safety: Adverse events (AE)

Safety: No treatment-associated adverse effects were observed.

Conclusion and relevance
- The effectiveness was relatively low in unresponsive to previous treatment. Future controlled trials are needed to confirm the use of this type of treatments in unresponsive patients.
- The safety profile for use of the therapy showed it was tolerated.