

#### **Disclosure**

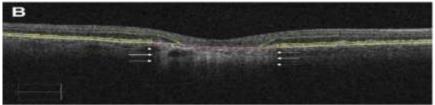
The author has no financial interest

in the matter of this presentation



#### Age Related Macular Degeneration (ARMD)

- One of the most common causes of visual loss worldwide
- Dry type & wet type (CNV)
- Both types may be associated with retinal atrophy (RORA)
- Classification of Atrophy Meetings (CAM) classification (iRORA & cRORA)



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3

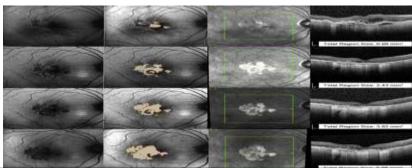
## Aim of the Study

 To quantify incidence of iRORA and conversion rate of iRORA to cRORA in eyes treated with ranibizumab monthly or using a treat-and-extend (TREX) regimen for NVAMD or fellow control eyes



## Methodology

- Sixty patients with unilateral treatment-naïve NVAMD randomized 1:2 to monthly or TREX ranibizumab were followed for 36 months.
- Atrophy was quantified with SDOCT guidance (Heidelberg SPECTRALIS® OCT) using CAM criteria for incomplete and complete RPE and outer retinal atrophy iRORA/cRORA.
- Atrophy was measured on FAF images using Region Finder (Heidelberg Engineering).

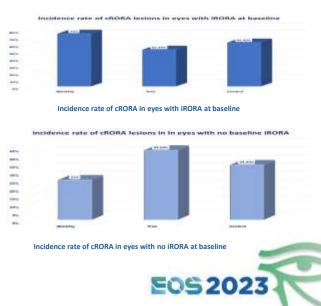




5

#### Results

- Baseline iRORA lesions are common in treatment-naive eyes: monthly (n = 4), TREX (n = 21), and control fellow eyes (n = 8). Incidence rate of cRORA lesions in eyes with iRORA at baseline was 75% in the monthly group, 52.4% in TREX group, and 62.5% among controls. In eyes with no baseline iRORA, incidence rate of cRORA lesions was 25% (monthly), 43.5% (TREX), and 34.4% (control).
- Ranibizumab did not show a statistically significant influence on new cRORA development or progression of iRORA to cRORA lesions.



6

# Take Home Message

- Macular atrophy can be associated with dry or wet AMD
- Follow up is recommended to detect early iRORA and its progression
- Ranibizumab injection has no significant effect on iRORA formation or progression of iRORA to cRORA



7