

Ranibizumab Induces Regression of Diabetic Retinopathy in Most Patients at High Risk of Progression to Proliferative Diabetic Retinopathy

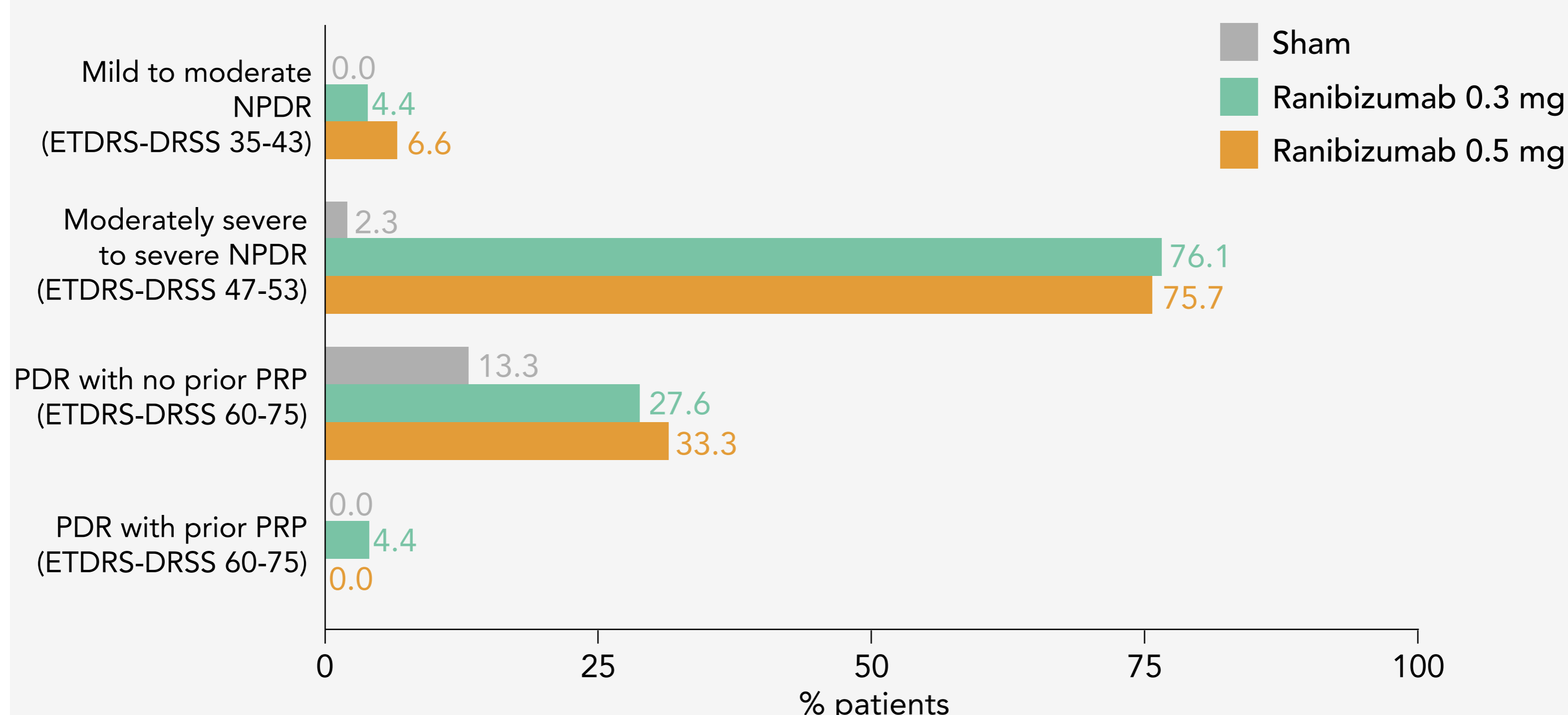
Wykoff CC, Eichenbaum DA, Roth DB, et al. *Ophthalmology Retina*. 2018;2:997-1009.
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In this paper, the researchers evaluated diabetic retinopathy (DR) outcomes with ranibizumab treatment in patients with DR and diabetic macular edema (DME) at high risk of progression to proliferative disease.

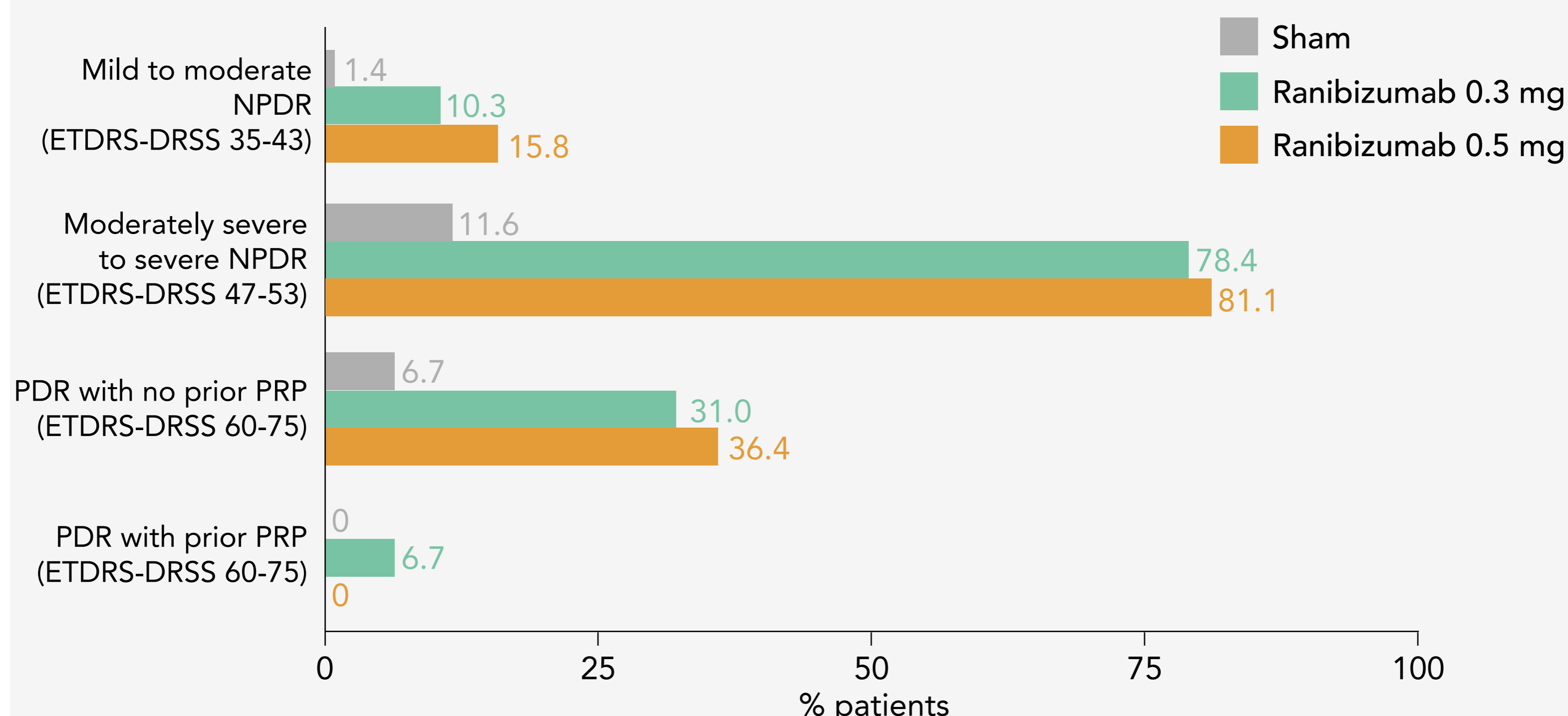
This was a post hoc analysis of the phase 3 RIDE and RISE clinical trials of ranibizumab for the treatment of DME. Seven hundred forty-six patients with baseline fundus photographs were randomized for treatment. DR outcomes were assessed through month 36 by baseline DR severity level. DR severity was quantified using the Early Treatment Diabetic Retinopathy Study (ETDRS) Diabetic Retinopathy Severity Scale (DRSS).

Both doses of ranibizumab improved DR over 36 months

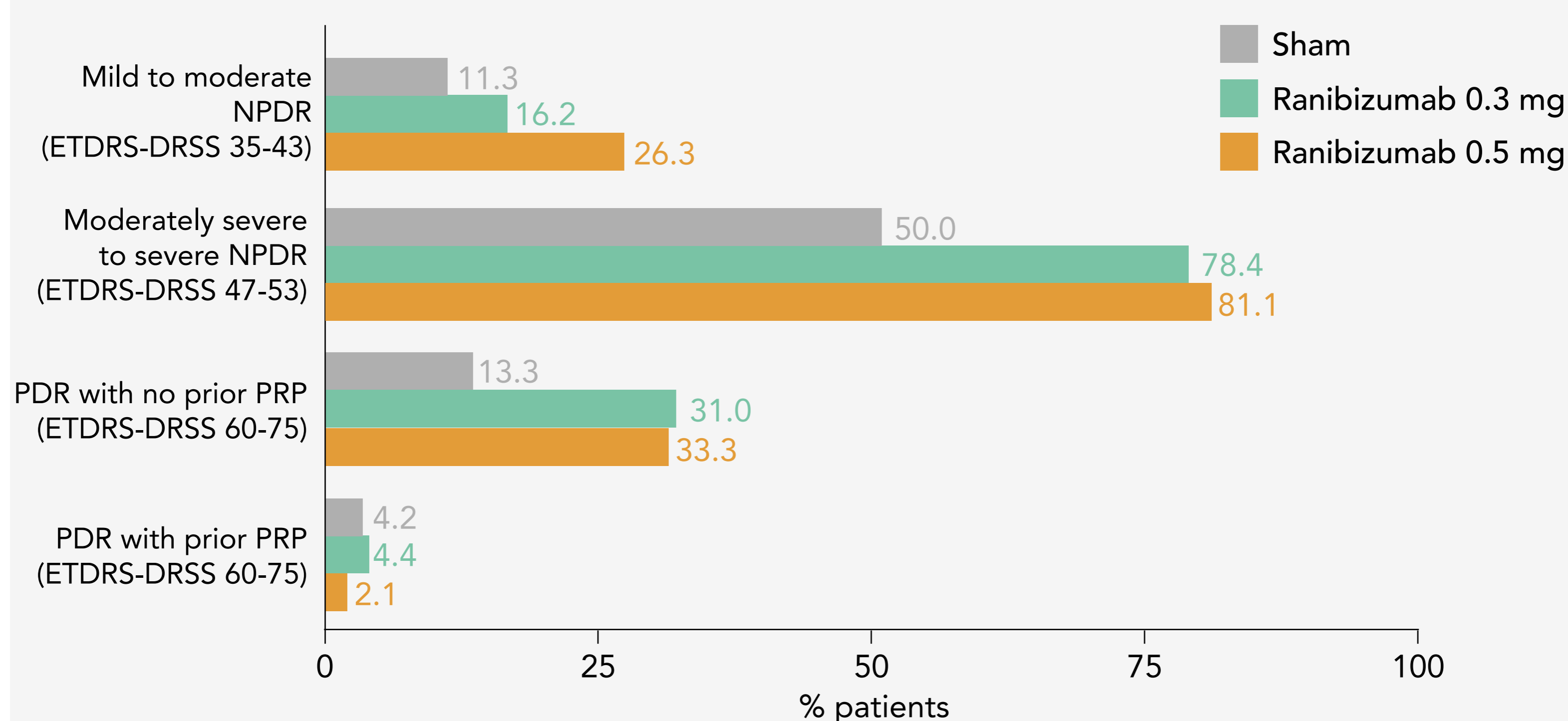
Patients with ≥ 2 -step DR improvement at month 12



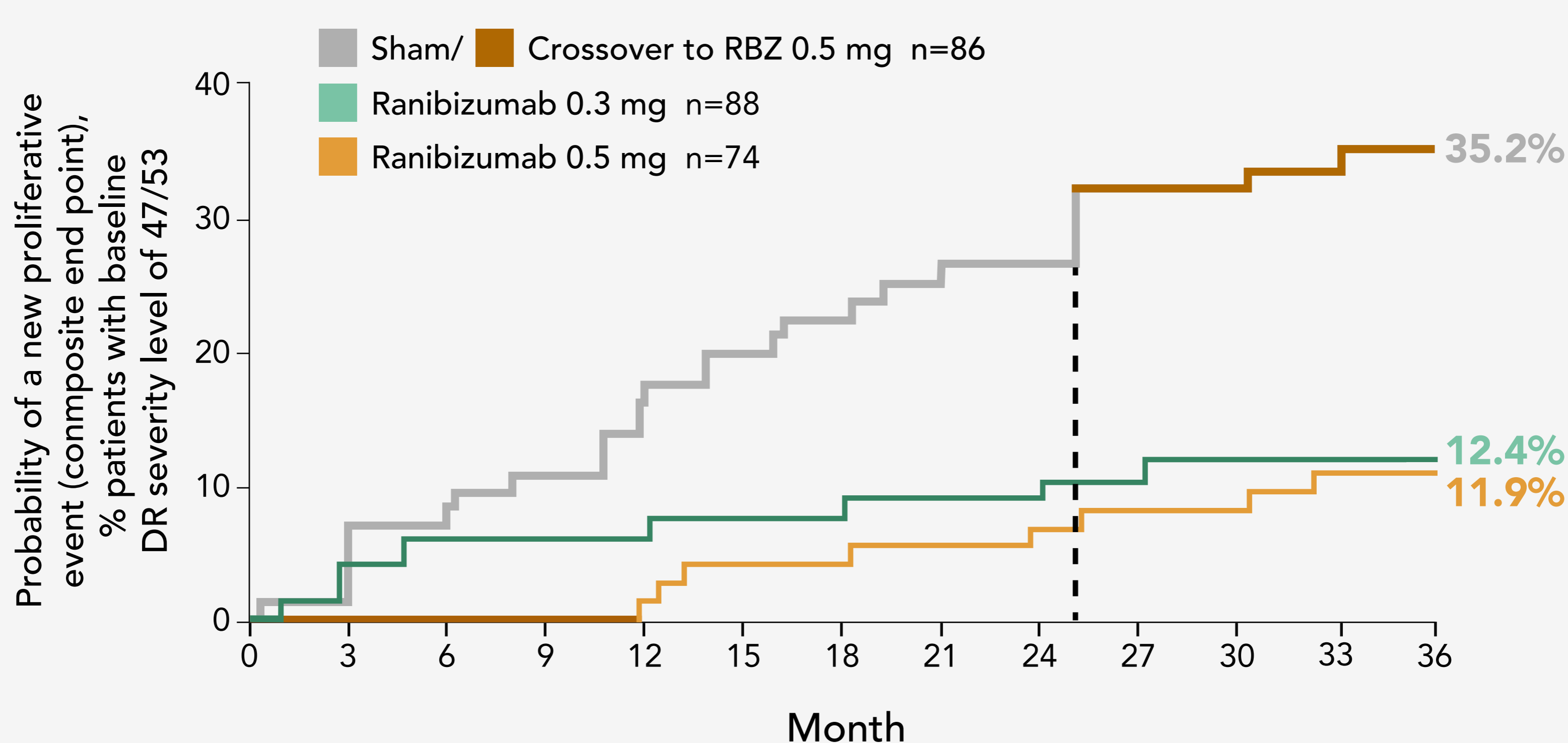
Patients with ≥ 2 -step DR improvement at month 24



Patients with ≥ 2 -step DR improvement at month 36



Ranibizumab treatment delayed the time to new proliferative event and reduced the probability of a patient experiencing a new proliferative event over 36 months



Conclusions

Ranibizumab treatment resulted in DR improvements in all 3 baseline DR severity subsets examined. The greatest benefits in DR improvement were seen in patients with baseline moderately severe to severe NPDR (DR levels 47/53). DR improvements were rapid, clinically meaningful, and sustained through month 36.