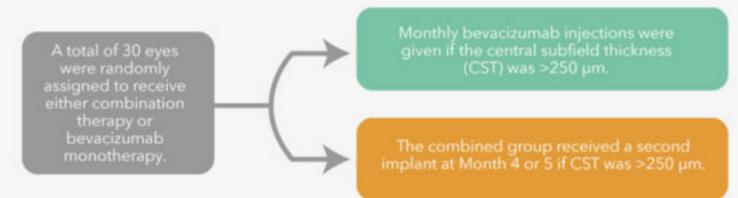
A 6-month, Subject-Masked, Randomized Controlled Study to Assess Efficacy of Dexamethasone as an Adjunct to Bevacizumab Compared With Bevacizumab Alone in the Treatment of Patients With Macular Edema Due to **Central or Branch Retinal Vein Occlusion**

Maturi RK, Chen V, Raghinaru D, et al. Clin Ophthalmol. 2014;8:1057-1064 doi:10.2147/OPTH.560159

In this study the researchers determined if intravitreal bevacizumab combined with the dexamethasone intravitreal implant 0.7 mg improved visual acuity (VA) and macular thickness more than bevacizumab monotherapy in eyes with macular edema due to branch and central retinal vein occlusions.



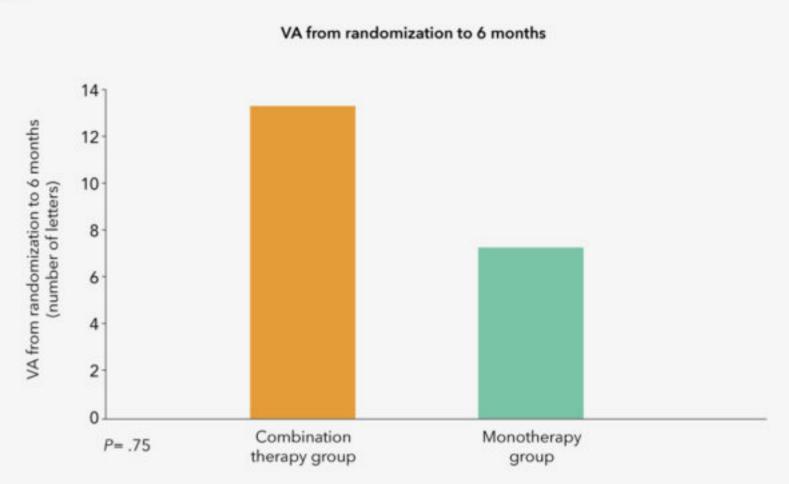
This was a randomized, controlled study.



The primary endpoint was improvement in VA in the combination group compared to the bevacizumab group at 6 months.



The primary endpoint was not met since mean VA changes from baseline were similar in the 2 groups.



with 2.3 ± 7.7 in the monotherapy group (P=.75, adjusted for VA at randomization).

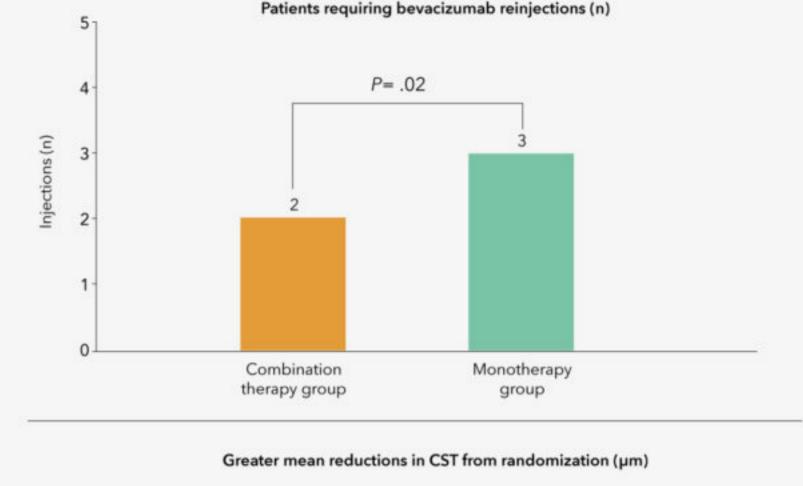
VA from randomization to 6 months was 0.1±13.3 letters in the combination therapy group compared



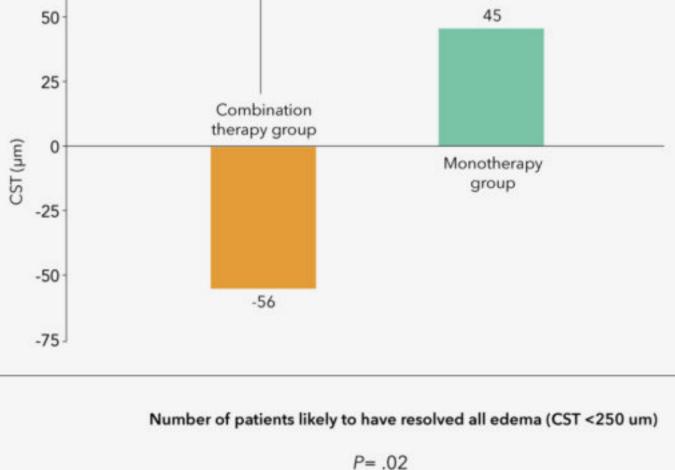
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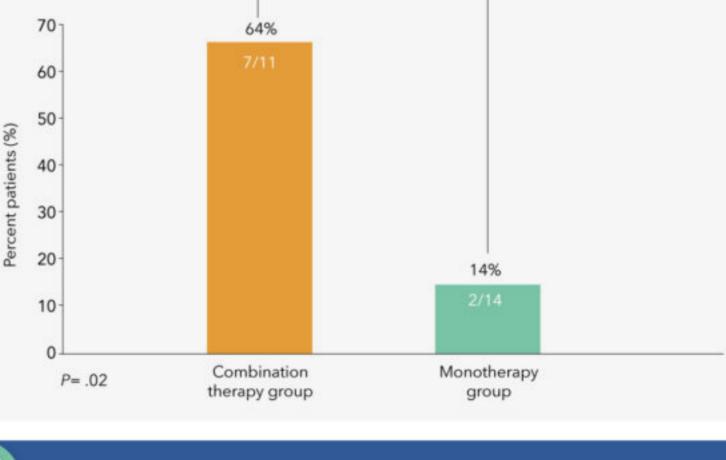
changes in CST, proportions of eyes with CST < 250 µm, and the number of bevacizumab injections required.

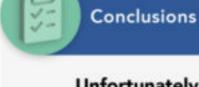
At 6 months, several secondary endpoints were met related to mean



P = .01







Unfortunately, this study failed to meet its primary endpoint since combination therapy failed to improve VA more than anti-VEGF monotherapy. The findings do not support the notion that combination therapy produces superior gains in vision over monotherapy. This pilot trial suggests that, compared to bevacizumab monotherapy, combining bevacizumab with the dexamethasone implant leads to more rapid improvements in vision and CST in patients with macular edema due to RVOs, while requiring fewer bevacizumab injections.