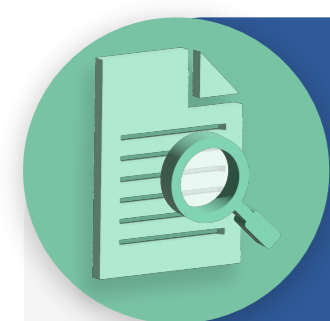


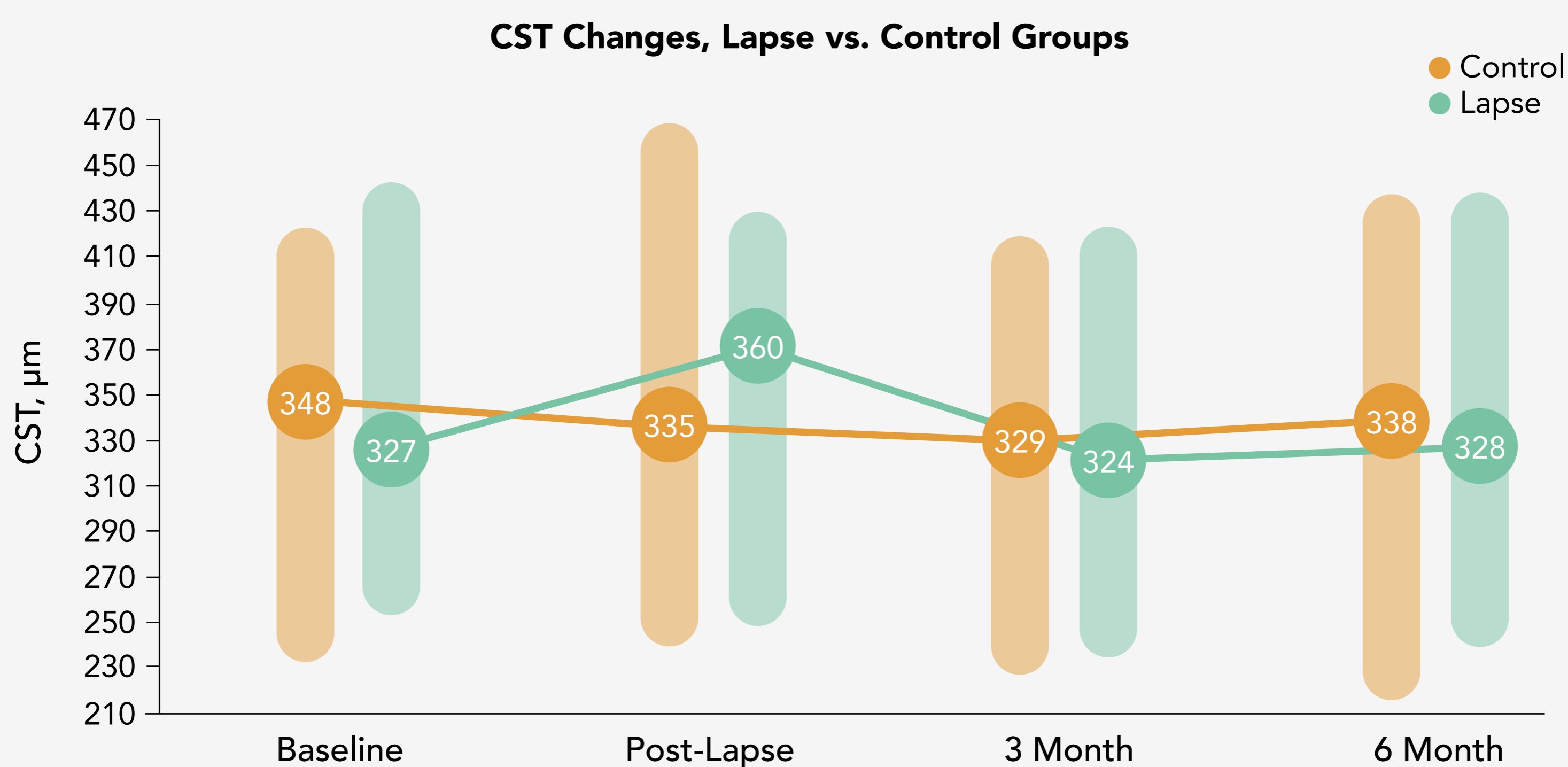
The Short-term Effect of a Single Lapse in Anti-Vascular Endothelial Growth Factor Treatment for Diabetic Macular Edema (DME) Within Routine Clinical Practice

Yalamanchili SP, Maatouk CM, Enwere DU, et al. *Am J Ophthalmol.* 2020;219:215–221.
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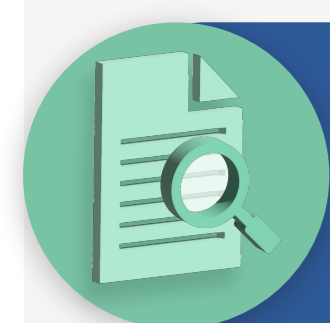
This retrospective chart review compared patients seen in a multicenter institutional practice with DME exhibiting an unintended minimum 3-month lapse in anti-vascular endothelial growth factor (anti-VEGF) treatment, with a control group of DME patients receiving regular anti-VEGF treatment without lapses. The primary outcome was difference in central subfield thickness (CST) between the control group and the treatment lapse group at 6 months following treatment lapse.



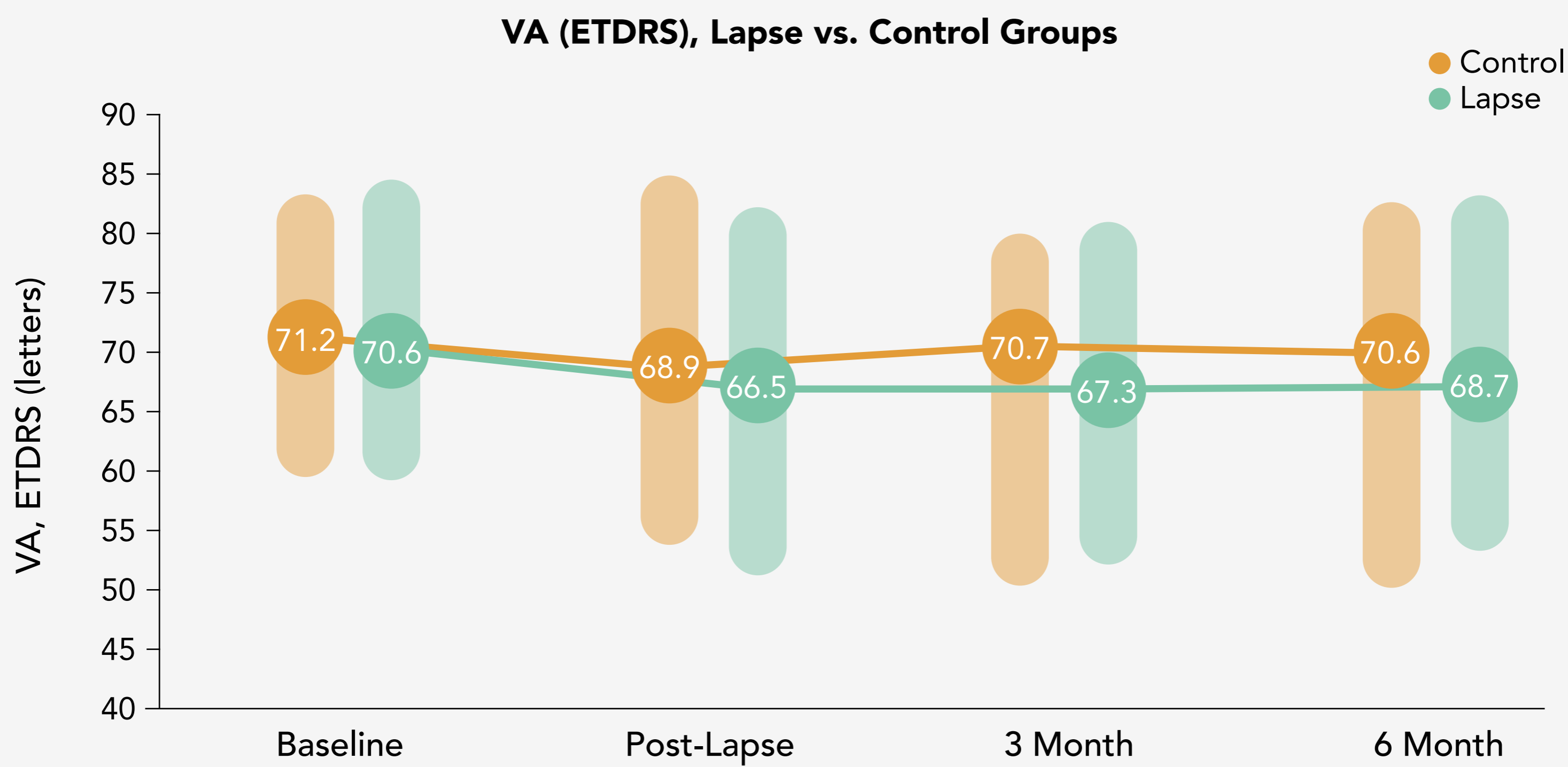
Comparison between lapse and control groups yielded no significant differences in CST.



Analysis of average CST in lapse and control groups across study period.
 $P > .05$ between groups at all time points.



Comparison between lapse and control groups yielded no significant differences in VA.



Analysis of average VA in lapse and control groups across study period.
 $P > .05$ between groups at all time points.

ETDRS = Early Treatment Diabetic Retinopathy Study.



Conclusions

Treatment lapses did not adversely affect VA in this study at any timepoint or in the mixed model regression analysis. These findings indicate that treatment lapses of at least 3 months may result in reversible macular thickening following reinitiation of consistent anti-VEGF therapy for 6 months after lapse. An unintended, single, relatively short-term lapse in anti-VEGF treatment in patients with DME did not appear to result in significant anatomic or visual compromise upon resumption of regular followup and treatment.