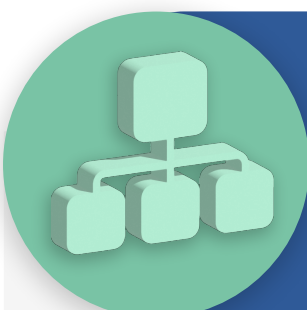


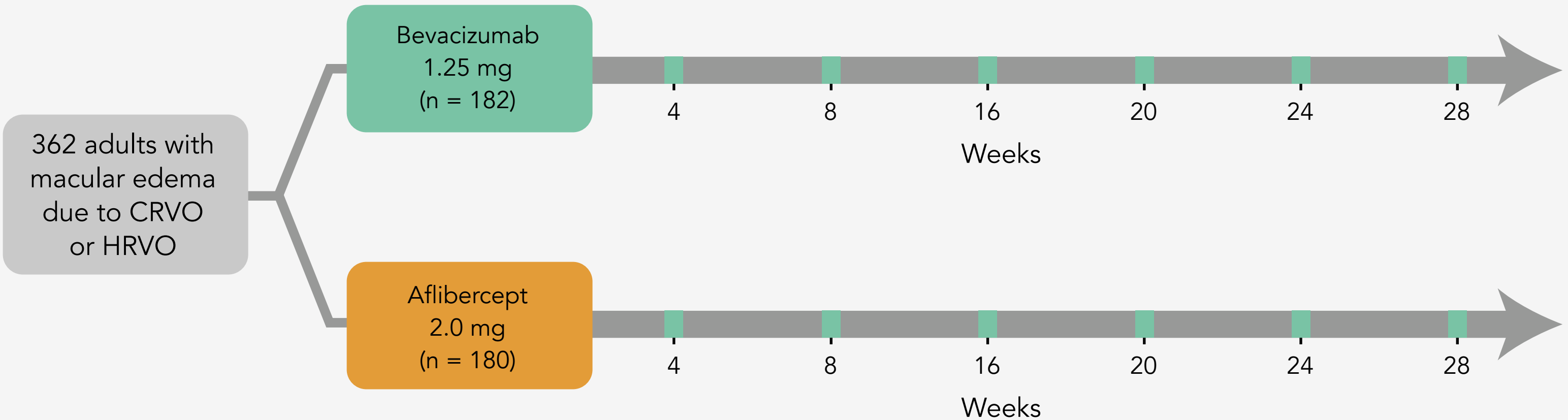
Effect of Bevacizumab vs Aflibercept on Visual Acuity (VA) Among Patients With Macular Edema Due to Central Retinal Vein Occlusion (CRVO): The SCORE2 Randomized Clinical Trial

Scott IU, VanVeldhuisen PC, Ip MS, et al. JAMA. 2017;317(20):2072-2087.
doi:10.1001/jama.2017.4568

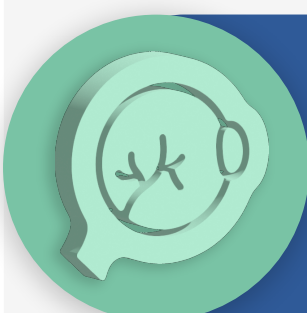
This randomized clinical trial investigated whether bevacizumab is noninferior to aflibercept for the treatment of macular edema secondary to central retinal or hemiretinal vein occlusion. SCORE2 was conducted at 66 private practice or academic centers within the United States, with primary outcome of mean change in visual acuity (VA) letter score (VALS) from randomization visit to follow-up at 6 months. The noninferiority margin was 5 letters, and statistical testing for non-inferiority was based on a 1-sided 97.5% confidence interval (CI).



Study eyes were randomized 1:1 to either intravitreal bevacizumab or aflibercept every 4 weeks for 6 months.

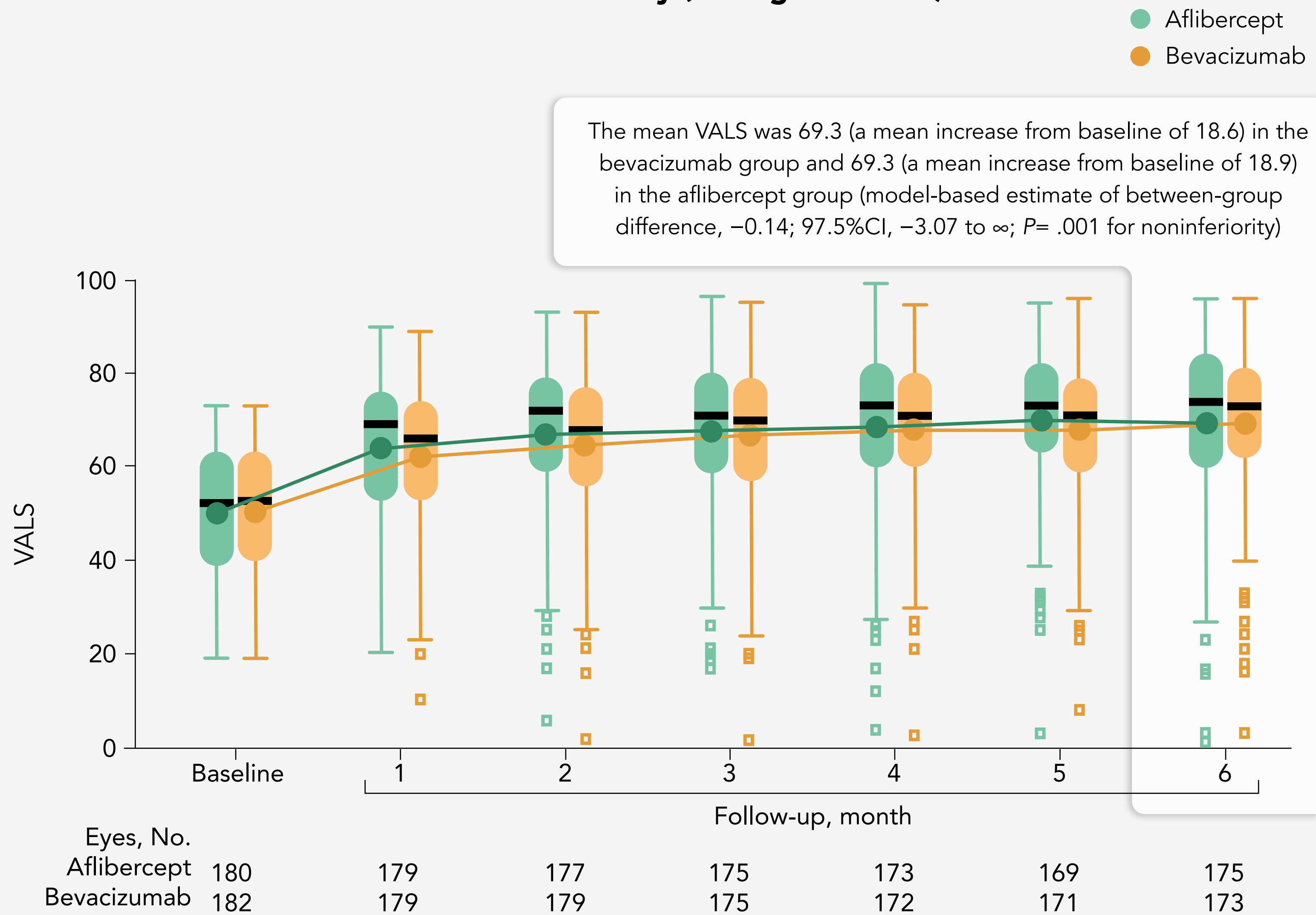


HRVO = hemiretinal vein occlusion.

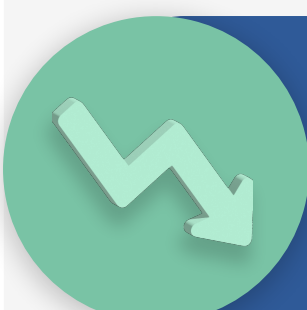


Intravitreal bevacizumab was noninferior to aflibercept with respect to visual acuity after 6 months of treatment.

Electronic ETDRS VA letter score at baseline and monthly (through month 6)

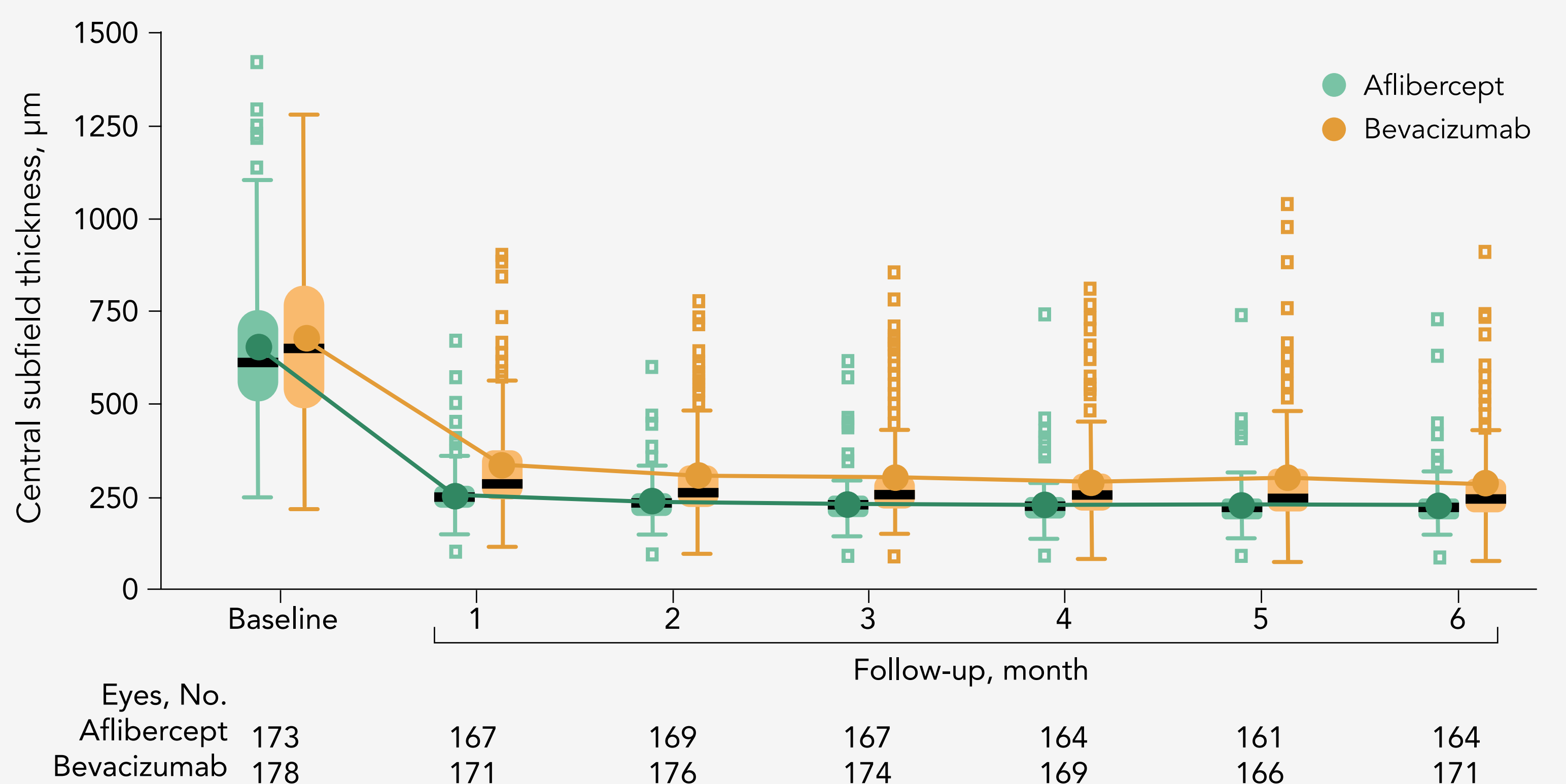


ETDRS = Early Treatment Diabetic Retinopathy Study.



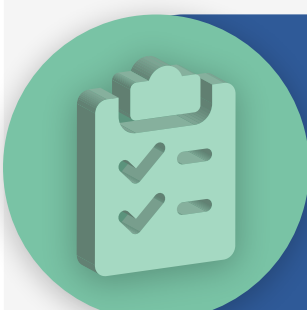
Both groups showed statistically significant SD-OCT central subfield thickness decreases from baseline through month 6.

SD-OCT central subfield thickness at baseline and monthly (through month 6)



Estimate of bevacizumab minus aflibercept treatment effect averaged over months 1-6: 68.6 (95% CI, 50.79 to 86.50, $P < .001$)

SD-OCT = spectral-domain optical coherence tomography.



Conclusions

Among patients with macular edema due to central retinal or hemiretinal vein occlusion, intravitreal bevacizumab was noninferior to aflibercept with respect to visual acuity after 6 months of treatment.