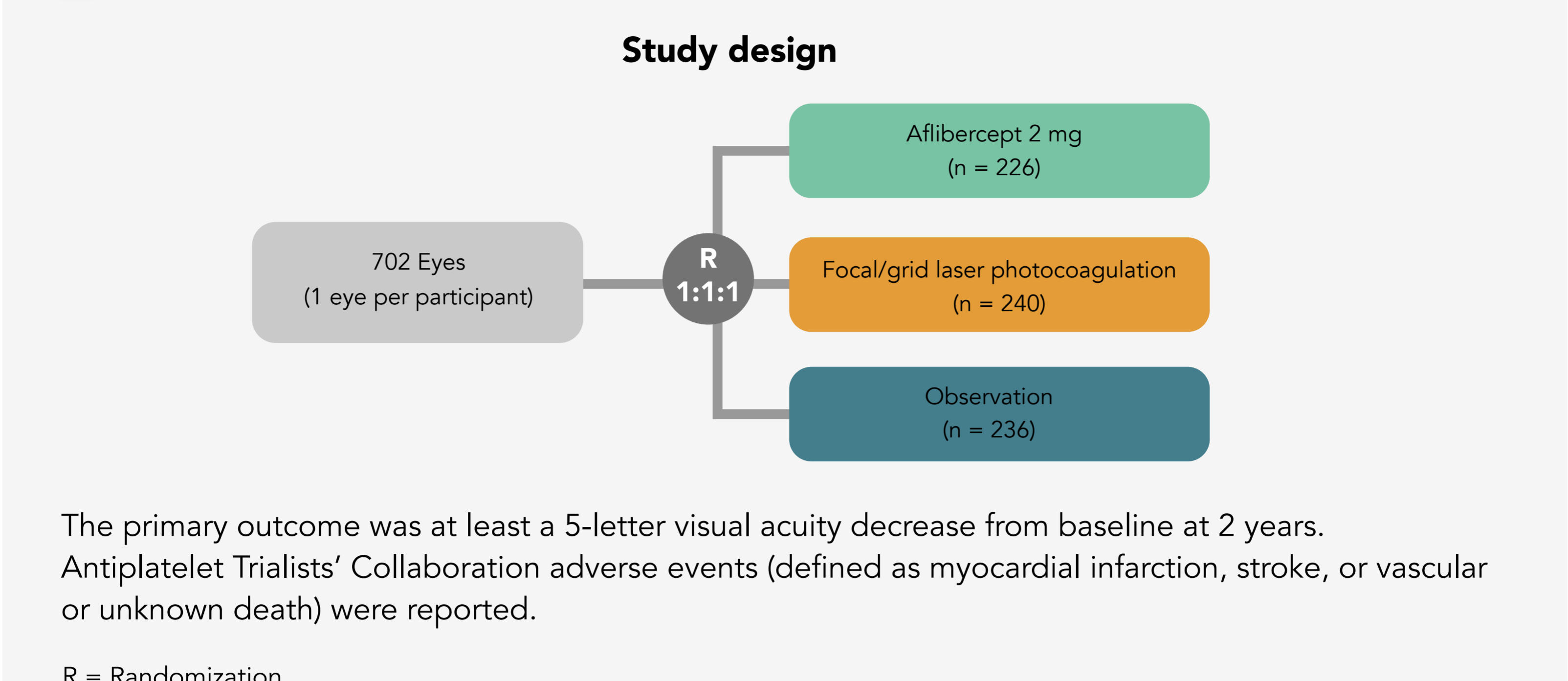


# Effect of Initial Management With Aflibercept vs Laser Photocoagulation vs Observation on Vision Loss Among Patients With Diabetic Macular Edema Involving the Center of the Macula and Good Visual Acuity: A Randomized Clinical Trial

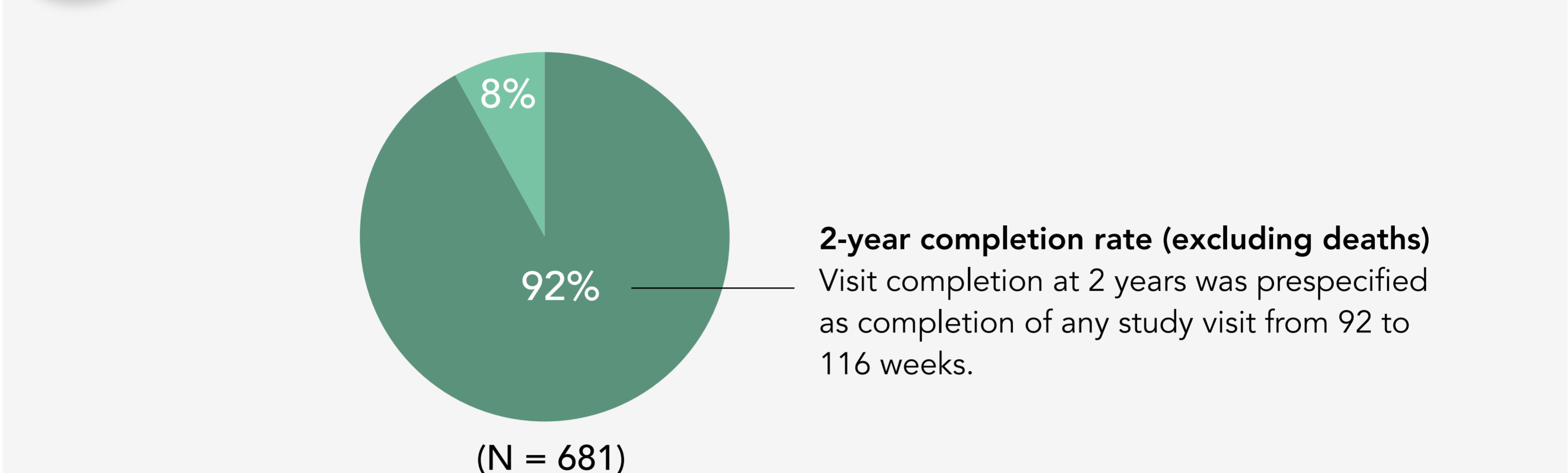
Baker CW, Glassman AR, Beaulieu WT, et al. JAMA. 2019;321(19):1880-1894.  
doi: 10.1001/jama.2019.5790

Intravitreal injections of antivascular endothelial growth factor agents are effective for treating diabetic macular edema (DME) involving the center of the macula (center-involved DME [CI-DME]) with visual acuity impairment (20/32 or worse). The best approach to treating patients with CI-DME and good visual acuity (20/25 or better) is unknown. The aim of this study was to compare vision loss at 2 years among eyes initially managed with aflibercept, laser photocoagulation, or observation.

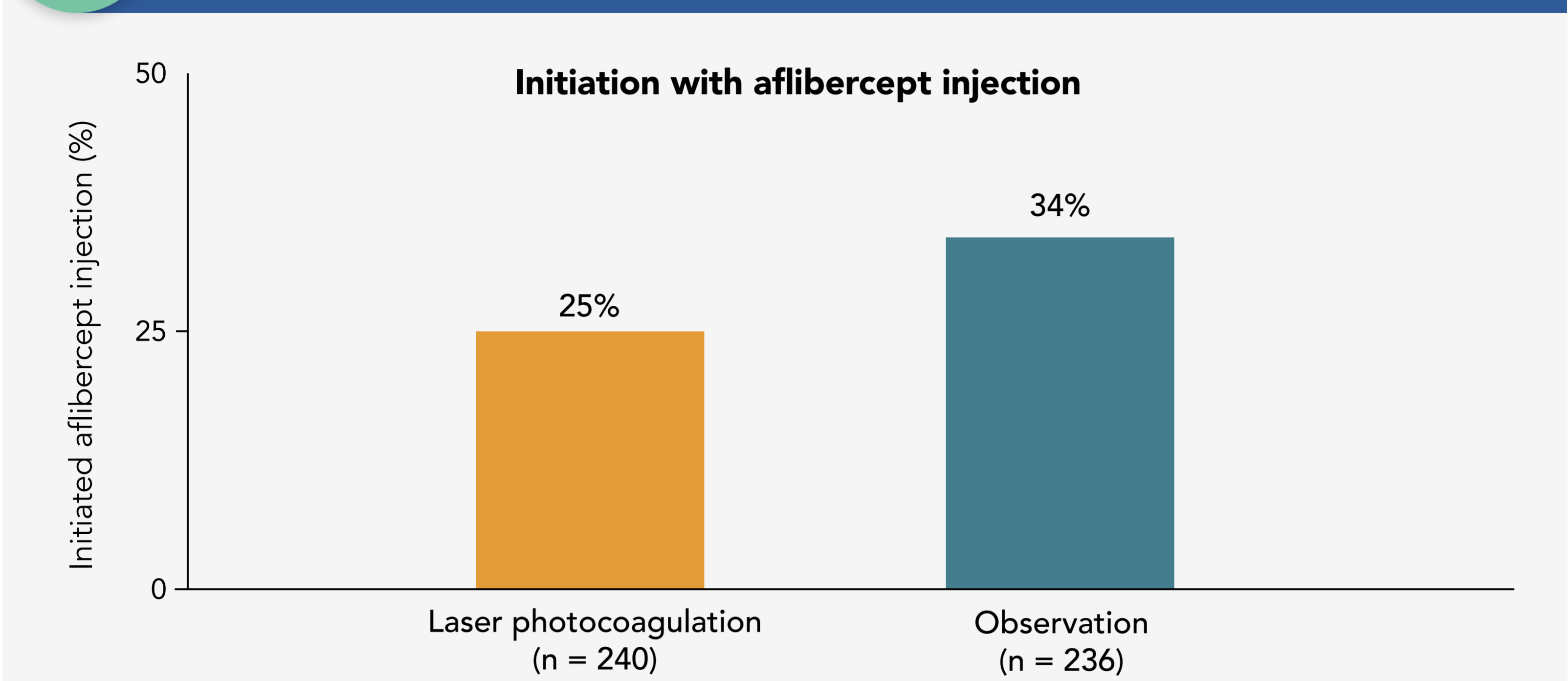
**This was a randomized clinical trial of patients with eyes having CI-DME and good visual acuity.**



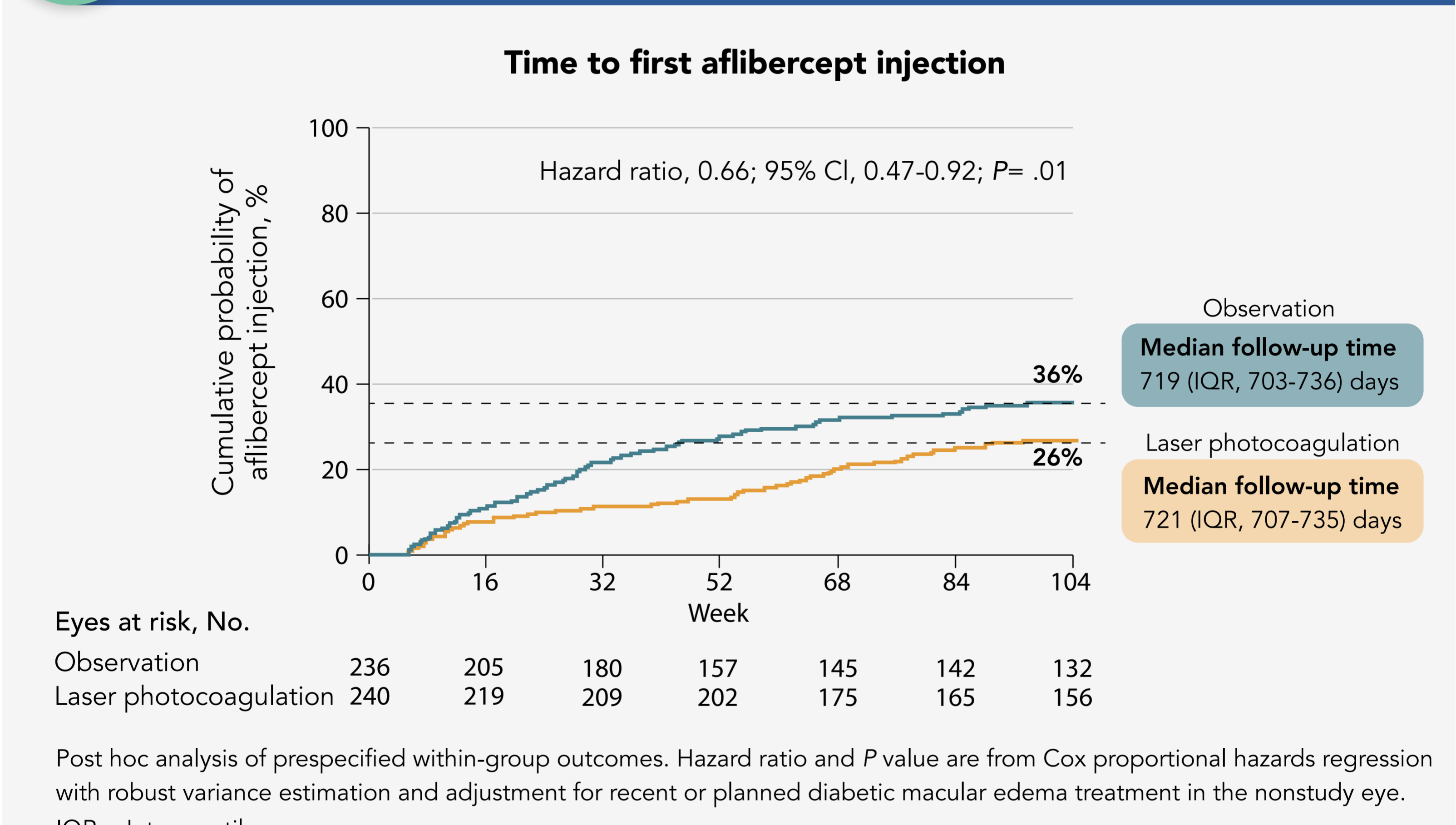
**Excluding deaths, the 2-year completion rate was high.**



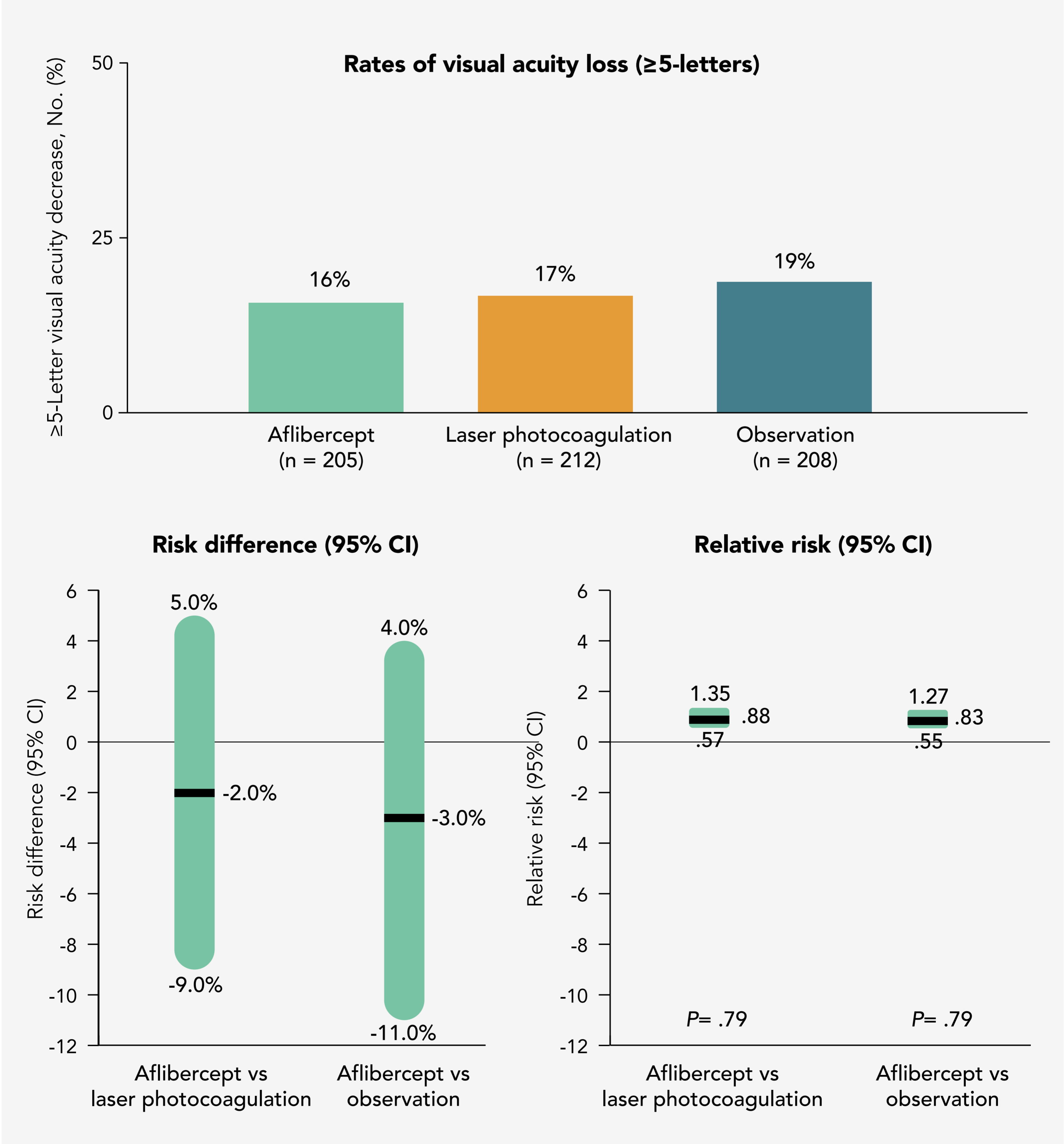
**Eyes in the laser photocoagulation and observation groups with decreased visual acuity from baseline received aflibercept during 2 years of follow-up.**



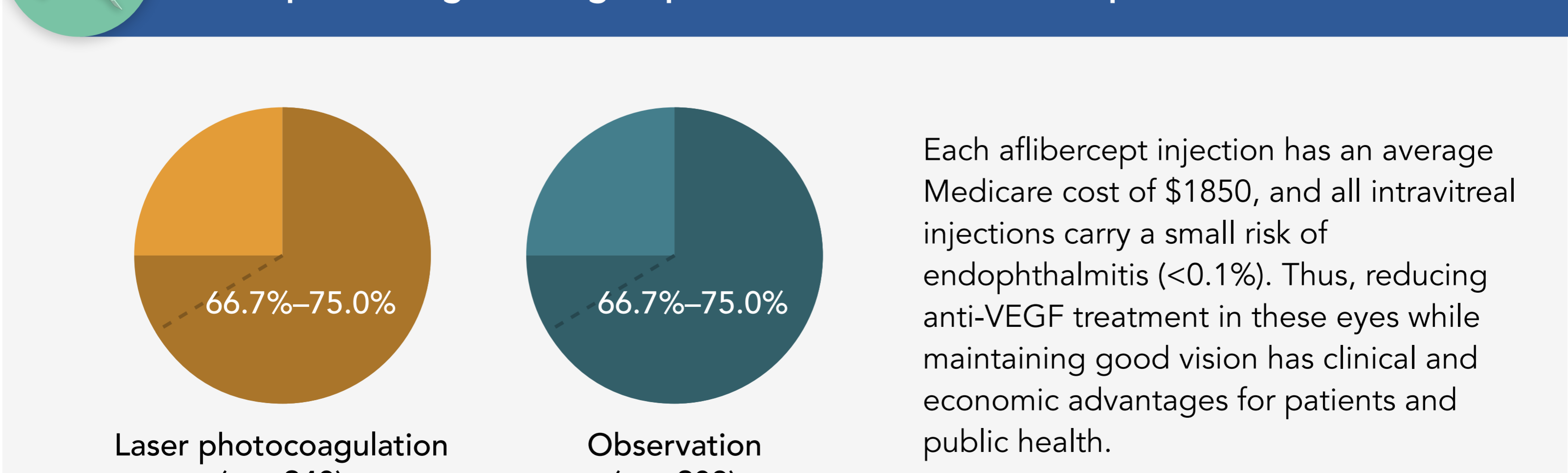
**Eyes in the laser photocoagulation group had a 10% less absolute likelihood of receiving aflibercept injections compared with eyes in the observation group.**



**Rates of visual acuity loss of 5 or more ETDRS letters at 2 years were not significantly different among eyes initially managed with intravitreal aflibercept, laser photocoagulation, or observation.**



**Approximately two-thirds to three-fourths of the eyes in the observation and laser photocoagulation groups never received aflibercept.**



**Conclusions**

**Among eyes with CI-DME and good visual acuity, there was no significant difference in vision loss at 2 years whether eyes were initially managed with aflibercept or with laser photocoagulation or observation and given aflibercept only if visual acuity worsened. Observation without treatment unless visual acuity worsens may be a reasonable strategy for CI-DME.**