Effect of Adding Dexamethasone to Continued Ranibizumab **Treatment in Patients With Persistent Diabetic Macular** Edema: A DRCR Network Phase 2 Randomized Clinical Trial

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Persistent diabetic macular edema (DME) following anti-vascular endothelial growth factor (anti-VEGF) therapy poses a clinical challenge. Subsequently adding intravitreous corticosteroids to the treatment regimen might result in better outcomes than continued anti-VEGF therapy alone. This study aimed to compare the effectiveness of continued intravitreous ranibizumab alone versus ranibizumab combined with intravitreous dexamethasone implant in eyes with persistent DME.





Change in mean central subfield thickness (CST) as measured

with the use of optical coherence tomography (OCT).

- ^a 13 of the 116 patients that met criteria had 2 eyes randomized
- ^b Ranibizumab injection only if the visual acuity is less than 84 or OCT findings are at or above the protocol-defined cutoff ^cRetreatment with original treatment, if the visual acuity is less than 84 or OCT findings are at or above the





There was no significant difference in visual acuity improvement at 24 weeks between combination therapy and ranibizumab alone.



Mean improvement in visual acuity





*Adjusted difference 95% CI P = .73

Combination therapy may lead to a reduction in retinal thickness, but does not result in greater improvement in visual acuity compared to ranibizumab therapy alone.







Mean change in CST



*Adjusted difference 95% CI P < .001



Although its use is more likely to reduce retinal thickness and increase intraocular pressure, the addition of intravitreous dexamethasone to continued ranibizumab therapy does not improve visual acuity at 24 weeks more than continued ranibizumab therapy alone among eyes with persistent DME following anti-VEGF therapy.