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Benefits and burden of intravitreal ranibizumab in treating wet age-related macular degeneration under HA special program in Hong Kong Eye Hospital

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Introduction

Age-related macular degeneration (AMD) is the leading cause of blindness in elderly over 65 years. Intravitreal ranibizumab (Lucentis, Novartis) is approved for treatment of wet AMD, and together with photodynamic therapy, is also recommended treatment of polypoidal choroidal vasculopathy (PCV). Multiple injections are often required in order to prevent irreversible visual loss. In Hospital Authority, such treatment was introduced as self-financed item since 2005. Some elderly patients with poor vision often declined treatment due to lack of financial support. From February 2012, the AMD special program was launched. Patients enrolled into this program could have up to 10 HA-funded injections over 2 years according to international guidelines.

Objectives

To assess the benefits and burden of intravitreal ranibizumab injections in patients with AMD under HA special program in Hong Kong Eye Hospital (HKEH).

Methodology

This is a retrospective case series of 40 consecutive patients with wet AMD or PCV enrolled into the HA special program. Outcome measures included change in visual acuity, anatomical change, number of injections, number of clinic visits and imaging, and complications. Results were compared with an age-matched cohort of 45 patients who paid for their own treatments.

Result

Twenty-five patients (62.5%) were male. Mean age was 80 ± 6.3 years. 14 eyes (35%) were treatment-naïve before enrollment. Mean follow-up was 18.4 ± 5.8 months. Thirty eyes (75%) had stable or improved visual acuity at final follow up. Central macular thickness decreased from 493 ± 237 microns at baseline to 394 ± 144 microns after treatments. These outcomes were not statistically different from the self-paying group. Under the HA special program, patients received a mean number of 6 injections, 28 clinic attendances and 6.5 retinal imaging sessions, significantly more than those in self-paying cohort ($p < 0.05$). There were 3 ocular complications

(retinal detachment, lamellar hole, retinal pigment epithelial rip) and 1 systemic complication (cerebral vascular accident). In conclusion, intravitreal ranibizumab can effectively stabilize vision in patients with wet AMD or PCV. The HA special program has considerably lessened the financial burden of these patients as multiple injections are often needed. This program is still ongoing and it is expected to benefit many more patients.