

**To combine or not to combine treatments in AMD: Is it a matter of savings ?**

Authors: Begoña Pina Marín, José Juan Escobar Barranco, Manel Fernandez Bonet, Barcelona, Spain

**Advantages:**

The initial approach with combined therapies diminishes the need for retreatments without relinquishing gain of visual acuity (VA). This study compares two combined approach strategies to help to assess which one yields a greater VA gain, VA maintenance, OCT diminishing and rate of pretreatments.

**Methods:**

36 patients have been included, randomized in 2 groups. 18 have received initially double therapy: day 0 photodynamic therapy (PDT) and 0.5mg/ 0.05ml of intravitreal ranibizumab one hour later followed by 2 more doses of ranibizumab on days 30 and 60. 18 patients received triple therapy: the same protocol plus 2mg/ 0.05ml of intravitreal triamcinolone on day 0. If needed, according to the PrONTO study criteria, a new dose of ranibizumab is given if the last dose was given more than 30 days ago. In the PDT group, new PDT was performed if the last dose was given more than 90 days ago. The follow-up has included monthly VA records (ETDRS test), biomicroscopy, funduscopy, OCT macular thickness and quarterly angiography.

**Effectiveness / Safety:**

Mean VA increase of 9.2 letters in the triple therapy group and 10.1 letters in the double therapy group have been found after 15 months of follow-up. This difference is not statistically relevant. The mean decreasing of OCT macular thickness has been 113.2 microns in the triple group and 82.7 in the double one, without statistical relevance. Additionally, the ratio of retreatment is 3/18 in the triple group and 7/18 in the double one. The initial period free of illness was 4.8 months in the triple group and 4.7 in the double one. Both protocols have proved to be safe.

**Take home message:**

Combined therapy increases the healing ratio on the first shot and diminishes the number of retreatments.