VISUAL ACUITY OUTCOMES IN PATIENTS WITH MACULAR OEDEMA SECONDARY TO BRANCH RETINAL VEIN OCCLUSION (BRVO) TREATED WITH RANIBIZUMAB, LASER OR BOTH IN COMBINATION: EXPLORATORY DATA FROM THE BRIGHTER STUDY 24-MONTH RESULTS

Purpose: We report the impact of early ranibizumab treatment on Best Corrected Visual Acuity (BCVA) outcomes over 24 months in BRVO patients from the BRIGHTER study.

Methods: BRIGHTER was a 24-month study in which 455 patients with BRVO were randomized 2:2:1 to ranibizumab 0.5 mg (n=183), ranibizumab 0.5 mg with laser (n=180), or laser (grid) monotherapy with an option to switch to ranibizumab from Month 6 (n=92). Ranibizumab was administered monthly until BCVA was stable, pro re nata (PRN) thereafter. Laser was administered PRN.

Results: Over 24 months, in the ?60, 40-59, and ?39 letter baseline BCVA categories, the respective letter gains (injections) were 12.1 (11.3), 20.1 (11.5), and 23.2 (11.5) in the ranibizumab group, 11.8 (11.2), 22.2 (11.8), and 22.7 (9.9) in the ranibizumab plus laser group, and 3.3 (8.7), 17.8 (8.1), and 25.7 (5.8) in the laser group. Mean BCVA letter gains by prior BRVO duration (

Conclusions: Generally, BCVA gains were inversely correlated with baseline BCVA; however, despite lower BCVA gains, patients with better baseline BCVA achieved better letter scores at 24 months than those with worse baseline BCVA; the BCVA gains in those patients were higher with ranibizumab than with laser. The addition of laser did not correlate to additional BCVA gain or reduction in the number of injections. Patients with shorter duration of disease (