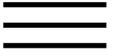


Macular epiretinal brachytherapy in treated age-related macular degeneration: MERITAGE study: twelve-month safety and efficacy results.

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## Ophthalmology

Volume 119, Issue 7, July 2012, Pages 1425-1431

Original article

# Macular Epiretinal Brachytherapy in Treated Age-related Macular Degeneration: MERITAGE Study: Twelve-Month Safety and Efficacy Results

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<https://doi.org/10.1016/j.ophttha.2012.01.014>

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### Purpose

To evaluate the safety and efficacy of epimacular brachytherapy (EMB) for the treatment of chronic, active, neovascular age-related macular degeneration (AMD).

### Design

Prospective, multicenter, interventional, noncontrolled clinical trial.

### Participants

Fifty-three eyes of 53 participants with neovascular AMD requiring frequent

anti-vascular endothelial growth factor (VEGF) retreatment.

## Methods

Participants underwent pars plana vitrectomy with a single 24-Gy dose of EMB delivered using an intraocular, handheld cannula containing a strontium 90/yttrium 90 source positioned over the active lesion. Participants were retreated with ranibizumab administered monthly as needed, using predefined retreatment criteria. Optical coherence tomography (OCT) was undertaken monthly, with images assessed by an independent reading center.

## Main Outcome Measures

Copriary outcomes at 12 months were proportion of participants with stable vision (losing <15 Early Treatment Diabetic Retinopathy Study [ETDRS] letters) and mean number of anti-VEGF retreatments.

## Results

Before enrollment, participants had received an average of 12.5 anti-VEGF injections. After a single treatment with EMB, 81% maintained stable vision, with a mean of 3.49 anti-VEGF retreatments in 12 months. Mean  $\pm$  standard deviation change in visual acuity was  $-4.0 \pm 15.1$  ETDRS letters. Mean  $\pm$  standard deviation OCT central retinal thickness increased by  $50 \pm 179 \mu\text{m}$ . Common adverse events included conjunctival hemorrhage (n = 38), cataract (n = 16), resolving vitreous hemorrhage (n = 6), and eye pain (n = 5).

## Conclusions

Epimacular brachytherapy produces stable visual acuity in most participants with previously treated, active disease. Epimacular brachytherapy may reduce the need for frequent anti-VEGF retreatment.

## Financial Disclosure(s)

Proprietary or commercial disclosure may be found after the references.



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Manuscript no. 2011-994.

Financial Disclosure(s): The author(s) have made the following disclosure(s):

Timothy L. Jackson - Financial support - NeoVista, Inc.

Pravin Dugel - Financial support, Equity owner - NeoVista, Inc.

Michael Bennett - Financial support - NeoVista, Inc.

Dov Weinberger - Financial support - NeoVista, Inc.

Adiel Barak - Financial support - NeoVista, Inc.

Jeffrey Nau - Employee, Patents - NeoVista, Inc.

This work forms part contribution to a MDRes degree at King's College London (RP).

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