10/12/2021 10:15AM

Clinical Trial Versus Real-World Outcomes With Anti-VEGF Therapy for Branch and Central Retinal Vein Occlusion

- Carl J Danzig, MD
- Steven Blotner
- Verena Steffen
- Zdenka Haskova, MD, PhD

OBJECTIVE Assess the impact of anti–vascular endothelial growth factor (VEGF) injections and monitoring frequency on BCVA outcomes in patients with branch (BRVO) and central (CRVO) retinal vein occlusion.

PURPOSE Landmark trials of anti-VEGF treatment for macular edema due to BRVO and CRVO show that clinically significant vision gains are achievable with frequent initial injections, monthly monitoring, and timely re-treatment; however, frequent monitoring is burdensome for patients, their caregivers, and physicians in routine clinical practice.

METHODS This was a cross-trial comparison of 7 controlled clinical trials (2 BRVO, 5 CRVO; all with monthly monitoring), 3 long-term extension (LTE) trials (1 BRVO/CRVO, 2 CRVO; most with less-than-monthly monitoring), and 2 real-world studies (both BRVO/CRVO; monitored per investigator discretion) that assessed anti-VEGF therapy in patients with BRVO or CRVO. Data extracted from published literature were used to compare average 12-month injection frequencies and BCVA outcomes achieved with fixed, as-needed, and treat-and-extend anti-VEGF treatment regimens conducted with either monthly or less frequent monitoring visits.

RESULTS In year 1, patients with BRVO in pivotal phase 3 clinical trials and real-world studies received mean 8.5–9.0 injections and 3.7–4.9 injections, respectively. Mean BCVA gains at year 1 were 17.1–18.3 letters in clinical trials versus 7.7–13.1 letters in real-world studies. During year 2 in subsequent LTE trials, patients with BRVO received 2.1 injections and maintained the vision gains achieved during year 1 of clinical trials (mean BCVA change in year 2, –0.7 letters; Figure 1). Patients with CRVO in pivotal phase 3 clinical trials received mean 7.8–11.8 injections during year 1 versus 3.5–5.1 injections in real-world

studies. During this period, mean BCVA change was 10.7–21.9 letters in clinical trials versus 4.1–7.1 letters in real-world studies. During year 2 in subsequent LTE trials, patients with CRVO received 3.3–4.5 injections and did not maintain the initial vision gains achieved during year 1 of clinical trials (mean BCVA change in year 2, –7.6 to –3.2 letters; Figure 2).

CONCLUSION Patients with BRVO or CRVO were monitored less often, received fewer anti-VEGF injections, and achieved smaller gains in real-world studies versus clinical trials. With less frequent monitoring and fewer injections in LTE trials, patients with BRVO, on average, maintained the initial vision gains achieved in clinical trials, while patients with CRVO were not able to maintain their vision gains.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

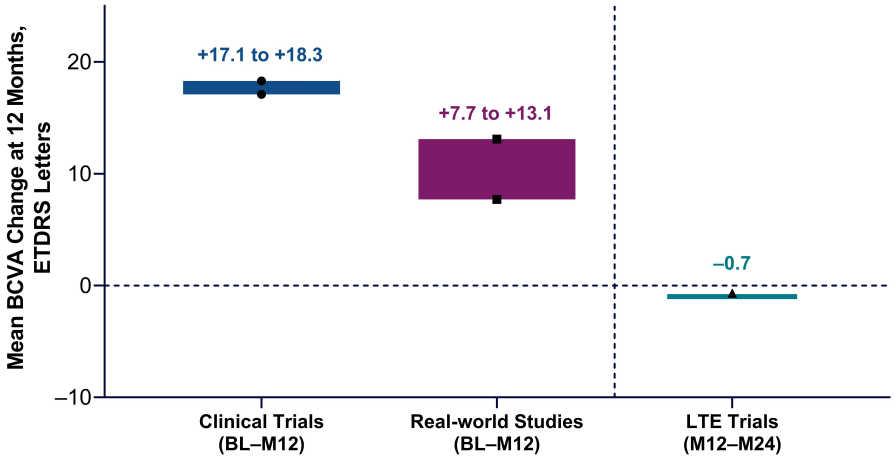


Figure 1. Mean BCVA change over 12 months in clinical trials, LTE trials, and real-world studies of anti-VEGF therapy in patients with macular edema due to BRVO. BCVA, best-corrected visual acuity; BL, baseline; BRVO, branch retinal vein occlusion; ETDRS, Early Treatment Diabetic Retinopathy Study; LTE, long-term extension; M, month; VEGF, vascular endothelial growth factor.

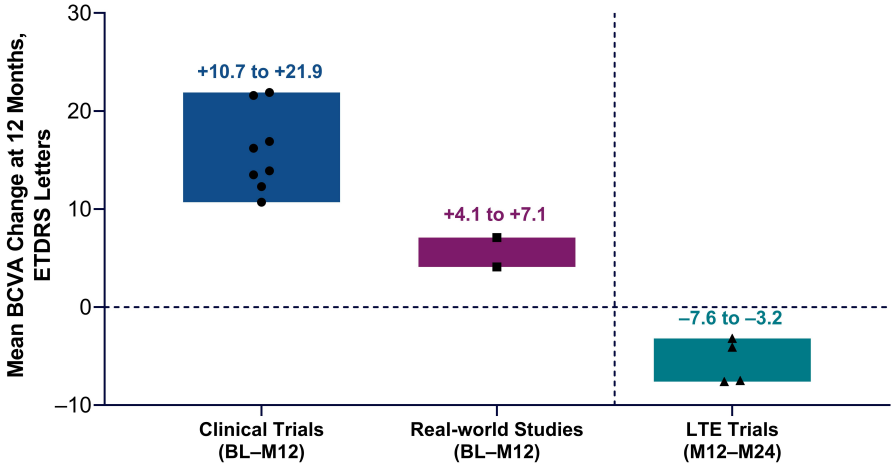


Figure 2. Mean BCVA change over 12 months in clinical trials, LTE trials, and real-world studies of anti-VEGF therapy in patients with macular edema due to CRVO. BCVA, best-corrected visual acuity; BL, baseline; CRVO, central retinal vein occlusion; ETDRS, Early Treatment Diabetic Retinopathy Study; LTE, long-term extension; M, month; VEGF, vascular endothelial growth factor.

10/12/2021 10:21AM

Predictors of As-Needed Ranibizumab Injection Frequency in Patients With Macular Edema Following Retinal Vein Occlusion

- Glenn C. Yiu, MD, PhD
- Steven Blotner
- Ming Yang, PhD
- Zdenka Haskova, MD, PhD

OBJECTIVE To identify clinical and anatomic biomarkers associated with pro re nata (PRN) injection frequency in patients receiving ranibizumab for macular edema due to retinal vein occlusion (RVO) in SHORE.

PURPOSE Responses to anti-VEGF therapy for macular edema due to retinal vein occlusion (RVO) are heterogeneous. Identifying clinical and spectral domain-optical coherence tomography (SD-OCT) biomarkers that predict future injection frequency need may inform decision-making for personalized treatment and sustained drug delivery options.

METHODS The Phase 4 SHORE study (NCT01277302) investigated PRN or q4w ranibizumab treatment in patients with macular edema due to RVO. Simple and multiple regression models were used to correlate baseline and month 3 factors with injection frequency in 95 PRN-treated patients. Variables included patient demographics, best corrected visual acuity (BCVA), and SD-OCT variables including central subfield thickness (CST), location and amount of retinal fluid, hyperreflective foci, and inner and outer retinal layer disruption. A stepwise variable selection procedure using Akaike information criterion (AIC) was used to identify the final variable(s) that best fit the data.

RESULTS The mean (SD) age of patients was 65.3 (12.7) years, 57.9% had BRVO/HRVO and 42.1% had CRVO. The mean (SD) baseline BCVA was 52.9 (13.4). The mean (SD) number of PRN injections over the 8-month individualized dosing period (Month 7 to 15)

after the initial 7 monthly loading doses was 4.3 (2.35); the range was 0 – 8 injections. Increased disorganization of retinal inner layers (DRIL) at baseline and greater CST at Month 3 were associated with more injections in simple and multivariate regressions (coefficient [95% CI], 0.023 [0.006, 0.039; p=0.0064], and 0.021 [0.002, 0.039; p=0.0275], respectively; Table 1) and (0.007 [0.003, 0.011; p=0.0002] and 0.007 [0.003, 0.011; p=0.0004]; Table 2), respectively. Baseline CST showed no association in either model. Worse BCVA at Month 3, but not baseline, was associated with higher injection frequency in simple, but not multiple regression models (Tables 1 and 2).

CONCLUSION SD-OCT biomarkers such as greater baseline DRIL and higher CST at month 3 are associated with higher ranibizumab injection frequency in PRN-treated patients with macular edema due to RVO. These post-hoc SHORE trial analyses provide important prognostic information that may help guide patients' and physicians' expectations when initiating therapy for macular edema due to RVO.

IRB APPROVAL No — I received a determination that the study/activity qualified for **exempt status or that it did not require IRB approval** from an IRB or another authorized oversight body *(IRB Exemption Letter may be requested)*.

10/12/2021 10:27AM

Analysis of Efficacy of Thrombophilia Workup in Retinal Vein Occlusion Patients

- Katrina A Mears, MD, MSc FACS
- Doron Feinsilber, MD

OBJECTIVE To ascertain whether comprehensive workup for thrombophilia is indicated in all patients with central or branch retinal vein occlusion.

PURPOSE To evaluate whether patients with retinal vein occlusions who have underlying thrombophilic states are being underdiagnosed and to develop an updated algorithim for identifying those patients in whom workup is indicated.

METHODS A retrospective chart review was performed on 11,355 patients from January 2018 to January 2021 in an outpatient retina service. The primary outcome of this study was the presence of a thrombophilia, the presence of a vascular risk factor, visual acuity on presentation, the presence of macular edema the presence of neovascularization. Secondary outcomes were obtained, which included sex, age, visual acuity at presentation and visual acuity at one year.

RESULTS Of the patients evaluated, 355 were diagnosed with a branch or central retinal vein occlusion and all patients were over the age of 55 years. Of these patients, all were evaluated for vascular risk factors with their primary care doctor and 44 who had no apparent vascular risk factors were directly referred to a hematologist for more detailed evaluation. In the cohort of 44 patients referred to a hematologist for clinic the following were identified: Methyltetrahydrofolate reductase (MTHFR) mutations (24), MTHFR C677T (11), MTHFR A1298C (13), compound heterozygous MTHFR mutations (2), Factor 5 Leiden heterozygous (3), Prothrombin gene mutation heterozygous (2), Anti-phospholipid antibody positivity (11) with 9 having IgM and 2 having IgG subtypes, Homocysteiniemia (12), Lupus anticoagulant (1), 4 of 44 patients (11%) had a hematocrit greater than 46 needing therapeutic phlebotomy. Of 4 polycythemia patients 1 was positive for JAK2 CALR mutation.

CONCLUSION There is concern for the presence of underdiagnosed thrombophilia in patients with retinal vein occlusions, thus predisposing patients to future vascular events. Previous guidelines suggesting younger patients are targeted for hypercoagulable workup

may need to be re-examined.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

10/12/2021 10:42AM

Treatment of Central Retinal Artery Occlusion With Intra-arterial Tpa

- Gareth Lema, MD, PhD
- Richard B. Rosen, MD, DSc(Hon), FACS, FASRS, FARVO
- Ethan K Sobol, MD
- Carl S Wilkins, MD

OBJECTIVE We evaluated the clinical improvement of central retinal artery occlusion (CRAO) after treatment with immediate intra-arterial tissue plasminogen activator (tPA).

PURPOSE Our goal was to determine the utility of developing a service to decrease the time to treatment for CRAO patients.

METHODS Fifteen consecutive eyes from 15 patients were included in this retrospective interventional study. Patients were excluded if treatment could not be given within 12 hours of last known well. The diagnosis was confirmed by an ophthalmology consult with a dilated exam. Pulsed doses of tPA were injected into the ophthalmic artery via transfemoral arterial approach until patency of the ophthalmic artery was noted by presence of a retinal blush or improvement in visual acuity. The maximum allowed dose was 22 mg. The primary outcome measure was visual acuity after three weeks. Adverse events were recorded by the neuro-interventional service during the procedure and at follow-up.

RESULTS The mean age was 60 years old (range 28-84) and 73% were female. All patients received treatment within 12 hours, with the average time from symptom onest being 8.8 hours (range 5-12 hours). The mean dose of tPA given was 17 mg (range 3-22mg). For all patients we noted a statistically significant improvement in visual acuity with a mean change of 0.76 logMAR. Fifty-three percent of patients improved by 3 or more lines. Twenty-seven percent improved from count fingers or worse to 20/80 or better. We did not find a statistically significant difference in time to treatment, dose of tPA, or use of paracentesis. No major adverse events were recorded.

CONCLUSION Based on these findings we are collaborating with the stroke team to shorten the time to treatment and optimize outcomes.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

10/12/2021 10:46AM

Intravitreal Anti-VEGF Therapy in Maintaining Long-term Driving Vision in Diabetic Macular Edema and Neovascular Age-Related Macular Degeneration

- Parisa Emami Naeini, MD, MPH
- Nick Boucher
- Rusirini Fernando
- Alicia Menezes
- Vincent S Garmo, MHS

OBJECTIVE To assess characteristics associated with maintaining driving vision in patients with diabetic macular edema or neovascular age-related macular edema receiving anti-VEGF intravitreal therapy (IVT).

PURPOSE Long-term maintenance of “driving vision” is a key quality of life outcome for patients (pts) with neovascular age-related macular degeneration (nAMD) and diabetic macular edema (DME). Understanding real world treatment (tx) patterns, visual acuity (VA) outcomes, and characteristics associated with maintaining driving vision in pts receiving anti-VEGF IVT is integral to informing tx practice.

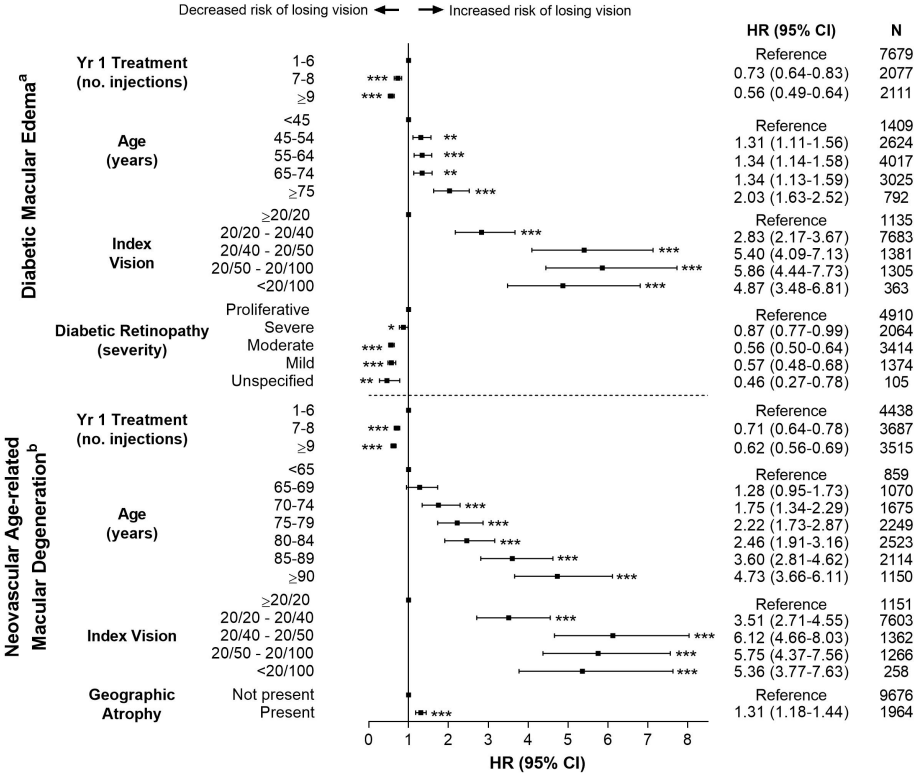
METHODS Electronic health record data (Vestrum Health; 01/01/2014-6/30/2020) for tx naïve pts at index (ie; first tx) were analyzed. Number of IVT injection and VA yr over yr (YoY) were evaluated for pts with nAMD and DME, and by baseline (BL) VA. Pts were required to have driving vision (>=20/40 in 1 eye) during yr1. Cox regression analysis was used to determine the characteristics associated with maintaining driving vision. Loss of driving vision, defined as first VA <20/40 sustained for ≥6 months in the treated, better-seeing eye (≥20/40) was assessed by Kaplan-Meier analysis. Pts were censored at the end of follow up or date of event and grouped according to injection frequency (1-6; 7-8; ≥9).

RESULTS After 4 yrs, 73% and 61% of pts with DME or nAMD had maintained driving vision. In pts with DME or nAMD, an increasing number of injections in yr1 was significantly associated with decreased risk of losing driving vision, whereas BL increased age and worse

index vision were significantly associated with increased risk of losing driving vision (Fig 1). Additionally, more severe BL diabetic retinopathy (DR) severity and presence of geographic atrophy (GA) were associated with decreased likelihood of maintaining driving vision in DME and nAMD, respectively (Fig 1). When stratified by number of IVTs received in yr1, the ≥9 and 7-8 injection groups were more likely to maintain driving vision versus the 1-6 injection group in pts with DME (Fig 2). This finding was replicated in pts with nAMD.

CONCLUSION More IVT injections in yr1 predicted driving vision maintenance, whereas BL factors of worse index vision, increased age, more severe DR severity (in DME pts), and GA presence (in nAMD pts) predicted loss of driving vision. Pts with DME or nAMD receiving ≥9 injections in yr1 were 44% and 38% less likely, respectively, to lose driving vision compared with pts receiving 1-6 injections.

IRB APPROVAL Not applicable — I responded "No" to previous question regarding human subjects.



[a]Cox regression model included the following variables: year 1 treatment, index vision, age, diabetic retinopathy severity, vitreous hemorrhage (diagnosed), insurance (private, medicare, medicaid, public, cash/not applicable), practice setting (rural/urban), and region (West, Midwest, Northeast, Southwest, Southeast).

[b]Cox regression model included the following variables: year 1 treatment, index vision, age, geographic atrophy, retinal hemorrhage (diagnosed), insurance (private, medicare, medicaid, public, cash/not applicable), practice setting (rural/urban), and region (West, Midwest, Northeast, Southwest, Southeast).

*P<0.05; **P<0.01; ***P<0.001.
CI, confidence interval; HR, hazard ratio.

Fig 1. Baseline characteristics associated with maintaining driving vision in pts with DME and nAMD

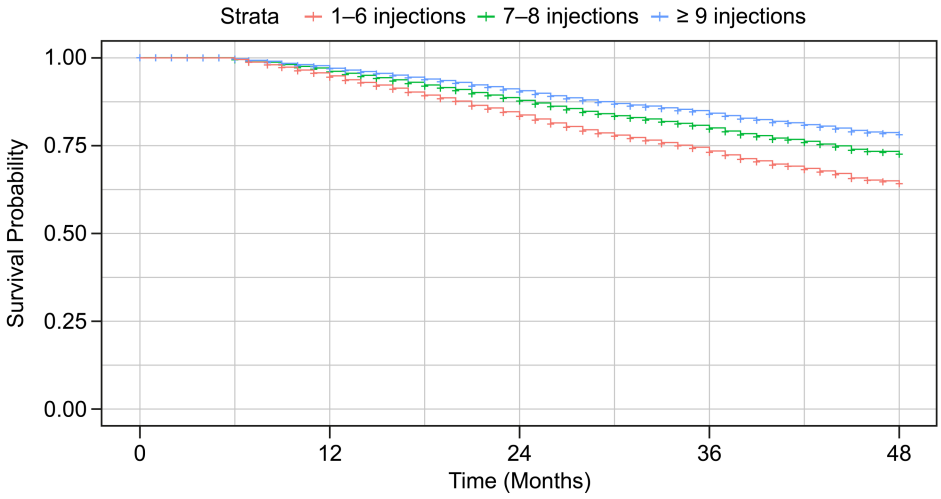


Fig 2. KM curve stratified by yr1 IVT frequency in pts with DME

10/12/2021 10:50AM

Office Based Flicker ERG for Monitoring the Course of CRVO and HRVO Treated With Intravitreal Anti-VEGF and Suprachoroidal Triamcinolone Therapy

- John J. Wroblewski, MD
- Geoffrey Sun

OBJECTIVE To investigate whether in-office flicker ERG can be a reliable biomarker for reperfusion and a predictor of visual outcome and rubeosis in CRVO/HRVO treated with anti-VEGF and suprachoroidal steroid.

PURPOSE Flicker implicit times are known to improve with anti-VEGF therapy and their prolongation is a good predictor for rubeosis in CRVO. Early PRP in ERG-verified ischemic CRVO is becoming standard treatment. In-office flicker can potentially be used to track ischemic progression and identify reperfusion in CRVO/HRVO eyes undergoing treatment and thus aid in the initiation and modulation of therapy.

METHODS Following informed consent, 24 consecutive eyes with tx-naive CRVO/HRVO and CST greater than 300u were recruited into the prospective Sapphire and Topaz protocols and underwent undilated flicker ERG testing using the office based testing platform. Flicker ERG was performed at weeks 0,4,8,12, 24 and 48 or until when the studies were ended. Additional flicker testing was performed after the termination of both studies. Eyes received Eylea, Lucentis or Avastin monotherapy or in combination with suprachoroidal triamcinolone (TA) per the two protocols. Clinical criteria for venous reperfusion were established. Serial fixed luminance magnitude and phase parameters were evaluated.

RESULTS 21 CRVO and 3 HRVO eyes in patients aged 54-90 were studied. 11, 2 and 3 eyes received Eylea, Lucentis or Avastin monotherapy. 6, 1 and 1 eyes received Eylea, Lucentis or Avastin combined with suprachoroidal TA. 122 flicker ERG testing sessions were performed. 1 eye receiving combination Eylea and TA developed rubeosis and recorded the worse phase and magnitude values. A baseline difference in phase of 40 degrees or more between study and fellow eyes was predictive of limited visual outcome. Unless reperfusion occured, baseline phase values of 240 degrees or worse in the study eye

correlated with limited visual outcome. A 20 degree or more reduction in phase from baseline combined with any reduction in magnitude correlated with poorer visual outcomes. 10 of 10 eyes that showed signs of reperfusion recorded phase improvement. Combination TA eyes did not undergo greater magnitude or phase improvement when compared with monotherapy eyes. Statistical analysis of the data will be presented.

CONCLUSION Office flicker ERG phase and magnitude values are reliable biomarkers for rubeosis and venous reperfusion and are predictive of limited visual gains in CRVO/HRVO eyes undergoing anti-VEGF therapy. Greater improvement in retinal function was not observed in the 8 combo eyes treated with suprachoroidal TA. Serial flicker ERG testing in RVO can aid in the decision to extend or terminate anti-VEGF tx.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

10/12/2021 11:02AM

Phase 2 Study of Two Formulations of AR-1105 in Macular Edema (ME) Secondary to Retinal Vein Occlusion (RVO)

- Michael A. Singer, MD
- David S. Boyer, MD
- Stuart Williams
- Hayley McKee
- Kevin J Kerr, PharmD, MS
- Tyler Pegoraro
- Leo Trevino
- Casey Kopczynski, Ph.D.
- David Hollander

OBJECTIVE Evaluate the efficacy and safety of two formulations of AR-1105, an intravitreal biodegradable dexamethasone implant, in macular edema secondary to retinal vein occlusion.

PURPOSE Intravitreal corticosteroids are effective in treating ME secondary to RVO. Longer-lasting formulations requiring less frequent injections are needed. AR-1105 is an intravitreal biodegradable dexamethasone implant designed for 6-month drug release. Two formulations (CF1, CF2) with different release kinetics were evaluated for safety and efficacy.

METHODS Randomized, multicenter, 6-month, open-label study (NCT03739593). Key inclusion criteria: vision loss due to chronic ME secondary to central RVO (CRVO) or branch RVO (BRVO), BCVA 25–70 ETDRS letters, and ME present ≥9 months (CRVO) or ≥12 months (BRVO). Following an initial cohort (n=5) treated with CF1, subjects were randomized to 1 injection of CF1 or CF2 in the study eye. Measures included adverse events (AEs), ETDRS BCVA, and central subfield thickness (CST) by SD-OCT.

RESULTS Each randomized arm enrolled 22 subjects. Mean RVO history of 31.5/34.7 months for CF1/CF2. CRVO in 40.9% CF1 and 63.6% CF2. Prior intravitreal anti-VEGF in

86.4% CF1, 90.9% CF2. Mean baseline BCVA/retinal thickness 58.4 letters/524 µm CF1, 49.0 letters/606 µm CF2. At Month 6, mean change from baseline (randomized population) was +4.3 (CF1) +8.0 (CF2) letters BCVA, and -93 (CF1) -211 (CF2) µm CST. Most common ocular AEs: visual acuity reduced, ME, conjunctival hemorrhage, IOP increase. Two CF1 and 4 CF2 subjects started IOP-lowering therapy, but none needed surgery/laser. Anti-VEGF rescue in 8/27 CF1, 6/22 CF2.

CONCLUSION Safety and efficacy of CF1 and CF2 were demonstrated in this difficult-to-treat population. The sustained 6-month efficacy of CF2 makes this an ideal formulation for further evaluation in posterior segment diseases.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

10/12/2021 11:08AM

Safety Results of ONS-5010, an Ophthalmic Bevacizumab, in Treated Eyes of Patients With Wet AMD, DME, and BRVO

- Suber S. Huang, MD, MBA, FASRS

OBJECTIVE To present clinical safety data on ONS-5010, an ophthalmic formulation of bevacizumab-vikg, via the results of the open-label NORSE THREE safety clinical study in patients with wet AMD, DME, or BRVO.

PURPOSE An analysis of the safety population of a prospective, multi-center, open-label, single-arm clinical study that evaluated the safety and tolerability of three months of intravitreal injections of ONS-5010 in subjects with AMD, DME or BRVO (NORSE THREE) will be presented. The importance of an on-label, ophthalmic formulation of bevacizumab will be discussed.

METHODS Up to 3 intravitreal doses of 1.25 mg (50 µL) ONS-5010, bevacizumab-vikg, Outlook Therapeutics, were administered to subjects with wet AMD, DME, or BRVO and followed for 3 months in the NORSE THREE clinical study. Eligible study subjects had an active diagnosis of wet AMD, DME, or BRVO with established indications for anti-VEGF therapy. Subjects could be treatment naïve or previously treated, with best-corrected visual acuity of ≥ 20 ETDRS letters. To be included in the analysis, subjects had to receive at least one dose of ONS-5010. Study subjects were assessed monthly. The frequency and incidence of ocular and non-ocular adverse events were collected.

RESULTS In NORSE THREE, an open-label safety study, a total of 197 subjects were enrolled (65 wet AMD, 24 BRVO, 108 DME) from 20 clinical sites in the US, and were exposed to at least one dose of ONS-5010. The majority (97.5%) of subjects completed the 3-month study. 62 (31.5%) subjects reported at least 1 AE; 11 (5.6%) subjects reported

SAEs, none were related. The most common AEs, reported in ≥ 2% of subjects, were urinary tract infection, COVID-19, fall, and subconjunctival hemorrhage. 20 (10.2%) subjects reported ocular AEs; the only ocular SAE was unrelated, retinal hemorrhage. Conjunctival hemorrhage, the most common ocular AE (5 AEs in 4 subjects), was associated with the injection procedure and not ONS-5010. 12 (6.1%) subjects had AEs reported by the Investigator as related to the study treatment, all ocular in nature. No AEs related to intraocular inflammation were reported during the study. 97.9% of subjects lost fewer than 15 letters at Day 90 compared to baseline.

CONCLUSION Analysis of the NORSE THREE AE and safety data, collected from subjects with wet AMD, DME, or BRVO who received intravitreal ONS-5010 bevacizumab-vikg, demonstrates a safety profile consistent with previously reported ophthalmic studies of bevacizumab. These results support the continued development of intravitreal ONS-5010 for the treatment of retinal conditions requiring anti-VEGF therapy.

IRB APPROVAL Yes — *IRB Approval Letter may be requested*.

Characteristic	N	Coefficient	95% confidence interval	p-value
Simple linear regression model				
Age (years)	95	0.019	-0.017, 0.056	0.3019
Sex (female vs male)	95	-0.239	-1.246, 0.661	0.5476
Race (non-white vs white)	90	-0.102	-1.441, 1.238	0.8819
Baseline BCVA	95	-0.032	-0.067, 0.003	0.0699
Baseline CST (μm)	95	0.000	-0.003, 0.003	0.8139
ERM (no vs yes)	95	-0.248	-1.716, 1.220	0.7407
IRF location (both vs other)	94	-0.150	-1.459, 1.159	0.8223
Intraretinal cyst size (μm)	94	-0.000	-0.005, 0.004	0.9360
SRF (no vs yes)	93	-0.591	-1.657, 0.476	0.2779
SRF thickness (μm)	95	0.002	-0.001, 0.006	0.1707
Inner or outer retinal hyper-reflective foci (no vs yes)	95	0.683	-0.288, 1.653	0.1680
Inner or outer retinal HF (num)	95	0.003	-0.078, 0.085	0.9340
Disorganization of retinal inner layers (%)	94	0.023	0.006, 0.039	0.0064
External limiting membrane disruption (%)	71	0.012	-0.000, 0.024	0.0573
Inner segment/outer segment disruption (%)	71	0.008	-0.006, 0.021	0.2752
Cone outer-segment tips disruption (%)	71	0.005	-0.010, 0.019	0.5272
Multiple linear regression model (stepwise variable selection with AIC)				
Disorganization of retinal inner layers (%)	–	0.021	0.002, 0.039	0.0275
Intraretinal cyst size (μm)	–	-0.004	-0.009, 0.001	0.0838
SRF (no vs yes)	–	-1.048	-2.286 0.190	0.0971

Abbreviations: BCVA, best corrected visual acuity; CST, central subfield thickness; ERM, epiretinal membrane; IRF, intraretinal fluid; SRF, subretinal fluid.

Table 1. Regression models of baseline variables associated with ranibizumab injection frequency for RVO with macular edema

Characteristic	N	Coefficient	95% confidence interval	p-value
Simple linear regression model				
BCVA at Month 3 (LOCF)	95	-0.040	-0.070, -0.011	0.0065
CST (μm) at Month 3 (LOCF)	95	0.007	0.003, 0.011	0.0002
Multiple linear regression model (stepwise variable selection with AIC)				
CST (μm) at Month 3 (LOCF)	–	0.007	0.003, 0.011	0.0004

Abbreviations: AIC, Akaike information criterion; BCVA, best corrected visual acuity; CST, central subfield thickness; LOCF, last observation carried forward.

Table 2. Regression models of month 3 variables associated with ranibizumab injection frequency for RVO with macular edema.