

**Sir,  
Aflibercept in persistent neovascular AMD: comparison of different treatment strategies in switching therapy**

We thank Dr Calugaru for his comments regarding our recently published article on 'Aflibercept in persistent neovascular AMD: comparison of different treatment strategies in switching therapy'.<sup>1</sup> The comments of Călugăru *et al*<sup>2</sup> deserve additional clarifications.

In our study, we decided to retrospectively evaluate and report the types of the CNV and the presence of PED that are both, in our opinion, fundamental in the characterization of the neovascular lesions included in the analysis. No patients presented hemorrhagic serous detachment or disciform scars (this latter represents one of our exclusion criteria as we supposed that there are no active lesions still). As reported, only patients with persistent intraretinal cysts and/or serous detachment of the neurosensory retina have been switched to aflibercept and included in the analysis.

We are aware that the baseline characteristics of our patients present many differences. However, only the baseline OCT CRT values were significantly higher in the fixed in comparison with the PRN group. All the other baseline characteristics were not statistically different (age, gender distribution, number of injections, time between CNV diagnosis and the first aflibercept, CNV type, proportion of PED, and BCVA).

We underlined in the Discussion section that the current study was not designed to compare the efficacy of the two treatment regimens in a randomized trial. However, we believe that our data are of value because they represent the result of an exploratory analysis on the effects of a PRN regimen as an alternative to a Fixed Regimen in eyes with persistent CNV activity despite multiple ranibizumab injections in a real setting. In addition, the involvement of two separate retina departments, even if currently taking part in clinical trials, and the separate enrollment of patients in each center, could introduce other biases.

Currently there is no agreement on which outcomes, among the morphological and the functional ones, could be considered the best in the assessment of the results of a treatment, mostly in previously treated eyes.

However, we agree that, specifically in this population, the evaluation of the outcomes could be guided primarily by the anatomical data as the functional ones might be influenced by additional factors (disease duration, number of treatments, characteristics of the lesion, and so on).

Regarding our anatomical findings and the differences in the final median CRT values, we considered the mean change in CRT from the baseline a good indicator of the response, to avoid the influence of the mean baseline value, which was higher for the fixed than in the PRN group (480 *vs* 346  $\mu\text{M}$ ). In fact, we found that the CRT mean change by month 12 was similar ( $P=0.20$ ) in the PRN (median  $-66.5$ ; 95% CI  $-111/-20$ ) as well as the Fixed Regimen group (median  $-81$ ; 95% CI  $-146/-40$ ). In addition, even if the absolute CRT reduction was higher in the Fixed Regimen group (148 *vs* 94  $\mu\text{M}$ ), the proportion of the thickness reduction was similar in the

two groups ( $-30.8\%$  in Fixed and  $-27.2\%$  in PRN regimen) ( $P=0.20$ ).

We can not conclude from our data, considering only the final CRT values, that patients treated with the fixed regimen had unresolved macular edema and the disease process was still active.

Moreover, we agree that PRN determined a greater proportion of dry macula in comparison with the fixed regimen, but despite this difference, the proportion of dry patients between groups was not statistically significant at the end of follow-up ( $P=0.23$ ).

We also agree that PRN determined a greater number of complete PED flattening, however, on the other hand, a greater reduction in the median subfoveal PED height was achieved at the 12-month visit in the Fixed Regimen (186 *vs* 90  $\mu\text{M}$ , 52% reduction) in comparison with the PRN regimen (262 *vs* 174  $\mu\text{M}$ , 31.9% reduction).

For all these reasons, we reported in our conclusions that at 12 months of follow-up, both treatment strategies determined an overall stabilization of visual acuity and an improvement in the morphological findings. We agree that the PRN regimen demonstrated to be also a good choice in the management of switched eyes.

#### Conflict of interest

FR, MP, and MV report personal fees from Allergan, personal fees from Bayer, and personal fees from Novartis, outside the submitted work. The remaining authors declare no conflict of interest.

#### Author contributions

Conception and design: FR and MP; analysis and interpretation: FR, MP, MV, and FR; writing the article: FR, MP, MV, and FM; critical revision of the article: FR, MP, and MV; final approval of the article: FR, MP, MV, FR, MT, and MS; data collection: FR, MP, MV, MS, and MT; provision of materials, patients, or resources: FR, MP, and MV; statistical expertise: FR, MP, and FR; literature search: MS, MP, and FM.

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#### References

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- 2 Călugăru D, Călugăru M. Aflibercept in persistent neovascular AMD: comparison of different treatment strategies in switching therapy. *Eye* 2017; **31**: 162.

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### Sir, Recent subspecialty trends in ophthalmology consultant appointments

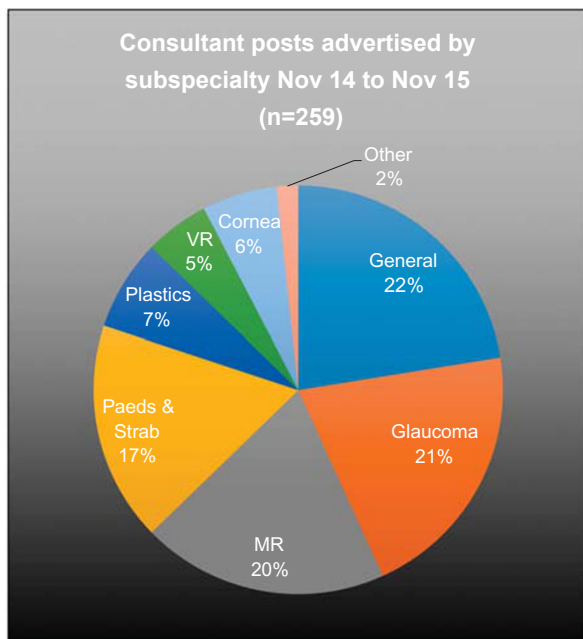
Consultant posts in the UK have traditionally been awarded with a recognized subspecialty interest. Annually, the Royal College of Ophthalmologists publishes retrospective data regarding the fate of CCT holders and analyses trends in Consultant appointments. These data are relevant to workforce planning and allow current registrars to identify trends in subspecialty interests.

#### Purpose

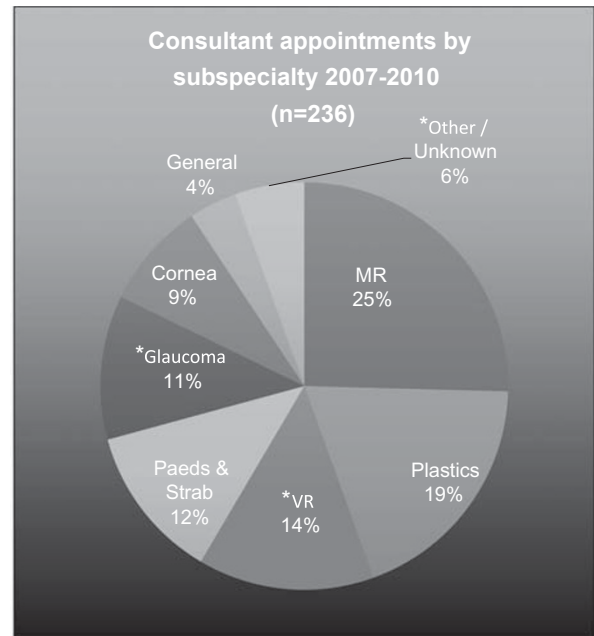
This study analyses the job type of new Consultant Ophthalmologist posts advertised over the past year and compares them with recent trends.

#### Method

New Consultant posts advertised through the NHS jobs portal over a 12-month period (November 2014–



**Figure 1** Consultant posts advertised by subspecialty.



**Figure 2** Consultant appointments by subspecialty.

November 2015)<sup>1</sup> were analysed according to job type (substantive or locum) and subspecialty interest, and were compared with College outcome data for new CCT holders between 2007 and 2010.<sup>2</sup>

#### Results

Over the 12-month analysis period, 259 Consultant Ophthalmologist posts were advertised (Figure 1). The majority of posts (60%) were substantive appointments. 22% of posts did not specify a subspecialty interest and were advertised as general appointments. The most common subspecialty interests were glaucoma (21%), medical retina (20%), and paediatrics and strabismus (17%).

#### Conclusion

This study identifies a growing trend for NHS Trusts to offer more generalized Consultant Ophthalmologist posts, often associated with an option to tailor a subspecialty interest reflecting local demand or personal preference. The past 12 months have shown a resurgence of job opportunities in glaucoma and paediatrics & strabismus which respectively accounted for only 11 and 12% of Consultant posts awarded between 2007 and 2010 (Figure 2). Data from advertised posts are more reflective of demand than reality and we appreciate that some posts may not have been filled or been advertised more than once. In the coming years, we will be able to confirm this apparent shift in subspecialty trends as subsequent College CCT outcome data is produced.

#### Conflict of interest

The authors declare no conflict of interest.