thickness determination should be set, if allowed by the instrument.

The outer boundary used by Spectral SLO/OCT can be hypothesized according to the reported data about RT in normal eyes, as measured with different spectral OCT models. Mean RT, as measured with spectral domain SLO/OCT, was $281 \pm 88 \mu\text{m}$ before exclusion of the artefacts and $277.1 \pm 66 \mu\text{m}$ after their removal. In a recent report by Han *et al.*,² Spectralis OCT (Heidelberg Engineering, Heidelberg, Germany) generated a similar RT measurement ($279 \pm 26 \mu\text{m}$). According to previously described thickness measures of specific outer retinal layers, Spectralis OCT likely sets the outer retinal boundary for RT measurement at the junction of Bruch's membrane and the choriocapillaris; the same outer boundary could be used by Spectral SLO/OCT.

References

- 1 Forte R, Cennamo GL, Finelli ML, de Crecchio G. Comparison of time domain Stratus OCT and spectral domain SLO/OCT for assessment of macular thickness and volume. *Eye* 2008; 12 December 2008 [E-pub ahead of print].
- 2 Han IC, Jaffe GJ. Comparison of spectral spectra and time-domain optical coherence tomography for retinal thickness measurements in healthy and diseased. *Am J Ophthalmol* 2009; 4 February 2009 [E-pub ahead of print].

R Forte, G Cennamo, ML Finelli and G de Crecchio

Department of Ophthalmology, University
Federico II, Naples, Italy
E-mail: raifor@hotmail.com

Eye (2010) **24**, 193–194; doi:10.1038/eye.2009.59;
published online 3 April 2009

Sir,

Intravitreal bevacizumab for macular oedema secondary to branch retinal vein occlusion: more data required

We read with interest the study by Gündüz and Bakri.¹ The authors conclude that intravitreal bevacizumab (IVB) is effective in treating macular oedema associated with branch retinal vein occlusion. However, we suggest that the results ought to be interpreted cautiously for the reasons given below.

The patients involved in this study were heterogeneous with respect to factors that may influence the outcome of treatment with IVB. For example, one-third of the patients were found to have macular ischaemia, and this may account for some of the variability. The impact of the wide range of patients' ages and of relevant coexisting pathologies, such as diabetes mellitus and glaucoma, was not quantified. Some of the eyes underwent initial laser or intravitreal/posterior subtenon triamcinolone, which may have influenced the efficacy of IVB. Finally, as the authors do not state

quantitative criteria for IVB retreatment, it is difficult for readers to determine a protocol that might produce similar results for their own patients.

We are encouraged by the outcomes reported, but suggest that detailed analysis of the subjects being treated and comparison with matched controls should be undertaken before IVB can be recommended for this indication. Future studies could also distinguish between the potential for IVB as a primary treatment, perhaps before structural or ischaemic changes at the macula have become established, and its role as a second- or third-line therapy.

Reference

- 1 Gündüz K, Bakri SJ. Intravitreal bevacizumab for macular oedema secondary to branch retinal vein occlusion. *Eye* 2008; **22**(9): 1168–1171.

K Hu, SE Horgan, RR Sivaraj and K Avgikos

Department of Ophthalmology, Moorfields Eye
Hospital NHS Foundation Trust at St George's
Hospital, London, UK
E-mail: kuanghu@kuanghu.com

Eye (2010) **24**, 194; doi:10.1038/eye.2009.27;
published online 13 February 2009

Sir,

Reply to Dr Hu *et al*

We thank Dr Hu *et al*¹ for their valuable comments. In dealing with patients with BRVO, we are inevitably faced with different coexisting pathologies, including diabetes mellitus, systemic hypertension, and ocular problems such as glaucoma. A detailed subgroup analysis of the efficacy of IVB in each group of systemic and ocular pathologies would require a substantial number of patients to enable this study to have predictive power. As for prior ocular treatments used in IVB-treated eyes, IVB was used in eyes with recurrent ME after laser photocoagulation and intravitreal triamcinolone acetonide and not as an adjunct to these treatments. A sufficient time period had elapsed after these treatments to conclude that prior treatment had not been successful. Finally, the decision to retreat was made based on the presence of macular oedema on OCT. Eyes that had persistent macular oedema were retreated, whereas those with no macular oedema skipped retreatment.

A retrospective study is valuable in that a positive outcome encourages pursuing randomized, controlled clinical trials, whereas, randomized trials are generally not pursued following negative outcomes in a retrospective study. We are encouraged that these preliminary, retrospective data on the prn usage of the anti-VEGF agent bevacizumab support the basis for conducting the prospective, randomized, controlled trial of ranibizumab, another anti-VEGF agent, for macular oedema for branch retinal vein occlusion. It is our sincere hope that this large,