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Sir,
Effectiveness of the present ROP screening protocol

We were pleased to read the correspondence article by Kontos *et al*[1] on screening of premature babies for retinopathy of prematurity (ROP). Our experience concurs entirely with the suggestion put forward in this correspondence to change the UK guideline for screening[2] in this regard. This was presented in 2009 at the ROP seminar held by the Royal College of Ophthalmologists (Effectiveness of New Screening Protocol—K. Merchant, M. Nassar, A. Shafiq, D. Cottrell).

In that short study, we compared two groups of screened babies at the Royal Victoria Infirmary, Newcastle upon Tyne, UK. The study involved screening of babies born between gestational age (GA) 24–26 weeks. The first group included babies screened before implementation of the new protocol (March 2008–August 2008) and the second group included babies screened as per the new protocol (September 2008–February 2009).

In the second group, 13 babies were screened at 30 weeks GA as per the new protocol. Ten of these babies had a very hazy view of the fundus owing to corneal haze, vitreous haze or persistent tunica vasculosa lentis. Three of the 13 babies eventually required treatment but did not meet the treatment criteria until 33 weeks GA. All three had a poor fundus view at 30 weeks owing to the above-mentioned reasons. According to our study the second group had a 5.3% increase in screening visits as compared with the first group.

Data evaluation from the Swedish National Register for Retinopathy of Prematurity (SWEDROP)[3] indicates that screening at 31 weeks GA should always pick up babies at-risk who go on to be treated. In their national database treatment was never required earlier than 32 weeks GA. The Canadian Paediatric Society[4] has also revised the age of initial ROP screening examination for premature babies to 31 weeks.

In our opinion, we are subjecting these premature babies to an additional, unhelpful and distressing examination by screening at 30 weeks GA. We agree that delaying the start of screening these babies until 31 weeks GA is appropriate, safe and sensible.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Screening for retinopathy of prematurity can be started in postmenstrual week 31 in very premature babies!

We concur with Kontos *et al*,[1] stating that screening for retinopathy of prematurity (ROP) in extremely premature infants can be postponed. Further, and as indicated by the authors, we believe that a change in guidelines should preferably be on the basis of studies of the natural course of ROP in the population *per se*.

In Sweden, a national study of extremely preterm infants, born with a gestational age (GA) of <27 weeks during the years 2004–2007, showed that no infant developed ROP stage 3 before 31 weeks postmenstrual age (PMA) and no infant was treated before 32 weeks PMA.[2] On the basis of this study, and in alignment with American guidelines, the first ROP examination in infants below a GA of 27 weeks was postponed to PMA 31 weeks in Sweden, 2010.