Discussion

The initial results of intravitreal bevacizumab for exudative AMD led to the acceptance of this off-label therapy by ophthalmologists around the world, assuming, based on case series evidence, that bevacizumab is at least almost as good as ranibizumab with respect to efficacy and safety.

Some ophthalmologists might recommend bevacizumab instead of ranibizumab, even when it is available and affordable to the patient, because of the concerns regarding the treatment costs[(84, 92)].

Intravitreal bevacizumab accounts for more than 50% of all anti-VEGF therapy delivered for exudative AMD in the United States[(109)].

The National Eye Institute is sponsoring a clinical trial to compare the safety and efficacy betwen bevacizumab and ranibizumab for the treatment of exudative AMD – CATT study.

This study and other prospective, controlled and randomized trials in several countries (IVAN-UK, VIBERA-Germany, MANTA-Austria, LUCAS-Norway, GEFAL-France) will provide the best level of evidence regarding the efficacy and safety of bevacizumab.

Some of these ongoing studies can give consistent information about the necessary dose-ranging and dosing-frequency to control AMD neovascularization.

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