The future of combined treatment

Only time will tell, whether double and triple treatments, will display similar efficacy results as the gold standard treatment.

One-year results (May 2009) of a prospective, randomized study of triple treatment with PDT, bevacizumab and triamcinolone in three patient groups were recently published.

Study results were not superior to those observed for monotherapy with the antiangiogenic agent, although the number of retreatment sessions needed to stabilize vision after one year was smaller[(40)].

It is known that some patients respond better to monotherapy, while others respond better to combined treatment; this is very likely due to individual patient and disease characteristics.

In the near future, development of non-anti-VEGF treatments with neuroprotective, antifibrotic and anti-inflammatory actions may contribute to the increased efficacy of new combined treatments.

Subtenon injection of long acting cortisones (anecortave) in combination with other procedures, namely anti-VEGF agents, should be studied[(41)].

Despite having been abandoned in monotherapy, these agents might prove useful in the combined treatment of AMD[(42)].

Intensive research is currently in course regarding alternative actions on crucial neovascularization cascade steps and mechanisms that trigger this process (signalling), since these have the potential to become alternative strategies for the combined treatment of AMD.

Emerging therapies will be described in a separate chapter.

It shall be referred that the complexity of signalling pathways supports the concept of combined therapy as a way of achieving more adequate control of biological functions in general and neovascularization in particular[(43, 44)].

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