

IMAGE



Infographic: Ranibizumab plus panretinal photocoagulation (PRP) versus PRP alone for high-risk proliferative diabetic retinopathy (PDR): the PROTEUS study

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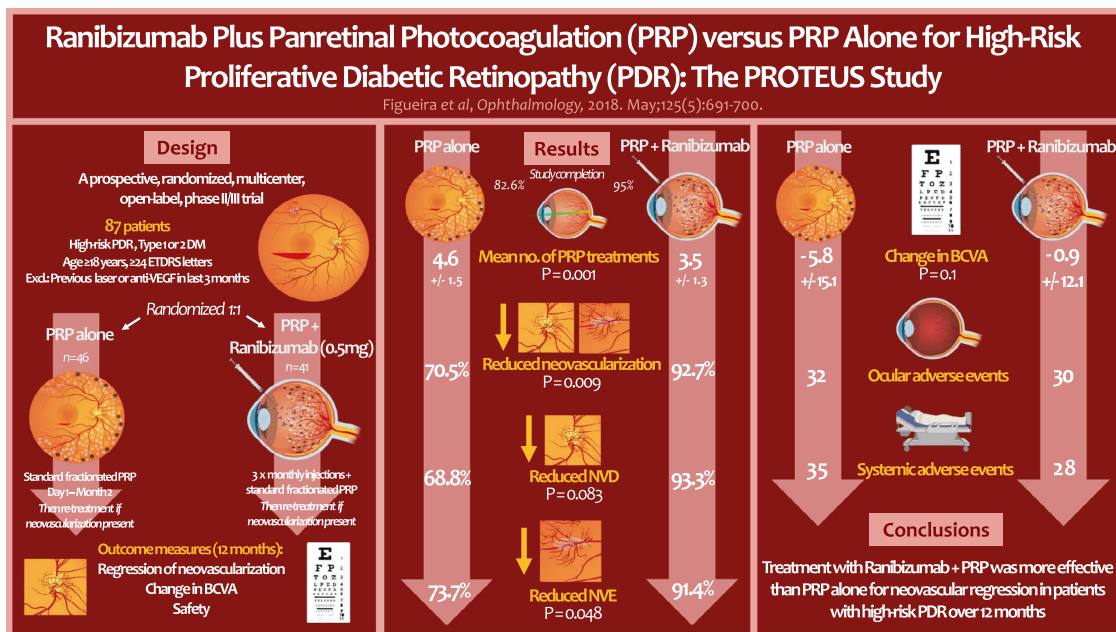
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Exclusions included patients with HBA1c > 11%, systolic blood pressure > 170 mmHg, or diastolic > 100 mmHg, intraocular surgery in the preceding 6 months including laser treatments, anti-VEGF in the preceding 3 months, or lesions involving the central macula, such as macular oedema (central retinal thickness > 300 µm). Baseline characteristics were similar, except for age (greater in the combined group). Assessments were undertaken by colour fundus photography and fluorescein angiography at months 3, 7 and 12, and assessed by masked graders. Retreatment in either group was at the investigator's discretion, and involved a combination of

ranibizumab injection and PRP in the combined treatment group. There were no significant differences in BCVA at any timepoint between groups. Reduction in neovascularization was defined as any decrease in area from baseline to month 12. Vitrectomy rates did not differ between treatment groups ($P = 0.12$). No deaths or unexpected adverse events were reported.

PRP – panretinal photocoagulation; PDR – proliferative diabetic retinopathy; DM – diabetes mellitus; BCVA – best corrected visual acuity; NVD – neovascularisation of the optic disc; NVE – neovascularisation elsewhere in the retina.



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COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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