Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/eye-on-ocular-health/anti-vegf-selection-diabetic-macular-edema/60933/

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Optimizing Anti-VEGF Selection in Diabetic Macular Edema

Announcer:
Welcome to *Eye on Ocular Health* on ReachMD. On this episode, we'll learn about treatment selection and long-term management of diabetic macular edema from Dr. Michael Klufas. He's Member of the Retina Service at Wills Eye Hospital and is an Associate Professor of Ophthalmology at Sidney Kimmel Medical College of Thomas Jefferson University. He spoke on this topic at the 2026 American Society of Retina Specialists Annual Meeting. Here he is now.

Dr. Klufas:
In terms of choice of anti-VEGF therapy for our diabetic macular edema patients, we have some great studies—including Protocol T and others—and we're able to see that things like aflibercept or compounds like aflibercept really do outperform ranibizumab or off-label bevacizumab.

So when I'm thinking of diabetic macular edema, I'm often reaching for aflibercept, just because the data is so strong that it provides sooner return of vision, especially in those patients that are visually impaired and have vision worse than 20/40 or 20/50. And this has been shown in multiple studies, and I think in some of the major clinical trials as well.

So when I have freedom of choice, I'm often thinking of aflibercept. And then in my mind, in 2026, do we go with aflibercept two milligrams or aflibercept eight milligrams? I've had a really good experience with aflibercept eight milligrams. I think potentially achieving a drier retina sooner is impactful for my patients, and then also offering an earlier extension—potentially to 12 weeks or longer—can be very beneficial. And then longer in their treatment course, over several years, if they're able to get out to the 20-week mark, that's a real win as well. So I'm eager to incorporate 20-week dosing more and more in my patients with diabetic macular edema.

And then the other amazing thing is, in contrast to our macular degeneration patients, these diabetics can continue to improve vision-wise, so they often receive less treatment and continue to have improvement in their vision, and that's a real win for both the doctor and the patient. So the whole arena has really switched towards longer and longer extension, either with new mechanisms of actions or a higher dose of a compound, such as aflibercept eight milligrams over two milligrams. So I think there's been a large push to allow greater durability.

Our diabetics, especially, sometimes, a couple of years into treatment, may ask, "How long am I going to go on this treatment?" And I sort of say, "Your diabetes doesn't go away. Are you cured from your diabetes?" So oftentimes we can stop treatment—sometimes we can't—but many times we can offer increased extension of intervals. And so that's, I think, a good middle ground to allow continued treatment of diabetic retinopathy in these patients who have a lifelong disease that will, at this time, not be cured from a systemic standpoint.

Announcer:
That was Dr. Michael Klufas discussing how he selects anti-VEGF therapy for diabetic macular edema. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.

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