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Title **Ranibizumab in Treating Age-Related Macular Degeneration**

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Reference SBU Alert report no 2008-03. Frennesson C, Gjötterberg M, Kvanta A, Törnqvist H, Eckerlund I. SBU. ISSN 1652-7151. www.sbu.se/published

Aim

To assess the scientific evidence with reference to the following questions:

- What are the effects of ranibizumab treatment on visual acuity in patients with neovascular age-related macular degeneration (AMD)?
- How does treatment affect visual function as experienced by the patient?
- What complications and side effects can be attributed to treatment?
- What does treatment cost? Is it cost effective?

Conclusions and results

- Monthly treatment with ranibizumab has a substantial inhibitory effect on the course of disease compared to photodynamic therapy or sham injection in patients with neovascular age-related macular degeneration – in follow-up ≤2 years (Evidence Grade 1).
- Monthly treatment improves vision to a substantially higher degree in patients treated with ranibizumab compared to those who received photodynamic therapy or sham injection – in follow-up ≤2 years (Evidence Grade 1).
- Scientific evidence is insufficient regarding the effects of treatment when delivered less frequently than once per month, or for periods exceeding 2 years.
- It is unclear whether treatment can be discontinued, or if further treatments are necessary to maintain the effects (Insufficient Scientific Evidence).
- Scientific evidence is insufficient to assess the cost effectiveness of the method.

Recommendations

No recommendations.

Methods

A systematic literature search was conducted primarily via electronic databases (PubMed and Cochrane Library and EMBASE) until January 2008. For inclusion in the systematic review, articles needed to meet predetermined criteria: the results of the studies should be relevant to the questions posed by the project, ie, have appropriate endpoints, follow-up period, and study design. Ethical and economic implications were considered.

Further research/reviews required

None.

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