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Title: ENSAYO CLÍNICO, ABIERTO, DE SEGURIDAD Y EFICACIA DE ADALIMUMAB INTRAVÍTREO EN PACIENTES CON NEOVASCULARIZACIÓN COROIDEA SECUNDARIA A DEGENERACIÓN MACULAR ASOCIADA A LA EDAD EN PACIENTES NO RESPONDEDORES AL TRATAMIENTO CONVENCIONAL CON RANIBIZUMAB

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RESULTS

Extracted from paper:

Correspondence to: Intravitreal tumor necrosis factor inhibitors in the treatment of refractory diabetic macular edema: a pilot study from the Pan-American Collaborative Retina Study Group

Zapata MA et al. Retina 2013 Jun;33(6):1285-7.

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Summary:

We evaluated the efficacy and safety of intravitreal adalimumab in patients with exudative age-related macular degeneration who were considered nonresponders to ranibizumab. Patients who had received 3 loading doses of ranibizumab followed by 5 injections in the previous 12 months or 3 injections in the previous 6 months were included in the study.

Patients received the initial adalimumab injection (50 mg in 0.1 mL) and underwent weekly follow-up during the first month. If no side effect was observed, patients received a second and third injection at 1 month and 2 months later. Follow-up visits were performed in Months 3, 4, and 6 after the initial injection. Five patients were included.

All patients received the complete adalimumab treatment, except Patient 3. It was decided not to administer the third dose to that patient owing to ocular discomfort without any signs found on examination. No patient had systemic undesirable effects. Except for a small nuisance observed in Patient 3 at Month 2, which disappeared with artificial tears, no patients reported subjective complications. No inflammation sign in slit-lamp or fundus examination was observed. Intraocular pressure remained the same during follow-up. No worsening in electroretinography (flash and pattern), electrooculography, or visual evoked potentials was observed.

There were no differences in analytical examinations between visits. Patients 1 and 5 presented initial antinuclear antibody levels of 1:320 and kept the same level during follow-up. Patient 4 had initial antinuclear antibody levels of 1:640, which increased at Month 6 to 1:320 with no clinical implications. Except for Patient 4, who improved by 36 ETDRS letters during the study, there were no clinically significant changes (±5 letters) in visual acuity. No clinically significant changes were seen in OCT during follow. A trend of decreased macular thickness was observed until the last injection was administered (at Month 2), where volume increase was detected in the remaining follow-up visits (after the third month), when no further injections were received.

The protocol was developed based on a dose of 50 mg, previously injected in animals but not tested in humans. In addition, even though intravitreal studies with higher doses have been conducted, these studies were retrospective and, although they provided good information on safety, did not provide evidence in electroretinography or antibody studies.

In conclusion, repeated injections of intravitreal adalimumab have been demonstrated to be safe and have not shown the inflammatory processes observed with infliximab. Clinically significant efficacy results were not observed mainly because of the low doses administered and to the poor prognosis of the included cases.

It would be useful to investigate the effects of administering higher doses and the half-life of the drug in the vitreous cavity and to perform more clinical studies on acute and mild stages of the disease. In addition, the combined effects of the administration with ranibizumab could be of interest as synergies might be found because of its different mechanism of actions.