INTERNATIONAL COUNCIL of OPHTHALMOLOGY

Age-Related Macular Degeneration (Management Recommendations)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical **Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Treatment Recommendations and Follow-up Plans for Age-Related Macular Degeneration

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations
Observation with no medical or surgical therapies **(A:I)**	No clinical signs of AMD (AREDS category 1) Early AMD (AREDS category 2) Advanced AMD with bilateral subfoveal geographic atrophy or disciform scars	As recommended in the Comprehensive Adult Medical Eye Evaluation PPP **(A:III)** Return exam at 6 to 24 months if asymptomatic or prompt exam for new symptoms suggestive of CVN **(A:III)** No fundus photos or fluorescein angiography unless symptomatic **(A:I)**
Antioxidant vitamin and mineral supplements as recommended in the AREDS reports **(A:I)**	Intermediate AMD (AREDS category 3) Advanced AMD in one eye (AREDS category 4)	Monitoring of monocular near vision (reading/Amsler grid) **(A:III)** Return exam at 6 to 24 months if asymptomatic or prompt exam for new symptoms suggestive of CVN **(A:III)** Fundus photography as appropriate Fluorescein angiography if there is evidence of edema or other signs and symptoms of CVN
Ranibizumab intravitreal injection 0.5 mg as recommended in ranibizumab literature **(A:I)**	Subfoveal CNV	Patients should be instructed to report any symptoms suggestive of endophthalmitis promptly, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters **(A:III)** Return exam approximately 4 weeks after treatment; subsequent follow-up depends on the clinical findings and judgement of the treating ophthalmologist **(A:III)** Monitoring of monocular near vision (reading/Amsler grid) **(A:III)**

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations
Bevacizumab intravitreal injection as described in published reports **(A:III)** The ophthalmologist should provide appropriate informed consent with respect to the off-label status **(A:III)**	Subfoveal CNV	Patients should be instructed to report any symptoms suggestive of endophthalmitis promptly, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters **(A:III)** Return exam approximately 4 to 8 weeks after treatment; subsequent follow-up depends on the clinical findings and judgement of the treating ophthalmologist **(A:III)** Monitoring of monocular near vision (reading/Amsler grid) **(A:III)**
Pegaptanib sodium intravitreal injection as recommended in pegaptanib sodium literature **(A:I)**	Subfoveal CNV, new or recurrent, for predominantly classic lesions ≤12 MPS disc area in size Minimally classic, or occult with no classic lesions where the entire lesion is ≤12 disc areas in size, subretinal hemorrhage associated with CVN comprises ≤50% of lesion, and/or there is lipid present, and/or the patient has lost 15 or more letters of visual acuity during the previous 12 weeks	Patients should be instructed to report any symptoms suggestive of endophthalmitis promptly, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters **(A:III)** Return exam with retreatments every 6 weeks as indicated **(A:III)** Monitoring of monocular near vision (reading/Amsler grid) **(A:III)**
PDT with verteporfin as recommended in the TAP and VIP reports **(A:I)**	Subfoveal CNV, new or recurrent, where the classic component is >50% of the lesion and the entire lesion is ≤5400 microns in greatest linear diameter Occult CNV may be considered for PDT with vision <20/50 or if the CVN is <4 MPS disc areas in size when the vision is >20/50	Return exam approximately every 3 months until stable, with retreatments as indicated **(A:III)** Monitoring of monocular near vision (reading/Amsler grid) **(A:III)**

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations
Thermal laser photocoagulation surgery as recommended in the MPS reports **(A:I)**	Extrafoveal classic CNV, new or recurrent May be considered for juxtapapillary CVN	Return exam with fluorescein angiography approximately 2 to 4 weeks after treatment, and then at 4 to 6 weeks and thereafter depending on the clinical and angiographic findings **(A:III)** Retreatments as indicated Monitoring of monocular near vision (reading/Amsler grid) **(A:III)**

AMD = Age-related Macular Degeneration; AREDS = Age-related Eye Disease Study; CNV = choroidal neovascularization; MPS = Macular Photocoagulation Study; PDT = photodynamic therapy; TAP = Treatment of Age-related Macular Degeneration with Photodynamic Therapy; VIP = Verteporfin in Photodynamic Therapy

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)