

# RETINA 360 WORKBOOK



## IN FOCUS: DIABETIC EYE DISEASE CLINICAL PEARLS

Guiding the Extension:  
Fluid, Vision, or Response to Anti-VEGF?

---

### FACULTY

---



**Sruthi Arepalli, MD**  
Assistant Professor  
Vitreoretinal Surgery and Uveitis  
Emory Eye Center  
Atlanta, GA



**Esther Lee Kim, MD**  
Orange County Retina  
Santa Ana, CA

*This activity is supported by an independent educational grant from Regeneron.*

# Guiding the Extension: Fluid, Vision, or Response to Anti-VEGF?

Sruthi Arepalli, MD, and Esther Lee Kim, MD

**Watch Now:** <https://evolvemeded.com/segment/29876/>

## CASE HIGHLIGHTS

- Drs. Arepalli and Kim generally favor a treat-and-extend approach for diabetic macular edema (DME), starting with three to four loading doses. They may consider up to six loading doses for severe cases.
- When deciding to extend treatment, they consider factors like best potential visual acuity, signs of chronic disease, and whether the patient is able to adhere to a frequent treatment regimen. They aim to maintain VA at 20/25 or better.
- They discuss the impact of clinical trial data, patient comorbidities, and socioeconomic factors on their treatment approach. They may consider adding steroids if the patient has a poor response to anti-VEGF therapy.
- In the case presented, Drs. Arepalli and Kim recommend continuing the current aflibercept regimen as the patient has shown a good response so far and consider adding steroids if the response plateaus.

## NOTES

---

---

---

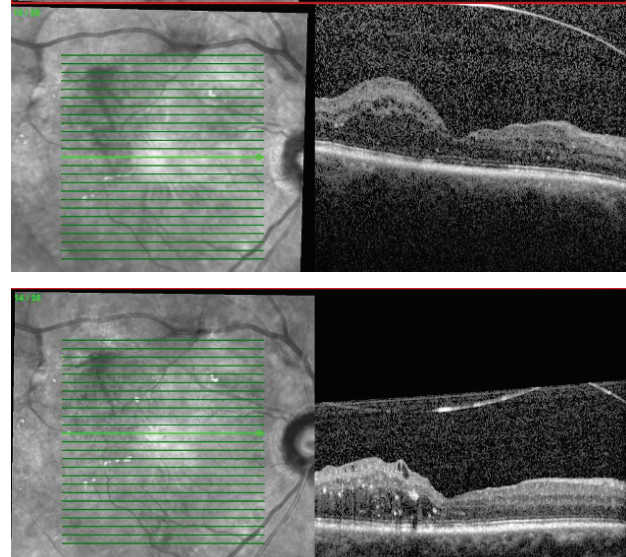
---

---

---

**"I think for diabetic macular edema and for age-related macular degeneration, I typically stick with this idea of three loading doses at 4 weeks apart. And then if they have a great response, at that point, I'll start to extend them."**

**SRUTHI AREPALLI, MD**



**VIDEO CASE: PATIENT OCT  
AFTER FOURTH DOSE OF  
AFLIBERCEPT 8 MG.**

