

# RETINA 360 WORKBOOK



## IN FOCUS: nAMD CLINICAL PEARLS

### Second-Generation Retinal Therapies: Reloading and Extending

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#### FACULTY

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# Second-Generation Retinal Therapies: Reloading and Extending

Jordan Deaner, MD, and Nita Valikodath, MD, MS

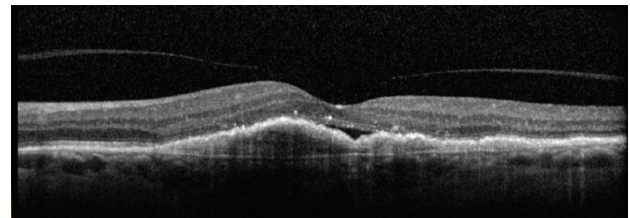
**Watch Now:** <https://evolvemeded.com/segment/29880/>

## CASE HIGHLIGHTS

- Drs. Deaner and Valikodath provide a summary of the treatment approach for a patient with neovascular age-related macular degeneration (AMD), including the use of second-generation retinal therapies and strategies for reloading and extending treatment intervals.
- The patient initially responded well to intravitreal aflibercept injections but eventually experienced recurrence of fluid and vision loss. The clinicians consider switching to a second-generation agent like faricimab.
- Negative prognostic factors on OCT, such as subretinal hemorrhage and large pigment epithelial detachment, warrant more aggressive treatment with monthly injections.
- When a patient has wet AMD in one eye that is well-controlled but then develops it in the other eye, Drs. Deaner and Valikodath discuss aligning the treatment intervals between the two eyes to minimize the number of required visits.
- They discuss the more aggressive extension intervals seen in clinical trials for second-generation agents, noting the need to balance trial data with individual patient responses.

"I think one of the patients that I think about most commonly using our second-generation agents is the patient who is on 2 mg of aflibercept every 4 weeks. They have really treatment-resistant disease. Every time I've tried to go out to 5 weeks over the last 2 or 3 years, they've always had recurrence of fluid. I'm thinking about switching them to a second-generation agent. Which agent would you choose?"

**JORDAN DEANER, MD**



**VIDEO CASE: PATIENT OCT  
4 WEEKS AFTER SWITCHING  
TO FARICIMAB.**



## NOTES

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