Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/eye-on-ocular-health/extended-dosing-strategies-for-diabetic-retinopathy-and-dme/60932/

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Extended Dosing Strategies for Diabetic Retinopathy and DME

Announcer:
This is *Eye on Ocular Health* on ReachMD. Today, Dr. Michael Klufas will be discussing extended dosing strategies for diabetic retinopathy and diabetic macular edema. Dr. Klufas is Member of the Retina Service at Wills Eye Hospital and is an Associate Professor of Ophthalmology at Sidney Kimmel Medical College of Thomas Jefferson University. He spoke on this topic at the 2026 American Society of Retina Specialists Annual Meeting. Let's hear from him now.

Dr. Klufas:
Obviously, in our retina clinics, the two bread and butter conditions we see are neovascular AMD, and also diabetic retinopathy and diabetic macular edema. The DME patients are often younger, but they can be older as well. But a lot of these patients have a lot of comorbidities or are working age, and so there can be a lot of loss to follow-up.

That being said, I think a lot of our patients can be satisfied with an eight-week or greater treatment interval, but 12 weeks, in my mind, is kind of becoming the new eight weeks with a lot of these second-generation anti-VEGFs. While we can't get every patient there, if we can get the majority of them to 12 weeks or longer, I think that represents a really good compromise between treatment burden and durability for our patients. So I think that in trying to address the loss to follow-up, the longer treatment interval we can achieve makes it a little bit easier to address those factors out of our control: hospitalization, work requirements, caring for family, etc.

With regard to diabetic macular edema, I think a lot of us were initially telling patients, "Hey, we're going to do monthly treatment to really get the diabetic macular edema controlled." And that is true in many cases, but with newer generation agents such as aflibercept eight milligram and faricimab, sometimes we're able to get the retina drier quicker, and that limits the number of injections in the first year.

So while we can't guarantee this to all our patients, sometimes, if we have freedom of choice in the agent we're starting, we're able to achieve a drier retina sooner, which can be very impactful for these patients who are working age and need to have vision better than 20/40. So I think I'm seeing that I need to do less of these loading doses earlier up front.

The other thing I'm noticing is we know the treatment burden goes down over time. And if you look at other studies like Protocol S in treatment of diabetic retinopathy, patients received about 20 injections over five years; there were six or so in the first year, and then it goes down to three or four in other years. And what I find is that I'm able to extend patients over time to 12, 16, or even 20 weeks. Aflibercept eight milligrams actually now just recently achieved the 20-week label, so that's about an every five-month treatment, and I'm starting to incorporate that in my practice. And that's a real win for patients that come in just twice a year for treatment and monitoring of their diabetes, either diabetic retinopathy and/or diabetic macular edema.

Announcer:
That was Dr. Michael Klufas explaining how longer-lasting anti-VEGF therapies are changing the management of diabetic retinal disease. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.