LETTER TO THE EDITOR

Dear Editor,

In a previous issue (276:83-92) of the *Bulletin de la Société belge d'Ophtalmologie*, Roodhooft provided a review of the current state of research into the management of age-related macular degeneration (AMD)(1). As noted, at present there are no prophylactic measures proven to reduce the risk of AMD except the avoidance of smoking. However, the title of the article ('*No efficacious treatment for age-related macular degeneration'*) is misleading because it asserts that there are no effective treatments for AMD, which is not correct.

The trials conducted by the Macular Photocoagulation Study (MPS) group demonstrated the efficacy of laser photocoagulation in preventing or delaying vision loss in selected patients with extrafoveal or juxtafoveal choroidal neovascular lesions secondary to AMD (2,3). Subfoveal neovascularization, in precise conditions, has also shown to benefit from laser treatment at long term (4). However, as Roodhooft notes, not all patients are eligible for laser photocoagulation and persistence or recurrence of choroidal neovascularization is a serious problem. However this is no reason to assert that no laser treatment is efficacious.

In reviewing the use of PDT for subfoveal choroidal neovascularization (CNV), Roodhooft notes the positive outcomes from the phase I/II studies, which demonstrated that verteporfin therapy could, in some patients, cause cessation of fluorescein leakage for 1 to 4 weeks, and stabilization or improvement of vision for 12 weeks (5). However, Roodhooft did not discuss the results from the first 12 months of the phase III treatment of age-related macular degeneration with Photodynamic therapy (TAP), investigations which were published in October 1999 (6), even though he cited this paper in his article. The results from this multicentre trial demonstrated that verteporfin therapy significantly reduces the risk of at least moderate decrease in visual acuity in patients with predominantly classic subfoveal CNV secondary to AMD (6). In the first 12 months, 67% of the verteporfin-treated patients lost less than 15 letters (3 lines) of visual acuity, compared with 39% of the placebo-treated patients. This can not be considered as '' no proven benefit ''.

In describing the requirements of an effective treatment for CNV, Roodhooft notes that it is necessary to achieve 'highly selective occlusion of neovascular channels' and improve upon the results of laser photocoagulation. The data presented in TAP report 1 (6), clearly showed that verteporfin therapy can achieve these objectives at least temporarily and at least in some patients. However, retreatments are often necessary (7). Roodhooft suggests that PDT may actually stimulate neovascularization, but neither the TAP Investigation nor the phase I/II studies have revealed any evidence that this occurs in eyes treated with verteporfin therapy.

The range of treatment options available to patients with neovascular AMD is likely to increase in the near future. Several treatments are being evaluated, including submacular surgery, antiangiogenic drugs and a number of investigational photosensitizing agents.
Neovascular AMD is a major public health concern because of its increasing prevalence, the risk of severe vision loss and the impact that it can have on patients' quality of life and capacity for independent living. Patients with subfoveal CNV have a particularly high risk for severe vision loss, and clinicians and patients should be made aware that early diagnosis of CNV is of prime importance in order to increase the chance of having good therapeutic results thanks to early treatment either by laser photocoagulation or by photodynamic therapy. So, we would like to conclude: There are efficacious treatments for age-related macular degeneration, however, research should continue to widen the field of therapeutic efficacy.

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