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**Study of COMparative Treatments in RETinal Vein Occlusion 2 (SCORE2) Month 48 Results**

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**Purpose:** To report Month 48 outcomes among participants with macular edema due to central (CRVO) or hemi-retinal vein occlusion (HRVO) treated initially with aflibercept or bevacizumab in the SCORE2 trial.

**Methods:** After Month 12, SCORE2 participants were treated per investigator discretion. Outcomes of interest assessed at annual visits include treatment patterns for macular edema, visual acuity letter score (VALS), and central subfield thickness (CST) assessed by optical coherence tomography.

**Results:** Of the 330 SCORE2 participants who completed the Month 12 visit, the Month 24, 36, and 48 visits were completed by 72%, 64% and 49%, respectively. Month 48 completers were similar to non-completers for most baseline characteristics, including VALS and CST. Among Month 48 completers, injection rates were about 3 to 4 injections per participant from Month 12 to 24, 4 to 5 injections per participant from Month 24 to 36, and 5 to 6 injections per participant from Month 36 to 48. The number of treatments between Months 36 and 48 ranged from 0 to 12. Between Months 36 and 48, about one-third of participants received no treatment for their macular edema, approximately 60% received anti-VEGF therapy only, and the remaining 7% received steroids, either alone or in combination with anti-VEGF therapy. Mean VALS improved significantly during the first 6 months, when the protocol specified monthly treatment. There was a smaller improvement in mean VALS between Months 6 and 12, when good responders were randomized to either continued monthly or treat-and-extend dosing. Between Months 12 and 48, when treatment was per investigator discretion, mean VALS worsened, although the mean VALS remained significantly better at Month 48 (about 67) than at baseline (50). Similar results were observed for CST.

**Conclusions:** SCORE2 Month 48 results demonstrate long-term effectiveness of anti-VEGF therapy for the treatment of macular edema due to CRVO or HRVO. Results indicate the chronic nature and variability of disease course in CRVO and HRVO, and highlight the importance of continued monitoring and individualized treatment to optimize outcomes. Patients with CRVO- or HRVO-associated macular edema should be followed closely beyond 2 years to determine which patients need treatment.