

AVID: Complete results of all published data analyses for outcomes other than BCVA

This document presents tables and figures for all analyses, using data from publications of included RCTs for outcomes other than BCVA. These mostly consist of forest plots without meta-analysis, because the evidence was generally too limited in extent, and too diverse in intervention and follow-up times, to justify a full meta-analysis.

As meta-analysis was not possible for most outcomes the forest plots without meta-analysis include trials of proliferative and non-proliferative retinopathy, to aid comparison.

1 FOREST PLOTS OF OUTCOMES WITHOUT META-ANALYSIS

These forest plots show results for all anti-VEGF types, and at all follow-up times. Note that this means some trials appear more than once in a forest plot.

NVD (neovascularization of the disc)

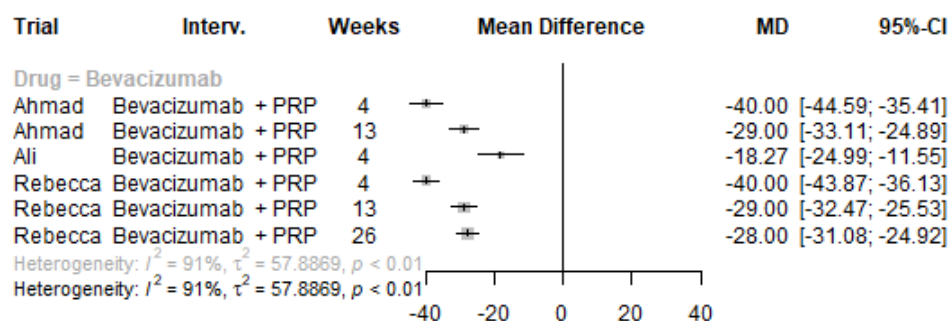


Figure 1 Forest plot of all NVD data (left side favours anti-VEGF)

NVE (neovascularization elsewhere)

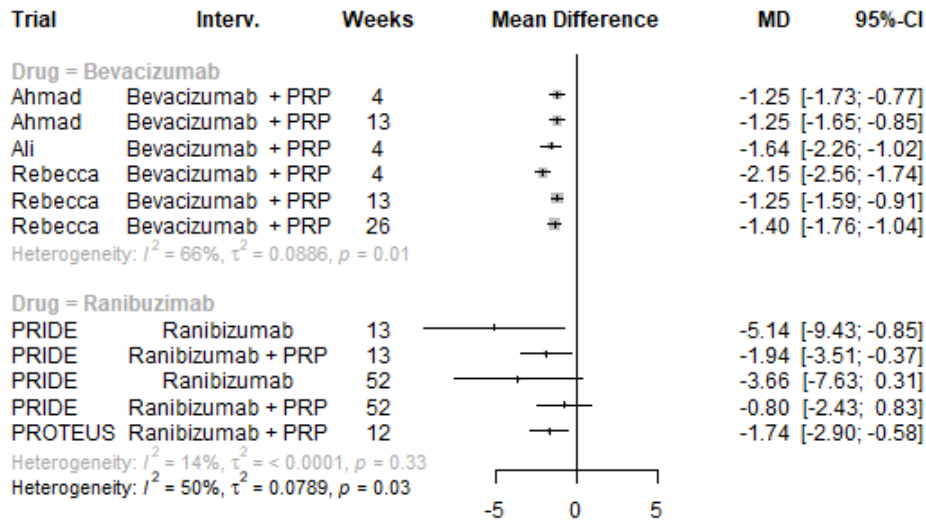


Figure 2 Forest plot of all NVE data (left side favours anti-VEGF)

Diabetic Macular Oedema (DME)

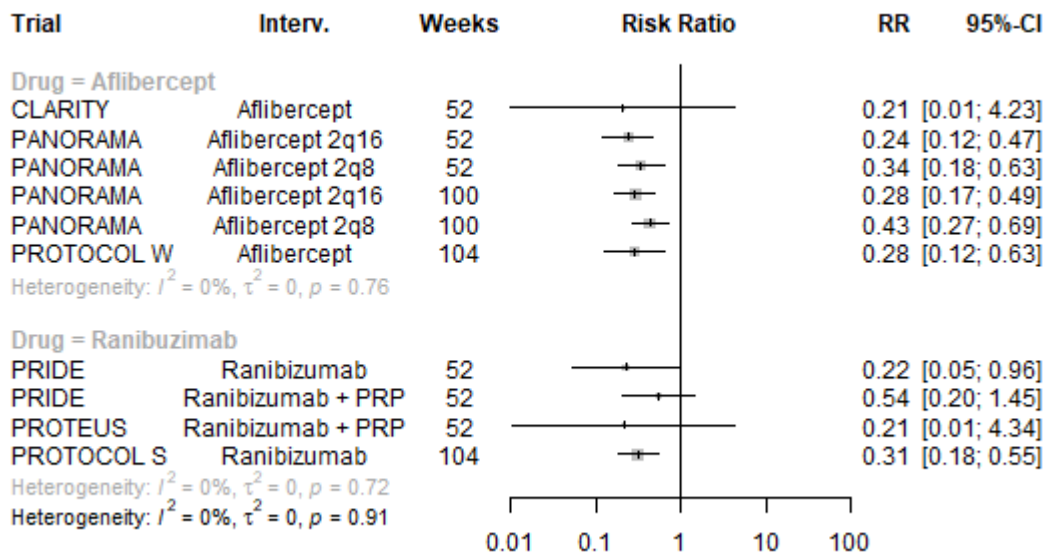


Figure 3 Forest plot of DME incidence (left side favours anti-VEGF)

Improvement in diabetic retinopathy severity score (DRSS)

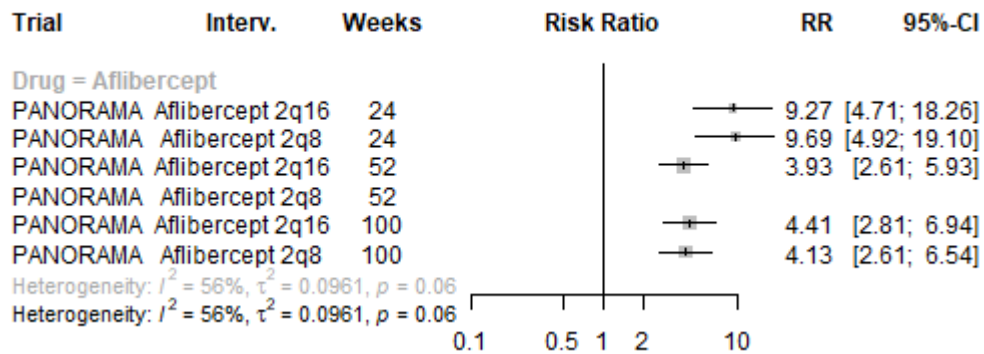


Figure 4 Forest plot of improvement in DRSS severity (right side favours anti-VEGF)

Proliferative retinopathy incidence

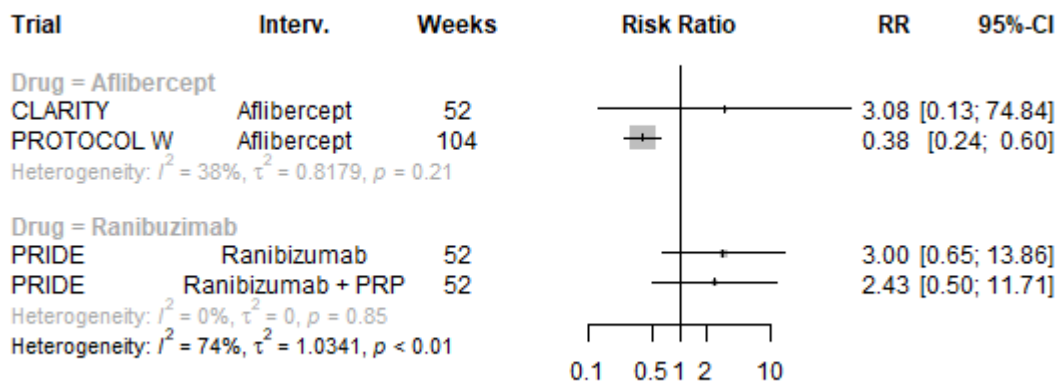


Figure 5 Forest plot of proliferative DR (left side favours anti-VEGF)

Regressive neovascularisation

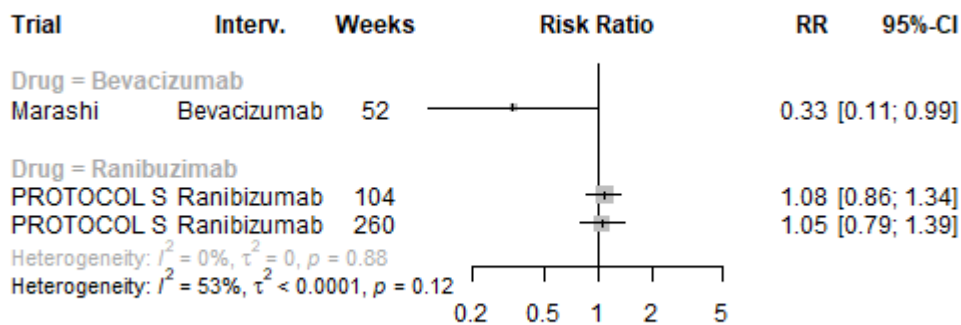


Figure 6 Forest plot of regressive neovascularisation (left side favours anti-VEGF)

Use of other treatments

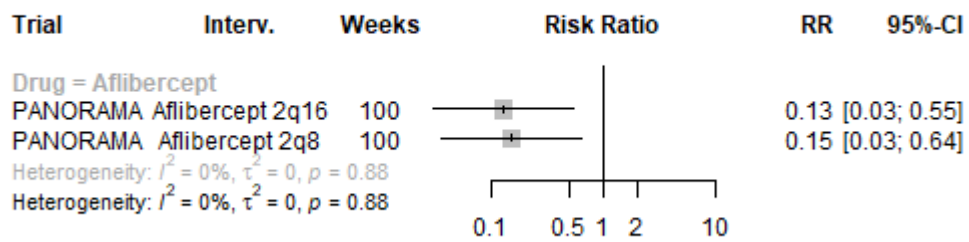


Figure 7 Forest plot of use of other treatments (left side favours anti-VEGF)

Vitrectomy

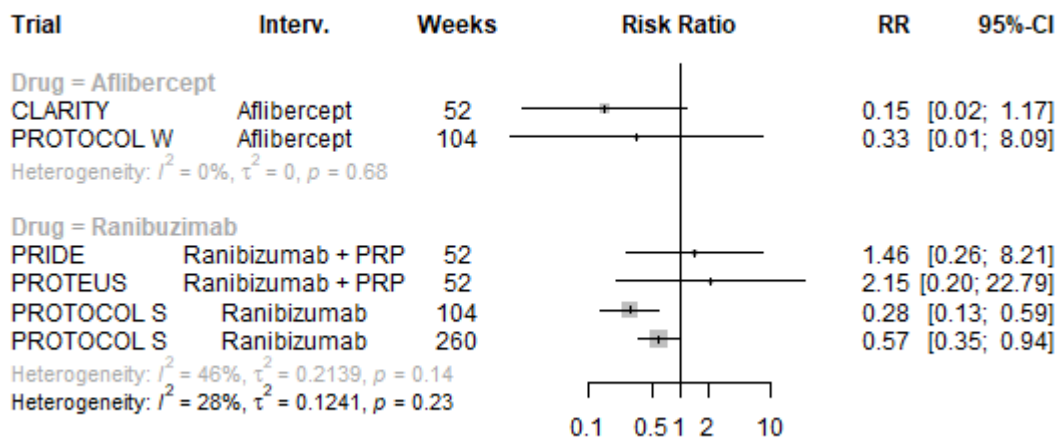


Figure 8 Forest plot of vitrectomy incidence (left side favours anti-VEGF)

Vitreous haemorrhage

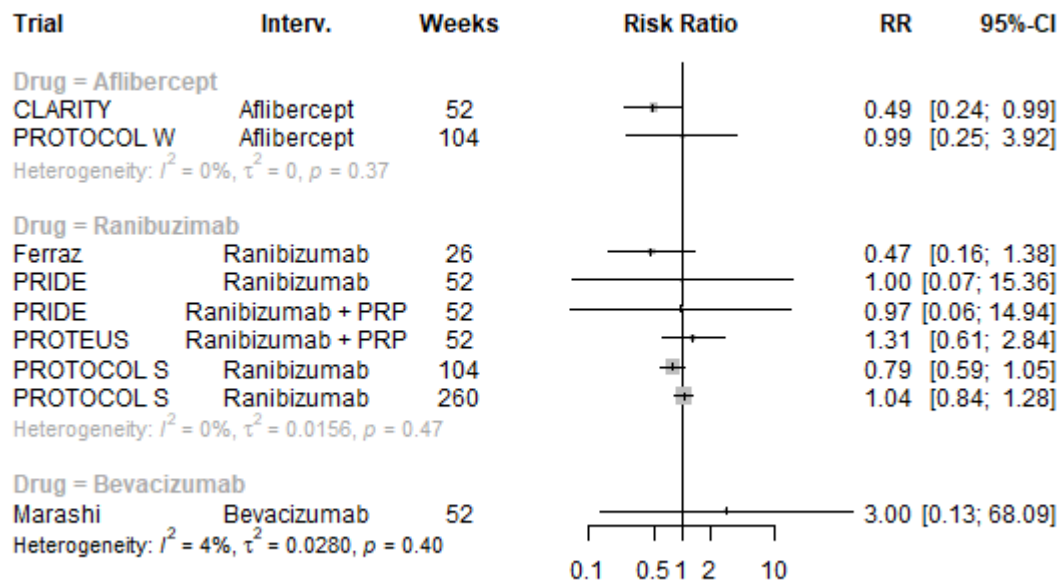


Figure 9 Forest plot of vitreous haemorrhage incidence (left side favours anti-VEGF)

2 ADVERSE EVENT OUTCOMES

These forest plots show results for all anti-VEGF types, and at all follow-up times. Note that this means some trials appear more than once in a forest plot. For simplicity, only adverse event outcomes reported in two or more studies are presented.

Cataracts

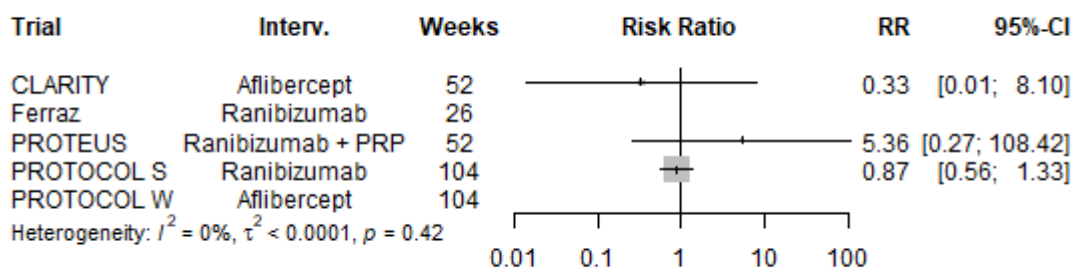


Figure 10 Forest plot of cataracts data (left side favours anti-VEGF)

Conjunctival haemorrhage

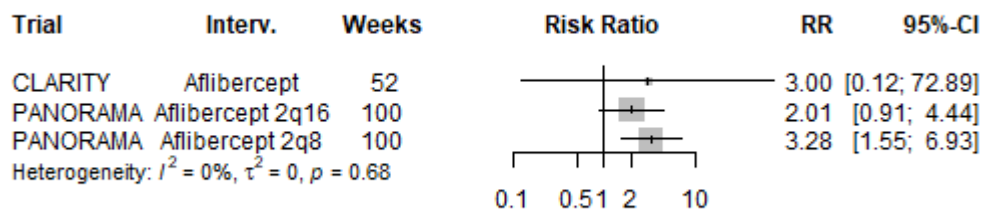


Figure 11 Forest plot of conjunctival haemorrhage data (left side favours anti-VEGF)

Cardiovascular mortality

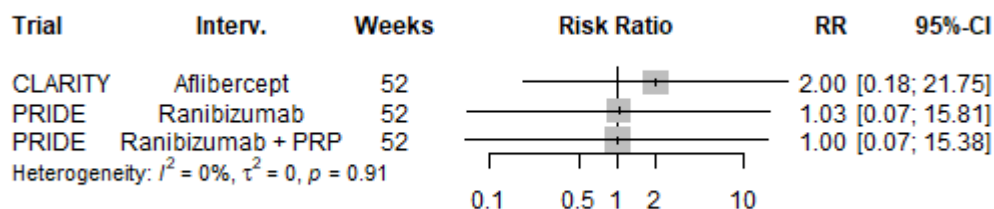


Figure 12 Forest plot of cardiovascular mortality data (left side favours anti-VEGF)

Death (all-cause mortality)

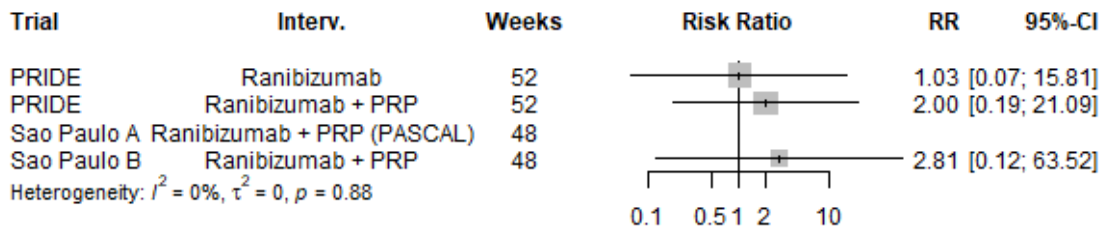
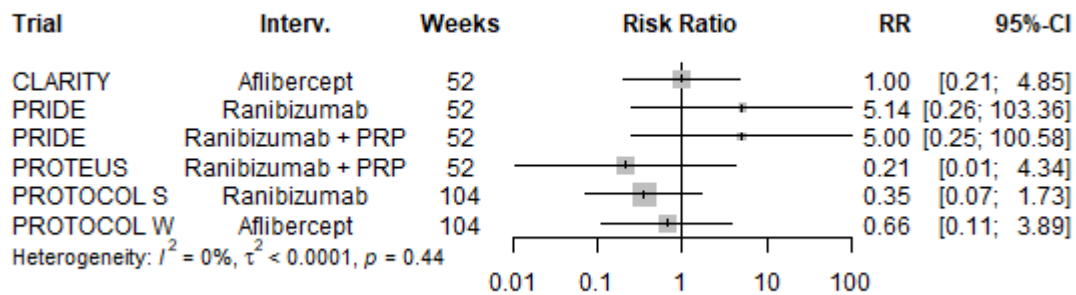


Figure 13 Forest plot of death data (left side favours anti-VEGF)

Myocardial infarction



Ocular pain

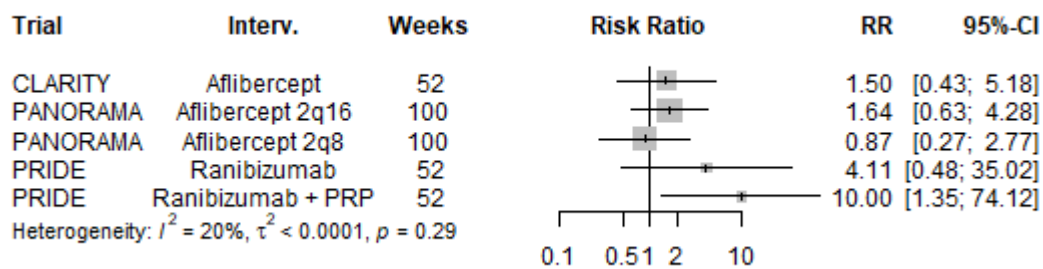


Figure 14 Forest plot of ocular pain data (left side favours anti-VEGF)

Raised intraocular pressure

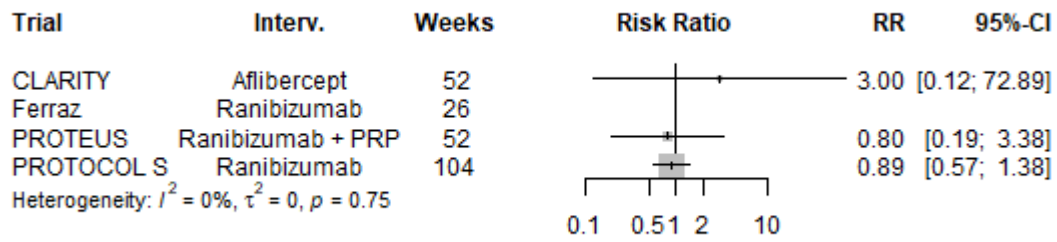


Figure 15 Forest plot of raised intraocular pressure data (left side favours anti-VEGF)

Retinal detachment

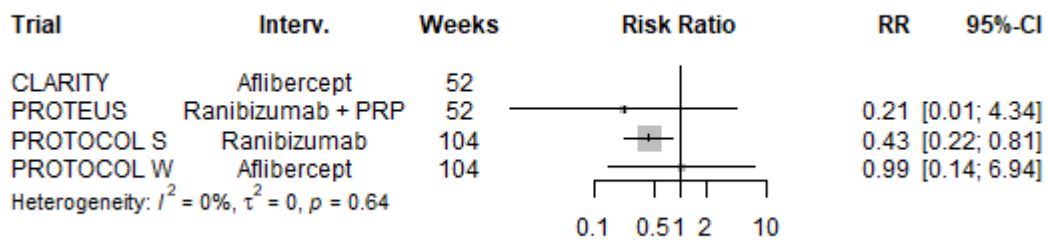


Figure 16 Forest plot of retinal detachment data (left side favours anti-VEGF)

Retinal tear

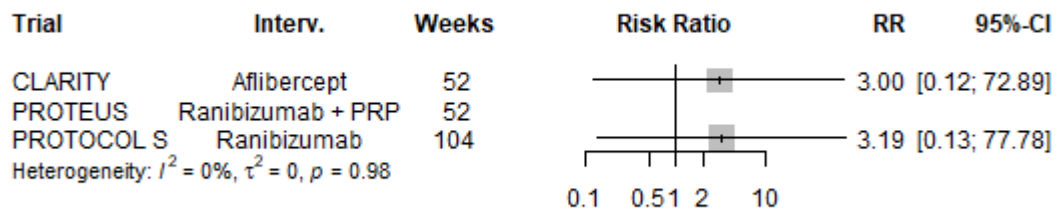


Figure 17 Forest plot of retinal data (left side favours anti-VEGF)

Serious adverse event (SAE, however defined)

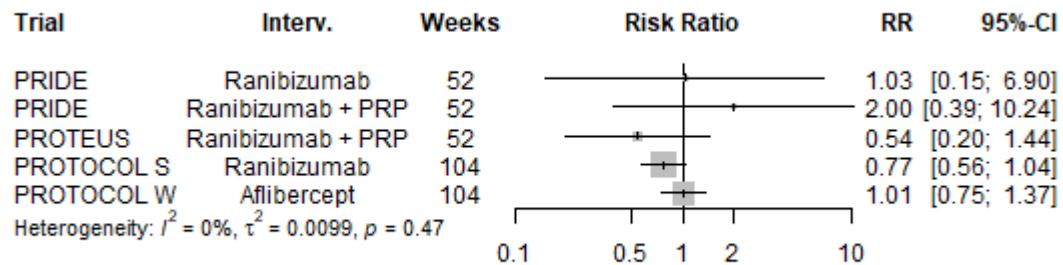


Figure 18 Forest plot of SAE data (left side favours anti-VEGF)

Stroke

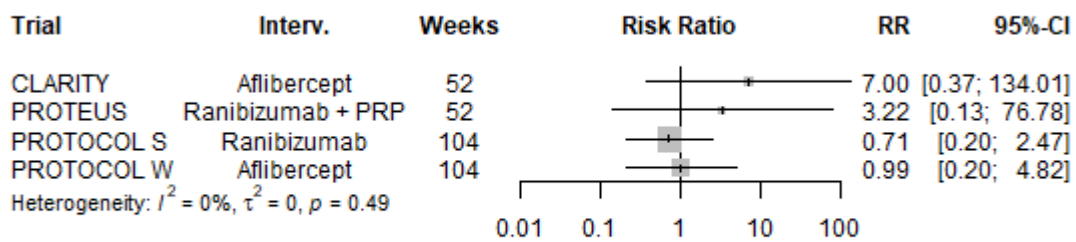


Figure 19 Forest plot of stroke data (left side favours anti-VEGF)

3 META-ANALYSES OF OTHER OUTCOMES AND ADVERSE EVENTS

All meta-analyses presented assumed that the impact of anti-VEGF on outcome (or adverse event) is the same for all types of anti-VEGF (in isolation or combined with PRP), and at all follow-up times. For trials with multiple time points, the longest follow-up was used. For trial with multiple arms only one anti-VEGF arm was used; arms using anti-VEGF alone were preferred.

NVE

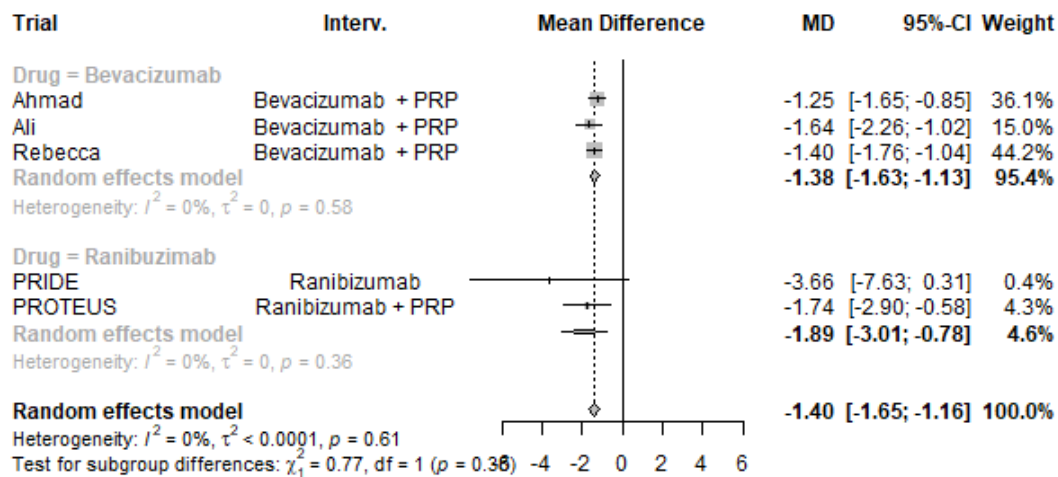


Figure 20 Meta-analysis of NVE (left side favours anti-VEGF)

NVD

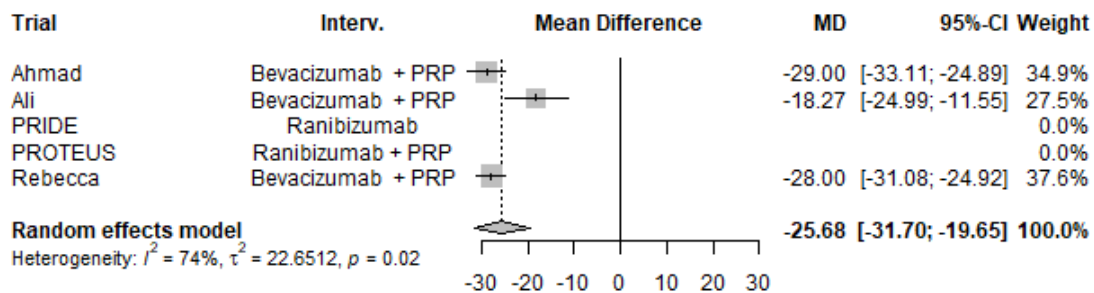


Figure 21 Meta-analysis of NVD (left side favours anti-VEGF)

Other non-vision outcomes

This forest plot shows the summary results of each meta-analysis (each bar is a meta-analysis result). Meta-analyses are restricted to trials of proliferative retinopathy. Full forest plots for each outcome are not presented.

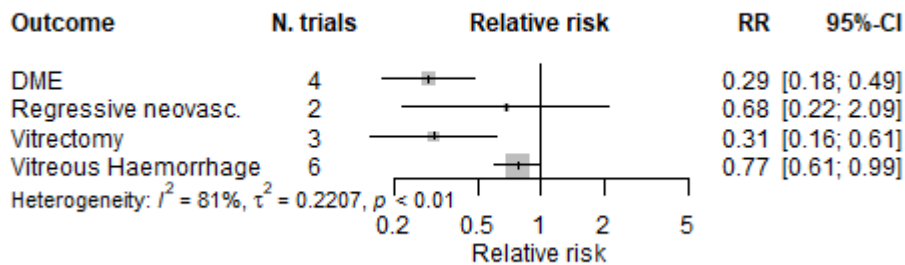


Figure 22 Meta-analysis summary for non-vision outcomes in PDR trials (left side favours anti-VEGF)

Adverse events

This forest plot shows the summary results of each meta-analysis (each bar is a meta-analysis result). Meta-analyses are restricted to trials of proliferative retinopathy. Full forest plots for each outcome are not presented.

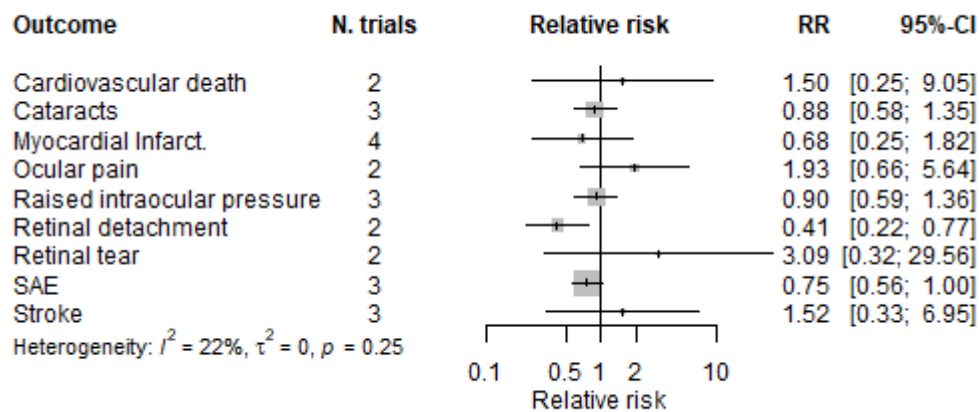


Figure 23 Meta-analysis summary for adverse events (left side favours anti-VEGF)

Diabetic macular oedema in non-proliferative retinopathy

DME was the only outcome other than BCVA reported in both trials of NPDR.

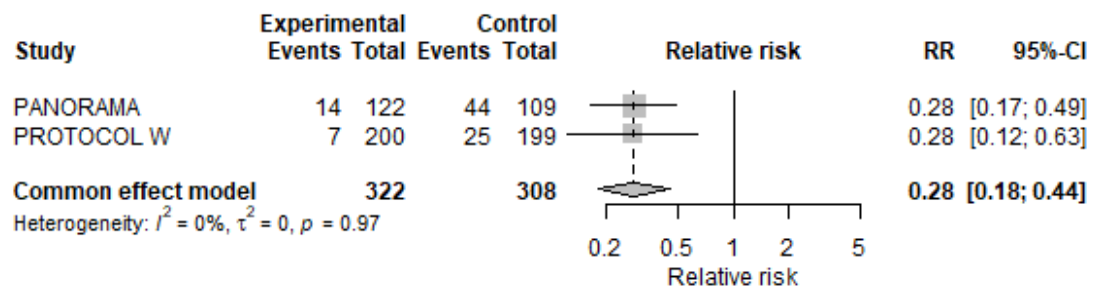


Figure 24 DME incidence in NPDR trials