

# Fibrosis after nAMD

- **Purpose:** To evaluate the 10-year incidence and risk factors for fibrosis in patients with neovascular age-related macular degeneration (nAMD).
- **Study Design:** Retrospective, multicenter cohort study.
- **Participants:** 225 treatment-naive nAMD eyes followed for 10 years at two Italian referral centers.
- **Intervention:** Intravitreal anti-vascular endothelial growth factor (anti-VEGF) treatment.
- **Data Collection:** Demographic and clinical data reviewed at baseline and annually.
- **Fibrosis Definition:** Clinically assessed using photographs, fundus descriptions, or fluorescein angiograms. Optical coherence tomography (OCT) scans graded fibrotic lesions as subretinal pigment epithelium (RPE), mixed, or subretinal.
- **Results:**
  - Mean baseline age:  $72.1 \pm 6.9$  years.
  - Incidence rate of fibrosis: 8.9 per 100 person-years.
  - Cumulative incidence of fibrosis at 10 years: 62.7%.
  - Fibrotic lesion distribution:
    - Sub-RPE: 46.1%
    - Mixed: 29.8%
    - Subretinal: 22.7%
  - Independent risk factors for fibrosis:
    - Larger central subfield thickness variation ( $P < .001$ ).
    - Presence of submacular hemorrhages ( $P = .008$ ).
    - Higher number of injections ( $P = .01$ ).
    - Worse baseline visual acuity (VA) ( $P = .03$ ).
  - Type 2 macular neovascularization significantly associated with mixed and subretinal fibrosis.
    - Significant VA decline over 10 years (-16.4 ETDRS letters), more pronounced in eyes with mixed and subretinal fibrosis ( $P < .001$ ).

- **Conclusions:** A high cumulative incidence of fibrosis (62.7%) was observed at 10 years. Fibrosis was more likely in cases with frequent reactivations and lower baseline VA, significantly impacting final VA. Proactive treatment regimens are recommended for nAMD patients.

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