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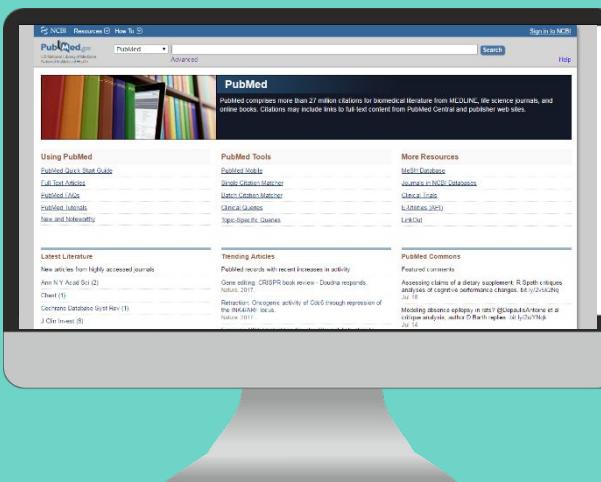
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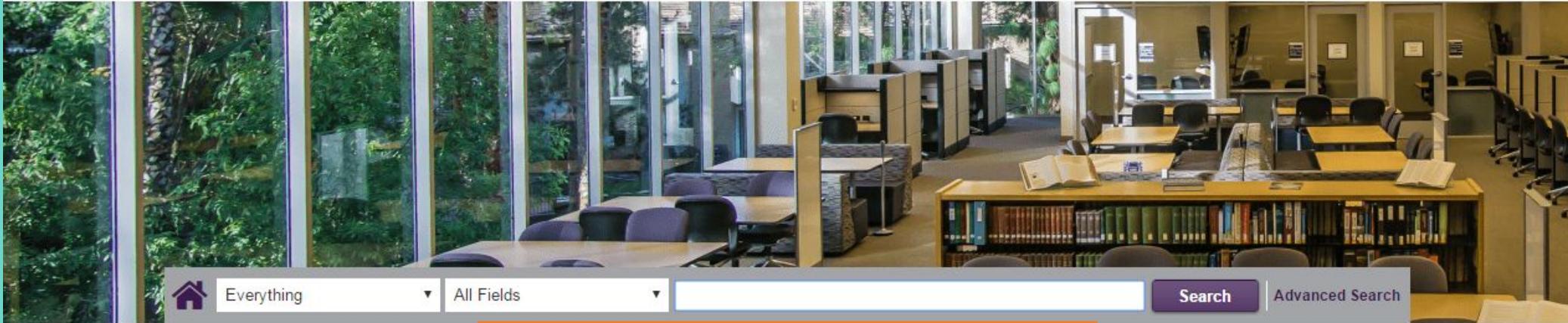
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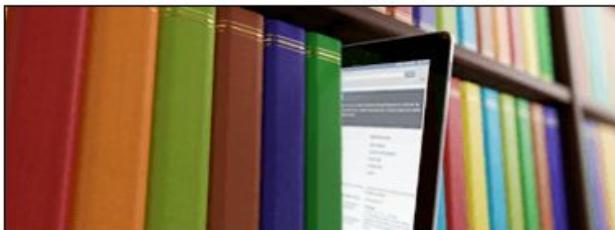
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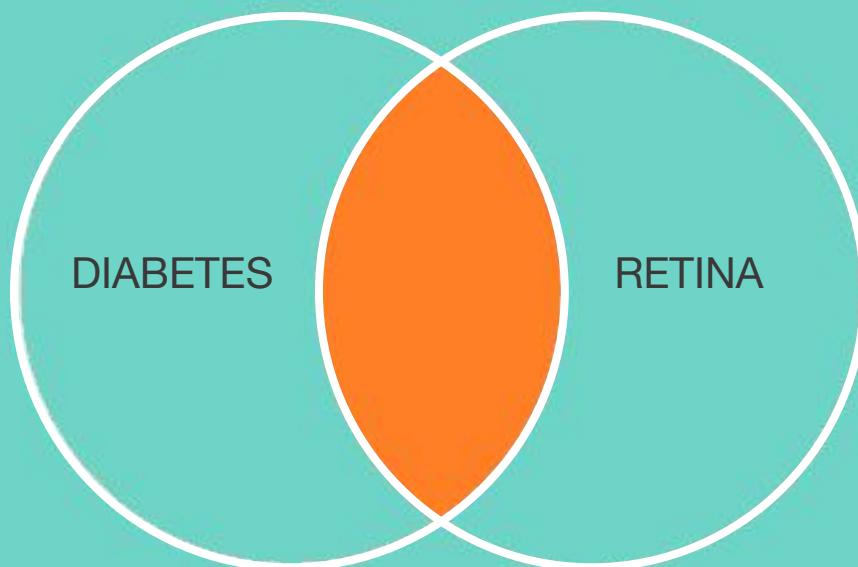
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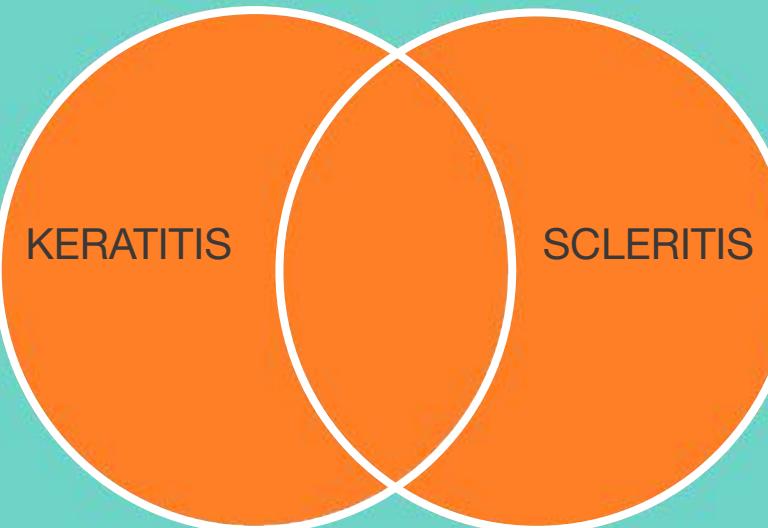
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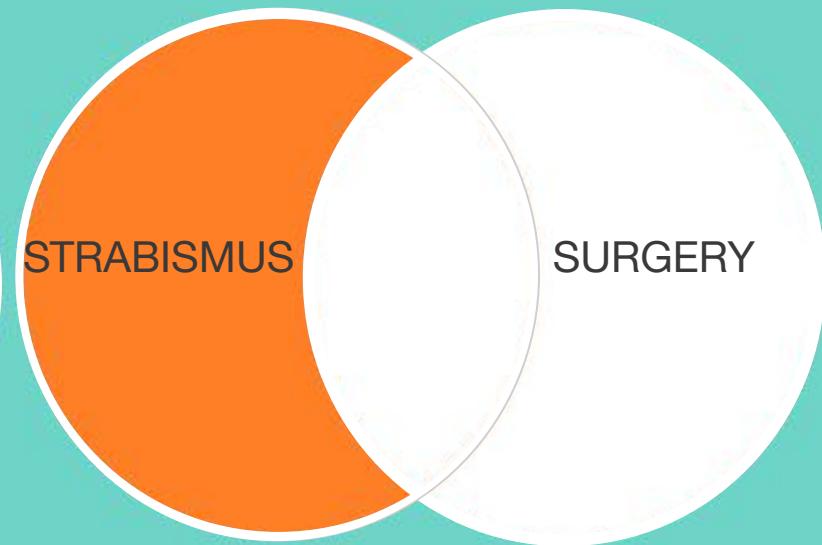
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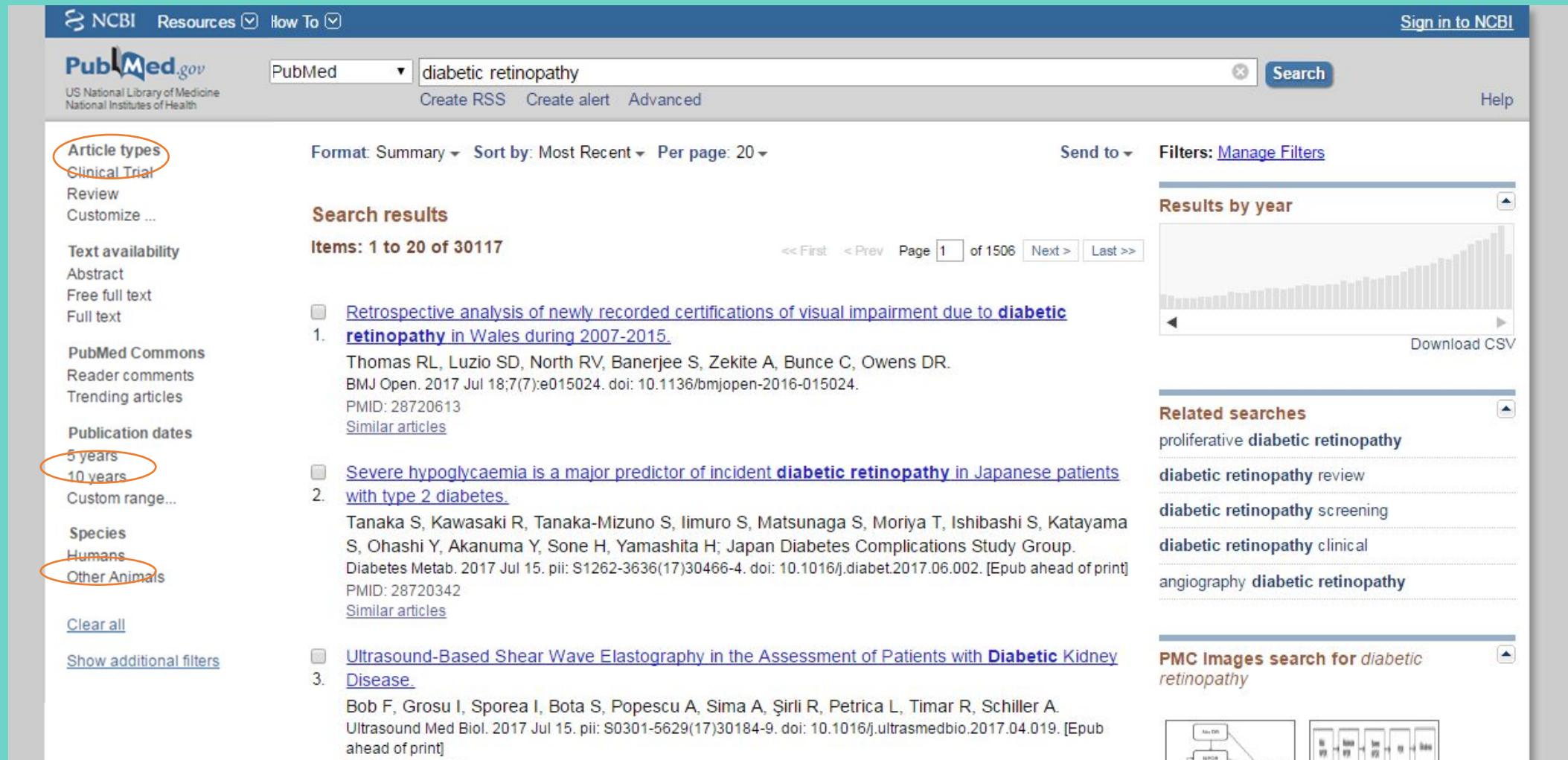
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Hutton DW¹, Stein JD², Bressler NM³, Jampol LM⁴, Browning D⁵, Glassman AR⁶; Diabetic Retinopathy Clinical Research Network.[Author information](#)**Abstract**

IMPORTANCE: The Diabetic Retinopathy Clinical Research Network Protocol S randomized clinical trial results suggest that ranibizumab is a reasonable treatment alternative to panretinal photocoagulation (PRP) when managing proliferative diabetic retinopathy (PDR), with or without concomitant baseline diabetic macular edema (DME). However, ranibizumab injections are costly. Thus, it would be useful to examine the relative cost-effectiveness of these 2 treatment modalities.

OBJECTIVE: To evaluate incremental cost-effectiveness ratios of 0.5-mg ranibizumab therapy vs PRP for PDR.

DESIGN, SETTING, AND PARTICIPANTS: Preplanned secondary analysis using efficacy, safety, and resource utilization data through 2 years of follow-up at 55 US sites for 213 adults with PDR. Data were collected from February 2012 to January 2015.

INTERVENTIONS: Intravitreous 0.5-mg ranibizumab at baseline and as frequently as every 4 weeks based on a structured retreatment protocol or PRP at baseline for PDR. Eyes in both groups could receive ranibizumab for concomitant DME.

MAIN OUTCOMES AND MEASURES: Incremental cost-effectiveness ratios of ranibizumab compared with PRP evaluated within 2 prespecified subgroups for the study eye: with baseline vision-impairing (Snellen equivalent 20/32 or worse) DME and without baseline vision-impairing DME.

RESULTS: The study included 305 adults with PDR, the mean age was 52 years, 44% were women, and 52% were white. Of the 46 participants with PDR and vision-impairing DME at baseline, 21 were assigned to the ranibizumab group and 25 to the PRP group (plus ranibizumab for DME). Among the remaining participants without baseline vision-impairing DME, 80 and 87 were in the ranibizumab and PRP groups, respectively. For participants with and without baseline vision-impairing DME, the incremental cost-effectiveness ratios of ranibizumab therapy compared with PRP were \$55 568/quality-adjusted life-year and \$662 978/quality-adjusted life-year, respectively, over 2 years.

CONCLUSIONS AND RELEVANCE: Over 2 years, compared with PRP, 0.5-mg ranibizumab as given in this trial is within the \$50 000/quality-adjusted life-year to \$150 000/quality-adjusted life-year range frequently cited as cost-effective in the United States for eyes presenting with PDR and vision-impairing DME, but not for those with PDR without vision-impairing DME.

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Cost-effectiveness of Intravitreous Ranibizumab Compared With Panretinal Photocoagulation for Proliferative Diabetic Retinopathy: Secondary Analysis From a Diabetic Retinopathy Clinical Research Network Randomized Clinical Trial.

Hutton DW¹, Stein JD², Bressler NM³, Jampol LM⁴, Browning D⁵, Glassman AR⁶; Diabetic Retinopathy Clinical Research Network.

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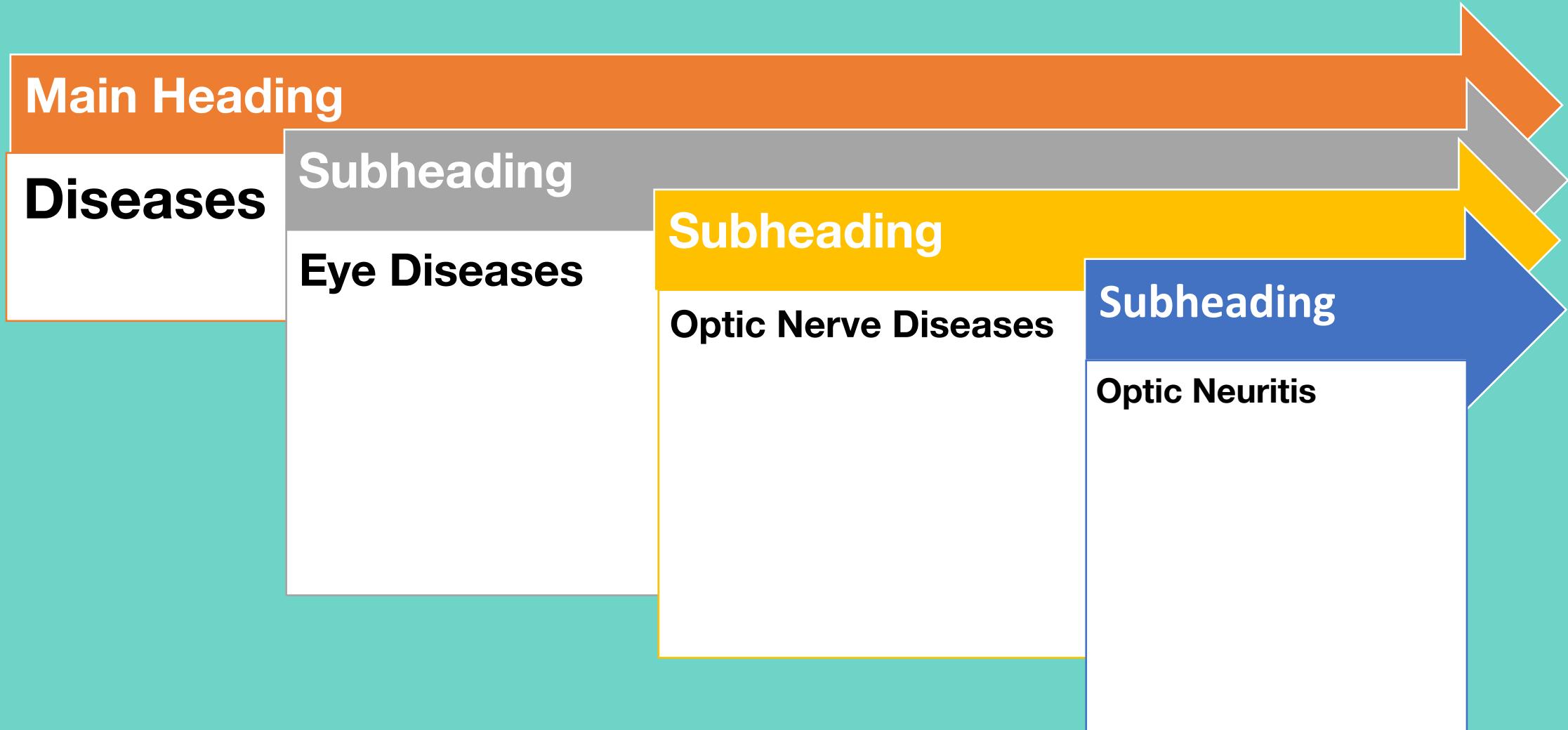
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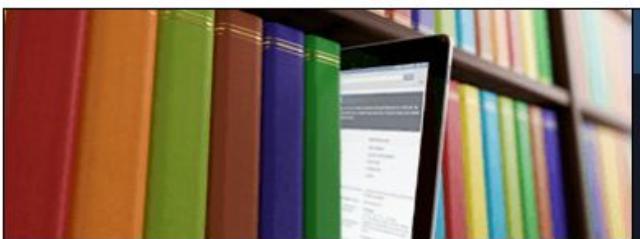
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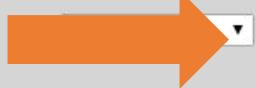
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- comitant strabismus, convergent
- convergent comitant strabismus
- convergent strabismus
- divergent strabismus
- dominantly inherited ptosis, strabismus and ectopic pupils
- internal strabismus
- mechanical strabismus
- noncomitant strabismus
- strabismus**
- strabismus 1 protein, human
- strabismus 2 protein, human
- strabismus protein, drosophila
- strabismus protein, xenopus
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 [Strabismus](#)

1. Misalignment of the visual axes of the eyes. In comitant **strabismus** the degree of ocular misalignment does not vary with the direction of gaze. In noncomitant **strabismus** the degree of misalignment varies depending on direction of gaze or which eye is fixating on the target. (Miller, Walsh and Hoyt's Clinical Neuro-Ophthalmology, 4th ed, p641)

 [Esotropia](#)

2. A form of ocular misalignment characterized by an excessive convergence of the visual axes, resulting in a "cross-eye" appearance. An example of this condition occurs when paralysis of the lateral rectus muscle causes an abnormal inward deviation of one eye on attempted gaze.

Year introduced: 1990(1980)

 [Exotropia](#)

3. A form of ocular misalignment where the visual axes diverge inappropriately. For example, medial rectus muscle weakness may produce this condition as the affected eye will deviate laterally upon attempted forward gaze. An exotropia occurs due to the relatively unopposed force exerted on the eye by the lateral rectus muscle, which pulls the eye in an outward direction.

Year introduced: 1990(1983)

 [Ptosis, Strabismus, And Ectopic Pupils \[Supplementary Concept\]](#)

4. Date introduced: November 5, 2012

 [Speech Development, Delayed, With Facial Asymmetry, Strabismus, And Transverse Earlobe Crease \[Supplementary Concept\]](#)

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Definition**Strabismus**

Misalignment of the visual axes of the eyes. In comitant strabismus the degree of ocular misalignment does not vary with the direction of gaze. In noncomitant strabismus the degree of misalignment varies depending on direction of gaze or which eye is fixating on the target. (Miller, Walsh and Hoyt's Clinical Neuro-Ophthalmology, 4th ed, p641)

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MeSH Unique ID: D013285

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- Phorias
- Phoria
- Strabismus, Noncomitant
- Noncomitant Strabismus
- Mechanical Strabismus
- Strabismus, Mechanical
- Strabismus, Comitant
- Comitant Strabismus
- Convergent Comitant Strabismus
- Comitant Strabismus, Convergent
- Strabismus, Convergent Comitant
- Hypertropia

Subheadings**Entry Terms
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[JAMA Ophthalmol.](#) 2017 Jun 1;135(6):576-584. doi: 10.1001/jamaophthalmol.2017.0837.

Cost-effectiveness of Intravitreous Ranibizumab Compared With Panretinal Photocoagulation for Proliferative Diabetic Retinopathy: Secondary Analysis From a Diabetic Retinopathy Clinical Research Network Randomized Clinical Trial.

Hutton DW¹, Stein JD², Bressler NM³, Jampol LM⁴, Browning D⁵, Glassman AR⁶; Diabetic Retinopathy Clinical Research Network.

Author information

Abstract

IMPORTANCE: The Diabetic Retinopathy Clinical Research Network Protocol S randomized clinical trial results suggest that ranibizumab is a reasonable treatment alternative to panretinal photocoagulation (PRP) when managing proliferative diabetic retinopathy (PDR), with or without concomitant baseline diabetic macular edema (DME). However, ranibizumab injections are costly. Thus, it would be useful to examine the relative cost-effectiveness of these 2 treatment modalities.

OBJECTIVE: To evaluate incremental cost-effectiveness ratios of 0.5-mg ranibizumab therapy vs PRP for PDR.

DESIGN, SETTING, AND PARTICIPANTS: Preplanned secondary analysis using efficacy, safety, and resource utilization data through 2 years of follow-up at 55 US sites for 213 adults with PDR. Data were collected from February 2012 to January 2015.

INTERVENTIONS: Intravitreous 0.5-mg ranibizumab at baseline and as frequently as every 4 weeks based on a structured retreatment protocol or PRP at baseline for PDR. Eyes in both groups could receive ranibizumab for concomitant DME.

MAIN OUTCOMES AND MEASURES: Incremental cost-effectiveness ratios of ranibizumab compared with PRP evaluated within 2 prespecified subgroups for the study eye: with baseline vision-impairing (Snellen equivalent 20/32 or worse) DME and without baseline vision-impairing DME.

RESULTS: The study included 305 adults with PDR, the mean age was 52 years, 44% were women, and 52% were white. Of the 46 participants with PDR and vision-impairing DME at baseline, 21 were assigned to the ranibizumab group and 25 to the PRP group (plus ranibizumab for DME). Among the remaining participants without baseline vision-impairing DME, 80 and 87 were in the ranibizumab and PRP groups, respectively. For participants with and without baseline vision-impairing DME, the incremental cost-effectiveness ratios of ranibizumab therapy compared with PRP were \$55 568/quality-adjusted life-year and \$662 978/quality-adjusted life-year, respectively, over 2 years.

CONCLUSIONS AND RELEVANCE: Over 2 years, compared with PRP, 0.5-mg ranibizumab as given in this trial is within the \$50 000/quality-adjusted life-year to \$150 000/quality-adjusted life-year range frequently cited as cost-effective in the United States for eyes presenting with PDR and vision-impairing DME, but not for those with PDR without vision-impairing DME.

TRIAL REGISTRATION: Clinicaltrials.gov Identifier: [NCT01489189](#).

PMID: 2849290 DOI: [10.1001/jamaophthalmol.2017.0837](#)

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