RESPOND

Study Name	A Non-randomised, Open-label, Multicenter Phase 4 Pilot Study on the Effect and Safety of Iluvien in Chronic Diabetic Macular Edema Patients Considered Insufficiently Responsive to Available Therapies With or Without Intravitreal Corticosteroid Therapy (RESPOND)
Purpose of study	To provide treating physicians with experience with fluocinolone acetonide as well as monitoring its safety (and effectiveness) in a real-life chronic diabetic macular edema (DME) patients judged insufficiently responsive to available therapies.
Clinicaltrials.gov ID	NCT02359526
Study also known as	RESPOND

Study Overview

This nonrandomized, open-label, Portuguese phase 4 study will evaluate best-corrected visual acuity (BCVA) from baseline to month 12 and changes in central retinal thickness (CRT) as assessed by spectral-domain optical coherence tomography (OCT) in patients with chronic DME. There is no control arm.

Study sponsors expect to recruit 12 patients; recruitment began in October 2014 and is expected to be completed by February 2016.

SALUTE-D

Study Name	**Compare Safety/Efficacy of Labeled vs Wait-Extend Regimen of Lucentis in Turkish Patients With Visual Impairment (VI) Due to Diabetic Macular Edema (DME; SALUTE-D)**
Purpose of study	**To explore a more clinically feasible treatment regimen with ranibizumab for DME to provide satisfactory treatment effect with a lower number of visits and injections**
Clinicaltrials.gov ID	NCT02262260
Study also known as	**SALUTE-D**

Study Overview

This randomized, open-label safety/efficacy phase 3 study in Turkey is evaluating mean change in best-corrected visual acuity (BCVA) and mean change in central retinal thickness (CRT). It will also evaluate the mean number of injections, mean number of visits, and proportion of patients who gained letters. All patients will be treated with ranibizumab 0.5 mg, but 1 arm will be given monthly and will be continued until maximum visual acuity (VA) is achieved (the patient's VA is stable for 3 consecutive monthly assessments performed while on ranibizumab treatment). Those patients will then be monitored monthly for VA. Treatment will be resumed when monitoring indicates loss of VA due to DME. In the second arm (treat-and-extend), ranibizumab 0.5 mg will be dosed monthly at baseline, month 1, and month 2. After the 3 initial loading doses, patients will be called for the control visits 1 month later. If the VA has reached a stable level and there is no sign of edema on optical coherence tomography, patients will not receive intravitreal injection and will be called to come back 6 weeks later. The interval is increased by 2 weeks until a maximum of 8 weeks as long as the patient presents as stable regarding VA, CRT, and clinical findings. If there is a negative change, the interval is shortened back to 4 weeks.

Study sponsors expect to enroll 104 patients; recruitment began in December 2014 and is expected to be completed by November 2016.

DRCR.net's Protocol V

Study Name	Treatment for CI-DME in Eyes With Very Good VA Study (Protocol V)
Purpose of study	To determine if intravitreal aflibercept 2 mg can improve vision better than prompt grid laser in patients with 20/25 or better vision and center-involved diabetic macular edema (DME)
Clinicaltrials.gov ID	NCT01909791
Study also known as	Protocol V

Study Overview

This Diabetic Retinopathy Clinical Research Network's randomized, single-masked, phase 3, multicenter safety/efficacy study is evaluating patients with center-involved DME who also have very good VA (20/25 or better). Patients in this study will be randomized to focal/grid laser followed by intravitreal aflibercept 2.0 mg if vision worsens, to "wait and treat" with deferred aflibercept 2.0 mg only if vision loss occurs, or to prompt aflibercept 2.0 mg with deferred laser (provided study protocol criterion is met) if vision worsens.

The investigators do not know definitively whether eyes with central-involved DME and good vision do better with anti-VEGF (eg, aflibercept) therapy initially, or focal/grid laser treatment or observation initially followed by anti-VEGF only if vision worsens.
The primary objective of the protocol is to compare the percentage of eyes that have lost at least 5 letters of VA at 2 years compared with baseline mean VA in eyes with central-involved DME and good VA defined as a Snellen equivalent of 20/25 or better (electronic-ETDRS letter score of 79 or better) that receive (1) prompt focal/grid photocoagulation + deferred anti-VEGF, (2) observation + deferred anti-VEGF, or (3) prompt anti-VEGF.

The study sponsors expect to enroll 702 patients, beginning in October 2013 and ending March 2017. This study is the first to evaluate patients with center-involved DME and good vision (20/25 or better).

VIVID-East and VIVID-Japan

Study Name	Efficacy and Safety of VEGF Trap-Eye in Diabetic Macular Edema (DME) With Central Involvement (VIVID EAST)
Purpose of study	To determine the efficacy of intravitreally administered VEGF Trap-Eye on the best-corrected visual acuity (BCVA) assessed by the Early Treatment Diabetic Retinopathy Study (ETDRS) chart in subjects with center-involved DME
Clinicaltrials.gov ID	NCT01783886
Study also known as	VIVID-East

Study Overview

This phase 3, randomized, double-masked, parallel-assignment, multicenter study is evaluating change in BCVA in ETDRS letters at month 12 (week 52) in eyes with center-involved DME. Secondary outcome measures include change in retinal thickness and the proportion of subjects who gain a threshold change in VA.

Study sponsors expect to enroll 378 patients beginning in February 2013. Study completion was expected by July 2015. Centers enrolling patients are in China, Hong Kong, Republic of Korea, and the Russian Federation. According to a press release on the study*:

"The VIVID EAST-DME study (VEGF Trap-Eye In Vision Impairment Due to DME) has three treatment arms. In the first arm, patients will be treated every month with 2 milligrams (mg) of aflibercept (Eylea). In the second arm, patients will be treated with 2 mg of Eylea every 2 months after an initial phase of 5 monthly injections. In the third arm, the comparator arm, patients will be treated with macular laser photocoagulation...All patients will be followed for a maximum of one year."

Study Name	Japanese Safety Study of VEGF Trap-Eye in DME (Diabetic Macular Edema) (VIVID-Japan)
Purpose of study	This study will assess the safety and tolerability of intravitreally administered vascular endothelial growth factor (VEGF) Trap-Eye in Japanese subjects with DME
Clinicaltrials.gov ID	NCT01512966
Study also known as	VIVID-Japan

Study Overview

This open-label phase 3, multicenter Japanese safety study dosed subjects with aflibercept 2 mg every 4 weeks from week 0 until week 16, then dosed subjects every 8 weeks until week 48. Primary outcome measure is adverse events at week 52; the study will also evaluate change in BCVA.

The study enrolled 73 patients from January 2012 through September 2013.

Results from this study, along with the VIVID and VISTA studies, formed the basis of the submission for regulatory approval in Japan, which was given in November 2014.**

* Press release available at: http://investor.regeneron.com/releasedetail.cfm?releaseid=741127. Accessed March 13, 2015.
** Press release available at: http://www.evaluategroup.com/Universal/View.aspx?type=Story&id=543303. Accessed March 13, 2015.