2 Sawa M, Gomi F, Tsujikawa M, Sakaguchi H, Tano Y. Long-term results of intravitreal bevacizumab injection for choroidal neovascularization secondary to angioid streaks. *Am J Ophthalmol* 2009; **148**: 584–590.e2.
3 Heier JS, Brown D, Ciulla T, Abraham P, Bankert JM, Chong S *et al.* Ranibizumab for choroidal neovascularization secondary to causes other than age-related macular degeneration: a phase I clinical trial. *Ophthalmology* 2011; **118**: 111–118.
4 Stewart MW, Rosenfeld PJ. Predicted biological activity of intravitreal VEGF Trap. *Br J Ophthalmol* 2008; **92**: 667–668.
5 Papadopoulos N, Martin J, Ruan Q, Rafique A, Rosconi MP, Shi E *et al.* Binding and neutralization of vascular endothelial growth factor (VEGF) and related ligands by VEGF Trap, ranibizumab and bevacizumab. *Angiogenesis* 2012; **15**: 171–185.

S Vaz-Pereira[1,2,3], L Collaço[1], G De Salvo[4] and P van Zeller[1]

[1]Department of Ophthalmology, Clínica São João de Deus, Lisbon, Portugal
[2]Department of Ophthalmology, Hospital de Santa Maria, Lisbon, Portugal
[3]Department of Ophthalmology, Faculty of Medicine, University of Lisbon, Lisbon, Portugal
[4]Eye Unit, University Hospital Southampton NHS Foundation Trust, Southampton, UK
E-mail: saravazpereira@gmail.com

Eye (2015) **29,** 1236–1238; doi:10.1038/eye.2015.92; published online 29 May 2015

Sir,

Factors influencing the outcome of polypoidal choroidal vasculopathy following combined treatment with photodynamic therapy and intravitreal ranibizumab

We read with interest the article by Ho *et al*[1] describing the factors influencing the treatment outcomes for polypoidal choroidal vasculopathy (PCV) following combination photodynamic therapy and intravitreal ranibizumab injections. This study highlights the key role of indocyanine green angiography (ICGA) in the diagnosis and management of PCV.[2–4]

In addition to the clinical and angiographic features described, it is also important to consider insights from studies that classified PCV into various subtypes. It has been suggested that PCV may not be a single disease entity, but may consist of different subtypes that influence the long-term prognosis. In a study of 107 consecutive patients with PCV, three subtypes of PCV were identified on the basis of the features seen on ICGA and fluorescein angiography.[2] The PCV subtype significantly affected the visual outcome at 5 years. In our series, 21.5% of patients experienced ≥ 0.3 LogMAR unit decrease in visual acuity at 1 year. However, the rates of visual loss differed significantly among the three subtypes: 0% for type A PCV, 8.7% for type B, and 35.3% for type C ($P = 0.001$).[2] A similar pattern was observed over the subsequent 5 years.

In the first paragraph of the discussion, the authors reported '81% rate in polyp eradication at 1 year'.[1] However, this term is also used in the abstract, where it is stated that '20.2% (15/74) cases achieved polyp eradication on angiogram', whereas 60.8% 'achieved polyp size reduction'.[1] Thus, the statement in the discussion may be misleading to some readers, who may infer 'eradication' to mean total closure of the polyps, which actually occurred in only 20.2% of cases. We are curious to know how the authors determined a decrease in size of the polyps. Was this based on the total area of all polyps and, if so, what was the minimum decrease in area required? Polyp closure is an important consideration in the management of PCV because some patients may suffer massive hemorrhages, with severe loss of vision.[5]

In summary, we congratulate the authors on describing the risk factors for PCV outcomes, which highlights the need to consider various categories and subtypes of this disease.

Conflict of interest

CST receives travel support from Bayer, Heidelberg Engineering, and Novartis. He also receives research support from the National Healthcare Group Clinician Scientist Career Scheme Grant (CSCS/12005). THL receives travel support from Novartis and Heidelberg Engineering. The remaining authors declare no conflict of interest.

References

1 Ho M, Lo EC, Young AL, Liu DT. Outcome of polypoidal choroidal vasculopathy at 1 year by combined therapy of photodynamic therapy with ranibizumab and predictive factors governing the outcome. *Eye (Lond)* 2014; **28**: 1469–1476.
2 Tan CS, Ngo WK, Lim LW, Lim TH. A novel classification of the vascular patterns of polypoidal choroidal vasculopathy and its relation to clinical outcomes. *Br J Ophthalmol* 2014; **98**: 1528–1533.
3 Lim TH, Laude A, Tan CS. Polypoidal choroidal vasculopathy: an angiographic discussion. *Eye (Lond)* 2010; **24**: 483–490.
4 Tan CS, Ngo WK, Chen JP, Tan NW, Lim TH. EVEREST study report 2: imaging and grading protocol, and baseline characteristics of a randomised controlled trial of polypoidal choroidal vasculopathy. *Br J Ophthalmol* 2015; **99**: 624–628.
5 Tan CS, Wong HT, Lim BA, Hee OK, Lim TH. Polypoidal choroidal vasculopathy causing massive suprachoroidal haemorrhage. *Eye (Lond)* 2007; **21**: 132–133.

CS Tan[1,2], WK Ngo[2], LW Lim[2] and TH Lim[1,2]

[1]Fundus Image Reading Centre, National Healthcare Group Eye Institute, Singapore, Singapore and
[2]National Healthcare Group Eye Institute, Tan Tock Seng Hospital, Singapore, Singapore
E-mail: Colintan_eye@yahoo.com.sg

Eye (2015) **29,** 1238; doi:10.1038/eye.2015.101; published online 19 June 2015