THE ROYAL COLLEGE OF OPHTHALMOLOGISTS'

COLLEGE STATEMENT

The use of Anti VEGF agents in children

The treatment of children and infants (particularly premature infants with retinopathy of prematurity) with the anti-VEGF monoclonal antibodies Avastin (Bevacizumab) or Lucentis (ranibizumab) should only be considered when there is no other realistic alternative to save a child's sight.

Although offering some promise, the use of these agents is "off label" and the long term ocular and systemic consequences for the child remain unknown [1-3]. The parents/carers of treated children should be carefully counselled and should give informed consent for any such treatment. This should be clearly documented in the child's medical notes.

All treated patients should be held on a local register to ensure long term follow up and documentation of complications, and wherever possible treatment should be within the context of a study. The British Ophthalmic Surveillance Unit (BOSU) has now added an ROP study to its reporting system. The use of Anti VEGF agents in children with ROP can (and should) be reported through this. The MHRA Yellow Card System may be used for reporting suspected adverse reactions.

Paediatric Sub-Committee

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1.Mintz-Hittner HA, Kennedy KA, Chuang AZ. Efficacy of Intravitreal Bevacizumab for Stage 3+ Retinopathy of Prematurity. *NEJM* 2011;364;603-15.

2. Wu W, Yeh P, Yang C, et al. Effects and complications of Bevacizmab use in patients with Retinopathy of Prematurity: A Multicenter study in Taiwan. *Ophthalmology* 2011;118:176-83.

3. Micieli JA, Surkont M, Smith AF. A systematic Analysis of the Off-Label Use of Bevacizumab for Severe Retinopathy of Prematurity. *Am J Ophthalmol* 2009;148:536-43.