

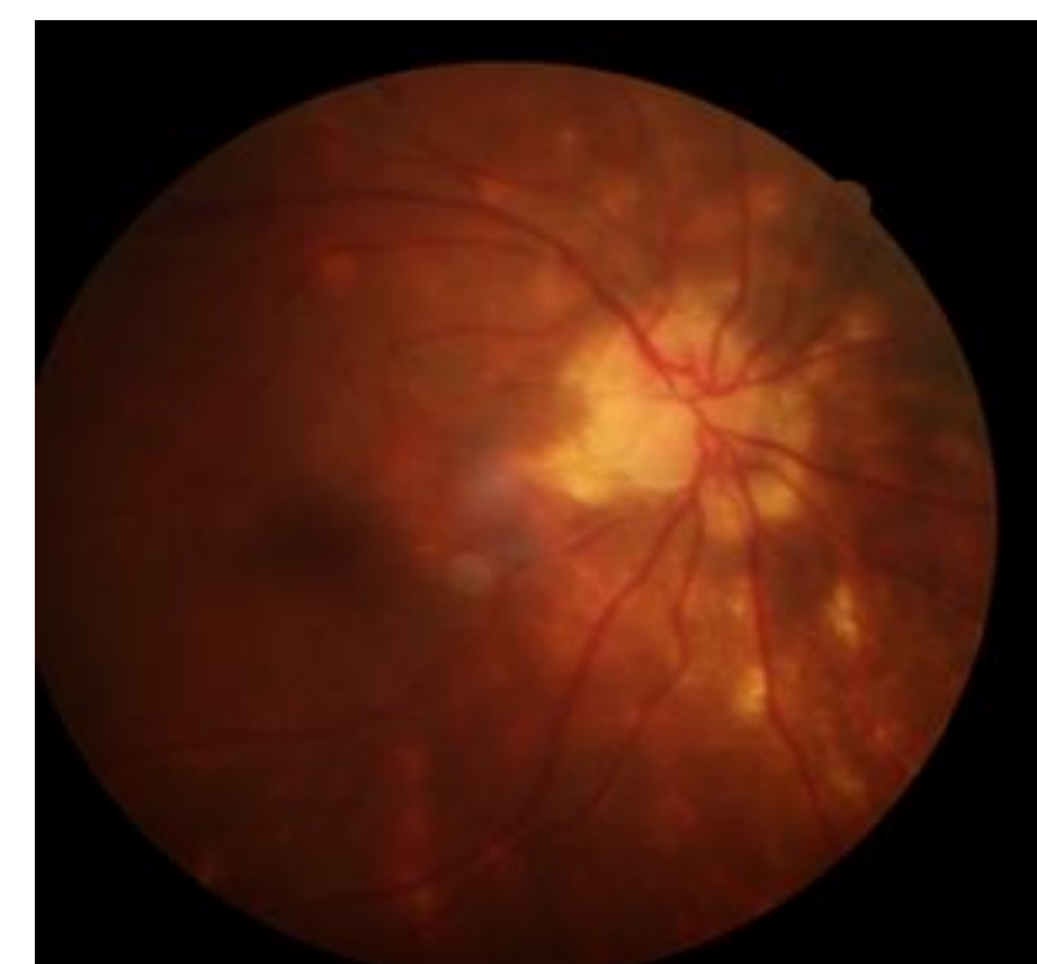
# INTERFERON ALPHA2A AND SYSTEMIC CORTICOSTEROID IN MONOTHERAPY IN CHRONIC UVEITIS: RESULTS OF THE RANDOMISED CONTROLLED BIRDFERON STUDY

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Conflict of Interest : None

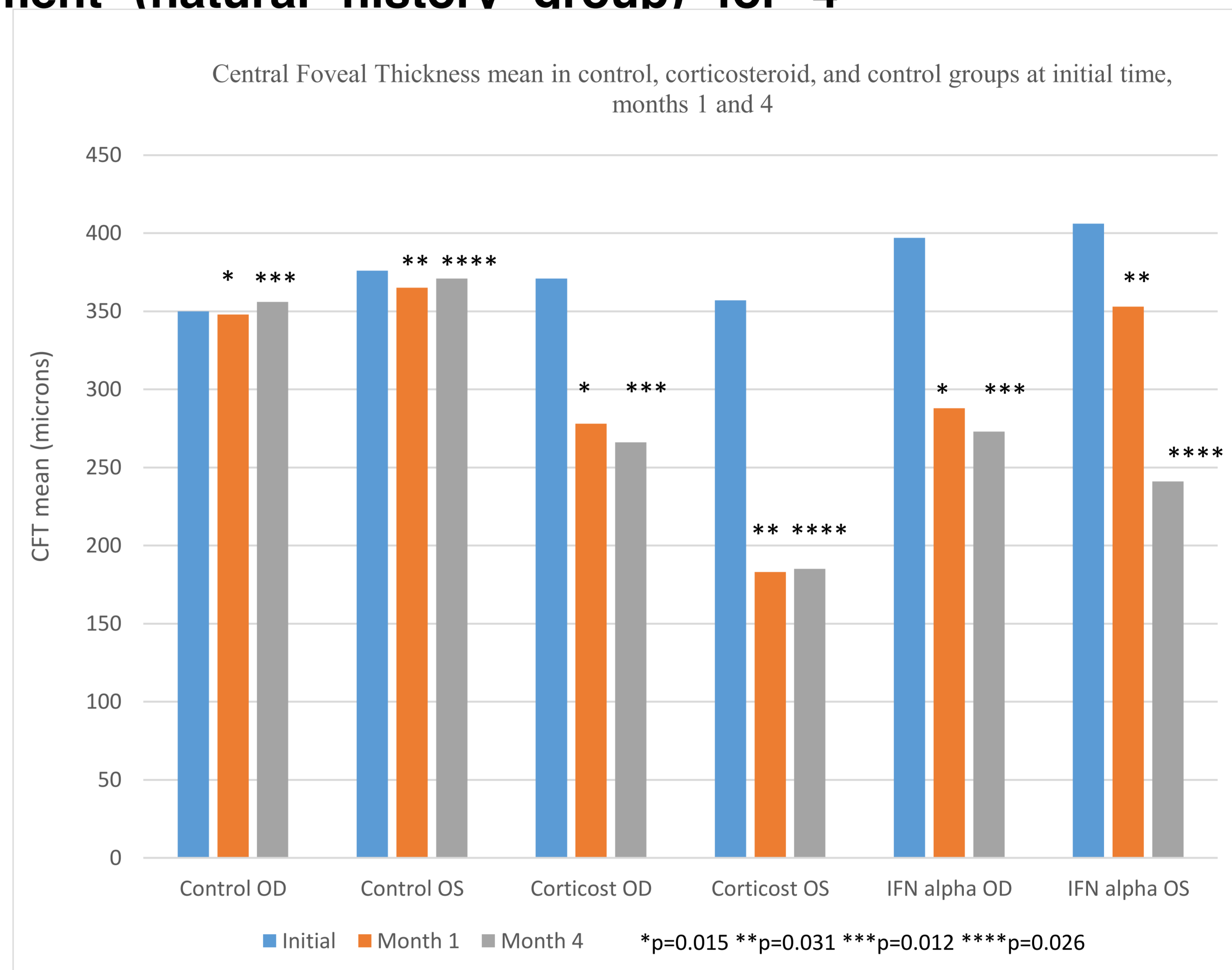
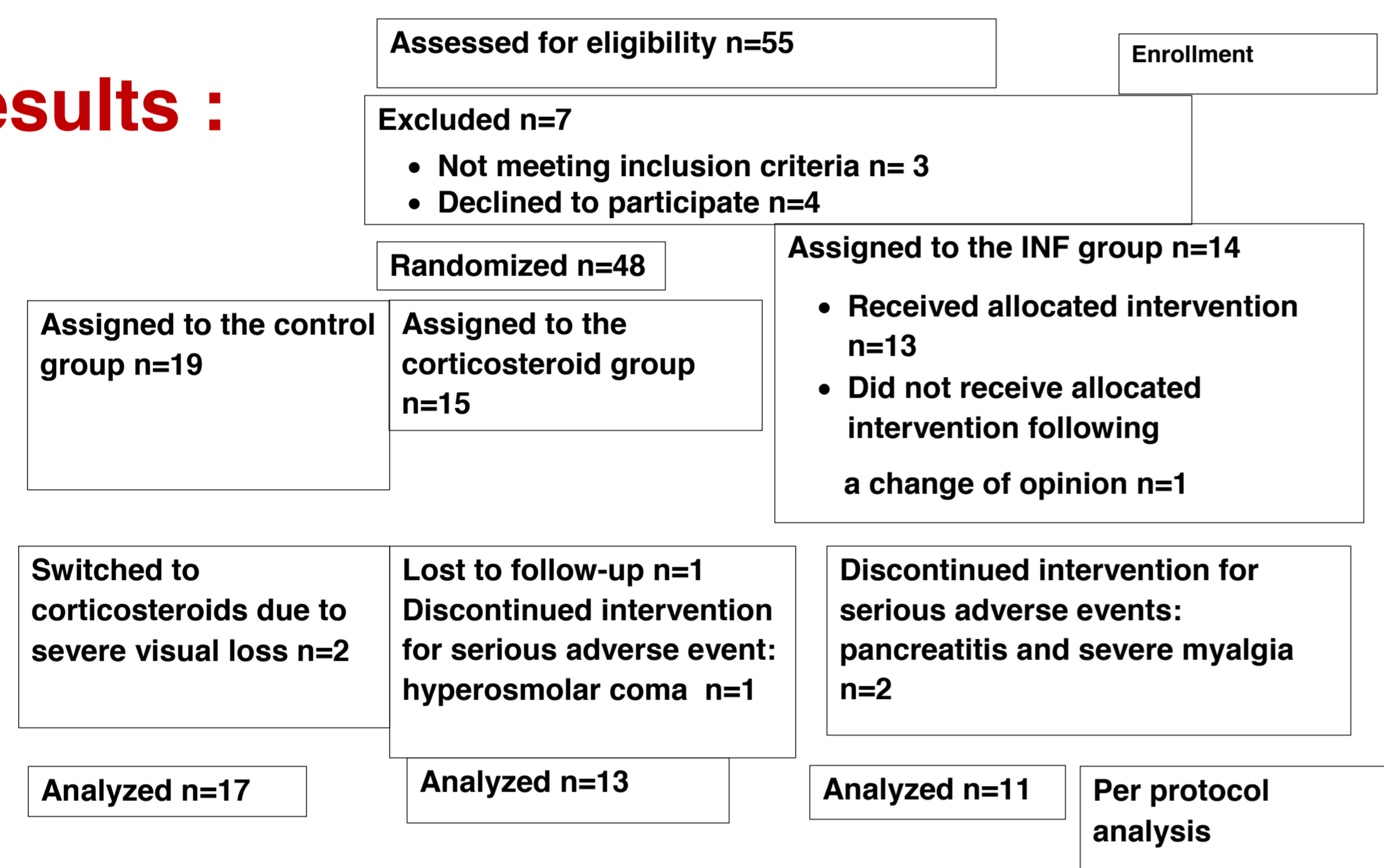


**Background :** Macular edema is the leading cause of vision loss in bilateral chronic non-infectious posterior uveitis, and is used to being treated using corticosteroids, immunosuppressive agents and biotherapies. The aim of this trial was to assess and compare the efficacy and safety of corticosteroids and IFN- $\alpha$  in adults with such conditions.

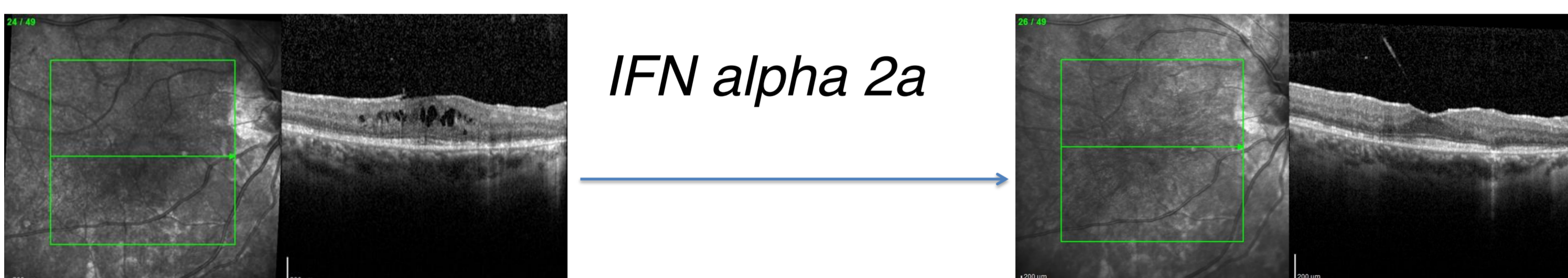
## Patients & Methods :

Patients were randomized to receive either subcutaneous IFN- $\alpha$ 2a (IFN- $\alpha$  group), systemic corticosteroids (corticosteroid group) or no treatment (natural history group) for 4 months using a central block randomization

## Results :

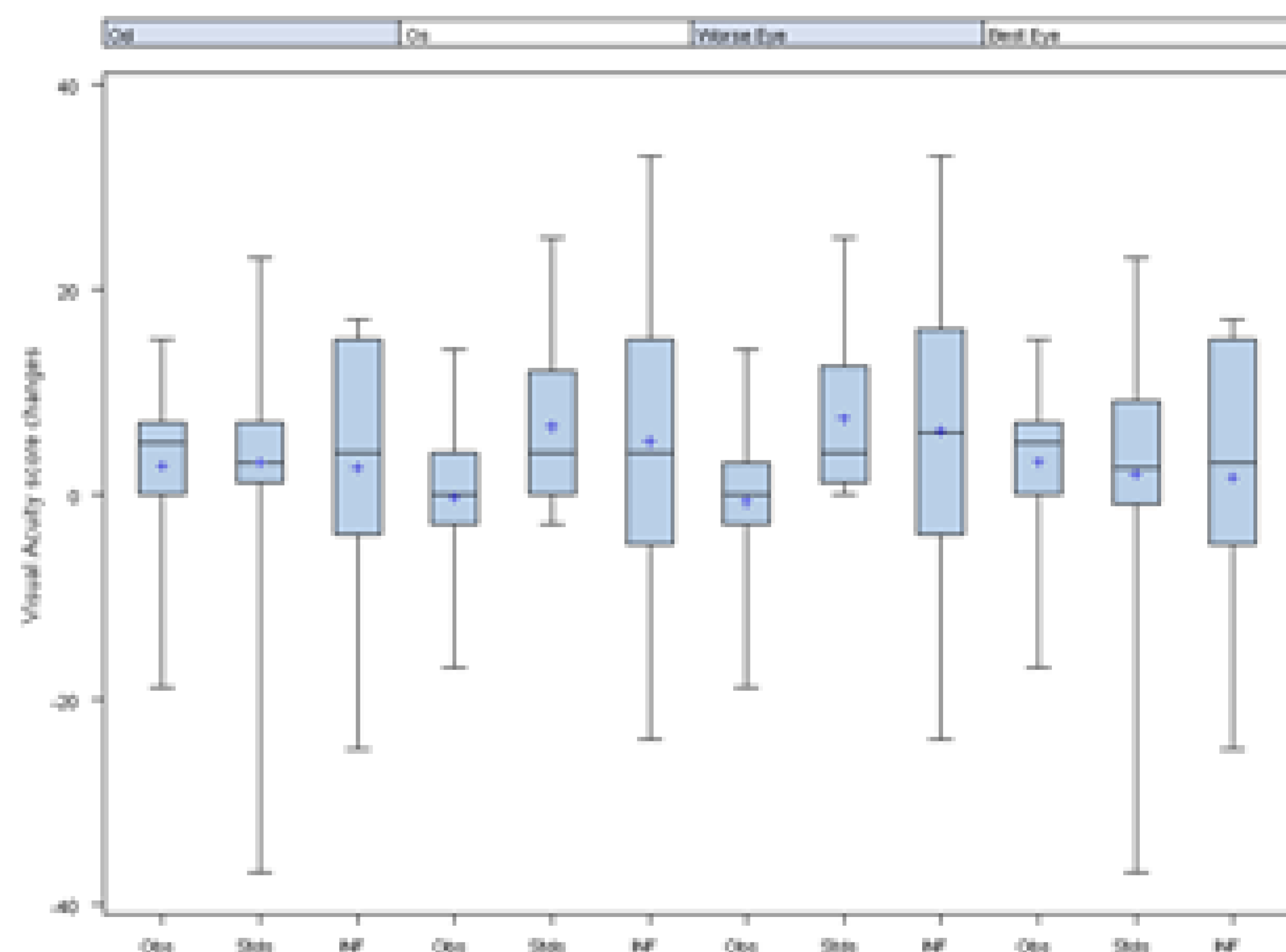


The per-protocol analysis showed a significant difference in CFT change between groups for both eyes (OD and OS), and for the worse and better eyes.



In fluorescein angiography macular leakage showed better response than papillitis and retinal vasculitis : significant differences were observed between the control and IFN- $\alpha$  groups for macular leakage in the OD (p=0.0069), OS (p=0.0147), worse eye (p=0.001) and better eye (p=0.0069), for papillitis in the OD (p=0.0396) and worse eye (p=0.0118), and for retinal vasculitis in the OD (p=0.0396).

A significant increase by at least 15 ETDRS letters, was found for the worse eye (p=0.0137) and comparison between the IFN- $\alpha$  group and the control group was significant (p=0.0186).



**Conclusions :** IFN- $\alpha$  and systemic corticosteroids, compared to no treatment, were associated with significant anatomic and visual improvement shown in the per-protocol study.

## References :

Fardeau C, Simon A, Rodde B, Viscogliosi F, Labalette P, Looten V, Tézenas du Montcel S, LeHoang P. Interferon alpha2a and systemic corticosteroid in monotherapy in chronic uveitis : Results of the randomized controlled BIRDFERON study . *Am J Ophthalmol.* 2017 May;177:182-194.  
 Herbort CP Jr, Pavésio C, LeHoang P, Bodaghi B, Fardeau C, Kestelyn P, Neri P, Papadia M. Why Birdshot retinochoroiditis should rather be called 'HLA-A29 uveitis ? *Br J Ophthalmol.* 2017 Jul;101(7):851-855.