Reported Factors

**Demographic Factors**

- **Sex**
  - Sex not found to have an impact on visual outcome.

- **Age**
  - Older age at diagnosis led to worse visual outcomes.

**Clinical Factors**

- **Baseline visual acuity**
  - The higher the baseline VA, the higher the VA at follow-up.

- **Baseline lesion size**
  - The smaller the baseline lesion, the higher VA at follow-up.

- **Number of injections**
  - The higher the number of injections, the higher VA at follow-up.
Which Results are Modifiable?

- Treatment regimen is modifiable and identifying factors which impact on early diagnosis, start date, length and intensity of treatment may lead to improved outcomes and quality of life.

**Does more need to be done to diagnose and start treatment promptly?**

- Number of injections is modifiable, which poses questions around whether service provision is adequate, or whether improvements are needed in terms of capacity, demand and accessibility. **Can this older age group of patients actually get to clinic to receive the optimum number of injections?**

Optical coherence tomography (OCT) image of a retinal with nAMD, showing sub-retinal fluid and drusen.
Unanswered Questions

- Are there more modifiable factors that influence the effectiveness of anti-VEGF therapy?
- What can be done to improve early access to diagnosis and treatment, and to address any gaps in service provision?
- Does variation in VA outcome affect quality of life?