

## **Kriterien zur Bestimmung der zweckmäßigen Vergleichstherapie**

**und**

## **Recherche und Synopse der Evidenz zur Bestimmung der zweckmäßigen Vergleichstherapie nach § 35a SGB V**

**Vorgang: 2013-05-01-D-066 Ocriplasmin**

Stand: Januar 2013

## I. Zweckmäßige Vergleichstherapie: Kriterien gemäß 5. Kapitel § 6 Verfo G-BA

### Ocriplasmin

[zur Behandlung der vitreomakulären Traktion (VMT) bei Erwachsenen]

#### Kriterien gemäß 5. Kapitel § 6 Verfo

Sofern als Vergleichstherapie eine Arzneimittelanwendung in Betracht kommt, muss das Arzneimittel grundsätzlich eine Zulassung für das Anwendungsgebiet haben.

nicht angezeigt

Sofern als Vergleichstherapie eine nicht-medikamentöse Behandlung in Betracht kommt, muss diese im Rahmen der GKV erbringbar sein.

- (Pars Plana-) Vitrektomie

Beschlüsse/Bewertungen/Empfehlungen des Gemeinsamen Bundesausschusses zu im Anwendungsgebiet zugelassenen Arzneimitteln/nicht-medikamentösen Behandlungen

Es liegen keine Beschlüsse vor.

Die Vergleichstherapie soll nach dem allgemein anerkannten Stand der medizinischen Erkenntnisse zur zweckmäßigen Therapie im Anwendungsgebiet gehören.

*Siehe systematische Literaturrecherche*

Bei mehreren Alternativen ist die wirtschaftlichere Therapie zu wählen, vorzugsweise eine Therapie, für die ein Festbetrag gilt.

nicht angezeigt

[...] vorzugsweise eine Therapie, [...] die sich in der praktischen Anwendung bewährt hat.

nicht angezeigt

## II. Zugelassene Arzneimittel im Anwendungsgebiet

<b>Wirkstoff Handelsname</b>	<b>Anwendungsgebiet</b>
Zu bewertendes Arzneimittel:	
Ocriplasmin JETREA®	JETREA (Ocriplasmin) wird zur Behandlung der vitreomakulären Traktion (VMT) bei Erwachsenen angewendet, auch im Zusammenhang mit einem Makulaloch kleiner oder gleich 400 Mikrometer.
Es sind keine Arzneimittel im Anwendungsgebiet zugelassen.	

Quellen: AMIS-Datenbank, Lauer-Taxe

# Synoptische Evidenzübersicht zur Ermittlung der zwVT:

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### **Indikation für die Recherche:**

Behandlung der vitreomakulären Traktion (VMT) bei Erwachsenen, auch im Zusammenhang mit einem Makulaloch kleiner oder gleich 400 Mikrometer

### **Berücksichtigte Wirkstoffe/Therapien:**

Keine zugelassenen Arzneimittel in Deutschland

### **Systematische Recherche:**

Es wurde eine systematische Literaturrecherche nach systematischen Reviews, Meta-Analysen, HTA-Berichten und Evidenz-basierten systematischen Leitlinien zur Indikation „vitreomakuläre Traktion“ durchgeführt. Der Suchzeitraum wurde auf die letzten 5 Jahre eingeschränkt und die Recherche am 07.01.2013 abgeschlossen. Die Suche erfolgte in folgenden Datenbanken bzw. Internetseiten folgender Organisationen und Fachgesellschaften: The Cochrane Library (einschl. NHS CRD-Datenbanken), MEDLINE (PubMed), Leitlinien.de (ÄZQ), AWMF, GIN, NGC, TRIP, DAHTA, American Academy of Ophthalmology (USA), American Optometric Association (USA), Berufsverband der Augenärzte Deutschlands (BVA), Canadian Medical Association, Canadian Ophtalmological Society, Deutsche Ophtalmologische Gesellschaft (DOG), National Health and Medical Research Council (NHMRC), National Institute for Health and Clinical Excellence (NICE), National Institute for Health and Research - Horizon Scanning Centre (NIHR HSC), New Zealand Guidelines Group (NZGG), Royal Australian and New Zealand College of Ophtalmologists (RANZCO), Royal College of Ophthalmologists, Scottish Intercollegiate Guidelines Network (SIGN). Ergänzend erfolgte eine freie Internetsuche nach aktuellen Leitlinien. Es wurde keine Sprachrestriktion vorgenommen. Die detaillierte Darstellung der Suchstrategie ist am Ende der Synopse aufgeführt.

Die Recherche ergab 117 Quellen, die anschließend nach Themenrelevanz und methodischer Qualität gesichtet wurden. Davon wurden 3 Quellen eingeschlossen.

## Cochrane Reviews

Es wurde **kein** Cochrane Review gefunden, das die vitreomakuläre Traktion und/oder Adhäsion und eine entsprechende Behandlung behandelt. Das im Folgenden dargestellte Review erwähnt die vitreomakuläre Traktion und/oder Adhäsion als eine der Ursachen für Makulalöcher.

<p><b>Solebo AL, Lange Clemens AK, Bunce C, Bainbridge JW.</b> Face-down positioning or posturing after macular hole surgery. Cochrane Database of Systematic Reviews 2011; (12): CD008228.</p>	<p><u>Fragestellung:</u> Untersuchung der Evidenz des Einflusses der postoperativen Kopflagerung auf das Ergebnis der Operation am Makulaloch. („To evaluate the evidence of the impact of postoperative face-down positioning on the outcome of surgery for macular hole.”)</p> <p><u>Suchzeitraum:</u> 1950-2011</p> <p><u>Vergleiche/Komparatoren:</u> Postoperative Gesicht-nach-unten-Positionierung vs. keine postoperative Positionierung nach einer chirurgischen Intervention wegen eines Makulalochs.</p> <p><u>Primärer Endpunkt:</u> Verschluss des Makulalochs</p> <p><u>Anzahl der eingeschlossenen Studien und Patienten:</u> Es wurden 3 Studien mit insgesamt 243 Patienten ausgewertet.</p> <p><u>Ergebnisse:</u> Die 3 Studien legen einen Nutzen der Positionierung nahe. Ein statistisch signifikanter Unterschied konnte nicht gezeigt werden. Eine Metaanalyse konnte aufgrund der Heterogenität der Studien nicht durchgeführt werden.</p> <p><u>Als Hintergrundinformationen im Review wird Folgendes berichtet:</u> <i>Idiopathic macular hole, an age-related disease, is an important cause of visual loss. The disorder affects at least two per 1000 individuals aged over 40 years. Development of macular holes is believed to result from traction exerted by the vitreous, with separation of the hole edges from the underlying pigment epithelial cells.</i></p> <p><b>Macular holes are conventionally managed by surgical removal of the vitreous gel to relieve the tractional forces.</b> <i>Injection of gas (intraocular gas tamponade) into the vitreous cavity is performed with the aim of promoting hole closure.</i></p> <p><i>The pathogenesis of idiopathic macular hole is not yet fully understood, but histopathological and ocular high resolution optical coherence tomography imaging studies have demonstrated that tractional forces within the vitreoretinal or vitreofoveal ‘interface’ are responsible.</i></p> <p><i>The posterior segment of the eye contains the optically clear vitreous, a gelatinous body that permits relatively unimpeded passage of light whilst supporting the ocular structure. At birth, the posterior hyaloid face is attached to the anterior or innermost retinal layers; this attachment is particularly strong at the centre of the macula. With increasing age the gel gradually degenerates, resulting in anteroposterior vitreofoveal tractional forces. Tangential traction within the vitreofoveal plane may be the result of glial remodelling in the outer retina. These anteroposterior and tangential</i></p>
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forces cause separation and splitting of retinal layers at the fovea, and the development of an intraretinal cyst. Retraction of the inner retinal photoreceptor cells (within the posterior or outermost layers of the retina) results in a full-thickness hole, and continuing tension on the roof of the cyst leads to dehiscence, creating an open retinal defect. Fluid from the degenerate vitreous gains access to the potential subretinal space, elevating the edges of the retinal hole.

The staging of macular hole progression, using the widely adopted Gass classification scheme (Gass 1995), follows the natural history described above:

Stage 1: Impending macular hole - the formation of foveal intraretinal cysts or anterior displacement of the foveal retina due to anteroposterior or tangential forces acting on the retina

Stage 2: Early full-thickness macular hole - the vitreous is still attached to the macular but the hole has formed due to retraction of the inner (most posterior) retinal layers

Stage 3: Established full-thickness macular hole - vitreofoveal separation occurs with a lifting off of the cyst roof and the hole edges are elevated by subretinal fluid, but the vitreous is still attached to the rest of the retina, so that the hole progressively enlarges due to continued traction

Stage 4: Full-thickness macular hole with posterior vitreous detachment

The first surgical procedure to repair macular holes by relieving vitreofoveal traction and promoting the re-apposition of the hole edges was described in 1991. This was achieved by vitrectomy (removal of the vitreous) and intraocular gas tamponade with the aim of promoting hole closure. Since the identification of contractile membranes at the vitreoretinal interface, including epiretinal membranes and the inner limiting membrane (ILM) of the retina (the basement membrane of the anterior-most retinal layer), surgery for macular hole typically includes removal of any epiretinal membranes and peeling of the ILM, with or without the use of vital dyes to aid its visualisation. Inner limiting membrane peeling to relieve tangential forces on the fovea can improve the closure of macular holes after, and has been described as the treatment of choice for stage 2 and 3 holes.

Anmerkungen der FBMed:

Das Cochrane Review untersucht nicht die Behandlung der vitreomakulären Traktion an sich, sondern die Positionierung des Kopfs des Patienten nach der chirurgischen Intervention wegen eines Makulalochs.

Das Review wird hier aufgeführt, da in den Hintergrundinformationen die vitreomakuläre Traktion/Adhäsion als ein Ursache für ein Makulaloch beschrieben und die chirurgische Intervention (genauer: Vitrektomie) als Behandlungsoption aufgeführt wird.

## Systematische Reviews

Es konnte kein systematischer Review zur vitreomakulären Traktion bzw. Adhäsion identifiziert werden.

### Leitlinien

<p><b>American Academy of Ophthalmology (AAO).</b> Idiopathic macular hole. San Francisco (CA): American Academy of Ophthalmology (AAO), 2008.</p>	<p><u>Ziel der Leitlinie:</u></p> <ul style="list-style-type: none"> <li>• Erkennen der Patienten mit einem Risiko für ein Makulaloch</li> <li>• Aufklärung der Hochrisiko-Patienten über die Symptome und die Notwendigkeit für eine regelmäßige Nachbeobachtung.</li> <li>• Aufklärung der Patienten über Nutzen und Risiken des Eingriffs.</li> <li>• Betreuung der Patienten mit einem Risiko für Visusverlust durch das Makulaloch.</li> </ul> <p><u>Hintergrund Idiopathisches Makulaloch:</u>  Die Entstehung eines idiopathischen Makulalochs wird einer vorhergegangenen idiopathischen vitreomakulären Traktion zugeschrieben. Traumata sind nur für wenige Fälle (&lt; 10%) verantwortlich.  <i>(A macular hole is an anatomic opening in the retina that develops at the fovea. The patient experiences metamorphopsia and decreased visual acuity. Most investigators believe that macular holes are caused by idiopathic vitreoretinal traction; case series have reported that trauma is responsible for a minority of cases.)</i></p> <p>Makulalöcher werden nach Gass in Stadien eingeteilt. <i>(Macular hole formation typically evolves over a period of weeks to months through a series of stages first described by Gass.)</i></p> <p><b>Stage Characteristics</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="vertical-align: top; padding-right: 10px;">1-A</td> <td>Loss of the foveal depression and a yellowish foveal spot (100 to 200 microns in diameter)  Localized shallow detachment of the perifoveal vitreous cortex with persistent adherence to the foveola initially  Vitreofoveolar traction may cause a split of the retina at the fovea ("pseudocyst") that corresponds to the yellow spot  Epiretinal membranes are uncommon  Visual acuity 20/25 to 20/80</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">1-B</td> <td>Yellow ring 200 to 350 microns in diameter  Posterior extension of the "pseudocyst" with disruption of the outer retinal layer Roof remains intact with persistent adherence of the posterior hyaloid to the retina  Epiretinal membranes are uncommon  Visual acuity 20/25 to 20/80</td> </tr> <tr> <td style="vertical-align: top; padding-right: 10px;">2</td> <td>Small full thickness (less than 300 microns in diameter) retinal defect in an eye with a stage 1 macular hole  Epiretinal membranes are uncommon  Visual symptoms include metamorphopsia and decreased vision  Visual acuity 20/25 to 20/80</td> </tr> </table>	1-A	Loss of the foveal depression and a yellowish foveal spot (100 to 200 microns in diameter) Localized shallow detachment of the perifoveal vitreous cortex with persistent adherence to the foveola initially Vitreofoveolar traction may cause a split of the retina at the fovea ("pseudocyst") that corresponds to the yellow spot Epiretinal membranes are uncommon Visual acuity 20/25 to 20/80	1-B	Yellow ring 200 to 350 microns in diameter Posterior extension of the "pseudocyst" with disruption of the outer retinal layer Roof remains intact with persistent adherence of the posterior hyaloid to the retina Epiretinal membranes are uncommon Visual acuity 20/25 to 20/80	2	Small full thickness (less than 300 microns in diameter) retinal defect in an eye with a stage 1 macular hole Epiretinal membranes are uncommon Visual symptoms include metamorphopsia and decreased vision Visual acuity 20/25 to 20/80
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	<p>3 Full thickness hole 300 to 400 microns in diameter  Posterior hyaloid is completely separated over the macula but may be attached to the optic disc and more peripherally  Operculum or a flap on the posterior hyaloid over the hole usually evident on optical coherence tomography and may be apparent clinically  Cuff of subretinal fluid, intraretinal edema, and cysts  Drusen-like deposits often in the base of the hole  Rim of retinal pigment epithelium hyper/hypopigmentation often present at the junction between edematous or detached retina and normal-appearing, attached retina in long-standing cases  Epiretinal membranes may be present  Visual acuity 20/100 to 20/400</p> <p>4 Full thickness hole; diameter usually larger than stage 2, often approximately 500 microns in diameter  Complete posterior vitreous detachment with a Weiss ring  Cuff of subretinal fluid, intraretinal edema, and cysts usual  Drusen-like deposits often in the base of the hole  Epiretinal membranes more frequent  Visual acuity 20/100 to 20/400</p> <p>Die Therapie des Makulalochs richtet sich nach der Symptomatik und dem Stadium.  Die Pars-Plana-Vitrektomie als chirurgische Intervention wird eingesetzt mit dem Ziel, die anteroposterioren oder tangentialen vitromakulären Zugkräfte zu entlasten. Intraoperativ kann ein epiretinales Membran-Peeling durchgeführt werden.</p> <p>Zusammenfassung der therapeutischen Möglichkeiten:  <b>MANAGEMENT RECOMMENDATIONS FOR MACULAR HOLE</b></p> <table border="1"> <thead> <tr> <th>Stage</th> <th>Management</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td>1-A</td> <td>Observation (All)</td> <td>Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms</td> </tr> <tr> <td>1-B</td> <td>Observation (All)</td> <td>Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms</td> </tr> <tr> <td>2</td> <td>Surgery (All) *</td> <td>1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms If no surgery, every 4 to 8 months</td> </tr> <tr> <td>3</td> <td>Surgery (AI)</td> <td>1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms</td> </tr> <tr> <td>4</td> <td>Surgery (AI)</td> <td>1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms</td> </tr> </tbody> </table> <p>*Also surgery is usually performed,</p>	Stage	Management	Follow-up	1-A	Observation (All)	Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms	1-B	Observation (All)	Prompt return if new symptoms Every 4 to 6 months in the absence of symptoms	2	Surgery (All) *	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms If no surgery, every 4 to 8 months	3	Surgery (AI)	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms	4	Surgery (AI)	1 to 2 days postoperatively, then 1 to 2 weeks Frequency and timing of subsequent visits varies depending on the outcome of surgery and the patient's symptoms
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	<p>observation is also appropriate.</p> <p>Die Vitrektomie kann zu Katarakt, Netzhautrissen oder -ablösung, Visusverlust und Infektionen führen.</p> <p><u>Anmerkungen FB Med:</u></p> <p>Es werden keine Angaben zu einer systematischen Literaturrecherche gemacht, daher entspricht die Leitlinie nicht einer S3-Leitlinie, wurde jedoch aufgrund fehlender höherwertiger Evidenz dargestellt.</p> <p>Die vorliegende Leitlinie bezieht sich ausschließlich auf Makulalöcher und nicht auf vitreomakuläre Traktion/Adhäsion an sich.</p>
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### Ergänzende Dokumente anderer Organisationen

<p><b>National Horizon Scanning Centre (NHSC).</b> Ocriplasmin (Microplasmin) for symptomatic vitreomacular adhesion (sVMA) - first line. Birmingham: NHSC, 2011.</p>	<ul style="list-style-type: none"> <li>• Ocriplasmin (Microplasmin) for symptomatic vitreomacular adhesion – first line</li> <li>• <u>Background:</u> Vitreomacular traction (VMT) occurs where the vitreous gel adheres in an abnormally strong manner to the retina as a result of partial posterior vitreous detachment (PVD). PVD is characterised by the separation of the vitreous from the posterior retina, and is a normal physiologic process that occurs in at least 75% of the population over the age of 65, but can also be caused by inflammation, trauma, and high myopia in younger patients. Although detachment of the posterior vitreous is typically benign and complete, a partial PVD has the potential to result in complications. VMT resulting from anomalous PVD can cause the vitreous to split and form a schisis, and may result in vitreomacular traction, leading to retinal tears, retinal detachment, the formation of a macular hole, or an epiretinal membrane (ERM) (also called a ‘macular pucker’). Patients with symptomatic VMT may present with decreased vision, photopsia, and metamorphopsia.</li> <li>• Currently, pars plana vitrectomy (PPV) is used to surgically induce a complete PVD and release the traction on the retina for selected cases. However, this may often be a last resort after significant vision loss has already occurred. Complications of PPV include incomplete PVD, bleeding, pain, post-operative inflammation or irritation, the development of fibrovascular membranes, retinal detachment, retinal tears, elevated intraocular pressure, endophthalmitis, and postoperative cataract formation.</li> <li>• <u>Clinical need and burden of disease</u> The incidence of symptomatic VMT in the UK is not known, however the occurrence of VMT has been reported in cases of macular hole (up to 84%); vitreomacular traction syndrome (74%); and a smaller proportion of idiopathic epimacular membrane (macular pucker). The annual incidence of macular holes in the UK equates to approximately 6,200 people. Macular holes occur more frequently in women, and the incidence peaks in the 70-80 years age group.</li> </ul>
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- People with symptomatic VMT including macular hole have changes in the central part of their vision. Patients with a stage 1 or 2 macular hole present with decreased visual acuity or metamorphopsia. Visual acuity is significantly worse for stage 3 holes, with acuities for eyes with a full thickness macular hole ranging from 20/40 to 5/200, with an average of 20/20011. Eventually less than 10% retain driving vision in the eye with the macular hole, and there is a 7% risk of a macular hole developing in the fellow eye within 6 years. Stage 2-4 macular holes repair spontaneously in between 3 and 11% of cases, therefore the majority eventually require surgery.
- Existing comparators and treatments
- Current treatment for symptomatic VMT including macular hole is 'watch and wait', and surgery if there is progression. Stage 3 or 4 macular holes, and those which are stage 1 or 2 but associated with a visual acuity of 6/18 or worse, are treated by vitrectomy with gas tamponade to close the hole, and internal limiting membrane maculorrhesis (peeling) to release the VMT.
- Anmerkung FB Med  
Die Informationen basieren nicht auf einer systematischen Literaturrecherche.

## Detaillierte Darstellung der Recherchestrategie:

### Cochrane Library am 07.01.2013

Suchschritt	Suchfrage	Treffer
#1	MeSH descriptor: [Retinal Diseases] this term only	164
#2	MeSH descriptor: [Retinal Perforations] explode all trees	97
#3	"retinal perforation*":ti,ab,kw (Word variations have been searched)	101
#4	Macular hole*":ti,ab,kw (Word variations have been searched)	156
#5	Retinal Hole*":ti,ab,kw (Word variations have been searched)	107
#6	retinal break*":ti,ab,kw (Word variations have been searched)	69
#7	MeSH descriptor: [Vitreous Detachment] explode all trees	6
#8	vitreous detachment*":ti,ab,kw (Word variations have been searched)	182
#9	MeSH descriptor: [Retinal Detachment] explode all trees	200
#10	retinal detachment*":ti,ab,kw (Word variations have been searched)	528
#11	MeSH descriptor: [Epiretinal Membrane] explode all trees	36
#12	epiretinal membrane*":ti,ab,kw (Word variations have been searched)	90
#13	macular detachment*":ti,ab,kw (Word variations have been searched)	186
#14	vitreomacular traction*":ti,ab,kw (Word variations have been searched)	9
#15	vitreo macular traction*":ti,ab,kw (Word variations have been searched)	1
#16	vitreomacular adhesion*":ti,ab,kw (Word variations have been searched)	3
#17	vitreo macular adhesion*":ti,ab,kw (Word variations have been searched)	0
#18	VMT:ti,ab,kw (Word variations have been searched)	8
#19	VMA:ti,ab,kw (Word variations have been searched)	23
#20	VMTS:ti,ab,kw (Word variations have been searched)	0
#21	"vitreous":ti,ab,kw and "macula*":ti,ab,kw and "separation":ti,ab,kw (Word variations have been searched)	3
#22	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 from 2008 to 2012, in Cochrane Reviews (Reviews only), Other Reviews and Technology Assessments	13

Cochrane Reviews [10] | Other Reviews [1] | Technology Assessments [2]

### MEDLINE (PubMed) am 07.01.2013

Suchschritt	Suchfrage	Treffer
#1	Search "retinal diseases"[mh:noexp]	14755
#2	Search "retinal perforations"[MeSH Terms]	3411
#3	Search (("retinal perforation"[Title/Abstract] OR "retinal perforations"[Title/Abstract]))	26
#4	Search Macular hole*[Title/Abstract]	2480
#5	Search (Retinal Hole*[Title/Abstract] OR retinal break*[Title/Abstract])	1131
#6	Search Vitreous Detachment[MeSH Terms]	427
#7	Search (("vitreous detachment"[Title/Abstract] OR "vitreous detachments"[Title/Abstract]))	866
#8	Search "retinal detachment"[MeSH Terms]	15377
#9	Search (("retinal detachment"[Title/Abstract] OR "retinal detachments"[Title/Abstract]))	13433

Suchschritt	Suchfrage	Treffer
#10	Search "epiretinal membrane"[MeSH Terms]	1124
#11	Search (("epiretinal membrane"[Title/Abstract] OR "epiretinal membranes"[Title/Abstract]))	1594
#12	Search (("macular detachment"[Title/Abstract] OR "macular detachments"[Title/Abstract]))	435
#13	Search (("vitreomacular traction"[Title/Abstract] OR "vitreomacular tractions"[Title/Abstract]))	244
#14	Search (("vitreo macular traction" OR "vitreo macular tractions"))	43
#15	Search VMT[Title/Abstract]	214
#16	Search VMTS[Title/Abstract]	6
#17	Search (("vitreomacular adhesion"[Title/Abstract] OR "vitreomacular adhesions"[Title/Abstract]))	47
#18	Search (("vitreo macular adhesion"[Title/Abstract] OR "vitreo macular adhesions"[Title/Abstract]))	0
#19	Search vitreous[Title/Abstract] AND macula*[Title/Abstract] AND separation[Title/Abstract]	115
#20	Search VMA[Title/Abstract]	919
#21	Search ((((((((((((((((((#1) OR #2) OR #3) OR #4) OR #5) OR #6) OR #7) OR #8) OR #9) OR #10) OR #11) OR #12) OR #13) OR #14) OR #15) OR #16) OR #17) OR #18) OR #19) OR #20	37467
#22	Search guideline*[Title]	44428
#23	Search (#21) AND #22	17
#25	Search ((((((((((((((((((#1) OR #2) OR #3) OR #4) OR #5) OR #6) OR #7) OR #8) OR #9) OR #10) OR #11) OR #12) OR #13) OR #14) OR #15) OR #16) OR #17) OR #18) OR #19) OR #20 Filters: Practice Guideline; Guideline	12
#26	Search (#23) OR #25	25
#27	Search (#23) OR #25 Filters: published in the last 5 years	4
#28	Search ((((((((((((((HTA[Title/Abstract])) OR (technology assessment*[Title/Abstract])) OR (technology report*[Title/Abstract])) OR ((systematic*[Title/Abstract] AND review*[Title/Abstract])) OR ((systematic*[Title/Abstract] AND overview*[Title/Abstract])) OR (meta-analy*[Title/Abstract])) OR (meta[Title/Abstract] AND analyz*[Title/Abstract])) OR (meta[Title/Abstract] AND analys*[Title/Abstract])) OR (meta[Title/Abstract] AND analyt*[Title/Abstract])) OR (((review[Title/Abstract] AND evidence[Title/Abstract] AND based[Title/Abstract])) OR (((overview[Title/Abstract] AND evidence[Title/Abstract] AND based[Title/Abstract]))	126007
#29	Search (#21) AND #28	95
#32	Search ((((((((((((((((((#1) OR #2) OR #3) OR #4) OR #5) OR #6) OR #7) OR #8) OR #9) OR #10) OR #11) OR #12) OR #13) OR #14) OR #15) OR #16) OR #17) OR #18) OR #19) OR #20 Filters: Technical Report; Meta-Analysis; Systematic Reviews	227
#33	Search (#29) OR #32	259
#34	Search (#29) OR #32 Filters: published in the last 5 years	105

# 27 und # 34 in die Datenbank importiert

Darüber hinaus wurde in den HTA- und Leitliniendatenbanken AWMF, ÄZQ, DAHTA, GIN, NGC und Trip, auf den Internetseiten von American Academy of Ophthalmology (USA), American Optometric Association (USA), Berufsverband der Augenärzte Deutschlands (BVA), Canadian Medical Association, Canadian Ophthalmological Society, Deutsche Ophthalmologische Gesellschaft (DOG), National Health and Medical Research Council (NHMRC), National Institute for Health and Clinical Excellence (NICE), National Institute for Health and Research - Horizon Scanning Centre (NIHR HSC), New Zealand Guidelines Group (NZGG), Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Royal College of Ophthalmologists, Scottish Intercollegiate Guidelines Network (SIGN) sowie über eine freie Internetsuche per Handsuche nach aktuellen Publikationen mit den Suchbegriffen „Vitreomacular traction“, „vitreomakulären Traktionssyndrom“, „VMT“, „VMTS“, „vitreomacular adhesion“, „VMA“, „Macular hole/s“, „Retinal Hole/s“, „Retinal Break/s“, „Retinal perforation/s“, „Retinal detachment/s“, „Macular detachment/s“, „Vitreous Detachment“, „Epiretinal Membrane“, „Retina“, „Vitreomakuläre Traktion/en“, „Vitreomakuläre Anheftung/Adhäsion“, „Makula“, „Netzhaut“ und „Epiretinale Membran/en“ in verschiedenen Variationen gesucht.

Nach Dublettenkontrolle ergab die Recherche insgesamt 117 Quellen.

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