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Comment on Non-Infectious Outcomes of Intravitreal Antibiotic-Steroid Injection and Topical NSAID Versus Triple Drop Therapy Post Cataract Surgery

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1 I found the report of Mian et al regarding the comparison of injected vs topical post-operative  
2 anti-inflammatory treatments to be thought provoking.<sup>1</sup> First and foremost, of all the treatments  
3 administered in this report, only the topical non-steroidal anti-inflammatory agents (NSAIDs)  
4 and topical corticosteroids are FDA approved products, each for reduction of post-operative  
5 inflammation. None of the products is approved for the prevention of cystoid macular edema.  
6 Further, the corticosteroid and antibiotic injected intraocularly is an unapproved product. The  
7 manufacturer of this product has been cited for this product by FDA for violations in its claims  
8 of safety and efficacy ([https://www.fda.gov/inspections-compliance-enforcement-and-criminal-](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/imprimis-pharmaceuticals-540678-12212017)  
9 [investigations/warning-letters/imprimis-pharmaceuticals-540678-12212017](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/imprimis-pharmaceuticals-540678-12212017)). Thus, it is not a  
10 surprise that the authors note that there is inadequate information existing on the safety and  
11 efficacy of this product. Furthermore, at a time when there is concern about contamination in  
12 ocular medications, compounded medications do not meet the same quality standards as  
13 approved products made by pharmaceutical manufacturers, and thus present a safety risk.<sup>2,3</sup>  
14 The authors present a retrospective, non-randomized study of the intraocular product plus a  
15 topical NSAID vs the standard topical ocular use of an NSAID, a corticosteroid, and an  
16 antibiotic. There is no apparent explanation of the reason for the selection of one treatment  
17 regimen vs. the other for patients. The authors make no a priori power calculation, no definition  
18 of clinically significant differences, and no apparent adjustment for the multiple outcome  
19 measures (e.g. visual acuity, intraocular pressure, inflammation, etc.). Thus, it seems that this  
20 study does not meet the regulatory definition of a “well controlled study” as is required for an  
21 approved drug in the U.S. (21 CFR 314.126).

22 Given these design issues, as well as the differences between treatments in preoperative  
23 characteristics of 5%, it seems challenging to interpret the statistically ~5% difference in post-  
24 operative complication rate between treatment as “fewer complications”.

25 I suggest that readers interpret these results with caution.

26

27 Disclosure: The author consults for medical device and pharmaceutical firms, but has no stock or  
28 proprietary interests.

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