Research

**Transvitreal and Transscleral Biopsies in Small Uveal Melanoma** 482
Since intraoperative adequacy check of biopsy samples can lead to a higher biopsy yield rate and subsequent genomic analysis potentially can provide patients with valuable prognostic information, Kim and coauthors investigate ways of trying to maximize the yield rate for fine-needle aspiration biopsy of small uveal melanomas. In their case series of 44 patients, a combined yield rate of 90.9% was achieved for transscleral and transvitreal biopsies of tumors with a median apical height of 2.7 mm. These findings suggest that an intraoperative adequacy check of biopsied samples can ensure enough cells were harvested for both cytologic and genomic analyses.

**Vitamin A Supplementation and Retinitis Pigmentosa** 490
While oral vitamin A supplementation may potentially slow loss of retinal function in adults with retinitis pigmentosa and normal liver function, few data about children with this disease are available. Berson and coauthors evaluate outcomes in children with common forms of retinitis pigmentosa after supplementation with vitamin A palmitate. In their study of 55 children taking an age-adjusted dose of vitamin A (5000-15 000 IU/d) and 25 children not taking vitamin A, vitamin A supplementation was associated with almost 50% slowing of the mean exponential rate of decline of full-field cone electroretinogram amplitude. These findings, while not definitive in the absence of randomized controls, support the hypothesis that vitamin A palmitate can slow loss of cone function in children with common forms of retinitis pigmentosa.

**Low-Vision Rehabilitation for Veterans With Macular Diseases** 524
Stroupe and coauthors evaluate the costs and consequences of low-vision (LV) rehabilitation (including therapy and homework to teaching LV device use, eccentric viewing, and environmental modification) compared with basic LV services (low LV devices dispensed without therapy) for veterans with macular diseases and a visual acuity of 20/50 to 20/200 within a randomized clinical trial. Health care costs were similar between patients receiving LV rehabilitation and basic LV services. However, LV rehabilitation required more time and transportation but was more effective for some patients. The results suggest that LV rehabilitation was more effective with similar health care costs; however, LV rehabilitation may involve a greater time commitment and cost to patients.

**Adverse Events Associated With Anti-VEGF Use** 557
Thulliez and coauthors note that the systemic safety of intravitreal anti–vascular endothelial growth factor (anti-VEGF) medications is still a matter of debate. Therefore, they provide an overview of reviews that evaluated whether there is an increased risk of systemic adverse events after intravitreal anti-VEGF treatments. They identified no increased risks in patients receiving the treatments compared with control individuals. This overview of systematic reviews and meta-analyses suggests that anti-VEGF treatments do not increase the risk of systemic adverse events, but caution might be taken in older patients with age-related macular degeneration who may be at higher risk of hemorrhagic events when receiving ranibizumab.