

## Commentary: Can online surveys bridge the gap between practice patterns and preferred practice patterns?

Online surveys play a major role in understanding and analyzing practices over a large population in a method that is convenient, quick, and cost-effective. The American Society of Retina Specialists (ASRS) Preferences and Trends survey was launched in 1999 to identify new and evolving therapies and surgical techniques, controversies, preferences, and trends. It was aimed at helping relatively isolated retina specialists assess their practices compared to their peers. It has expanded into a survey that now encompasses many other retina societies as well and has provided a yearly snapshot of the participants' preferences for management of certain important medical and surgical conditions with a few key questions that repeat every year to establish trends in practice.<sup>[1]</sup> A recently published online survey among All India Ophthalmological Society (AIOS) members to analyze the preinjection patient preparation, injection preparation,

injection administration, and postinjection care highlighted the challenges in maintaining sterility while aliquoting vials of bevacizumab for intravitreal use.<sup>[2]</sup>

This issue of the IJO shares the results of an online survey circulated by the Vitreoretinal Society of India among its 826 members to ascertain the practice patterns in commonly encountered retinal conditions in India—central serous chorioretinopathy (CSCR), polypoidal choroidal vasculopathy (PCV), neovascular age-related macular degeneration (n-AMD), chorioretinal imaging, retinal vein occlusions (RVO), and diabetic retinopathy.<sup>[3]</sup> One hundred and seven members responded to the same and the results were summarized and presented. The heterogeneous responses from this small segment of responders indicate a large gap between real-world practice, scientific evidence, and preferred practice guidelines.<sup>[4]</sup> This is particularly striking in the segment on CSCR where there are innumerable treatment options in the scientific literature with the only strong evidence being in favor of Photodynamic Therapy, which is currently not available in India. The section on imaging similarly shows that the access to newer imaging modalities is still limited and even optical coherence tomography

angiography that has a huge advantage of being noninvasive and accessible to more than half the respondents is considered as a research tool by three quarters. The responses in PCV, n-AMD, and Diabetic Macular Edema are more in tune with available evidence, although the choice of anti-Vascular endothelial growth factor is probably driven by economic considerations, availability of a biosimilar, patient support programs, and the lack of reliable compounding pharmacies for bevacizumab in India. Since the Central Vein Occlusion Study recommendations for pan retinal photocoagulation<sup>[5]</sup> belonged to the pre-anti-VEGF era, it is likely that these recommendations may not hold true in view of the possible altered natural course of Central Retinal Vein Occlusion with anti-VEGF and this reflects in the responses.

The lack of demographic data of the survey participants is probably the largest confounding factor in a country where access to universal eye care is faced by a huge number of challenges despite considerable support to the government from vibrant nonprofit and private sectors. This information would have played a large role in interpreting responses and forms a major part of most practice pattern surveys.

Taking things forward, this survey highlights the need to prioritize key areas where the VRSI can establish its own practice guidelines and areas of research to enable closure of the gap between scientific evidence and practice patterns in the Indian scenario.

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