

Table 3. Current practice for CMV AU treatment based on the region of experts

Practice	Cumulative N= 75	Asia N = 34	Europe N = 24	North America (USA) N = 11	Other regions N = 6
A necessity for corneal edema to resolve as a clinical treatment endpoint					
Continue treatment if corneal edema persists, even if no intraocular inflammation and normal IOP	32 (42.7%)	15 (44.1%)	11 (45.8%)	3 (27.3%)	3 (50.0%)
Corneal edema sometimes lags behind other clinical signs such as IOP and AC cells, which are more sensitive indicators	19 (25.3%)	10 (29.4%)	5 (20.8%)	3 (27.3%)	1 (16.7%)
Corneal edema sometimes may persist because of corneal decompensation (even after a single episode)	32 (42.7%)	15 (44.1%)	9 (37.5%)	6 (54.5%)	2 (33.3%)
Alteration of the treatment plan for chronic CMV AU					

Use long term maintenance antiviral +/- anti-inflammatory therapy	66 (88.0%)	28 (82.4%)	22 (91.7%)	11 (100%)	5 (83.3%)
Aggressively treat to try and achieve quiescence, then taper	7 (9.3%)	5 (14.7%)	1 (4.2%)	0	1 (16.7%)
Decline to answer	2 (2.7%)	1 (2.9%)	1 (4.2%)	0	0

Decisions on starting systemic antiviral therapy

Routinely use both topical and systemic ganciclovir once diagnosis of CMV AU confirmed, including the first presentation	25 (33.3%)	15 (44.1%)	6 (25.0%)	4 (36.4%)	0
Would only add systemic ganciclovir for severe/prolonged/atypical CMV AU	36 (48.0%)	14 (41.2%)	14 (58.3%)	6 (54.5%)	2 (33.3%)
Would only use topical ganciclovir regardless of clinical presentation of CMV AU	10 (13.3%)	4 (11.8%)	2 (8.3%)	1 (9.1%)	3 (50.0%)

Agreement on ganciclovir gel 0.15% TDS - QDS for one month; valganciclovir 900mg BD for 2-3 weeks for initial therapy of CMV AU

Agree with both topical & systemic dosage and duration	49 (65.3%)	23 (67.6%)	17 (70.8%)	5 (45.5%)	4 (66.7%)
Agree with only topical dosage and duration	11 (14.7%)	4 (11.8%)	5 (20.8%)	1 (9.1%)	1 (16.7%)
Agree with only systemic dosage and duration	7 (9.3%)	4 (11.8%)	0	3 (27.3%)	0
Disagree with both topical & systemic dosage and duration	4 (5.3%)	2 (5.9%)	1 (4.2%)	1 (9.1%)	0

Agreement on ganciclovir gel 0.15% BD 3-12

months; PO valganciclovir 450mg OD or BD for 3-12

months for maintenance therapy for CMV AU

Agree with both topical & systemic dosage and duration	45 (60.0%)	21 (61.8%)	14 (58.3%)	6 (54.5%)	4 (66.7%)
Agree with only topical dosage and duration	17 (22.7%)	6 (17.6%)	8 (33.3%)	2 (18.2%)	1 (16.7%)
Agree with only systemic dosage and duration	6 (8.0%)	4 (11.8%)	0	2 (18.2%)	0
Disagree with both topical & systemic dosage and duration	4 (5.3%)	3 (8.8%)	1 (4.2%)	0	0

Comfortable starting topical NSAIDs without antiviral coverage for a case suspected to be CMV-related viral AU					
Yes	34 (45.3%)	19 (55.9%)	9 (37.5%)	4 (36.4%)	2 (33.3%)
No	37 (49.3%)	14 (41.2%)	13 (54.2%)	7 (63.6%)	3 (50.0%)
Decline to answer	4 (5.3%)	1 (2.9%)	2 (8.3%)	0	1 (16.7%)
Preferred topical corticosteroid assuming no contraindications					
Dexamethosone 0.1%	11 (14.7%)	4 (11.8%)	6 (25.0%)	0	1 (16.7%)
Prednisolone acetate 1%	53 (70.0%)	25 (73.5%)	13 (54.2%)	11 (100%)	4 (66.7%)
Prednisolone acetate 0.12%	5 (6.7%)	2 (5.9%)	3 (12.5%)	0	0
Loteprednol	1 (1.3%)	1 (2.9%)	0	0	0
FML (Fluorometholone)	1 (1.3%)	0	1 (4.2%)	0	0
Agreement to give initial topical corticosteroids at least QDS for 1-2 weeks, increasing depending on the severity of inflammation	58 (77.3%)	26 (76.5%)	19 (79.2%)	8 (72.7%)	5 (83.3%)

Agreement to give maintenance topical corticosteroid for up to 12 months without recurrence, with very slow taper.	63 (84.0%)	27 (79.4%)	22 (91.7%)	9 (81.8%)	5 (83.3%)
Consideration of long-term topical corticosteroid if patients have at least three episodes in one year	56 (74.7%)	22 (64.7%)	20 (83.3%)	9 (81.8%)	5 (83.3%)
Considering to treat recurrences of CMV-related viral AU shortly after stopping therapy by restarting initial dosages (both antiviral and anti-inflammatory medication) and opting for a longer taper period	66 (88.0%)	31 (91.2%)	22 (91.7%)	8 (72.7%)	5 (83.3%)

IOP = intraocular pressure, KPs = keratic precipitates, PO = per oral, BD = twice a day, TDS = three times a day, QDS = four times a day