

# **Aflibercept 8 mg for Diabetic Macular Edema: 2-Year Results of the Phase 2/3 PHOTON Trial**

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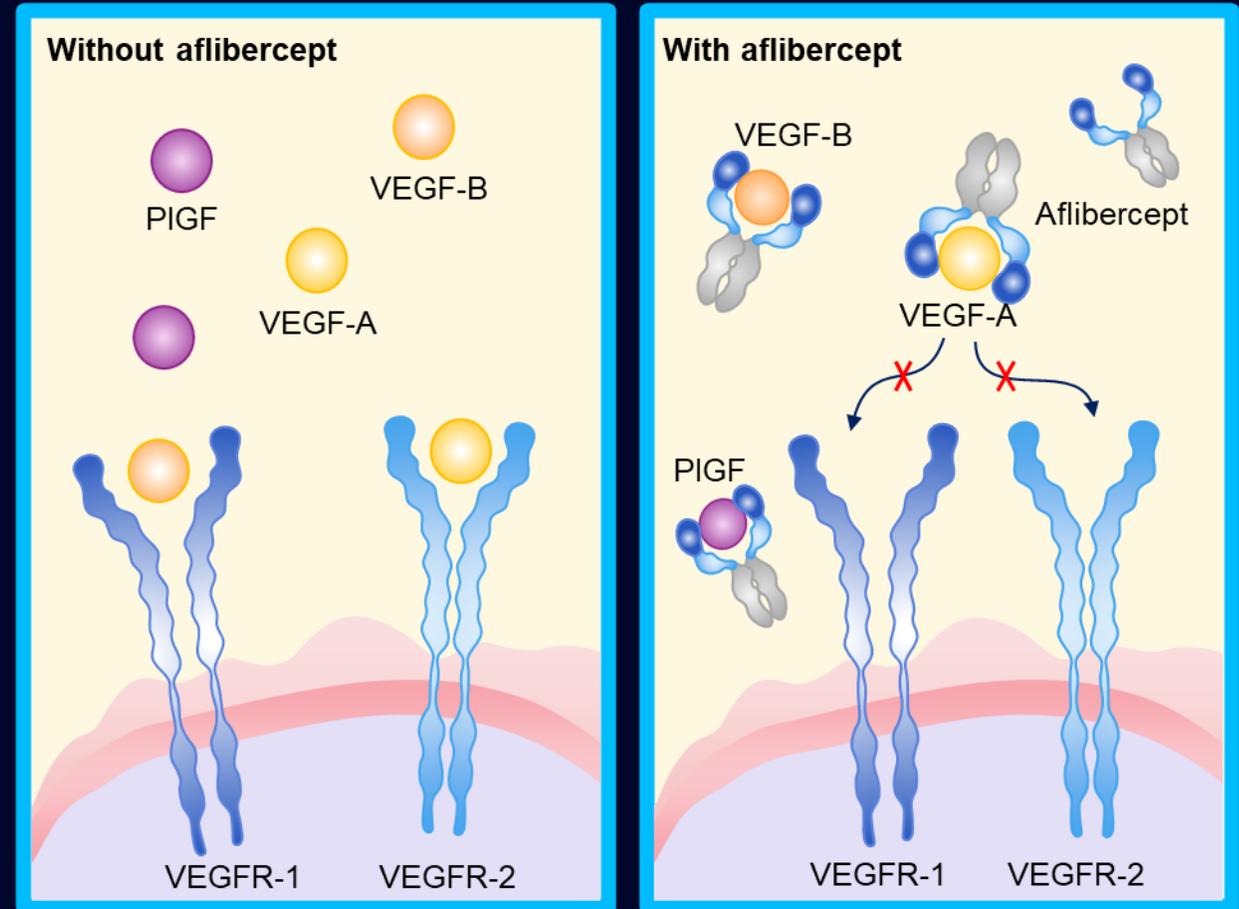
\* This slide has been added for purposes of posting this presentation on Regeneron’s website.

# Disclosures

- Diana V. Do is a consultant to Boehringer Ingelheim, Genentech, Kodiak Sciences, Kriya, and Regeneron Pharmaceuticals, Inc.; has received research funding from Boehringer Ingelheim, Genentech, Kriya, and Regeneron Pharmaceuticals, Inc.; and has stock options from Kodiak Sciences
- This study was sponsored by Regeneron Pharmaceuticals, Inc. (Tarrytown, NY) and co-funded by Bayer AG (Leverkusen, Germany). The sponsors participated in the design and conduct of the study, analysis of the data, and preparation of this presentation
- Study disclosures: This study includes research conducted on human patients. Institutional Review Board approval was obtained prior to study initiation

# Aflibercept 8 mg

- Aflibercept is a fully human recombinant fusion protein that binds VEGF-A, VEGF-B, and PlGF, thereby inhibiting the activation of cognate VEGF receptors<sup>1,2</sup>
- **Aflibercept 8 mg** is a novel intravitreal formulation, delivering a **4-fold higher molar dose** than aflibercept 2 mg in a 70- $\mu$ L injection
- Aflibercept 8 mg has demonstrated improved functional and anatomic outcomes at dosing intervals of  $\geq 12$  weeks in ongoing clinical trials in nAMD, DME, and DR<sup>3,4</sup>



DME, diabetic macular edema; DR, diabetic retinopathy; nAMD, neovascular age-related macular degeneration; PlGF, placental growth factor; VEGF, vascular endothelial growth factor; VEGFR, vascular endothelial growth factor receptor.

1. Holash J et al. *Proc Natl Acad Sci*. 2002;99(17):11393-11398. 2. Papadopoulos N et al. *Angiogenesis*. 2012;15(2):171-185. 3. Lanzetta P. Intravitreal aflibercept injection 8 mg for nAMD: results from the phase 3 PULSAR trial. Presented at: American Academy of Ophthalmology; September 30, 2022; Chicago, IL. 4. Brown DM. Intravitreal aflibercept injection 8 mg for DME: results from the phase 2/3 PHOTON trial. Presented at: American Academy of Ophthalmology; September 30, 2022; Chicago, IL.

# PHOTON Study Design

Multi-center, randomized, double-masked study in patients with DME<sup>a</sup>

Randomized 1 (2q8) : 2 (8q12) : 1 (8q16)

**Note: 2 mg arm received 5 initial monthly injections versus 8 mg arms, which received only 3 initial monthly injections**

**2q8**

Aflibercept 2 mg every 8 weeks  
after 5 initial monthly injections  
n=167

**8q12**

8 mg every 12 weeks after  
3 initial monthly injections  
n=328

**8q16**

8 mg every 16 weeks after  
3 initial monthly injections  
n=163

Primary endpoint at Week 48  
Mean change in BCVA (non-inferiority)

**End of study at Week 96**  
with optional 1-year extension through Week 156

<sup>a</sup>Treatment naïve and previously treated.  
BCVA, best-corrected visual acuity; DME, diabetic macular edema.

# Key Eligibility Criteria

## Inclusion Criteria

- Adults ( $\geq 18$  years of age) with type 1 or type 2 diabetes
- DME with central involvement with CRT  $\geq 300$   $\mu\text{m}$  (or  $\geq 320$   $\mu\text{m}$  on Spectralis) in the study eye as determined by the reading center
- BCVA of 78-24 letters (Snellen equivalent 20/32-20/320) with decreased vision due to DME

## Exclusion Criteria

- Active PDR in the study eye
- PRP or laser photocoagulation in the study eye within 12 weeks of screening visit
- IVT anti-VEGF treatment in the study eye within 12 weeks of screening visit
- Intraocular or periocular steroids in the study eye within 16 weeks of the screening visit

# PHOTON: Dosing Schedule and Dose Regimen Modification

Primary Endpoint

	Day 1	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48
2q8	X	X	X	X	X	o	X	o	X	o	X	o	X
8q12	X	X	X	o	o <sup>a</sup>	X <sup>a</sup>	o	o	X <sup>a</sup>	o	o	X <sup>a</sup>	o
8q16	X	X	X	o	o <sup>a</sup>	o <sup>a</sup>	X <sup>a</sup>	o	o	o <sup>a</sup>	X <sup>a</sup>	o	o

	Week 52	Week 56	Week 60	Week 64	Week 68	Week 72	Week 76	Week 80	Week 84	Week 88	Week 92	Week 96
2q8	o	X	o	X	o	X	o	X	o	X	o	o
8q12	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o
8q16	o	X <sup>a, b</sup>	o	o	o	X <sup>a, b</sup>	o	o	o	X <sup>a, b</sup>	o	o

## <sup>a</sup>DRM: Interval Shortening During Years 1 and 2

- **Criteria for interval shortening:**
  - >10-letter loss in BCVA from Week 12 due to persistent or worsening DME **AND**
  - >50 μm increase in CRT from Week 12
- Patients who met DRM criteria had dosing intervals shortened to Q8 at **Weeks 16 and 20** or by 4-week increments from **Week 24**
  - The minimum interval was Q8

## <sup>b</sup>DRM: Interval Extension During Year 2

- **Criteria for interval extension:**
  - <5-letter loss in BCVA from Week 12 **AND**
  - CRT <300 μm (or <320 μm on Spectralis)
- Patients who met DRM criteria from **Weeks 52 through 96** had dosing intervals extended by 4-week increments
  - The maximum assigned interval was Q24

Figure does not reflect all dosing options once a patient's interval is shortened or extended. Stippled boxes = initial treatment phase; X = active injection; o = sham injection. DRM, dose regimen modification.

# Patient Disposition at Week 96

	2q8	8q12	8q16	Total
N (FAS/SAF)	167	328	163	658
Completion rate at Week 48 (%)	94.0%	91.2%	95.1%	92.9%
Completion rate at Week 96 (%)	83.2%	77.8%	84.8%	80.9%
Discontinuation rate at Week 96 (%)	16.8%	22.2%	15.2%	19.1%
Reasons for discontinuation (%)				
Consent withdrawal	5.4%	5.2%	4.9%	5.2%
Death	5.4%	5.5%	3.0%	4.8%
Lost to follow-up	3.0%	5.8%	4.3%	4.7%
Decision by the investigator	1.2%	2.7%	1.8%	2.1%
Adverse event	0.6%	2.7%	1.2%	1.8%
Noncompliance with protocol	1.2%	0.3%	0	0.5%

# Baseline Demographics

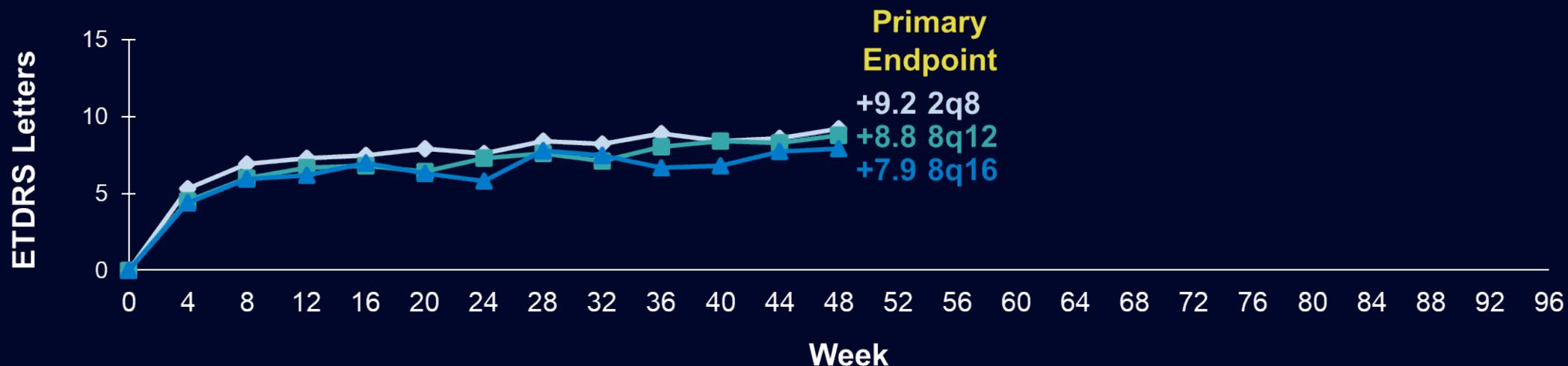
	2q8	8q12	8q16	Total
N (FAS/SAF)	167	328	163	658
Age (years)	63.0 (9.8)	62.1 (11.1)	61.9 (9.5)	62.3 (10.4)
Female (%)	44.9%	36.0%	39.3%	39.1%
Race (%)				
White	67.1%	70.4%	78.5%	71.6%
Black or African American	10.8%	10.7%	5.5%	9.4%
Asian	18.0%	14.6%	14.1%	15.3%
Other	2.4%	3.0%	0.6%	2.4%
Not reported	1.8%	1.2%	1.2%	1.4%
Hispanic or Latino (%)	18.6%	16.5%	20.9%	18.1%
Duration of diabetes (years)	15.9 (10.0)	15.1 (10.0)	15.7 (10.7)	15.5 (10.2)
Hemoglobin A1c (%)	8.1 (1.5)	7.9 (1.5)	7.8 (1.5)	8.0 (1.5)
History of hypertension (%)	77.8%	77.4%	79.8%	78.1%
BMI (kg/m <sup>2</sup> )	29.9 (6.5)	30.4 (6.2)	31.0 (6.1)	30.5 (6.2)

Data are mean (SD) unless otherwise indicated.  
 BMI, body mass index; FAS, full analysis set; SAF, safety analysis set; SD, standard deviation.

# Baseline Characteristics of the Study Eye

	2q8	8q12	8q16	Total
N (FAS/SAF)	167	328	163	658
BCVA (ETDRS letters)	61.5 (11.2)	63.6 (10.1)	61.4 (11.8)	62.5 (10.9)
Snellen equivalent	20/63	20/50	20/63	20/63
20/32 (>73 to 78 letters)	12.0%	18.0%	14.1%	15.5%
20/40 or worse (≤73 letters)	88.0%	82.0%	85.9%	84.5%
CRT (μm)	457.2 (144.0)	449.1 (127.4)	460.3 (117.8)	454.0 (129.5)
Prior treatment for DME (%)	44.3%	43.6%	43.6%	43.8%
DRSS categories (%)				
Better or equal to Level 43	62.9%	60.1%	65.6%	62.2%
Level 47 or worse	31.7%	34.5%	28.2%	32.4%
Missing/Ungradable	5.4%	5.5%	6.1%	5.6%

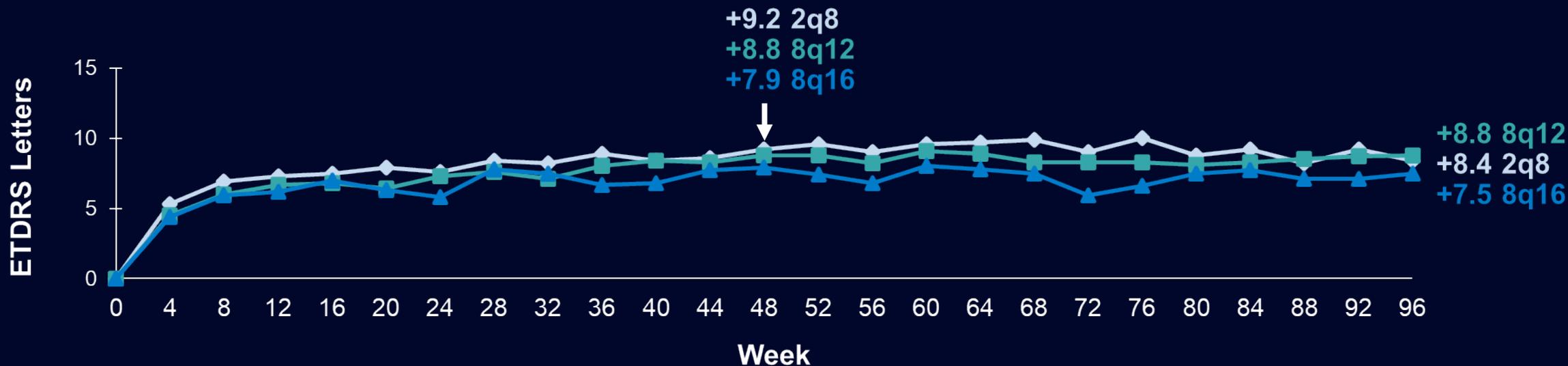
# Mean Change in BCVA at Week 96



	LS mean change from BL at <b>Week 48</b> (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for non-inferiority at 4-letter margin
<b>2q8</b>	8.7			
<b>8q12</b>	8.1	<b>-0.6</b>	<b>-2.3, 1.1</b>	<b>p &lt; 0.0001</b>
<b>8q16</b>	7.2	<b>-1.4</b>	<b>-3.3, 0.4</b>	<b>p = 0.0031</b>

Data shown in the figure represent observed values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline). BL, baseline; ICE, intercurrent event; LS, least squares; MMRM, mixed model for repeated measures.

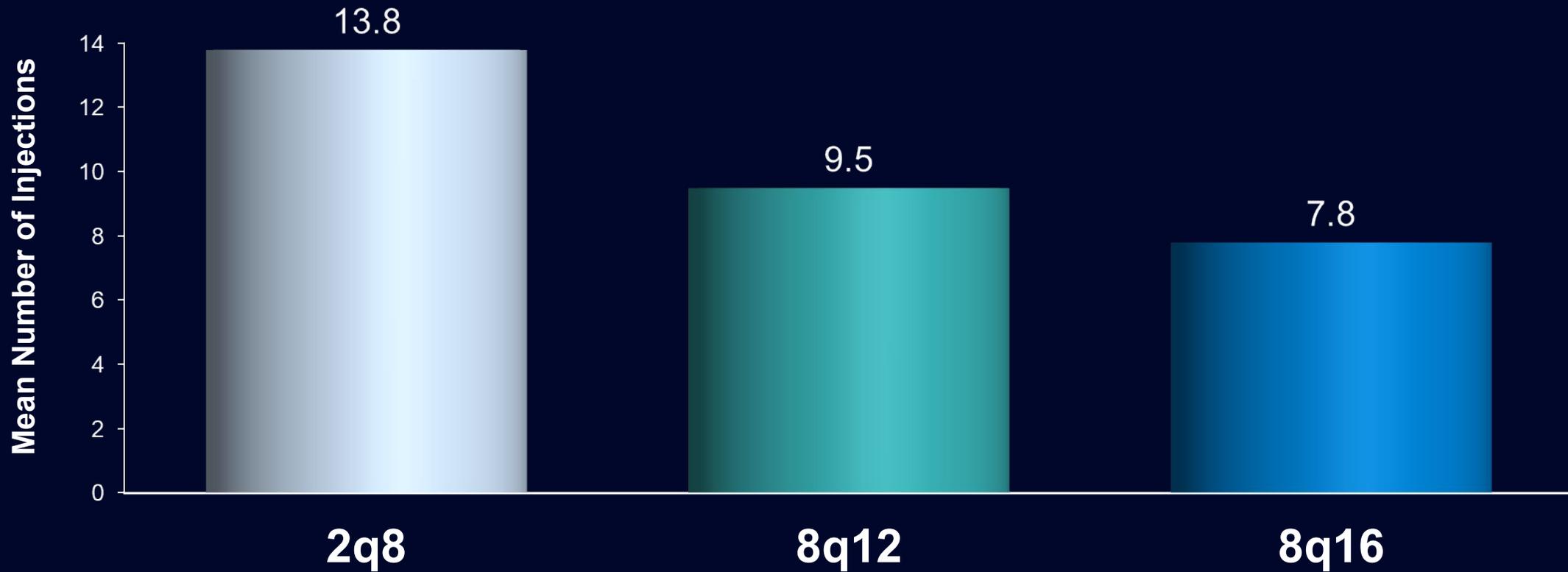
# Mean Change in BCVA at Week 96



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<b>2q8</b>	7.7			
<b>8q12</b>	8.2	<b>+0.5</b>	<b>-1.6, 2.5</b>	<b>p &lt; 0.0001</b>
<b>8q16</b>	6.6	<b>-1.1</b>	<b>-3.3, 1.1</b>	<b>p = 0.0044</b>

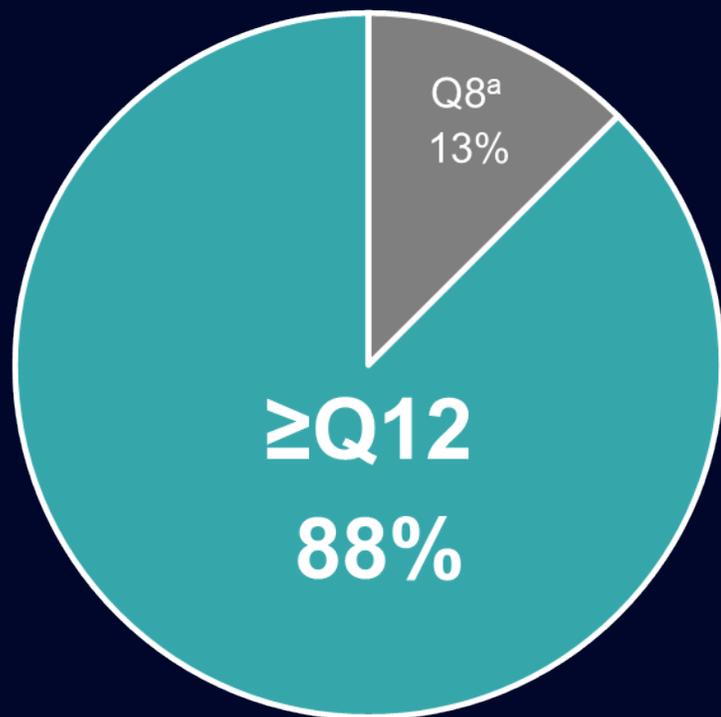
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BL, baseline; ICE, intercurrent event; LS, least squares; MMRM, mixed model for repeated measures.

# Mean Number of Injections Through Week 96

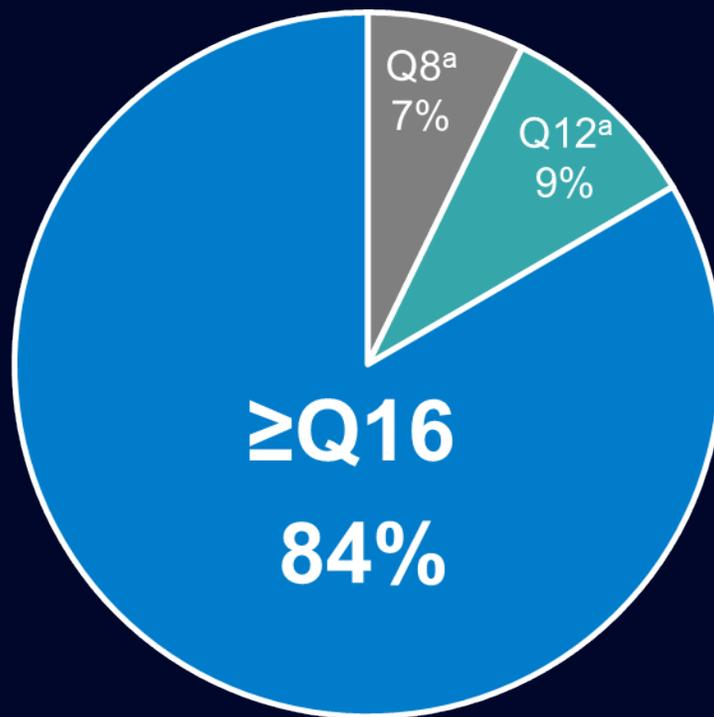


# Large Majority of Aflibercept 8 mg Patients Maintained Randomized Intervals Through Week 96

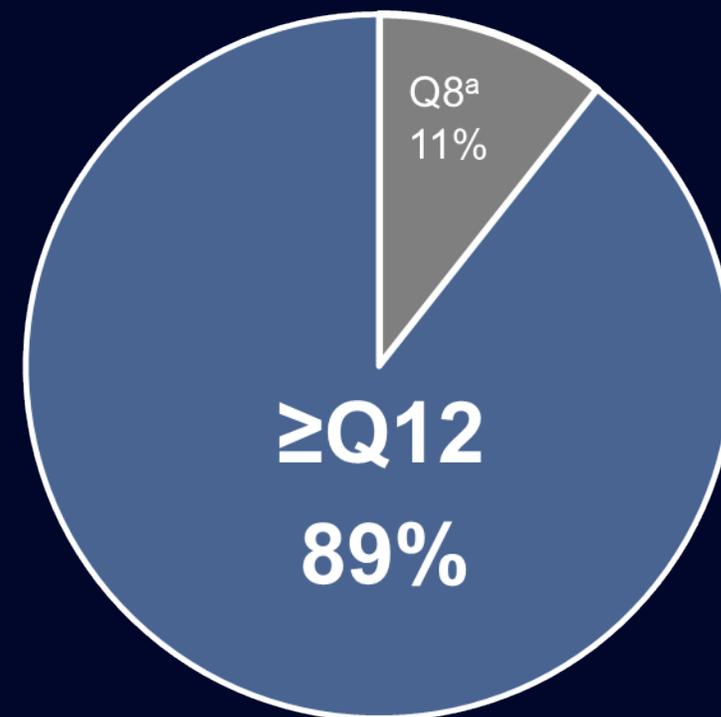
**89%** of 8 mg patients maintained dosing intervals  $\geq 12$  weeks



Randomized to **8q12** at BL  
(n=256)<sup>b</sup>



Randomized to **8q16** at BL  
(n=139)<sup>b</sup>



All 8 mg  
(n=395)<sup>b</sup>

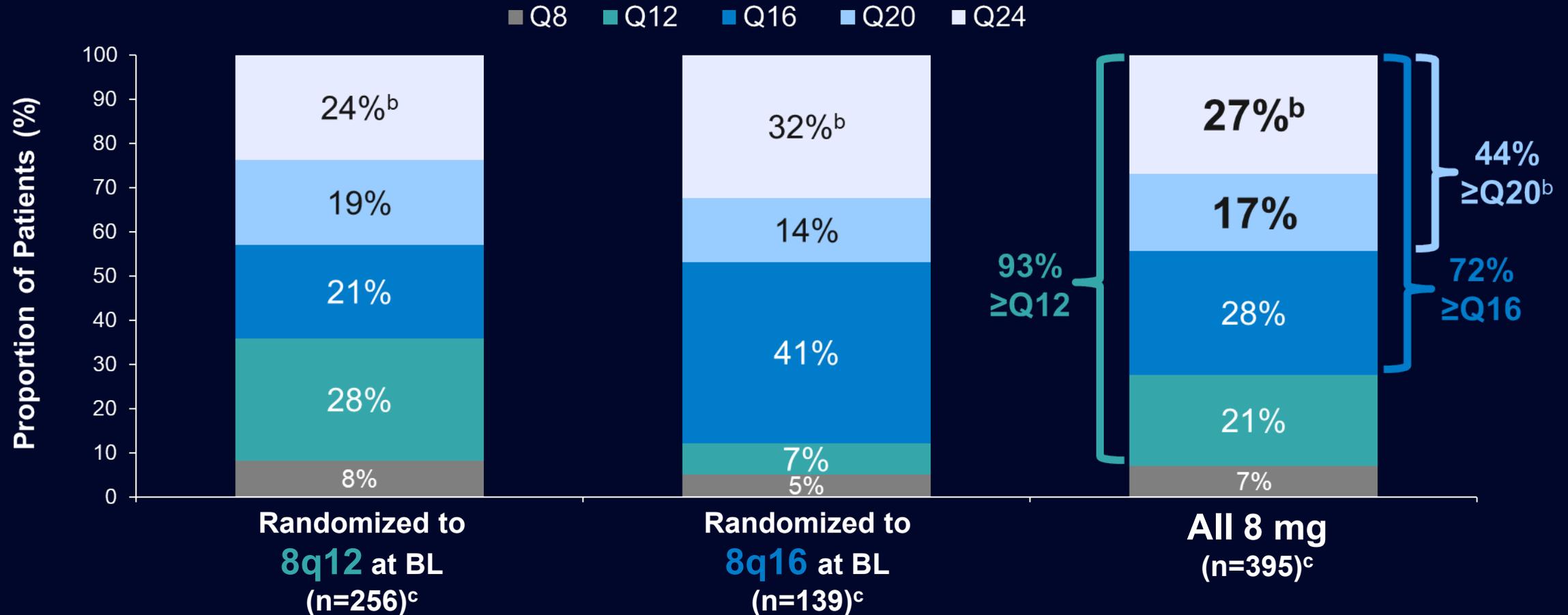
<sup>a</sup>Patients met DRM criteria for dosing interval shortening at some point through Week 96.

<sup>b</sup>Patients completing Week 96.

Values may not add up to 100% due to rounding.

# Last Assigned Dosing Interval at Week 96

**44%** of 8 mg patients had assigned dosing intervals of  $\geq 20$  weeks at Week 96<sup>a</sup>



<sup>a</sup>Dosing intervals were extended in Year 2 if patients had  $< 5$ -letter loss in BCVA from Week 12 **AND** CRT  $< 300 \mu\text{m}$  (or  $< 320 \mu\text{m}$  on Spectralis).

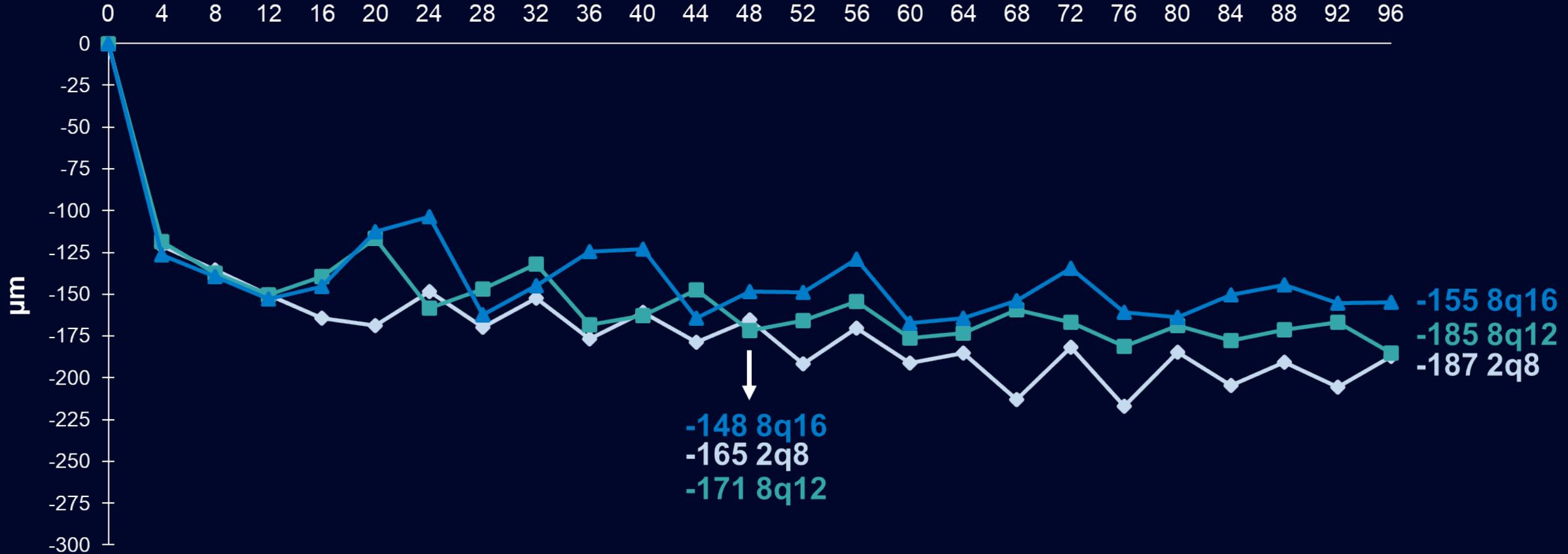
<sup>b</sup>Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but did not have enough time to complete the interval within the 96-week study period.

<sup>c</sup>Patients completing Week 96.

Values may not add up to 100% due to rounding.

# Mean Change in Central Retinal Thickness

Week



# Ocular AEs Through Week 96

	2q8	8q12	8q16	All 8 mg
N (SAF)	167	328	163	491
Patients with $\geq 1$ AE (%) <sup>a</sup>	37.1%	43.9%	45.4%	44.4%

- Ocular AEs occurring in  $\geq 5\%$  of patients in any treatment group were cataract, vitreous floaters, and conjunctival hemorrhage
- No cases of ischemic optic neuropathy were reported through Week 96

<sup>a</sup>Ocular treatment-emergent AEs in the study eye.  
AE, adverse event.

# Intraocular Inflammation Through Week 96

	2q8	8q12	8q16	All 8 mg
N (SAF)	167	328	163	491
Patients with $\geq 1$ IOI AE (%) <sup>a</sup>	1.2%	1.5%	0.6%	1.2%

- Reported IOI terms were anterior chamber cell, iridocyclitis, iritis, uveitis, vitreal cells, and vitritis
- No cases of retinal vasculitis, occlusive retinitis, or endophthalmitis were reported through Week 96

<sup>a</sup>Treatment-emergent events in the study eye.  
IOI, intraocular inflammation.

# Intraocular Pressure Through Week 96

	2q8	8q12	8q16	All 8 mg
N (SAF)	167	328	163	491
Patients with IOP $\geq$ 35 mmHg at any time pre- or post-injection (%) <sup>a</sup>	1.2%	0.6%	0	0.4%

- Mean changes from baseline in pre-dose IOP did not exceed  $\pm$ 1 mmHg at any timepoint through Week 96 in any treatment group

<sup>a</sup>IOP was measured in the study eye.  
IOP, intraocular pressure.

# Non-ocular Safety Through Week 96

	2q8	8q12	8q16	All 8 mg
N (SAF)	167	328	163	491
APT <sub>C</sub> events <sup>a</sup> (%)	7.2%	6.7%	6.7%	6.7%
Hypertension events <sup>a</sup> (%)	16.2%	15.5%	20.9%	17.3%
Non-ocular SAEs <sup>a</sup> (%)	25.1%	22.9%	23.9%	23.2%
Deaths <sup>b</sup> (%)	5.4%	5.5%	3.1%	4.7%

<sup>a</sup>Treatment-emergent events.

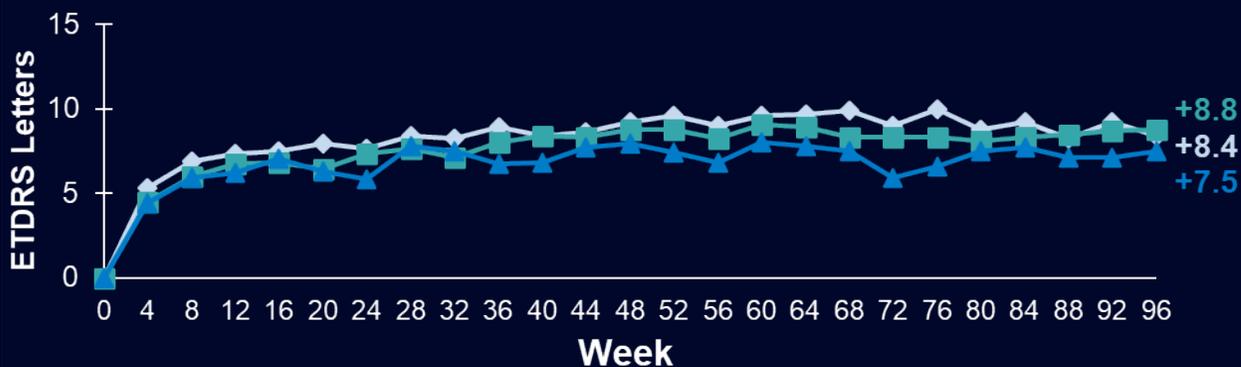
<sup>b</sup>All events.

APT<sub>C</sub>, Anti-Platelet Trialists' Collaboration; SAE, serious adverse events.

# PHOTON: 96-week Results

- 8q12 and 8q16 groups had non-inferior BCVA compared to 2q8 at Week 96, with up to 6 fewer injections
- Through Week 96, 89% of 8 mg patients maintained  $\geq 12$ -week dosing intervals
- Safety of aflibercept 8 mg was comparable to that of aflibercept 2 mg over 96 weeks

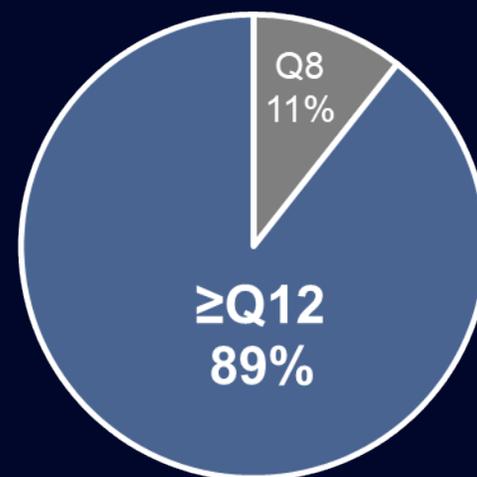
**BCVA Change From Baseline<sup>a</sup>**



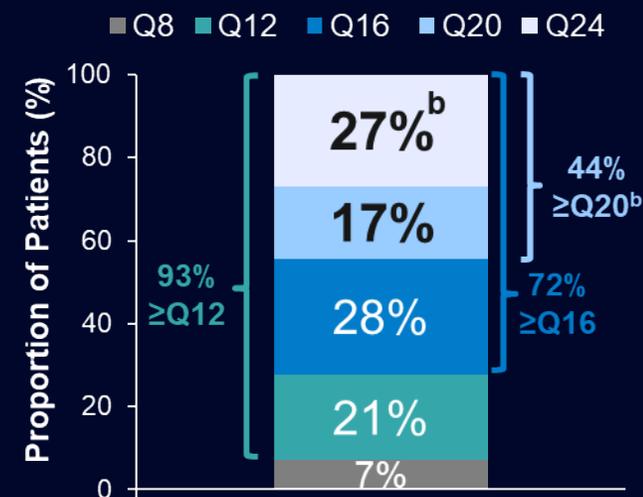
	LS mean change from BL at Week 96 (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for NI at 4-letter margin
2q8	7.7			
8q12	8.2	+0.5	-1.6, 2.5	$p < 0.0001$
8q16	6.6	-1.1	-3.3, 1.1	$p = 0.0044$

**89%** of 8 mg patients *maintained*  $\geq 12$ -week intervals through Week 96

**44%** of 8 mg patients had *assigned* intervals of  $\geq 20$  weeks at Week 96



**All 8 mg**  
(n=395)<sup>c</sup>



**All 8 mg**  
(n=395)<sup>c</sup>

<sup>a</sup>Observed values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline).

<sup>b</sup>Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but did not have enough time to complete the interval within the 96-week study period.

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NI, non-inferiority.