

# Intravitreal Aflibercept 8 mg Injection in Patients with Neovascular Age-Related Macular Degeneration: 48-Week Results from the Phase 3 PULSAR Trial

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nAMC

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<sup>\*</sup> This slide has been added for purposes of posting this presentation on Regeneron's website.

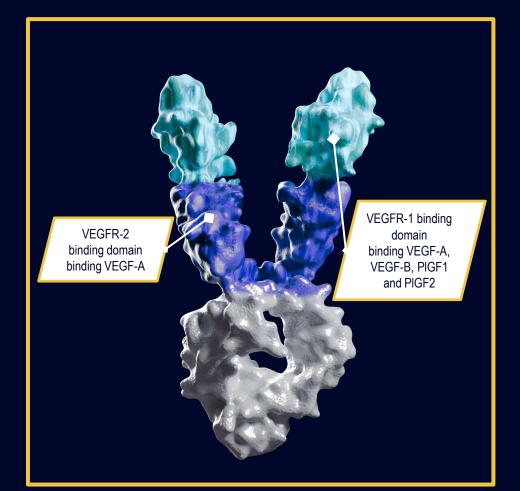
#### **Disclosures**



- Jean-François Korobelnik is a consultant for Allergan-AbbVie, Apellis, Bayer,
   Janssen, NanoRetina, Novo Nordisk, Roche, Thea, Carl Zeiss Meditec
- The PULSAR study was sponsored by Bayer AG (Leverkusen, Germany) and cofunded by Regeneron Pharmaceuticals, Inc. (Tarrytown, NY, USA). The sponsor 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
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#### **Characteristics of Aflibercept 8 mg**





- Novel intravitreal formulation delivers 8 mg in 70 μL injection (114.3 mg/mL)
- ➤ 4-times higher molar dose compared to aflibercept 2 mg is hypothesized to provide longer effective vitreal concentrations and enable a more sustained effect on VEGF signaling

Here, we present the results of the ongoing, randomized, double-masked, 96-week, **Phase 3 PULSAR trial in patients with treatment-naïve nAMD** 

### **PULSAR Study Design**



Multicenter, randomized, double-masked study in patients with treatment-naïve nAMD Randomized at baseline 1 (2q8) : 1 (8q12) : 1 (8q16)

2q8
Aflibercept 2 mg every 8 weeks after 3 initial monthly injections n=336

Aflibercept 8 mg every 12 weeks after 3 initial monthly injections n=335

8q16
Aflibercept 8 mg every 16 weeks after 3 initial monthly injections n=338

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

Key secondary endpoint at Week 16
Proportion of patients without IRF and SRF in the center subfield

**End of study at Week 96** 

#### **PULSAR Study Sites**



#### Global study conducted in 223 sites in 26 countries



#### **PULSAR: Dosing Schedule in Year 1**



	Day 1	Wk 4	Wk 8	Wk 12	Wk 16	Wk 20	Wk 24	Wk 28	Wk 32	Wk 36	Wk 40	Wk 44	Wk 48
2q8	X	x	x		X	0	X	0	X	0	X	0	Х
8q12	х	х	х		0	Х	0	0	X	0	0	X	0
8q16	Х	Х	Х		0	0	X	0	0	0	X	0	0

#### DRM in Year 1

- Weeks 16 or 20: patients on 8q12 or 8q16 and meeting DRM criteria had treatment interval shortened to q8
- Week 24: patients on 8q16 and meeting DRM criteria had treatment interval shortened to q12
- Subsequent dosing visits: patients on 8 mg and meeting DRM criteria had treatment interval shortened by 4 weeks
- Minimum interval for all patients was q8

#### DRM criteria for dosing interval shortening

>5-letter loss in BCVA from Week 12 BCVA due to persistent or worsening nAMD

#### **AND**

>25 µm increase in CRT from Week 12 or new onset foveal neovascularization or foveal hemorrhage

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2q8	X	х	x		X	0	X	0	X	0	X	0	Х
8q12	x	х	х		0	X	0	O	X	0	0	X	0
8q16	Х	х	х		0	0	X	0	0	О	Х	0	0

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#### **Key Inclusion/Exclusion Criteria**



#### **Inclusion Criteria**

- Men or women ≥50 years of age with treatment-naïve nAMD
- Active subfoveal CNV, with a total area
   >50% of the total lesion area in the study eye
- Presence of IRF and/or SRF fluid in the central subfield on OCT
- BCVA of 78–24 letters (Snellen equivalent 20/32–20/320) with decreased vision due to nAMD

#### **Exclusion Criteria**

- Diabetic retinopathy, diabetic macular edema, or any retinal vascular disease other than nAMD in either eye
- Retinal pigment epithelial tears or rips, scar, fibrosis, or atrophy involving the central subfield in the study eye
- Uncontrolled glaucoma (IOP >25 mmHg despite anti-glaucoma medication) in the study eye
- Extra/periocular infection or inflammation in either eye at screening/randomization
- Uncontrolled blood pressure (SBP >160 mmHg or DBP >95 mmHg)

### **Patient Disposition at Week 48**



	<b>2</b> q8	8q12	8q16	Total
# Randomized	337	336	338	1011
# Treated	99.7%	99.7%	100%	99.8%
# Completing Week 48	92.3%	94.6%	92.9%	93.3%
# Discontinued before Week 48	7.4%	5.1%	7.1%	6.5%
Reasons for discontinuation				
Withdrawal by subject	1.8%	1.5%	3.8%	2.4%
Adverse events	1.5%	0.6%	1.2%	1.1%
Death	1.5%	0.9%	0.3%	0.9%
COVID-19 related	0.6%	0.6%	0.6%	0.6%
Physician decision	0.3%	0.6%	0.6%	0.5%
Other <sup>a</sup>	1.8%	0.9%	0.6%	1.1%

<sup>&</sup>lt;sup>a</sup>Includes 'lost to follow-up', 'lack of efficacy', and 'protocol deviation'. Categories were combined to maintain masking of individual patients.

## **Baseline Demographics**



	<b>2</b> q8	8q12	8q16	Total
N (FAS)	336	335	338	1009
Age (years)	74.2 (8.8)	74.7 (7.9)	74.5 (8.5)	74.5 (8.4)
Female (%)	56.0%	54.3%	53.3%	54.5%
Race (%)				
Asian	24.7%	22.1%	22.8%	23.2%
Black or African American	0.6%	0.6%	0	0.4%
White	74.1%	76.4%	76.9%	75.8%
Not reported	0.6%	0.6%	0.3%	0.5%
Hispanic or Latino (%)	3.6%	2.1%	2.7%	2.8%
Hypertension (%)	60.7%	66.3%	64.8%	63.9%

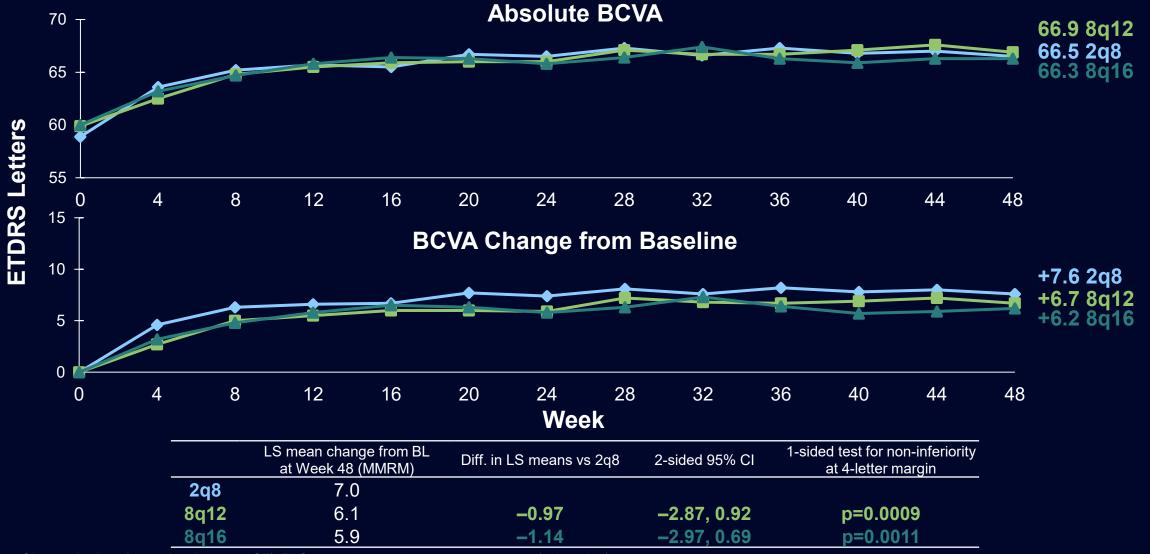
## **Baseline Characteristics of the Study Eye**



<b>2</b> q8	8q12	8q16	Total
336	335	338	1009
58.9 (14.0)	59.9 (13.4)	60.0 (12.4)	59.6 (13.3)
20/63	20/63	20/63	20/63
14.6%	12.5%	14.2%	13.8%
85.4%	87.5%	85.8%	86.2%
367 (134)	371 (124)	371 (133)	370 (130)
6.9 (5.4)	6.4 (5.1)	6.9 (5.7)	6.7 (5.4)
57.1%	58.8%	55.0%	57.0%
21.1%	21.2%	19.8%	20.7%
18.2%	16.7%	20.1%	18.3%
	336 58.9 (14.0) 20/63 14.6% 85.4% 367 (134) 6.9 (5.4) 57.1% 21.1%	336       335         58.9 (14.0)       59.9 (13.4)         20/63       20/63         14.6%       12.5%         85.4%       87.5%         367 (134)       371 (124)         6.9 (5.4)       6.4 (5.1)         57.1%       58.8%         21.1%       21.2%	336       335       338         58.9 (14.0)       59.9 (13.4)       60.0 (12.4)         20/63       20/63       20/63         14.6%       12.5%       14.2%         85.4%       87.5%       85.8%         367 (134)       371 (124)       371 (133)         6.9 (5.4)       6.4 (5.1)       6.9 (5.7)         57.1%       58.8%       55.0%         21.1%       21.2%       19.8%

## PULSAR: 48-Week BCVA Results Primary Endpoint Met in Both 8mg Groups

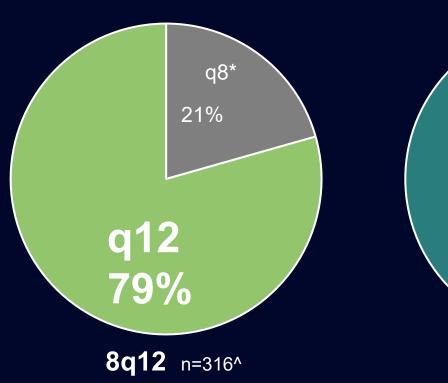


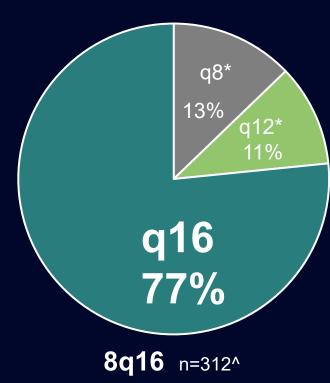


Observed values (censoring data post ICE); FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338 (at baseline). **ICE**, intercurrent events; **MMRM**, mixed model for repeated measurements.

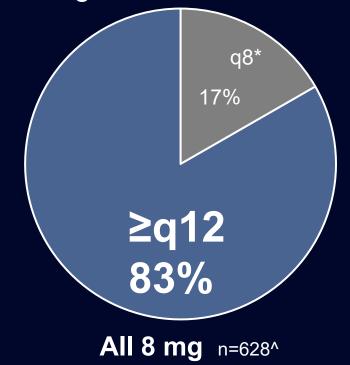
## Proportion of Patients Maintaining q12- and q16-Week Intervals Through Week 48







83% of 8 mg patients maintained dosing intervals ≥12 weeks



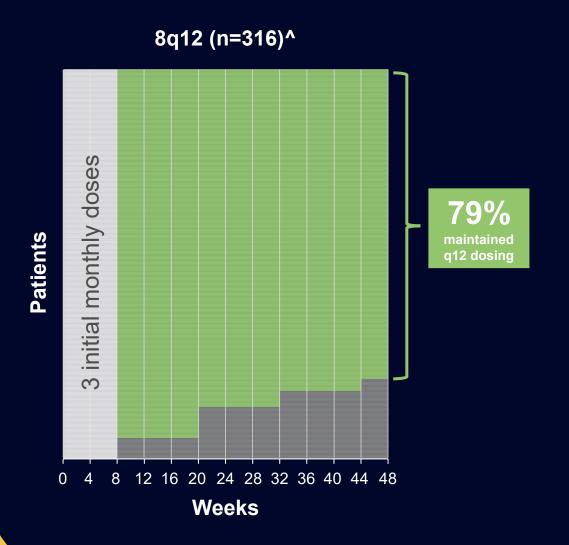
Values may not add to 100% due to rounding.

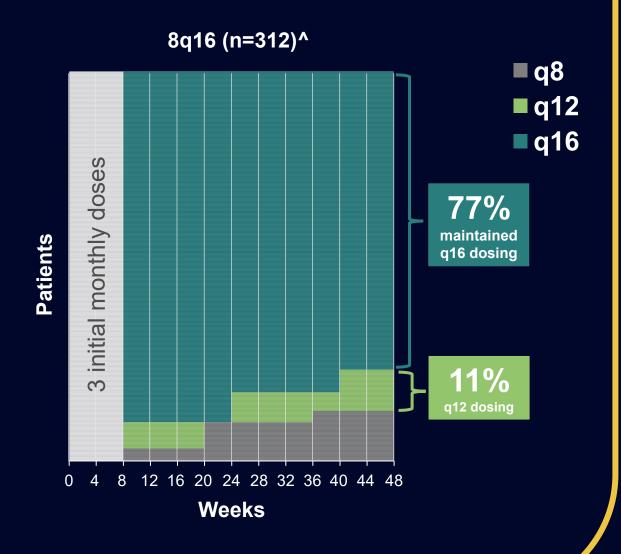
<sup>\*</sup>Patients shortened based on DRM assessments at some point through Week 48.

^Patients completing Week 48.

## Proportion of Patients Maintaining q12- and q16-Week Intervals Through Week 48



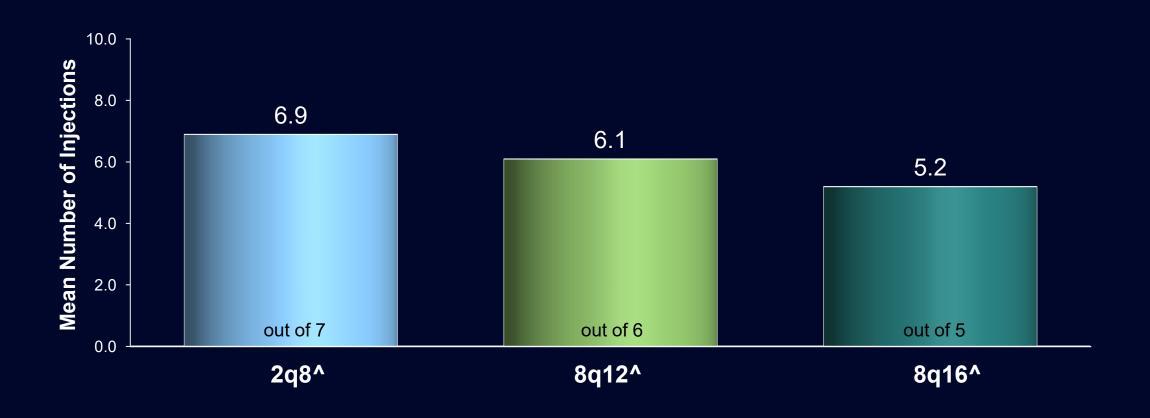




<sup>\*</sup>Patients shortened based on DRM assessments at some point through Week 48. ^Patients completing Week 48.

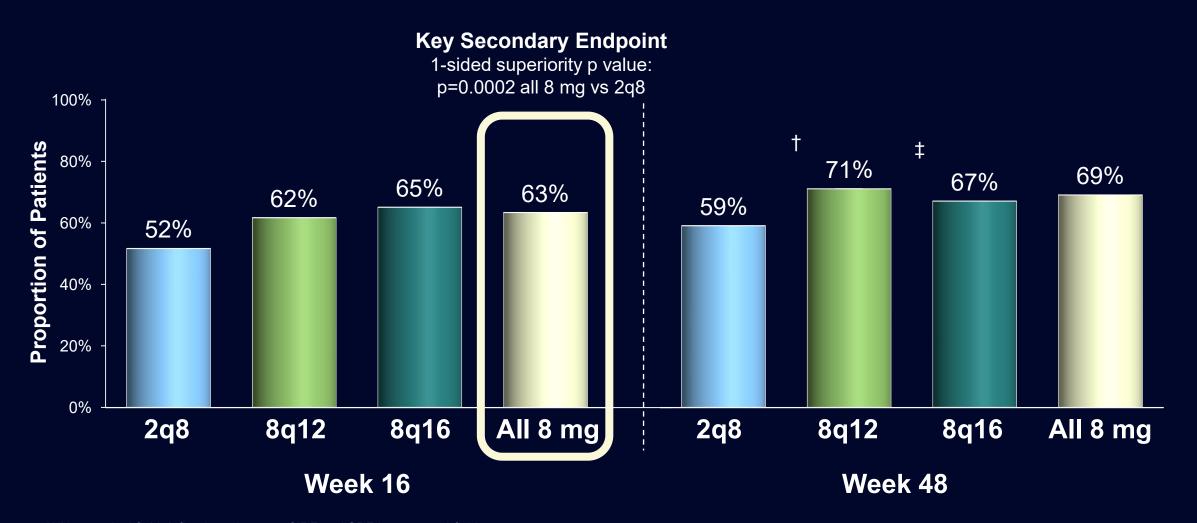
### Mean Number of Injections through Week 48





## Proportion of Patients Without Retinal Fluid in Center Subfield at Weeks 16 and 48



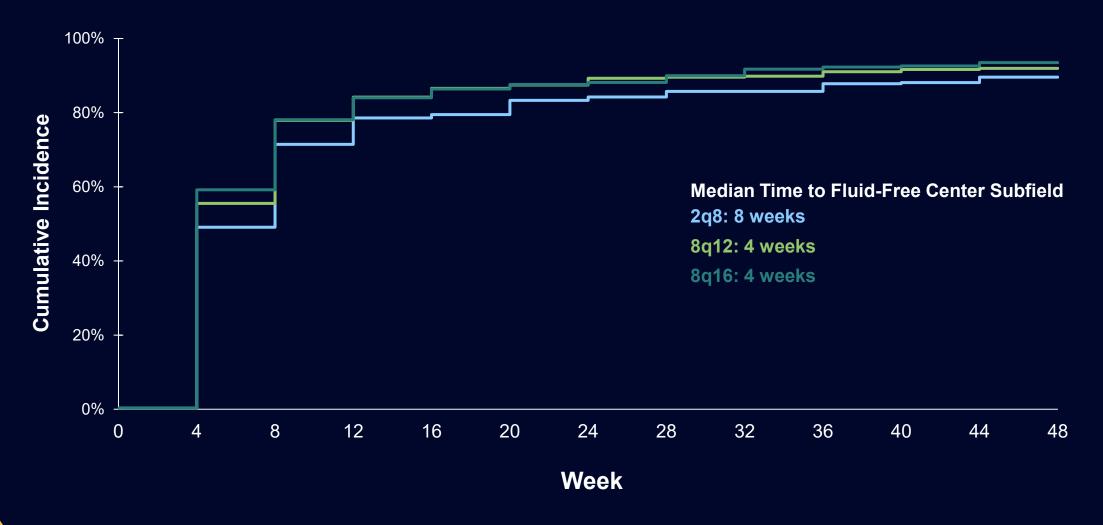


Without retinal fluid defined as absence of IRF and SRF in center subfield. LOCF (censoring data post ICE); FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338. 

†p=0.0015 8q12 vs 2q8; †p=0.0458 8q16 vs 2q8.

#### Time to a Fluid-Free Center Subfield



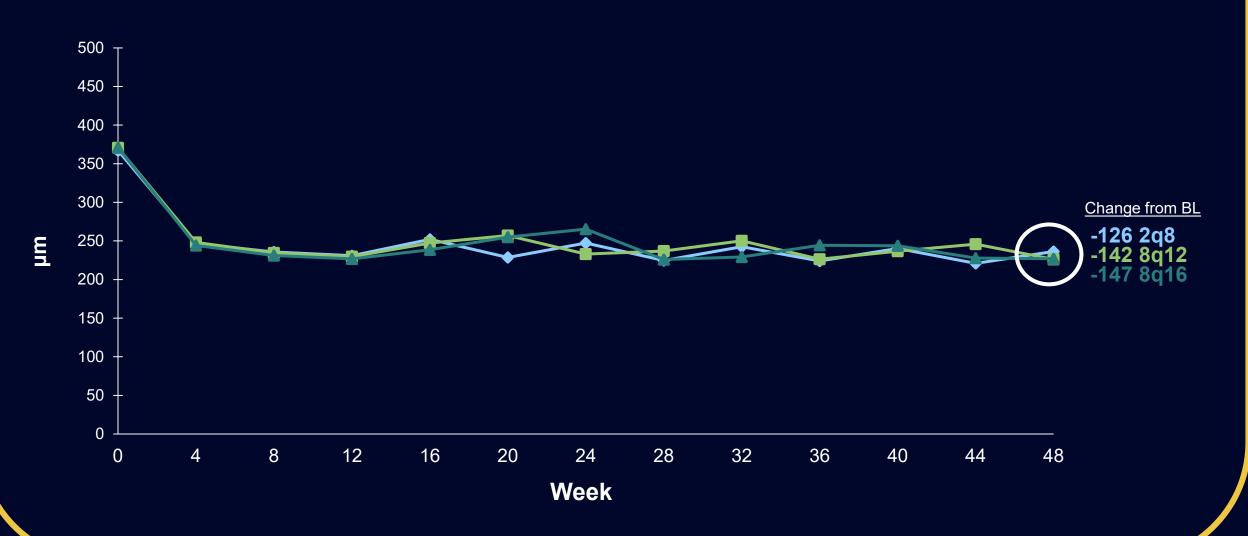


Time to fluid-free retina is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that).

FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.

#### **Central Retinal Thickness**





### Most Frequent Ocular AEs Through Week 48



	<b>2</b> q8	8q12	8q16	All 8 mg
N (SAF)	336	335	338	673
Patients with ≥ 1 AE (%)*	38.7%	38.5%	37.6%	38.0%
Cataract	3.0%	3.6%	3.6%	3.6%
Intraocular pressure increased	2.1%	3.3%	2.7%	3.0%
Retinal hemorrhage	4.2%	3.3%	3.0%	3.1%
Subretinal fluid	3.3%	3.0%	1.5%	2.2%
Visual acuity reduced	6.0%	3.6%	5.3%	4.5%
Vitreous floaters	3.3%	1.2%	3.6%	2.4%

<sup>\*</sup>Any ocular treatment-emergent event in the study eye. **AE**, adverse event; **SAE**, serious adverse event; **SAF**, safety analysis set.

#### **Intraocular Pressure Through Week 48**



	<b>2</b> q8	8q12	8q16	All 8 mg
N (SAF)	336	335	338	673
Patients with IOP ≥ 35 mmHg pre- or post-injection (%)	0.3%	0.9%	0.3%	0.6%

Pre-injection IOP values were similar to baseline values at all timepoints through Week 48

### Intraocular Inflammation Through Week 48



	2q8	8q12	8q16	All 8 mg
N (SAF)	336	335	338	673
Patients with ≥ 1 IOI AE (%)*	0.6%	1.2%	0.3%	0.7%

No cases of endophthalmitis or occlusive retinal vasculitis Reported IOI terms: chorioretinitis, iridocyclitis, iritis, vitreal cells, vitritis

\*Treatment-emergent events.

### Non-Ocular Safety Through Week 48



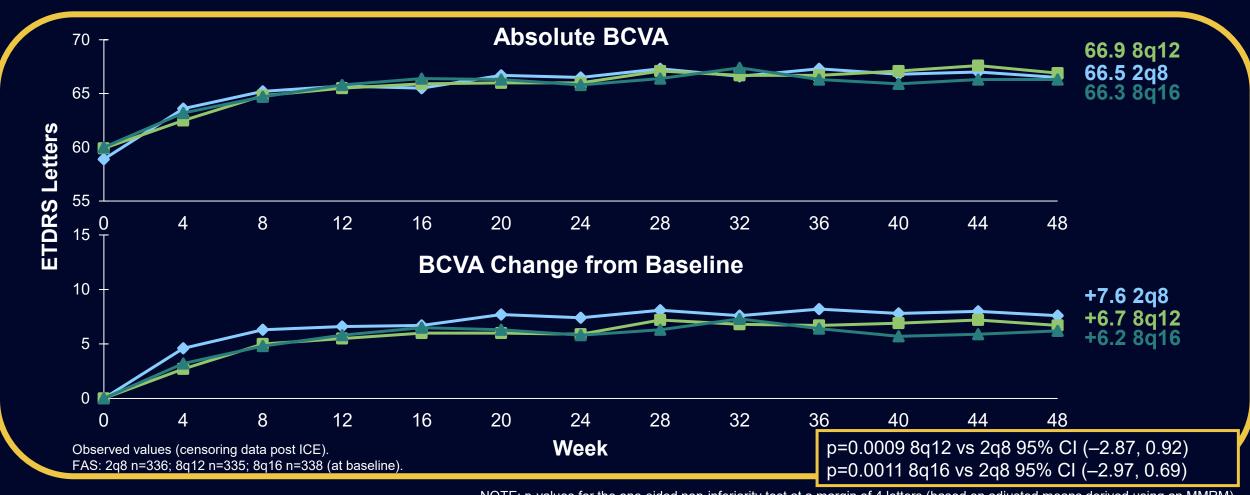
	<b>2</b> q8	8q12	8q16	All 8 mg
N (SAF)	336	335	338	673
Patients with ≥ 1 AE (%)				
APTC events*	1.5%	0.3%	0.6%	0.4%
Hypertension events*	3.6%	4.8%	4.7%	4.8%
Non-ocular SAEs*	13.7%	10.1%	9.5%	9.8%
Deaths^	1.5%	0.9%	0.3%	0.6%

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## PULSAR Summary: Primary and Key Secondary Endpoints Met

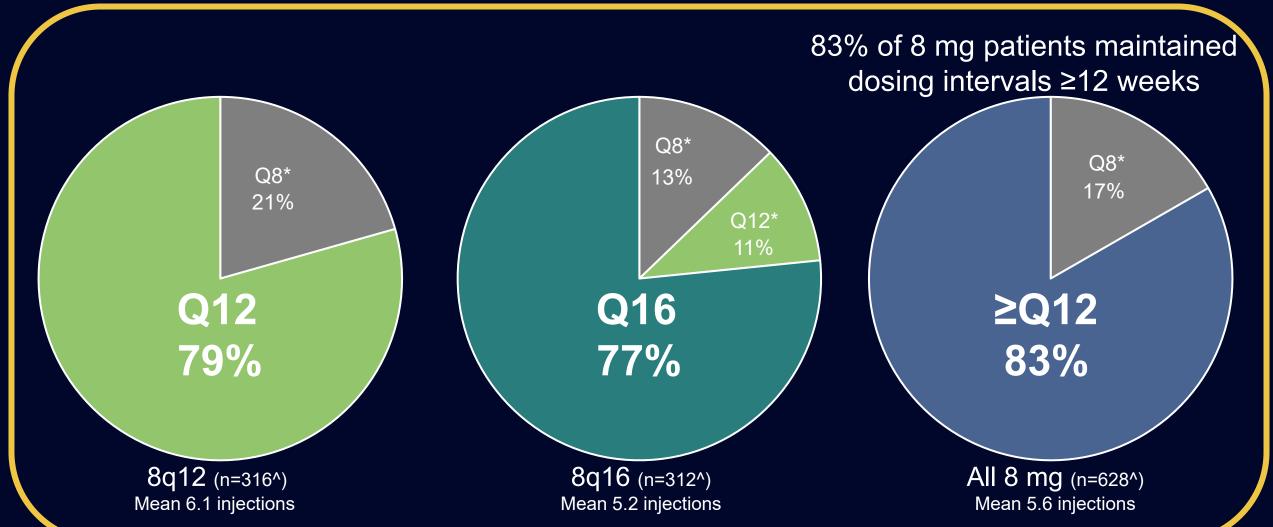


- 8q12 and 8q16 groups had non-inferior BCVA compared to 2q8 at Week 48
- 8q12 and 8q16 combined had superior drying compared to 2q8 at Week 16



## PULSAR: 48-Week Results Majority of 8 mg Patients Maintained Randomized Intervals





Values may not add to 100% due to rounding.

<sup>25</sup> 

#### **PULSAR: 48-Week Safety Results**



- Safety of aflibercept 8 mg consistent with the established safety profile of aflibercept 2 mg
- There were no new safety signals for aflibercept 8 mg or 2 mg and no cases of retinal vasculitis, occlusive retinitis or endophthalmitis
- There was no evidence of increased IOP with aflibercept 8 mg
- The incidence of APTC events was similar with aflibercept 8 mg and 2 mg