

# Outcomes of Anti-VEGF Therapy for Neovascular Age-Related Macular Degeneration in Routine Clinical Practice

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# Disclosures

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- Consulting: Regeneron, Genentech, Allergan, Visunex, Valeant, Spark
- Research funding: Regeneron, Genentech

# Dosing Approaches in Clinical Trials are Varied

## Quarterly

- PIER<sup>8</sup>
- SAILOR<sup>9</sup>
- EXCITE<sup>10</sup>

## PRN<sup>11,12</sup>

- HARBOR<sup>3</sup>
- CATT<sup>4</sup>
- RESOLVE<sup>13</sup>
- RESTORE<sup>14</sup>
- Protocol I<sup>15</sup>
- Protocol T<sup>16</sup>

## Treat-and-Extend<sup>11,12</sup>

- LUCAS<sup>17</sup>
- TREX<sup>18</sup>

## Monthly

- ANCHOR<sup>1</sup>
- MARINA<sup>2</sup>
- HARBOR<sup>3</sup>
- CATT<sup>4</sup>
- RISE/RIDE<sup>5</sup>
- VIEW 1/2<sup>6</sup>
- VISTA/VIVID<sup>7</sup>

## Bimonthly

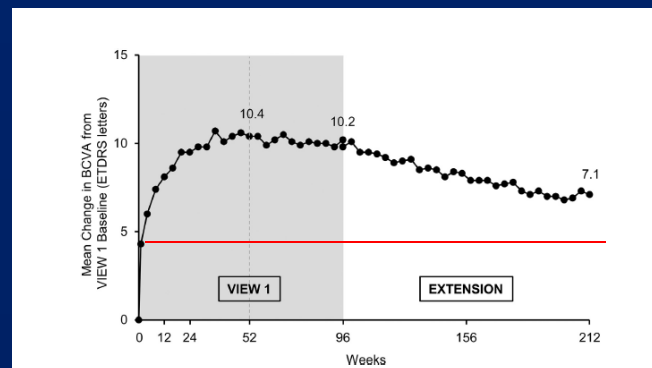
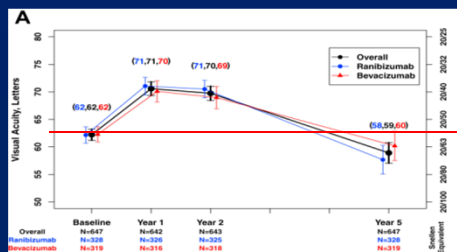
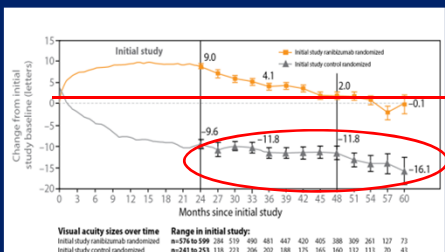
- VIEW 1/2<sup>6</sup>
- VISTA/VIVID<sup>7</sup>

1. Brown DM et al. *N Engl J Med.* 2006;355(14):1432-1444. 2. Rosenfeld PJ et al. *N Engl J Med.* 2006;355(14):1419-1431. 3. CATT Research Group. *N Engl J Med.* 2011;364(20):1897-1908. 4. Heier JS et al. *Ophthalmology.* 2012;119(12):2537-2548. 5. Nguyen QD et al. *Ophthalmology.* 2012;119(4):789-801. 6. Busbee BG et al. *Ophthalmology.* 2013;120(5):1046-1056. 7. Korobelnik J-F et al. *Ophthalmology.* 2014;121(11):2247-2254. 8. Wyckoff C et al. *Ophthalmology.* 2015;122(12):2514-2522. 9. Regillo CD et al. *Am J Ophthalmol.* 2008;145(2):239-248.e5. 10. Schmidt-Erfurth U et al. *Ophthalmology.* 2011;118(5):831-839. 11. Freund KB et al. *Retina.* 2015;35(8):1489-1506. 12. Mantel I. *Transl Vis Sci Technol.* 2015;4(3):6. 13. Boyer DS et al. *Ophthalmology.* 2009; 116(9):1731-1739. 14. Massin P et al. *Diabetes Care.* 2010;33(11):2399-2405. 15. Diabetic Retinopathy Clinical Research Network. *Ophthalmology.* 2010;117(6):1064-1077. 16. Mitchell P et al. *Ophthalmology.* 2011;118(4):615-625. 17. Diabetic Retinopathy Clinical Research Network. *N Engl J Med.* 2015;372(13):1193-1203. 18. Berg K et al. *Ophthalmology.* 2015;122(1):146-152.

# Long-term Trials in AMD Demonstrated that .....

**Deviation from Vision Stable During Results and Decline of Visual Acuity Over Time**

**And Vision Could Largely be Maintained When Patients with Wet AMD Were Treated Consistently**



HORIZON	
Dosing Regimen in Extension Phase	PRN
Mean Number of Injections	
Year 3	2.2**
Year 4	2.0**

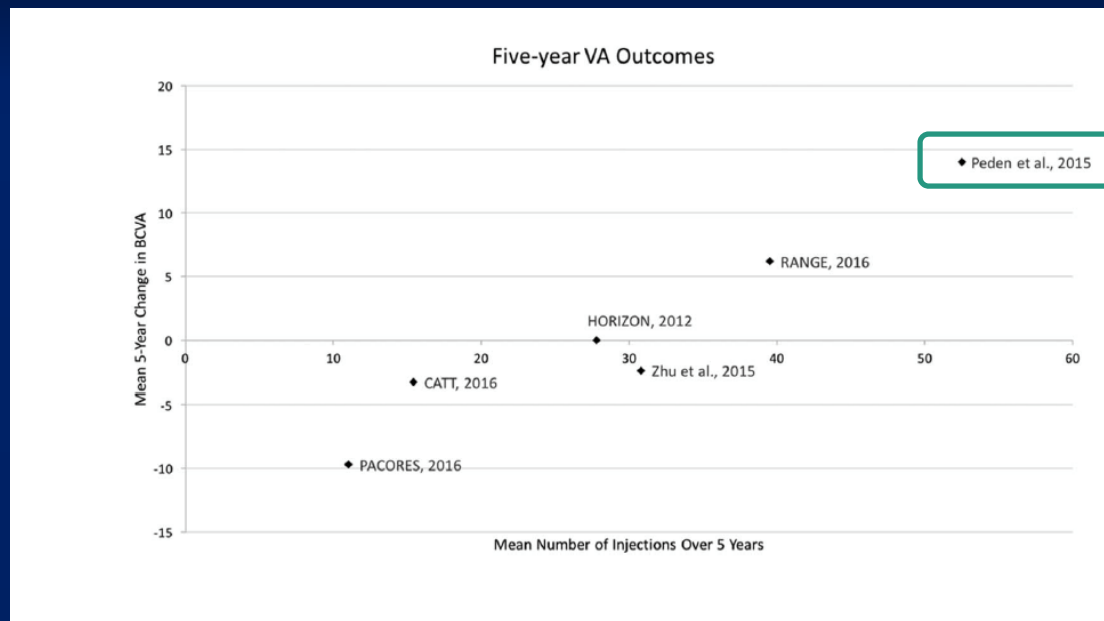
CATT	
Dosing Regimen in Extension Phase	Investigator Determined
Mean Number of Injections	
Year 3	4.8
Year 4	4.5
Year 5	4.0

VIEW 1 Extension	
Dosing Regimen in Extension Phase	Modified Quarterly*
Mean Number of Injections	
Year 3	6.0
Year 4	5.5

\*\*Calculated from the cumulative injection total

All patients received IAI 2 mg on a modified quarterly dosing schedule until the amendment in June 2012 mandated q8 dosing  
\*Mandatory dosing at least every 12 weeks, up to monthly injections possible

# Five Year Visual Acuity Outcomes vs Injection Frequency in wAMD



Fixed q4/q8 weeks (10.5 injs/year)

*“The body of evidence to date regarding long-term anti-VEGF treatment indicates a variable course at greater than 36 months follow-up and seems to be dependent on the treatment protocol. Consistent dosing with fluid-free interval is suggested to maintain VA gains in patients with exudative age-related macular degeneration.”*

# **Analysis of Outcomes in Routine Clinical Practice**

# Study Design

- **Objective**

- To evaluate visual acuity outcomes following treatment neovascular AMD with intravitreal anti-VEGF agents in routine clinical practice through 2 years

- **Methods**

- Electronic medical record data\* collected from 251 Retina Specialists for patients with –
  - *Neovascular age-related macular degeneration*
- Anti-VEGF treatment naïve eyes
  - 1<sup>st</sup> anti-VEGF injection between January 1<sup>st</sup>, 2012 and April 30<sup>th</sup>, 2015
- Two subgroups evaluated –
  - *Group 1: ≤6 injections/year*
  - *Group 2: ≥7 injections/year*

\*Source: Vestrum Database

# Patient Selection

## Year 1

Assessed for eligibility  
*n* = 213,824

1<sup>st</sup> anti-VEGF between 01/01/12 – 04/30/15  
*n* = 26,943

VA reading on index date  
*n* = 22,638

No treatment break for >11  
months through year 1  
*n* = 21,148

VA reading at month 12  
*n* = 9,248

VA reading in all 4 quarters  
*n* = 8,131

Gender identified  
*n* = 8,127



# Baseline Characteristics

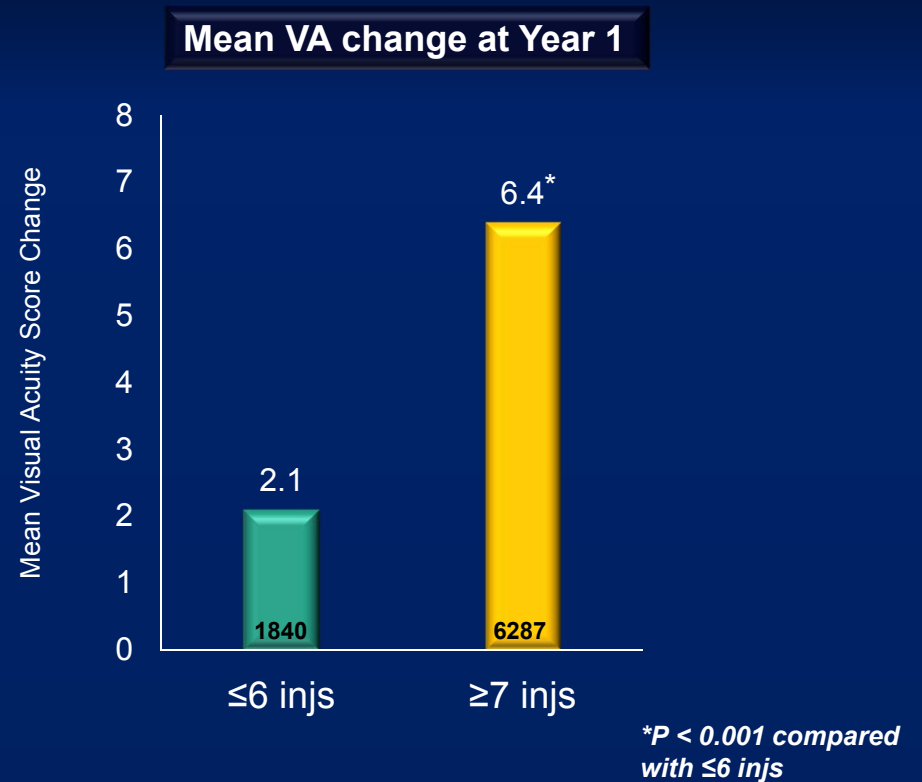
	Total (n=8127)	≤6 injections (n=1840)	≥7 injections (n=6287)
Mean Age, years	80	80	80
Female, %	64%	63%	65%
Mean VA, letters	65	61	66
Median VA, letters	74	72	74
VA Subgroups			
≥20/40	22%	23%	21%
<20/40 – 20/100	47%	39%	49%
<20/100 – 20/200	15%	13%	15%
<20/200	17%	24%	15%

Patients included in Year 1 analysis

# Mean Visual Acuity Change By Injection Subgroups (Year 1)

Subgroup	Mean BSL VA
≤6 injs (n=1840)	61
≥7 injs (n=6287)	66

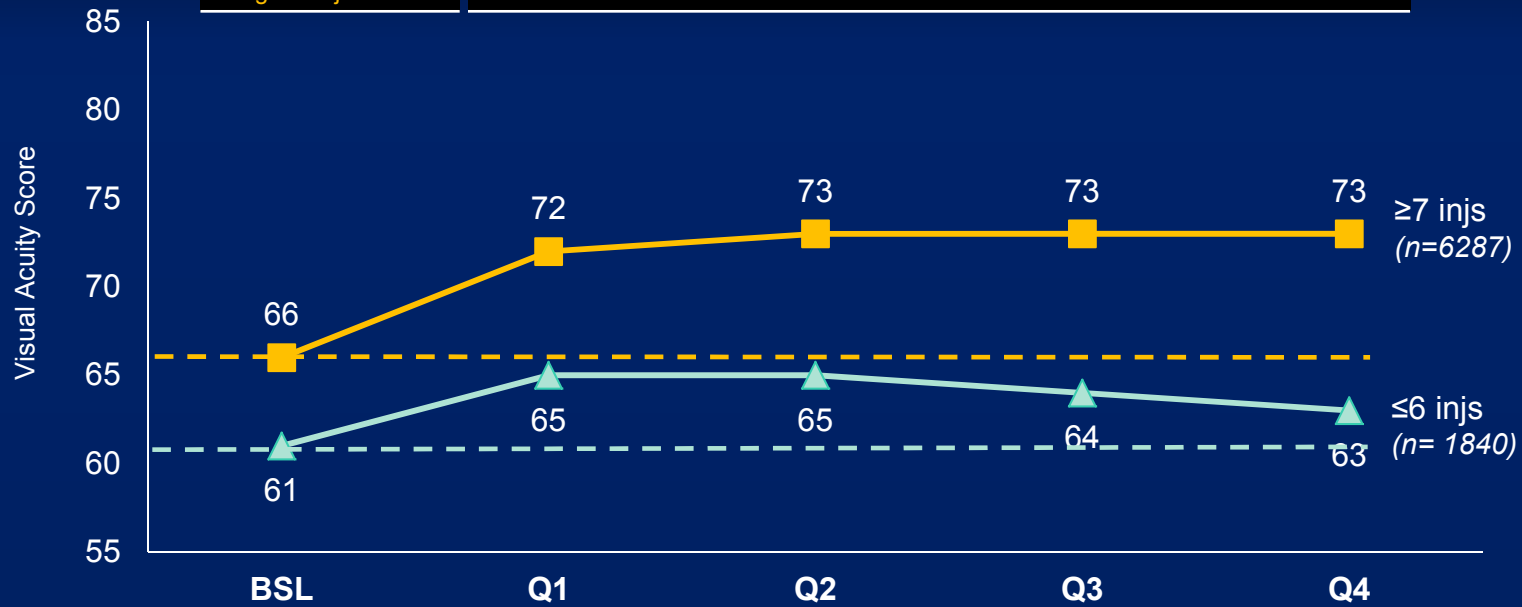
Subgroup	Mean Number of Injections
≤6 injs (n=1840)	4.5
≥7 injs (n=6287)	9.1



Visual acuity is reported in visual acuity score (VAS)

# Mean Visual Acuity by Injection Subgroups (Year 1)

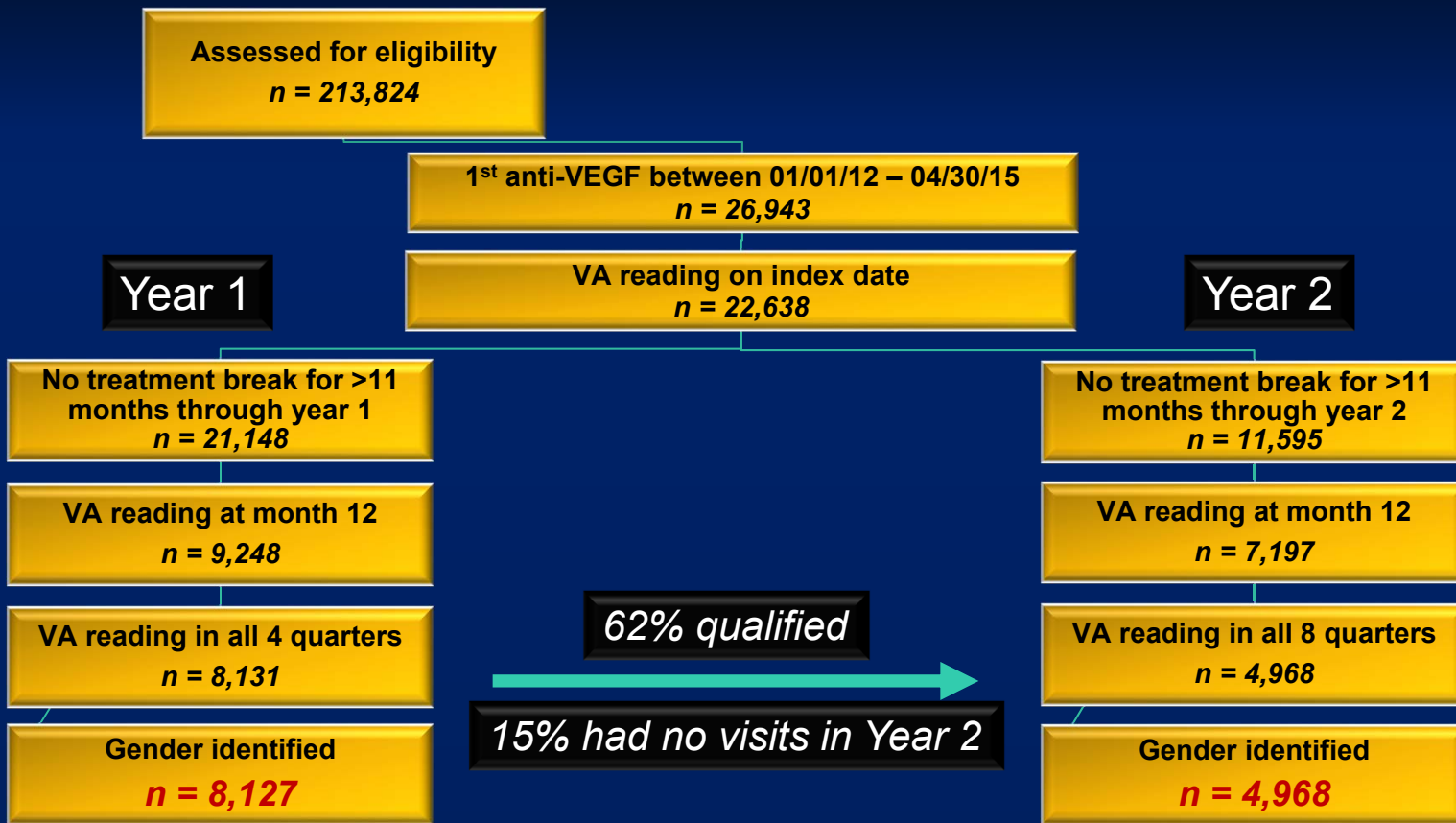
Mean # of Injections	3.1	2.1	1.9	2.0
Range of Injections	1-6	0-5	0-6	0-6



Mean # of Injections	2.4	0.8	0.6	0.7
Range of Injections	1-5	0-3	0-3	0-4

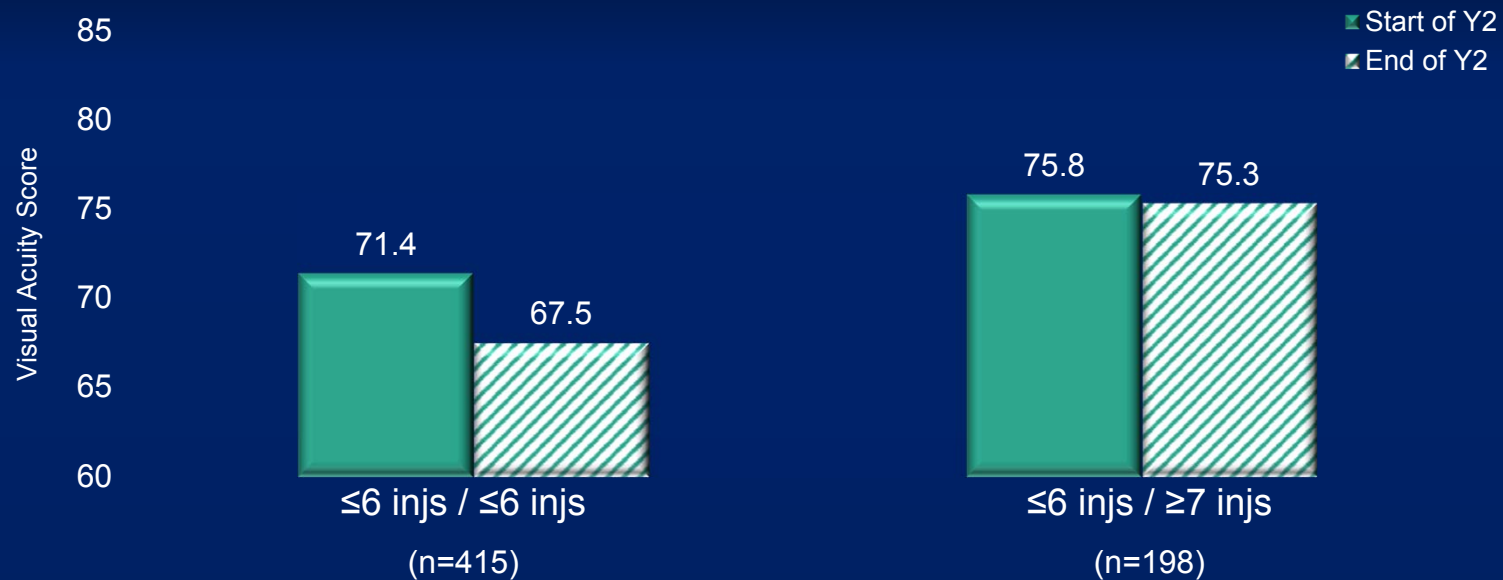
# Patient Selection

## Year 2



# Mean Visual Acuity by Injection Subgroups (Year 2)

## Patients Receiving $\leq 6$ injections in Year 1

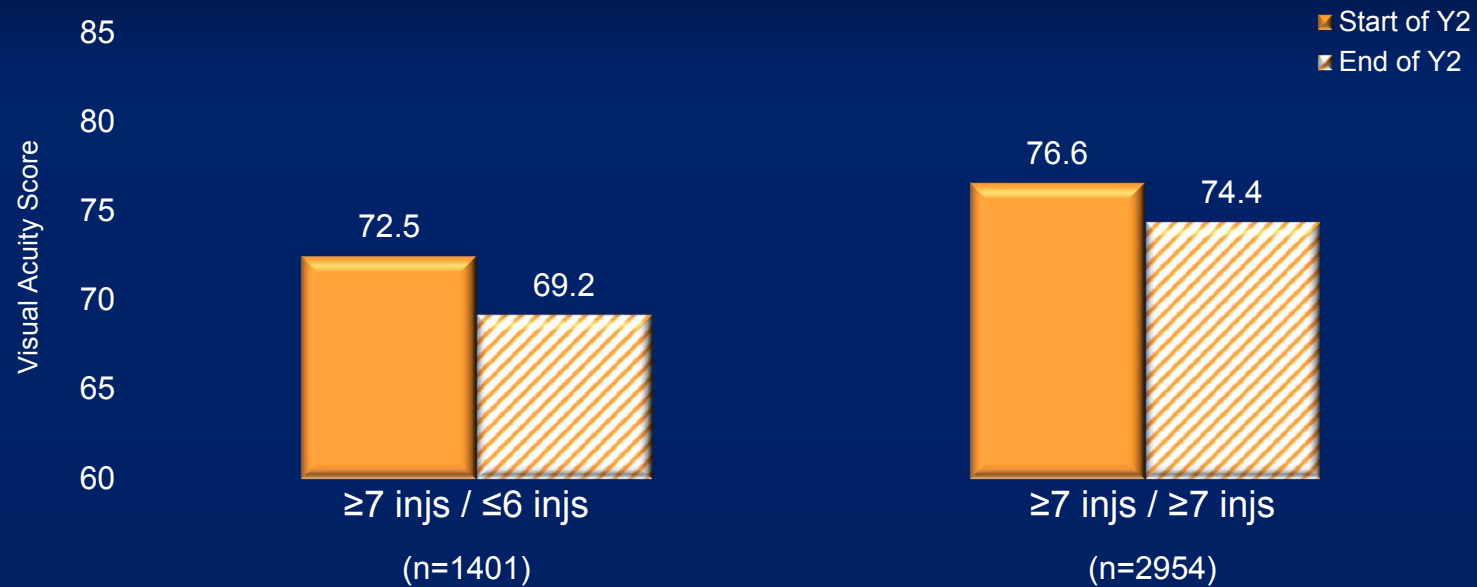


### Mean number of injections

Year 1	5.2	5.3
Year 2	4.4	8.2

# Mean Visual Acuity by Injection Subgroups (Year 2)

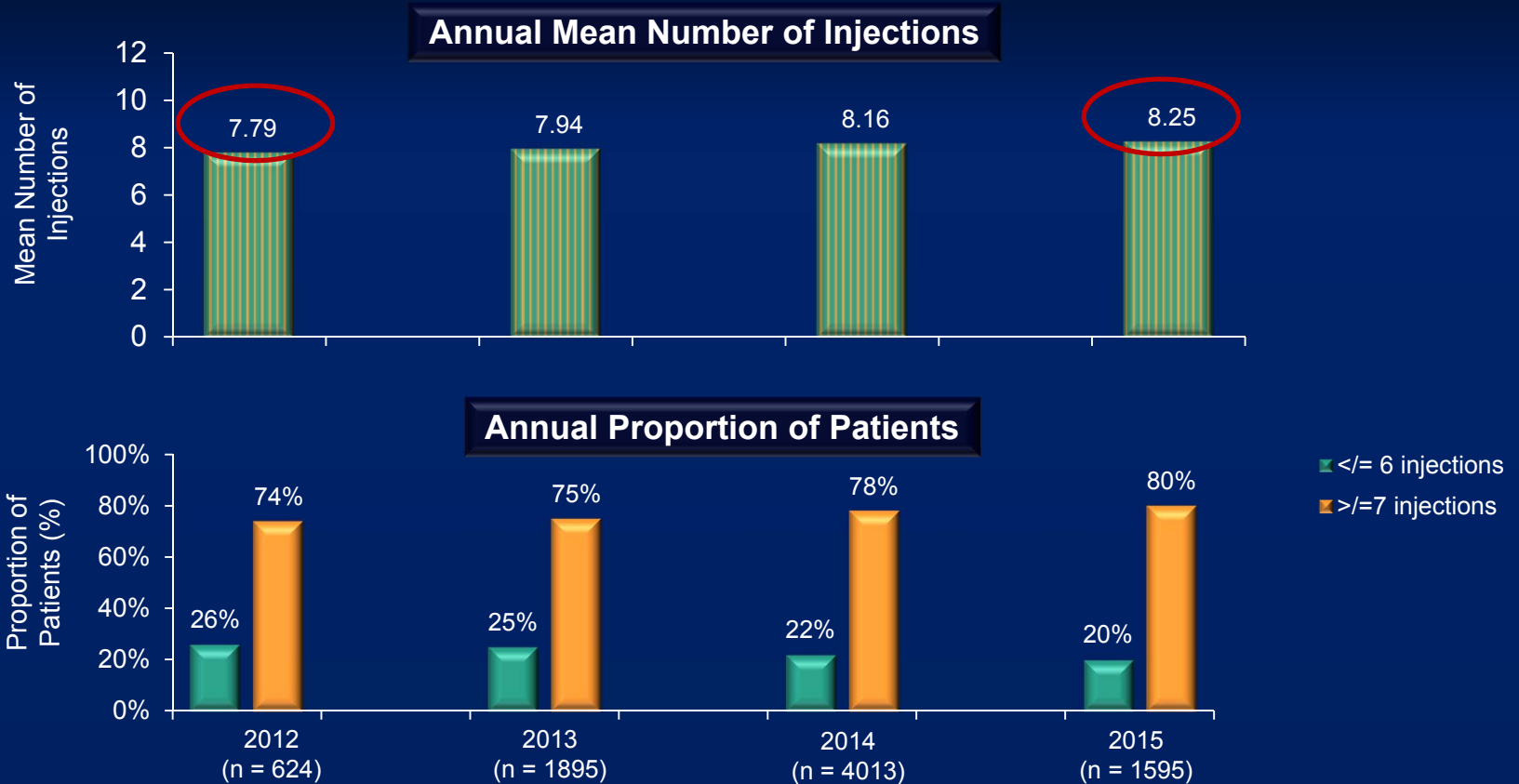
## *Patients Receiving $\geq 7$ injections in Year 1*



### *Mean number of injections*

Year 1	8.5	9.7
Year 2	5.0	9.1

# Change Over Time in Injection Frequency During Year 1 of Treatment



# Summary

- Consistent with results of clinical trials, in routine clinical practice, maintenance of visual gains was associated with more frequent anti-VEGF injections in patients with neovascular AMD
- Patients with neovascular AMD were more likely to receive more frequent injections ( $\geq 7$ ) rather than fewer injections ( $\leq 6$ ) during the first year of treatment
  - Annually, a trend towards more injections during the first year of treatment was observed in the neovascular AMD cohort



*Thank You*

**Back-Up**

# Overview of Trials

## Neovascular Age-related Macular Degeneration

Trial	Treatment Groups	Mean Change in BCVA at Year 1	Long-Term Follow-up	Mean Change in BCVA (As compared to enrollment in original study)
MARINA	RBZ 0.5mg monthly	+7.2	HORIZON** (PRN) Annual: 2.0 -2.2 injs	Year 2: +9.0
	sham	-10.4		Year 3: +4.0
ANCHOR	RBZ 0.5mg monthly	+11.3		Year 4: +2.0
	PDT	-9.6		Year 5: -0.1
VIEW 1	IAI 2mg monthly	+10.9	VIEW 1 Extension (Modified Quarterly/ Bimonthly) Annual: 5.5-6 injs	Week 96: +10.2
	IAI 2mg bi-monthly*	+7.9		Week 212: + 7.1
	RBZ 0.5mg monthly	+8.1		
CATT	RBZ 0.5mg monthly	+8.5	Extension (Variable) Annual: 4.0-4.8 injs	Year 2: +8 <sup>#</sup>
	RBZ 0.5mg PRN	+6.8		
	BVZ 1.25mg monthly	+8.0		
	BVZ 1.25mg PRN	+5.9		Year 5: -11 <sup>#</sup>

RBZ=ranibizumab, IAI=intravitreal aflibercept injection, BVZ=bevacizumab

\*following 3 initial monthly doses

\*\* Also Included patients from the FOCUS study

<sup>#</sup>Calculated mean change