

## Intravitreal Aflibercept Injection 8 mg for DME: 48-Week Results From the Phase 2/3 PHOTON Trial

David M. Brown,<sup>1</sup> on behalf of the PHOTON study investigators

<sup>1</sup>Retina Consultants of Texas, Houston, TX, USA

Presented at American Academy of Ophthalmology (AAO) 2022, September 30–October 3, 2022

## **Note Regarding Forward-Looking Statements**\*

This presentation includes forward-looking statements that involve risks and uncertainties relating to future events and the future performance of Regeneron Pharmaceuticals, Inc. ("Regeneron" or the "Company"), and actual events or results may differ materially from these forward-looking statements. Words such as "anticipate," "expect," "intend," "plan," "believe," "seek," "estimate," variations of such words, and similar expressions are intended to identify such forward-looking statements, although not all forward-looking statements contain these identifying words. These statements concern, and these risks and uncertainties include, among others, the nature, timing, and possible success and therapeutic applications of products marketed or otherwise commercialized by Regeneron and/or its collaborators or licensees (collectively, "Regeneron's Products") and product candidates being developed by Regeneron and/or its collaborators or licensees (collectively, "Regeneron's Product Candidates") and research and clinical programs now underway or planned, including without limitation EYLEA<sup>®</sup> (aflibercept) Injection and aflibercept 8 mg; the likelihood, timing, and scope of possible regulatory approval and commercial launch of Regeneron's Product Candidates (such as aflibercept 8 mg) and new indications for Regeneron's Products; the extent to which the results from the research and development programs conducted by Regeneron and/or its collaborators or licensees (including the aflibercept 8 mg development program discussed in this presentation) may be replicated in other studies and/or lead to advancement of product candidates to clinical trials, therapeutic applications, or regulatory approval; the impact of studies (whether conducted by Regeneron or others and whether mandated or voluntary), including the study discussed in this presentation, on any potential regulatory approval of Regeneron's Products and Regeneron's Product Candidates (such as aflibercept 8 mg); safety issues resulting from the administration of Regeneron's Products and Regeneron's Product Candidates (such as aflibercept 8 mg) in patients, including serious complications or side effects in connection with the use of Regeneron's Products and Regeneron's Product Candidates in clinical trials; determinations by regulatory and administrative governmental authorities which may delay or restrict Regeneron's ability to continue to develop or commercialize Regeneron's Products and Regeneron's Product Candidates; ongoing regulatory obligations and oversight impacting Regeneron's Products, research and clinical programs, and business, including those relating to patient privacy; the potential for any license, collaboration, or supply agreement, including Regeneron's agreements with Bayer, to be cancelled or terminated; and risks associated with intellectual property of other parties and pending or future litigation relating thereto (including without limitation the patent litigation and other related proceedings relating to EYLEA). A more complete description of these and other material risks can be found in Regeneron's filings with the U.S. Securities and Exchange Commission, including its Form 10-K for the year ended December 31, 2021 and its Form 10-Q for the guarterly period ended June 30, 2022. Any forward-looking statements are made based on management's current beliefs and judgment, and the reader is cautioned not to rely on any forwardlooking statements made by Regeneron. Regeneron does not undertake any obligation to update (publicly or otherwise) any forward-looking statement, whether as a result of new information, future events, or otherwise.

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

photon

## Disclosures

- photon DME
- David M. Brown serves as a scientific advisor for Regeneron/Bayer and Genentech/Roche and as a member of the Regeneron Combination Products Steering Committee
- 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

## Background





### **Prevalence of Diabetes in the US (2017)**<sup>1,a</sup>



### **Elevated Anti-VEGF Levels in DR<sup>2</sup>**



Figure adapted from Aiello et al.<sup>2</sup>

alncludes pregnancy-related diabetes, percentages are weighted to reflect population characteristics (e.g., average age)

PDR, proliferative diabetic retinopathy; VEGF, vascular endothelial growth factor.

1. Statista. Where Diabetes is Most Prevalent in the US. Available at: https://www.statista.com/chart/18160/us-states-with-highest-diabetes-rates/. Accessed September 28, 2022. 2. Aiello LP et al. N Engl J Med. 1994;331(22):1480-1487.

### **Characteristics of Aflibercept 8mg**



 Novel intravitreal formulation delivers aflibercept 8mg in 70 µL injection (114.3 mg/mL)

4-times higher molar dose compared to aflibercept 2mg is hypothesized to provide longer effective vitreal concentration and enable more sustained effect on VEGF signaling

The ongoing pivotal PHOTON trial evaluates the efficacy and safety of aflibercept 8mg vs 2mg in patients with DME

photon

## **PHOTON Study Design**



### Multi-center, randomized, double-masked study in patients with DME\* Randomized 1 (2q8) : 2 (8q12) : 1 (8q16)

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



### Primary EP at Week 48 Mean change in BCVA (Non-inferiority)

\*Treatment naïve and previously treated BCVA, best corrected visual acuity; EP, endpoint

# **PHOTON: Dosing Schedule**

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	X	0	X	0	X	0	X	0	X
8q12	X	X	X	0	О	X	О	ο	X	0	0	X	0
8q16	X	X	Х	0	О	0	X	Ο	0	0	X	Ο	Ο

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

### Dose Regimen Modifications (DRM) in Year 1

- At Weeks 16 or 20, 8q12 and 8q16 patients meeting DRM criteria will be shortened to Q8
- At Week 24, 8q16 patients meeting DRM criteria will be shortened to Q12
- At subsequent dosing visits, 8mg patients meeting DRM criteria will be shortened by 4 weeks
- Minimum interval for all patients is Q8

### DRM Criteria for Shortening Dosing Interval:

photon

DME

Primary Endpoint

>10-letter loss in BCVA from Week 12 due to persistent or worsening DME

#### AND

>50-micron increase in CRT from Week 12

Stippled boxes = initial treatment phase; X=active injection; o=sham injections Note: Figure does not reflect all dosing options once a patient is shortened. No extension of interval was allowed in the first year

# **PHOTON: Dosing Schedule**

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	X	0	X	0	X	0	X	0	X
8q12	X	X	Х	0	0	Х	0	ο	Х	0	0	X	ο
8q16	Х	x	Х	0	0	0	X	0	0	0	X	0	0

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

### Dose Regimen Modifications (DRM) in Year 1

- At Weeks 16 or 20, 8q12 and 8q16 patients meeting DRM criteria will be shortened to Q8
- At Week 24, 8q16 patients meeting DRM criteria will be shortened to Q12
- At subsequent dosing visits, 8mg patients meeting DRM criteria will be shortened by 4 weeks
- Minimum interval for all patients is Q8

### DRM Criteria for Shortening Dosing Interval:

photon

DME

Primary Endpoint

>10-letter loss in BCVA from Week 12 due to persistent or worsening DME

#### AND

>50-micron increase in CRT from Week 12

Stippled boxes = initial treatment phase; X=active injection; o=sham injections Note: Figure does not reflect all dosing options once a patient is shortened. No extension of interval was allowed in the first year

## Patient Disposition at Week 48

	2q8	8q12	8q16	Total
# Randomized	167	329	164	660
# Completing Week 48	94.0%	91.2%	95.1%	92.9%
# Discontinued before Week 48	6.0%	8.8%	4.9%	7.1%

photon

## **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)
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

photon

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



	<b>2q8</b>	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%
Better or equal to Level 43 Level 47 or worse	62.9% 31.7%	60.1% 34.5%	65.6% 28.2%	62.2% 32.4%

Data are mean (SD) unless otherwise indicated DRSS, Diabetic Retinopathy Severity Score; ETDRS, Early Treatment of Diabetic Retinopathy Study



	LS mean change from BL at Week 48 (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for non-inferiority at 4-letter margin
2q8	8.7			
8q12	8.1	-0.57	-2.26, 1.13	p <0.0001
8q16	7.2	-1.44	-3.27, 0.39	p = 0.0031

Observed values (censoring data post intercurrent event [ICE]); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline)

## Large Majority of 8mg Patients Maintained **Randomized Intervals Through Week 48**

8q12 (n=300)^



\*Patients shortened based on DRM assessments at some point through Week 48 ^Patients completing Week 48

photon

## Mean Change in Central Retinal Thickness

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

photon

DME

Despite fewer initial monthly doses, 8mg exhibited longer duration at each matched interval, thus achieving similar retinal thickness to 2mg by Week 48



## Most Frequent Ocular AEs Through Week 48

DME

photon

	<b>2q8</b>	8q12	8q16	All 8mg
N (SAF)	167	328	163	491
Patients with $\geq$ 1 AE (%)*	27.5%	31.7%	29.4%	31.0%
Cataract	1.2%	1.5%	4.9%	2.6%
Conjunctival hemorrhage	3.6%	4.3%	3.7%	4.1%
Intraocular pressure increased	3.6%	2.1%	0.6%	1.6%
Punctate keratitis	0.6%	1.5%	3.7%	2.2%
Retinal hemorrhage	0.6%	0	3.7%	1.2%
Vitreous floaters	2.4%	4.9%	1.8%	3.9%



No cases of endophthalmitis or occlusive retinal vasculitis

## **Non-Ocular Safety Through Week 48**

	2q8	8q12	8q16	All 8mg
N (SAF)	167	328	163	491
Patients (%):				
APTC events*	3.6%	2.4%	4.3%	3.1%
Hypertension events*	12.0%	11.0%	14.1%	12.0%
Non-ocular SAEs*	15.6%	15.9%	13.5%	15.1%
Deaths^	2.4%	2.7%	1.8%	2.4%

photon

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

photon

DME

- 8q12 and 8q16 groups had non-inferior BCVA compared to 2q8 at Week 48
- Ocular and non-ocular safety comparable to 2mg



Observed values (censoring data post ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline)



\*Patients shortened based on DRM assessments at some point through Week 48 ^Patients completing Week 48