

Disclosures

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

Impact of Injection Frequency on Visual Outcomes

A Real-world Analysis

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Key Takeaways

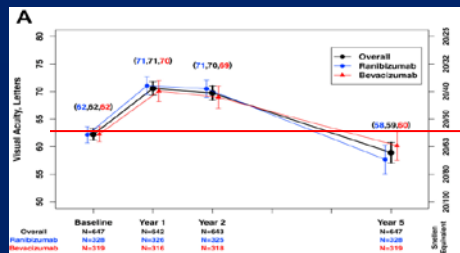
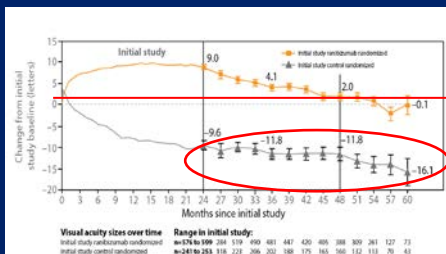
- Consistent with results of clinical trials, in routine clinical practice, maintenance of visual gains was associated with more frequent anti-VEGF injections in patients with neovascular AMD or DME
- Patients with neovascular AMD or DME were more likely to receive more frequent injections (≥ 7) rather than fewer injections (≤ 6) during the first year of treatment
 - However, a substantial proportion (43%) of DME patients are receiving ≤ 6 injections during their first year of treatment
 - Annually, a trend towards more injections during the first year of treatment was observed in the neovascular AMD cohort
 - Low compliance with continuing treatment beyond the first year was observed

Dosing Approaches in Clinical Trials are Varied

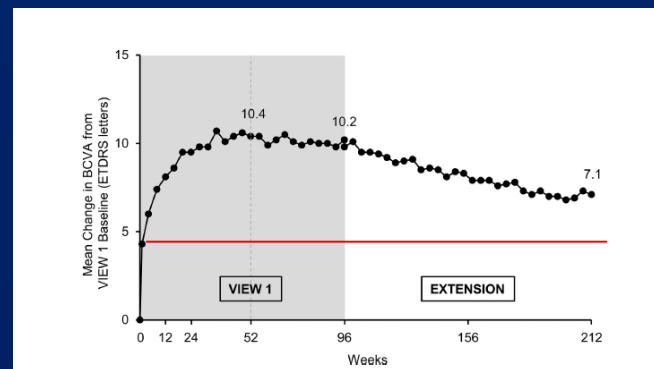


Long-term Trials in AMD Demonstrate that

Deviation from Vision Stable During Results and Extension of Visual Gain Over Time



And Vision Can Largely be Maintained When Patients with AMD are 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

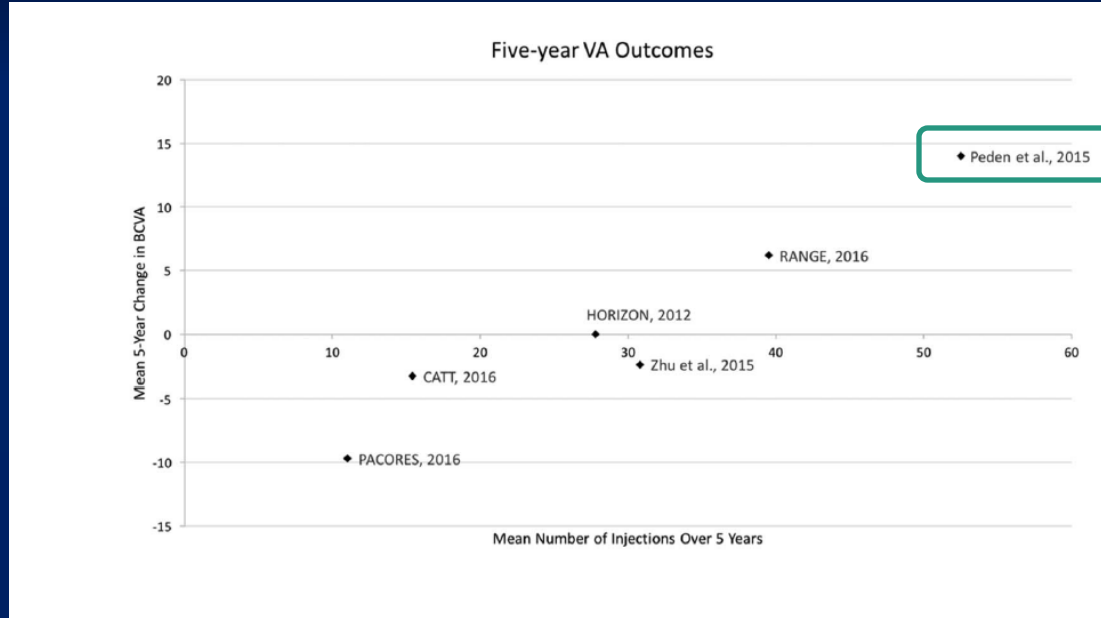
VIEW 1 Extension	
Dosing Regimen in Extension Phase	Modified Quarterly*
Mean Number of Injections	
Year 3	6.0
Year 4	5.5

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

**Calculated from the cumulative injection total

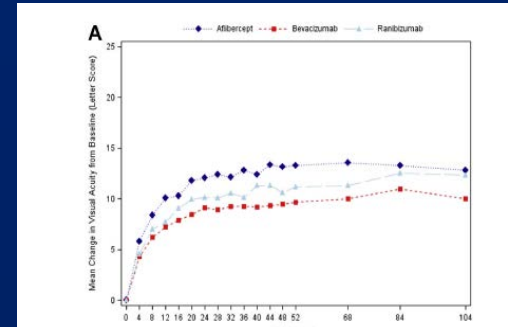
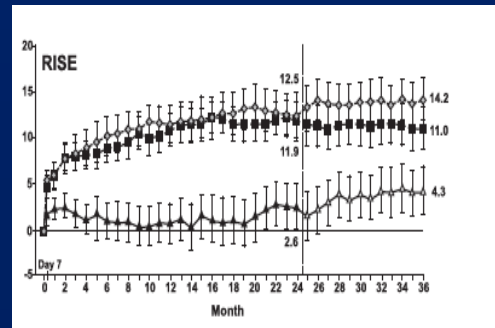
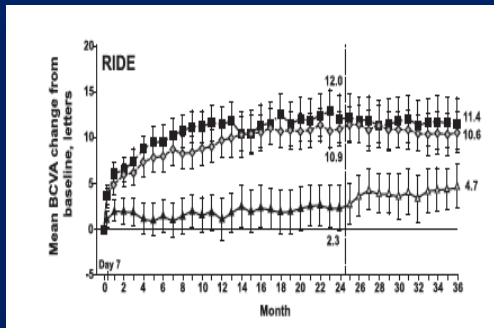
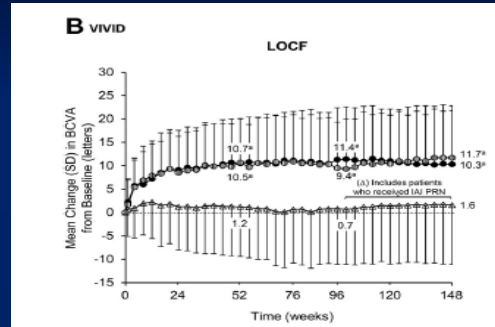
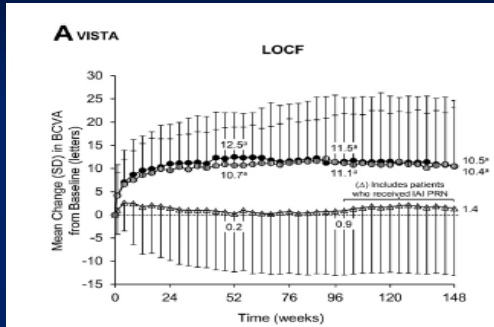
Five Year Visual Acuity Outcomes vs Injection Frequency in AMD



Fixed q4/q8 weeks (10.5 injs/year)

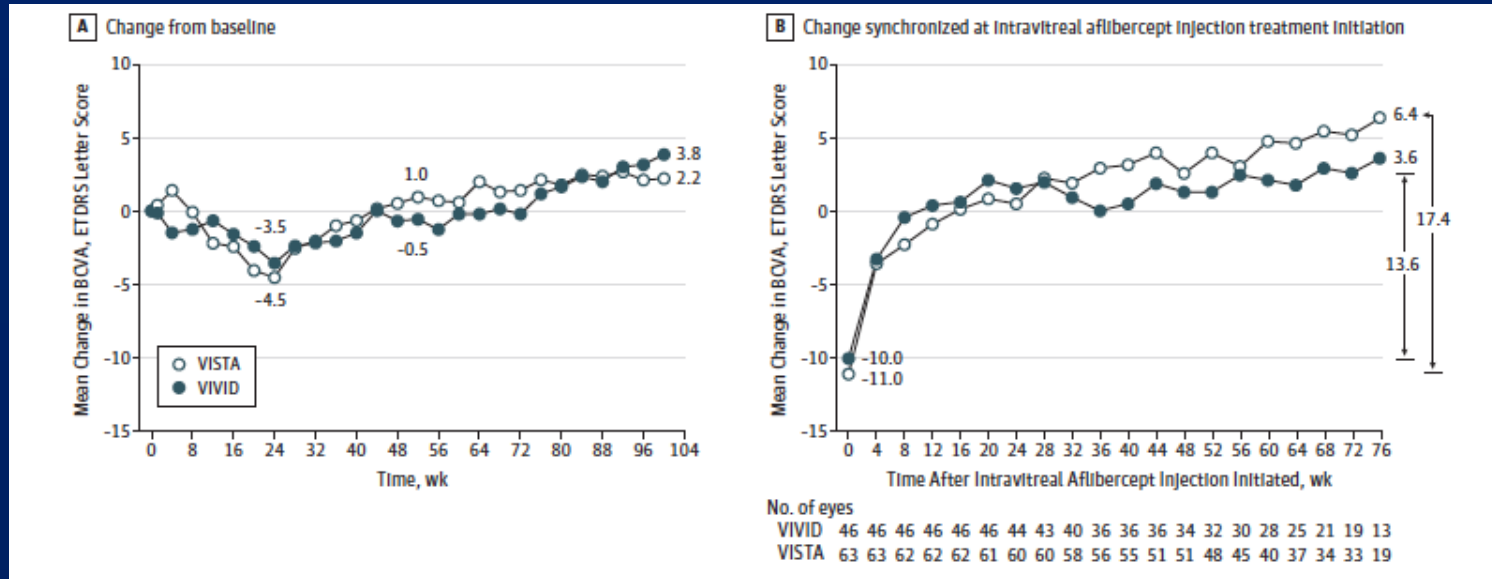
“The body of evidence to date regarding long-term anti-VEGF treatment indicates a variable course at greater than 36 months follow-up and seems to be dependent on the treatment protocol. Consistent dosing with fluid-free interval is suggested to maintain VA gains in patients with exudative age-related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

Similarly, Frequent Monitoring and Consistent Treatment Resulted in Optimal Outcomes in Clinical Trials for DME



Limited Vision Improvement when Initial Treatment Approach is not Optimized in Patients with DME

- Final vision was limited in patients who were treated with intravitreal aflibercept following vision loss with initial laser treatment



Analysis of Outcomes in Routine Clinical Practice

Study Design

- **Objective**

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

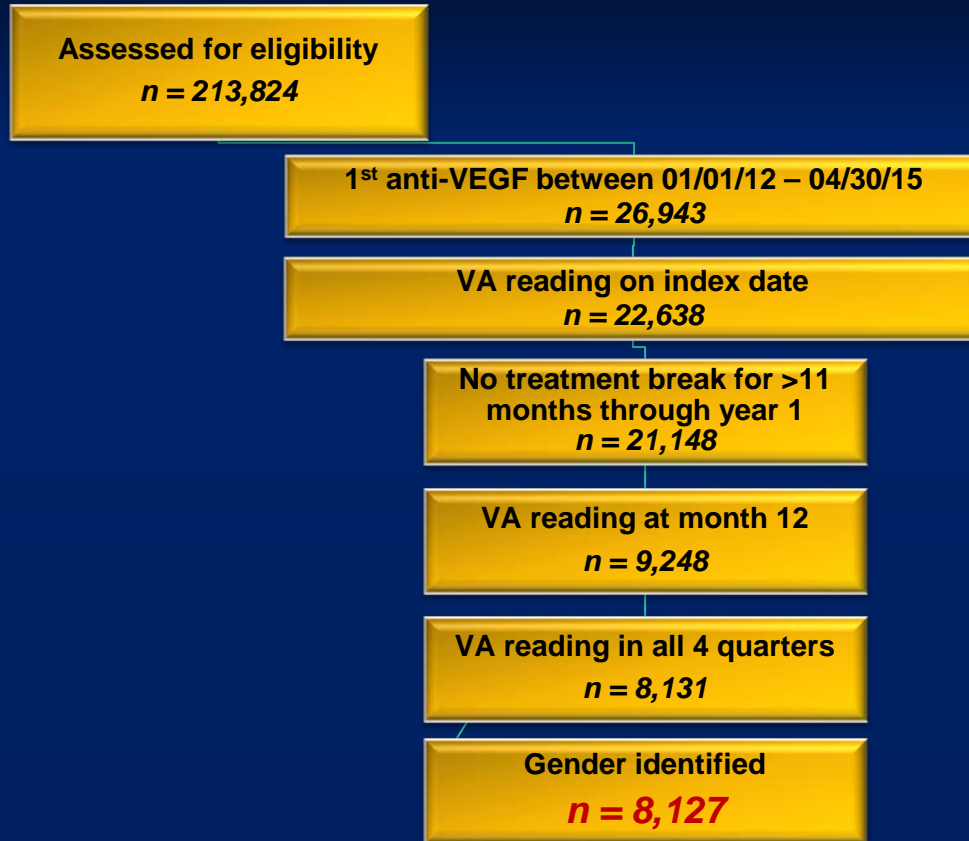
- **Methods**

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

Neovascular Age-Related Macular Degeneration

Patient Selection

Year 1



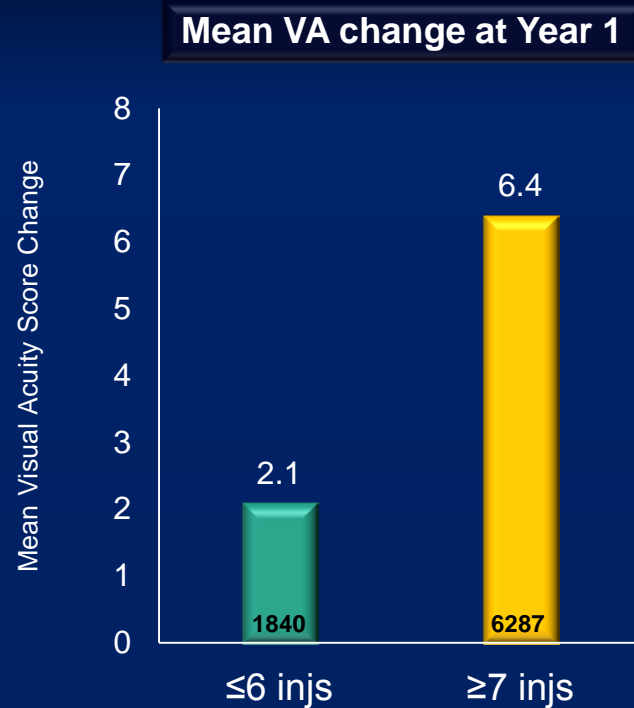
Baseline Characteristics

	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%

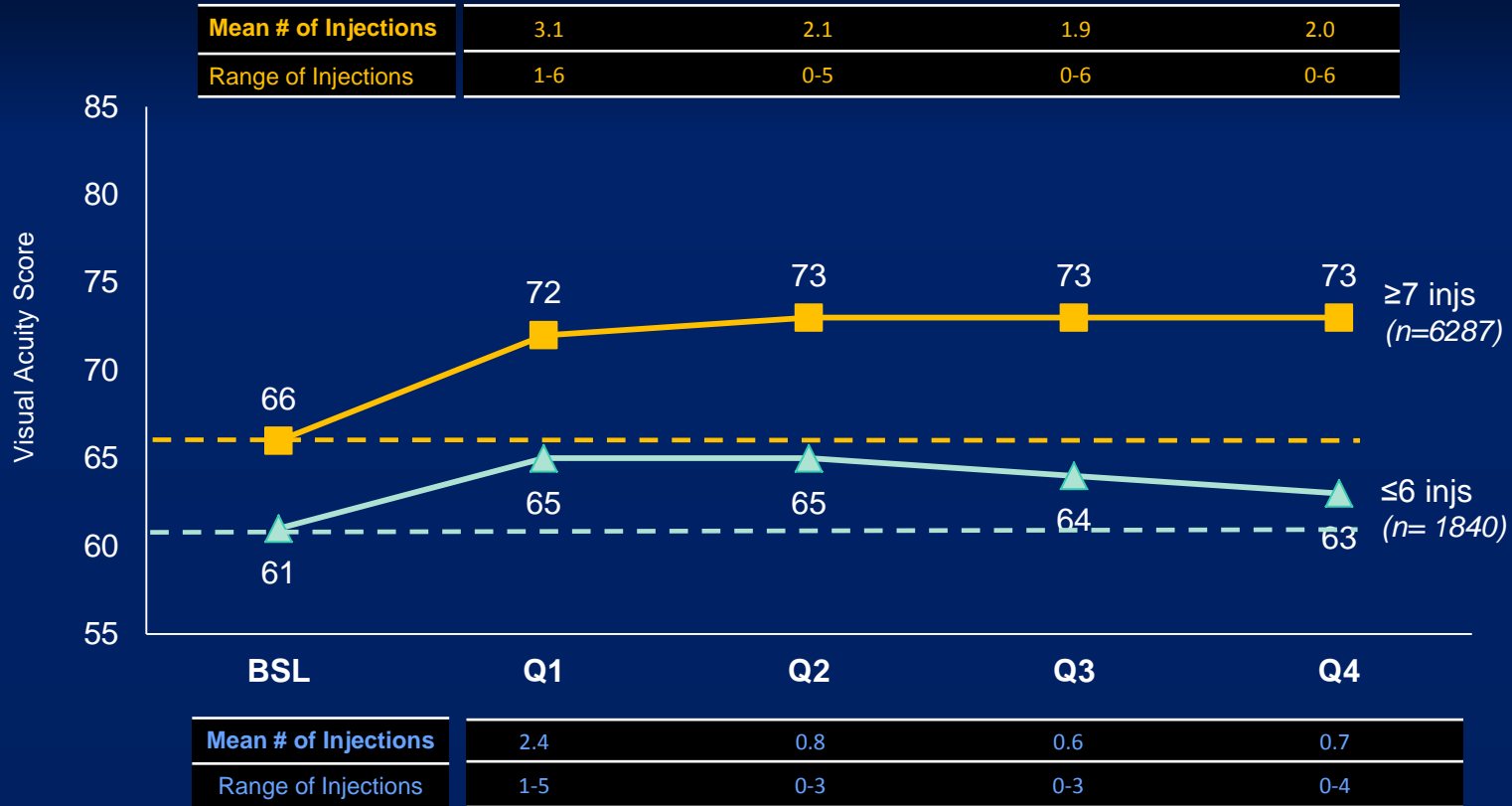
Mean Visual Acuity Change By Injection Subgroups (Year 1)

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

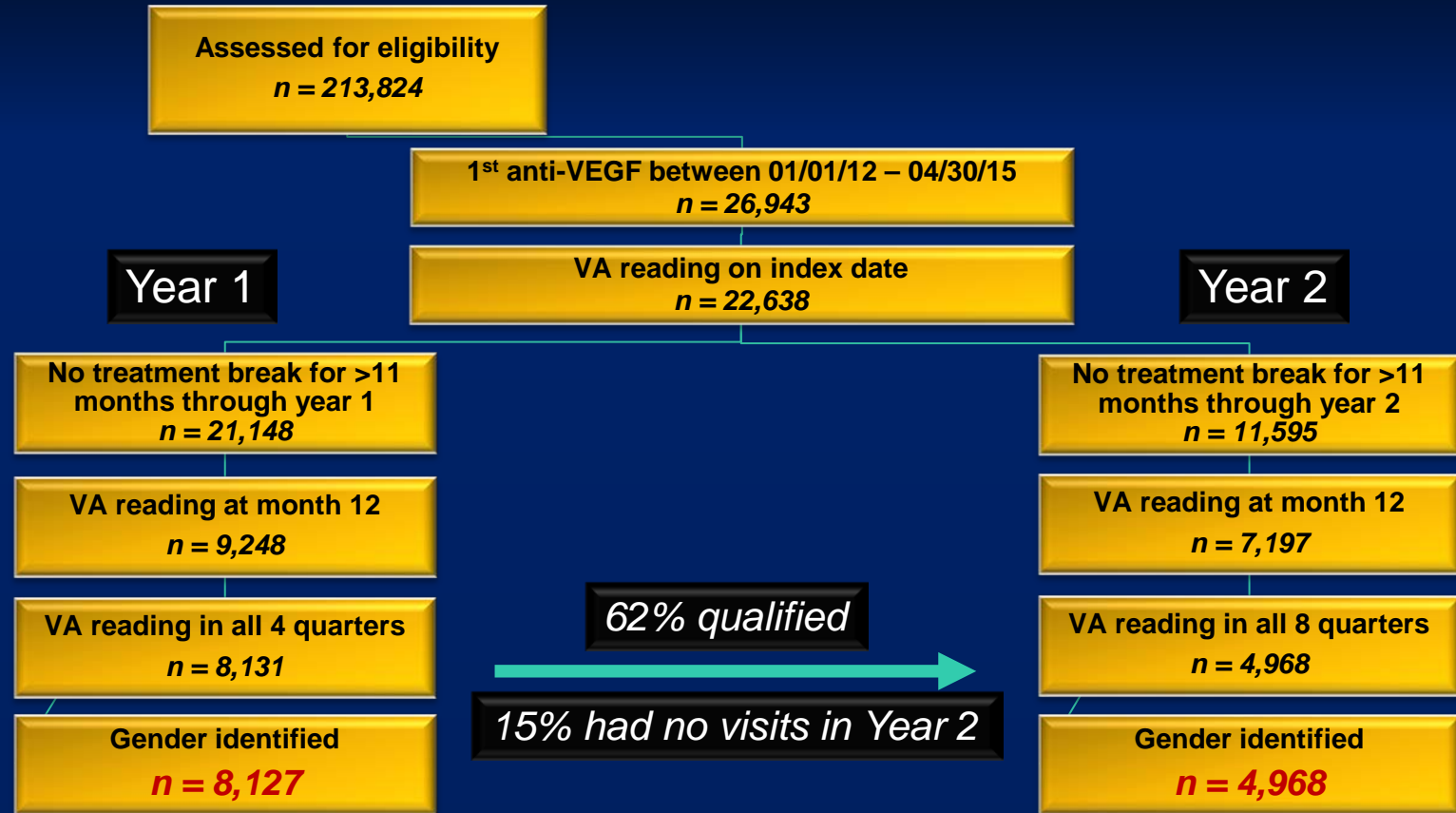


Mean Visual Acuity by Injection Subgroups (Year 1)



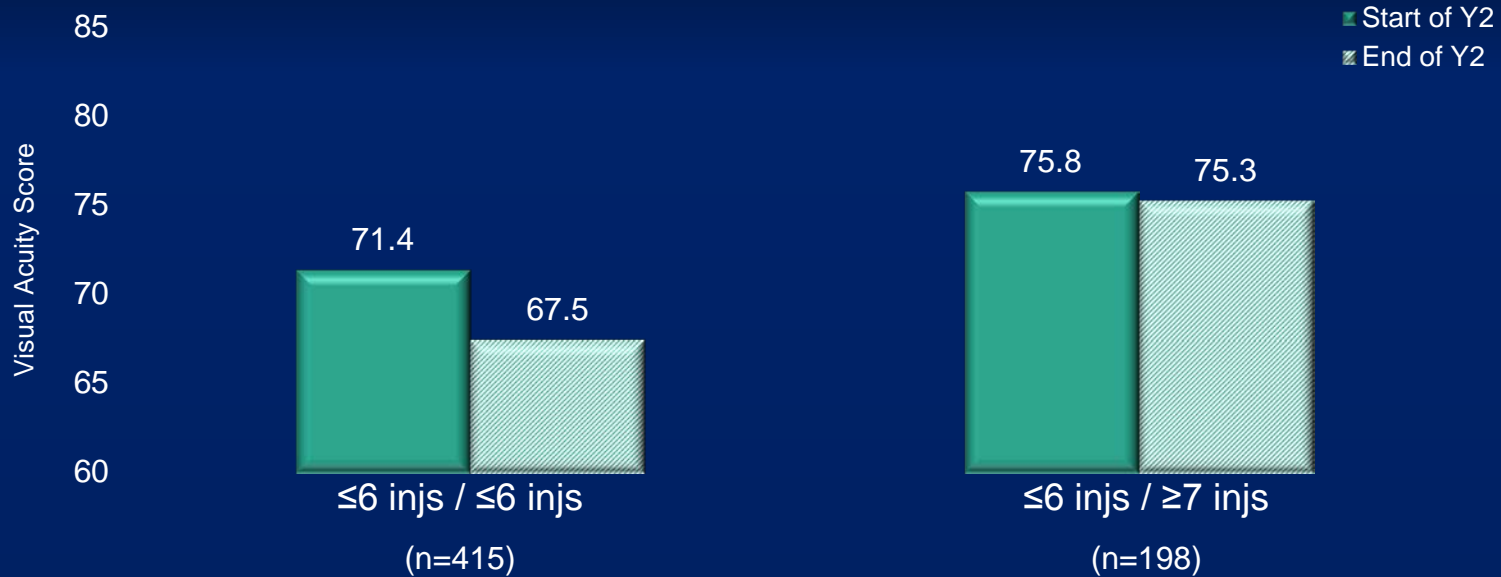
Patient Selection

Year 2



Mean Visual Acuity by Injection Subgroups (Year 2)

Patients Receiving ≤ 6 injections in Year 1

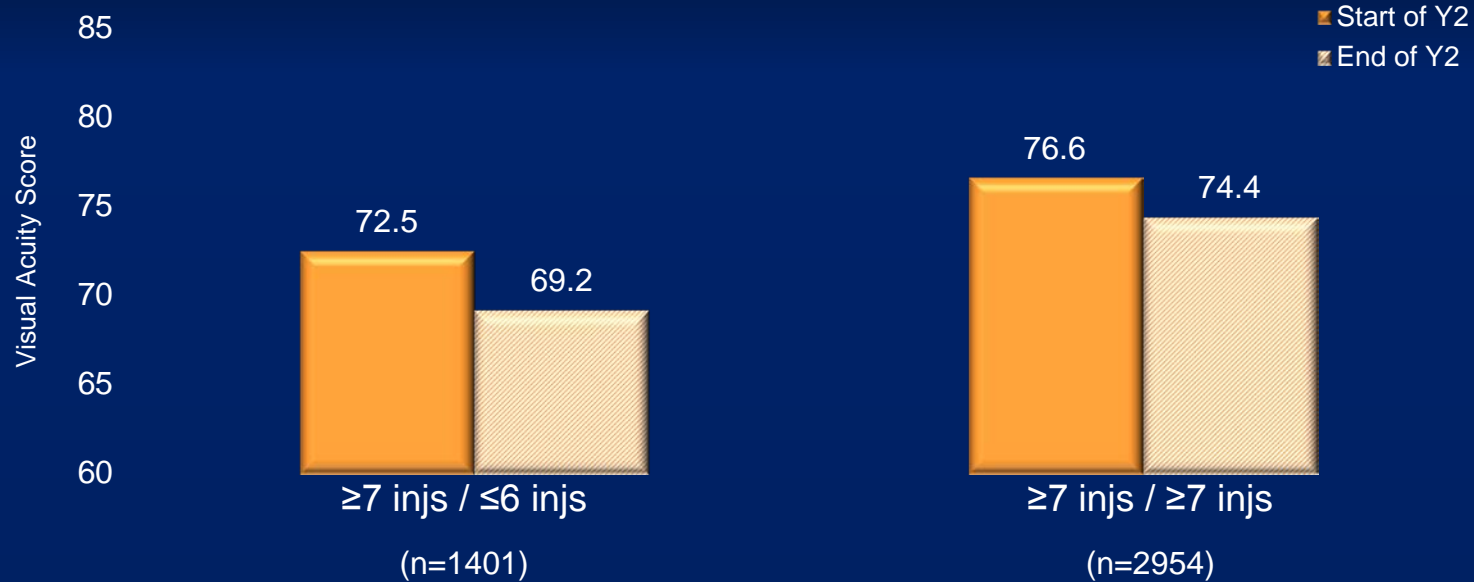


Mean number of injections

Year 1	5.2	5.3
Year 2	4.4	8.2

Mean Visual Acuity by Injection Subgroups (Year 2)

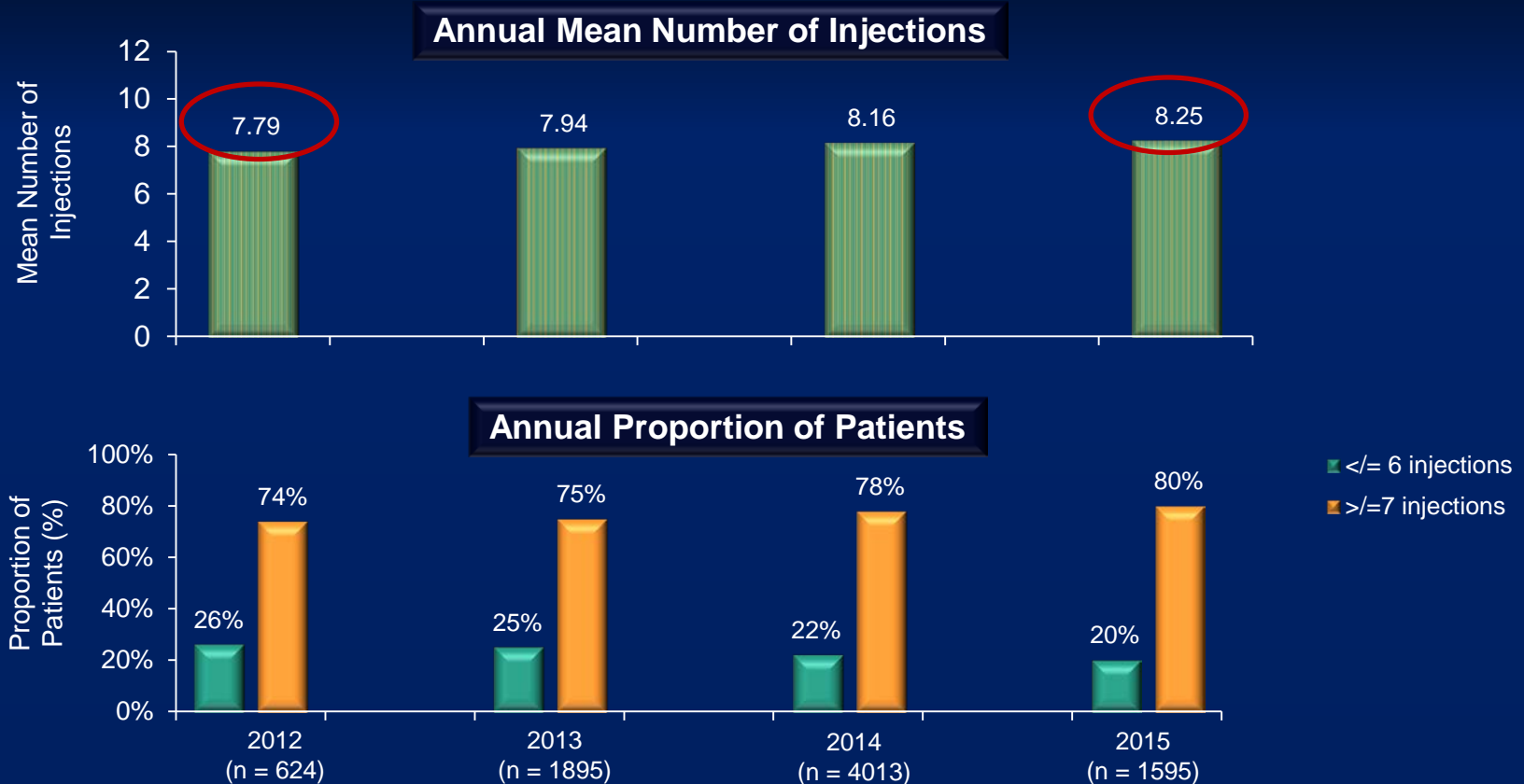
Patients Receiving ≥ 7 injections in Year 1



Mean number of injections

Year 1	8.5	9.7
Year 2	5.0	9.1

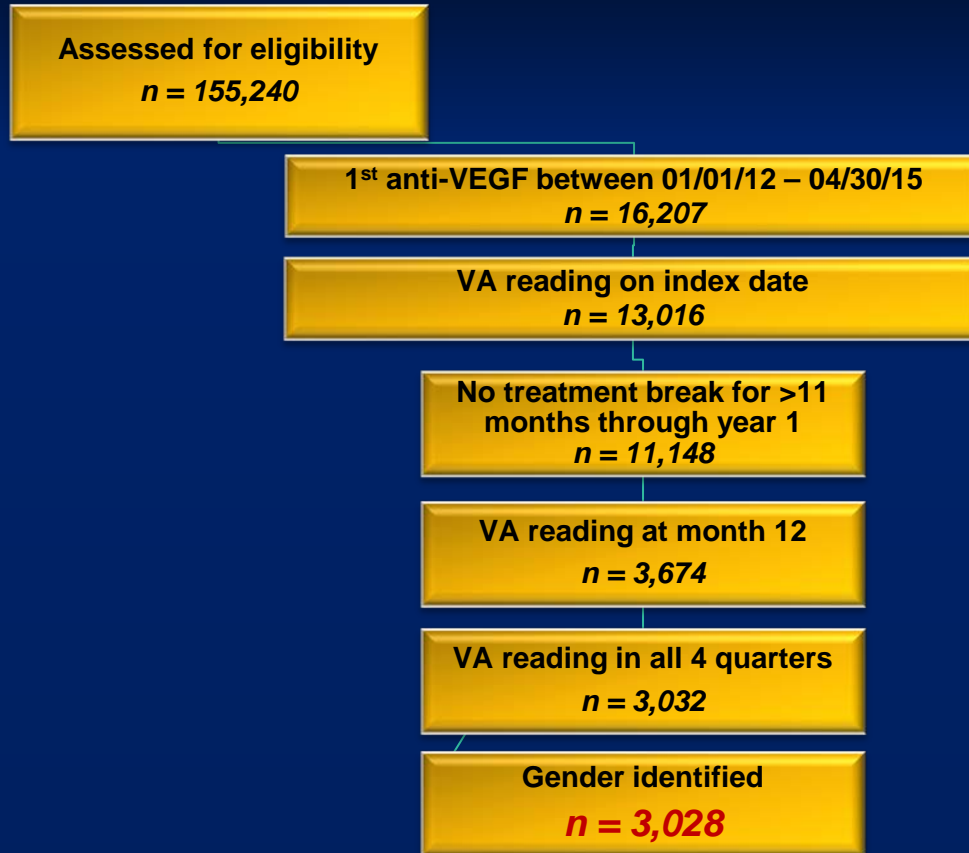
Change Over Time in Injection Frequency During Year 1 of Treatment



Diabetic Macular Edema

Patient Selection

Year 1



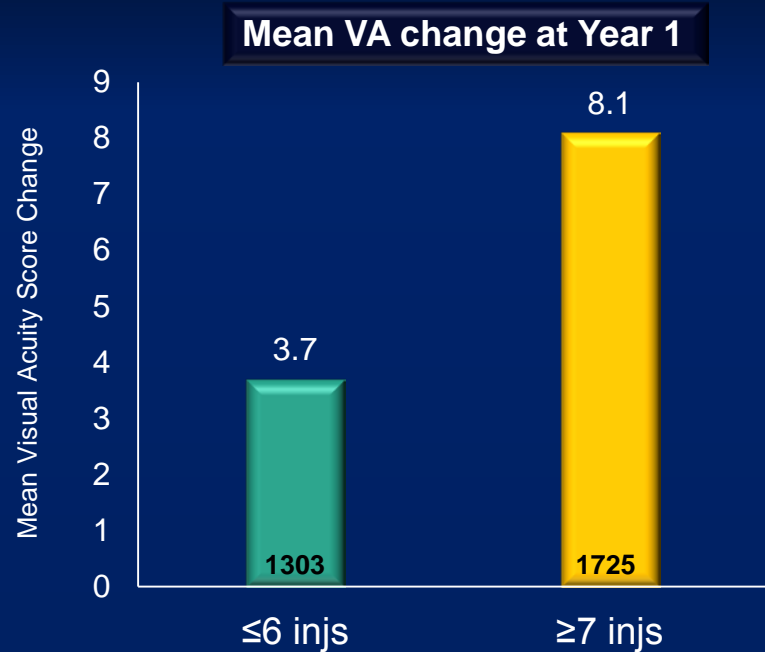
Baseline Characteristics

	Total (n=3028)	≤6 injections (n=1303)	≥7 injections (n=1725)
Mean age, years	62	61	63
Female, %	46%	47%	44%
Mean VA, letters	71	71	70
Median VA, letters	76	77	76
VA subgroups			
≥20/40	27%	29%	25%
<20/40 – 20/100	51%	50%	51%
<20/100 – 20/200	11%	11%	12%
<20/200	11%	10%	12%

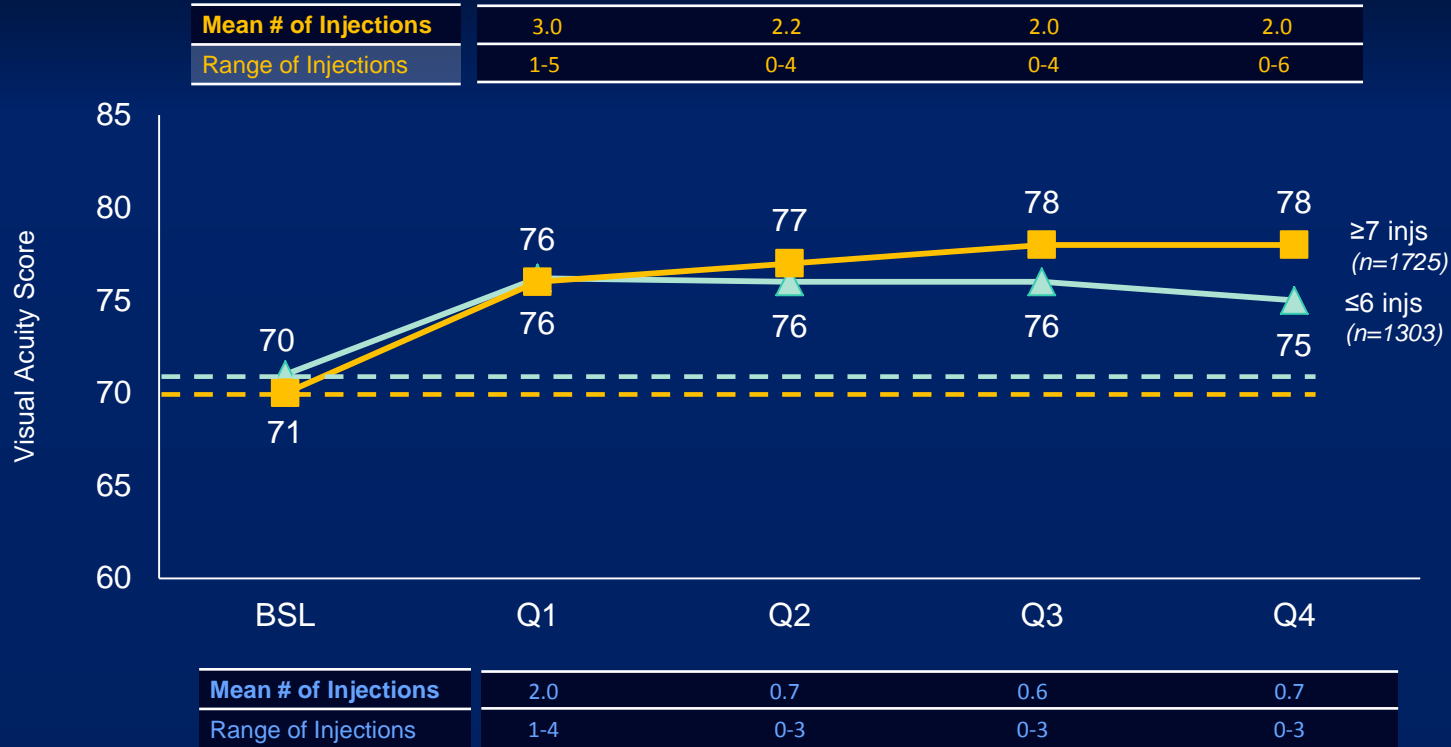
Mean Visual Acuity Change By Injection Subgroups (Year 1)

Subgroup	Mean BSL VA
≤6 injs (n=1303)	71
≥7 injs (n=1725)	70

Subgroup	Mean Number of Injections
≤6 injs (n=1303)	4.0
≥7 injs (n=1725)	9.1

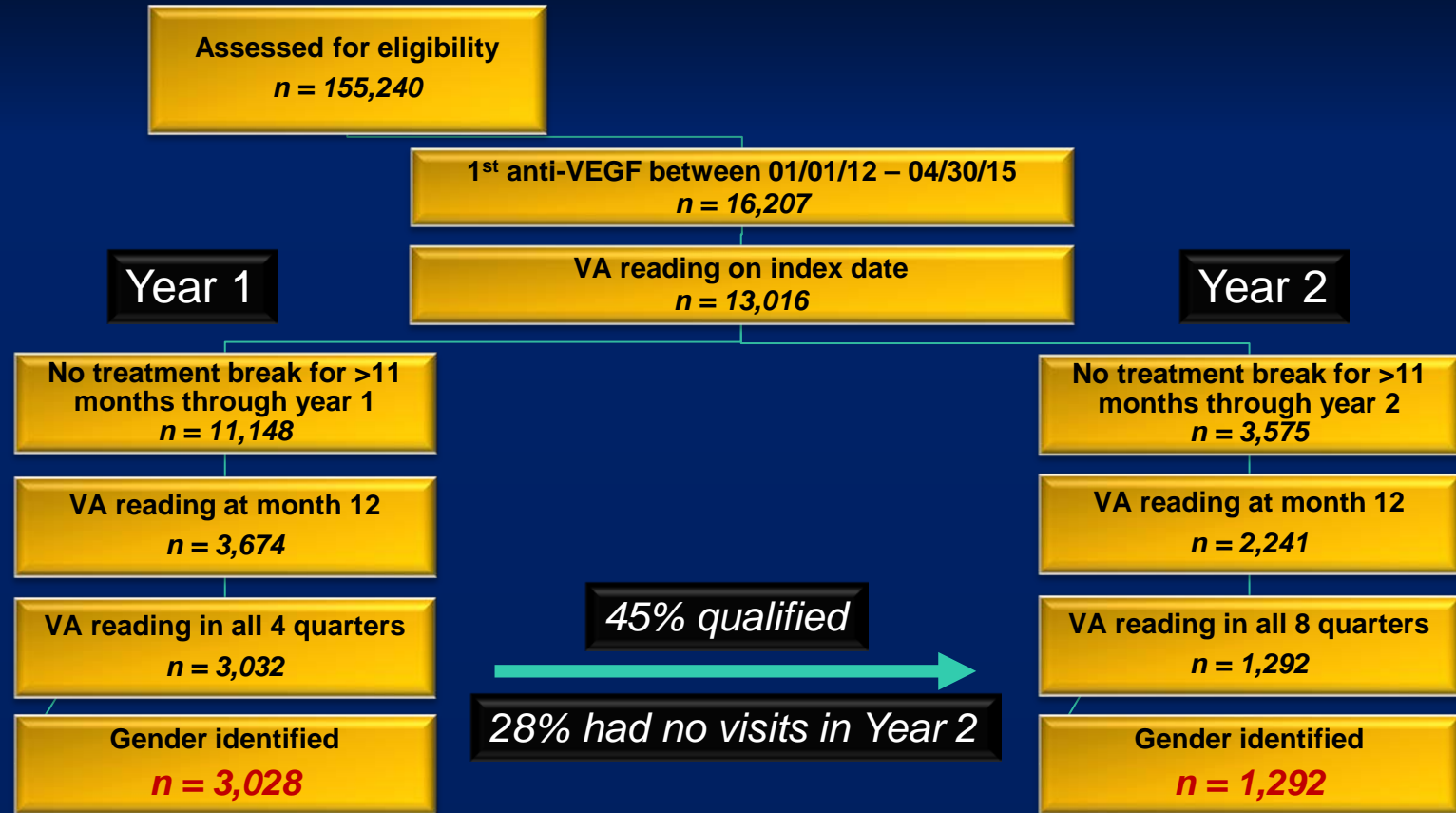


Mean Visual Acuity by Injection Subgroups (Year 1)



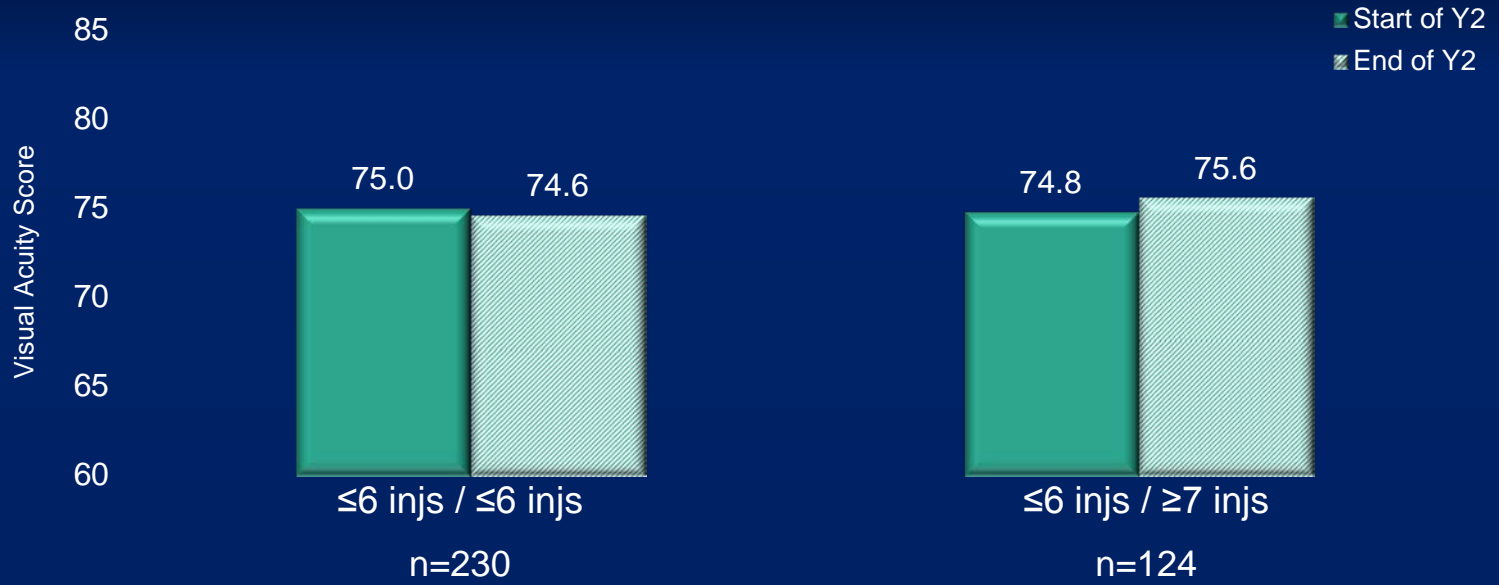
Patient Selection

Year 2



Mean Visual Acuity by Injection Subgroups (Year 2)

Patients Receiving ≤6 injections in Year 1

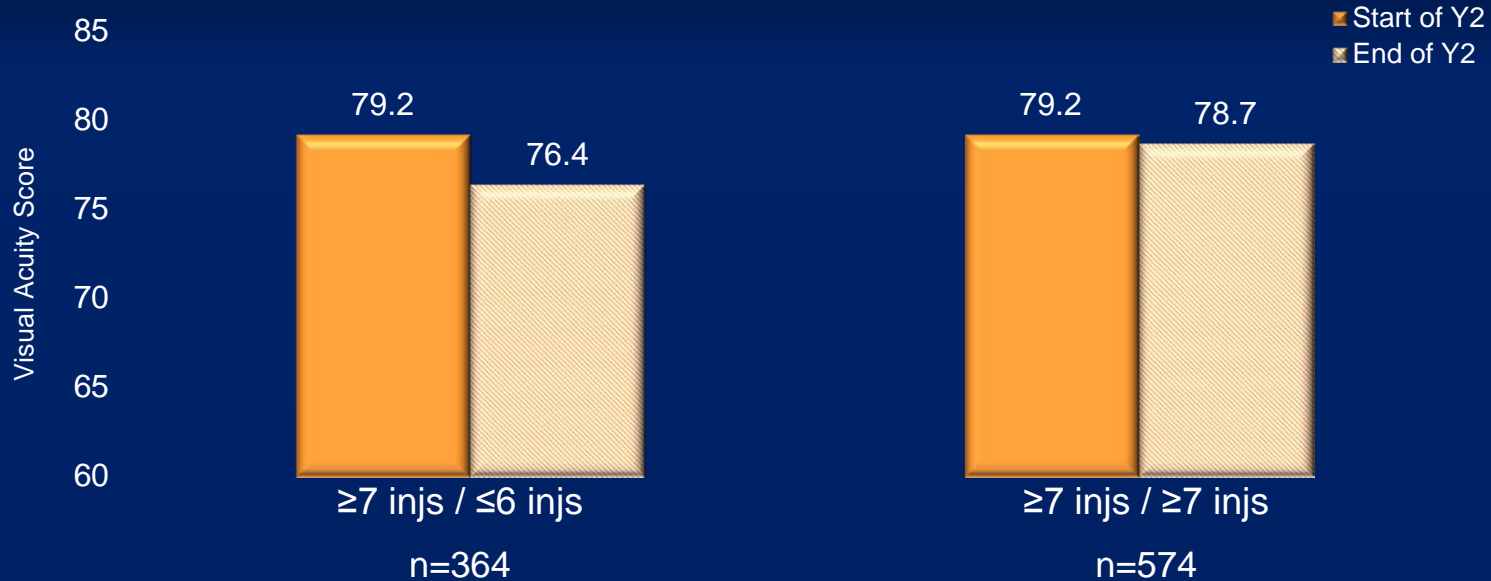


Mean number of injections

Year 1	4.6	4.9
Year 2	4.3	8.2

Mean Visual Acuity by Injection Subgroups (Year 2)

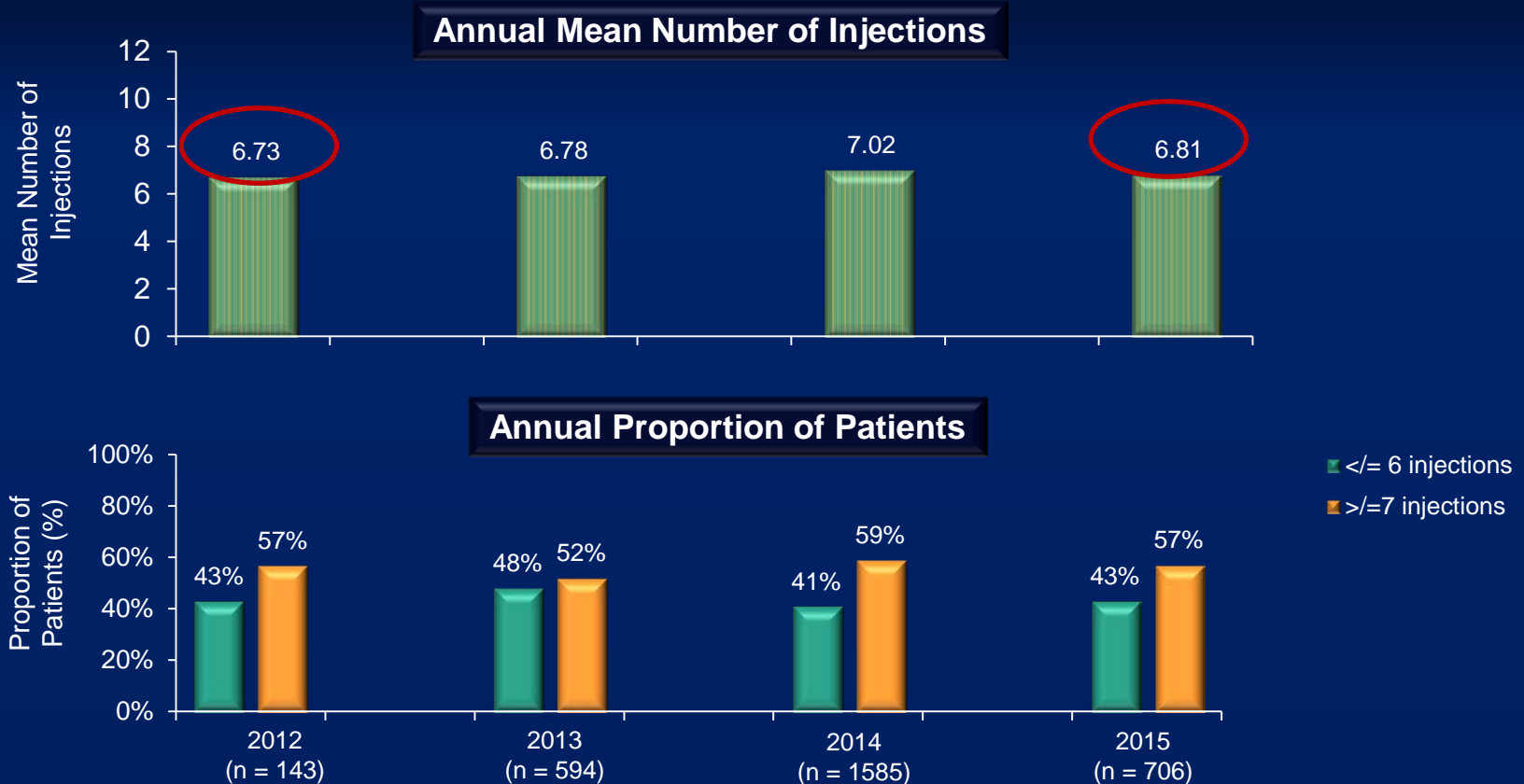
Patients Receiving ≥ 7 injections in Year 1



Mean number of injections

Year 1	8.8	9.7
Year 2	4.7	9.0

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 or DME
- Patients with neovascular AMD or DME were more likely to receive more frequent injections (≥ 7) rather than fewer injections (≤ 6) during the first year of treatment
 - However, a substantial proportion (43%) of DME patients are receiving ≤ 6 injections during their first year of treatment
 - Annually, a trend towards more injections during the first year of treatment was observed in the neovascular AMD cohort
 - Low compliance with continuing treatment beyond the first year was observed

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
	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 [#]
	RBZ 0.5mg PRN	+6.8		Year 5: -11 [#]
	BVZ 1.25mg monthly	+8.0		
	BVZ 1.25mg PRN	+5.9		

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

*following 3 initial monthly doses

** Also Included patients from the FOCUS study

[#]Calculated mean change

Overview of Trials

Diabetic Macular Edema

Trial	Treatment Groups	Mean Change in BCVA at Year 2
RISE	RBZ 0.3mg monthly	+14.3
	sham	+5.1
RIDE	RBZ 0.3mg monthly	+13.1
	sham	+4.5
VISTA	IAI 2mg monthly	+12.5
	IAI 2mg bi-monthly*	+10.7
	laser	+0.2
VIVID	IAI 2mg monthly	+10.5
	IAI 2mg bi-monthly*	+10.7
	laser	+1.2
Protocol T	IAI 2mg PRN	+13
	RBZ 0.3mg PRN	+11
	BVZ 1.25mg PRN	+10

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

*following 5 initial monthly doses