



# **Aflibercept 8 mg in Patients with Neovascular Age-Related Macular Degeneration: Phase 3 PULSAR Trial 96-Week Results**

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# Disclosures



- **JFK:** Consultant fees from AbbVie, Apellis, Bayer, Janssen, Nano Retina, Roche, Théa Pharmaceuticals, and Carl Zeiss Meditec AG; and member of a data safety monitoring board or advisory board for Alexion, Novo Nordisk, and Oxular
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- Study disclosures: This study includes research conducted on human patients. Institutional Review Board approval was obtained prior to study initiation
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# 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

**8q12**

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)



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

# PULSAR: Dosing Schedule and Regimen Modification



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	o	X	o	X	o	X	o	X
8q12	X	X	X		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 <sup>a</sup>	o <sup>a</sup>	X <sup>a</sup>	o	o	o	X <sup>a</sup>	o	o

YEAR 2	Wk 52	Wk 56	Wk 60	Wk 64	Wk 68	Wk 72	Wk 76	Wk 80	Wk 84	Wk 88	Wk 92	Wk 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

- >5-letter loss in BCVA compared with Week 12 due to persistent or worsening nAMD **AND**
- >25 μm increase in CST compared with Week 12, **OR** new-onset foveal neovascularization, **OR** foveal hemorrhage

- 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 assigned dosing interval was q8

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

### Criteria for interval extension

- <5-letter loss in BCVA compared with Week 12 **AND**
- No fluid at the central subfield on OCT **AND**
- No new-onset foveal hemorrhage or foveal neovascularization

- Patients who met DRM criteria from **Weeks 52 through 96** had dosing intervals extended by 4-week increments
  - The maximum assigned dosing interval was q24

Figure does not reflect all dosing options once a patient's dosing interval is shortened or extended. Stippled boxes = initial treatment phase; X = active injection; o = sham injections. CST, central subfield thickness; DRM, dose regimen modification; OCT, optical coherence tomography; Wk, week.

# Patient Disposition, Baseline Demographics, and Disease Characteristics

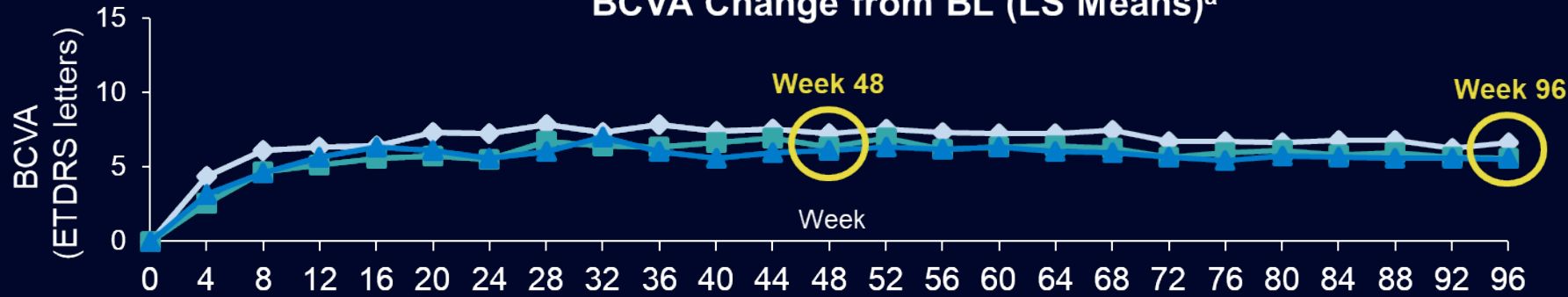


	2q8	8q12	8q16	Total
Randomized, n	337	337	338	1012
Treated, n	336	335	338	1009
Completed Week 48, n (%) <sup>a</sup>	309 (91.7)	316 (94.0)	312 (92.3)	937 (92.7)
Completed Week 96, n (%) <sup>a</sup>	286 (84.9)	291 (86.4)	292 (86.4)	869 (85.9)
Age, years	74.2 (8.8)	74.7 (7.9)	74.5 (8.5)	74.5 (8.4)
Female, %	56.0	54.3	53.3	54.5
Race, % <sup>b</sup>				
Asian	24.7	22.1	22.8	23.2
White	74.1	76.4	76.9	75.8
BCVA, ETDRS letters	58.9 (14.0)	59.9 (13.4)	60.0 (12.4)	59.6 (13.3)
CST, $\mu\text{m}$	367 (134)	370 (124)	371 (133)	369 (130)
Total lesion area, $\text{mm}^2$	6.9 (5.4)	6.4 (5.1)	6.9 (5.7)	6.7 (5.4)
Lesion type, %				
Occult	58.3	60.3	55.9	58.2
Predominantly classic	21.1	21.2	19.8	20.7
Minimally classic	18.5	17.0	20.4	18.6

FAS. Data are mean (SD) unless stated otherwise. <sup>a</sup>The proportions of patients who completed do not add up to 100% due to missing information from the study sites. <sup>b</sup>The proportions of patients with race reported as Black/African American, "Multiple," or "Not reported" were 1.2%, 1.5%, 0.3%, and 1.0% for the 2q8, 8q12, 8q16, and Total groups, respectively. ETDRS, Early Treatment of Diabetic Retinopathy Study; FAS, full analysis set; SD, standard deviation.

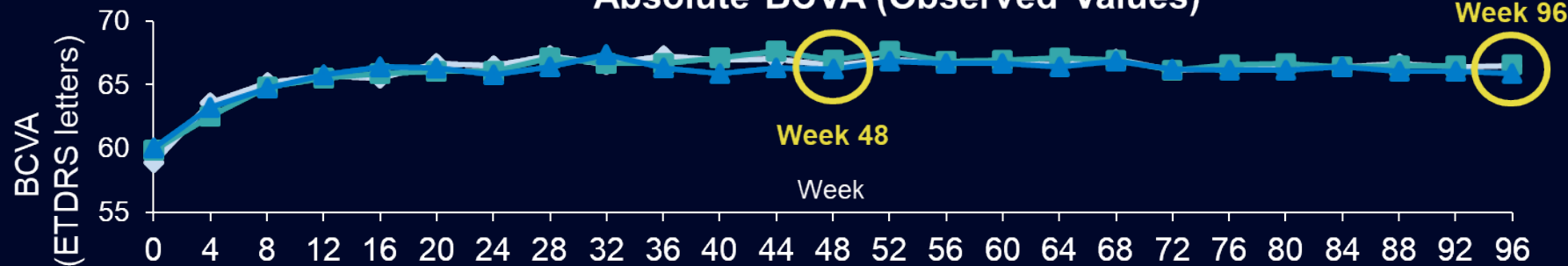
# BCVA Outcomes

## BCVA Change from BL (LS Means)<sup>a</sup>



	Week 48	Week 96
2q8	+7.0	+6.6
8q12	+6.1	+5.6
8q16	+5.9	+5.5

## Absolute BCVA (Observed Values)<sup>b</sup>



	Week 48	Week 96
2q8	66.5	66.5
8q12	66.9	66.6
8q16	66.3	65.9

LS mean change from BL <sup>a</sup> at <b>Week 48</b> (MMRM)	Difference in LS means vs. 2q8 (95% CI)	One-sided test for non-inferiority at 4-letter margin	LS mean change from BL <sup>a</sup> at <b>Week 96</b> (MMRM)	Difference in LS means vs. 2q8 (95% CI)	One-sided test for non-inferiority at 4-letter margin
7.0			6.6		
6.1	-0.97 (-2.87, 0.92)	p=0.0009	5.6	-1.01 (-2.82, 0.80)	p=0.0006 (nominal)
5.9	-1.14 (-2.97, 0.69)	p=0.0011	5.5	-1.08 (-2.87, 0.71)	p=0.0007 (nominal)

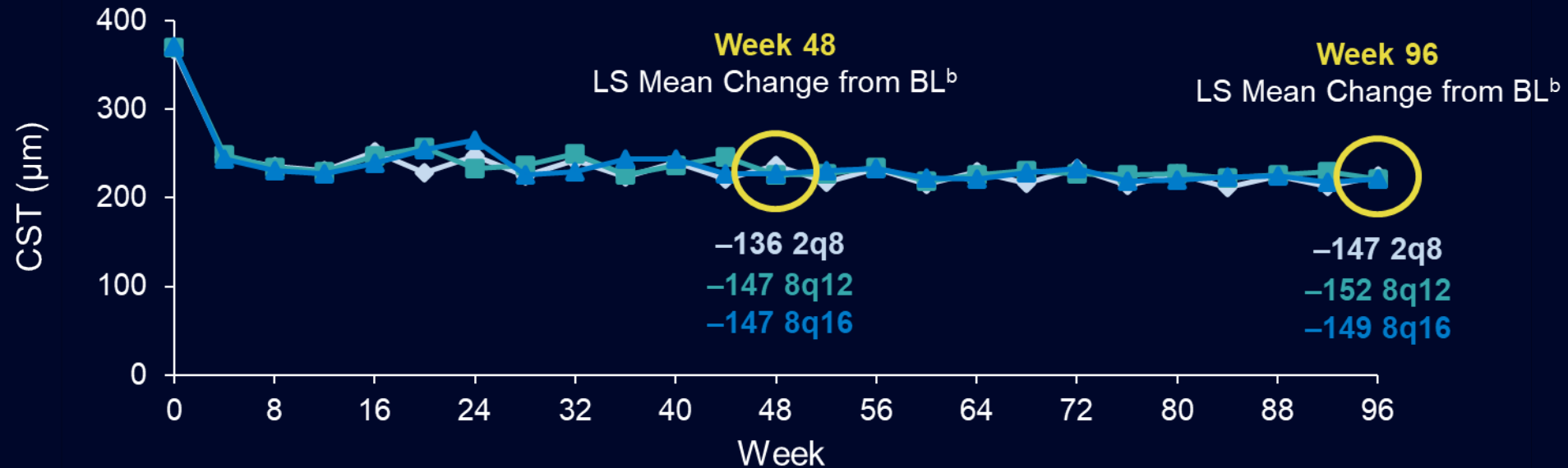
FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338 (at BL). <sup>a</sup>LS mean values (data post-ICE were censored); LS means were generated using MMRM, with baseline BCVA measurement as a covariate, and treatment group (aflibercept 2q8, 8q12, 8q16), visit, and stratification variables (geographic region [Japan vs. Rest of World] and BL BCVA [ $<60$  vs.  $\geq 60$ ]) as fixed factors, and interaction terms for BL and visit and for treatment and visit. <sup>b</sup>Observed values (data post-ICE were censored).

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



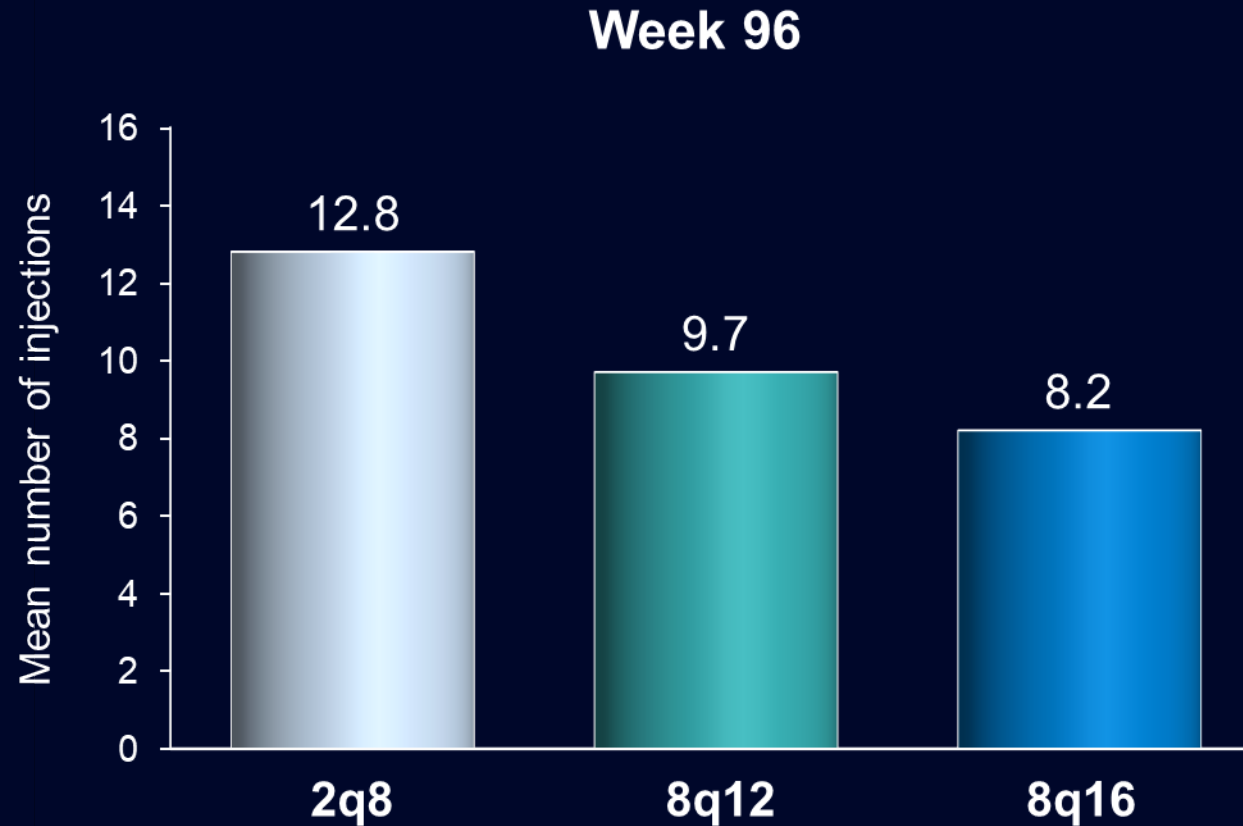
# Central Subfield Thickness

## Absolute CST (Observed Values)<sup>a</sup>



FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338 (at BL). <sup>a</sup>Observed values (data post-ICE were censored). <sup>b</sup>LS mean values (data post-ICE were censored); LS means were generated using MRMM, with BL CST measurement as a covariate, and treatment group (afibercept 2q8, 8q12, 8q16), visit, and stratification variables (geographic region [Japan vs. Rest of World] and baseline BCVA [ $<60$  vs.  $\geq 60$ ]) as fixed factors, and interaction terms for BL and visit and for treatment and visit.

# Mean Number of Injections



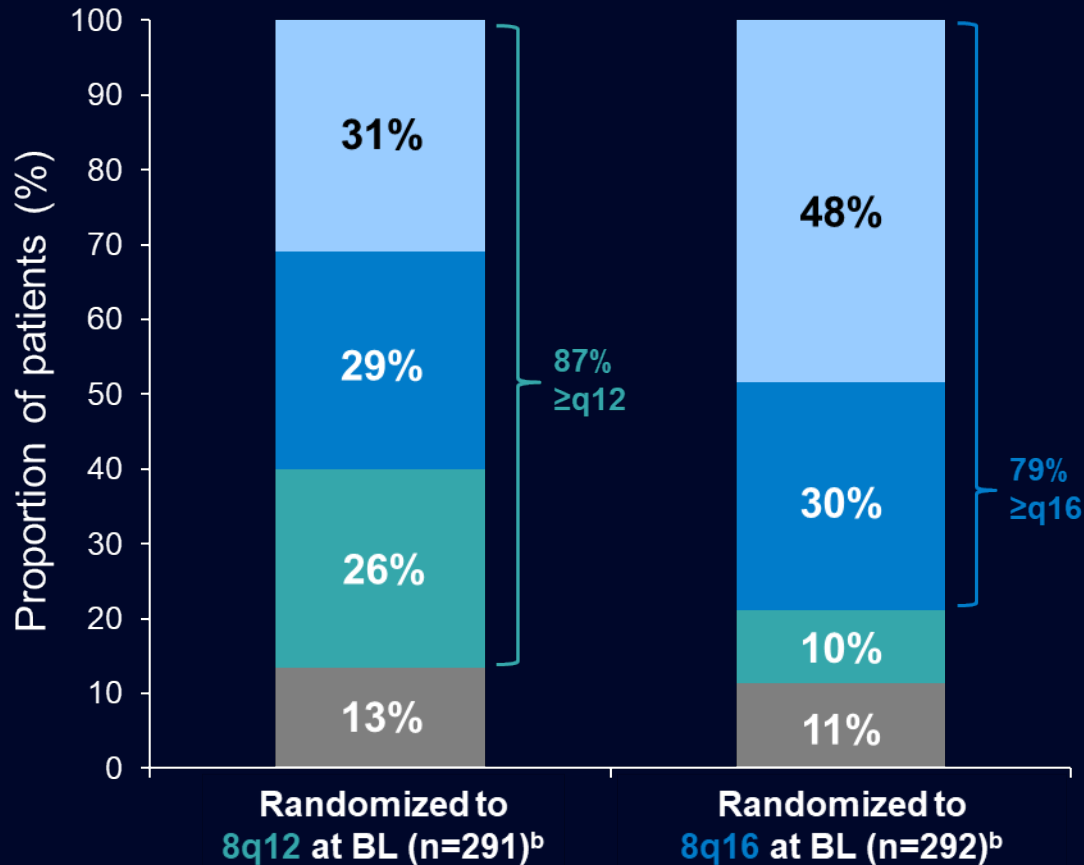


# Dosing interval at Week 96<sup>a</sup>



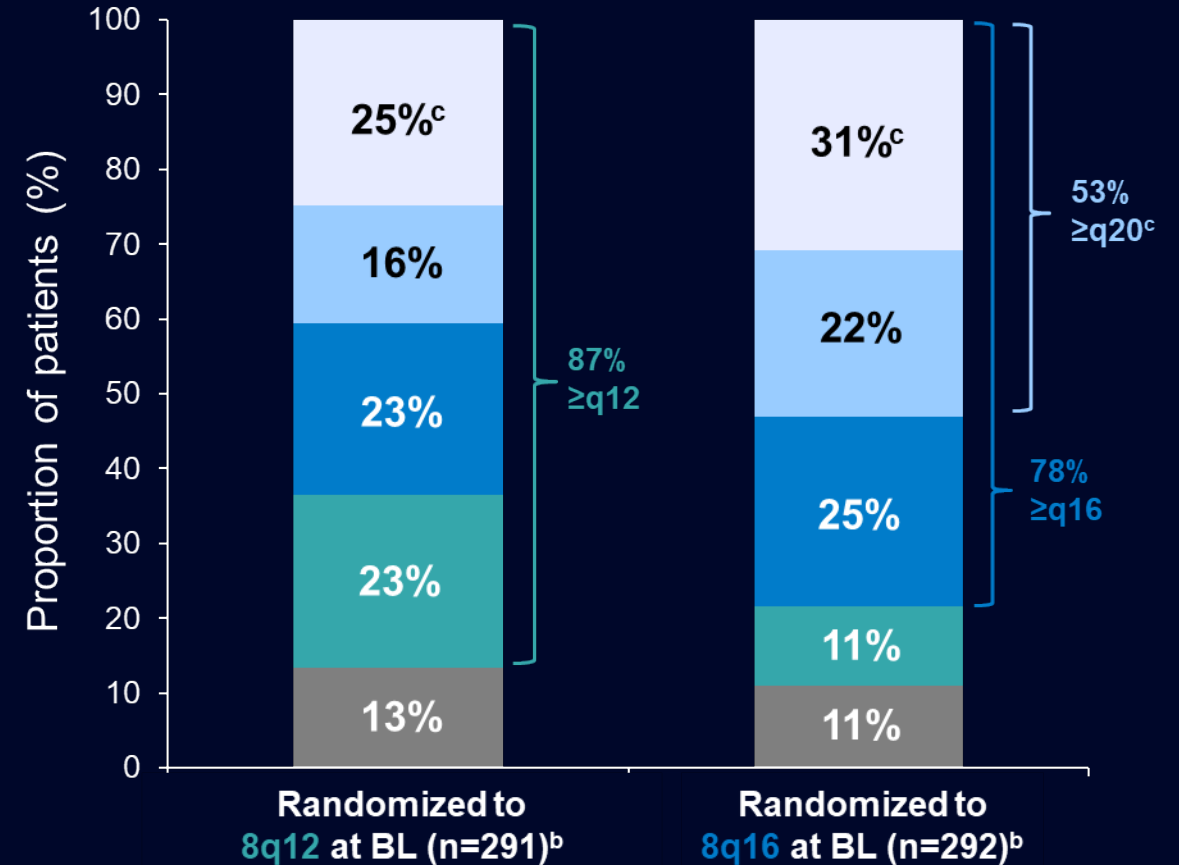
## Last Completed

■ q8 ■ q12 ■ q16 ■ q20



## Last Assigned

■ q8 ■ q12 ■ q16 ■ q20 ■ q24

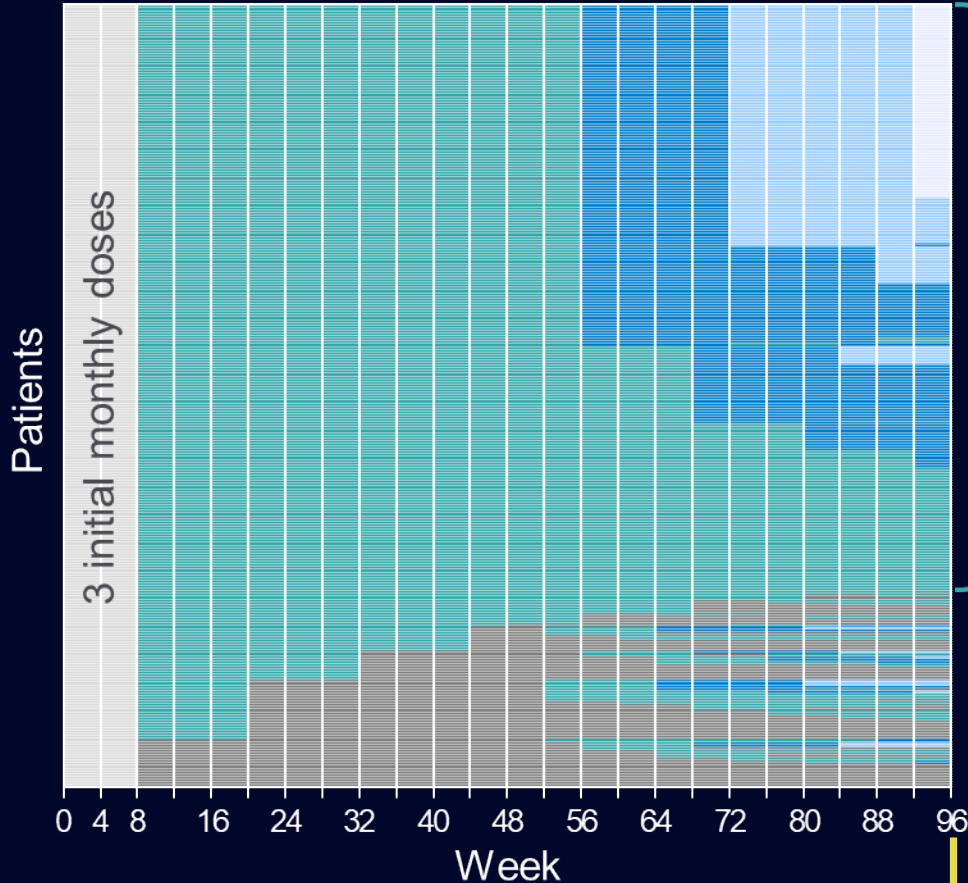


<sup>a</sup>Dosing intervals were extended in Year 2 if patients had <5-letter loss in BCVA from Week 12 **AND** no fluid at the central subfield **AND** no new foveal hemorrhage or neovascularization.  
<sup>b</sup>Patients completing Week 96. <sup>c</sup>Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but did not have enough time to complete the interval within the 96-week study period. Values may not add up to 100% due to rounding.

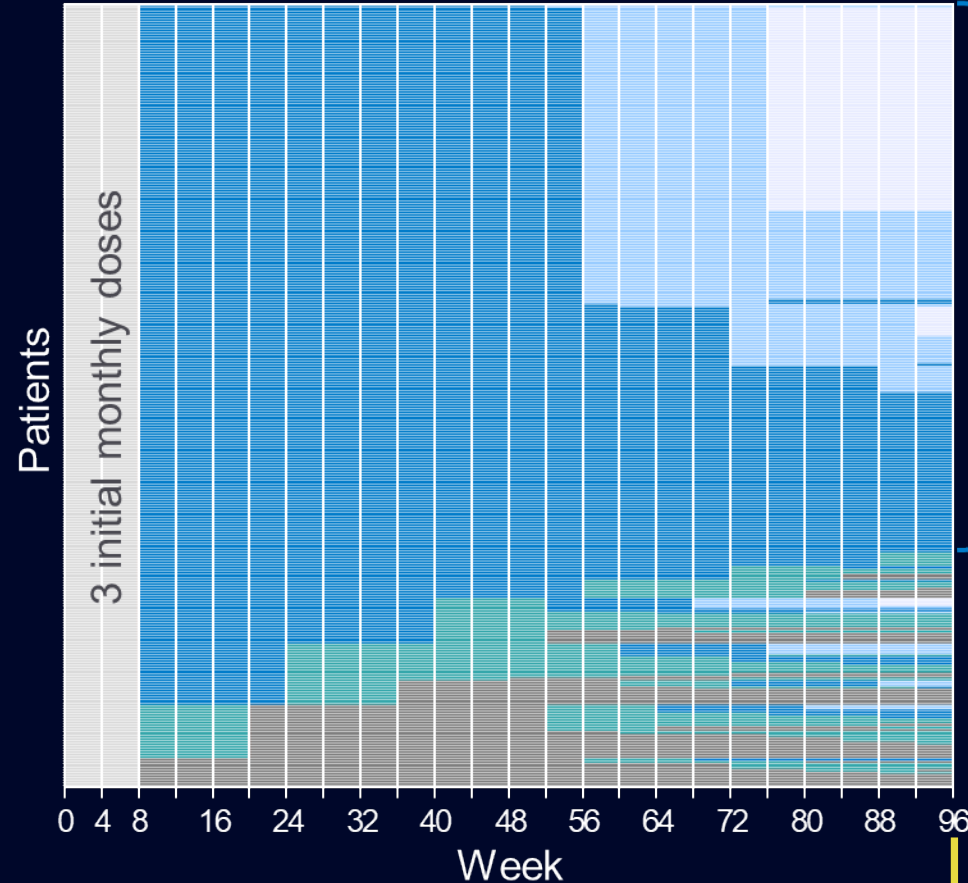
# Dosing Intervals $\geq$ q20 were Assigned to ~50% of Patients on 8 mg by Week 96

Randomized to 8q12 at BL

Randomized to 8q16 at BL



75%  
maintained  
 $\geq$ q12 dosing



70%  
maintained  
 $\geq$ q16 dosing

41% of patients had a last assigned dosing interval of  $\geq$ 20 weeks

53% of patients had a last assigned dosing interval of  $\geq$ 20 weeks

■ q8 ■ q12 ■ q16 ■ q20 ■ q24

SAF, data are for Week 96 completers.  
SAF, safety analysis set.

# Most Frequent Ocular TEAEs Through Week 96 (Study Eye)

	2q8	8q12	8q16	All 8 mg
SAF, n	336	335	338	673
Patients with ≥1 ocular TEAE, n (%)	181 (53.9)	171 (51.0)	174 (51.5)	345 (51.3)
Patients with IOI, n (%)	7 (2.1)	6 (1.8)	3 (0.9)	9 (1.3)

- Ocular TEAEs occurring in ≥5% of patients in any treatment group were cataract, retinal hemorrhage, visual acuity reduced, and vitreous floaters
- Reported IOI terms in the 8 mg arm were anterior chamber cell, chorioretinitis, iridocyclitis, iritis, uveitis, vitreal cells, and vitritis
- No cases of endophthalmitis, ischemic optic neuropathy, occlusive retinitis, or retinal vasculitis were reported for the 8 mg arm

# Non-Ocular Safety Through Week 96



	2q8	8q12	8q16	All 8 mg
SAF, n	336	335	338	673
Patients, %				
APTC events <sup>a</sup>	3.3	1.5	2.1	1.8
Hypertension events <sup>a</sup>	8.0	8.1	8.3	8.2
Non-ocular serious TEAEs <sup>a</sup>	19.6	21.8	18.9	20.4
Deaths <sup>b</sup>	3.6	3.0	2.1	2.5

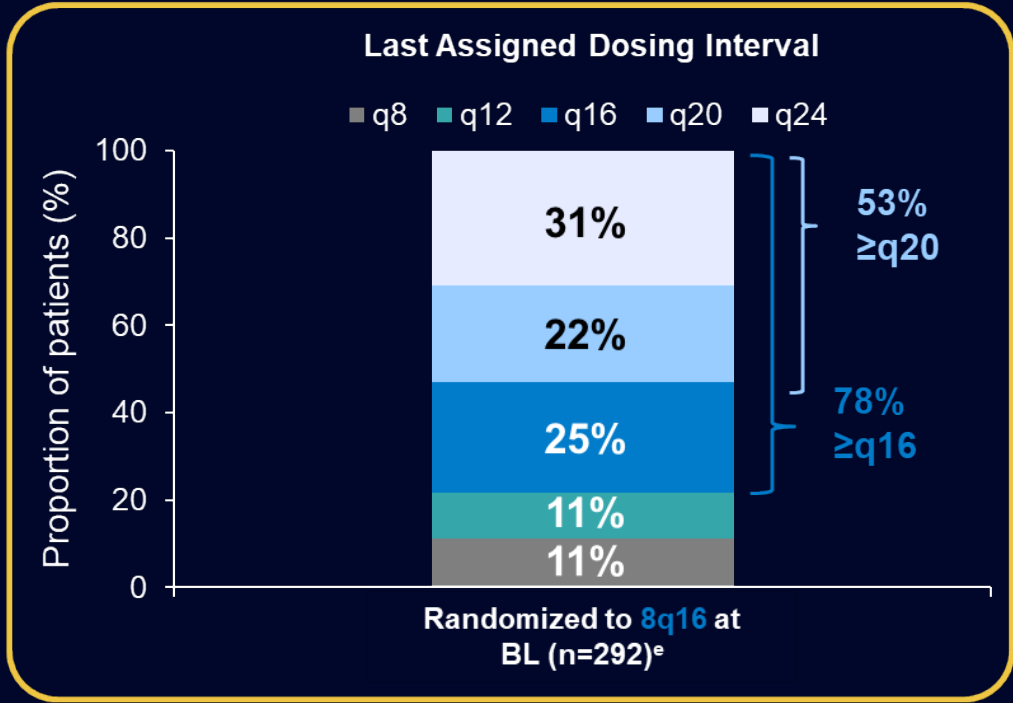
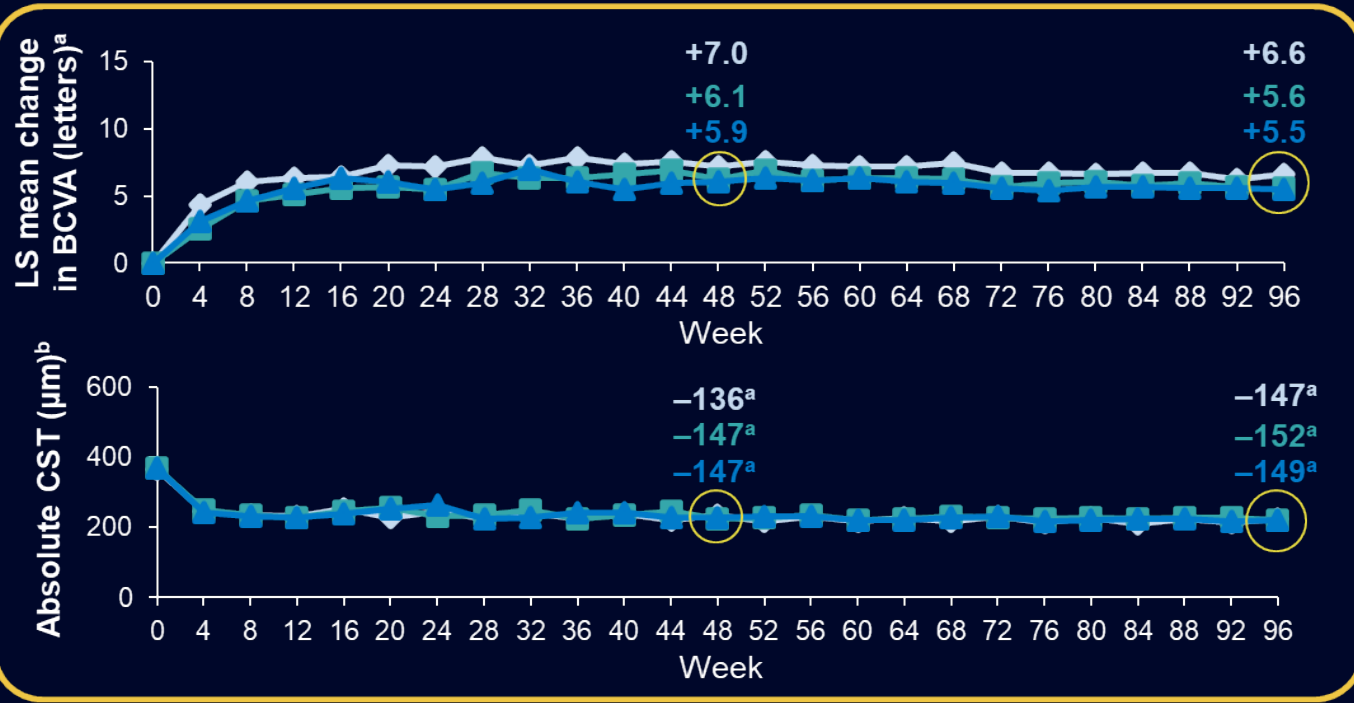
- The safety profile for aflibercept 8 mg was similar to that of aflibercept 2 mg

<sup>a</sup>Treatment-emergent events; <sup>b</sup>All events.  
APTC, Anti-Platelet Trialists' Collaboration.

# PULSAR: 96-Week Results



- Aflibercept 8 mg groups achieved similar BCVA gains compared with the aflibercept 2 mg group at Week 96
- Anatomic improvements in PULSAR for aflibercept 8 mg were maintained over time through Week 96
- At Week 96, **78%** of patients randomized to receive aflibercept 8q16 achieved  $\geq$ q16 dosing intervals and **53%** achieved  $\geq$ q20 dosing intervals
- The safety profile of aflibercept 8 mg was comparable to that of aflibercept 2 mg over 96 weeks



<sup>a</sup>LS mean values (data post-ICE were censored); <sup>b</sup>Observed values (data post-ICE were censored).