A pooled analysis of the PULSAR and PHOTON trials through 96 weeks: Minimal impact of aflibercept 8 mg and 2 mg on intraocular pressure changes

Mark R. Barakat,¹ Anat Loewenstein,² Diana V. Do,³ Paolo Lanzetta,⁴ Sergio Leal,⁵ Alyson J. Berliner,⁶ Karen W. Chu,⁶ Richard Gale,⁷ Ghassan Ghorayeb,⁸ Michael W. Stewart,⁹ Xin Zhang,⁵ April J. McCullough,⁶ Claudia Tueckmantel,¹⁰ Peter Morgan-Warren,⁵ Lynne Brunck,⁵ Ajla Dupljak,⁶ Maggie Hymowitz,⁶ Anna Portnoy,⁶ Ursula M. Schmidt-Ott,¹¹ on behalf of the PHOTON and PULSAR study investigators

¹Retina Macula Institute of Arizona, Spectra Eye Institute, University of Arizona College of Medicine, Phoenix, Scottsdale, AZ, USA;

²Ophthalmology Division, Tel Aviv Medical Center, affiliated with Faculty of Medicine Tel Aviv University, Tel Aviv, Israel;

³Byers Eye Institute, Stanford University School of Medicine, Palo Alto, CA, USA; ⁴Department of Medicine – Ophthalmology, University of Udine, and Istituto Europeo di Microchirurgia Oculare – IEMO, Udine-Milan, Italy; ⁵Bayer Consumer Care AG, Basel, Switzerland; ⁶Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA; ⁷University of York and York and Scarborough Teaching Hospital NHS Foundation Trust, York, UK;

⁸Department of Ophthalmology and Visual Sciences, West Virginia University, Morgantown, WV, United States;

⁹Mayo Clinic College of Medicine and Department of Ophthalmology, Mayo Clinic, Jacksonville, FL, USA;

¹⁰Bayer AG, Wuppertal, Germany; ¹¹Bayer AG, Berlin, Germany

Financial Disclosures

- Mark R. Barakat reports participation in Speakers' Bureau, as consultant or in research for AbbVie Inc., Adverum Biotech, Alcon, Alimera, Allegro, Allergan, Annexon Biosciences, Apellis, Arctic Vision, Astellas, Bausch and Lomb, Biocryst, Biogen, Boehringer Ingelheim, CalciMedica, Celltrion, Cencora, Clearside Biomedical, Coherus Biosciences, EyeBio, EyePoint Pharma, Gemini Therapeutics, Genentech, Gyroscope Therapeutics, Harrow, Janssen, Kanghong/Vanotech, Kodiak Sciences, Novartis, NeuBase, Neurotech, Ocular Therapeutix, Oculis, Opthea, Outlook Therapeutics, Oxular, Oxurion, Palatin Technologies, Perfuse, Regeneron, RegenxBio, ReNeuron, RevOpsis Therapeutics, Ribomic, Roche, Stealth Biotherapeutics, and Unity Biotechnology; holds stock in NeuBase and Oxurion; and has stock options with RevOpsisTherapeutics
 - AL is a consultant for 4DMT, Abbvie, Astellas, Bayer, Beyeonics, Eyepoint, Notal Vision, Ocular Therapeutix, Ocuphire, Oculis, Opthea, Roche, Boehringer Ingelhein, Aviceda, Voiant. DVD is a consultant for AbbVie, Allergan, Apellis, Bayer, Biogen, Boehringer Ingelheim, Novartis, Ocular Therapeutix, Roche, and Santen; and receives funding from Bayer, Novartis, and Roche. PL is a consultant for Aerie, Allergan, Apellis, Bausch & Lomb, Bayer, Biogen, Boehringer Ingelheim, Genentech, I-Care, Novartis, Outlook Therapeutics, and Roche. SL is an employee, investor, and patent holder of Bayer Consumer Care AG. AJB, AJM, AD, MH, and AP are employees of Regeneron Pharmaceuticals, Inc. KWC is a former employee of Regeneron Pharmaceuticals, Inc. RG is a consultant for AbbVie, Allergan, Apellis, Astellas, Bayer, Biogen, Boehringer Ingelheim, Novartis, Ocular Therapeutix, Roche, and Santen, and conducts research for Bayer, Novartis, and Roche. GG has no financial disclosures to report. MWS is a consultant for Alkahest, Bayer, Biogen, Revena, Regeneron Pharmaceuticals, Inc., and Bayer; and receives funding from Allergan, Kanghong, and Regeneron Pharmaceuticals, Inc. XZ is an employee and investor of Bayer Consumer Care AG. CT is an employee of Bayer AG. PM-W and LB are employees of Bayer Consumer Care AG. UMS-O was an employee of Bayer AG at the time of the analyses
- The PHOTON study was sponsored by Regeneron Pharmaceuticals, Inc. (Tarrytown, NY), and the PULSAR study was funded by Bayer AG (Leverkusen, Germany). The sponsors participated in the design and conduct of the studies, analysis of the data, and preparation of this presentation
- Study disclosures: These studies include research conducted on human patients; and Institutional Review Board approval was obtained prior to study initiation
- The pooled IOP safety analysis of intravitreal aflibercept 8 mg PHOTON and PULSAR was previously presented at the ARVO Annual Meeting, May 4–8, 2025, Salt Lake City, UT, USA and at the RWC Meeting, May 8–11, Fort Lauderdale, Florida, FL, USA
- Medical writing support, under the direction of the authors, was provided by ApotheCom and funded by Bayer Consumer Care AG, Basel, Switzerland, in accordance with Good Publication Practice guidelines (Ann Intern Med. 2022;175:1298–1304)

Objective and Methods Objective

This analysis evaluated the impact of aflibercept 8 mg (70 μl) and aflibercept 2 mg (50 μl) on intraocular pressure changes in the PULSAR and PHOTON trials through 96 weeks

Study design and IOP assessment in PULSAR and PHOTON trials

PULSAR and PHOTON

Multicenter, randomized, double-masked, non-inferiority studies in participants with nAMD (PULSAR) or DME (PHOTON)

2q8^a n=336 (PULSAR) n=167 (PHOTON) **8q12**^b n=335 (PULSAR) n=328 (PHOTON) **8q16**^b n=338 (PULSAR) n=163 (PHOTON)

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

Pre-injection IOP assessment Post-injection IOP assessment

Pre-injection IOP assessment (bilaterally)

Evaluated bilaterally before each active or sham injection

Post-injection IOP assessment (study eye only)

Study protocols recommended that IOP be measured at ~30 to 60 minutes (PULSAR) or ~30 minutes (PHOTON) after active or sham injection

The same method of measurement was used in each patient throughout the study (e.g., Goldmann applanation tonometry, Icare rebound tonometry, or Tono-pen™). On days when the study drug was administered, sites were permitted to follow their usual post-injection monitoring routine. Reported IOP was the last reading recorded before the patient was permitted to leave the study site. ^aAfter 3 (PULSAR) or 5 (PHOTON) initial monthly injections. ^bAfter 3 initial monthly injections. **2q8**, aflibercept 2 mg every 8 weeks; **8q12**, aflibercept 8 mg every 12 weeks; **8q16**, aflibercept 8 mg every 16 weeks; **BCVA**, best-corrected visual acuity; **DME**, diabetic macular edema; **IOP**, intraocular pressure; **nAMD**, neovascular age-related macular degeneration.

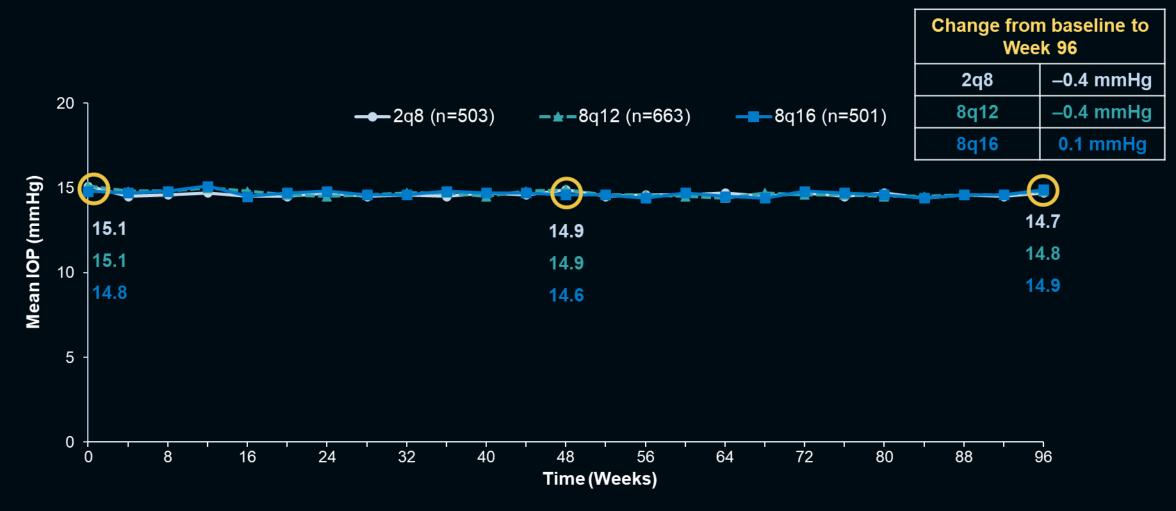
Baseline Demographics, Disease Characteristics, and Aflibercept Exposure

Overall, safety data for 1667 patients were evaluated

	Aflibercept 2 mg pooled	8q12	8q16	Aflibercept 8 mg pooled ^a
PULSAR, n	167	328	163	491
PHOTON, n	336	335	338	673
Total, n	503	663	501	1164

	Aflibercept 2 mg pooled (n=503)	Aflibercept 8 mg pooledª (n=1164)
Baseline demographics		
Female, n (%)	263 (52.3)	544 (46.7)
Age group, n (%) <65 years ≥65–<75 years ≥75 years White, n (%) Hispanic or Latino, n (%)	137 (27.2) 180 (35.8) 186 (37.0) 361 (71.8) 43 (8.5)	346 (29.7) 425 (36.5) 393 (33.8) 875 (75.2) 104 (8.9)
Baseline disease characteristics		
Mean (SD) IOP, mmHg	15.1 (3.0)	15.0 (3.2)
Medical history of IOP increase/glaucoma, n (%)	41 (8.2)	88 (7.6)
Aflibercept exposure		
Total number of injections	6159	9762

Mean Pre-injection IOP Through Week 96



The mean pre-injection IOP values were comparable across treatment groups, with no sustained increase in IOP through Week 96

5

Pre- or Post-injection IOP in the Study Eye Through Week 96

	2q8	8q12	8q16	All 8 mg
Safety analysis set, n	503	663	501	1164
Pre- or post-injection IOP ≥35 mmHg, n (%)ª	4 (0.8)	5 (0.8)	1 (<0.1)	6 (0.1)
Pre-injection IOP ≥35 mmHg, n (%)ª	1 (0.2)	2 (0.3)	0	2 (0.2)
Post-injection IOP ≥35 mmHg, n (%)ª	3 (0.6)	3 (0.5)	1 (0.2)	4 (0.3)

The proportion of patients with pre-injection IOP ≥35 mmHg at any visit through Week 96 was very low and comparable across the treatment groups

6

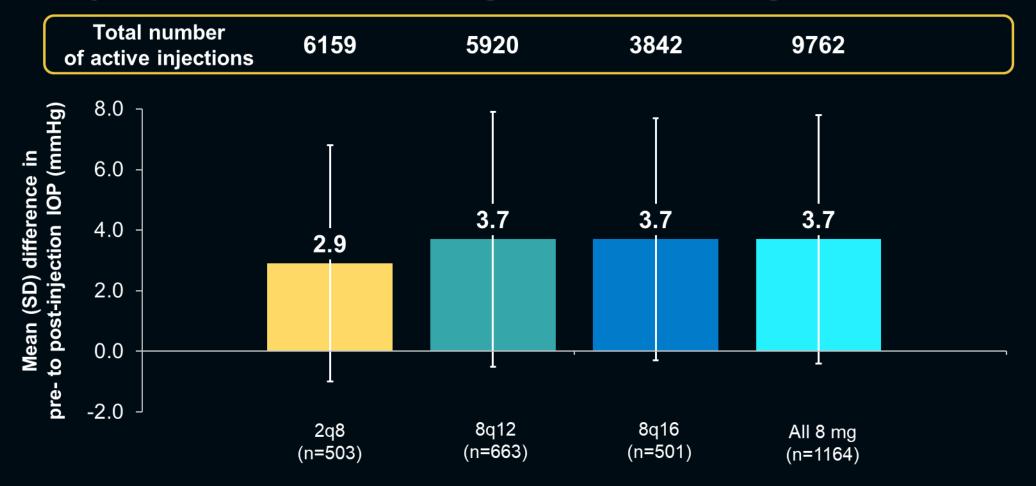
Anterior Chamber Paracentesis in the Study Eye Through Week 96

	2q8	8q12	8q16	All 8 mg
Number of patients requiring anterior chamber paracentesis/n (%)	0/503 (0)	4/663 (0.6)	1/501 (0.2)	5/1164 (0.4)
Number of events requiring anterior chamber paracentesis/number of active study eye injections (%)	0/6159 (0)	8/5920 (0.1)	1/3842 (<0.1)	9/9762 (<0.1)

The rates of anterior chamber paracentesis procedures performed through Week 96 were comparable across the treatment groups

Safety analysis set.

Differences in Pre-injection to Post-injection IOP in Study Eyes at Active Dosing Visits Through Week 96



The LS mean (95% CI) difference in pre- to post-injection IOP was comparable for patients in the combined All 8 mg and 2 mg groups, with a difference of 0.83 mmHg (0.67, 0.99)

IOP- and Glaucoma-related TEAEs in the Study Eye Through Week 96

	2q8	8q12	8q16	All 8 mg
Safety analysis set, n	503	663	501	1164
Patients with ≥1 TEAE, n (%)	22 (4.4)	31 (4.7)	22 (4.4)	53 (4.6)
Angle closure glaucoma	1 (0.2)	1 (0.2)	1 (0.2)	2 (0.2)
Borderline glaucoma	0	1 (0.2)	1 (0.2)	2 (0.2)
Glaucoma	1 (0.2)	1 (0.2)	5 (1.0)	6 (0.5)
Intraocular pressure increased	17 (3.4)	21 (3.2)	13 (2.6)	34 (2.9)
Ocular hypertension	3 (0.6)	8 (1.2)	4 (0.8)	12 (1.0)
Open angle glaucoma	1 (0.2)	1 (0.2)	0	1 (<0.1)

Conclusions

Pre-injection and Post-injection IOP

- Pre-injection IOP values remained consistent over the 96-week period
- Few patients (≤0.8%) had pre- or post-injection IOP ≥35 mmHg at any visit with aflibercept 8 mg and aflibercept 2 mg

Anterior chamber paracentesis

- The rates of anterior chamber paracentesis procedures were comparable across treatment groups
- The procedure was **performed following fewer than 0.1% of injections administered** in the aflibercept 8 mg group

Pre- to
Post-injection IOP
differences

 No clinically relevant differences were observed in LS mean changes from pre- to post-injection IOP of aflibercept 8 mg vs aflibercept 2 mg (0.83 mmHg [95% CI 0.67, 0.99])

TEAEs

 The incidence of IOP-related TEAEs such as "glaucoma", "IOP increased", and "ocular hypertension" was comparable across treatment groups