



Aflibercept 8 mg in macular edema following retinal vein occlusion (MEfRVO): 64-week results from the QUASAR trial

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QUASAR: Study Design

A multicenter, randomized, double-masked, Phase 3 study in patients with treatment-naïve macular edema secondary to RVO

Randomly assigned at baseline 1 (2q4) : 1 (8q8/3) : 1 (8q8/5)

2q4

Aflibercept 2 mg initiated with 9 monthly injections followed by T&E^a
n=301

8q8/3

Aflibercept 8 mg initiated with 3 monthly injections, followed by Q8 and T&E^a
n=293

8q8/5

Aflibercept 8 mg initiated with 5 monthly injections, followed by Q8 and T&E^a
n=298

Primary endpoint

EOS
Key secondary endpoint

	Day 1	W4	W8	W12	W16	W20	W24	W28	W32	W36	W40	W44	W48	W52	W56	W60	W64
2q4	X	X	X	X	X	X	X	X	X	T&E	T&E	T&E	T&E	T&E	T&E	T&E	
8q8/3	X	X	X	o	X	o ^b	X	o ^c	X	T&E	T&E	T&E	T&E	T&E	T&E	T&E	
8q8/5	X	X	X	X	X	o	X	o ^c	X	o ^c	X	T&E	T&E	T&E	T&E	T&E	

DRM for interval shortening

Dosing interval shortened by 4 weeks beginning at Week 16 for 8q8/3, Week 24 for 8q8/5, or Week 40 for 2q4 if both the following criteria were met at a dosing visit:

- BCVA loss of >5 letters from the reference visit, AND
- >50 µm increase in CRT from the reference visit^d

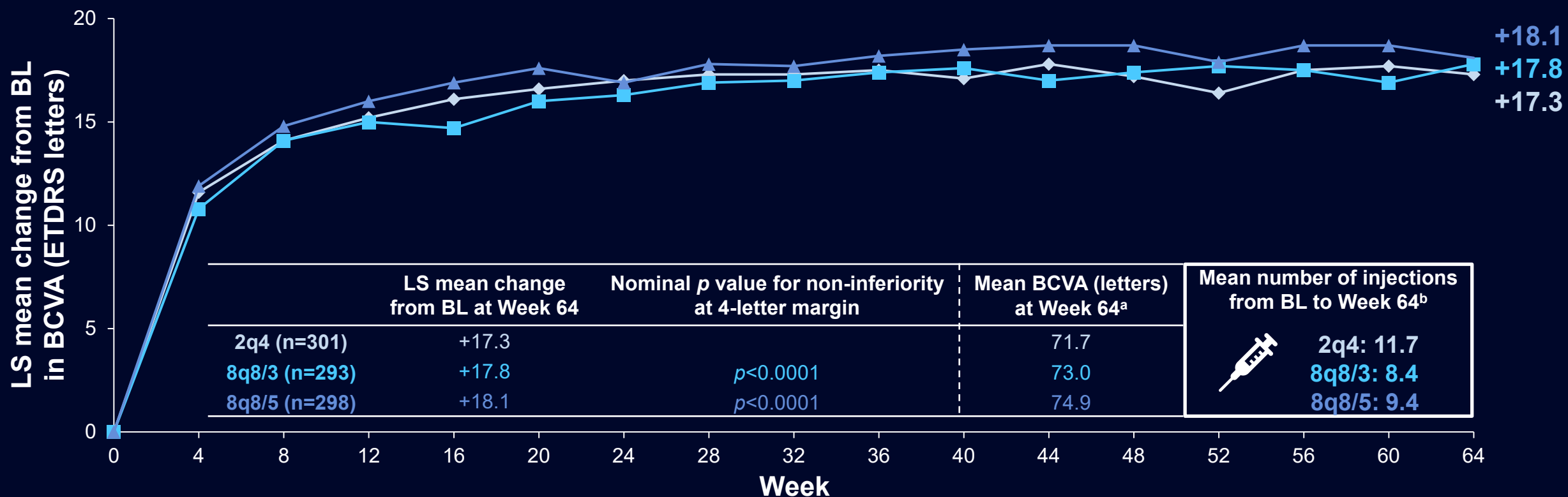
DRM for interval extension

Dosing interval extended by 4 weeks starting at Week 32 for 8q8/3 and 2q4 and at Week 40 for 8q8/5 if both the following criteria were met at a dosing visit:

- BCVA loss of <5 letters from the reference visit^d, AND
- CRT <320 µm Heidelberg/<300 µm Cirrus or Topcon SD-OCT

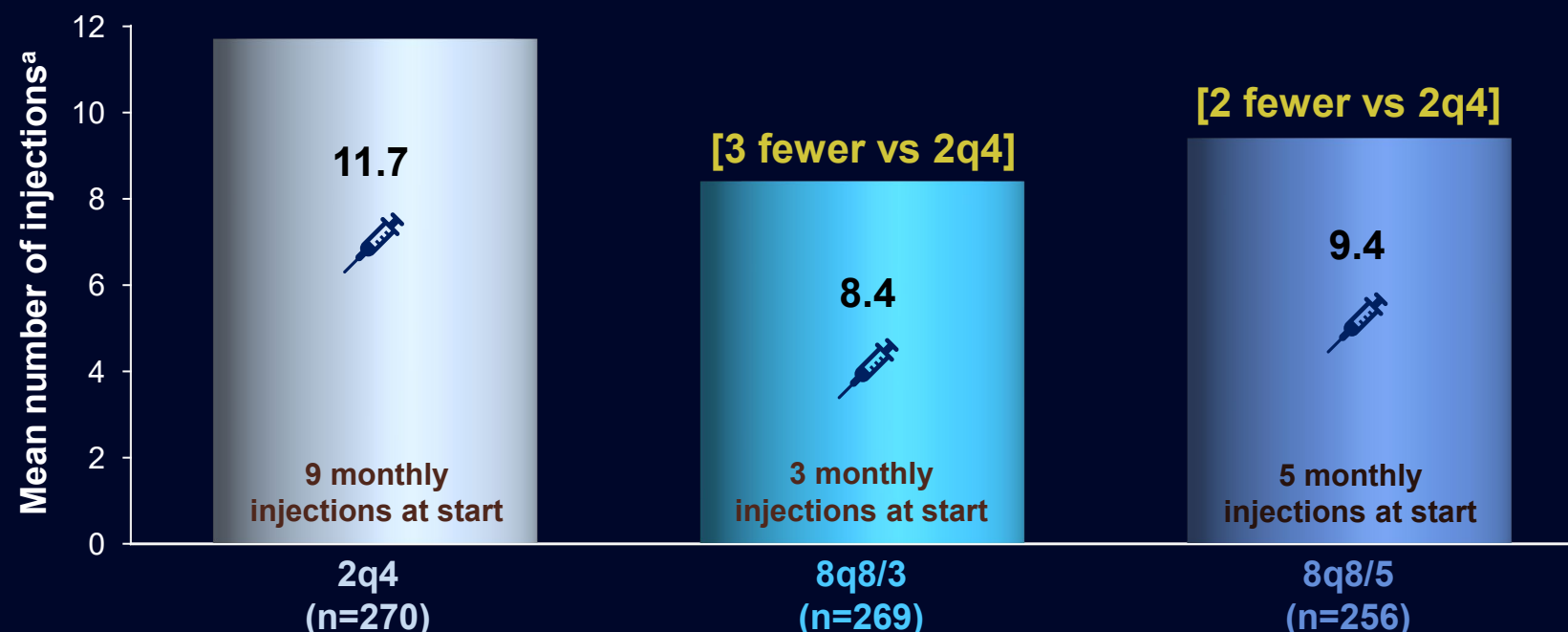
The primary efficacy endpoint was change from baseline in BCVA at Week 36, with a non-inferiority margin of 4 letters. Stippled boxes = initial treatment phase; X = active injection; o = sham injection. Note: Table does not reflect all dosing options once a patient's dosing interval is shortened. ^aWith opportunity for extension per DRM. ^bActive injection for patients meeting DRM criteria at Week 16. ^cActive injection for patients meeting DRM criteria from Week 16 for 8q8/3 or Week 24 for 8q8/5. ^dReference is Week 12 for 8q8/3 and Week 20 for 8q8/5 and 2q4 (denoted by green boxes on table). **2q4**, aflibercept 2 mg administered every 4 weeks; **8q8/3**, aflibercept 8 mg administered every 8 weeks, after 3 initial injections at 4-week intervals; **8q8/5**, aflibercept 8 mg administered every 8 weeks, after 5 initial injections at 4-week intervals; **BCVA**, best-corrected visual acuity; **CRT**, central subfield retinal thickness; **DRM**, dose-regimen modification; **EOS**, end of study; **Q8**, every 8 weeks; **RVO**, retinal vein occlusion; **SD-OCT**, spectral-domain optical coherence tomography; **T&E**, treat and extend; **W**, week.

Aflibercept 8 mg Arms Continued to Maintain Robust Improvements in BCVA Through Week 64



Full analysis set. LS means were generated using a mixed model for repeated measures with baseline BCVA as a covariate. The fixed factors were treatment arm (aflibercept 8q8/3, 8q8/5, or 2q4), visit, and stratification variables: geographic region (Japan, Asian-Pacific, Europe, or America), BL BCVA (<60 vs ≥60 letters), and RVO type (CRVO/HRVO vs BRVO). The model also included terms for the interactions between BL BCVA and visit, and between treatment and visit. ^aObserved values (censoring data post intercurrent event). ^bObserved values, patients completing Week 64.

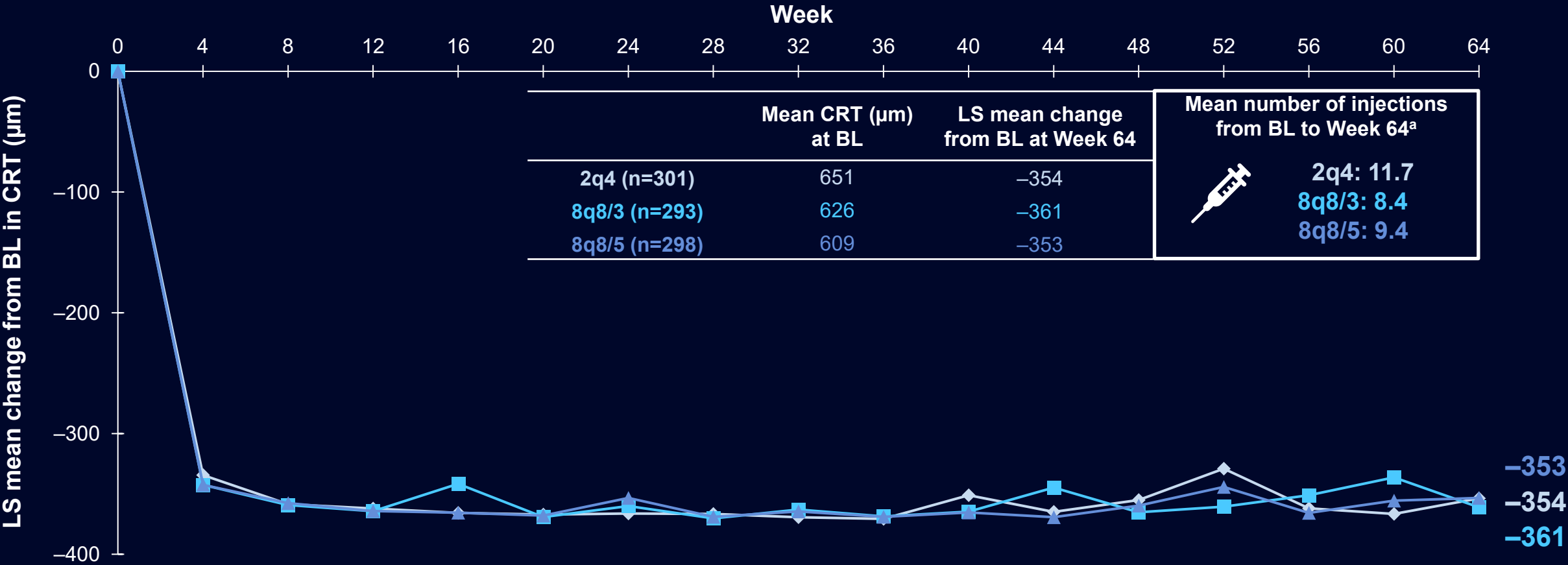
Key Secondary Efficacy Endpoint at Week 64: Significantly Fewer Number of Active Injections with Aflibercept 8 mg Compared with Aflibercept 2 mg



	LS mean (SE)	Difference vs 2q4 (95% CI)	p value
2q4 (n=301)	11.7 (0.1)		
8q8/3 (n=293)	8.5 (0.1)	-3.2 (-3.5, -3.0)	<0.0001
8q8/5 (n=298)	9.5 (0.1)	-2.2 (-2.4, -2.0)	<0.0001

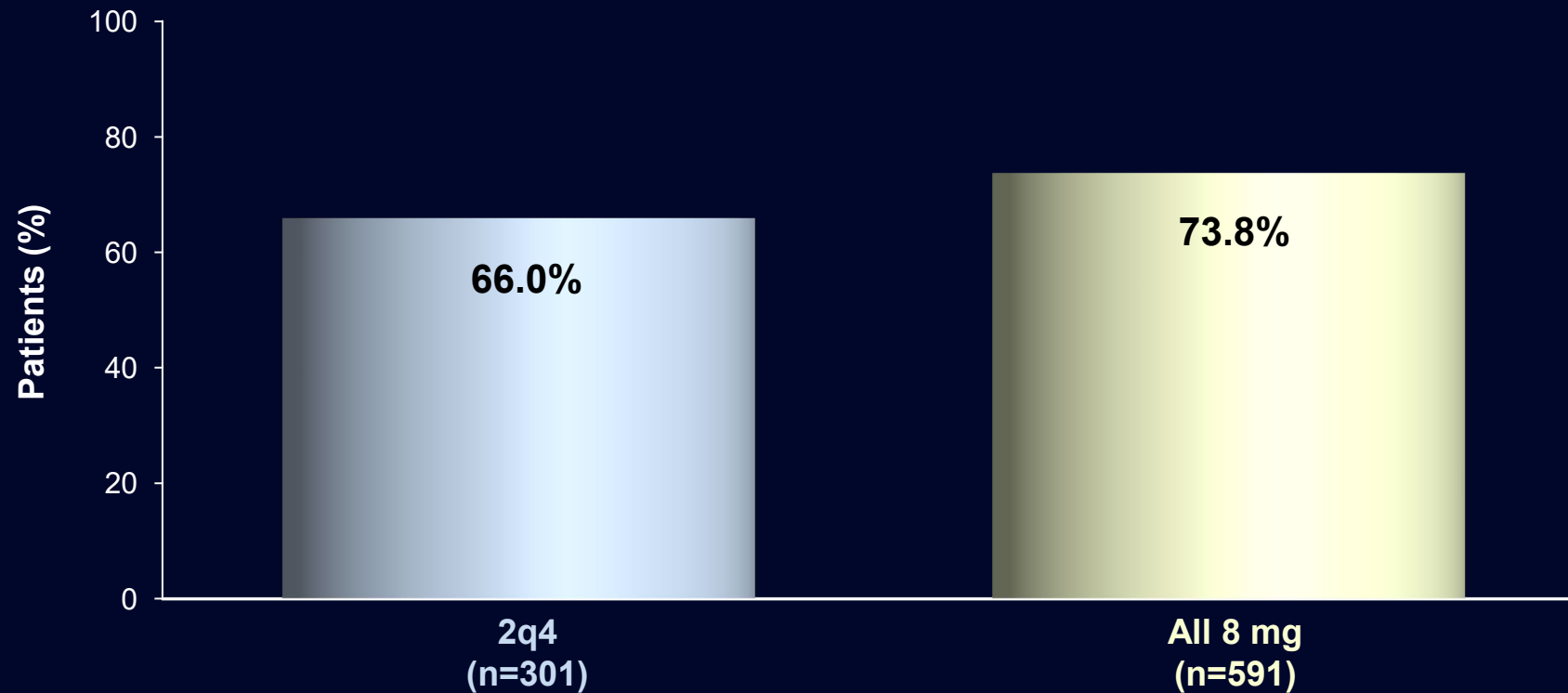
Full analysis set. Missing endpoint values imputed using a multiple imputation procedure. Based on a linear regression model (LS means and CI) and a non-parametric rank analysis of covariance (p value), adjusted for BL BCVA, BL CRT, and stratification variables (geographic region [Japan, Asia-Pacific, Europe, or America], BCVA score [>60 vs ≥ 60 letters], RVO type [CRVO/HRVO vs BRVO]), within the multiple imputation procedure. ^aFull analysis set. Observed cases, patients completing Week 64.
CI, confidence interval; SE, standard error.

Aflibercept 8 mg Arms Maintained Robust Anatomic Improvements Through Week 64, with Significantly Fewer Injections Compared with Aflibercept 2 mg



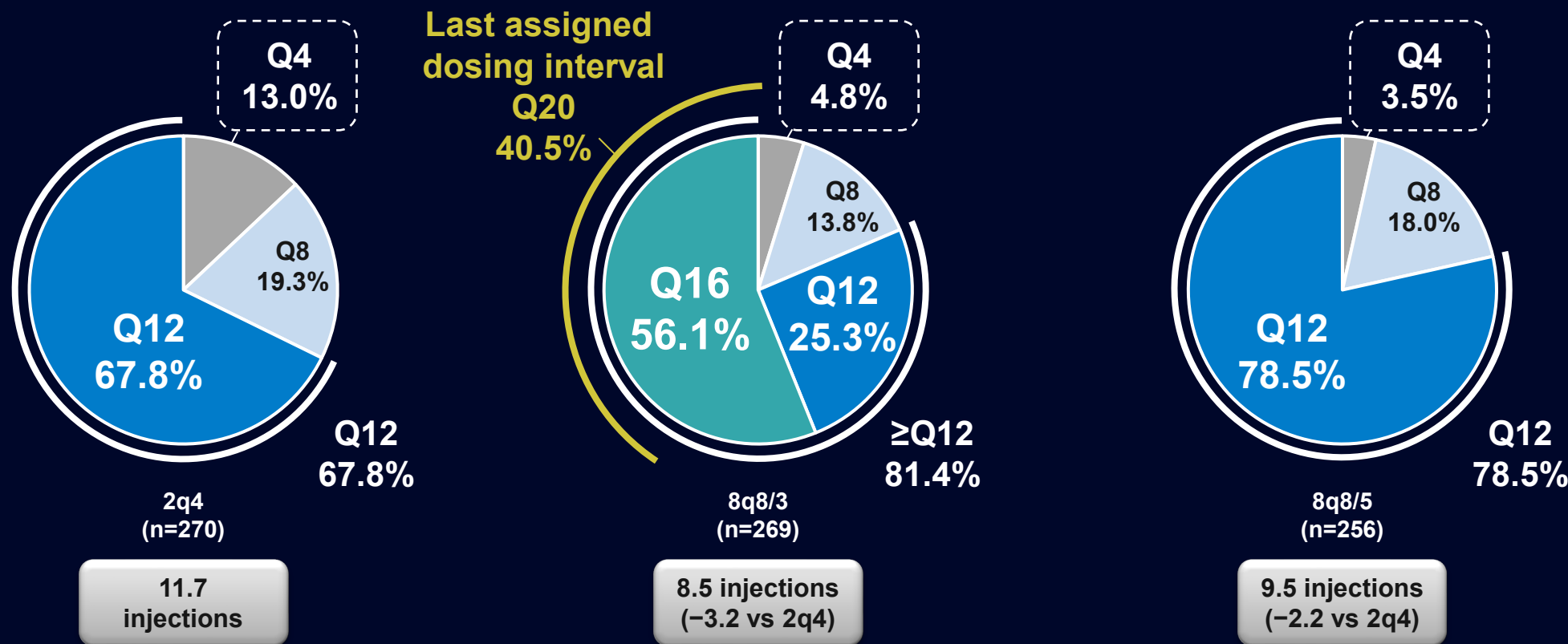
Full analysis set. LS means were generated using a mixed model for repeated measures was used with BL CRT measurement as a covariate, treatment arm, visit, and the stratification variables: geographic region (Japan, Asia-Pacific, Europe, or America), baseline BCVA (<60 vs ≥60 letters), and RVO type (CRVO/HRVO vs BRVO) as fixed factors. The model also included terms for the interactions between BL CRT and visit, and between treatment and visit. ^aObserved values, patients completing Week 64.

More Patients Treated with Aflibercept 8 mg Versus 2 mg Were Fluid-Free in the Central Subfield, with Fewer Injections at Week 64



Full analysis set. Observed values (censoring data post intercurrent event).
Fluid resolution defined as no IRF and no SRF in central subfield.
IRF, intraretinal fluid; SRF, subretinal fluid.

Last Completed Dosing Intervals at Week 64



80% of patients treated with aflibercept 8 mg had a last completed interval of Q12 or longer
 ~3 times fewer patients needed to stay at Q4 with aflibercept 8 mg versus 2 mg
 40.5% of patients in the 8q8/3 arm had a last assigned dosing interval of Q20

Ocular and Non-ocular Safety Through Week 64



	2q4 (n=301)	8q8/3 (n=293)	8q8/5 (n=298)	All 8 mg (n=591)
Ocular TEAEs in the study eye, %	42.2	45.7	39.6	42.6
Serious ocular TEAEs in the study eye, %	2.7	1.7	1.7	1.7
Intraocular inflammation in the study eye, %	1.7	1.4	0.7	1.0
Anterior chamber cell	0.3	0	0	0
Eye inflammation	0.3	0	0	0
Iritis	0	0.3	0	0.2
Uveitis	0	0	0.7	0.3
Vitritis	0	0.7	0	0.3
Endophthalmitis	1.0	0.3	0	0.2
Serious non-ocular TEAEs, %	12.0	11.3	11.1	11.2
APTC events, %	2.0	0.7	2.3	1.5
Deaths, %	1.0	0.7	1.7	1.2

Aflibercept 8 mg was consistent with the established safety profile of aflibercept 2 mg and 8 mg

The most common ocular TEAEs overall were cataract, intraocular pressure increase, visual acuity reduced, and conjunctival haemorrhage

Safety analysis set.

APTC, Anti-Platelet Trialists' Collaboration; TEAE, treatment-emergent adverse event.

Summary of Key 64-week Results from QUASAR



Efficacy

- **Improvements in BCVA and CRT** achieved at Week 36 were **maintained through Week 64** across all treatment groups with **up to 3.2 fewer injections** with aflibercept 8 mg compared with aflibercept 2 mg
- At Week 64, **more patients treated with aflibercept 8 mg were fluid-free** in the central subfield compared with those on aflibercept 2 mg

Dosing intervals

- **Approximately 80%** of patients treated with aflibercept 8 mg achieved **dosing intervals of $\geq$ Q12 weeks**, with 41% of those in the 8q8/3 arm being assigned to Q20 dosing intervals at Week 64
- Nearly 3-fold **fewer patients required Q4 dosing** with aflibercept 8 mg at Week 64, despite patients on aflibercept 2 mg having the opportunity to extend dosing intervals

Safety

- Safety data of aflibercept 8 mg in patients with RVO from QUASAR through Week 64 were **comparable to the known safety profile** of aflibercept 2 mg and 8 mg

**The QUASAR group wishes to thank all patients
and investigators of the QUASAR trial**