

Pooled Safety Analysis of Aflibercept 8 mg in the CANDELA, PHOTON, and PULSAR Trials

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on behalf of CANDELA, PHOTON, and PULSAR study investigators**

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Disclosures

- Justus G. Garweg has served as an advisor and speaker for AbbVie, Bayer, Novartis and Roche; and as investigator in multicenter randomized controlled trials for Bayer, Novartis, and Roche
 - **ES** is a consultant and investigator for Carl Zeiss Meditec, Inc. and Notal Vision. **AJB, KWC, KR, RR, and RV** are employees and stockholders of Regeneron Pharmaceuticals, Inc. **AS, CT, and USO** are employees of Bayer AG. **XZ and SL** are employees of Bayer Consumer Care AG
- The CANDELA and PHOTON studies were sponsored by Regeneron Pharmaceuticals, Inc. (Tarrytown, NY), and the PULSAR study was funded by Bayer AG (Leverkusen, Germany). The sponsor 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; Institutional Review Board approval was obtained prior to study initiation
- The pooled safety analysis of intravitreal aflibercept 8 mg from CANDELA, PHOTON, and PULSAR was previously presented at the ARVO Annual Meeting, April 23–27, 2023 and the ASRS Annual Meeting, July 28–August 1, 2023
- Medical writing support, under direction of the authors, was provided by Stephanie Agbu, PhD, of Regeneron Pharmaceuticals, Inc. and by ApotheCom (funded by Bayer Consumer Care AG, Basel, Switzerland), in accordance with Good Publication Practice (GPP) guidelines (*Ann Intern Med* 2022;175:1298–1304)

Background and Methods

- The purpose of the current analysis was to evaluate the safety of aflibercept 8 mg in a large patient population by pooling safety data across clinical trials of aflibercept 8 mg
- Data from 3 multicenter clinical trials comparing the efficacy and safety of aflibercept 8 mg versus aflibercept 2 mg were pooled:
 - Phase 2 **CANDELA** trial in treatment-naïve patients with nAMD
 - Phase 3 **PULSAR** trial in treatment-naïve patients with nAMD
 - Phase 2/3 **PHOTON** trial in treatment-naïve and previously treated patients with DME
- Data were pooled through Week 44 of the CANDELA trial and through Week 48 of the PULSAR and PHOTON trials

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; n, number; nAMD, neovascular age-related macular degeneration.

CANDELA

Phase 2, multicenter, randomized, single-masked study in patients with nAMD

Aflibercept 2 mg
3 initial monthly injections
followed by doses
at Week 20 and 32
n=53

Aflibercept 8 mg
3 initial monthly injections
followed by doses
at Week 20 and 32
n=53

Primary endpoint at Week 16
Proportion of patients without fluid in the central subfield

End of study at Week 44

PULSAR and PHOTON

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

2q8
Aflibercept 2 mg every 8 weeks
after 3 (PULSAR) or 5 (PHOTON)
initial monthly injections
n=336 (PULSAR)
n=167 (PHOTON)

8q12
Aflibercept 8 mg every 12 weeks
after 3 initial monthly injections
n=335 (PULSAR)
n=328 (PHOTON)

8q16
Aflibercept 8 mg every 16 weeks
after 3 initial monthly injections
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

Baseline Demographics and Aflibercept Exposure in the Pooled Safety Analysis

Overall, safety data for **1773** patients were evaluated

	Aflibercept 2 mg pooled	Aflibercept 8 mg pooled ^a
CANDELA, n	53	53
PULSAR, n	336	673
PHOTON, n	167	491
Total, n	556	1217

		Aflibercept 2 mg pooled	Aflibercept 8 mg pooled ^a
n		556	1217
Age group, n (%)	<65 years	141 (25.4%)	349 (28.7%)
	≥65–<75 years	196 (35.3%)	441 (36.2%)
	≥75 years	219 (39.4%)	427 (35.1%)
Female, n (%)		299 (53.8%)	574 (47.2%)
White, n (%)		412 (74.1%)	927 (76.2%)
Hispanic or Latino, n (%)		47 (8.5%)	106 (8.7%)
Aflibercept exposure			
Number of injections, mean (SD)		6.9 (1.1)	5.5 (0.9)
Treatment duration, mean (SD), weeks		45.5 (7.4)	45.9 (7.5)

^aAflibercept 8q12 and 8q16 combined. SD, standard deviation.

Ocular TEAEs in the Study Eye

Aflibercept 2 mg
pooled

Aflibercept 8 mg
pooled^a

n	556	1217
Patients with ≥1 ocular TEAE	196 (35.3%)	428 (35.2%)
Ocular TEAEs in ≥2% of patients, n (%)		
Cataract	12 (2.2%)	37 (3.0%)
Conjunctival hemorrhage	13 (2.3%)	36 (3.0%)
Intraocular pressure increased	13 (2.3%)	28 (2.3%)
Vitreous floaters	15 (2.7%)	36 (3.0%)
Reduced visual acuity	25 (4.5%)	35 (2.9%)
Vitreous detachment	9 (1.6%)	33 (2.7%)
Retinal hemorrhage	17 (3.1%)	28 (2.3%)
Subretinal fluid	12 (2.2%)	16 (1.3%)

Ocular TEAE incidences in the study eye were **similar across treatment groups**; no endophthalmitis, occlusive retinal vasculitis, or ischemic optic neuropathy cases were reported through Week 48

^aAflibercept 8q12 and 8q16 combined. **TEAE**, treatment-emergent adverse event.

Intraocular Inflammation and Intraocular Pressure Increase Events in the Study Eye

Aflibercept 2 mg pooled

Aflibercept 8 mg pooled^a

n	556	1217
Patients with ≥1 event of IOI , n (%)	3 (0.5%)	10 (0.8%)

Reported IOI terms: iridocyclitis, iritis, vitreal cells (each in 3 patients overall), vitritis (in 2 patients overall), chorioretinitis, and uveitis (each in 1 patient overall)

n	556	1217
Patients with ≥1 event of IOP increase , n (%)	15 (2.7%)	36 (3.0%)
Intraocular pressure increased	13 (2.3%)	28 (2.3%)
Ocular hypertension	2 (0.4%)	10 (0.8%)

A patient is counted only once within each safety topic and preferred term.

^aAflibercept 8q12 and 8q16 combined. ^bAll IOI cases are mild and moderate. **IOI**, intraocular inflammation; **IOP**, intraocular pressure.

Serious Ocular TEAEs in the Study Eye

Aflibercept 2 mg
pooled

Aflibercept 8 mg
pooled^a

n	556	1217
Patients with ≥ 1 serious ocular TEAE, n (%)	4 (0.7%)	16 (1.3%)

Reported serious ocular TEAEs: retinal detachment (in 5 patients overall), intraocular pressure increased, retinal hemorrhage (each in 3 patients overall), vitreous hemorrhage, angle closure glaucoma (each in 2 patients overall), cataract, cataract subcapsular, choroidal detachment, retinal tear, skin laceration, ulcerative keratitis, visual impairment, and visual acuity reduced (each in 1 patient overall)

^aAflibercept 8q12 and 8q16 combined.

Non-Ocular TEAEs, APTC Events and Deaths

Aflibercept 2 mg
pooled

Aflibercept 8 mg
pooled^a

n	556	1217
Patients with ≥ 1 non-ocular TEAE, n (%)	281 (50.5%)	654 (53.7%)
Non-ocular TEAEs in $\geq 2\%$ of patients in any treatment group, n (%)		
Hypertension	25 (4.5%)	75 (6.2%)
COVID-19	18 (3.2%)	69 (5.7%)
Nasopharyngitis	21 (3.8%)	43 (3.5%)
Back pain	17 (3.1%)	34 (2.8%)
Headache	10 (1.8%)	28 (2.3%)
Urinary tract infection	15 (2.7%)	28 (2.3%)
Atrial fibrillation	11 (2.0%)	6 (0.5%)
Patients with ≥ 1 APTC event, n (%)	11 (2.0%)	18 (1.5%)
Non-fatal stroke	2 (0.4%)	9 (0.7%)
Non-fatal myocardial infarction	5 (0.9%)	5 (0.4%)
Vascular death	4 (0.7%)	4 (0.3%)
Deaths, n (%)	9 (1.6%)	14 (1.2%)

The incidences of non-ocular TEAEs, APTC events, and death were similar across treatment groups

^aAflibercept 8q12 and 8q16 combined.

APTC, Anti-Platelet Trialists' Collaboration; COVID-19, coronavirus disease 2019.

Serious Non-Ocular TEAEs

Aflibercept 2 mg
pooled

Aflibercept 8 mg
pooled^a

n	556	1217
Patients with ≥1 non-ocular serious TEAE , n (%)	76 (13.7%)	145 (11.9%)
Non-ocular serious TEAEs in ≥4 patients in any treatment group, n (%)		
Pneumonia	2 (0.4%)	8 (0.7%)
Cerebrovascular accident	2 (0.4%)	7 (0.6%)
Myocardial infarction	3 (0.5%)	5 (0.4%)
Chest pain	1 (0.2%)	5 (0.4%)
COVID-19	1 (0.2%)	5 (0.4%)
Acute kidney injury	1 (0.2%)	5 (0.4%)
Acute respiratory failure	2 (0.4%)	4 (0.3%)
Acute left ventricular failure	4 (0.7%)	3 (0.2%)
Hyponatremia	4 (0.7%)	2 (0.2%)
Urinary tract infection	4 (0.7%)	1 (<0.1%)

The incidences of serious non-ocular TEAEs were similar across treatment groups

^aAflibercept 8q12 and 8q16 combined.

APTCC, Anti-Platelet Trialists' Collaboration; COVID-19, coronavirus disease 2019.

Conclusions

- In this pooled analysis of Year 1 data, aflibercept 8 mg demonstrated similar safety to aflibercept 2 mg
- Incidences of IOI were low and similar between aflibercept 8 mg and aflibercept 2 mg, with no reports of endophthalmitis, occlusive retinal vasculitis, or ischemic optic neuropathy
- There were no relevant differences in incidence of increased IOP between aflibercept 8 mg and aflibercept 2 mg
- Non-ocular events, including serious TEAEs, APTC events, and deaths, were rare and similar between aflibercept 8 mg and aflibercept 2 mg
- This descriptive analysis is limited to the recently reported clinical trials evaluating aflibercept 8 mg in nAMD and DME