

Two-year results from the eight highest recruiting countries included in the global observational XTEND study of real-world proactive regimens with intravitreal aflibercept in patients with nAMD

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Presented at the 23rd European Society of Retina Specialists (EURETINA) Congress, Amsterdam, Netherlands, October 5–8, 2023

Disclosures

Presenting author

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Introduction



Treat-and-extend is a proactive, individualized treatment regimen that is used to minimize the risk of disease recurrence, whilst maintaining visual gains and reducing treatment burden associated with anti-VEGF therapy



XTEND^a is an ongoing, 36-month, multicenter, observational, prospective study recruiting patients from 127 sites in 17 countries



The **XTEND study** is examining treatment outcomes of **real-world proactive intravitreal aflibercept (IVT-AFL) treatment regimens** (fixed dosing or T&E) in treatment-naïve patients with nAMD in routine clinical practice



This analysis presents the **2-year results** from countries that enrolled **at least 50 patients** into the **XTEND study**

^aEvaluation of an eXtended and proacTive dosing regimEn in treatment-Naïve patients with neovascular age-related macular Degeneration (nAMD). This study was initiated in May 2019 and data collection is due to conclude in August 2023.

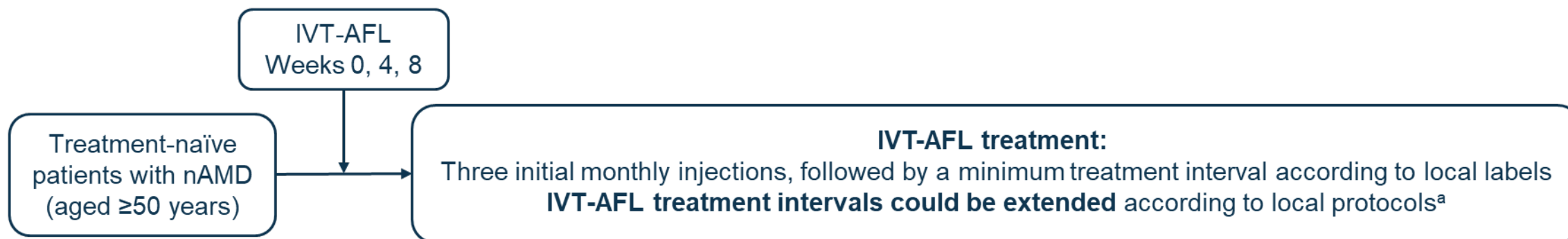
nAMD, neovascular age-related macular degeneration; T&E, treat-and-extend; VEGF, vascular endothelial growth factor.

XTEND (NCT03939767) study design and patient demographics



Primary endpoint: Mean change in BCVA (ETDRS letters) from baseline to Month 12

Secondary endpoints included: Mean change in BCVA from baseline to Month 24; mean change in CST from baseline to Month 12 and 24; mean number of IVT-AFL injections by Months 12 and 24



	Australia (n=60)	Belgium (n=81)	Canada (n=190)	France (n=147)	South Korea (n=100)	Spain (n=69)	Switzerland (n=51)	UK (n=496)
Age, years	78.0±9.2	79.3±8.3	81.1±8.2	80.4±7.1	72.3±9.1	79.8±6.9	79.2±7.4	79.7±8.1
Female, n (%)	34 (56.7)	53 (65.4)	121 (63.7)	100 (68.0)	46 (46.0)	43 (62.3)	31 (60.8)	319 (64.3)

FAS. Data are mean ± SD unless stated otherwise. Decision to treat with an IVT-AFL proactive regimen (fixed dosing or T&E) made by the investigator prior to enrollment.

^aTreatment intervals could be extended in 2- to 4-week increments up to a maximum of 12 or 16 weeks according to the local label.

BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; SD, standard deviation.



Patient baseline demographics

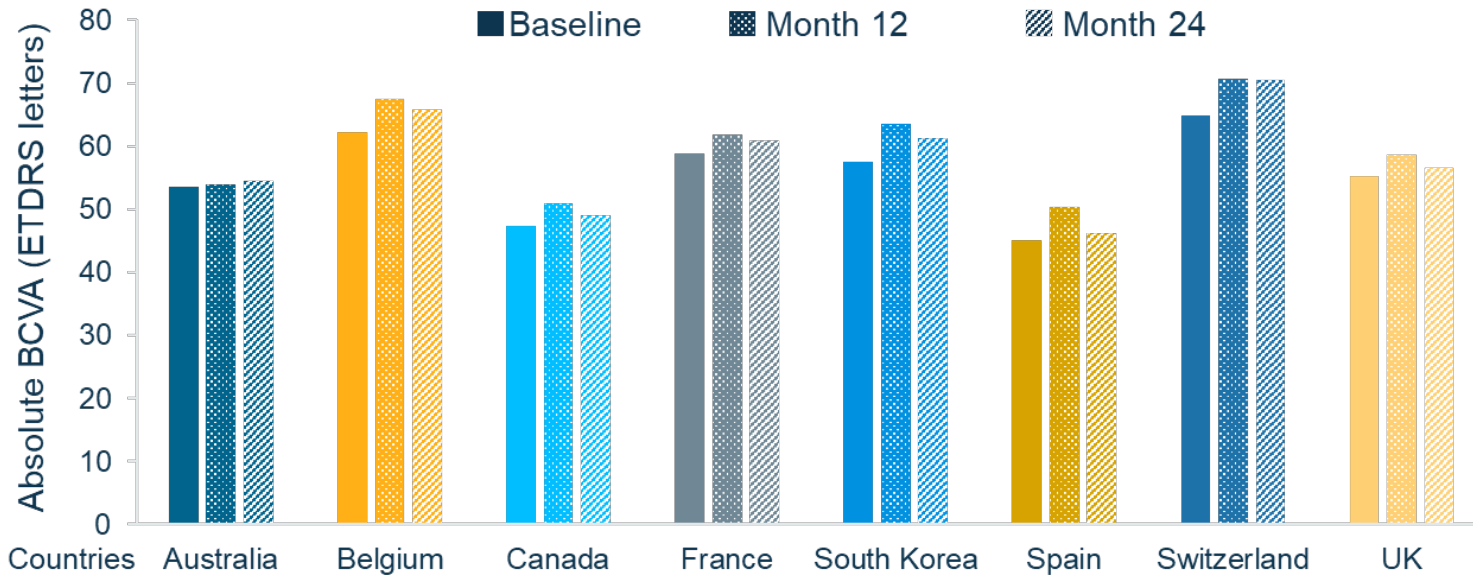
	Australia (n=60)	Belgium (n=81)	Canada (n=190)	France (n=147)	South Korea (n=100)	Spain (n=69)	Switzerland (n=51)	UK (n=496)
Mean BVCA, ETDRS letters ^a	53.5±19.6	62.2±16.4	47.3±22.0	58.8±19.0	57.5±20.5	45.0±23.2	64.9±17.9	55.2±15.8
BCVA letter score category, n (%)								
<35	8 (13.3)	2 (2.5)	35 (18.4)	12 (8.2)	9 (9.0)	19 (27.5)	3 (5.9)	44 (8.9)
≥35 to <70	36 (60.0)	45 (55.6)	121 (63.7)	88 (59.9)	51 (51.0)	35 (50.7)	20 (39.2)	339 (68.3)
≥70	16 (26.7)	34 (42.0)	34 (17.9)	47 (32.0)	40 (40.0)	15 (21.7)	28 (54.9)	113 (22.8)
Mean CST, μm ^b	322±85.6	354±96	364±109	384±122	332±126	395±129	402±106	395±143
Primary intended treatment regimen after initial monthly injections, n (%)								
Proactive T&E	57 (95.0)	81 (100.0)	177 (93.2)	135 (91.8)	81 (81.0)	63 (91.3)	50 (98.0)	380 (76.6)
Proactive fixed treatment	3 (5.0)	0 (0.0)	13 (6.8)	12 (8.2)	19 (19.0)	6 (8.7)	1 (2.0)	116 (23.4)

Across the eight countries included in this analysis, **1194 patients were included in the FAS**

In total, 325 patients discontinued treatment, including 60 patients who were lost to follow-up



Functional and anatomic outcomes by Month 24



Across the eight countries included in this analysis, **mean change** (95% CI) in **CST** from baseline to **12 months** was **-79** (-110, -47) to **-125** (-161, -90) μm , and from baseline to **24 months** was **-93** (-117, 69) to **-127** (-162, -93) μm

Mean (95% CI) change in BCVA (ETDRS letters^a) from baseline

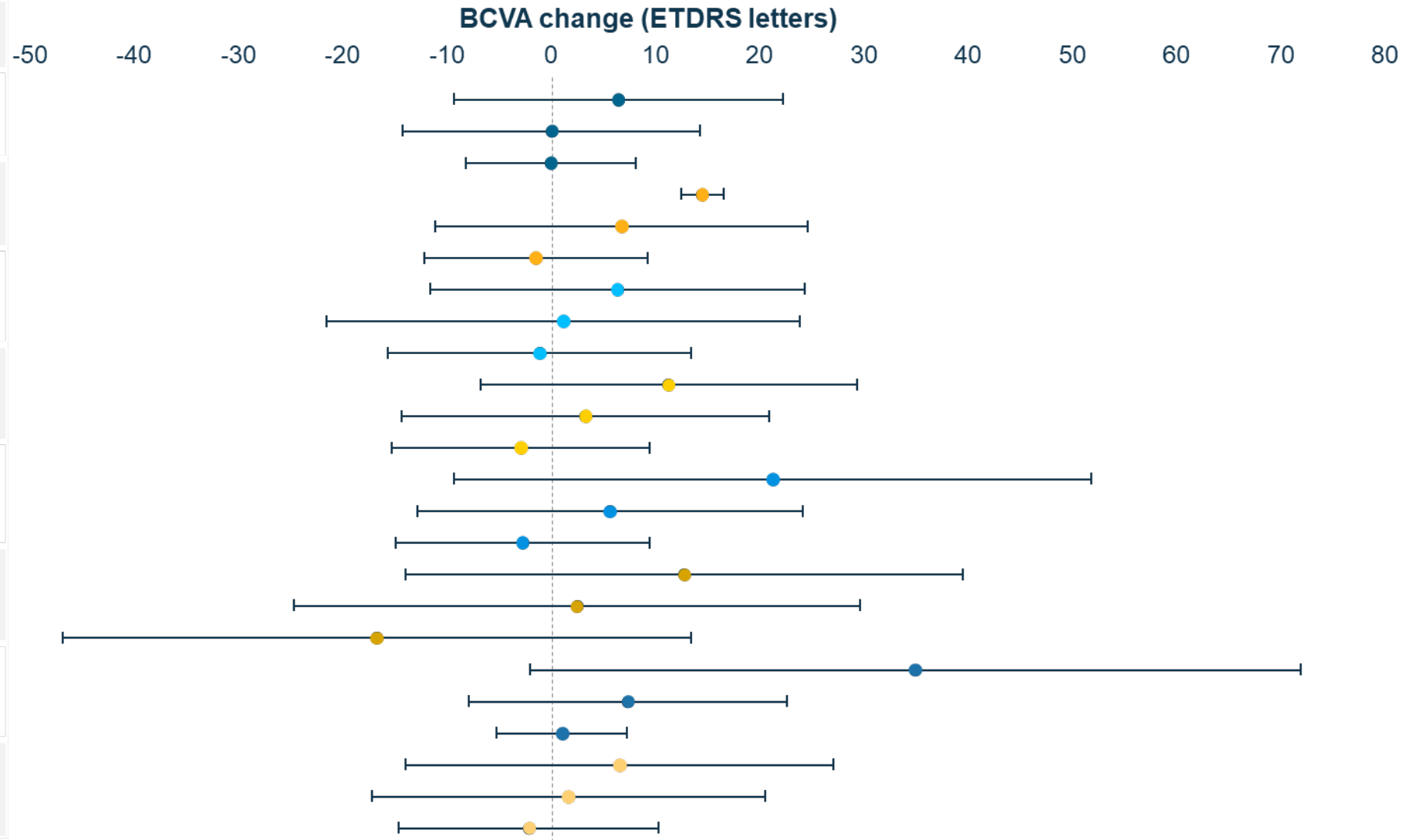
	Australia (n=60)	Belgium (n=81)	Canada (n=190)	France (n=147)	South Korea (n=100)	Spain (n=69)	Switzerland (n=51)	UK (n=496)
Baseline	53.5±19.6	62.2±16.4	47.3±22.0	58.8±19.0	57.5±20.5	45.0±23.2	64.9±17.9	55.2±15.8
M12	0.3 (-3.0, 3.6)	5.2 (2.6, 7.8)	3.7 (1.1, 6.3)	3.4 (0.8, 6.1)	5.8 (2.7, 8.8)	5.5 (-1.8, 12.8)	5.7 (1.9, 9.4)	3.4 (2.0, 4.9)
M24	0.9 (-2.5, 4.3)	3.6 (0.1, 7.0)	1.7 (-1.2, 4.7)	2.0 (-0.7, 4.7)	3.7 (-0.0, 7.5)	1.2 (-5.8, 8.2)	5.6 (1.3, 9.8)	1.3 (-0.3, 2.9)

FAS, LOCF. Data are mean±SD unless otherwise stated. ^aETDRS and Snellen chart with conversion to ETDRS were recommend to measure BCVA
 CI, confidence interval; M, month.



Visual outcomes at 24 months stratified by baseline visual

Baseline BCVA		BCVA change at M24 ^a
Australia (n=60)	<35 (n=8)	6.5
	≥35-<70 (n=36)	0.1
	≥70 (n=16)	0
Belgium (n=81)	<35 (n=2)	14.5
	≥35-<70 (n=45)	6.8
	≥70 (n=34)	-1.4
Canada (n=190)	<35 (n=35)	6.4
	≥35-<70 (n=121)	1.2
	≥70 (n=34)	-1.1
France (n=147)	<35 (n=12)	11.3
	≥35-<70 (n=88)	3.3
	≥70 (n=47)	0.5
South Korea (n=100)	<35 (n=9)	21.3
	≥35-<70 (n=51)	5.7
	≥70 (n=40)	-2.7
Spain (n=69)	<35 (n=19)	12.8
	≥35-<70 (n=35)	2.5
	≥70 (n=15)	-16.7
Switzerland (n=51)	<35 (n=3)	35
	≥35-<70 (n=20)	7.4
	≥70 (n=28)	1.1
UK (n=496)	<35 (n=44)	6.6
	≥35-<70 (n=339)	1.7
	≥70 (n=113)	-2.1





Treatment exposure – number of injections

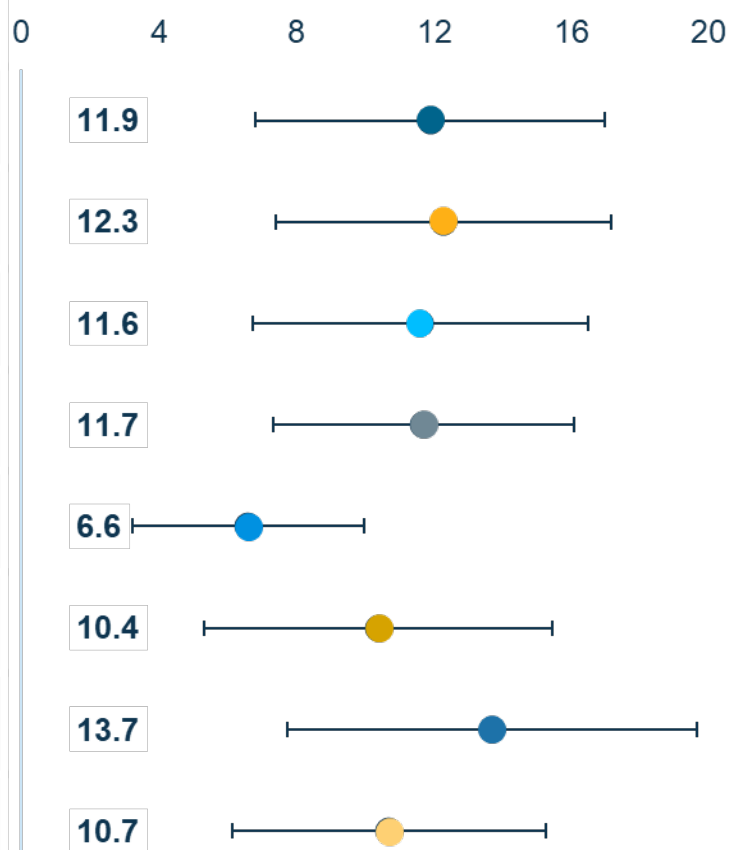
Mean (95% CI) BCVA change at M12	
Australia (n=60)	0.3 (-3.0, 3.6)
Belgium (n=81)	5.2 (2.6, 7.8)
Canada (n=190)	3.7 (1.1, 6.3)
France (n=144)	3.4 (0.8, 6.1)
South Korea (n=100)	5.8 (2.7, 8.8)
Spain (n=68)	5.5 (-1.8, 12.8)
Switzerland (n=51)	5.7 (1.9, 9.4)
UK (n=489)	3.4 (2.0, 4.9)

Mean number of injections at M12



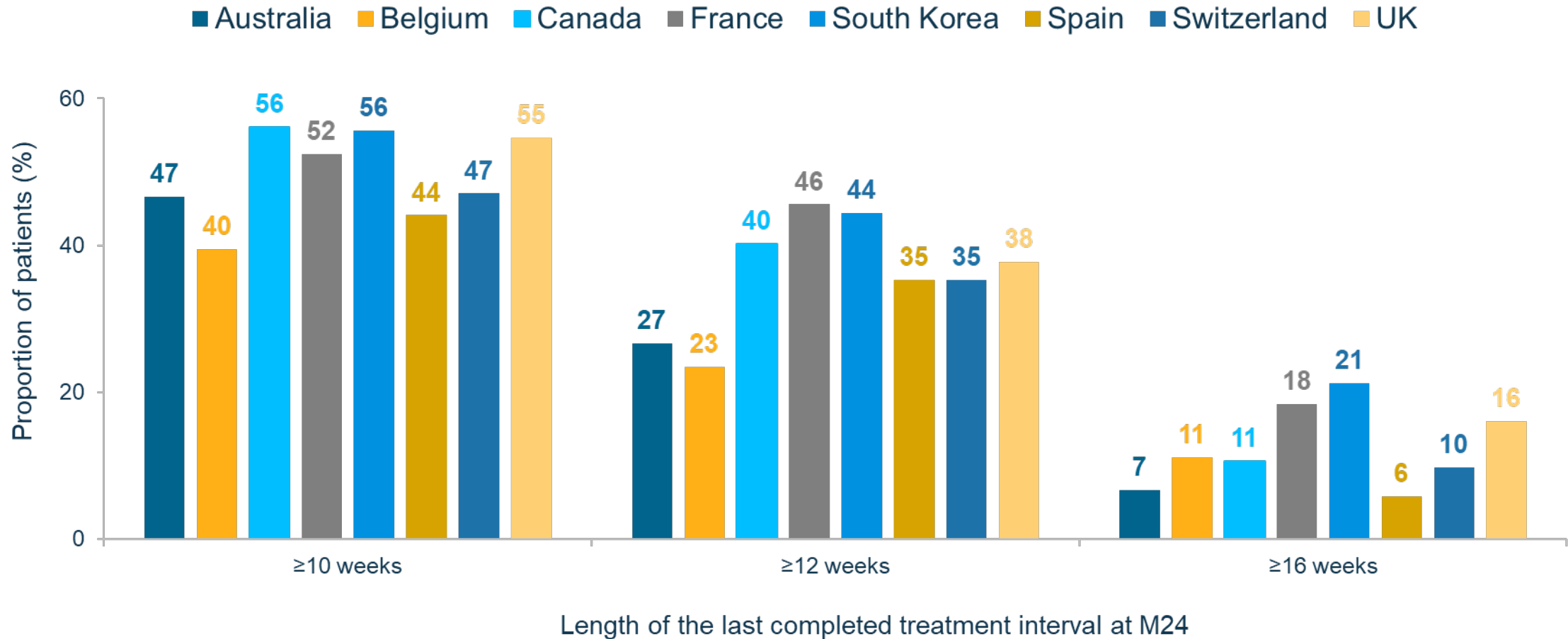
Mean (95% CI) BCVA change at M24	
Australia (n=60)	0.9 (-2.5, 4.3)
Belgium (n=81)	3.6 (0.1, 0.7)
Canada (n=190)	1.7 (-1.2, 4.7)
France (n=147)	2.0 (-0.7, 4.7)
South Korea (n=100)	3.7 (0.0, 7.5)
Spain (n=69)	1.2 (-5.8, 8.2)
Switzerland (n=51)	5.6 (1.3, 9.8)
UK (n=496)	1.3 (-0.3, 2.9)

Mean number of injections at M24





Treatment exposure – last treatment interval up to 24 months





Conclusions



In the ongoing XTEND study, the majority of patients enrolled with **high baseline BCVA**, suggesting **early initiation of treatment for nAMD**



There was a **broad range of baseline BCVA and injection numbers across the eight countries** that enrolled ≥ 50 patients, which could be attributed to differences in recruiting practices and **country-specific regulations** and protocols



In seven of the eight countries, for patients with a **baseline BCVA of ≥ 70 letters**, **BCVA was generally maintained** during the first 2 years of the ongoing 3-year study, **even in the setting of the COVID-19 pandemic**



The safety profile of IVT-AFL was consistent with previous studies,^{1,2} and was reported at **ARVO 2023**. The study is ongoing, with the **36-month analysis** planned for 2024



Thank you to all XTEND patients and investigators

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Acknowledgments

The XTEND study was sponsored by Bayer AG, Leverkusen, Germany. 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 (GPP) guidance (*Ann Intern Med.* 2022;175:1298–1304).

XTEND is part of the aflibercept RWE program:

