The effect of different nAMD treatment schemes on recipients and clinics: An analysis of Barometer Global Survey data

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Shifting the needle

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Different treatment regimens can impact patient outcomes and well-being

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Challenge: As patients receiving treatment on proactive treatment regimens (e.g., T&E) versus other as required regimens (e.g. *pro re nata* [PRN]) generally experience better visual outcomes,[1,2] it is important to understand **the impact of different treatment regimens** on patients' holistic well-being

Approach: The **Barometer Global Survey** was a worldwide survey of patients with nAMD and healthcare providers to quantify known and unknown barriers to effective treatment[3a]

Objective: To understand the **impact of T&E versus PRN regimens** on the emotions, experiences, and expectations of those with nAMD and their providers, and challenges and opportunities in the retinal clinic

Analysis: A **descriptive analysis** of a large global dataset from patients with nAMD, and from providers

[a]The Barometer Global Survey also assessed patients with DME, patients with DR, and their respective healthcare providers and clinic staff, in addition to clinic staff of patients with nAMD.

DME, diabetic macular edema; DR, diabetic retinopathy; nAMD, neovascular age-related macular degeneration, T&E, treat-and-extend.

1. Monés J, et al. *Ophthalmologica* 2020;243:1–8; 2. Rosenberg D, et al. *Eye (Lond)* 2023;37:6–16; 3. Loewenstein A, et al *Ophthalmol Ther* 2024 (accepted).

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A global cohort of patients with nAMD, and healthcare providers

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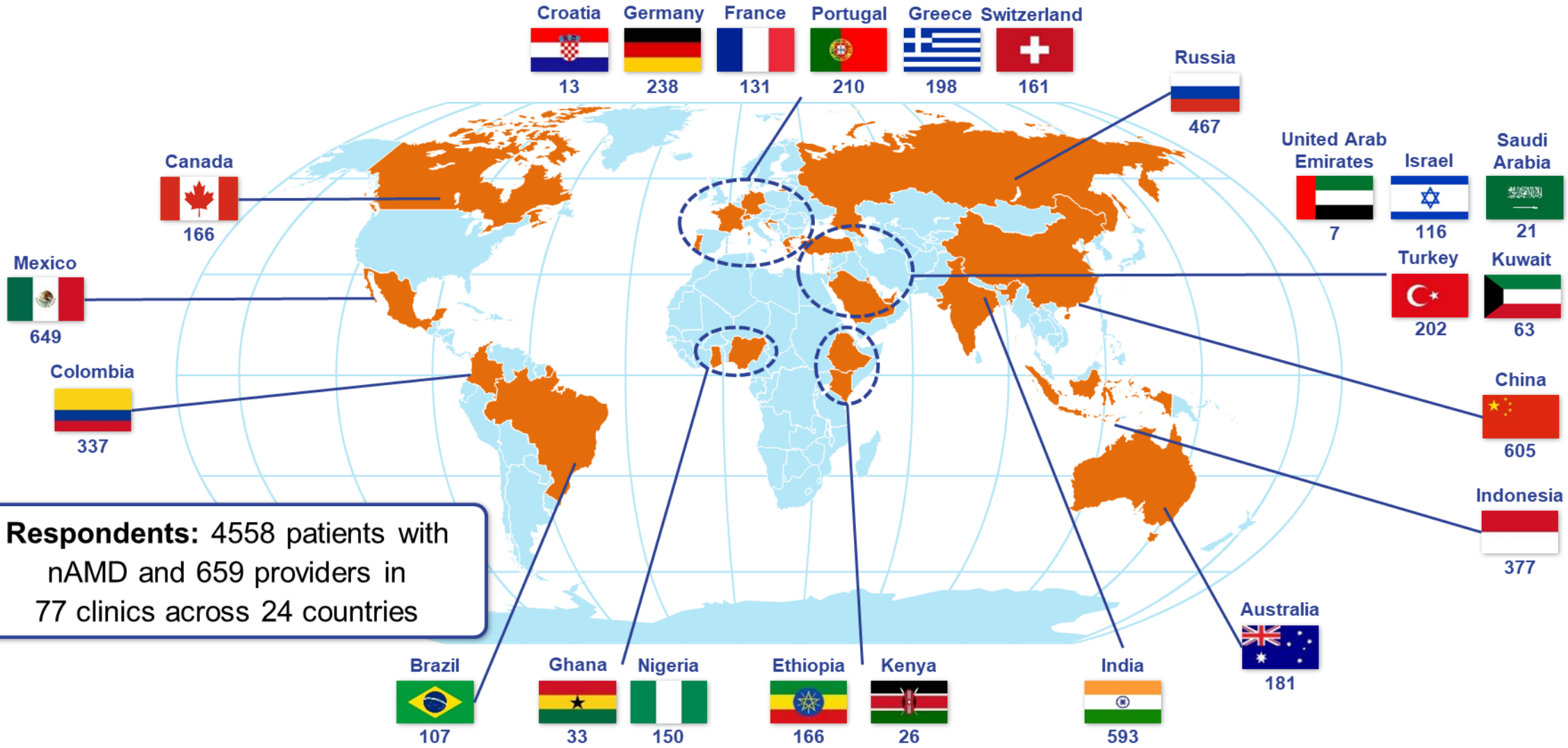
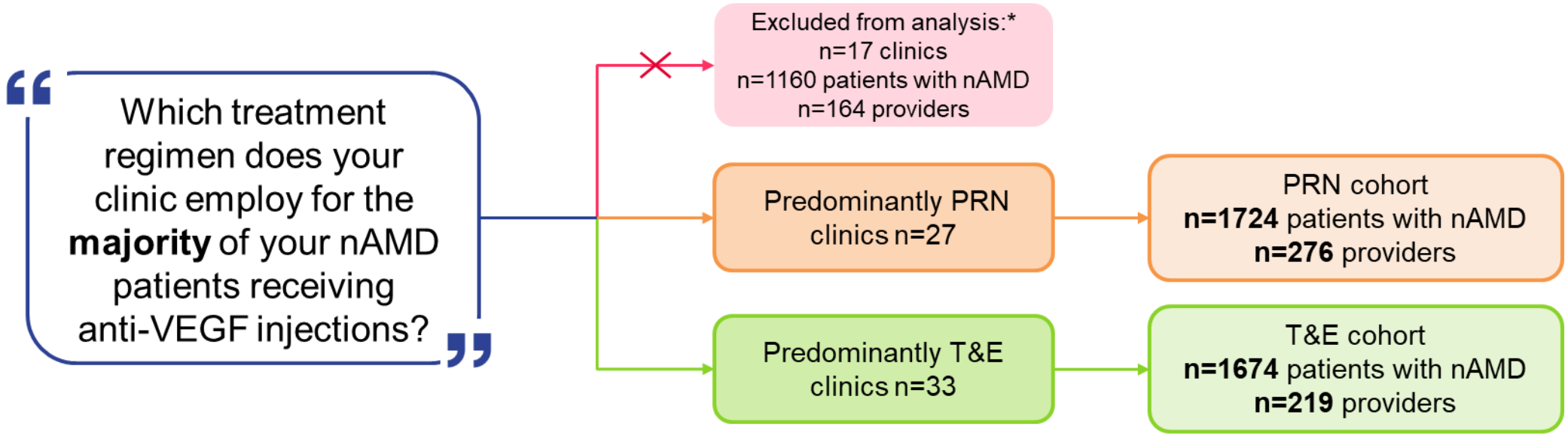


Respondents: 4558 patients with nAMD and 659 providers in 77 clinics across 24 countries

Noted below flags are numbers of completed patient and provider surveys per country.

Classification of predominantly PRN and predominantly T&E cohorts

Clinics (n=77) were stratified by their answer to the question:



Descriptive analysis: Percentage difference between cohorts (>10% cutoff)

e.g., *"I worry about the potential need for an injection"*, 1100/1724 (64%) patients from predominantly PRN clinics agreed, whereas only 653/1674 (39%) from predominantly T&E clinics agreed; therefore, the reported percentage difference is +25%

*Excluded from this analysis were 6 clinics using predominantly fixed q4 or q8 intervals, 10 clinics with no set regimen, and 1 clinic where regimen was driven by capacity. Clinics using PRN included PRN extended monitoring (n=10) and PRN monthly monitoring (n=17).
nAMD, neovascular age-related macular degeneration; PRN, *pro re nata*; T&E, treat-and-extend.

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Patients from PRN clinics face additional challenges compared with those from T&E clinics

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Patient perspective

More patients from PRN clinics (vs. patients from T&E clinics) said they…

- Worry about the potential need for an injection **+25%**
- Want extra support to stay on treatment **+35%**
- Have burdensome personal costs **+14%**
- Find it challenging for themselves, or their accompanying person, to take time off work **+18%**

Provider perspective

More providers from PRN clinics (vs. providers from T&E clinics) thought…

- Patients struggle with their appointments **+12 to +19%**
- Patients find the limitations of insurance plans difficult **+13%**
- Patient non-adherence is a problem **+12%**

Reporting % difference in proportion of patients and providers saying that they "Agree" with the statement per predominantly PRN or predominantly T&E clinic.
PRN, *pro re nata*; T&E, treat-and-extend.

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Patients from PRN clinics want more support

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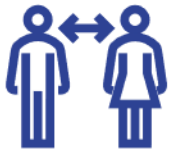
Compared with patients from T&E clinics,
more patients from PRN clinics wanted…

Extra time with the doctor to plan for the next 6 months **+13%**

Always having the same clinic staff treating them **+18%**

Medical services traveling to/near home **+15%**



More involvement of their accompanying person in the patient's care **+17%**

The ability to use home monitoring **+15%**

Professional coordination of appointments **+16%**

Financial support **+10 to +13%**

Less frequent appointments without losing vision **+11%**

Reporting % difference in proportion of patients rating the opportunity as "very important" per predominantly PRN or predominantly T&E clinic.
PRN, *pro re nata*; T&E, treat-and-extend.

Patients from PRN clinics want more support

Compared with patients from T&E clinics, more patients from PRN clinics wanted…

Extra time with the doctor to plan for the next 6 months **+13%**

Always having the same clinic staff treating them **+18%**

Me… …ir accompanying …s care **+17%**

The ability to use home monitoring **+15%**

Professional coordination of appointments **+16%**

Financial support **+10 to +13%**

Less frequent appointments without losing vision **+11%**

In this study, **all challenges were more burdensome, or opportunities more desired, by patients from predominantly PRN clinics** than those from predominantly T&E clinics

Reporting % difference in proportion of patients rating the opportunity as "very important" per predominantly PRN or predominantly T&E clinic.
PRN, *pro re nata*; T&E, treat-and-extend.

Patients from T&E clinics can be more independent and confident with their treatment

Compared with patients from PRN clinics,
patients from T&E clinics reported that they were…

More independent in their treatment

Did not need an accompanying person **+18%**

Did not want medical services traveling to/near their home **+15%**

Did not need coordination of their appointments with a professional **+14%**

Did not need additional financial assistance (reimbursement, drugs/prescription costs, parking) **+10% to +16%**

More confident about their treatment

Did not find it difficult to stay on treatment and did not want additional support **+28%**

Were confident that they would continue to attend their appointments **+18%**

Understood their nAMD and treatment needs **+14%**

Were happy with the material they had received to understand their nAMD **+11%**

Reporting % difference in proportion of patients reporting "did not need" or "fully understood" between patients from predominantly T&E and predominantly PRN clinics.
nAMD, neovascular age-related macular degeneration; PRN, *pro re nata*; T&E, treat-and-extend.

What is the impact of proactive T&E regimens?

Clinical trial data demonstrates T&E regimens are associated with better visual outcomes versus PRN regimens[1,2]

Barometer Global Survey data shows that patients want longer intervals between treatments[3]

The data in this analysis suggest that patients on T&E regimens experience reduced disease and treatment burden, and are generally more confident and informed, than patients on PRN regimens

PRN, *pro re nata*; T&E, treat-and-extend.

1. Monés J, et al. *Ophthalmologica* 2020;243:1–8; 2. Rosenberg D, et al. *Eye (Lond)* 2023;37:6–16; 3. Loewenstein A, et al. *Ophthalmol Ther* 2024 (accepted).

T&E regimens can provide additional quality-of-life benefits for patients

In summary, this analysis demonstrated patients from predominantly T&E clinics report **fewer challenges, at a lower frequency**, compared with those from predominantly PRN clinics

Patients from T&E clinics appeared more independent and confident in how they approached their disease and treatment

Choosing the **optimal regimen for each patient** should be a collaborative, holistic decision

Flexible treatment regimens and therapy duration provides more options for individualized patient care

PRN, *pro re nata*; T&E, treat-and-extend.

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Thank you to all survey participants and centers!

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