



Aflibercept 8 mg Monotherapy Results in Regression of Polypoidal Lesions That is Maintained Over 96 Weeks in Patients With PCV in the PULSAR Phase 3 Trial

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on behalf of the PULSAR study investigators

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Disclosures

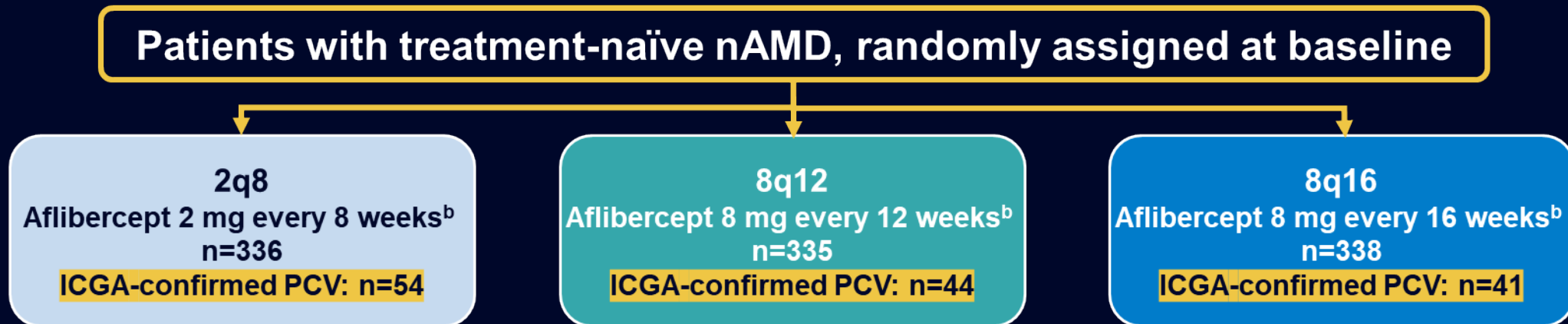


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PULSAR: Subgroup Analysis in Patients With PCV



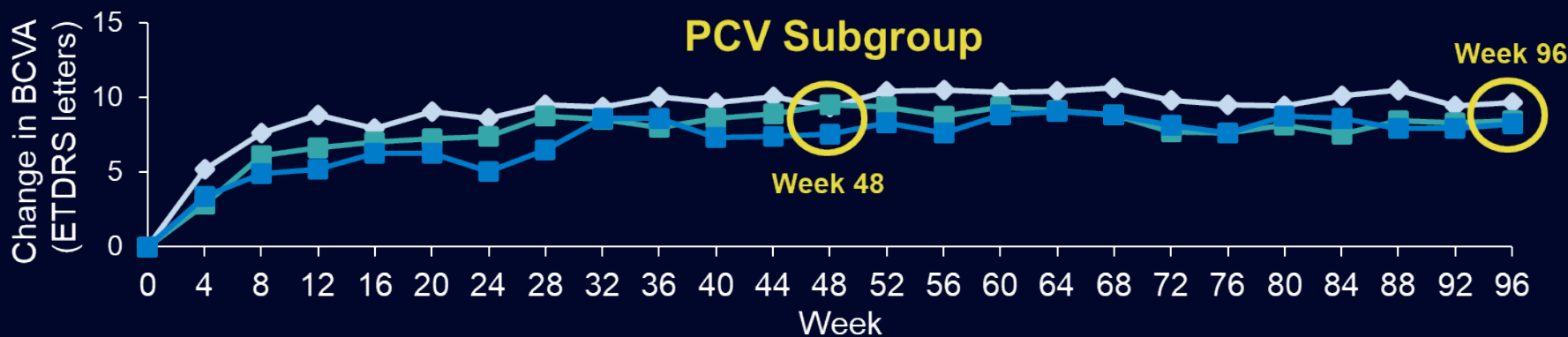
- **PULSAR:** 2-year multicenter, randomized, double-masked study (NCT04423718)
 - PULSAR was conducted across 223 sites in 27 countries
 - **ICGA was optional** and conducted in **296 patients^a in 13 countries**; data from **139 patients with ICGA-confirmed PCV** are reported here



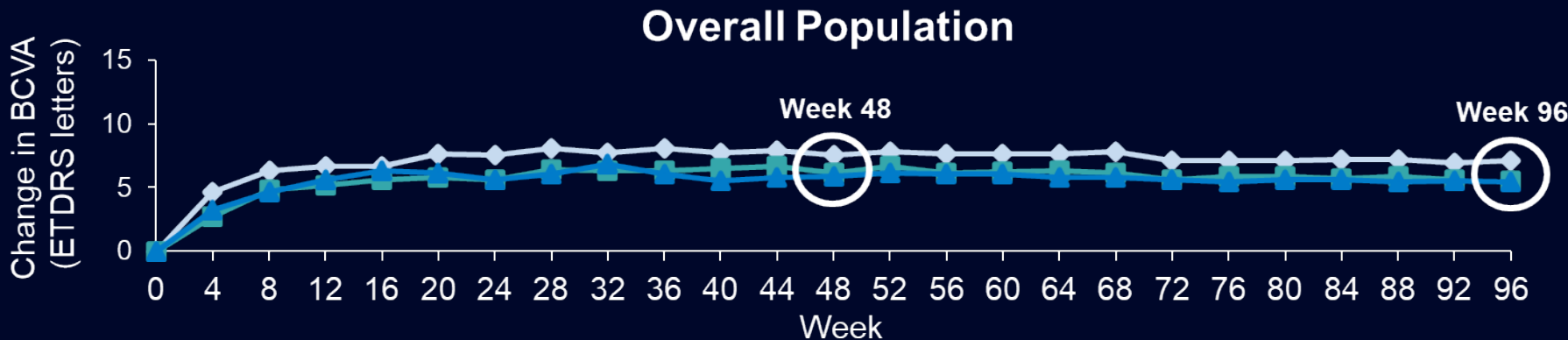
- **Primary endpoint:** Mean change in BCVA from baseline at Week 48 (4-letter non-inferiority vs 2q8)
 - In Year 1, only dosing interval shortening was allowed
 - In Year 2, dosing interval shortening AND extension were allowed

^aPCV could not be graded in 3 patients. ^bAfter 3 initial monthly doses. **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; **ICGA**, indocyanine green angiography; **nAMD**, neovascular age-related macular degeneration; **PCV**, polypoidal choroidal vasculopathy.

Comparable BCVA Gains Observed Through Week 96 With Aflibercept 8 mg and 2 mg



	BL	Week 48	Week 96
2q8 (n=54)	57.6	+9.3	+9.6
8q12 (n=44)	56.3	+9.5	+8.4
8q16 (n=41)	60.1	+7.5	+8.2

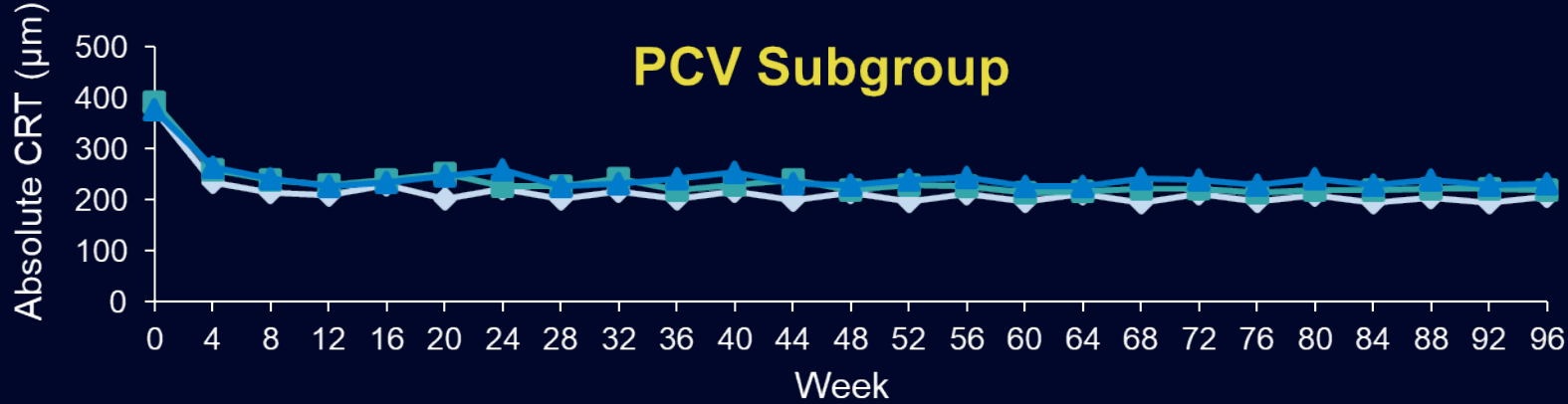


	BL	Week 48	Week 96
2q8 (n=336)	58.9	+7.5	+7.1
8q12 (n=335)	59.9	+6.1	+5.5
8q16 (n=338)	60.0	+5.9	+5.4

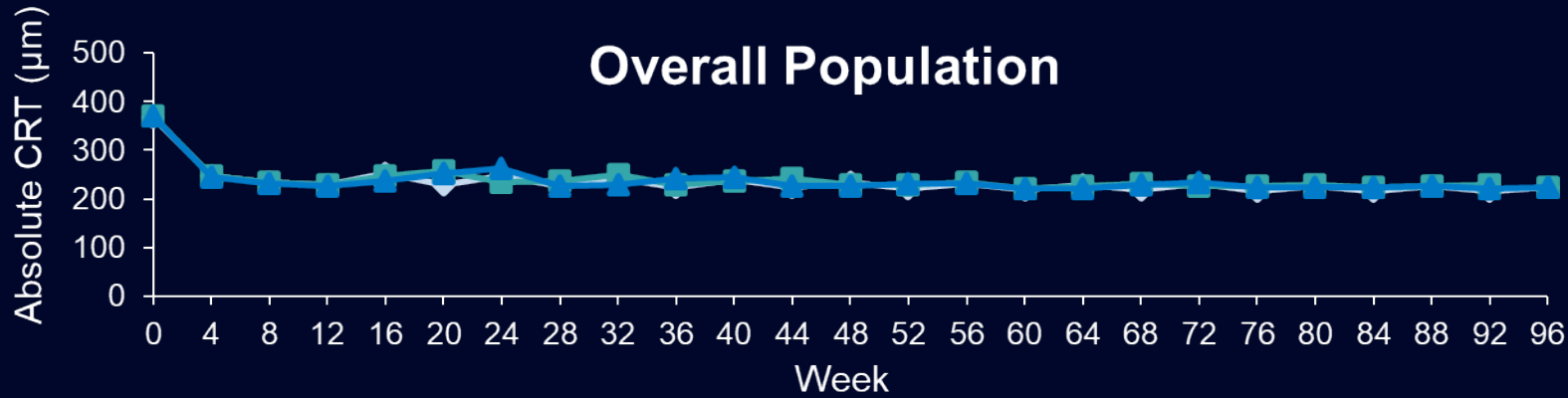
PCV subgroup	Mean ± SD change from BL to Week 96 (LOCF)	Two-sided 95% CI	Overall population	Mean ± SD change from BL to Week 96 (LOCF)	Two-sided 95% CI
2q8	+9.6 ± 12.1	6.3, 12.9	2q8	+7.1 ± 13.0	5.7, 8.5
8q12	+8.4 ± 12.8	4.5, 12.3	8q12	+5.5 ± 14.9	3.9, 7.1
8q16	+8.2 ± 9.0	5.4, 11.1	8q16	+5.4 ± 13.3	4.0, 6.8

FAS, LOCF (last available observed value prior to ICE was used to impute missing data; ICE were handled according to sensitivity estimand strategy for continuous endpoints, as described). N values are number of patients with BCVA assessments at baseline. BL, baseline; CI, confidence interval; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; ICE, intercurrent event; LOCF, last observation carried forward; SD, standard deviation.

Comparable CRT Improvements Observed Through Week 96 With Aflibercept 8 mg and 2 mg



	Week 48	Week 96
2q8 (n=54)	216	207
8q12 (n=44)	219	219
8q16 (n=41)	230	232



	Week 48	Week 96
2q8 (n=335)	236	225
8q12 (n=333)	228	223
8q16 (n=334)	227	225

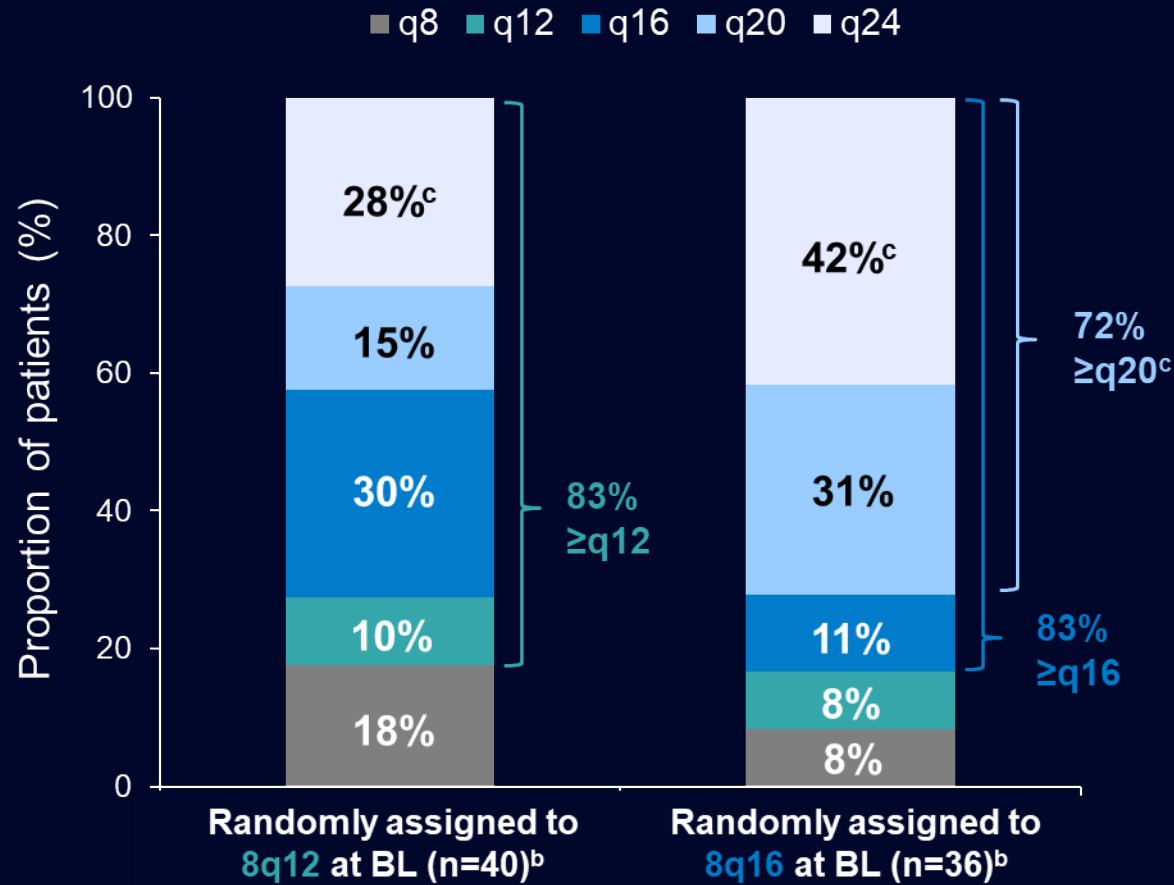
PCV subgroup	Mean ± SD change from BL to Week 96 (LOCF)	Two-sided 95% CI	Overall population	Mean ± SD change from BL to Week 96 (LOCF)	Two-sided 95% CI
2q8	-157 ± 140	-195, -118	2q8	-141 ± 132	-155, -126
8q12	-172 ± 139	-215, -130	8q12	-147 ± 128	-161, -133
8q16	-145 ± 142	-190, -100	8q16	-145 ± 135	-160, -131

FAS, LOCF. N values are number of patients with CRT assessments at baseline. CRT, central subfield retinal thickness.

Dosing Interval Extension in Year 2^a: Most Patients With PCV Qualified for Extension



Last Assigned Dosing Interval (PCV Subgroup)



PCV subgroup	Mean number of injections	
	BL to Week 48 ^d	BL to Week 96 ^b
2q8	7.0	12.7
8q12	6.1	9.7
8q16	5.1	7.7

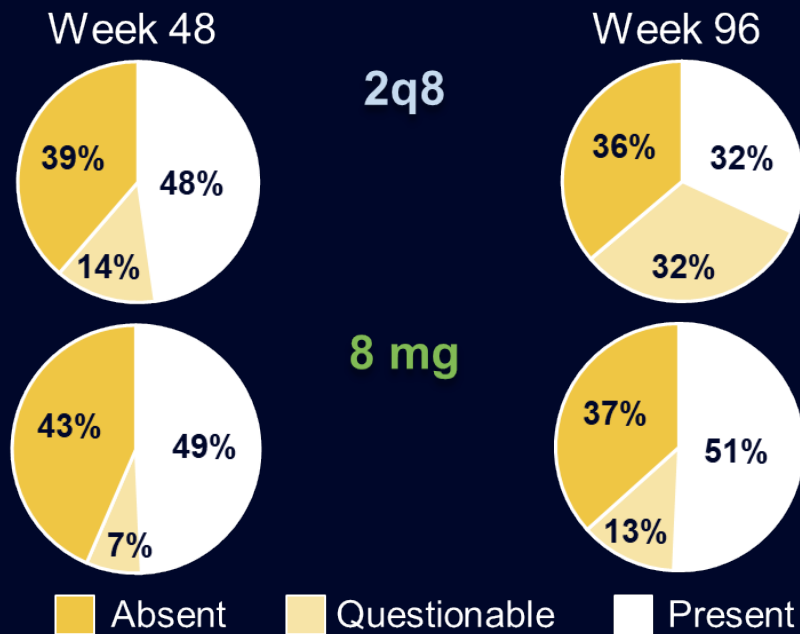
The safety profiles of aflibercept 8 mg and 2 mg were comparable in the PCV subgroup; **no new safety signals were observed in patients with PCV**

Values may not add up to 100% due to rounding. ^aDosing intervals were extended in Year 2 if patients had <5-letter loss in BCVA from Week 12 **AND** no fluid at the central subfield **AND** no new foveal hemorrhage or neovascularization. ^bPatients completing Week 96. ^cPatients assigned to a 24-week dosing interval did not have enough time to complete the interval within the 96-week study period. ^dPatients completing Week 48. q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks.

Polypoidal Lesions Through Week 96

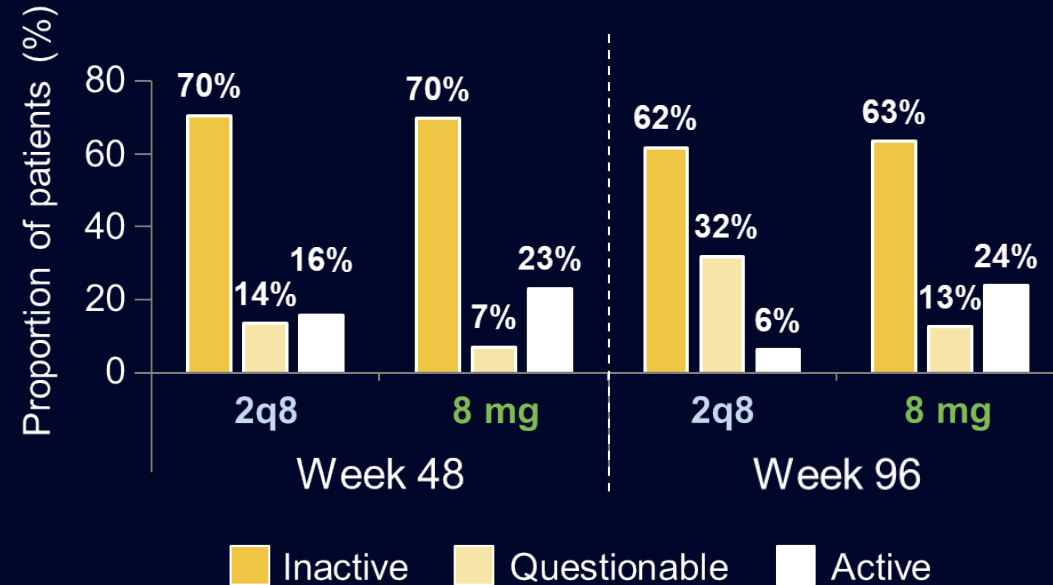
~36% of patients had no polypoidal lesions present at Week 96

Polypoidal lesion presence (%)^{a,b}



~62% of patients had no active polypoidal lesions at Week 96

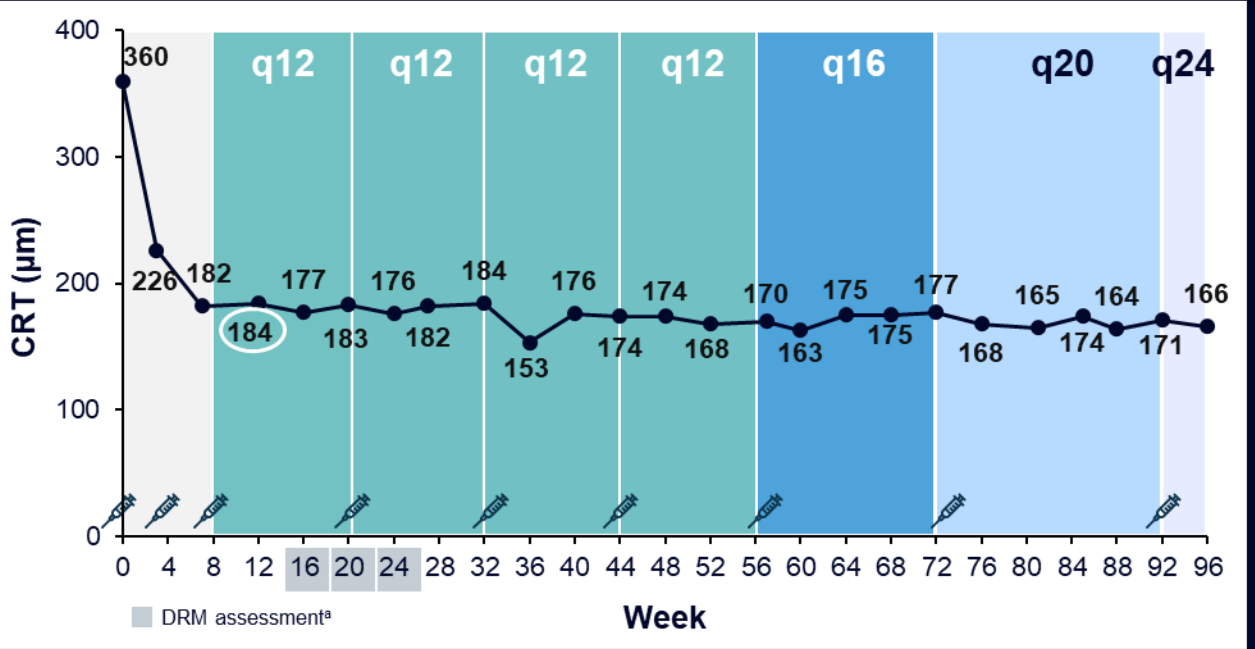
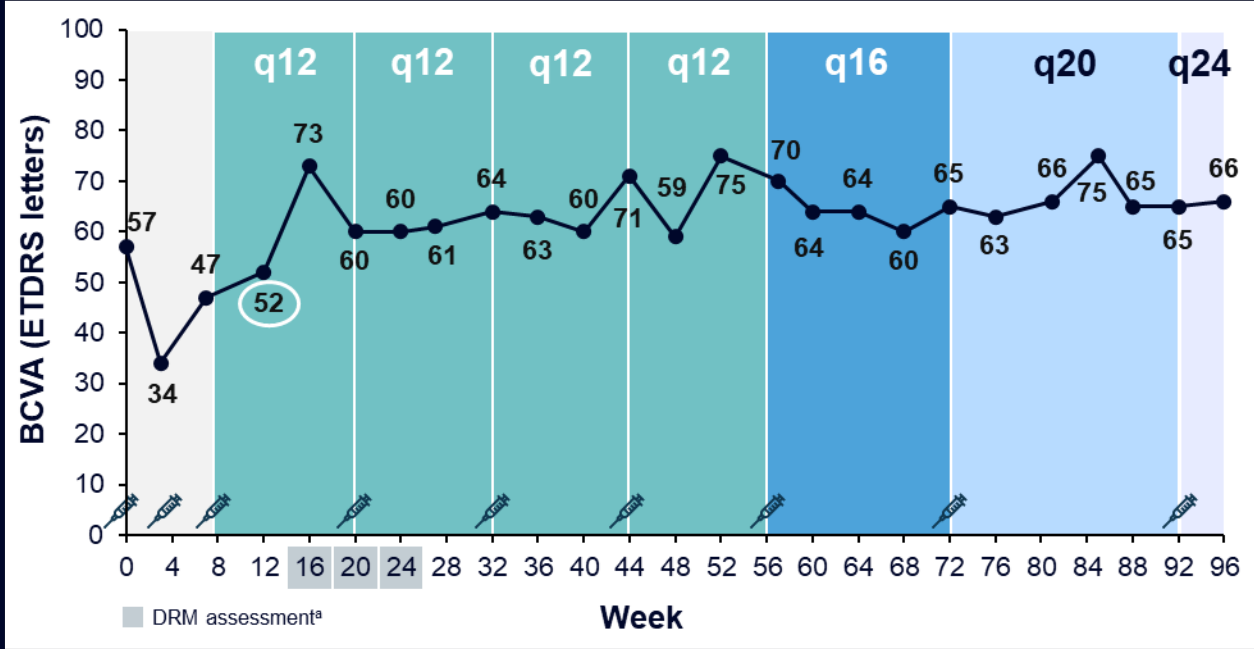
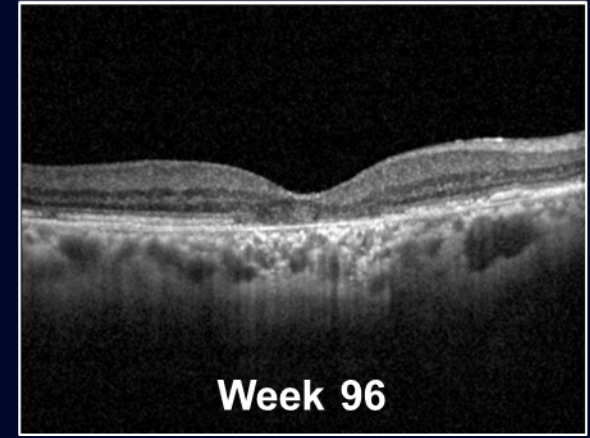
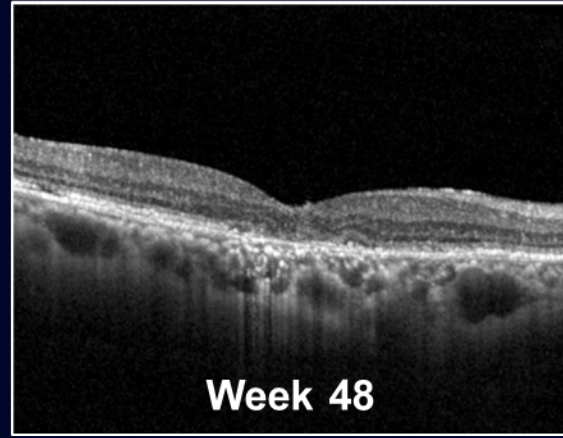
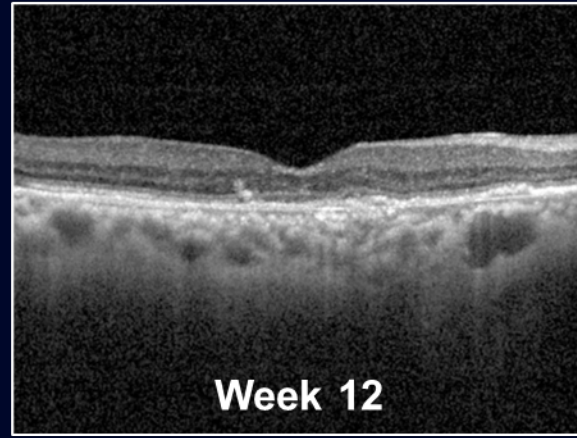
Polypoidal lesion activity (%)^{a,c}



^aW96 completers only; percentages calculated based on number of completers who underwent assessment. ^bW48, n=44 (2q8) and n=69 (8 mg); at W96, n=47 (2q8) and n=71 (8 mg). ^cW48, n=44 (2q8) and n=69 (8 mg); at W96, n=47 (2q8) and n=71 (8 mg); patients with inactive polypoidal lesions were defined as those with no polypoidal lesions present OR patients with polypoidal lesions present but both IRF and SRF known to be absent. IRF, intraretinal fluid; SRF, subretinal fluid; W, week.

PCV Case Study 1

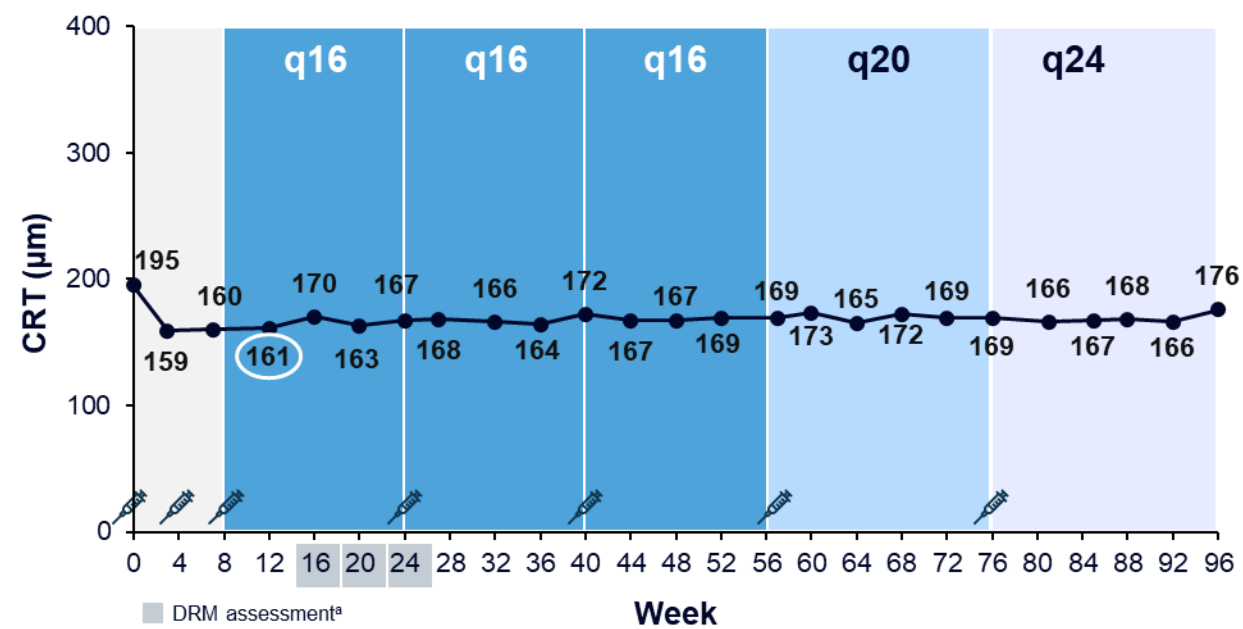
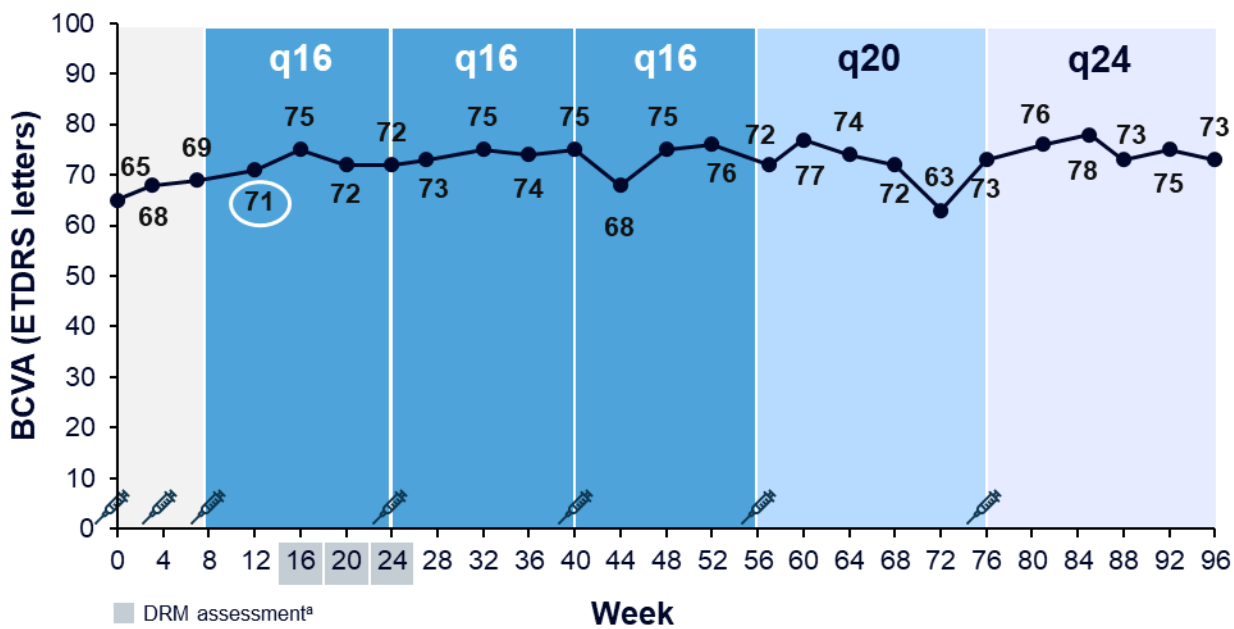
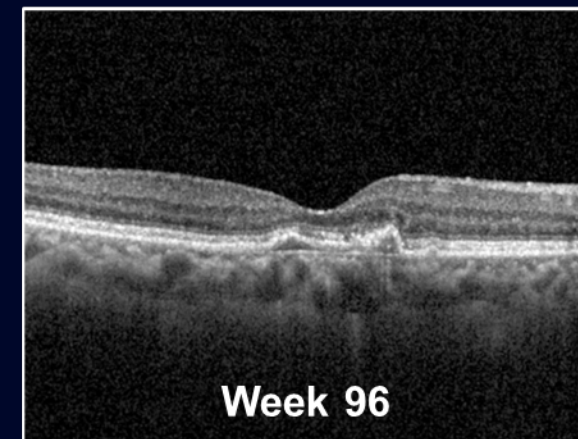
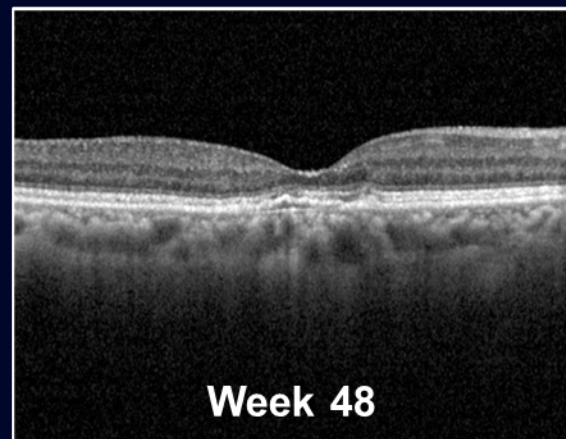
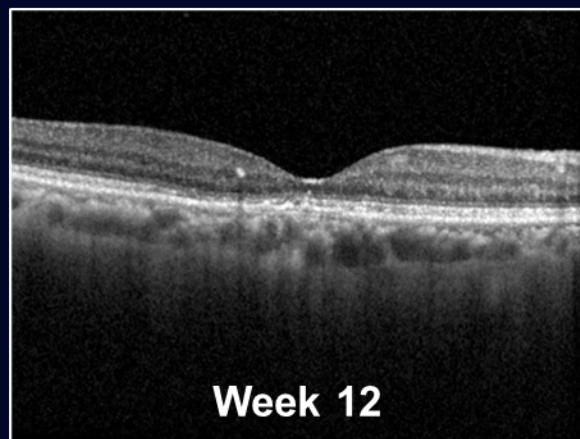
Age (years)	74
Gender	Male
Race	Asian
Treatment arm	8q12
Baseline BCVA (ETDRS letters)	57
Baseline CRT (μm)	360



This patient case is taken from the Phase 3 PULSAR study (NCT04423718). ^aDRM assessments occurred at injection visits after Week 24 in the 8q12 treatment arm. DRM, dose regimen modification.

PCV Case Study 2

Age (years)	61
Gender	Female
Race	Asian
Treatment arm	8q16
Baseline BCVA (ETDRS letters)	65
Baseline CRT (μm)	195



Conclusions: Aflibercept 8 mg Monotherapy in PCV



Aflibercept 8 mg monotherapy^a maintained efficacy in PCV over 2 years

- **Efficacy was maintained with aflibercept 8 mg monotherapy^a in patients with PCV over 2 years**
 - Mean change in BCVA and CRT was comparable among the 2q8, 8q12, and 8q16 treatment arms
- Aflibercept 8 mg **markedly reduced** the proportion of patients with **any polypoidal lesions** or **active polypoidal lesions** through 96 weeks

Extended durability

- At Week 96, **72%** of patients with PCV in the 8q16 treatment arm qualified for an **extended dosing interval of ≥ 20 weeks**, suggesting **extended durability of aflibercept 8 mg** compared with aflibercept 2 mg

Comparable safety profile for aflibercept 8 mg versus 2 mg

- The **safety profiles** of aflibercept 8 mg and 2 mg were **comparable** in the PCV subgroup; **no new safety signals** were observed in patients with PCV

^aWithout active rescue photodynamic therapy.