



Aflibercept 8 mg showed stable visual acuity and improved central retinal thickness and fluid status through Week 24: An interim analysis of the global previously treated nAMD cohort in the SPECTRUM real-world study

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Disclosures

- **Marion R. Munk:** Consultant for AbbVie, Alcon, Alimera, Allergan, Amgen, Apellis, Astellas, Aviceda Therapeutics, Bayer, Boehringer Ingelheim, Dandelion Pharmaceutical, Evolve Medical Education, eye.gnos consulting, EyePoint Pharmaceuticals, GenSight Biologics, Isarna Therapeutics, Iveric Bio, Kubota, LumiThera, Novartis, Ocular Therapeutix, Oculis, OcuTerra Therapeutics, OD-OS, ONL Therapeutics, RetinAI, Roche, Sitalis, UBS analytics, and Zeiss
 - **CL:** Honoraria from AbbVie, Amgen, Apellis, Bayer, and Novartis. **VC:** Consultant for Apellis, Bayer, Boehringer Ingelheim, EyePoint Pharmaceuticals, Janssen, Novartis, and Roche; and research grants from Bayer, Novartis, and Roche. **PL:** Consultant for 4DMT, AbbVie, Adverum, Annexon, Apellis, Bausch + Lomb, Bayer, Biogen, Boehringer Ingelheim, Celltrion, EyePoint Pharmaceuticals, I-Care, Genentech, MSD, Novartis, Ocular Therapeutix, Outlook Therapeutics, and Roche. **HO:** Consultant for AbbVie, Bayer, Novartis, and Roche. **MK** and **TM:** Employees and stockholders of Bayer AG. **SS:** Employee of Bayer AG. **SO:** Employee of Bayer Consumer Care AG and stockholder of Bayer AG. **PM-W:** Employee of Bayer Consumer Care AG. **CB:** Consultant for Alimera Sciences, Apellis, Bayer, Boehringer Ingelheim, Johnson & Johnson, and Roche
- The SPECTRUM study (NCT06075147) was sponsored by Bayer Consumer Care AG, Basel, Switzerland
- The sponsor participated in the design and conduct of the study, analysis of the data, and preparation of this presentation
- Medical writing support was provided by Yoanna Todorova, MSc, of ApotheCom (London, UK) and funded by Bayer Consumer Care AG, Basel, Switzerland. All writing support was provided under the direction of the authors and in accordance with Good Publication Practice guidelines (*Ann Intern Med.* 2022;175:1298–1304)
- The data cut-off date for the presented analyses was May 15, 2026

SPECTRUM study design and patient baseline characteristics of the PT nAMD cohort

SPECTRUM overview

Study design

A 24-month, prospective, non-interventional country and global cohort study in 18 countries (Feb 2024–Sep 2027)

Objective

To evaluate the effectiveness and safety of aflibercept 8 mg in patients with TN and PT nAMD or DME in routine clinical practice

Primary endpoint

Change in VA from BL to Month 12

Baseline characteristics: PT nAMD

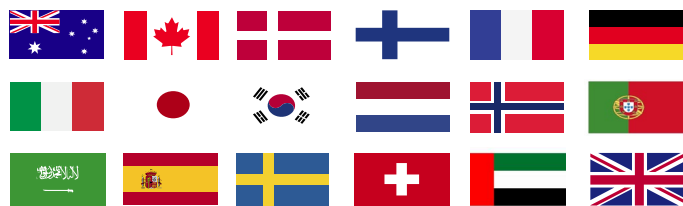
Global PT nAMD (n=1061)

Age, years	79.6±7.6
Sex, %	
Female	55.4
Male	44.6
Race,^a %	
White	46.6
Asian	9.6
Black or African American	0.1
Not reported	43.7
Median (min, max) time from nAMD diagnosis, months	33.4 (0.8, 210.3)
Patients with a dosing interval of ≤8 weeks prior to switching,^b %	70.3

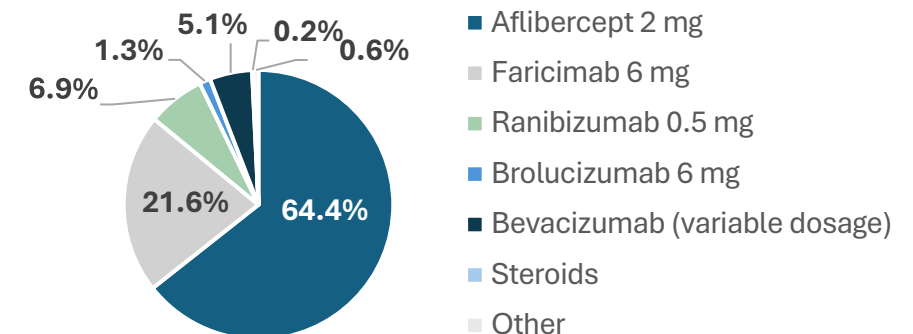
Patient enrollment

Patient enrollment is complete:

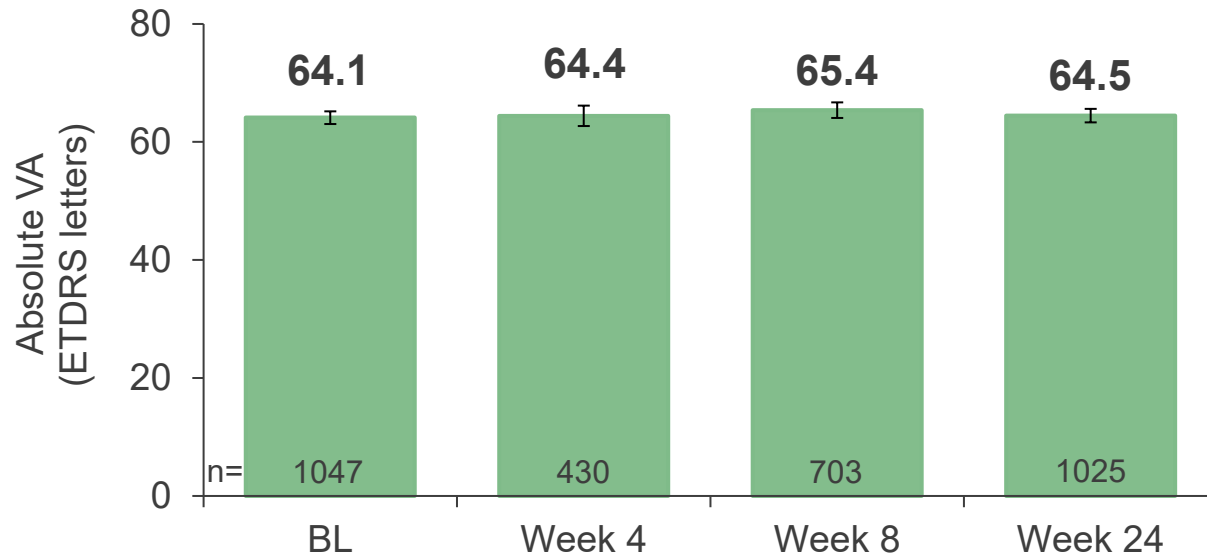
3733 1169 1125
nAMD + DME TN nAMD cohort PT nAMD cohort



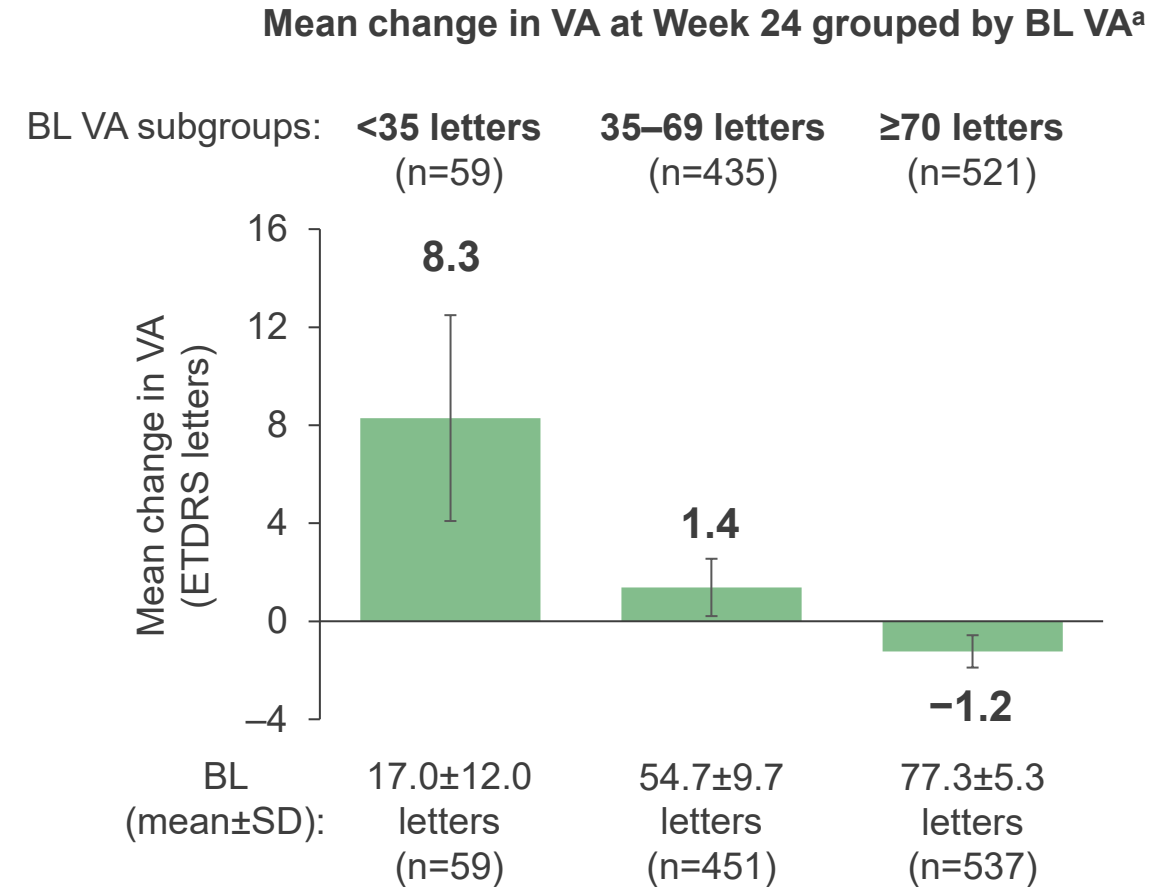
Previous nAMD medication^c



VA through Week 24

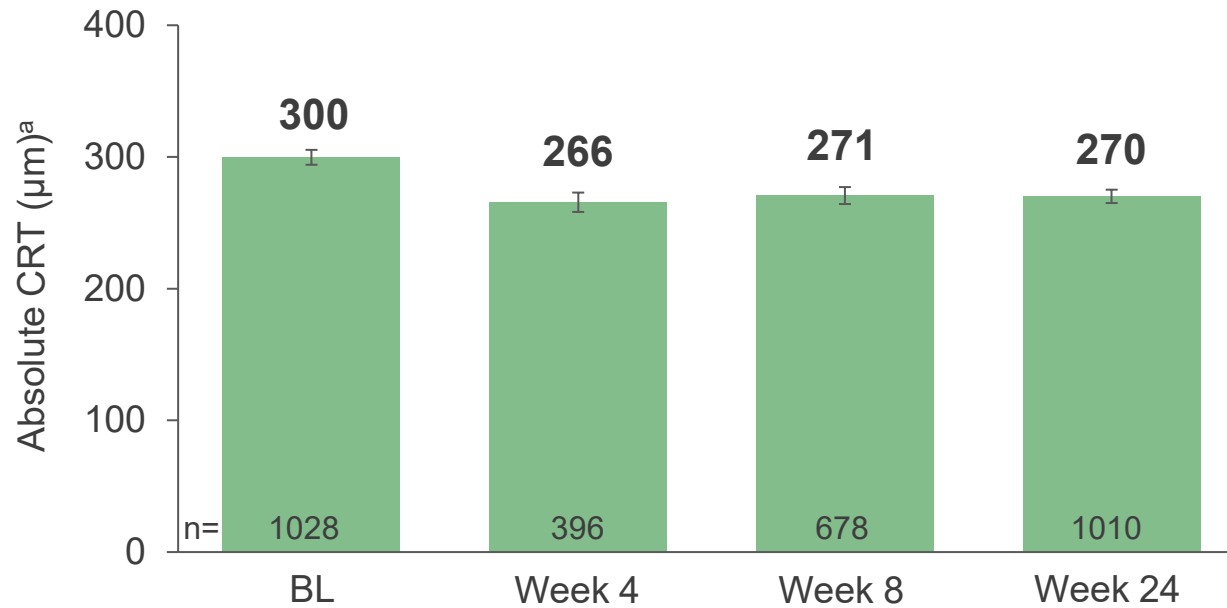


Timepoint	Mean change (95% CI) from baseline (LOCF)
Week 4 (n=425)	+1.4 (0.6, 2.1)
Week 8 (n=698)	+1.4 (0.7, 2.0)
Week 24 (n=1015)	+0.4 (-0.2, 1.1)



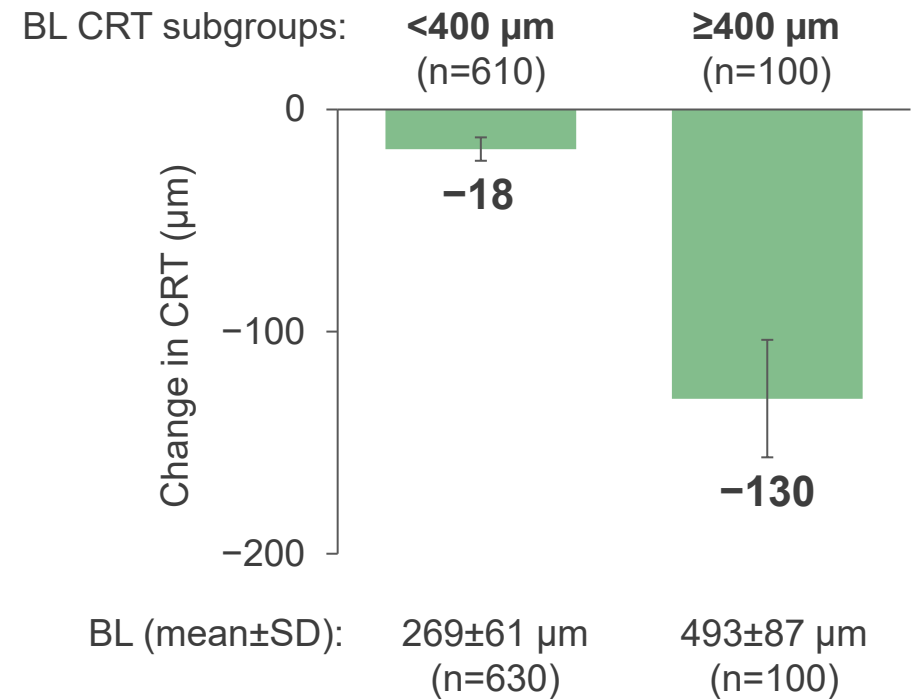
FAS, LOCF (n=1061). Missing values were imputed using the LOCF approach. Error bars represent 95% CI. Week 4 = visits closest to 28 (14–42) days after BL, Week 8 = visits closest to 56 (43–70) days after BL, Week 24 = visits closest to 180 (150–210) days after BL. ^aIn patients with a VA assessment at Week 4 and Week 8, the mean change in VA at Week 4 and Week 8 grouped by BL VA was +8.9 and +9.3 letters for those with a BL VA of <35 letters, +1.6 and +2.1 letters for those with a BL VA of 35–69 letters, and 0.1 and -0.2 letters for those with a BL VA of ≥70 letters, respectively. CI, confidence interval; ETDRS, Early Treatment Diabetic Retinopathy Study; LOCF, last observation carried forward.

CRT through Week 24



Timepoint	Mean change (95% CI) from baseline (LOCF)
Week 4 (n=394)	-37 (-43, -30)
Week 8 (n=674)	-29 (-35, -23)
Week 24 (n=1001)	-30 (-35, -25)

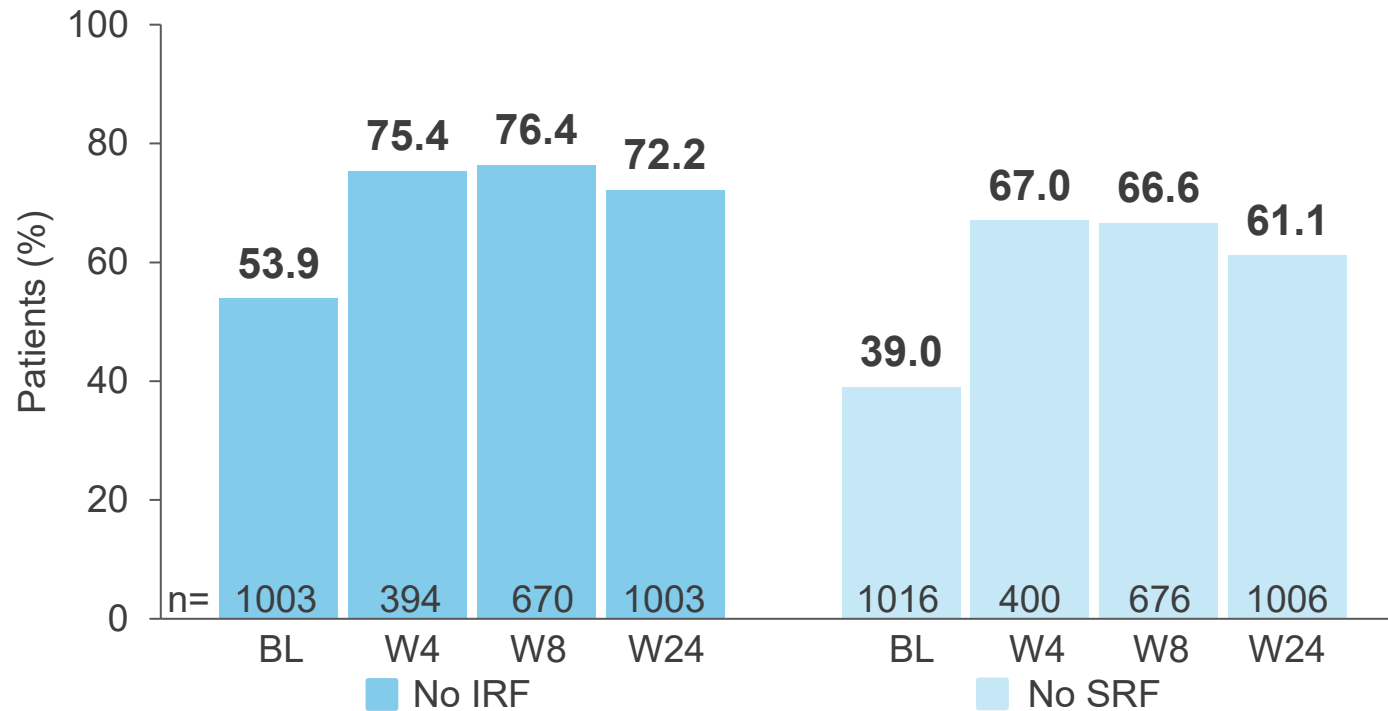
Mean change in CRT at Week 24 grouped by BL CRT^{b,c}



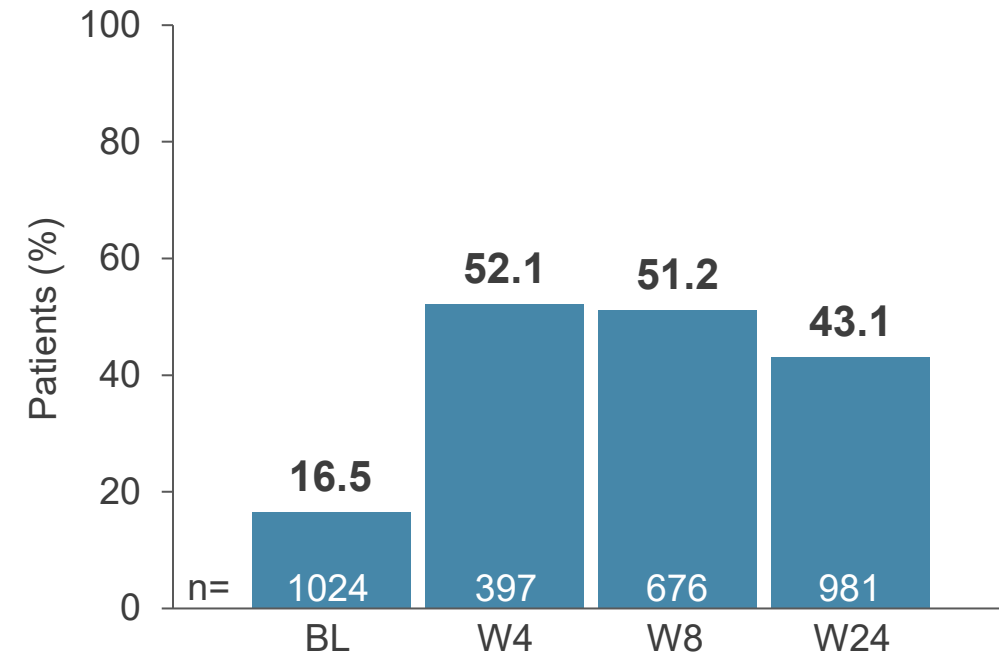
FAS, LOCF (n= 1061). Missing values were imputed using the LOCF approach. Error bars represent 95% CI. ^aCRT was assessed as either CRT or CST, at the investigator's discretion; CRT or CST was assessed from BL through Week 24 for each individual patient, or CST thereafter if no BL value was available. ^bIn patients with a CRT assessment at Week 4 and Week 8, the mean change in CRT at Week 4 and Week 8 grouped by BL CRT was -25 and -17 μm for those with a BL CRT of <400 μm, and -160 and -147 μm for those with a BL CRT of ≥400 μm, respectively. ^cData are CRT only. CRT, central retinal thickness; CST, center subfield thickness.

Proportion of patients without IRF or/and SRF through Week 24^a

No IRF or no SRF

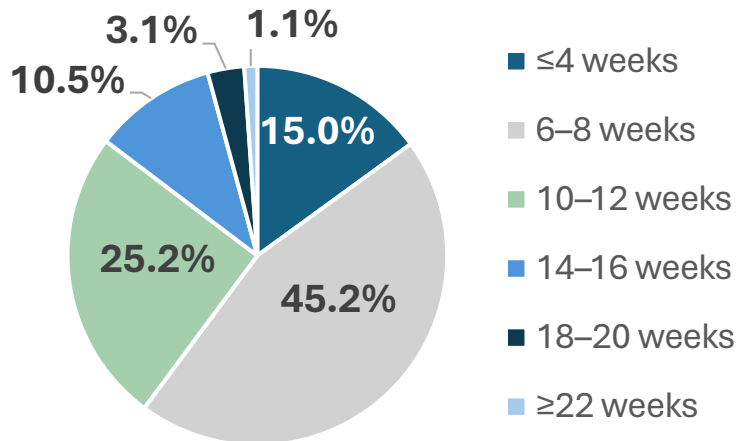


No IRF and no SRF

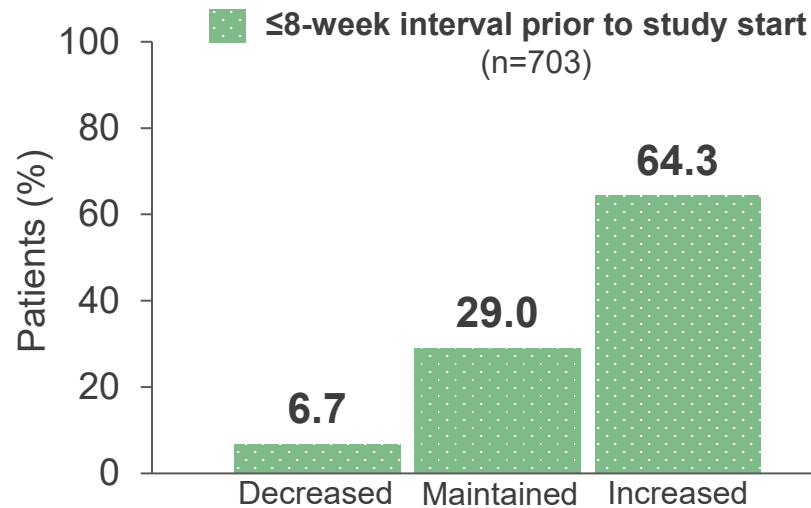


Treatment exposure and safety through Week 24

Last completed dosing interval at Week 24 (n=994)^a



Change in last completed dosing interval at Week 24^a



Ocular and non-ocular TEAEs (n=1113)

Ocular TEAEs in the study eye, ^b n (%)	
Any ocular TEAEs	118 (10.6)
Any serious ocular TEAEs	14 (1.3)
Most frequent ocular TEAEs, n (%)	
Intraocular pressure increased	11 (1.0)
Cataract	9 (0.8)
Blepharitis	6 (0.5)
Retinal hemorrhage	6 (0.5)
Non-ocular TEAEs, n (%)	
Any non-ocular TEAEs	81 (7.3)
Any serious non-ocular TEAEs	35 (3.1)
Most frequent non-ocular TEAEs, n (%)	
Fall	5 (0.5)
Hypertension	4 (0.4)
Urinary tract infection	4 (0.4)



41.1% of patients received **3 initial monthly injections** through **Week 8** (first injection administered at BL)



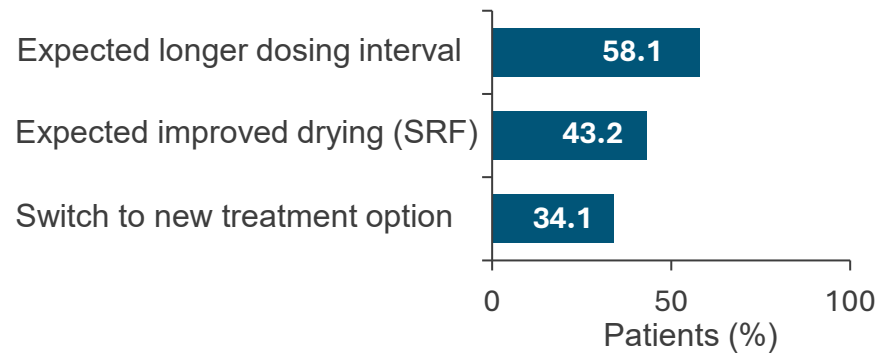
Patients received a mean of **4.3±1.5 injections** up to **Day 210** from **BL**



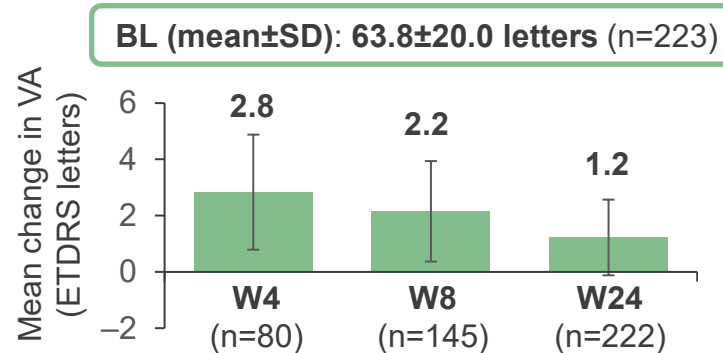
No cases of retinal vasculitis were reported, and **no new safety signals** were identified

Treatment outcomes in patients who switched from faricimab 6 mg to aflibercept 8 mg (n=229)

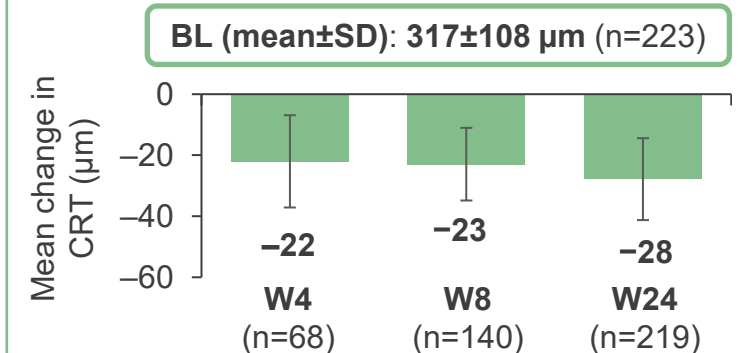
Main reasons for switching to aflibercept 8 mg at BL^a



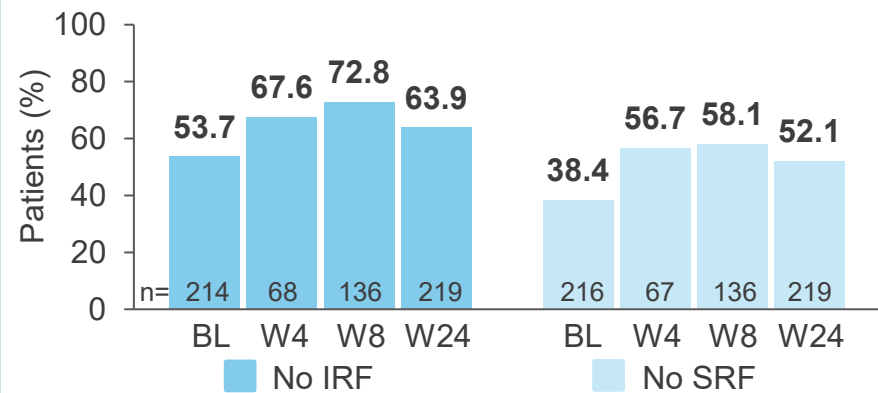
Mean change in VA



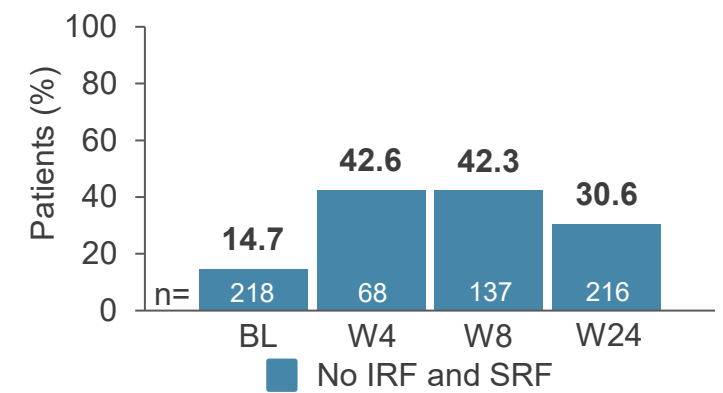
Mean change in CRT^b



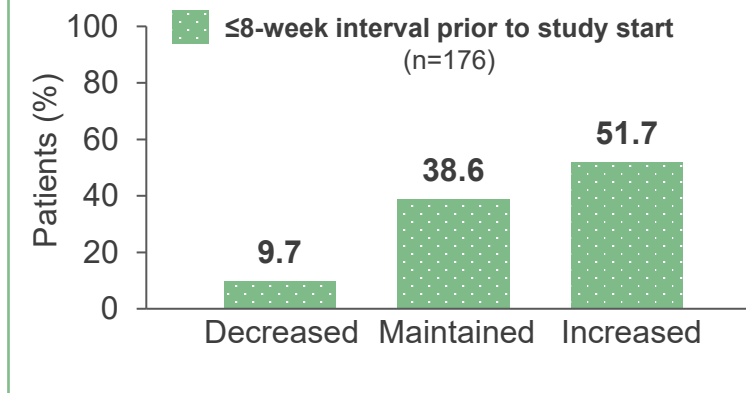
Proportions of patients without IRF or SRF^c



Proportions of patients without IRF and SRF^c



Change in last completed dosing interval at Week 24^d

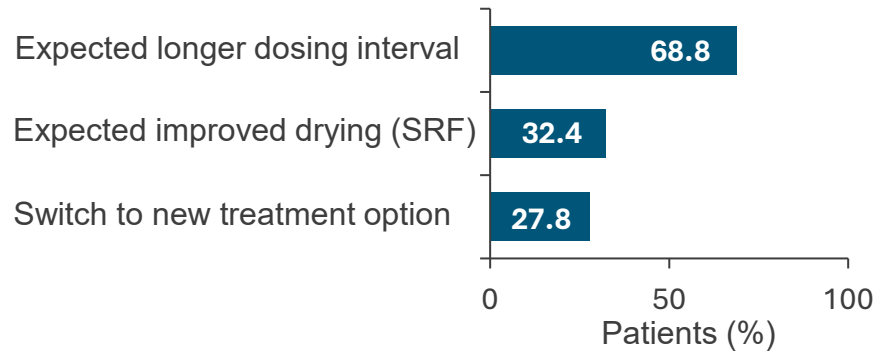


Patients received a mean of **4.8±1.5 injections up to Day 210 from BL**

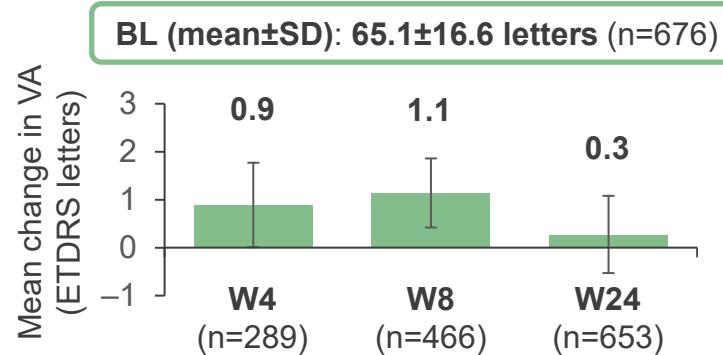
^aMultiple reasons could be selected. ^bCRT was assessed as either CRT or CST, at the investigator's discretion; CRT or CST was assessed from BL through Week 24 for each individual patient, or CST thereafter if no BL value was available. ^cThe presence of IRF and SRF was determined by optical coherence tomography at the physician's discretion with the instrument available at each study site; the proportions presented here were calculated using the number of patients with a definitive result at each indicated time point. ^dCalculated for patients with last completed dosing interval data both prior to switching and at Week 24.

Treatment outcomes in patients who switched from aflibercept 2 mg to aflibercept 8 mg (n=683)

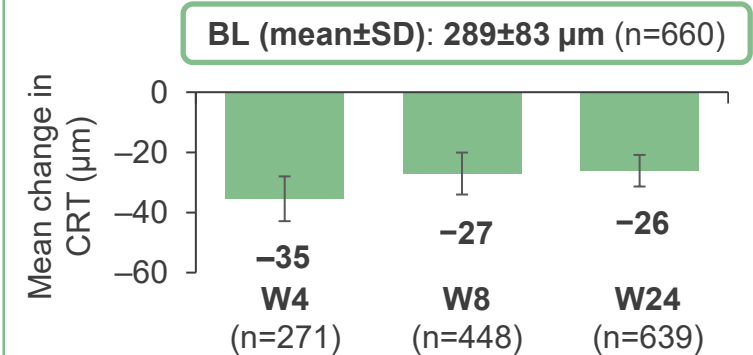
Main reasons for switching to aflibercept 8 mg at BL^a



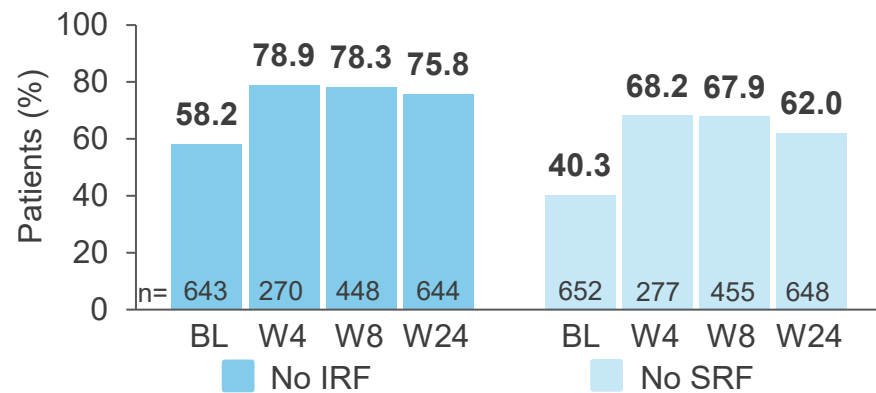
Mean change in VA



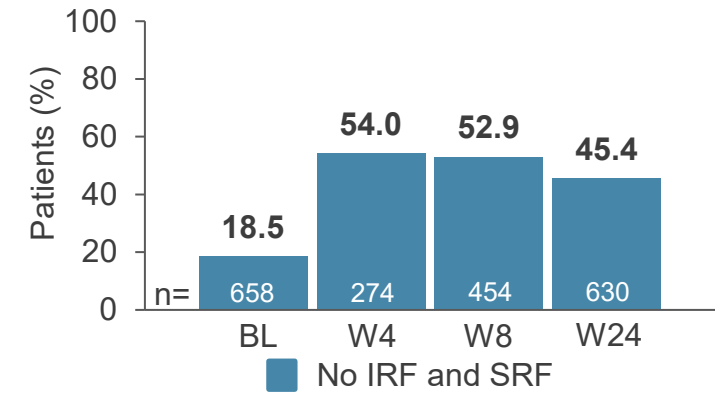
Mean change in CRT^b



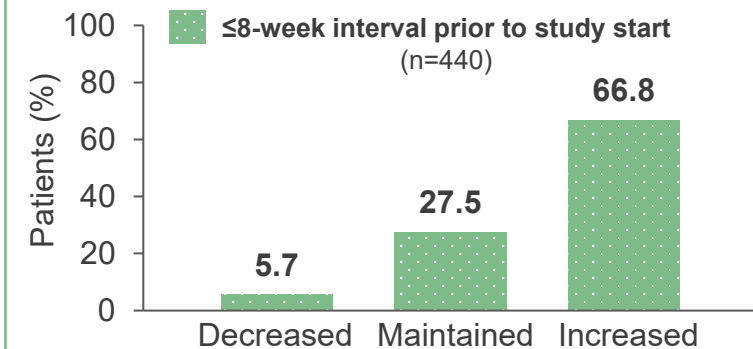
Proportions of patients without IRF or SRF^c



Proportions of patients without IRF and SRF^c



Change in last completed dosing interval at Week 24^d



Patients received a mean of **4.2±1.6 injections up to Day 210 from BL**

^aMultiple reasons could be selected. ^bCRT was assessed as either CRT or CST, at the investigator's discretion; CRT or CST was assessed from BL through Week 24 for each individual patient, or CST thereafter if no BL value was available. ^cThe presence of IRF and SRF was determined by optical coherence tomography at the physician's discretion with the instrument available at each study site; the proportions presented here were calculated using the number of patients with a definitive result at each indicated time point. ^dCalculated for patients with last completed dosing interval data both prior to switching and at Week 24.



Stable visual acuity and improved central retinal thickness and retinal drying observed at Week 24 in the global previously treated nAMD cohort



Enrollment in SPECTRUM is complete
>3700 patients enrolled globally across **18 countries**
>1100 patients enrolled in the PT nAMD cohort across **14 countries**

Global PT nAMD: Key Week 24 findings



Stable VA and reduced CRT

After switching to aflibercept 8 mg



Increased retinal drying

Improved IRF and SRF from BL



Longer dosing intervals

Most patients with ≤ 8 -week intervals prior to switching achieved longer intervals



No new safety signals

Safety profile consistent with pivotal clinical trials^{1,2}



Week 24 interim results from **SPECTRUM** add to the **real-world evidence base** for **aflibercept 8 mg** in the **clinical management of previously treated nAMD** in patients in **routine clinical practice**

SPECTRUM data on **treatment patterns and intraocular pressure metrics** with **aflibercept 8 mg** in patients with **nAMD** and **DME** are being presented in the EURETINA '26 ePoster sessions



Additional analyses up to Month 12 and Month 24 are ongoing

1. Wyckoff CC, et al. *JAMA Ophthalmol.* 2023;141:834–842. 2. Lanzetta P, et al. *Lancet.* 2024;403:1141–1152.