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PO601: Outcomes With Aflibercept 8 mg and 2 mg for DME By Baseline BCVA 20/50 or Worse or 20/40 or Better in the PHOTON Trial

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Financial Disclosure

Talia Kaden

Abbvie: Consultant

Alimera: Consultant

Genentech: Consultant

Regeneron: Consultant

Roche: Consultant

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Background

- In the PHOTON trial, aflibercept 8 mg demonstrated non-inferior BCVA gains at Week 48 compared with aflibercept 2 mg, with fewer injections in patients with DME[1]
- However, the impact of baseline BCVA on clinical outcomes following treatment with aflibercept 8 mg is not well characterized

A post hoc analysis was conducted to evaluate visual and anatomic outcomes with aflibercept 8 mg and 2 mg through Week 96 in patients with DME by baseline BCVA (20/50 or worse or 20/40 or better)

BCVA, best-corrected visual acuity; DME, diabetic macular edema.

1. Brown DM et al. *Lancet*. 2024; 403:1153-1163.

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PHOTON Study Design

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Treatment-naive and previously treated patients with center-involved DME

2q8
Aflibercept 2 mg every 8 weeks after 5 initial monthly injections
n=167

8q12
Aflibercept 8 mg every 12 weeks after 3 initial monthly injections
n=328

8q16
Aflibercept 8 mg every 16 weeks after 3 initial monthly injections
n=163

	Year 1													Year 2											
	Day 1	Wk 4	Wk 8	Wk 12	Wk 16	Wk 20	Wk 24	Wk 28	Wk 32	Wk 36	Wk 40	Wk 44	Wk 48	Wk 52	Wk 56	Wk 60	Wk 64	Wk 68	Wk 72	Wk 76	Wk 80	Wk 84	Wk 88	Wk 92	Wk 96
2q8	X	X	X	X	X	o	X	o	X	o	X	o	X	o	X	o	X	o	X	o	X	o	X	o	–
8q12	X	X	X	o	o[a]	X[a]	o	o	X[a]	o	o	X[a]	o	o	X[a,b]	o	o	X[a,b]	o	o	X[a,b]	o	o	X[a,b]	–
8q16	X	X	X	o	o[a]	o[a]	X[a]	o	o	o	X[a]	o	o	o	X[a,b]	o	o	o	X[a, b]	o	o	o	X[a,b]	o	–

[a]DRM: Interval Shortening During Years 1 and 2

- **Criteria for interval shortening:**
  - >10-letter loss in BCVA from Week 12 due to persistent or worsening DME **AND**
  - >50-µm increase in CRT from Week 12
- Patients who met DRM criteria had dosing intervals shortened to q8 at **Weeks 16** and **20** or by 4-week increments from **Week 24**
  - The minimum interval was q8

Primary endpoint at Wk 48
Mean change in BCVA (non-inferiority)

[b]DRM: Interval Extension During Year 2

- **Criteria for interval extension:**
  - <5-letter loss in BCVA from Week 12 **AND**
  - CRT <300 µm (or <320 µm on Spectralis)
- Patients who met DRM criteria beginning at **Week 52** had dosing intervals extended by 4-week increments
  - The maximum assigned interval was q24

EOS at Wk 96
With an optional 1-year extension through Wk 156

Figure does not reflect all dosing options once a patient's interval is shortened or extended. Stippled boxes = initial treatment phase;
X = active injection; o = sham injection.
CRT, central retinal thickness; DRM, dose regimen modification; q8, every 8 weeks; q24, every 24 weeks; Wk, week.

Methods

- This analysis was conducted using data through Week 96 from patients in the FAS, defined as patients who were randomized and treated with aflibercept 8 mg or 2 mg
- Patients were grouped as follows:

Baseline BCVA 20/50 or worse:	<69 ETDRS letters
Baseline BCVA 20/40 or better:	≥69 ETDRS letters

- Key outcomes assessed include:
  - Mean change in BCVA through Week 96
  - Mean change in CRT through Week 96
  - Proportion of patients who maintained or extended their dosing intervals through Week 96
- All analyses were descriptive

ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set.

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Baseline Characteristics by Baseline BCVA

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	Baseline BCVA 20/50 or Worse			Baseline BCVA 20/40 or Better		
	2q8 (n=115)	8q12 (n=203)	8q16 (n=104)	2q8 (n=52)	8q12 (n=125)	8q16 (n=59)
BCVA, mean (SD), ETDRS letters	56.5 (9.9)	57.8 (8.3)	55.1 (10.1)	72.6 (2.9)	73.2 (2.7)	72.6 (2.6)
CRT, mean (SD), µm	482.9 (154.2)	472.7 (136.4)	491.5 (120.4)	400.6 (97.8)	411.1 (100.7)	405.3 (90.8)
Prior DME treatment, n (%)	51 (44.3)	96 (47.3)	53 (51.0)	23 (44.2)	50 (40.0)	18 (30.5)
DRSS score, n (%)						
DRSS 47 or worse	40 (34.8)	73 (36.0)	33 (31.7)	13 (25.0)	40 (32.0)	13 (22.0)
DRSS 43 or better	66 (57.4)	115 (56.7)	62 (59.6)	39 (75.0)	82 (65.6)	45 (76.3)
Non-gradable	9 (7.8)	15 (7.4)	9 (8.7)	0	3 (2.4)	1 (1.7)

FAS.
DRSS, Diabetic Retinopathy Severity Scale; SD, standard deviation.

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Mean Change in BCVA Through Week 96 by Baseline CRT

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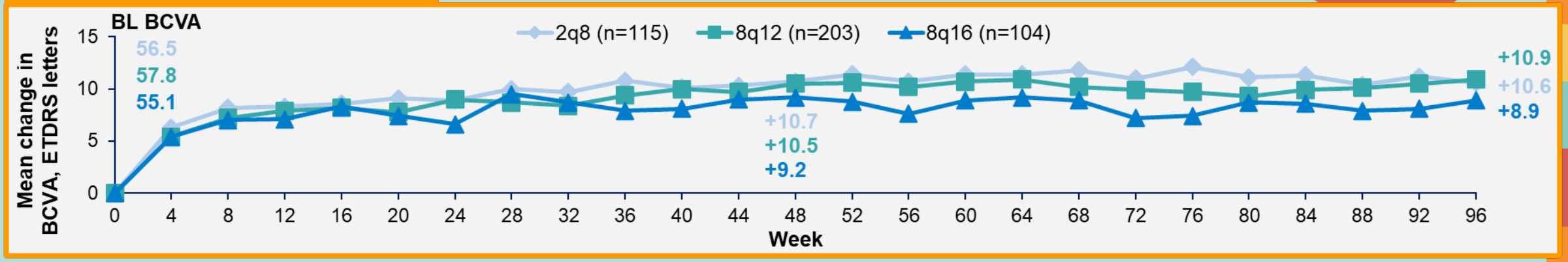
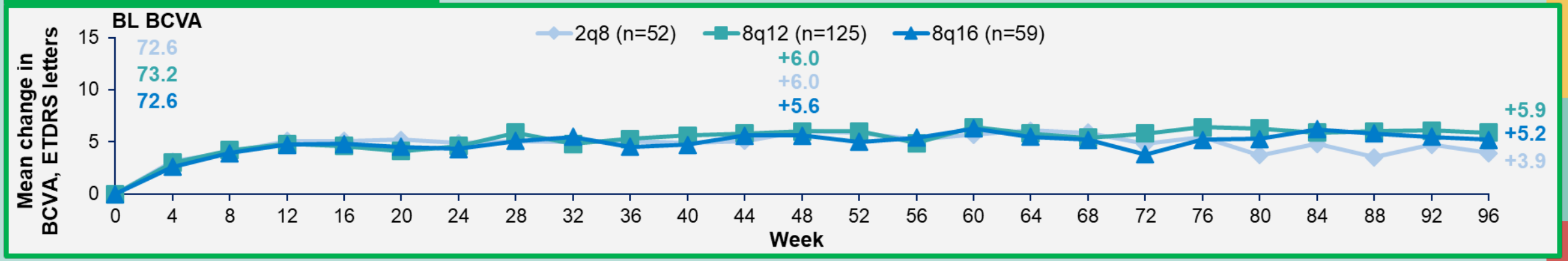
Baseline BCVA 20/50 or Worse



Baseline BCVA 20/40 or Better



FAS, observed case.
BL, baseline.

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Mean Change in CRT Through Week 96 by Baseline BCVA

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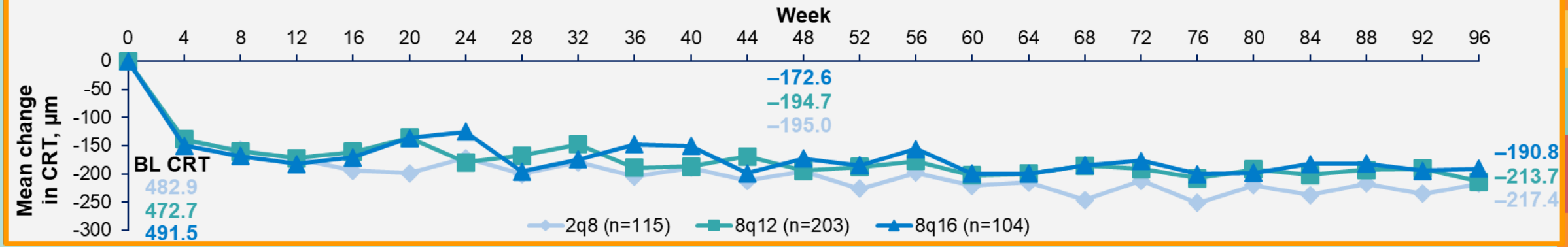
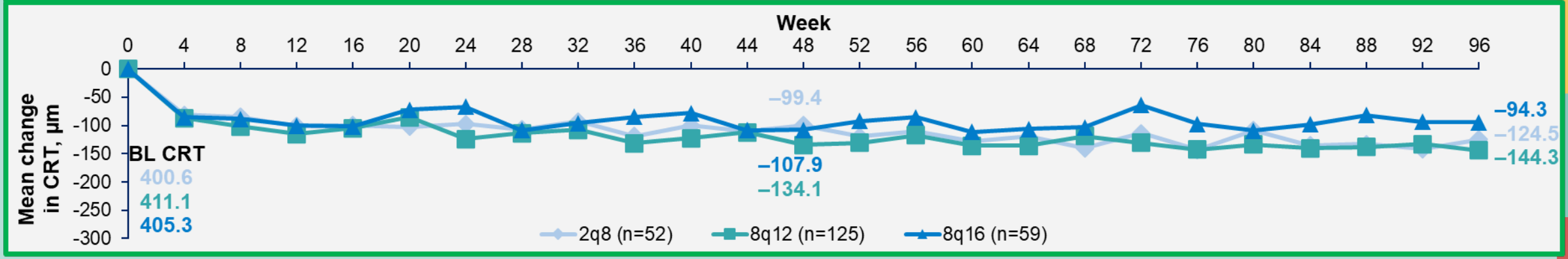
Baseline BCVA 20/50 or Worse



Baseline BCVA 20/40 or Better



FAS, observed case.

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Treatment Exposure Through Week 96 by Baseline BCVA

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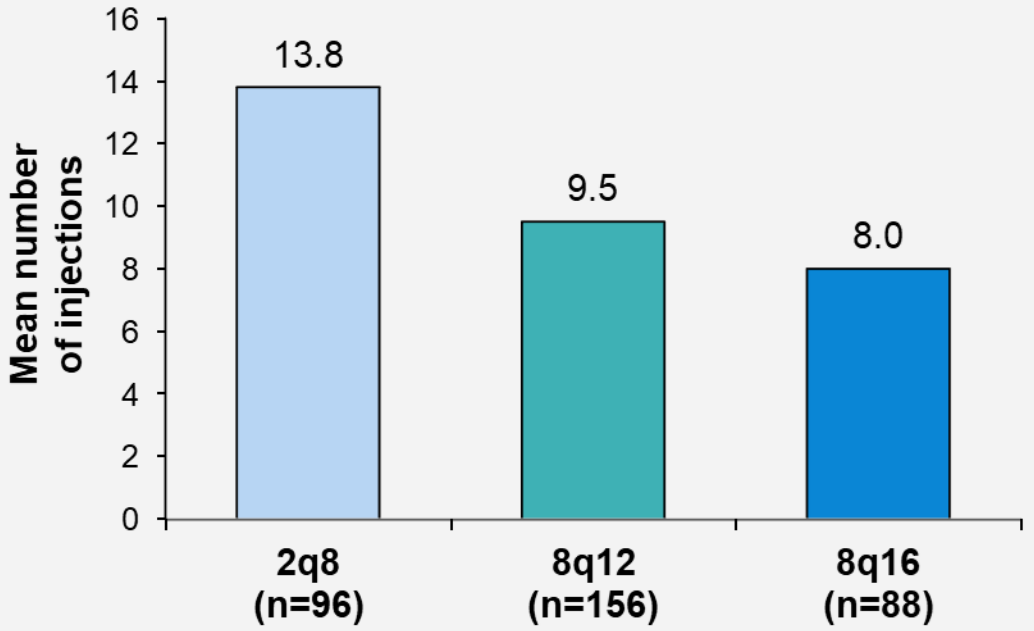
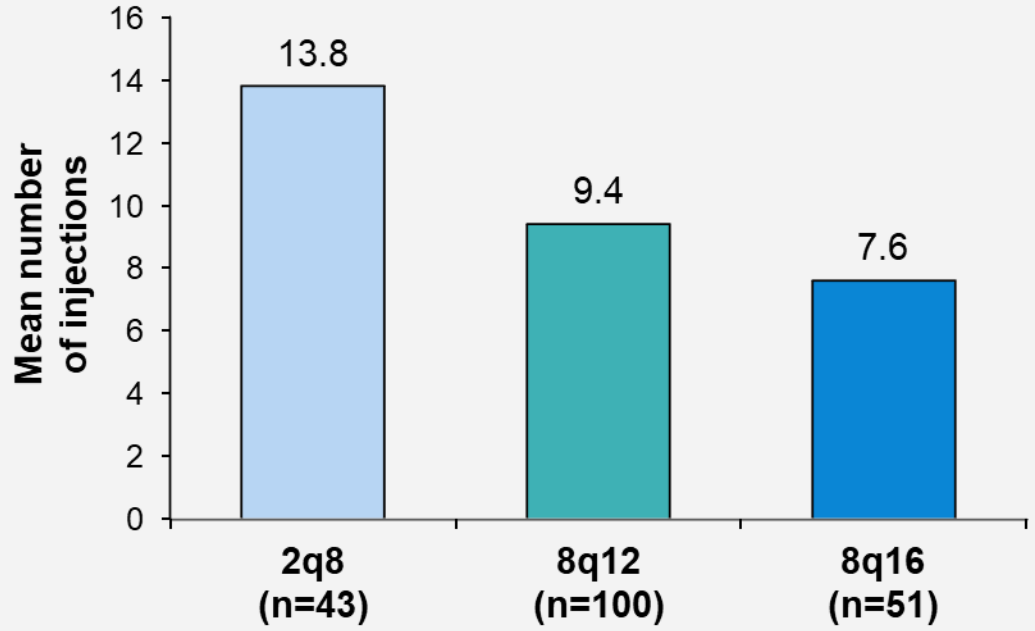
Baseline BCVA 20/50 or Worse



Baseline BCVA 20/40 or Better



FAS, patients who completed Week 96.

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A Large Proportion of Patients by Baseline BCVA Qualified for an Interval Extension[a] at Week 96

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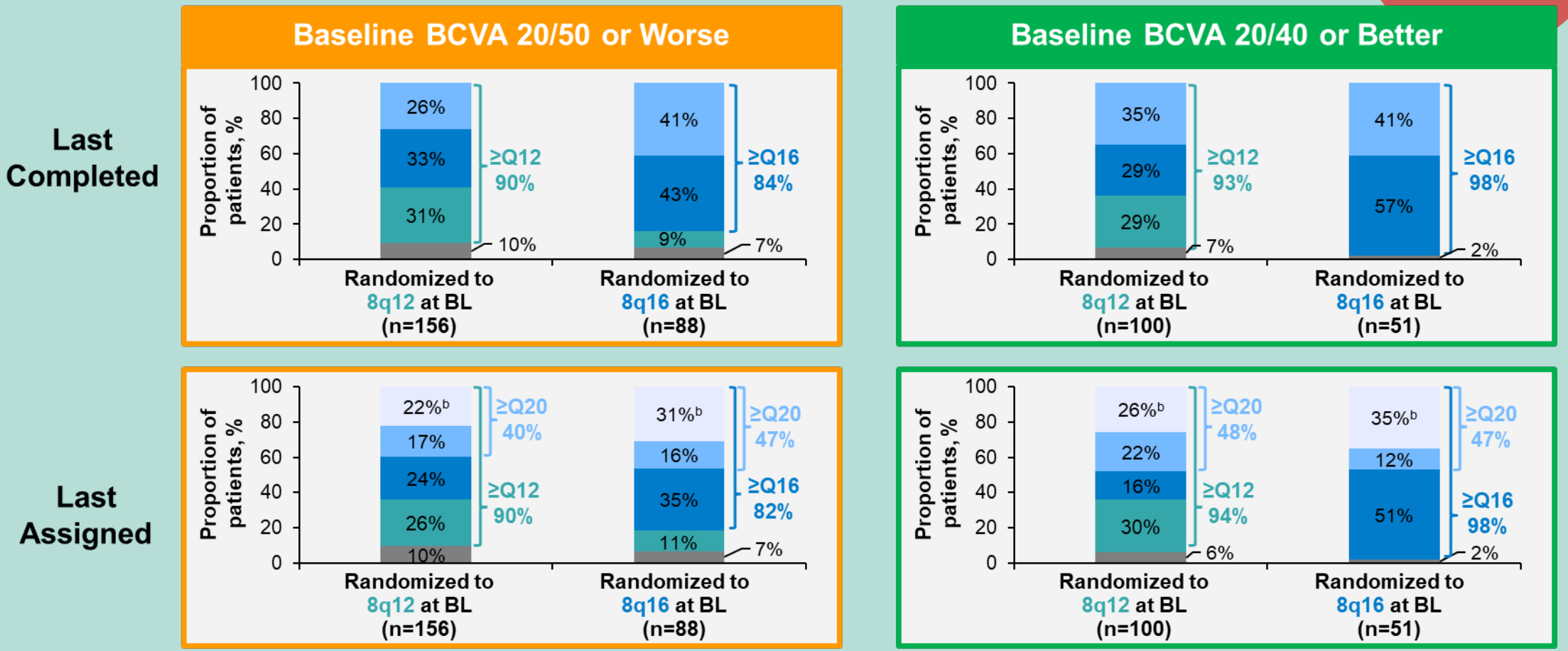

FAS, Patients completing Week 96.
Values may not add up to 100% due to rounding.
[a]Dosing intervals were extended in Year 2 if patients had <5-letter loss in BCVA from Week 12 and CRT <300 µm (or <320 µm on Spectralis). [b]Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but there was not sufficient time to complete the interval within the 96-week study period.
Q8, every 8 weeks; Q12, every 12 weeks; Q16, every 16 weeks; Q20, every 20 weeks; Q24, every 24 weeks.

Conclusions

- **Irrespective of baseline BCVA**, patients with DME treated with aflibercept 8 mg through Week 96:
  - Achieved meaningful visual and anatomic improvements comparable to those treated with aflibercept 2q8
  - Required fewer and less frequent injections
  - Most patients maintained ≥12- or ≥16-week dosing intervals
  - ~40%-50% had a last assigned dosing interval of ≥20 weeks