



Similar Visual and Anatomic Outcomes with Aflibercept 8 mg in Patients with Neovascular Age-related Macular Degeneration by Baseline BCVA and CRT: A 156-Week PULSAR Subgroup Analysis

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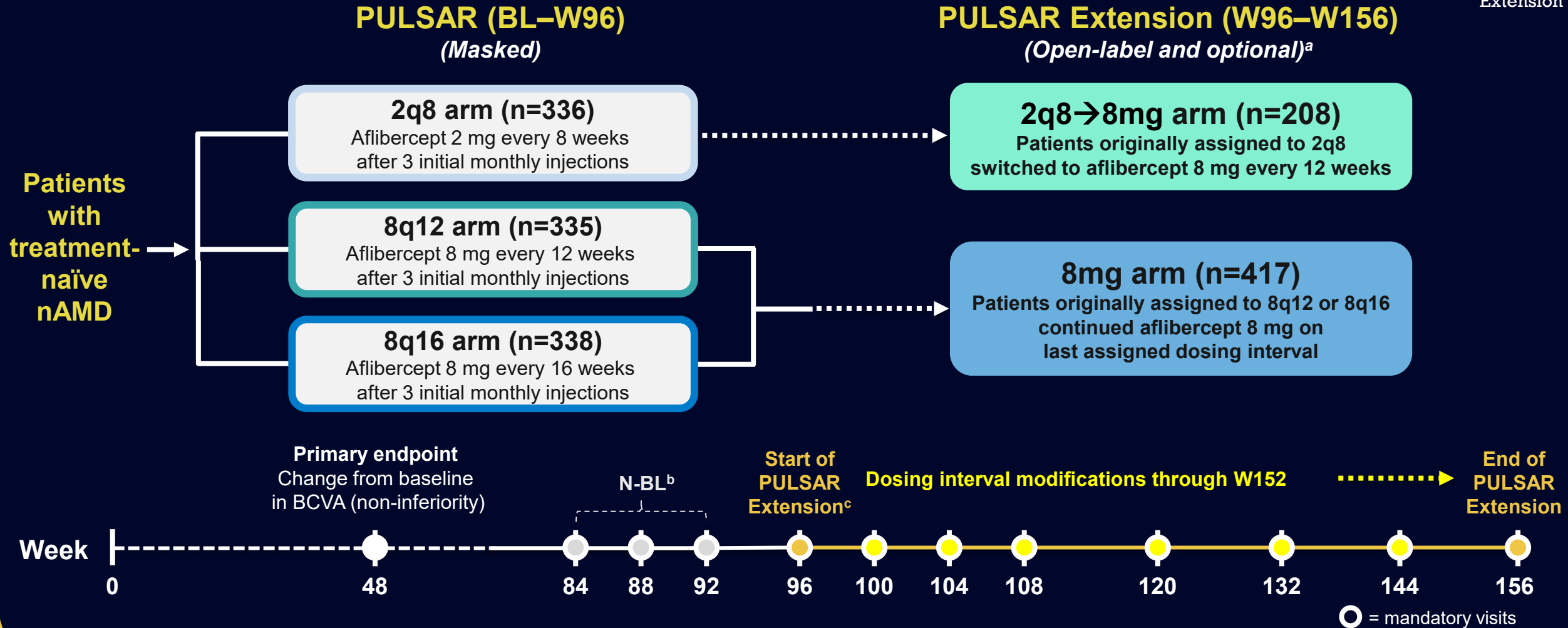
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Disclosures

- **Laurent Kodjikian:** Consultant for AbbVie, Alimera-Horus, Bayer, Celltrion Inc., Krys, MS Pharma, Novartis, Roche, and Thea
 - **JGG:** Consultant/speaker for AbbVie, Bayer, Novartis, and Roche; and has received research funding from Bayer, Novartis, and Roche. **PL:** Consulting fees from Aerie, Allergan, Apellis, Bausch & Lomb, Bayer, Biogen, Boehringer Ingelheim, Genentech, I-Care, Novartis, Outlook Therapeutics, and Roche. **MWS:** Consultant for Alkahest and Bayer; receives funding from Allergan, Kanghong, and Regeneron. **RG:** Consultant for AbbVie, Allergan, Apellis, Astellas, Bayer, Biogen, Boehringer Ingelheim, Novartis, Ocular Therapeutix, Roche, and Santen, and conducts research for Bayer, Novartis, and Roche. **SL and XZ:** Employees of Bayer Consumer Care AG. **TM:** Employee of Bayer AG
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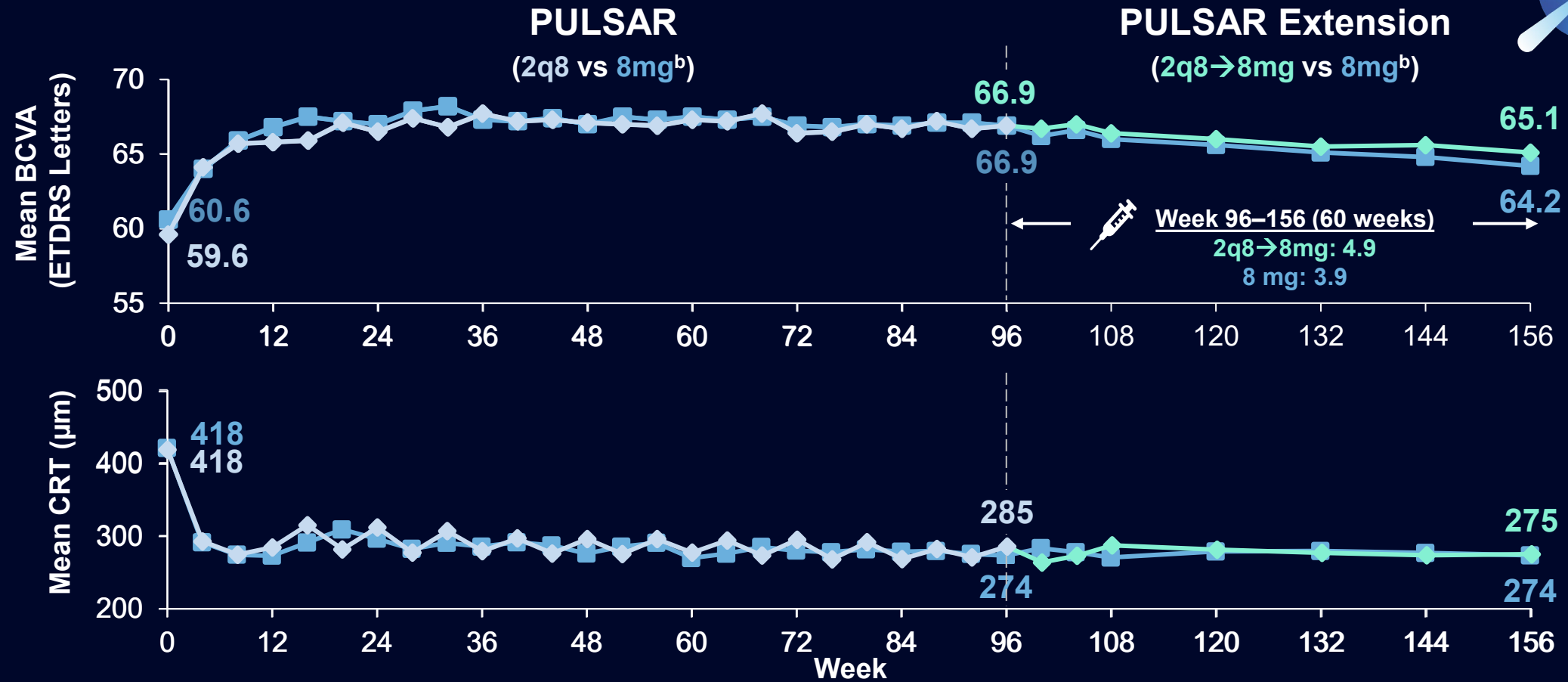
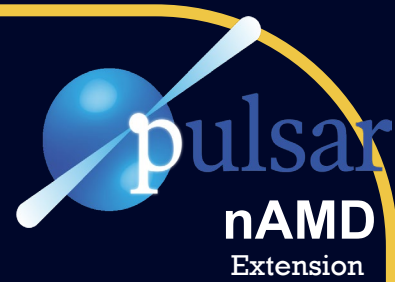
PULSAR Extension Design



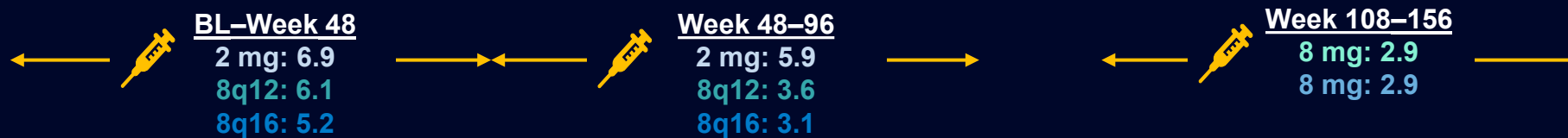
^aTo be eligible for PULSAR Extension, patients had to have ≥ 1 BCVA and CRT assessments between Week 84 and Week 92. Masked transition period (W96–108) was followed by open-label part (W108–W156). ^bN-BL was an average of values from W84, 88, and 92. ^cOptional phase added while PULSAR was ongoing; therefore, not all patients were able to enroll due to time constraints.

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; **BL**, baseline; **CRT**, central subfield retinal thickness; **nAMD**, neovascular age-related macular degeneration; **N-BL**, new baseline; **W**, week.

Mean BCVA and CRT Through Week 156^a



Mean number of active injections over 48-week periods:^c

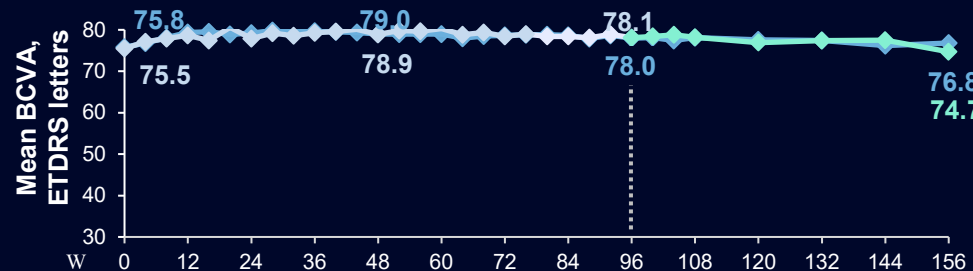
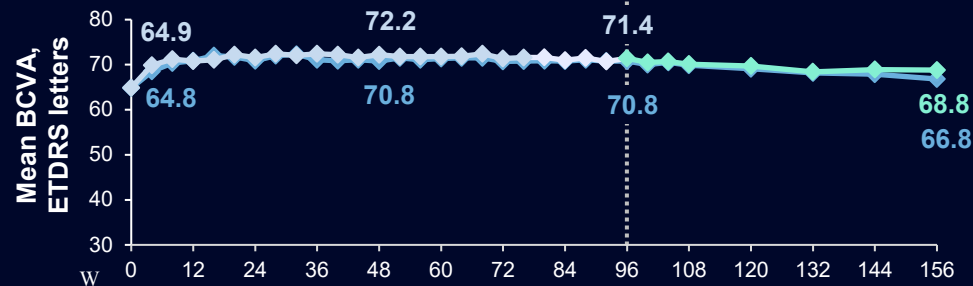
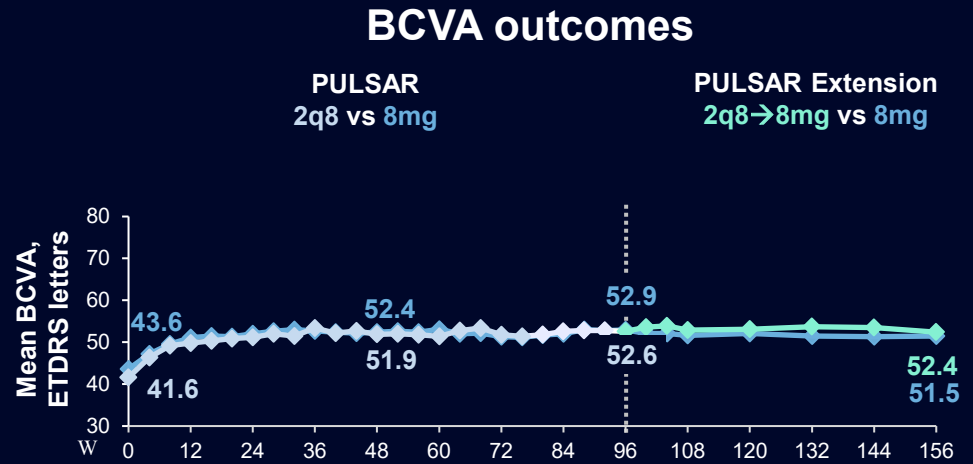


Note: At Week 156, the 2q8→8mg group (n=208) and 8mg group (n=417) reported LS mean (95% CI) changes from baseline (MMRM) in BCVA of +4.6 (2.6, 6.6) letters and +3.4 (1.9, 4.9) letters, respectively, and in CRT of –145 (–155, –136) μm and –148 (–156, –140) μm, respectively. MMRM was used to generate BCVA/CRT LS means for the eFAS with baseline BCVA/CRT as a covariate; treatment group (aflibercept 8q12, 8q16, 2q8), visit, and stratification variables (geographic region [Japan vs rest of the world] and baseline BCVA [≤60 vs >60 letters]) as fixed factors; and terms for the interaction between visit and baseline BCVA/CRT and the interaction between visit and treatment. ^aeFAS (observed cases). ^bPatients who were randomly assigned to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with aflibercept 8 mg through the PULSAR Extension. ^ceSAF (156-week completers; 2q8→8mg, n=186; 8q12, n=185; 8q16, n=190; 8mg, n=375). BL, baseline; CI, confidence interval; eSAF, safety analysis set in the PULSAR Extension; LS, least squares; MMRM, mixed model for repeated measures.

BCVA and CRT Outcomes Sustained Across Treatment Groups Stratified by Baseline BCVA Categories

Baseline BCVA

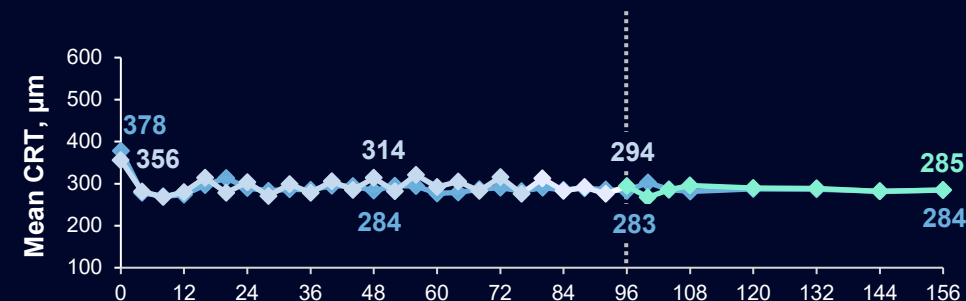
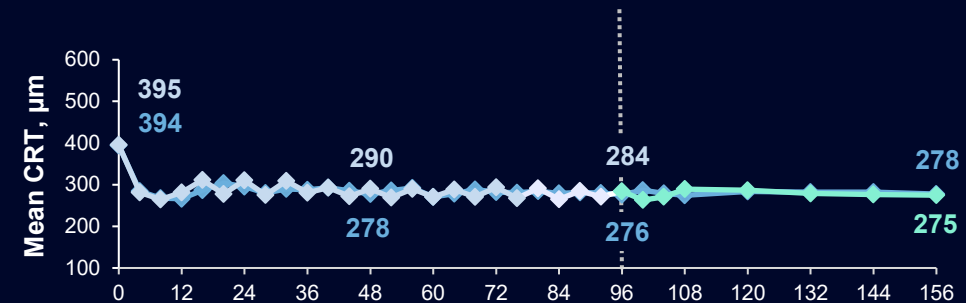
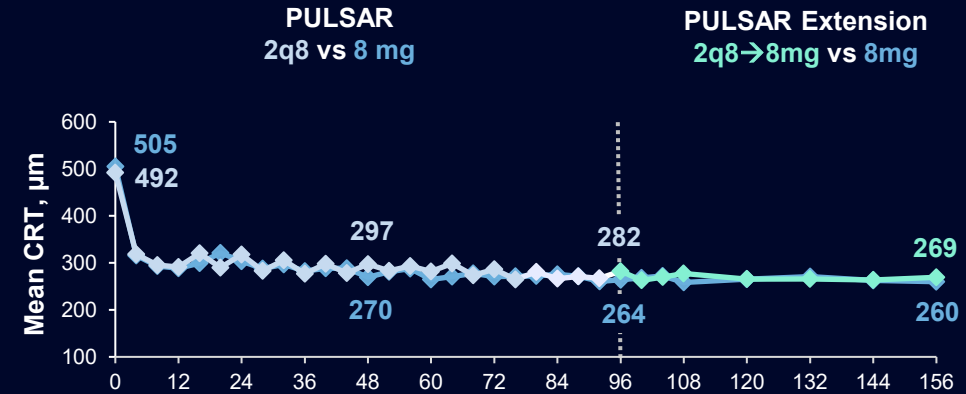
≤54 ETDRS letters
(n=61, n=114)



55-73 ETDRS letters
(n=117, n=242)

≥74 ETDRS letters
(n=30, n=61)

CRT outcomes



Mean no. of injections^a

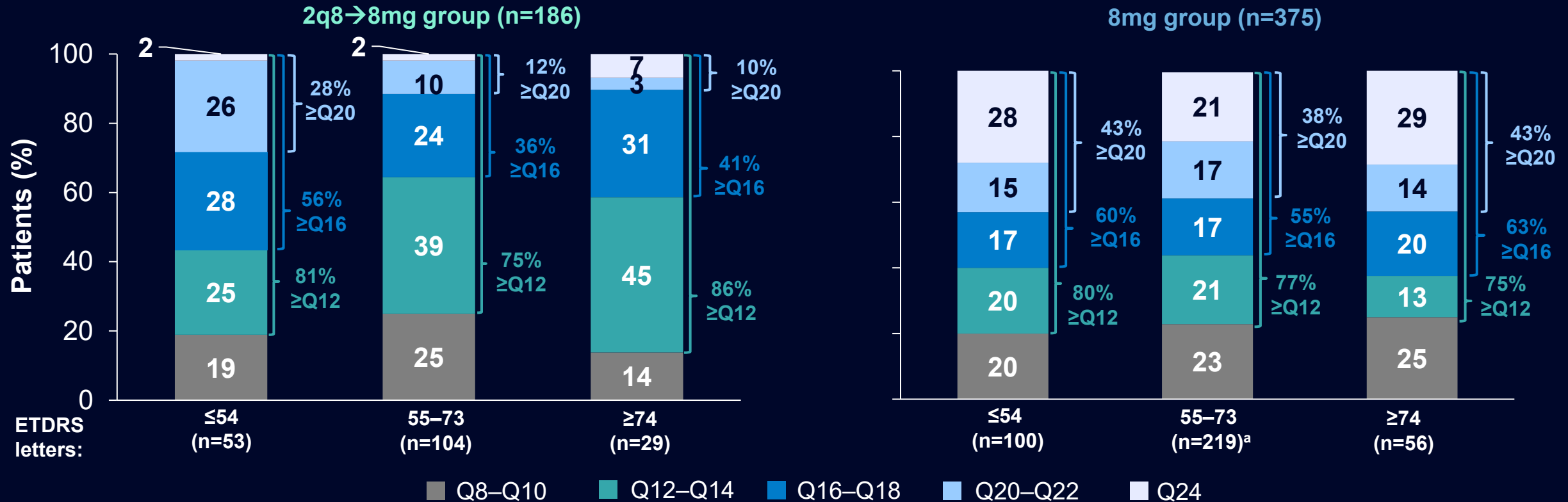
BL-W96
12.9 vs 9.2
W96-W156
4.7 vs 3.8

BL-W96
12.8 vs 9.0
W96-W156
4.9 vs 3.9

BL-W96
13.0 vs 9.0
W96-W156
5.1 vs 3.9

Majority of Patients Were Assigned Extended Dosing Intervals at Week 156 Irrespective of Baseline BCVA Categories

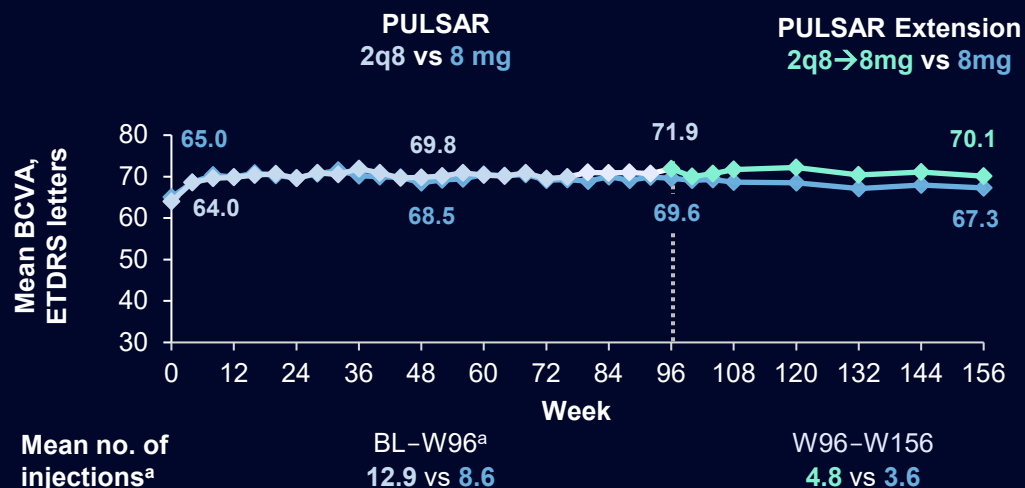
Last assigned dosing intervals at Week 156 by baseline BCVA categories



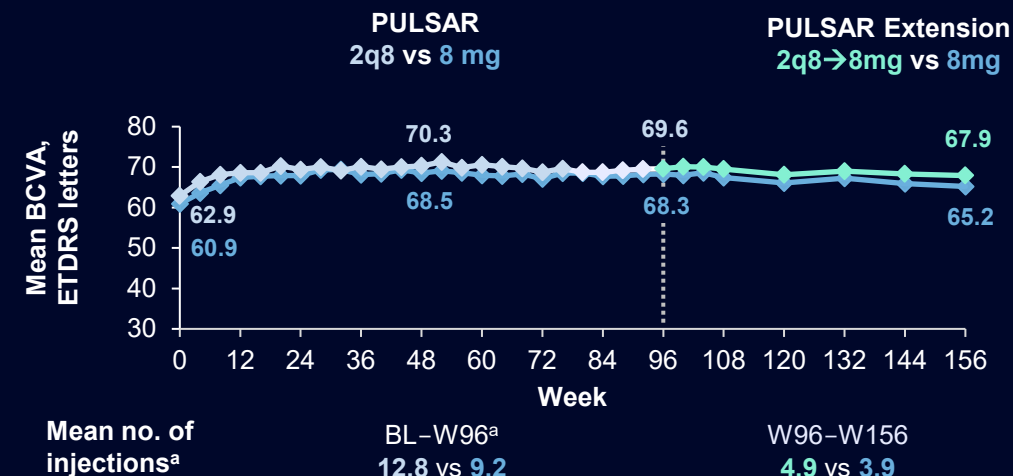
- Most patients (75%–86%) achieved ≥ 12 -week dosing intervals at Week 156 within the BCVA categories for the **2q8→8mg** and **8mg** groups

BCVA Outcomes Sustained Across Treatment Groups Stratified by Baseline CRT Quartiles

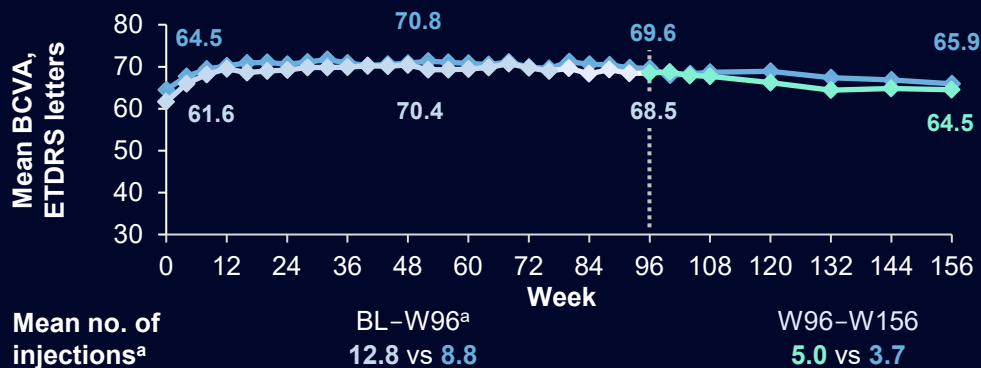
CRT, <326 μ m (n=48, n=108)



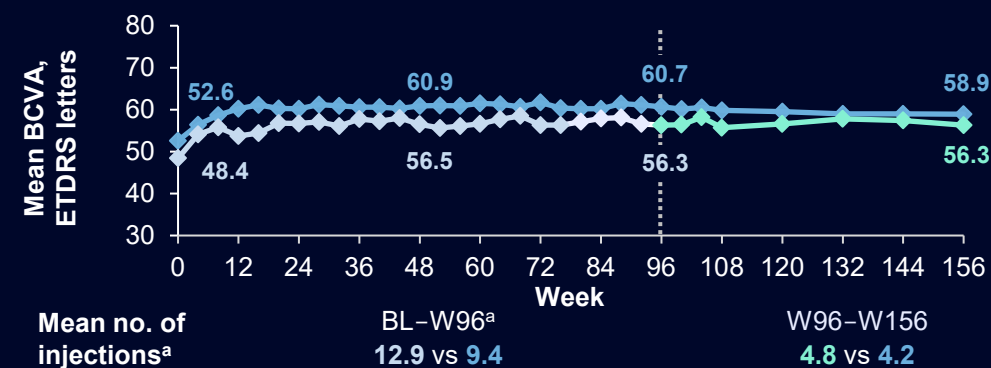
CRT, ≥396 to <483 μ m (n=56, n=100)



CRT, ≥326 to <396 μ m (n=58, n=98)

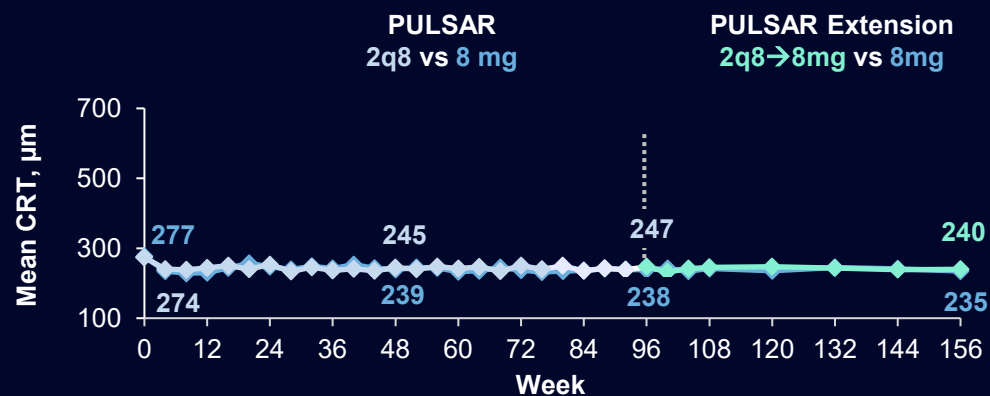


CRT, ≥483 μ m (n=46, n=111)



CRT Outcomes Sustained Across Treatment Groups Stratified by Baseline CRT Quartiles

CRT, <326 μ m (n=48, n=108)

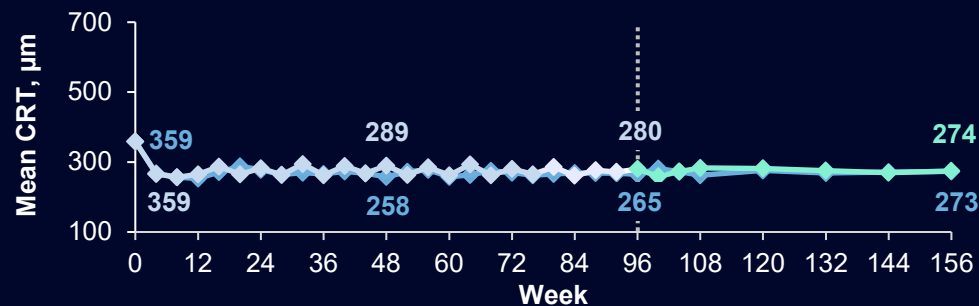


Mean no. of injections^a

BL-W96^a
12.9 vs 8.6

W96-W156
4.8 vs 3.6

CRT, ≥ 326 to <396 μ m (n=58, n=98)

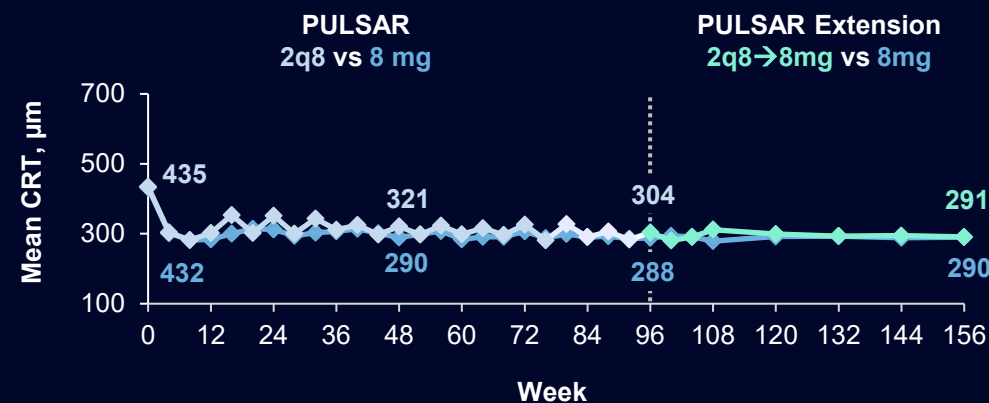


Mean no. of injections^a

BL-W96^a
12.8 vs 8.8

W96-W156
5.0 vs 3.7

CRT, ≥ 396 to <483 μ m (n=56, n=100)

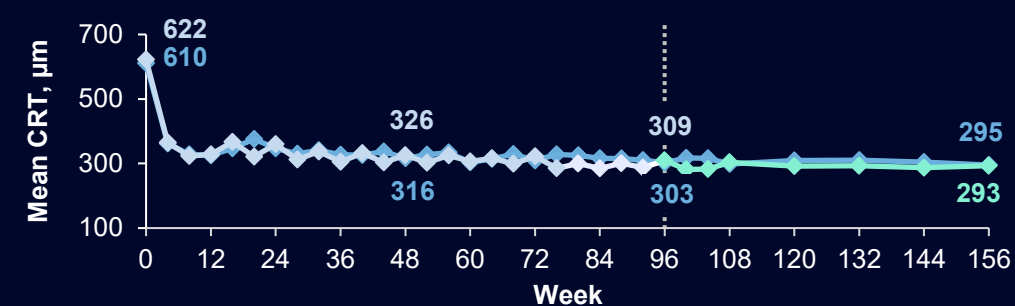


Mean no. of injections^a

BL-W96^a
12.8 vs 9.2

W96-W156
4.9 vs 3.9

CRT, ≥ 483 μ m (n=46, n=111)



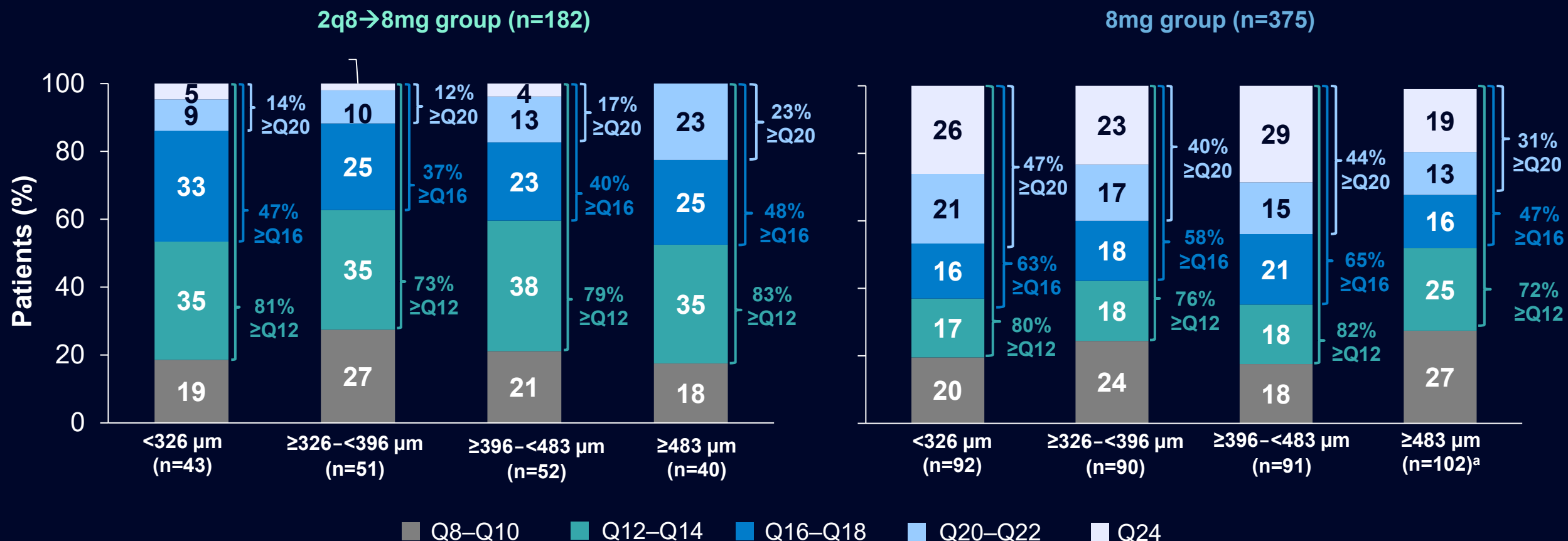
Mean no. of injections^a

BL-W96^a
12.9 vs 9.4

W96-W156
4.8 vs 4.2

Majority of Patients Were Assigned Extended Dosing Intervals at Week 156 Irrespective of Baseline CRT Quartiles

Last assigned dosing intervals at Week 156 by baseline CRT quartiles



- Most patients (72%–83%) achieved ≥12-week dosing intervals at Week 156 within the baseline CRT quartiles for the **2q8→8mg** and **8mg** groups

Conclusion

- In the PULSAR Extension, functional and anatomic improvements were sustained through Week 156 **in the 2q8→8mg and 8mg groups**
- Regardless of baseline BCVA and CRT, patients in the **2q8→8mg group maintained BCVA gains and CRT improvements through** Week 156 after switching to aflibercept 8 mg at Week 96
- The findings in the 8mg group suggest that patients with treatment-naïve nAMD can achieve **durable improvements with aflibercept 8 mg** administered over extended dosing intervals, regardless of baseline BCVA and CRT
- At Week 156, **BCVA and CRT outcomes were comparable in patient groups stratified by baseline BCVA and CRT** in the **2q8→8mg and 8mg groups**, and the majority of patients achieved extended dosing intervals \geq Q12 weeks at Week 156

