

Early global analysis of intraocular pressure changes in patients with nAMD and DME in the SPECTRUM real-world study of aflibercept 8 mg

Marco Lupidi,¹ Marion R. Munk,²⁻⁴ Clemens Lange,^{5,6} Varun Chaudhary,⁷ Clare Bailey,⁸ Hassiba Oubraham,⁹ Martin Kirchner,¹⁰ Tobias Machewitz,¹¹ Sarah Schlieff,¹¹ Susanne Oesch,¹² Peter Morgan-Warren,¹² Paolo Lanzetta,^{13,14} on behalf of the SPECTRUM study investigators

¹Eye Clinic, Polytechnic University of Marche, Ancona, Italy; ²Augenarzt Praxisgemeinschaft Gutblick AG, Pfäffikon, Switzerland; ³Department of Ophthalmology, University Hospital Bern, Bern, Switzerland; ⁴Northwestern University, Feinberg School of Medicine, Chicago, IL, USA; ⁵Eye Center, Faculty of Medicine, Albert-Ludwig University Freiburg, Freiburg, Germany; ⁶Department of Ophthalmology, St. Franziskus Hospital, Münster, Germany; ⁷Department of Surgery, McMaster University, Hamilton, ON, Canada; ⁸Department of Ophthalmology, University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK; ⁹Centre OPHTA-45, Montargis, France; ¹⁰Bayer AG, Leverkusen, Germany; ¹¹Bayer AG, Berlin, Germany; ¹²Bayer Consumer Care AG, Basel, Switzerland; ¹³Department of Medicine – Ophthalmology, University of Udine, Italy; ¹⁴Istituto Europeo di Microchirurgia Oculare – IEMO, Udine, Italy

Purpose

- The CANDELA (Phase 2),¹ PHOTON (Phase 2/3)² and PULSAR (Phase 3)³ clinical trials of aflibercept 8 mg for the treatment of neovascular age-related macular degeneration (nAMD) and diabetic macular edema (DME) demonstrated a reassuring intraocular pressure (IOP) safety profile
- SPECTRUM is an ongoing, global, prospective Phase 4 study to evaluate the real-world effectiveness and safety of aflibercept 8 mg for the treatment of nAMD and DME
- Here, we report IOP-related findings through Week 24 from SPECTRUM for patients with treatment-naïve (TN) and previously treated (PT) nAMD or DME

Conclusions

- SPECTRUM IOP-related findings through Week 24 for aflibercept 8 mg in patients with PT and TN nAMD or DME indicate:**
 - Stable pre-injection IOP
 - Very low rates of IOP-related treatment-emergent adverse events
- These **early IOP findings** from **SPECTRUM** are **consistent** with those reported for aflibercept 8 mg in **Phase 3 trials**.^{2,3}

Disclosures

Marco Lupidi: Advisory boards for AbbVie, Bayer, Heidelberg Engineering, and Roche.

Acknowledgments

The authors wish to thank Dr Rose Gilbert (Bayer) for her contributions to the study. The SPECTRUM study 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 poster. Medical writing support, under the direction of the authors, was provided by ApotheCom (UK) and funded by Bayer Consumer Care AG (Basel, Switzerland), in accordance with Good Publication Practice (GPP) guidelines (*Ann Intern Med.* 2022;175:1298–1304).



Scan the QR code to access the SPECTRUM study infographic⁴

Methods

- SPECTRUM (NCT06075147) is an ongoing, 24-month, prospective observational study being conducted across 18 countries in North America, Europe, the Middle East, and the Asia-Pacific region
- Patients with PT or TN nAMD (aged ≥50 years) or DME (aged ≥18 years), who were prescribed aflibercept 8 mg by their attending physician prior to study start, were eligible for enrollment
- Decisions regarding monitoring and treatment, including the assessment of IOP, are made at the discretion of each patient's attending physician in accordance with local clinical practice

Results

- Up to Day 210 from baseline, the global TN (n=141) and PT (n=148) nAMD cohorts received a mean±SD of 4.7±1.2 and 4.5±1.6 injections, and the global TN (n=142) and PT (n=145) DME cohorts received 4.0±1.2 and 4.4±1.8 injections
- Low proportions of patients were assessed for pre-injection IOP and post-injection IOP measurements through Week 24, with an average of 2.4 and 0.4 assessments per patient, respectively, across the 4 global SPECTRUM cohorts
- Baseline demographics and IOP-related characteristics across the 4 global cohorts are described in **Table 1**

Table 1: IOP-related baseline characteristics of the global SPECTRUM cohorts (first ~150 patients enrolled)

Baseline characteristics ^a	TN nAMD (n=141)	PT nAMD (n=148)	TN DME (n=142)	PT DME (n=145)
Age, years	80.8±6.9	79.5±8.1	66.1±11.5	65.3±11.0
Median time since first prior treatment, days	–	644	–	639
Pre-injection IOP, mmHg	14.3±3.7	13.9±3.5	14.1±3.8	14.8±3.5
IOP-related comorbidities, n (%) ^b				
Angle-closure glaucoma	1 (0.7)	1 (0.7)	0	0
Borderline glaucoma	0	2 (1.4)	1 (0.7)	1 (0.7)
Exfoliation glaucoma	2 (1.4)	3 (2.0)	0	0
Glaucoma	2 (1.4)	5 (3.4)	5 (3.5)	12 (8.3)
Normal-tension glaucoma	0	1 (0.7)	0	0
Ocular hypertension	1 (0.7)	1 (0.7)	3 (2.1)	0
Open-angle glaucoma	0	0	0	3 (2.1)
Pigment dispersion syndrome	0	1 (0.7)	0	2 (1.4)
Concomitant IOP-lowering medications, n ^c	6	8	5	13

FAS. Data are mean±SD unless otherwise indicated. ^aAll characteristics were classified and reported by the study investigators. ^bMultiple answers possible. ^cPatients could receive more than one medication and may, therefore, have been counted more than once. DME, diabetic macular edema; FAS, full analysis set; IOP, intraocular pressure; nAMD, neovascular age-related macular degeneration; PT, previously treated; SD, standard deviation; TN, treatment-naïve.

Table 2: IOP-related TEAEs reported through Week 24 in the global SPECTRUM cohorts (first ~150 patients enrolled)

IOP-related TEAE in the study eye, n (%)	TN nAMD (n=150)	PT nAMD (n=149)	TN DME (n=150)	PT DME (n=150)
Increased IOP	3 (2.0)	2 (1.3)	3 (2.0)	3 (2.0)
Ocular hypertension	0	1 (0.7)	0	3 (2.0)



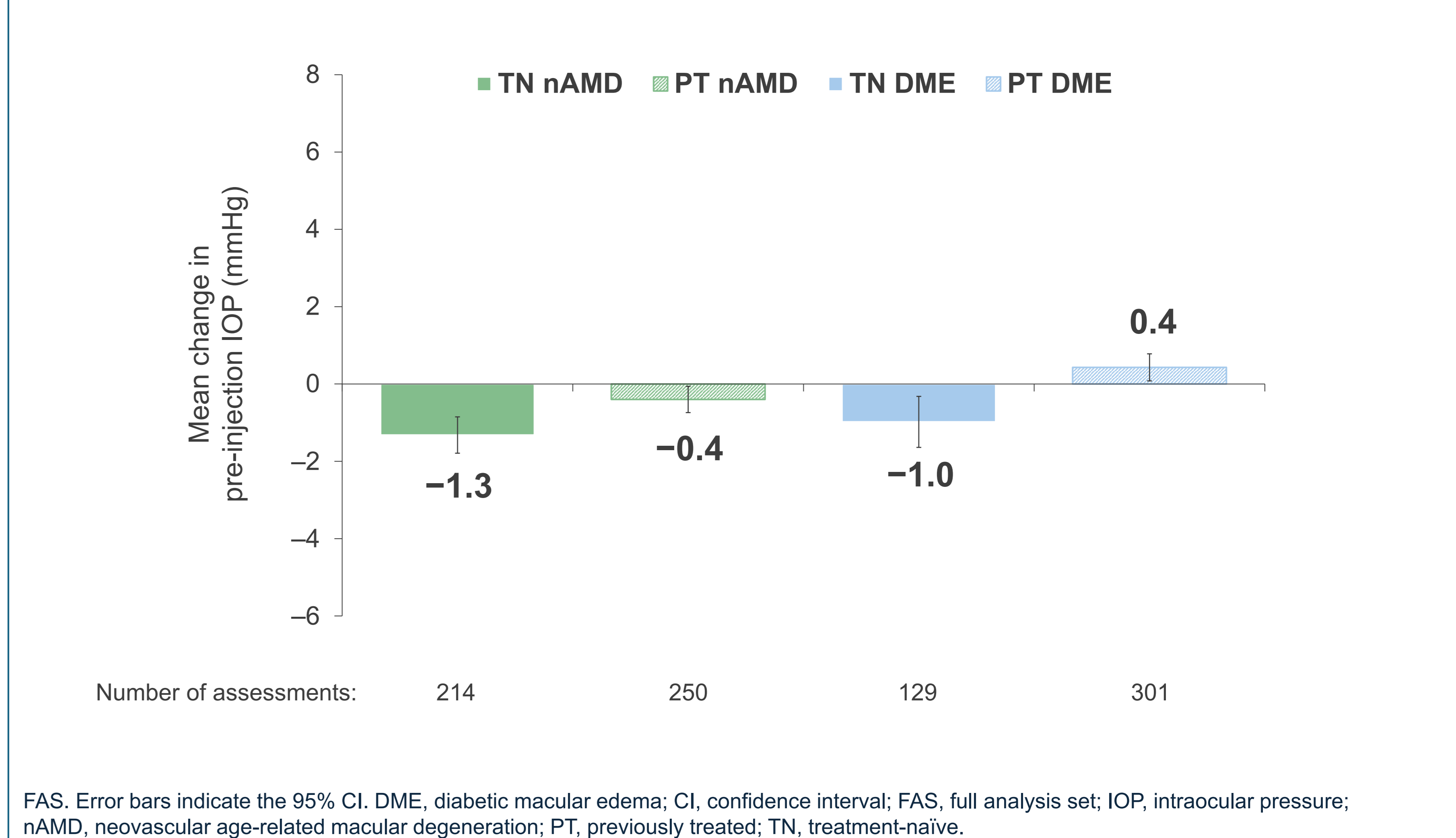
No TEAEs of glaucoma reported

SAF. The eye treated with aflibercept 8 mg was considered the study eye; if aflibercept 8 mg treatment was decided simultaneously for both eyes, the study eye was considered to be the worse eye per the discretion of the attending physician. DME, diabetic macular edema; IOP, intraocular pressure; nAMD, neovascular age-related macular degeneration; PT, previously treated; SAF, safety analysis set; TEAE, treatment-emergent adverse event; TN, treatment-naïve.

- Data are being collected from medical records and imaging during routine visits from February 2024 to September 2027, with a follow-up period of up to 24 months per patient
- Enrollment is complete, comprising 2294 patients across the 2 global nAMD cohorts and 1439 patients across the 2 global DME cohorts
- This exploratory analysis reports IOP-related data for injections received through Week 24 (closest visit to 180 days [150–210] from baseline) for the first ~150 patients enrolled globally in each of the 4 SPECTRUM cohorts
- All results were analyzed descriptively
- The latest data cuts are reported here: April 9, 2025 (TN nAMD), August 14, 2025 (TN DME), and January 5, 2026 (PT nAMD and PT DME)

- At baseline, the mean pre-injection IOP (n=patients with reported values) was 14.3 (n=101), 13.9 (n=94), 14.1 (n=112), and 14.8 (n=116) mmHg in the global TN nAMD, PT nAMD, TN DME, and PT DME cohorts, respectively (**Table 1**)
- The mean±SD change (n=assessments) in pre-injection IOP from baseline through Week 24 was –1.3±3.5 (n=214) and –0.4±2.7 (n=250) mmHg for the global TN and PT nAMD cohorts, and –1.0±3.8 (n=129) and +0.4±3.1 (n=301) mmHg for the global TN and PT DME cohorts (**Figure 1**)
- Through Week 24, rates of IOP-related treatment-emergent adverse events were very low and similar across the 4 global SPECTRUM cohorts (**Table 2**)

Figure 1: Mean change in pre-injection IOP from baseline through Week 24 in the global SPECTRUM cohorts (first ~150 patients enrolled)



SPECTRUM data on treatment outcomes and patterns with aflibercept 8 mg in the global nAMD and DME cohorts are also being presented at **ARVO 2026**:

- Global nAMD Week 12 outcomes
- Global DME Week 12 outcomes
- Global nAMD Week 24 treatment patterns (early enrollees)
- Global DME Week 24 treatment patterns (early enrollees)

References

- Wykoff CC, et al. *JAMA Ophthalmol.* 2023;141:834–842.
- Brown DM, et al. *Lancet.* 2024;403:1153–1163.
- Lanzetta P, et al. *Lancet.* 2024;403:1141–1152.
- Bailey C, et al. *Eye (Lond);* <https://doi.org/10.1038/s41433-025-04140-2>.

Presented at **The Association for Research in Vision and Ophthalmology (ARVO) 2026 Annual Meeting, Denver, CO, USA, May 3–7, 2026**