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SPECTRUM UK cohort analysis: Early real-world outcomes with aflibercept 8 mg in patients with nAMD

Archana Airody[1,2], Clare Bailey[3], Tobias Machewitz[4], Susanne Oesch[5], Peter Morgan-Warren[5], Aires Lobo[6], on behalf of the SPECTRUM study investigators

a.airody@nhs.net

[1]Academic Unit of Ophthalmology, York and Scarborough Teaching Hospitals NHS Foundation Trust, York, UK; [2]Hull York Medical School, University of York, York, UK; [3]Department of Ophthalmology, University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK; [4]Bayer AG, Berlin, Germany; [5]Bayer Consumer Care AG, Basel, Switzerland; [6]Ophthalmology Department, Moorfields Eye Centre, Bedford Hospital, Bedford, UK.

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Purpose

- Aflibercept 8 mg is approved for the treatment of neovascular age-related macular degeneration (nAMD), diabetic macular edema (DME), and visual impairment due to macular edema secondary to retinal vein occlusion (RVO)[1]
- SPECTRUM is a global study evaluating the real-world effectiveness and safety profile of aflibercept 8 mg in patients with treatment-naïve (TN) and previously treated (PT) nAMD or DME[2]

Conclusions

This Week 24 analysis of the SPECTRUM UK nAMD cohorts shows **improved VA** and **CRT** in both **TN** and **PT** patients, and an **improved last completed dosing interval** for the **majority of PT patients** following the switch to aflibercept 8 mg

Methods

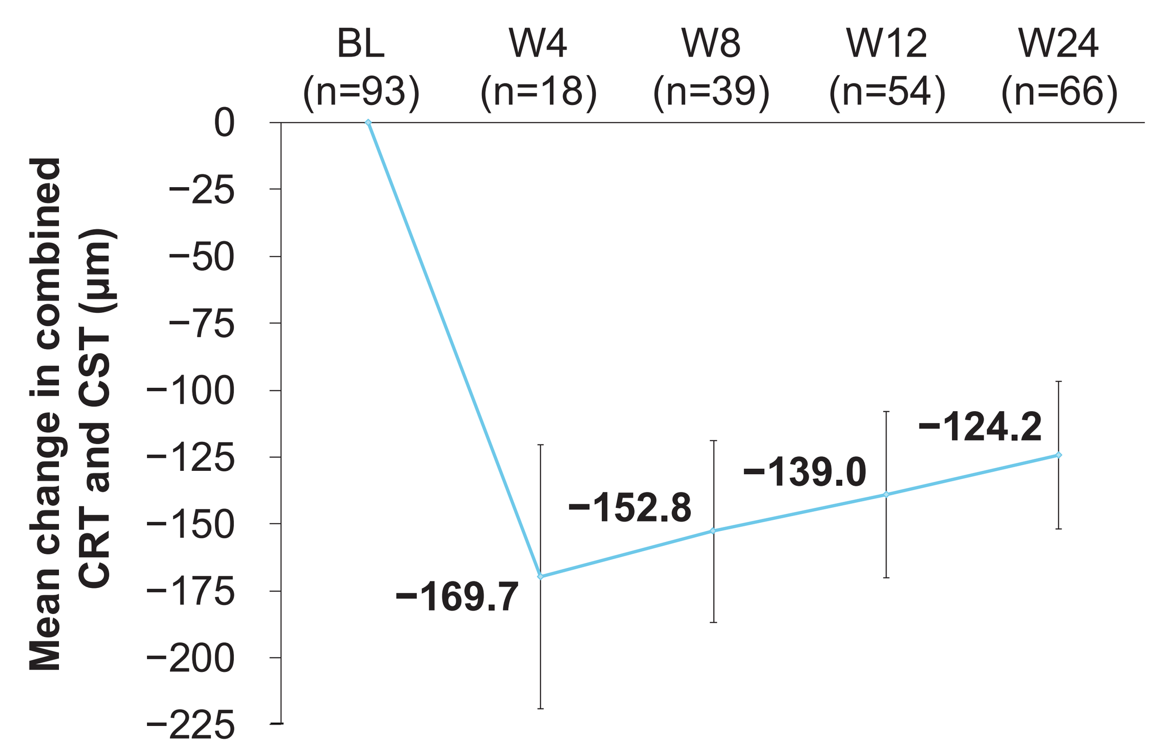
- SPECTRUM (NCT06075147) is an ongoing, 24-month, prospective observational study being conducted in 18 countries, including the UK[3,4]
- Patients (TN and PT) with nAMD aged ≥50 years or DME aged ≥18 years, who have been prescribed aflibercept 8 mg by their physician, were eligible for enrollment[4]
- Decisions regarding monitoring, retreatment, and treatment schedules are made by each patient's attending physician in accordance with local clinical practice[4]
- Data are being collected during routine clinical visits (February 2024 to September 2027)[3]
- In SPECTRUM, the primary endpoint is the change in visual acuity (VA) from BL to Month 12[3,4]
- Secondary endpoints include the change in VA from BL at Month 6 and Month 24, and change in central retinal thickness (CRT) from BL at Month 6, Month 12, and Month 24[3,4]
- Adverse events are monitored throughout the study[3,4]
- All analyses are descriptive and exploratory only[3]
- Missing data are imputed using the last observation carried forward (LOCF) approach
- The data through Week 24 for the nAMD UK cohort are reported here

Results

- In the UK TN (n=98) and PT (n=92) nAMD cohorts, the mean age was 81.2 and 79.7 years, respectively, and the median (min, max) time from nAMD diagnosis in the TN cohort was 0.03 (0.03, 5.3) months
- In the PT cohort, the median time from nAMD diagnosis was 30.4 months, with 65.2% receiving aflibercept 2 mg and 30.4% receiving faricimab as previous treatment
- The mean (95% confidence interval [CI]) change in VA at Week (W) 24 was +6.2 (3.4 to 9.0) letters and +2.1 (0.0 to 4.2) letters in the UK TN and PT cohorts, from a BL of 56.1 letters and 61.5 letters, respectively (Figures 1 and 2)
- The mean (95% CI) change in combined CRT and central subfield thickness (CST) at W24 was −124.2 (−151.8 to −96.7) µm and −18.5 (−35.8 to −1.2) µm in the UK TN and PT cohorts, from a BL of 375.8 µm and 288.7 µm, respectively (Figures 1 and 2)
- Of 71 patients in the PT cohort with last completed dosing interval data at W24, 60.6% of patients had a longer dosing interval compared to their last completed interval prior to switch to aflibercept 8 mg, whereas 22.5% of patients maintained their interval

Figure 1: VA and combined CRT & CST outcomes with aflibercept 8 mg in TN patients with nAMD.

Mean change in VA from BL at W24:
+6.2 ETDRS letters (n=90)



BL (95% CI), µm	**375.8** (352.6, 398.9)

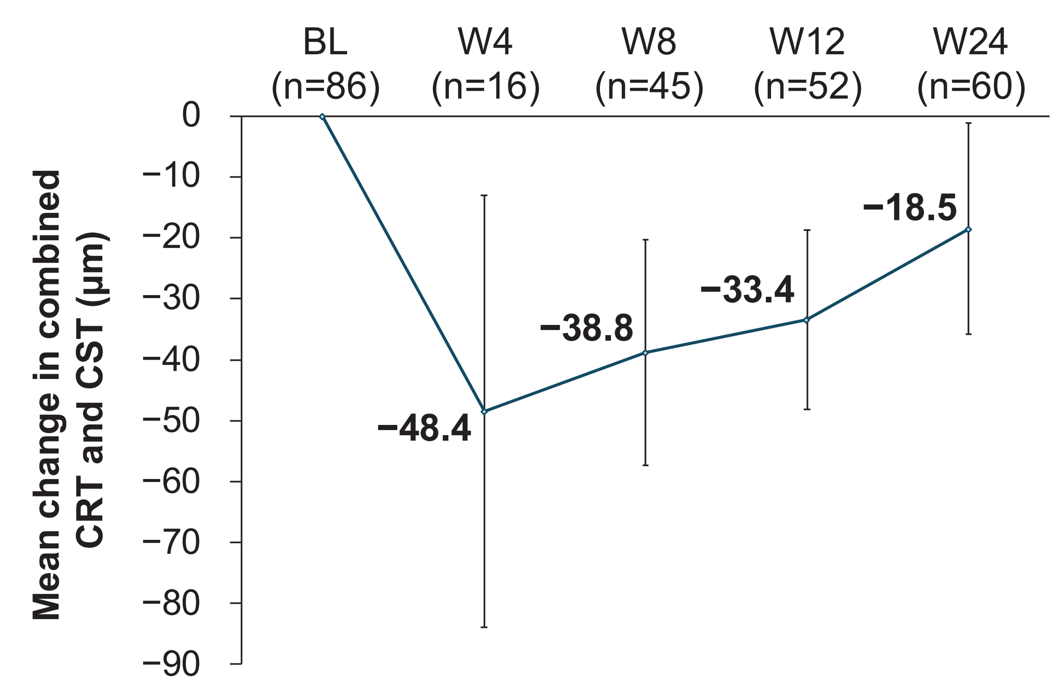
LOCF. Missing values are imputed with the LOCF approach. Error bars indicate 95% CI. BL, baseline; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; LOCF, last observation carried forward; nAMD, neovascular age-related macular degeneration; TN, treatment-naïve; VA, visual acuity; W, Week.

Safety
No serious drug-related ocular treatment-emergent adverse events or cases of intraocular inflammation were reported, and no new safety concerns were observed.

Figure 2: VA, combined CRT & CST, and last completed treatment intervals with aflibercept 8 mg in PT patients with nAMD.

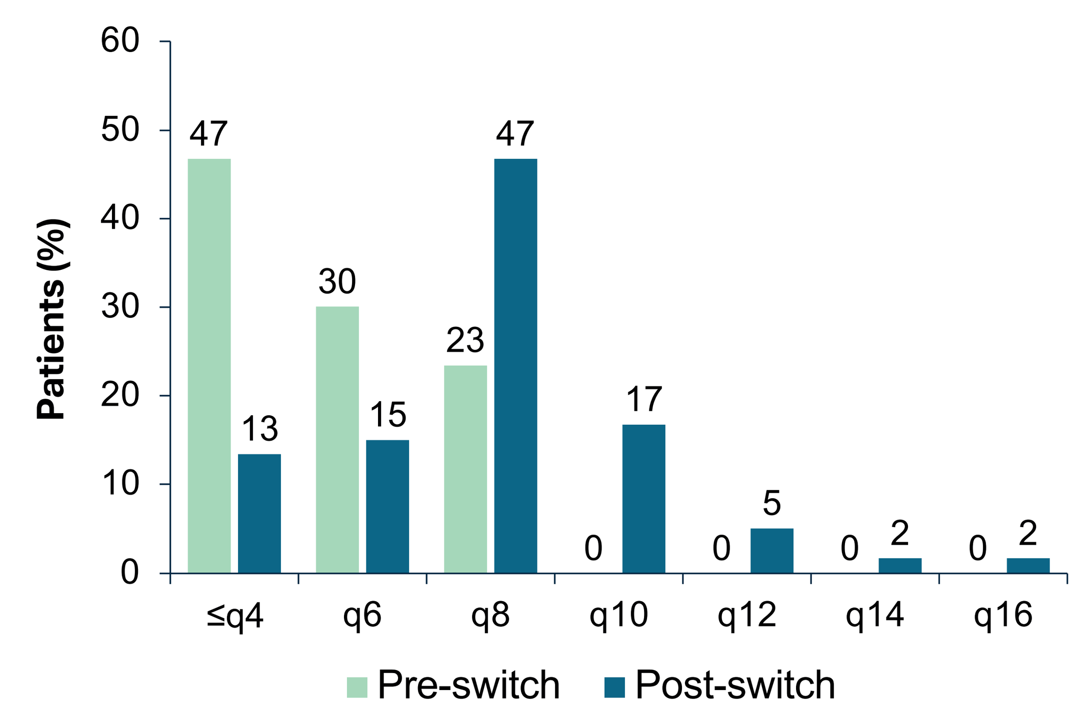
Mean change in VA and combined CRT & CST from BL at W24

Mean change in VA from BL at W24:
+2.1 ETDRS letters (n=89)

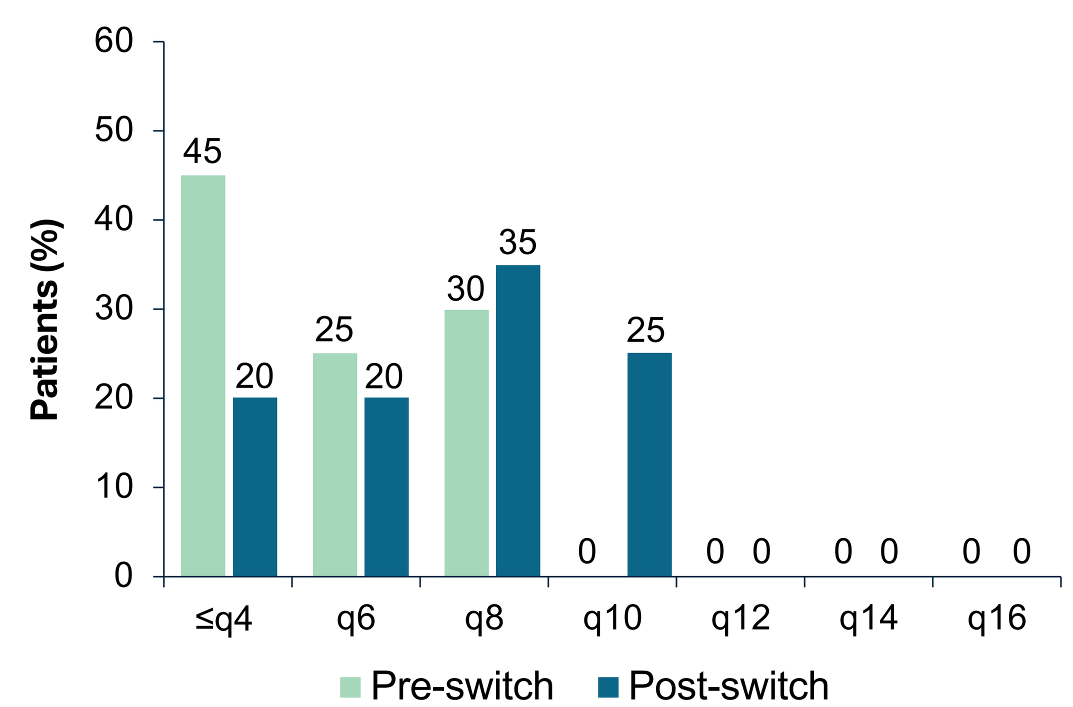


BL (95% CI), µm	**288.7** (270.9, 306.4)

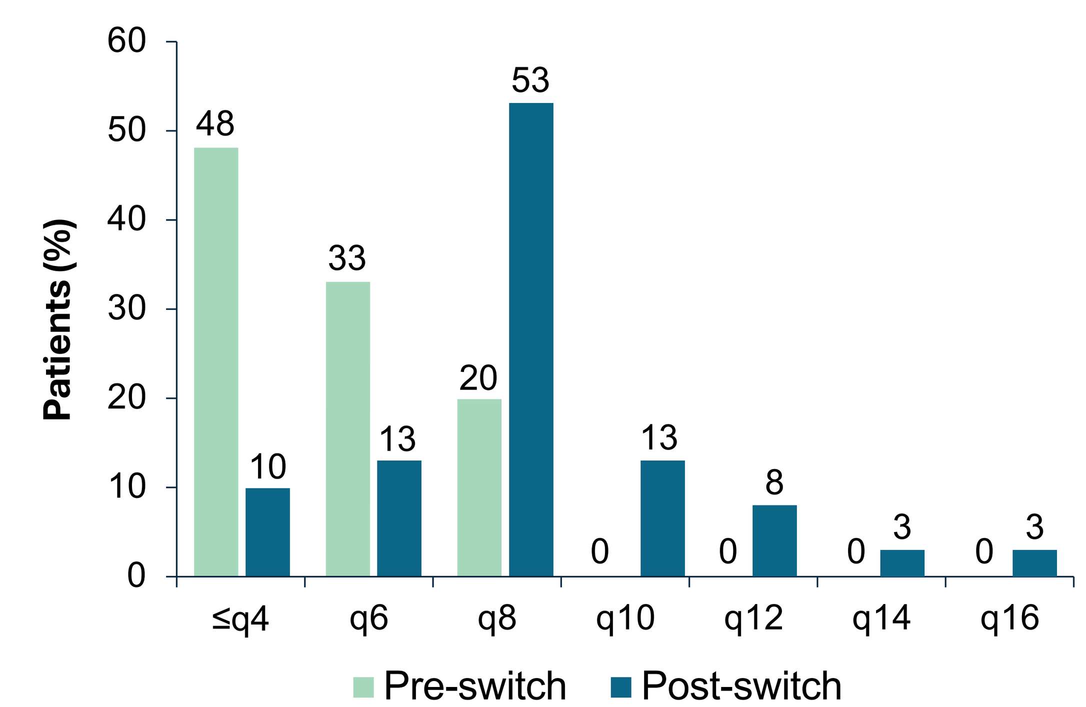
Last completed treatment intervals with aflibercept 8 mg at W24 in patients who had treatment intervals ≤q8 prior to switch (n=60)



Last completed treatment intervals with aflibercept 8 mg at W24 in patients who had treatment intervals ≤q8 with previous faricimab treatment (n=20)



Last completed treatment intervals with aflibercept 8 mg at W24 in patients who had treatment intervals ≤q8 with previous aflibercept 2 mg treatment (n=40)



LOCF. Missing values are imputed with the LOCF approach. Error bars indicate 95% CI.
BL, baseline; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; LOCF, last observation carried forward; nAMD, neovascular age-related macular degeneration; PT, previously treated; qX, every X weeks; VA, visual acuity; W, Week.

Disclosures
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