# Intravitreal Aflibercept 8 mg for Diabetic Macular Edema: Week 48 Efficacy Outcomes by Baseline Demographics in the Phase 2/3 PHOTON Trial

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#### **Disclosures**

- Dr Emanuelli is an investigator for Novartis, Novartis Institute of Biomedical Research, Regeneron Pharmaceuticals, Inc., Roche/Genentech, Adverum Biotechnologies, Kodiak Sciences, Ophthea, Nanoscope Therapeutics, and RegenxBio.
- This trial was sponsored by Regeneron Pharmaceuticals, Inc. (Tarrytown, NY) and cofunded by Bayer AG (Leverkusen, Germany). The sponsors participated in the design and conduct of the trial, analysis of the data, and preparation of this poster
- This trial includes research conducted on human patients. Institutional Review Board approval was obtained prior to study initiation
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#### **Background**

- Aflibercept 8 mg, a novel intravitreal formulation with a 4-times higher molar dose than aflibercept 2 mg, is hypothesized to provide a longer effective vitreal concentration and enable a more sustained effect on VEGF signaling
- The ongoing phase 2/3 PHOTON trial evaluates the efficacy and safety of aflibercept 8 mg versus 2 mg in patients with DME
- However, the treatment effects of aflibercept 8 mg are yet to be evaluated by baseline patient characteristics

This analysis evaluated the treatment effects of aflibercept 8 mg versus 2 mg at Week 48 by baseline patient demographics

#### PHOTON Study Design

Multi-center, randomized, double-masked study in patients with DME\* Randomized 1 (2q8) : 2 (8q12) : 1 (8q16)

Note: 2 mg arm received 5 initial monthly injections versus 8 mg arms, which received only 3 initial monthly injections

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

n=167

8q12 8 mg every 12 weeks after 3 initial monthly injections n=328 8 mg every 16 weeks after 3 initial monthly injections n=163

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

Key secondary endpoint:
Proportion of patients with ≥2-step improvement in DRSS at Week 48

End of study at Week 96 with optional 1-year extension through Week 156

### PHOTON: Dose Regimen Modifications in Year 1

Primary Endpoint

	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
2q8	X	X	X	X	X	0	X	0	X	0	X	0	Х
8q12	X	X	X	0	0	X	0	0	X	0	0	X	0
8q16	X	X	X	0	0	0	X	0	0	0	X	0	О

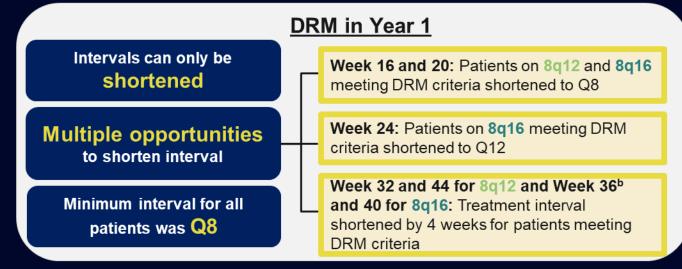
Note: 2 mg arm received 5 initial monthly injections versus 8 mg arms, which received only 3 initial monthly injections

#### DRM Criteria for Shortening Dosing Intervala

 >10-letter loss in BCVA due to persistent or worsening DME

AND

>50-micron increase in CRT



Stippled boxes = initial treatment phase; X = active injection; o = sham injections. Note: Figure does not reflect all dosing options once a patient is shortened. all assessments compared to Week 12.

<sup>b</sup>At Week 36, patients on 8q16 who were previously shortened to Q12 could have been shortened to Q8. CRT, central retinal thickness; DRM, dose regimen modification.

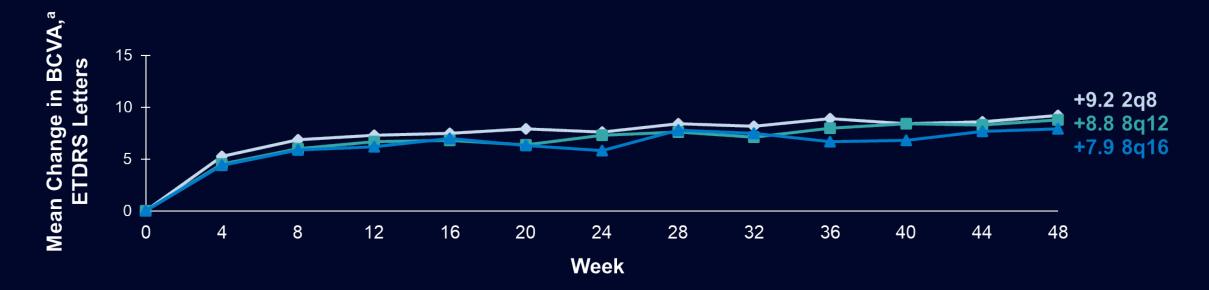
# **Baseline Demographics**

	2q8	8q12	8q16	Total	
N (FAS/SAF)	167	328	163	658	
Age (years)	63.0 (9.8)	62.1 (11.1)	61.9 (9.5)	62.3 (10.4)	
Female (%)	44.9%	36.0%	39.3%	39.1%	
Race (%)					
White	67.1%	70.4%	78.5%	71.6%	
Black or African American	10.8%	10.7%	5.5%	9.4%	
Asian	18.0%	14.6%	14.1%	15.3%	
Other	2.4%	3.0%	0.6%	2.4%	
Not reported	1.8%	1.2%	1.2%	1.4%	
Hispanic or Latino (%)	18.6%	16.5%	20.9%	18.1%	
Duration of diabetes (years)	15.9 (10.0)	15.1 (10.0)	15.7 (10.7)	15.5 (10.2)	
Hemoglobin A1c (%)	8.1 (1.5)	7.9 (1.5)	7.8 (1.5)	8.0 (1.5)	
Hypertension (%)	77.8%	77.4%	79.8%	78.1%	
BMI (kg/m²)	29.9 (6.5)	30.4 (6.2)	31.0 (6.1)	30.5 (6.2)	

# **Baseline Characteristics of the Study Eye**

	<b>2</b> q8	8q12	8q16	Total
N (FAS/SAF)	167	328	163	658
BCVA (ETDRS letters)	61.5 (11.2)	63.6 (10.1)	61.4 (11.8)	62.5 (10.9)
Snellen equivalent	20/63	20/50	20/63	20/63
20/32 (>73 to 78 letters)	12.0%	18.0%	14.1%	15.5%
20/40 or worse (≤73 letters)	88.0%	82.0%	85.9%	84.5%
CRT (µm)	457.2 (144.0)	449.1 (127.4)	460.3 (117.8)	454.0 (129.5)
Prior treatment for DME (%)	44.3%	43.6%	43.6%	43.8%

## Mean Change in BCVA Through Week 48<sup>a</sup>



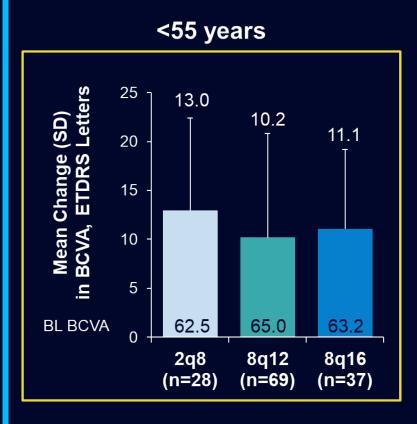
	LS mean change from baseline <sup>b</sup>	Difference in LS means vs. aflibercept 2q8	2-sided 95% CI	1-sided test for non-inferiority at 4-letter margin
2q8	8.7	<u> </u>		
8q12	8.1	-0.57	-2.26, 1.13	p < 0.0001
8q16	7.2	-1.44	-3.27, 0.39	p = 0.0031

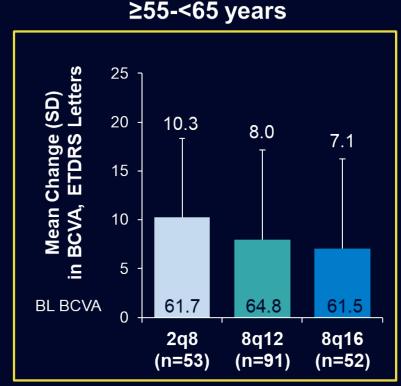
<sup>&</sup>lt;sup>a</sup>Based on observed values (censoring data post-ICE).

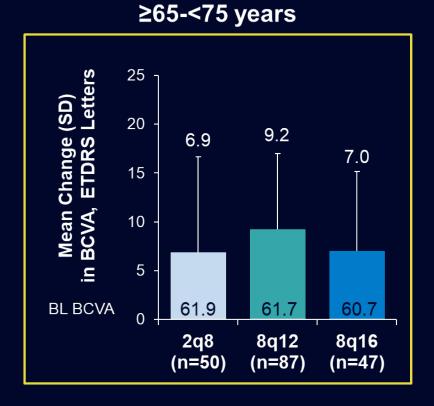
bEstimated using MMRM.

FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163.

# Mean Change in BCVA at Week 48 by Agea







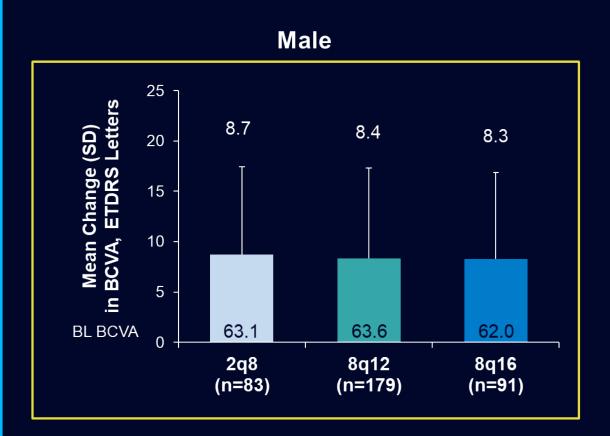
FAS.

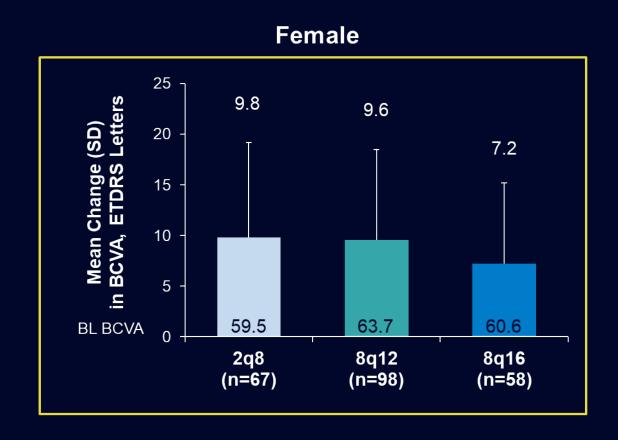
aThe subgroup age ≥75 years could not be evaluated due to small sample size (<15 patients in the 8q16 treatment group).

Observed values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline).

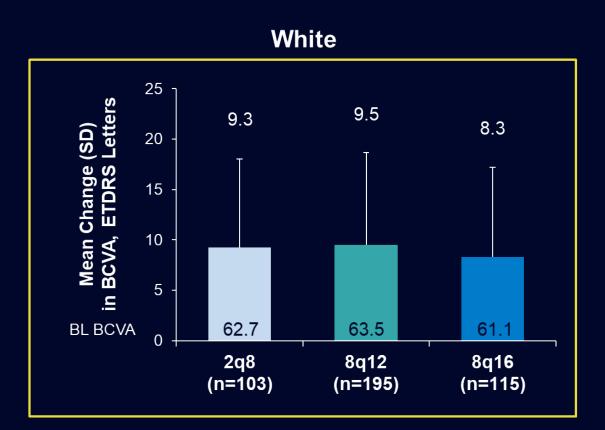
BL. baseline.

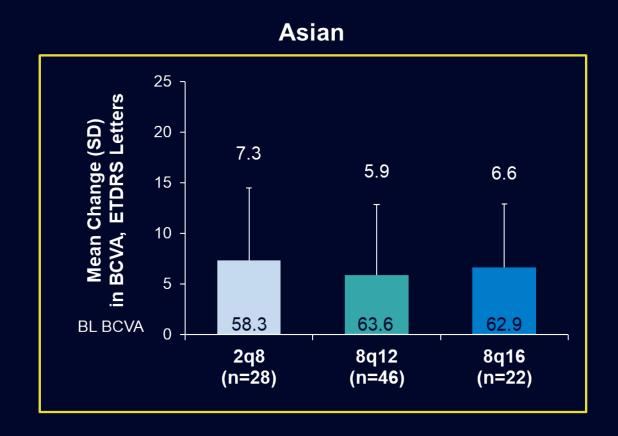
#### Mean Change in BCVA at Week 48 by Sex





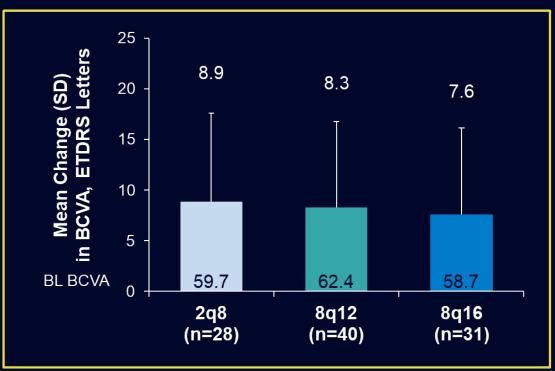
#### Mean Change in BCVA at Week 48 by Race<sup>a</sup>



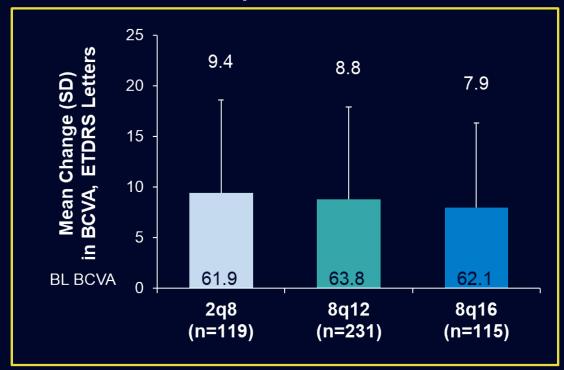


## Mean Change in BCVA at Week 48 by Ethnicity

#### Hispanic or Latino



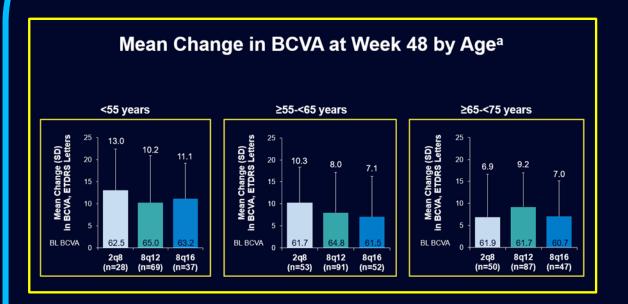
#### **Not Hispanic or Latino**

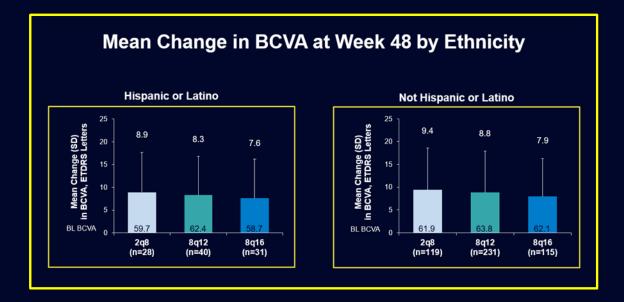


#### Limitations

- This analysis was not designed to evaluate statistical differences within subgroups
- Select subgroups (age ≥75 years and Black or African American race)
   could not be evaluated due to small sample size

#### Conclusions





 Aflibercept 8 mg achieved meaningful BCVA gains from baseline at Week 48 in patients with DME across evaluable subgroups of age, sex, race, and ethnicity