



Intraocular Pressure Outcomes With Aflibercept 8 mg and 2 mg in Patients With Diabetic Macular Edema Through Week 48 of the Phase 2/3 PHOTON Trial

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Financial Disclosures:

Dr. Fein has served as a consultant for Regeneron Pharmaceuticals, Inc., Bausch and Lomb, Genentech/Roche, and Apellis; and on the speaker bureau for Apellis, Regeneron Pharmaceuticals, Inc., and Genentech/Roche



METHODS

Objective: As aflibercept 8 mg is administered in a 70- μ L injection volume versus a 50- μ L injection volume for aflibercept 2 mg, this post hoc analysis of the PHOTON trial evaluated the potential effect of a higher injection volume on IOP outcomes through Week 48

IOP Assessment in the PHOTON Trial

- Bilateral IOP was measured at all study visits; the same method of measurement was used in each patient throughout the study^a
 - On days when the study drug was administered, sites were permitted to follow their usual post-injection monitoring routine. The study protocol recommended that IOP be measured at approximately 30 minutes post-dose

Fellow Eye Treatment in the PHOTON Trial

- In the trial, fellow eyes could receive aflibercept 2 mg for DME or any other approved indication, at the discretion of the study investigator. Patients were not allowed to receive any other anti-VEGF agent in the fellow eye
 - Through Week 48, fellow eye injections with aflibercept 2 mg were reported in 61.7%, 61.0%, and 62.0% of patients in the aflibercept 2q8, 8q12, and 8q16 groups, respectively

Outcomes Assessed Post Hoc

- Mean change in pre-dose IOP from baseline in study eyes receiving aflibercept 8 mg or 2 mg and untreated fellow eyes^b through Week 48
- The proportion of patients requiring new or additional IOP-lowering agent(s) and IOP-lowering procedures was evaluated for those with and without glaucoma-related history

^aIOP was measured using either Goldmann applanation tonometry or Tono-pen™.

^bIn this analysis, fellow eyes were grouped based on study eye randomization. Untreated fellow eyes which did not receive aflibercept 2 mg were included. 2q8, aflibercept 2 mg administered every 8 weeks after 5 initial monthly injections; 8q12, aflibercept 8 mg administered every 12 weeks after 3 initial monthly injections; 8q16, aflibercept 8 mg administered every 16 weeks after 3 initial monthly injections. DME, diabetic macular edema, IOP, intraocular pressure, VEGF, vascular endothelial growth factor.

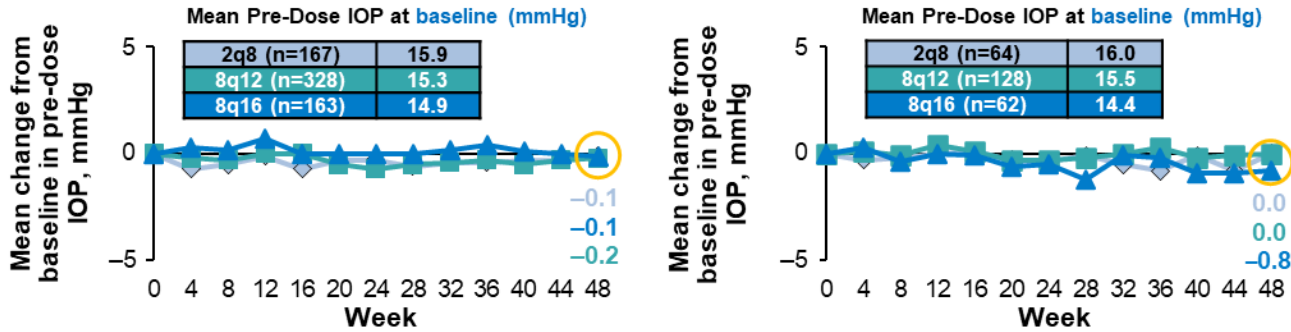


RESULTS

Mean Change in Pre-Dose IOP from Baseline Through Week 48

Study Eye^a

Fellow Eye (Untreated With Aflibercept 2 mg)



Mean change in pre-dose IOP from baseline through Week 48 was less than ± 1 mmHg and similar in study and untreated fellow eyes, suggesting no drift toward increased IOP over time

Safety analysis set.

^aStudy eyes in 2q8, 8q12, and 8q16 groups received a mean of 7.7, 5.7, and 4.9 injections, respectively, through Week 48.

Eyes Requiring IOP-Lowering Procedures^a Through Week 48

	Study Eye				Fellow Eye ^b
	2q8 (n=167)	8q12 (n=328)	8q16 (n=163)	All 8 mg (n=491)	All eyes (n=658)
Eyes receiving anterior chamber paracentesis, Week 48, n (%)	0 (0.0)	2 (0.6)	0 (0.0)	2 (0.4)	1 (0.2)

Only 3 eyes required anterior chamber paracentesis, the only reported IOP-lowering procedure through Week 48

Safety analysis set.

^aOcular treatment-emergent surgeries in study/fellow eye related to IOP lowering. ^bTreated and untreated fellow eyes.

Glaucoma-Related History at Baseline

	Study Eye				Fellow Eye ^a
	2q8 (n=167)	8q12 (n=328)	8q16 (n=163)	All 8 mg (n=491)	All eyes (n=658)
Eyes with medical history of glaucoma/glaucoma suspect ^b AND/OR receiving ≥ 1 IOP-lowering agent ^c at baseline, n (%)	12 (7.2)	26 (7.9)	13 (8.0)	39 (7.9)	60 (9.1)
Eyes with no glaucoma-related history at baseline, n (%) ^b	155 (92.8)	302 (92.1)	150 (92.0)	452 (92.1)	598 (90.9)

Safety analysis set.

Glaucoma-related history was defined as a medical history of glaucoma/glaucoma suspect and/or receiving an IOP-lowering agent(s) at baseline in study and/or fellow eyes.

^aTreated and untreated fellow eyes.

^bMedical history of glaucoma/glaucoma suspect or on an IOP-lowering agent(s) at baseline: glaucoma/glaucoma suspect terms- glaucoma, open angle glaucoma, borderline glaucoma, ocular hypertension, angle closure glaucoma, glaucomatous optic disc atrophy, optic nerve cupping, trabeculoplasty, intraocular pressure increased.

^cIOP-lowering agents: beta blocking agents, prostaglandin analogues, carbonic anhydrase inhibitors, or other anti-glaucoma preparations.

IOP-Lowering Agents in Eyes With/Without Glaucoma-Related History

	Study Eye				Fellow Eye ^a
	2q8	8q12	8q16	All 8 mg	All eyes
Eyes with glaucoma-related history who were started on or received a new IOP-lowering agent(s) through Week 48, n (%)	2/12 (16.7)	3/26 (11.5)	0/13 (0.0)	3/39 (7.7)	3/60 (5.0)
Eyes with no glaucoma-related history who were started on an IOP-lowering agent(s) through Week 48, n (%)	3/155 (1.9)	4/302 (1.3)	1/150 (0.7)	5/452 (1.1)	5/598 (0.8)

Proportions of study and fellow eyes requiring IOP-lowering agent(s) were low across all treatment groups, regardless of glaucoma-related history

Safety analysis set.

^aTreated and untreated fellow eyes.



DISCUSSION

- Through Week 48, mean changes in pre-dose IOP from baseline did not exceed ± 1 mmHg in study eyes receiving aflibercept 8 mg or 2 mg and in untreated fellow eyes, suggesting no drift toward increased IOP over time
- Proportions of study and fellow eyes requiring addition of IOP-lowering agent(s) were low across all treatment groups, regardless of glaucoma-related history
- Only 3 eyes required anterior chamber paracentesis, the only reported IOP-lowering procedure through Week 48

Despite a 70- μ L injection volume, no long-term IOP adverse effects were seen through Week 48 with aflibercept 8 mg versus 2 mg (50 μ L)