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# **Aflibercept 8 mg for Diabetic Macular Edema: 96-Week Results From the Phase 2/3 PHOTON Trial**

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# Disclosures

- Charles C. Wykoff: 4DMT (C, R), Abbvie (C), Adverum (C, R), Aerie (C), AffaMed (R), AGTC (C), Alcon (C), Alexion (R), Alimera (R), Annexin (R), Annexon (C, R), Apellis (C, R), Ascidian (C), Asclepix (R), Bausch + Lomb (C), **Bayer (C, R)**, Boehringer Ingelheim (C, R), Clearside (C, R), Curacle (C, R), Eyebiotech (C, R), EyePoint (C, R), Genentech (C, R), Gyroscope (C, R), IONIS (R), IVERIC Bio (C, R), Janssen (C, R), Kato (C), Kiora (C), Kodiak (C, R), Merck (C), Nanoscope (C, R), Neurotech (C, R), NGM (C, R), Notal Vision (C), Novartis (C, R), Ocular Therapeutix (C, R), OcuPhire (C, R), OcuTerra (C, R), OliX (R), ONL (C, SO), Opthea (C, R), Oxular (C, R), Palatin (C), PerceiveBio (C, R), PolyPhotonix (SO), Ray (C), RecensMedical (C, SO), **Regeneron (C, R)**, RegenXBio (C, R), Resonance (C), Roche (C, R), Sandoz (C, R), Sanofi (C), SciNeuro (C), Stealth (C), Surrozen (C), Suzhou Raymon (C), THEA (C), Therini (C), TissueGen (SO), Valo (C), Visgenx (SO), Vitranu (SO)
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- Study disclosures: This study includes research conducted on human patients. Institutional Review Board approval was obtained prior to study initiation

# PHOTON Study Design

Multi-center, randomized, double-masked study in adult patients with center-involved DME<sup>a</sup>

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

**8q16**

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

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

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

<sup>a</sup>Treatment-naïve and previously treated patients aged ≥18 years with type 1 or type 2 diabetes, DME with central involvement with CRT ≥300 μm in the study eye, and BCVA of 78-24 letters (Snellen equivalent of 20/32-20/320) with decreased vision due to DME. BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular edema.

# PHOTON: Dosing Schedule and Dose Regimen Modification

	Day 1	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36	Week 40	Week 44	Week 48
<b>2q8</b>	X	X	X	X	X	o	X	o	X	o	X	o	X
<b>8q12</b>	X	X	X	o	o <sup>a</sup>	X <sup>a</sup>	o	o	X <sup>a</sup>	o	o	X <sup>a</sup>	o
<b>8q16</b>	X	X	X	o	o <sup>a</sup>	o <sup>a</sup>	X <sup>a</sup>	o	o	o	X <sup>a</sup>	o	o

	Week 52	Week 56	Week 60	Week 64	Week 68	Week 72	Week 76	Week 80	Week 84	Week 88	Week 92	Week 96
<b>2q8</b>	o	X	o	X	o	X	o	X	o	X	o	o
<b>8q12</b>	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o	o	X <sup>a, b</sup>	o
<b>8q16</b>	o	X <sup>a, b</sup>	o	o	o	X <sup>a, b</sup>	o	o	o	X <sup>a, b</sup>	o	o

## <sup>a</sup>DRM: Interval Shortening During Years 1 and 2

- **Criteria for interval shortening:**
  - >10-letter loss in BCVA from Week 12 due to persistent or worsening DME **AND**
  - >50 μm increase in CRT from Week 12
- Patients who met DRM criteria had dosing intervals shortened to Q8 at **Weeks 16 and 20** or by 4-week increments from **Week 24**
  - The minimum interval was Q8

## <sup>b</sup>DRM: Interval Extension During Year 2

- **Criteria for interval extension:**
  - <5-letter loss in BCVA from Week 12 **AND**
  - CRT <300 μm (or <320 μm on Spectralis)
- Patients who met DRM criteria beginning at **Week 52** had dosing intervals extended by 4-week increments
  - The maximum assigned interval was Q24

Figure does not reflect all dosing options once a patient's interval is shortened or extended. Stippled boxes = initial treatment phase; X = active injection; o = sham injection. DRM, dose regimen modification.

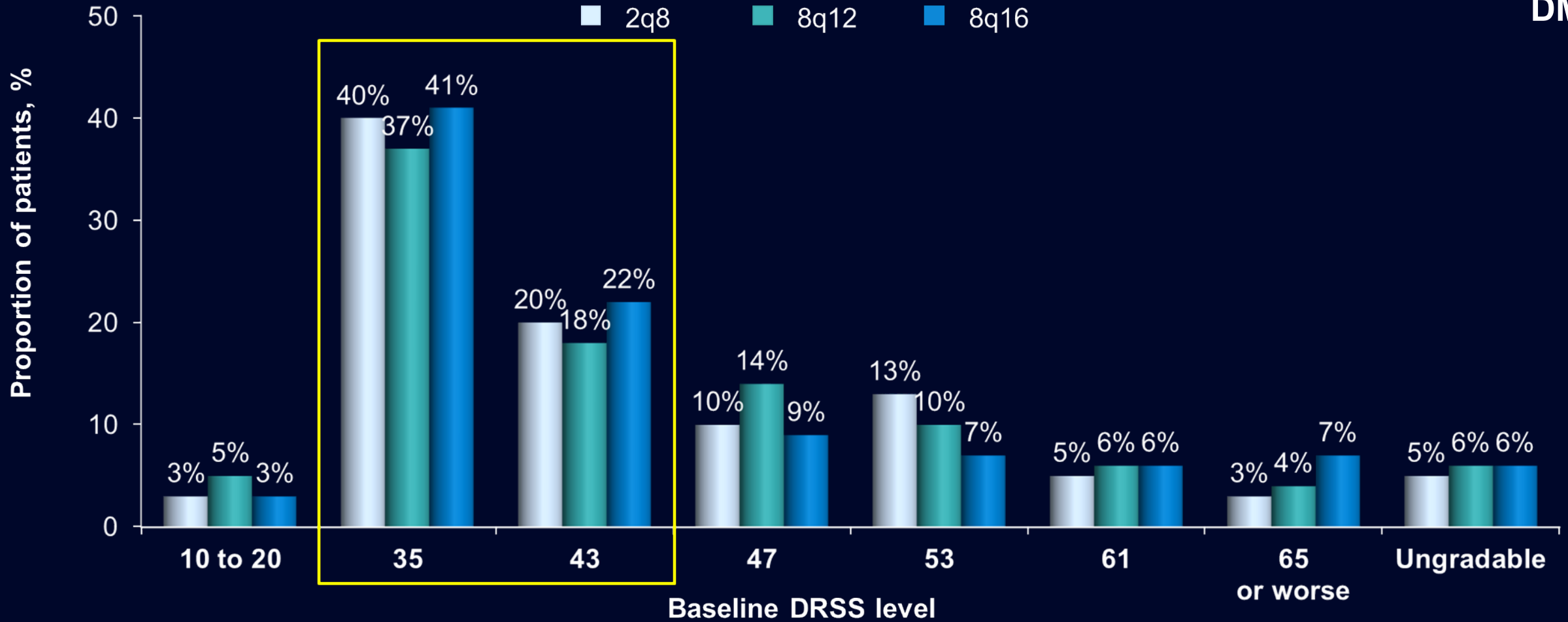
# Patient Disposition and Baseline Characteristics

	2q8	8q12	8q16	Total
N (FAS/SAF)	167	328	163	658
<b>Patient disposition</b>				
Completion rate at Week 48 (%)	94.0%	91.2%	95.1%	92.9%
Completion rate at Week 96 (%)	83.2%	77.8%	84.8%	80.9%
Discontinuation rate due to COVID-19	0	0.6%	0	0.3%
<b>Baseline characteristics</b>				
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%
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)
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
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%

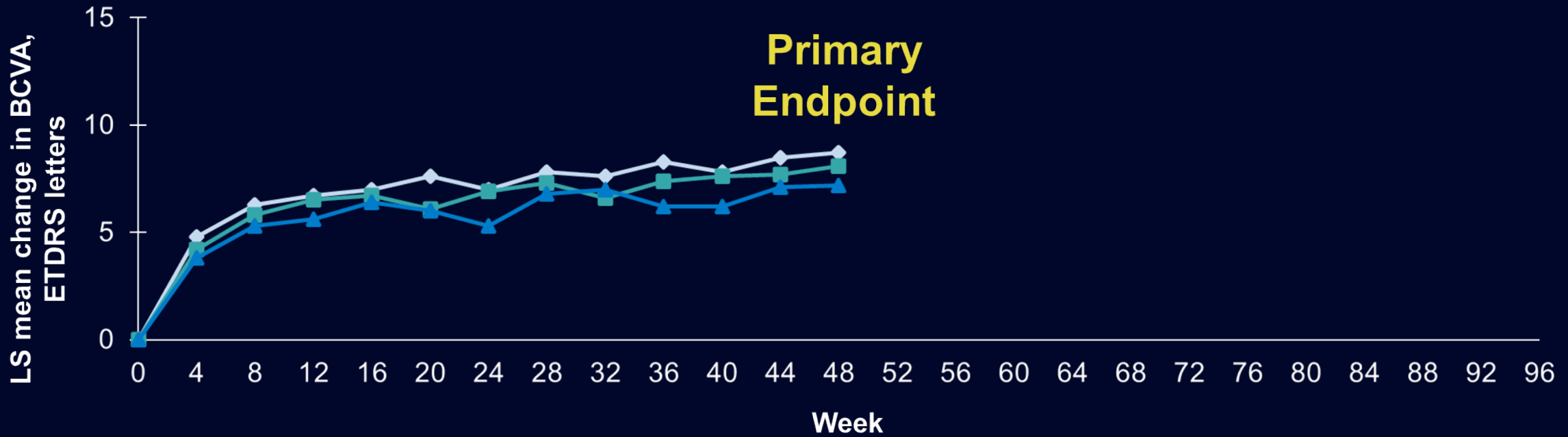
Data are mean (SD) unless otherwise indicated.

BMI, body mass index; FAS, full analysis set; SAF, safety analysis set; SD, standard deviation.

# Baseline DRSS Level of the Study Eye



# Mean Change in BCVA at Week 96



	Mean number of injections <sup>a</sup>	LS mean change from BL at <b>Week 48</b> (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for non-inferiority at 4-letter margin
<b>2q8</b>	7.9	8.7			
<b>8q12</b>	6.0	8.1	<b>-0.57</b>	<b>-2.26, 1.13</b>	<b>p &lt; 0.0001</b>
<b>8q16</b>	5.0	7.2	<b>-1.44</b>	<b>-3.27, 0.39</b>	<b>p = 0.0031</b>

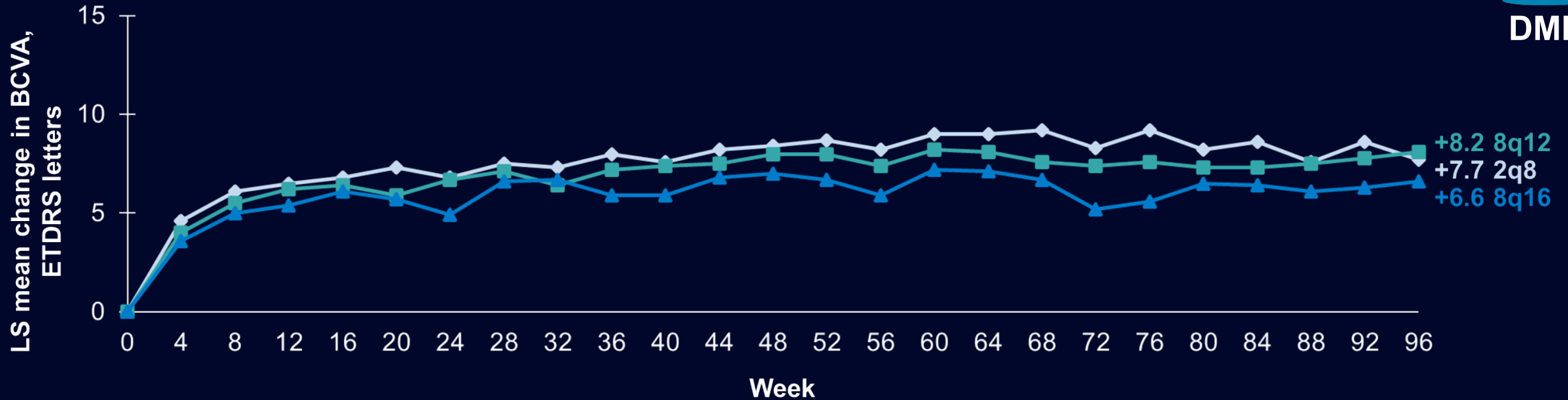
Data shown in the figure represent LS mean values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline).

LS mean values were generated using MMRM, with baseline BCVA as a covariate, treatment group (aflibercept 2q8, 8q12, 8q16) and stratification variables (geographic region [Japan vs rest of the world], baseline CRT [<400 μm vs ≥400 μm], prior treatment for DME [yes vs no]) as fixed factors, and interaction terms for baseline and visit and for treatment and visit.

<sup>a</sup>Patients completing Week 48: 2q8 n=157; 8q12 n=300; 8q16 n=156.

BL, baseline; ICE, intercurrent event; LS, least squares; MMRM, mixed model for repeated measures.

# Mean Change in BCVA at Week 96



	Mean number of injections <sup>a</sup>	LS mean change from BL at <b>Week 96</b> (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for non-inferiority at 4-letter margin
<b>2q8</b>	13.8	7.7			
<b>8q12</b>	9.5	8.2	<b>+0.45</b>	<b>-1.55, 2.45</b>	<b>p &lt; 0.0001</b>
<b>8q16</b>	7.8	6.6	<b>-1.11</b>	<b>-3.27, 1.05</b>	<b>p = 0.0044</b>

Data shown in the figure represent LS mean values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline).

LS mean values were generated using MMRM, with baseline BCVA as a covariate, treatment group (afibercept 2q8, 8q12, 8q16) and stratification variables (geographic region [Japan vs rest of the world], baseline CRT [<400 μm vs ≥400 μm], prior treatment for DME [yes vs no]) as fixed factors, and interaction terms for baseline and visit and for treatment and visit.

<sup>a</sup>Patients completing Week 96: 2q8 n=139; 8q12 n=256; 8q16 n=139.

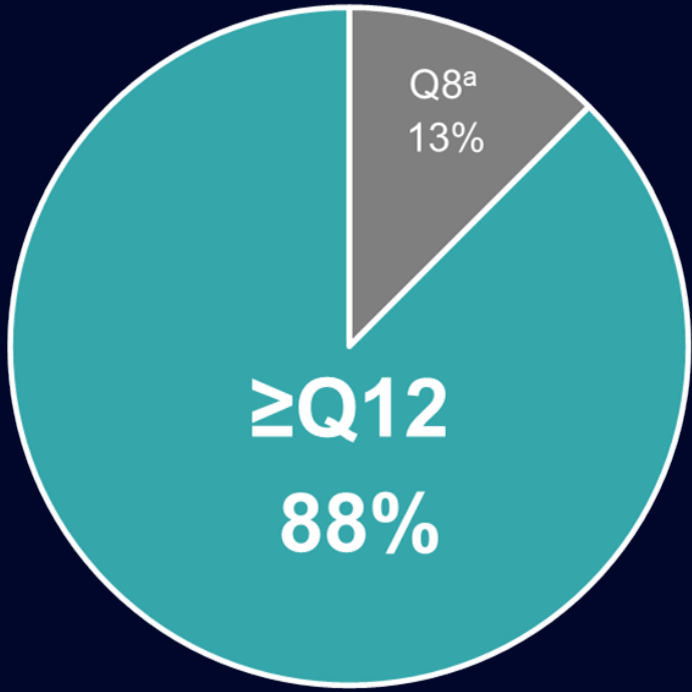
BL, baseline; ICE, intercurrent event; LS, least squares; MMRM, mixed model for repeated measures.



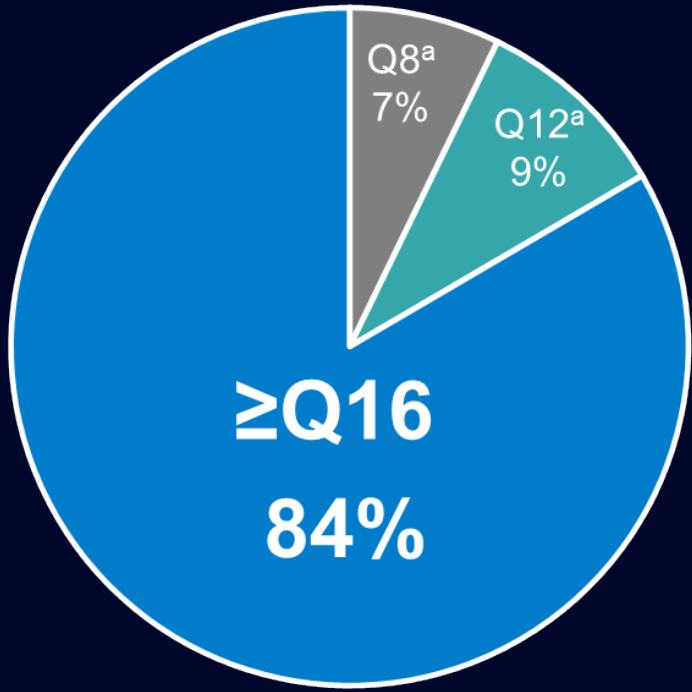
# Large Majority of Aflibercept 8 mg Patients Maintained Randomized Intervals Through Week 96

**88%** of patients in the 8q12 group maintained  $\geq 12$ -week intervals

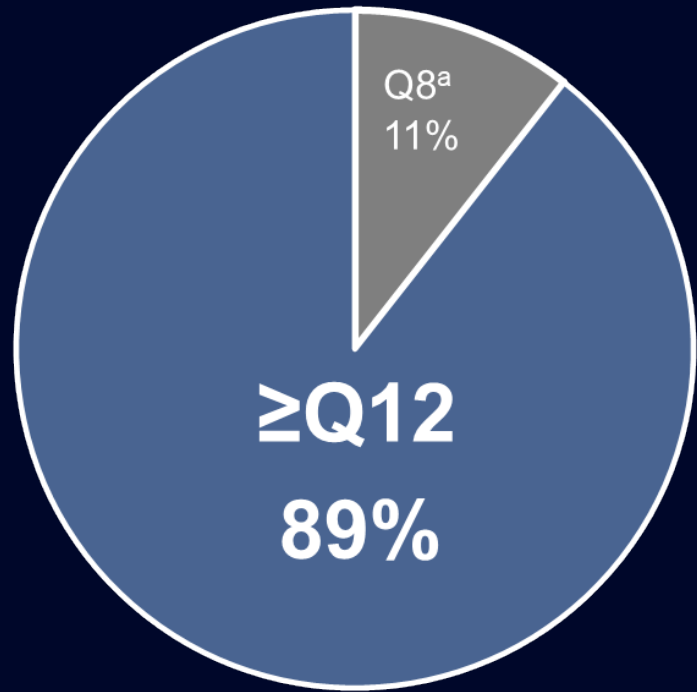
**84%** of patients in the 8q16 group maintained  $\geq 16$ -week intervals



Randomized to **8q12** at BL  
(n=256)<sup>b</sup>



Randomized to **8q16** at BL  
(n=139)<sup>b</sup>

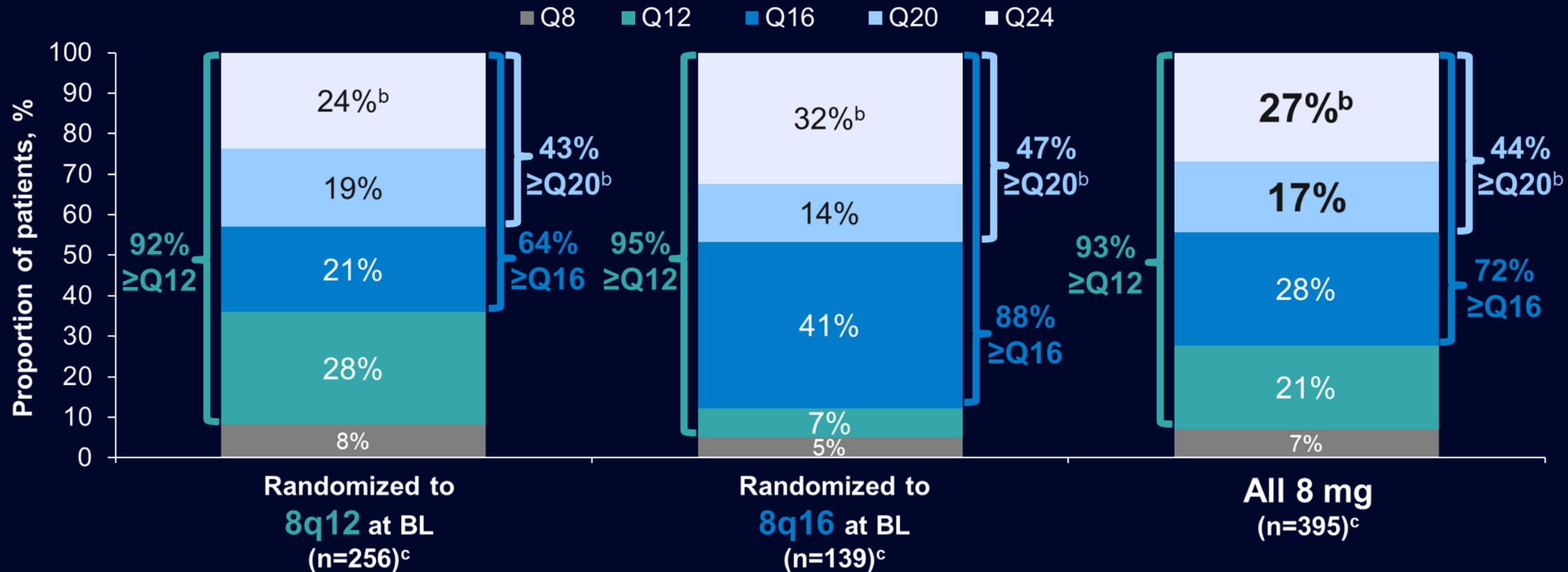


All **8 mg**  
(n=395)<sup>b</sup>

<sup>a</sup>Patients met DRM criteria for dosing interval shortening at some point through Week 96. <sup>b</sup>Patients completing Week 96. Values may not add up to 100% due to rounding.

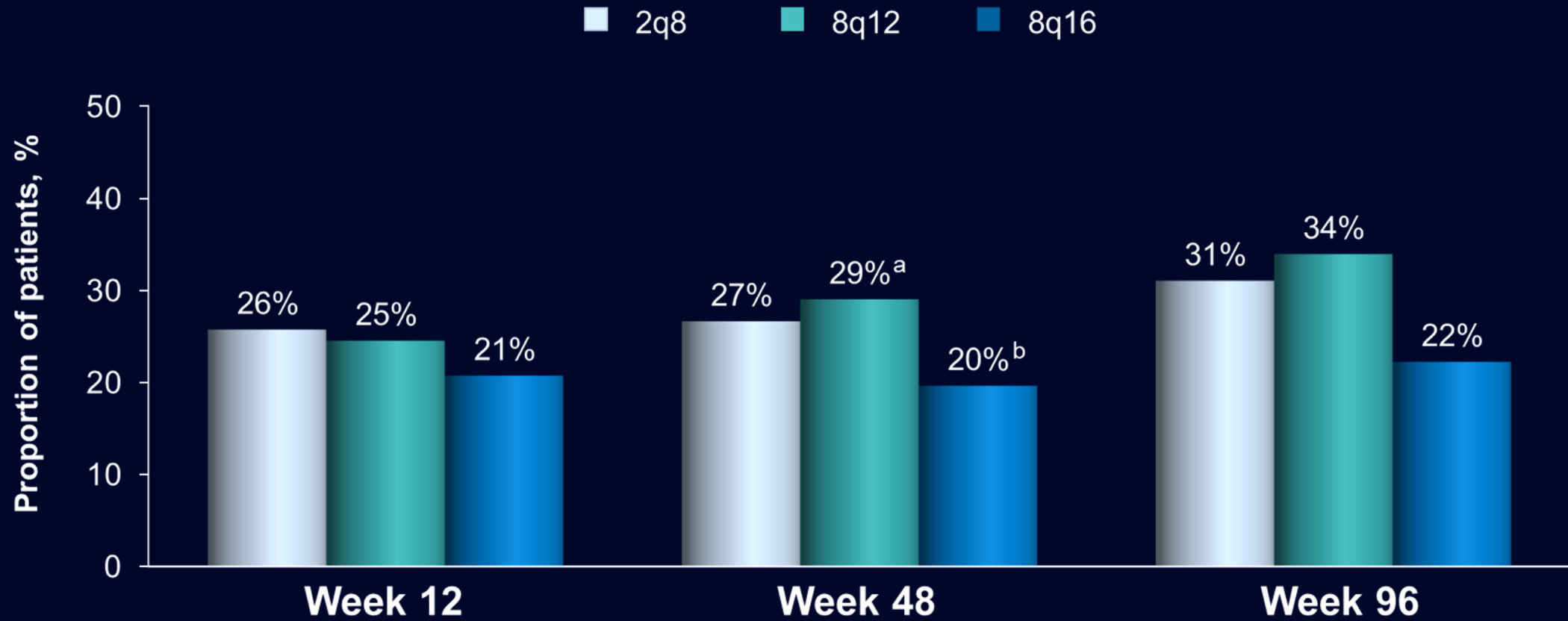
# Last Assigned Dosing Interval at Week 96

**44%** of 8 mg patients had assigned dosing intervals of  $\geq 20$  weeks at Week 96<sup>a</sup>



<sup>a</sup>Dosing intervals were extended in Year 2 if patients had <5-letter loss in BCVA from Week 12 **AND** CRT <300  $\mu$ m (or <320  $\mu$ m on Spectralis). <sup>b</sup>Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but there was not sufficient time to complete the interval within the 96-week study period. <sup>c</sup>Patients completing Week 96. Values may not add to 100% due to rounding.

# Proportion of Patients With $\geq 2$ -step DRSS Improvement at Weeks 12, 48, and 96



**Key secondary endpoint:  
8q12 but not 8q16 demonstrated NI to 2q8 (NI margin: 15%)**

<sup>a</sup>8q12 vs. 2q8 Diff (95% CI): 1.98 (-6.61, 10.57)

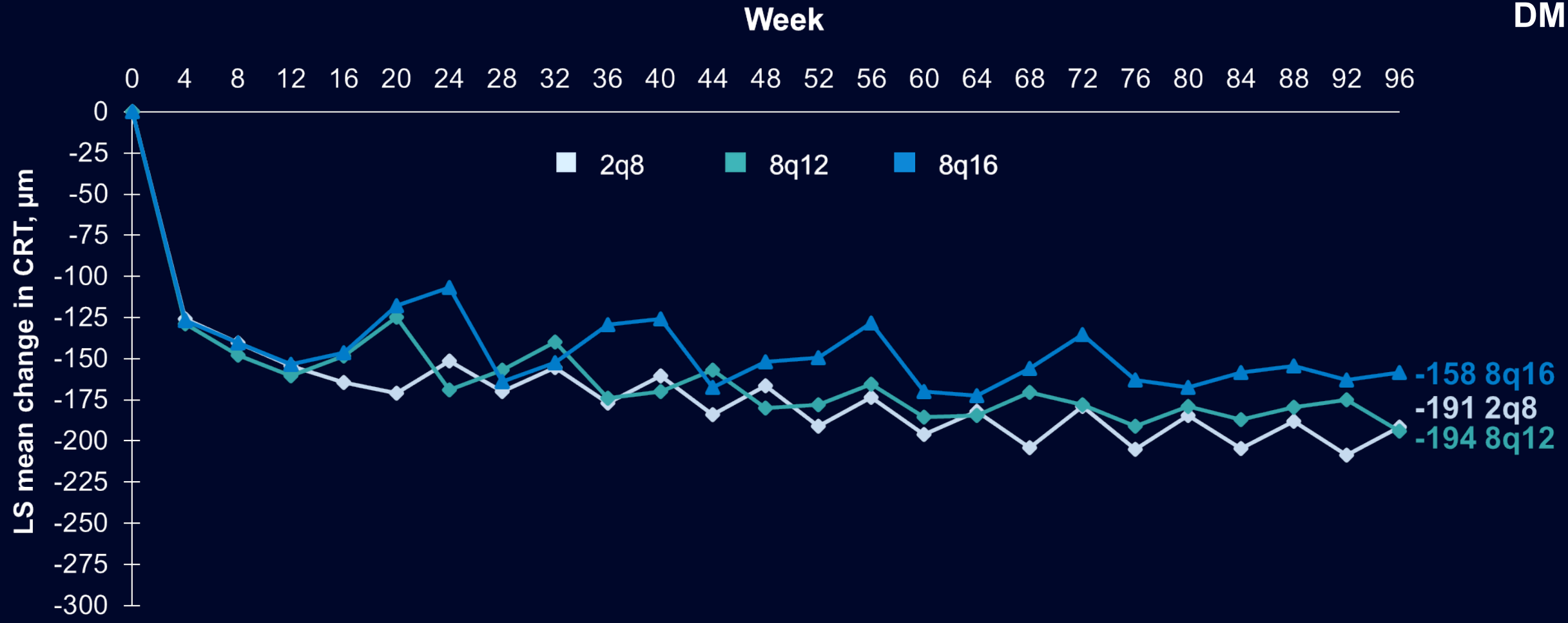
<sup>b</sup>8q16 vs. 2q8 Diff (95% CI): -7.52 (-16.88, 1.84)

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

LOCF, last observation carried forward; NI, non-inferiority.

# Mean Change in Central Retinal Thickness

DME



LS mean values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline).  
 LS mean values were generated using MMRM, with baseline CRT as a covariate, treatment group (afibercept 2q8, 8q12, 8q16) and stratification variables (geographic region [Japan vs rest of the world], baseline CRT [<400 µm vs ≥400 µm], prior treatment for DME [yes vs no]) as fixed factors, and interaction terms for baseline and visit and for treatment and visit.

# Safety Through Week 96

	2q8	8q12	8q16	All 8 mg
N (SAF)	167	328	163	491
<b>Ocular safety</b>				
Patients with $\geq 1$ ocular AE (%) <sup>a</sup>	37.1%	43.9%	45.4%	44.4%
Patients with $\geq 1$ IOI AE (%) <sup>a</sup>	1.2%	1.5%	0.6%	1.2%
Patients with IOP $\geq 35$ mmHg pre- or post-injection (%) <sup>b</sup>	1.2%	0.6%	0	0.4%
<b>Non-ocular safety</b>				
APTC events (%) <sup>a</sup>	7.2%	6.7%	6.7%	6.7%
Hypertension events (%) <sup>a</sup>	16.2%	15.5%	20.9%	17.3%
Non-ocular SAEs (%) <sup>a</sup>	25.1%	22.9%	23.9%	23.2%
Deaths (%) <sup>c</sup>	5.4%	5.5%	3.1%	4.7%

- Ocular AEs occurring in  $\geq 5\%$  of patients in any treatment group were cataract, vitreous floaters, and conjunctival hemorrhage
- No cases of ischemic optic neuropathy, retinal vasculitis, or occlusive retinitis were reported through Week 96
- Mean changes from baseline in pre-dose IOP did not exceed  $\pm 1$  mmHg at any timepoint through Week 96 in any treatment group

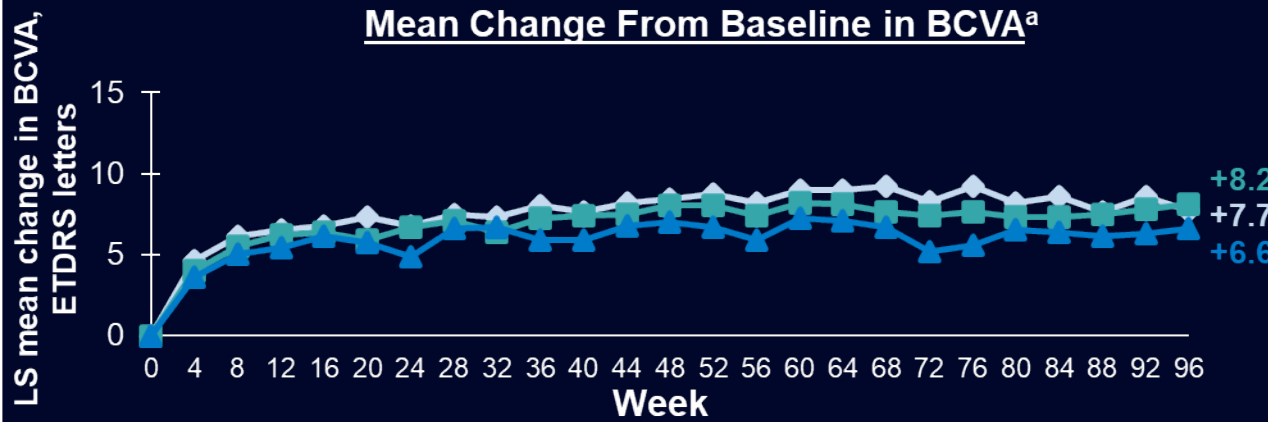
<sup>a</sup>Treatment emergent. <sup>b</sup>IOP was measured in the study eye. <sup>c</sup>All events.

AE, adverse event; APTC, Anti-Platelet Trialists' Collaboration; IOI, intraocular inflammation; SAE, serious adverse event.

# PHOTON: 96-week Results

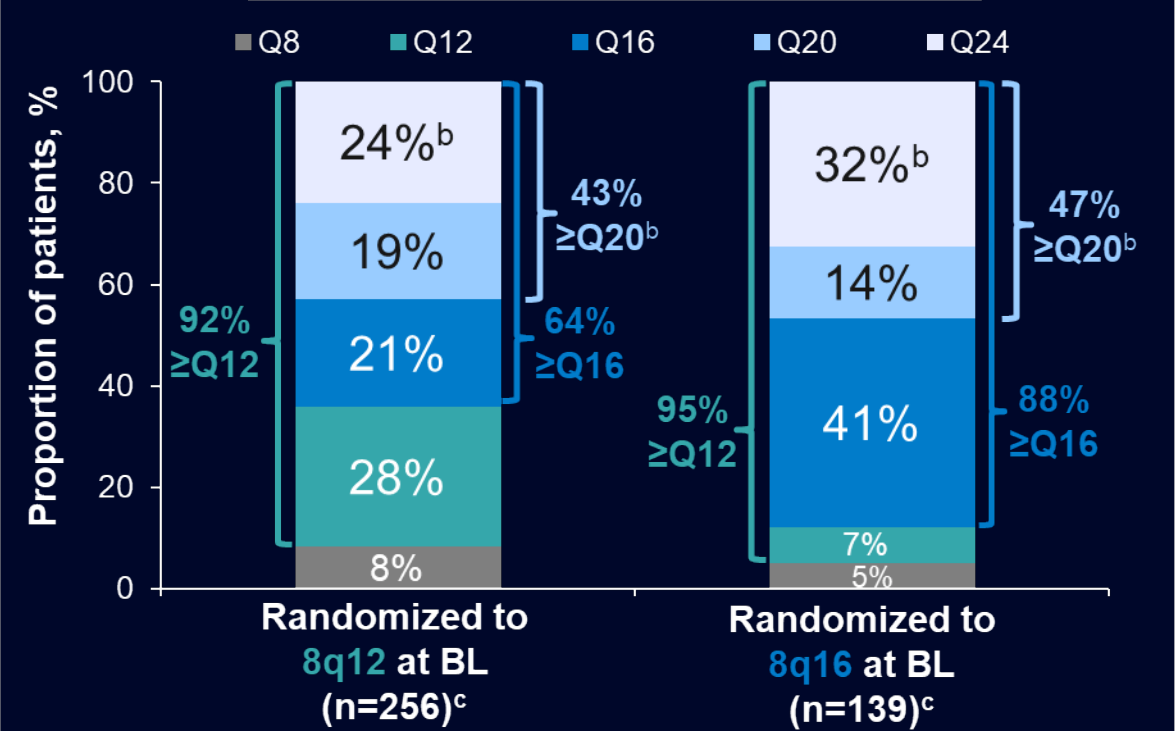
- 8q12 and 8q16 groups had non-inferior BCVA compared to 2q8 at Week 96, with up to 6 fewer injections
- Through Week 96, 89% of 8 mg patients maintained  $\geq 12$ -week dosing intervals
  - At Week 96, 44% of 8 mg patients had a last assigned dosing interval of  $\geq 20$  weeks
- Safety of aflibercept 8 mg was comparable to that of aflibercept 2 mg over 96 weeks

**Mean Change From Baseline in BCVA<sup>a</sup>**



	LS mean change from BL at Week 96 (MMRM)	Diff. in LS means vs. 2q8	2-sided 95% CI	1-sided test for NI at 4-letter margin
2q8	7.7			
8q12	8.2	+0.45	-1.55, 2.45	$p < 0.0001$
8q16	6.6	-1.11	-3.27, 1.05	$p = 0.0044$

**Last Assigned Dosing Interval at Week 96**



<sup>a</sup>LS mean values (censoring data post-ICE); FAS: 2q8 n=167; 8q12 n=328; 8q16 n=163 (at baseline). LS mean values were generated using MMRM, with baseline BCVA as a covariate, treatment group (aflibercept 2q8, 8q12, 8q16) and stratification variables (geographic region [Japan vs rest of the world], baseline CRT [ $<400 \mu\text{m}$  vs  $\geq 400 \mu\text{m}$ ], prior treatment for DME [yes vs no]) as fixed factors, and interaction terms for baseline and visit and for treatment and visit. <sup>b</sup>Patients were assigned to 24-week dosing intervals if they continued to meet extension criteria but there was not sufficient time to complete the interval within the 96-week study period. <sup>c</sup>Patients completing Week 96.

# Thank you to all co-investigators and patients who participated in the PHOTON trial

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DME

