Early Insights From Real-World Use of Aflibercept 8 mg Among Eyes With Diabetic Macular Edema (DME) Switching From Other Anti-VEGF Agents

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BACKGROUND & PURPOSE

- In the PHOTON trial, aflibercept 8 mg with extended dosing achieved non-inferior visual acuity (VA) outcomes with fewer injections compared to aflibercept 2 mg in patients with diabetic macular edema (DME) through 96 weeks^{1,2}
- Real-world evidence for use of aflibercept 8 mg in previously treated patients with DME could be informative for clinical practice
- This analysis aimed to describe real-world treatment patterns in patients with DME who were previously treated with other anti-vascular endothelial growth factor (VEGF) agents before switching to aflibercept 8 mg

METHODS

- Two cohorts of eyes with DME that were previously treated with anti-VEGF agent(s) and had initiated aflibercept 8 mg were identified from electronic health records in the Intelligent Research in Sight (IRIS®) Registry and Vestrum Health Retina database, respectively (Figure 1)
- Eyes initiating aflibercept 8 mg between August 18, 2023, to June 30, 2024, for the IRIS cohort, or August 18, 2023, to July 31, 2024, for the Vestrum cohort (indexing period), were followed from initiation (index date) until last visit or censoring event (treatment switch or missing information on treatment laterality), whichever occurred first
- Data were available through December 31, 2024, for the IRIS cohort, and January 31, 2025, for the Vestrum cohort
- Injection intervals were evaluated for eyes that were consistently treated with anti-VEGF (defined as ≥6 months of treatment with an average injection interval of ≤8 weeks for the most recent anti-VEGF agent) and ≥1 post-initial dosing phase injection
- The last observed injection interval in the pre-switch phase (6-12 months prior to the index date) and after the initial dosing phase (defined as the first 3 injections or 90 days, whichever occurred first) were assessed, stratified by mean injection interval before switching (4-<6 or ≥6-8 weeks)

Figure 1. Inclusion Criteria and Attrition

Inclusion criteria		IRIS	Vestrum
Eyes with ≥1 diagnosis of DME on the index date receiving aflibercept 8 mg and no other anti-VEGF agent or other treatments ^a		n=30,266	n=7845
Adult patients (aged ≥18 years) with no diagnosis		*	*
of nAMD or RVO during the 12 months prior to/on the index date		n=28,854	n=7410
·		*	+
Eyes treated with anti-VEGF therapy or other treatments ^a during the 12 months prior to the index date		n=24,808	n=7026
	' 	*	+
≥1 visit ≥6 months prior to the index date		n=23,436	n=6166
For patients with both eyes eligible for inclusion, 1 eye was randomly selected per patient		n=17,938	n=4017
Even that were switched from an anti-VECE agent		•	•
Eyes that were switched from an anti-VEGF agent to aflibercept 8 mg during the indexing period		n=10,092	n=3706
Eyes that were consistently treated pre-switch ^b		n=3963	n=2162
Eyes with an average injection interval of 4-8 weeks			
before switching and ≥1 post-initial dosing phase injection of aflibercept 8 mg		n=2280	n=653

Where n is the number of eyes. Criteria in the lower green box apply to the injection interval analyses. aOther treatments included intravitreal steroids and laser therapy. bTreated with an anti-VEGF agent for ≥6 months and an average injection interval of ≤8 weeks for the most recent anti-VEGF agent. nAMD, neovascular age-related macular degeneration; RVO, retinal vein occlusion.

RESULTS

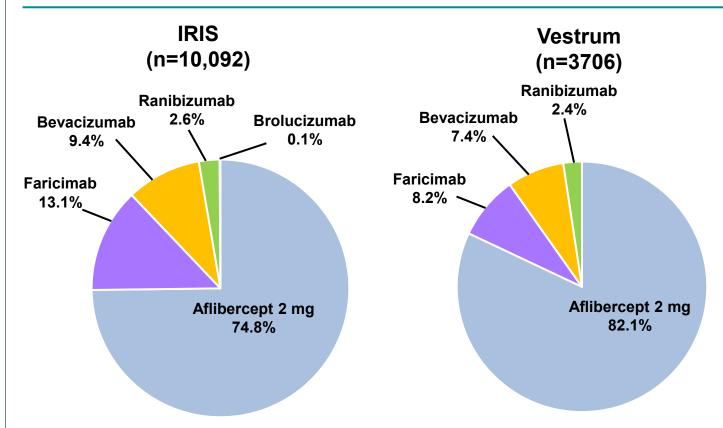
Table 1. Patient Characteristics at Index Date

	IRIS (n=10,092)	Vestrum (n=3706)
Mean age (SD), years	66.5 (10.5)	66.3 (10.9)
Male, n (%)	5576 (55)	2033 (55)
Race/ethnicity, n (%)		
Hispanic or Latino	866 (10)	NA
White	5548 (62)	NA
Black or African American	1025 (12)	NA
Asian or Pacific Islander	276 (3)	NA
Other	1174 (13)	NA
Bilateral disease, n (%)	9264 (92)	3210 (87)
Fellow eye treated with aflibercept 8 mg on the index date, n (%)	3671 (36)	1064 (29)
Mean VA (SD), ETDRS letters	65.5 (18.2)	70 (10.7)

ETDRS, Early Treatment of Diabetic Retinopathy Study; NA, not available (due to limitation of the Vestrum database); SD, standard deviation.

Most eyes initiating aflibercept 8 mg were switched from aflibercept 2 mg (**Figure 2**)

Figure 2. Anti-VEGF Agent Used Before Switching to Aflibercept 8 mg



Data represent the proportion of eyes receiving each anti-VEGF agent. Values may not add up to 100% due to rounding. Ranibizumab comprised ranibizumab-eqrn (1.4%), ranibizumab (1.1%), and ranibizumab-nuna (0.1%) in the IRIS cohort; and ranibizumab-eqrn (1.8%), ranibizumab (0.5%), and ranibizumab-nuna (0.1%) in the Vestrum cohort.

Dosing Patterns

- Mean (SD) post-switch follow-up was 167 (109) and 246 (110) days in the IRIS and Vestrum cohorts, respectively (median [quartile {Q}1, Q3]: 162 [71, 245] and 252 [175, 329] days, respectively)
- Mean (SD) number of injections of aflibercept 8 mg administered during follow-up (including index date) was 3 (2) and 3 (1) in the IRIS and Vestrum cohorts, respectively (median [Q1, Q3]: 3 [1, 4] and 3 [2, 4], respectively)

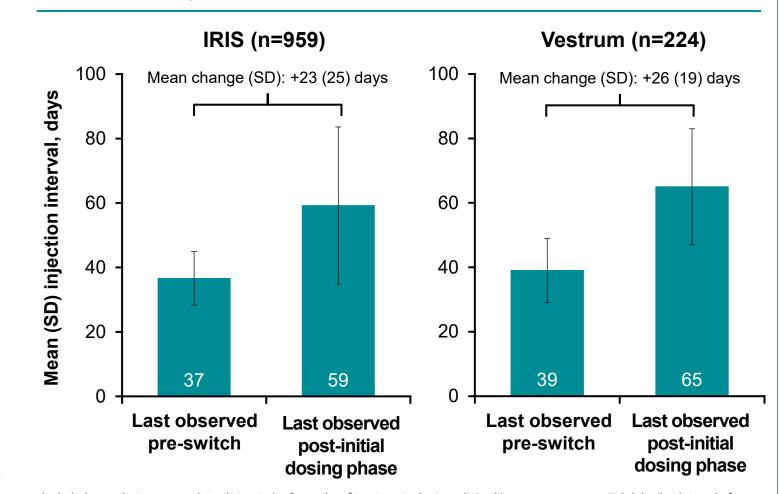
Table 2. Injection Interval Pre- and Post-Switch to Aflibercept 8 mg^a

	Eyes with pre-switch injection interval 4-<6 weeks		Eyes with pre-switch injection interval ≥6-8 weeks	
	IRIS (n=959)	Vestrum (n=224)	IRIS (n=1321)	Vestrum (n=429)
Last observed pre-switch injection interval, days				
Mean (SD)	37 (8)	39 (10)	51 (13)	52 (14)
Median (Q1, Q3)	35 (29, 42)	35 (31, 42)	49 (42, 56)	49 (42, 56)
Last observed post-initial dosing phase injection interval, days				
Mean (SD)	59 (24)	65 (18)	67 (24)	71 (25)
Median (Q1, Q3)	56 (49, 63)	62 (56, 70)	63 (56, 77)	63 (56, 84)
Change in last pre-switch to last post-initial dosing phase injection interval				
Mean change (SD)	23 (25)	26 (19)	16 (25)	19 (27)
Median (Q1, Q3)	21 (12, 28)	21 (14, 35)	14 (1, 26)	14 (5, 28)

alncluded eyes that were consistently treated: ≥6 months of treatment prior to switch with an average pre-switch injection interval of 4-8 weeks and ≥1 post-initial dosing phase aflibercept 8 mg injection.

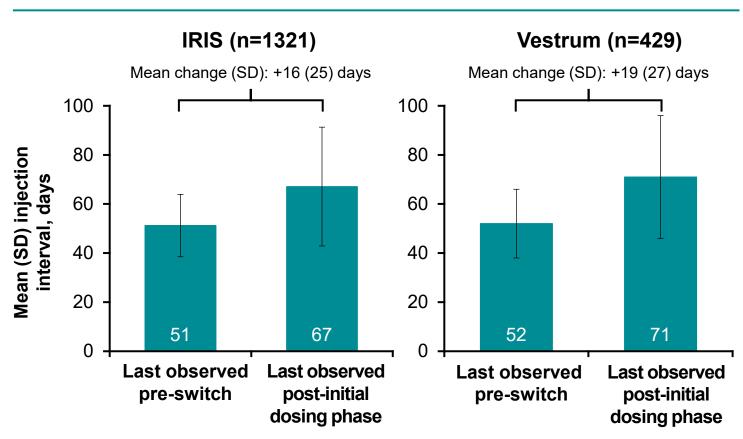
Mean changes (SD) from last pre-switch to last post-initial dosing phase injection intervals are shown for eyes with a pre-switch injection interval of 4-<6 weeks (Figure 3) or a pre-switch injection interval of ≥6-8 weeks (Figure 4)

Figure 3. Injection Interval Extension of ~3-4 Weeks After Switching to Aflibercept 8 mg in Eyes With Average Pre-Switch Injection Interval 4-<6 Weeks^a



alncluded eyes that were consistently treated: ≥6 months of treatment prior to switch with an average pre-switch injection interval of 4-<6 weeks and ≥1 post-initial dosing phase aflibercept 8-mg injection.

Figure 4. Injection Interval Extension of ~2-3 Weeks After Switching to Aflibercept 8 mg in Eyes With Average Pre-Switch Injection Interval ≥6-8 Weeks^a



alncluded eyes that were consistently treated: ≥6 months of treatment prior to switch with an average pre-switch injection interval of ≥6-8 weeks and ≥1 post-initial dosing phase aflibercept 8-mg injection.

Limitations

- This study was based on data from electronic medical records, which may not reflect patients' full medical history, including prior treatment history
- This study included a subset of patients who switched to aflibercept 8 mg
 from other anti-VEGF therapies and may not represent the wider population
- This study represents early real-world experience with aflibercept 8 mg and had a limited follow-up period

CONCLUSIONS

- Most eyes were consistently treated with aflibercept 2 mg prior to initiating aflibercept 8-mg treatment
- Eyes switching to aflibercept 8 mg after consistent treatment with a previous anti-VEGF agent had an average injection interval extension of:
- Approximately 3-4 weeks for eyes with an average pre-switch injection interval of 4-<6 weeks
- Approximately 2-3 weeks for eyes with an average pre-switch injection interval of ≥6-8 weeks
- Additional analyses with longer-term follow-up are ongoing to assess real-world durability and outcomes of aflibercept 8 mg in previously treated patients with DME

REFERENCES

Brown DM et al. Lancet. 2024;403:1153–1163.
 Do D. Presented at the American Academy of Ophthalmology Meeting; November 3-6, 2023; San Francisco, CA.

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