EARLY CLINICAL EFFICACY OF FARICIMAB (VABYSMO) IN ROUTINE CLINICAL PRACTICE: NHS REAL LIFE EXPERIENCE.

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PURPOSE

NICE approved use of Faricimab (Vabysmo) for treatment of nAMD and DMO in the NHS in June 2022. This paper describes real life clinical experience of intravitreal Faricimab (Vabysmo) in the management of patients with Neovascular macular degeneration (nAMD) and diabetic macular oedema (DMO) in an NHS service.

Table1: Mean visual acuity in AMD

Mean VA	Baseline	3 months
AMD naive	56.7	59.3
AMD Switched	67.4	68

Table 2: Mean visual acuity in DMO

Mean VA	Baseline	3 months
DMO naive	69.1	75
DMO Switched	64.2	66.9

METHODS

All consecutive adult patients attending macula service who were treated with Faricimab (Vabysmo) for nAMD or DMO were included in the study. Both treatment naïve and previously treated eyes were eligible. Eyes with less than 3 months follow up data were excluded. All eyes had visual acuity assessment on ETDRS letter score using habitual correction and OCT assessment of macula at each visit. All eyes underwent intravitreal injections following standard operating process by nurse injectors following SMPC . Primary outcome on mean change in visual acuity and macular thickness after 3 injections is presented.

RESULTS

57 eyes of 46 patients (28 F, 18 M) were included in the study. 37 eyes had nAMD (13 naïve, 24 previously treated) and 20 had DMO (9 naïve, 11 previously treated). Mean best recorded visual acuity for all eyes was 63.6 (nAMD) and 66.9 (DMO) letters at base line with mean change of +1.35 letters (nAMD) and +4 letters(DMO). The mean change in visual acuity after 3 injections was +0.6 letters (previously treated) and +2.6 (naïve) for nAMD; while it was +2.7 letters and +5.9 letters for DMO respectively. Mean change in Macular thickness (CMT) from base line was –38.5 micron for nAMD and -121 micron for DMO. Mean change in CMT was -21 micron in previously treated and -70 micron in naïve nAMD and; -52 micron and-173 micron for DMO respectively. One eye had corneal drying (day 1) post injection but there were no other adverse events.

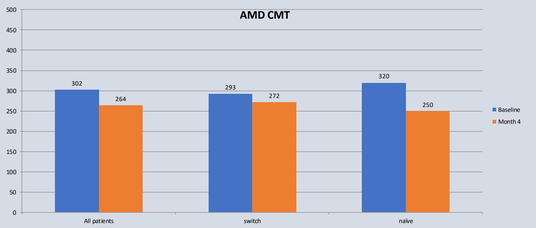


Figure 1: CMT in AMD

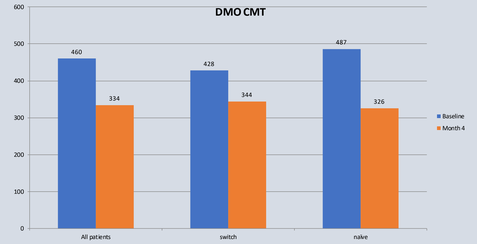


Figure 2: CMT in DMO

DISCUSSION

Faricimab has regulatory approvals for treatment of nAMD and DMO following publication of pivotal studies [1,2]. There is limited published literature on Vabysmo in clinical practice, but early reports indicate good treatment response[3-6], however most of these have the small patient numbers and short follow ups. In our series, previously treated eyes, who needed frequent antiVEGF injections were also included (switched cohort). These patients had longer disease duration and hence limiting visual improvement, compared to naïve patients (Table 1 and 2) for both indications. The structural improvement in CMT was also lower in switched patients compared to naïve patients (Figure 1 and 2), which has been reflected in other reports [4-6]. Majority of patients reached CMT threshold of 325micron after 3rd injection that was used for personalised treatment intervals in pivotal studies however observed vision improvement is not as good as pivotal studies[1-2] . There were no treatment emergent adverse events.

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CONCLUSIONS

Faricimab(Vabysmo) is effective in stabilising or improving visual acuities and improving macular thickness in nAMD and DMO eyes after loading phase of injections. Treatment naïve eyes showed better response than previously treated eyes. No drug related adverse events were encountered with Faricimab (Vabysmo).

Early treatment response observed in the real life practice appears to be following pattern of the pivotal studies, further studies with longer follow up of patients treated with Faricimab (Vabysmo) are needed.

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