Faricimab in nAMD: Year 2 Patient Case Profiles From the Phase 3 TENAYA/LUCERNE Trials

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Key Clinical Question

What is the impact of personalised treat-and-extend (T&E)-based dosing on treatment outcomes in TENAYA and LUCERNE?

Introduction

- Faricimab is the first bispecific antibody for intraocular use that independently binds and neutralises both angiopoietin-2 and vascular endothelial growth factor-A with high specificity and potency
- TENAYA/LUCERNE (NCT03823287/NCT03823300) were randomised, active comparator–controlled, 112-week trials that evaluated the efficacy, durability and safety of faricimab compared with aflibercept in patients with neovascular age-related macular degeneration (nAMD)
- Year 1 data from TENAYA/LUCERNE suggest that faricimab promotes vascular stability/durable efficacy in patients with nAMD[1]
- We present a selection of case profiles for patients treated with faricimab for 2 years

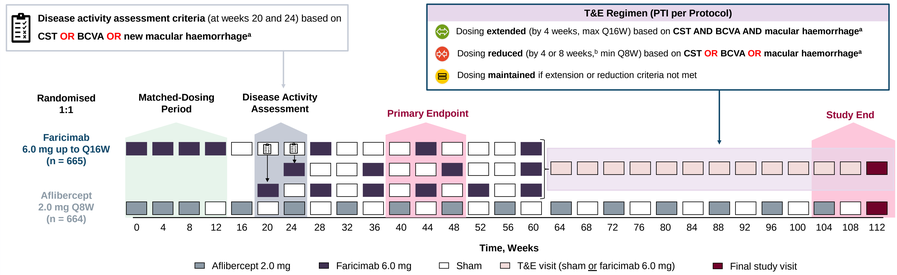
Methods

- Patients with nAMD were randomized 1:1 to either the faricimab up to Q16W (n=665) or aflibercept Q8W arm (n=664)
- Aflibercept-treated patients received 3 initial Q4W doses and then Q8W dosing. Faricimab treated patients received 4 initial Q4W doses and then Q8W, Q12W, or Q16W through week 60 based on protocol-defined disease activity criteria. Disease activity was assessed at weeks 20 and 24. Patients with active disease at week 20 continued to receive faricimab on fixed Q8W dosing until week 60.
- After a second disease activity assessment at week 24, patients with active disease (excluding those already on Q8W regimen) continued fixed Q12W dosing up to week 60. Patients in the faricimab group who did not have active disease at weeks 20 and 24 continued on a Q16W regimen up to week 60.
- At week 60, all faricimab-treated patients had an injection and entered the protocol-driven treat-and-extend–based personalized treatment interval (PTI) regimen where dosing intervals could be extended by 4 weeks (up to every 16 weeks), maintained or reduced by 4 or 8 weeks (as low as every 8 weeks), based on CST and BCVA change at active dosing visits.

Conclusions

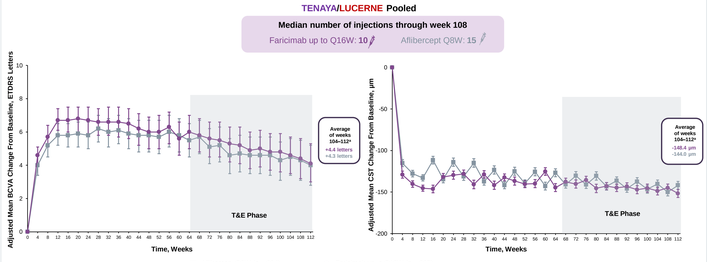
- TENAYA/LUCERNE treatment criteria were designed to reflect real-world clinical practice as close as possible
- During year 2, the majority of faricimab-treated patients were able to either maintain or extend their treatment intervals
- During the T&E phase, the majority of patients on every-8-week (Q8W) and Q12W dosing intervals were able to increase their dosing interval
- The majority of patients on an extended interval (≥ Q12W) remained on an extended treatment interval, including ~70% remaining on Q16W
- Faricimab was well tolerated with a safety profile similar to aflibercept

1. TENAYA and LUCERNE Trial Design: Faricimab nAMD Trials Use Disease Criteria Reflective of Clinical Practice



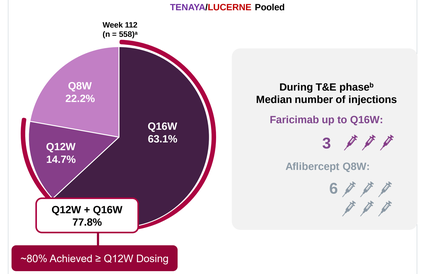
[a] Per the investigator. [b] If ≥ 2 of the reduction criteria were met or 1 criterion includes new macular haemorrhage, the interval was reduced to an 8-week interval. Patients whose treatment interval is reduced by 8 weeks from Q16W to Q8W will not be allowed to return to a Q16W interval during the study.
BCVA, best-corrected visual acuity; CST, central subfield thickness; max, maximum; min, minimum; nAMD, neovascular age-related macular degeneration; PTI, personalised treatment interval; Q8W, every 8 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

2. Over 2 Years, Patients in the Faricimab Arm Achieved Disease Control With Fewer Injections vs Aflibercept Q8W



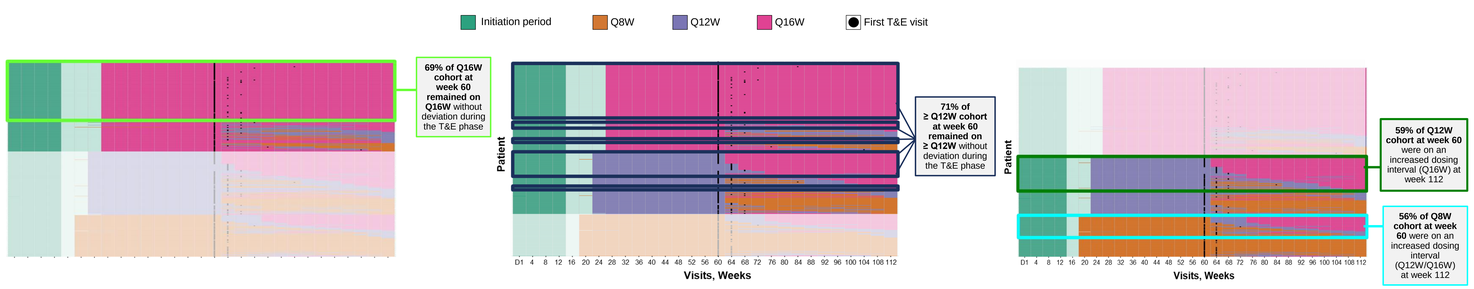
Results are based on a mixed model for repeated measures analysis in the ITT population. The median number of injections is based on the safety-evaluable population. 95% CIs are shown. CST is measured as ILM-RPE, as graded by central reading centre. [a] Adjusted mean change from baseline at 2 years, averaged over weeks 104, 108 and 112. T&E dosing regimen was delayed in some patients due to dose holds or missed visits.
BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; ITT, intent-to-treat; Q8W, every 8 weeks; Q16W, every 16 weeks; RPE, retinal pigment epithelium; T&E, treat-and-extend.

3. ~80% of Faricimab-Treated Patients Achieved ≥ Q12W Dosing at 2 Years



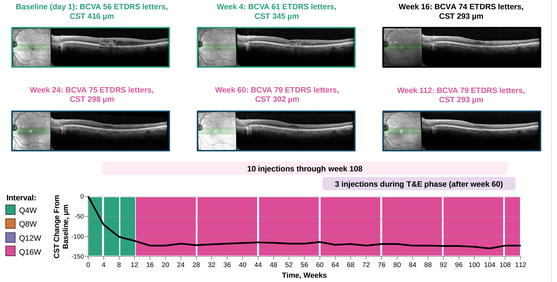
Results are presented for the pooled TENAYA/LUCERNE ITT population. [b] Percentages are based on number of patients randomised to the faricimab arm who have not discontinued the study at that visit. Treatment interval at a given visit is defined as the treatment interval decision followed at that visit. Interval at week 112 is calculated using data recorded at week 108. [b] Weeks 60–112.
ITT, intent-to-treat; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

4. Most Patients Who Achieved Q12W or Q16W Dosing at Year 1 Maintained Extended Dosing Through Year 2



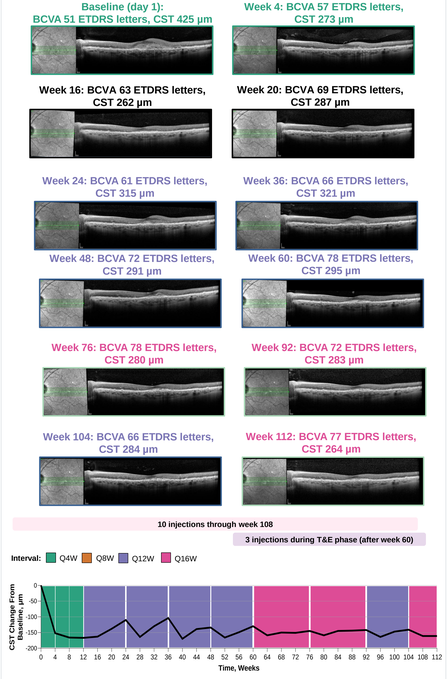
These heat maps show the faricimab dosing interval journey over time for each patient who completed the study. Each individual horizontal row represents a single patient over the course of the study.
D, day; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks, T&E, treat-and-extend.

5. Patient Case 1: Faricimab Q16W Dosing Throughout Study



No serious ocular adverse drug reactions were observed/reported in the treated eye. CST is measured as ILM-BM, as graded by central reading centre.
BCVA, best-corrected visual acuity; BM, Bruch's membrane; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; Q4W, every 4 weeks; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

6. Patient Case 2: Faricimab Q12W Dosing, Extended to Q16W at Week 60, Reduced to Q12W at Week 92, Extended to Q16W at Week 104



No serious ocular adverse drug reactions were observed/reported in the treated eye. CST is measured as ILM-BM, as graded by central reading centre. BCVA, best-corrected visual acuity; BM, Bruch's membrane; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; Q4W, every 4 weeks; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

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References

1. Khanani AM et al. Ophthalmol Sci. 2021;1(4):10076.

Financial Disclosures

- IP: Consultant: Alimera, Apellis, Allergan, Bayer, Biogen, Novartis, Roche; Speaker: Apellis, Allergan, Bayer, Biogen, Novartis, Roche.
- VP, AK: Employee: Roche Products Ltd.
- BS: Employee: F. Hoffmann-La Roche Ltd.
- HL, JW: Employee: Genentech, Inc.

Study and Product Disclosures

- Faricimab is approved for the treatment of neovascular age-related macular degeneration and diabetic macular oedema in multiple countries worldwide and is not currently approved for use outside these indications
- This study includes research conducted on human subjects
- Institutional Review Board approval was obtained prior to study initiation
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