

Evaluating Faricimab Efficacy in Treatment-resistant Diabetic Macular Oedema Patients: A Real-World Perspective

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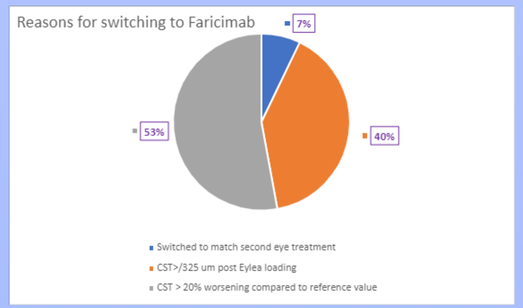
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Introduction

Diabetic macular oedema (DMO) is the most frequent cause of moderate vision loss in people with diabetes. In 2019, there were approximately 28 million people with DMO globally[1]. Traditional treatments include anti-vascular endothelial growth factor (anti-VEGF) injections, corticosteroids, and laser photocoagulation[2]. In May 2022, Faricimab received NICE approval for DMO treatment [3]. This study assesses Faricimab efficacy and durability in treatment-resistant patients at Bristol Eye Hospital, University Hospitals of Bristol and Weston.

Methods

Retrospective analysis was conducted from January 2023 to November 2023. The study encompassed DMO patients switching to Faricimab due to inadequate response (as defined by our treatment guidelines) to previous therapies. Inadequate response was defined as CST ≥ 325microns post loading with antiVEGF or >20% increase in CST from their best/reference value despite being on 8 weekly or less antiVEGF injections. Patient demographics, best-recorded visual acuity (BRVA), central subfield thickness (CST), treatment response & intervals were evaluated. Upon switching to Faricimab, patients received four, 4 weekly loading doses, following by a treat and extend regime. Outcome measures were reported at at a minimum of 6 months post switching to Faricimab.



Results

Results included 62 eyes (20 undergoing bilateral treatment)

Mean BRVA pre- and post-Faricimab remained comparable at 67 letters (p-value 0.087553)

All patients were on a PRN Aflibercept 2 mg regime pre switch

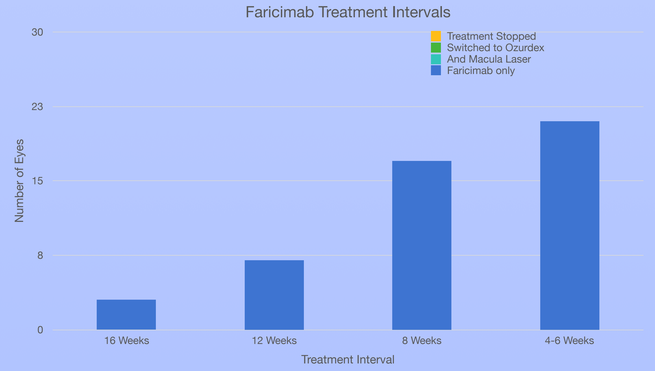
Post Faricimab loading, CST reduced by 24.3%, from 470.5 µm to 356 µm(p-value 0.0015)

43% of eyes extended treatment intervals ≥ 8weeks

15 % of eyes achieved complete fluid resolution post Faricimab switch

41% of eyes demonstrated a response but still required 4-6 weekly injection intervals

16% of eyes did not respond (90% of this group switched to IVI corticosteroids



Conclusion

Faricimab demonstrates efficacy in DMO management, particularly for patients inadequately responding to other treatments or needing frequent re-treatment.

Notably, 43% of patients extended their treatment interval to 8-weeks or longer; a more defined improvement compared to prior treatment.

Further work includes comprehensive evaluation of our adherence to our non responder / switch treatment guidelines so as to enable strict comparison of treatment intervals pre and post Faricimab switch. This could be further combined with an inclusion of treatment-naïve patients and longer term follow up.

References:

1-Sen,S.;Ramasamy,K.; Sivaprasad, S. Indicators of Visual Prognosis in Diabetic Macular Oedema. J. Pers. Med. 2021, 11, 449.

2-Amoaku, W.M., Ghanchi, F., Bailey, C. et al. Diabetic retinopathy and diabetic macular oedema pathways and management: UK Consensus Working Group. Eye 34 (Suppl 1), 1–51 (2020). https://doi.org/10.1038/s41433-020-0961-6

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