Phacoemulsification combined with intravitreal Faricimab injection in cataract patients with neovascular age related maculardegeneration(nAMD)/ diabetic macular oedema(DMO)

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Aim

To assess the efficacy and safety of simultaneous intravitreal Faricimab (Vabysmo) injections in nAMD and DMO patients undergoing cataract surgery.

Material and Method

nAMD and DMO patients receiving IVT requiring cataract surgery were identified and underwent Phacoemulsification with IOL implant along with intravitreal Faricimab injection by a single surgeon. Preoperative and postoperative (4-5 weeks) best corrected visual acuity (BCVA), central foveal thickness (CFT), intraretinal/subretinal fluid (IRF/SRF) and postoperative inflammation defined as anterior chamber cells and flare and vitritis were assessed.

Introduction

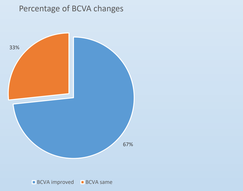
Patients on anti vegf intravitreal treatment(IVT) for nAMD/DMO with cataract encounter the following issues-

(1) negative impact on scheduling the appointment and addressing the increasing patient surgical backlog
(2) allowing the cataract to progress further affecting the patients vision and
(3) decreasing disease control of nAMD and DMO in patients who may require a more frequent interval with a frequency of <8 weeks to control aggressive membrane formation.

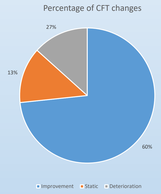
To address these, we have performed simultaneous phacoemulsification and intraocular lens (IOL) implant and intravitreal Faricimab injection and their safety and efficacy assessed.

Results

- 15 nAMD and DMO patients receiving IVTs, who underwent cataract surgery with simultaneous Faricimab injections were identified.
- Twelve patients were switch patients and 3 naïve to Faricimab.
- Mean BCVA improved from 0.6 to 0.5 logmar which is significant with a p=0.006.
- Mean CFT improved from 341 um to 295 um



BCVA improved in 67% and remained unchanged in 33%



CFT improved in 60%, remained unchanged in 13% and slightly deteriorated in 27%



80% had intraretinal or subretinal fluid prior to procedure which was reduced to 47%

- No signs of inflammation (anterior chamber reaction or vitritis) were recorded in any patients during postoperative slit lamp examination.

Conclusion

The simultaneous injection of Faricimab during cataract surgery in nAMD and DMO patients is efficacious, maintaining stable vision and disease control, with a favourable safety profile.

The Ang2 inhibition of Faricimab may provide a selective advantage in preventing ocular inflammation in vascular disease following cataract surgery.

Our pilot data suggests that using Faricimab with phacoemulsification, may provide some resolution to prevent patient delays in nAMD and DMO patients who require cataract intervention and improve service.

Future studies will be directed towards increasing the number of patients and assessing the long term maintenance of disease control in both nAMD and DMO patients undergoing cataract treatment.