Real world clinical outcomes for patients treated with Faricimab for neovascular age-related macular degeneration.

Dr Corinne Fulcher[1,2], Dr Sridevi Rajasakaran[1] and Professor Faruque Ghanchi[1]

1. Bradford Ophthalmic Research Network, Bradford Royal Infirmary

2. Centre for Vision Across the Life Span, University of Huddersfield

Background

Presently little is known about the long-term structural and functional outcomes of patients treated with Faricimab in a real-world clinical setting. We present 52-week and 78-week outcomes for a cohort of neovascular age-related macular degeneration (nAMD) patients treated at a specialist secondary care centre in Bradford, UK.

Methods:

All patients treated with Faricimab for nAMD between the 1st August 2022 and 31st March 2023 were identified and their records retrospectively analysed. Predefined time points of interest were baseline (first Faricimab injection), 12 weeks, 26 weeks, 52 weeks and 78 weeks. Data was extracted on visual acuity (VA), central macular thickness (CMT), type and presence of retinal fluid (IRF, SRF or subRPE), recommended treatment interval and any serious adverse ocular events.

For previously treated patients, VA data was also obtained *prior* to the switch. Their treatment interval at the visit immediately prior to the switch was used to place them in two sub-groups: a "short interval" (SI) group (treated <6 weekly) and a "long interval" (LI) group (treated ≥6 weekly). 107 eyes from 92 patients were eligible for the study, of which 37 were treatment naïve and 70 were previously treated (32 in the SI group and 38 in the LI group). No significant differences were noted between the demographics of the two previously treated groups (see Table 1).

	SI Group	LI Group	P value
Baseline age	78.1 years	80.8 years	p = 0.175
% Female gender	72.0%	71.9%	p = 0.992
Baseline VA	67.3 letters	66.2 letters	p = 0.729
Baseline CMT	294.1µm	306.7µm	p = 0.456
Total length of treatment (days)	862.3 days	1108.6 days	p = 0.230

Table 1: *Comparing the demographics of the two previously treated subgroups.*

Results

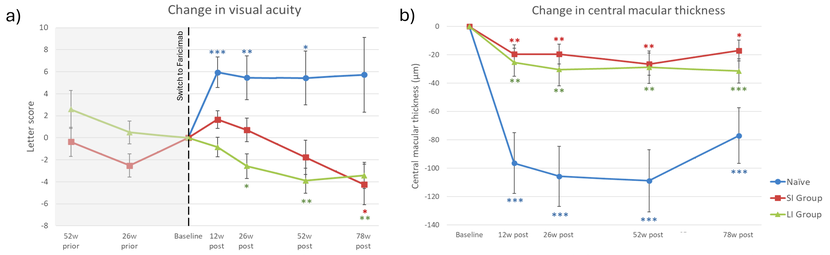
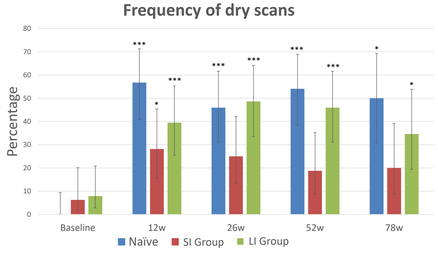


Figure 1*: Change in visual acuity (a) and central macular thickness (b) for the naïve (blue), SI (red) and LI groups (green) over 78 weeks. Error bars show the SEM. Significant changes from baseline are denoted by * (p<0.05), ** (p<0.01) and *** (p<0.001).*

Naïve patients showed a mean increase in VA of ~6 letters which is maintained across 78 weeks and was accompanied by a mean reduction in CMT of ~100µm (Figure 1). The SI group initially shows a small mean improvement in VA compared to the LI group but by 78 weeks both are very similar with a mean change from baseline of around – 4 letters. There was modest improvement in the CST ~20-30µm for previously treated groups which was maintained for 78 weeks. Naïve patients were more likely to have dry OCT scans at any time point than the previously treated groups, though this was at best 57% (Figure 2).



Two naïve eyes and one previously treated eye developed severe loss of vision during the study, (one endophthalmitis, one end stage disease, one macular haemorrhage). Two eyes also developed intraocular inflammation (IOI).

Figure 2: *Showing the frequency of 'dry scans' (no fluid of any kind present on the OCT) for the three groups over 78 weeks. Error bars denote 95% CIs and significant changes from baseline are shown by * (p<0.05), ** (p<0.01) and *** (p<0.001).*

	Treatment Interval		
	4 – 7.9 weeks	8 – 11.9 weeks	≥12 weeks or MOEX
Naïve			
Week 52	28.6%	28.6%	42.9%
Week 78	18.2%	27.3%	54.5%
SI Group			
Pre-Switch	100%	0%	0%
Week 52	68.8%	18.8%	12.5%
Week 78	36.0%	32.0%	32.0%
LI Group			
Pre-Switch	71.1%	28.9%	0%
Week 52	44.4%	41.7%	13.9%
Week 78	30.8%	42.3%	26.9%

Table 2: *Showing the clinician recommended treatment interval at 52 weeks and 78 weeks for the three groups.*

Discussion

For the naïve eyes, treatment intervals of ≥12 weeks were reached by 43% at 52 weeks and 55% at 78 weeks; which is lower than pivotal studies (Heier *et al*. 2022). For previously treated patients this was 13% at 52 weeks and 27% (LI) – 32% (SI) at 78 weeks (see Table 2). The mean CST improvement was 100µm in naïve group, but ~50% still had retinal fluid at each time point. Previously treated patients showed a more modest structural response, in line with reports from other real-world studies (Sim *et al*. 2025, Khanani *et al*. 2023).

The treatment response remains suboptimal in previously treated eyes with chronic nAMD, perhaps due to greater structural changes. It would appear clinical practice is evolving in tolerating some macular fluid however, as treatment interval extensions were still observed (Figure 1b and Figure 2).

Conclusions

Faricimab is safe and effective at managing naïve patients with nAMD in real life where improvements in vision (>5 letters) can be maintained up to 78 weeks. Previously treated patients show modest structural improvement when switched to Faricimab but protection against vision deterioration was not observed. Adverse events like IOI were rare.

Disclosures

FG has received lecture fees, educational grant and consultancy fees from Roche/ CF received educational grant to attend RCOphth congress from Roche.

References

1. Heier, J. S., Khanani, A. M., Ruiz, C. Q., *et al.* (2022). Efficacy, durability, and safety of intravitreal faricimab up to every 16 weeks for neovascular age-related macular degeneration (TENAYA and LUCERNE): two randomised, double-masked, phase 3, non-inferiority trials. *The Lancet, 399*(10326), 729–740.
2. Sim SY, Chalkiadaki E, Koutsocheras G, Nicholson L *et al.* (2025) Real-World 1-Year Outcomes of Treatment-Intensive Neovascular Age-Related Macular Degeneration Switched to Faricimab. Ophthalmol Retina. 9(1):22-30. doi: 10.1016/j.oret.2024.07.020.
3. Khanani, A.M., Aziz, A.A., Khan, H. *et al.* (2023). The real-world efficacy and safety of faricimab in neovascular age-related macular degeneration: the TRUCKEE study – 6 month results. *Eye* 37, 3574–3581. https://doi.org/10.1038/s41433-023-02553-5