Real world outcomes of Faricimab in treatment-naive and treatment-switch eyes

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Introduction and Aim

- Globally, diabetic retinopathy is widely recognised as a leading cause of vision loss among working-age adults
- Faricimab, a bispecific antibody, works by blocking the action of two key proteins, VEGF-A and Ang-2, which are involved in abnormal blood vessel growth and leakage in the eye.
- This study looks at the effectiveness of Faricimab in managing diabetic macular oedema (DMO) in both treatment-naive and treatment-switch patients, focusing on outcomes related to macular thickness and visual acuity.

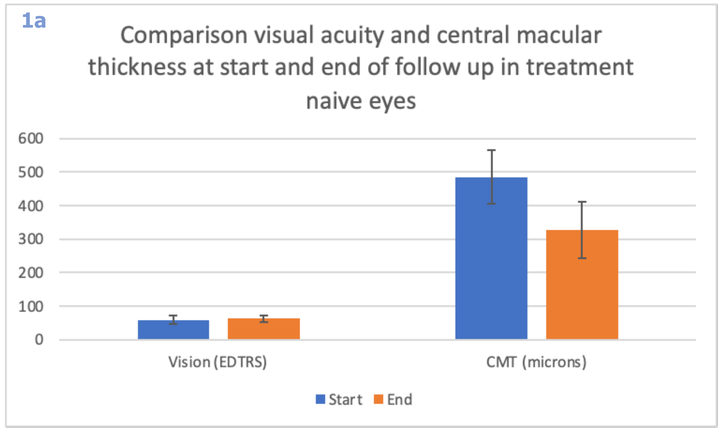
Methods

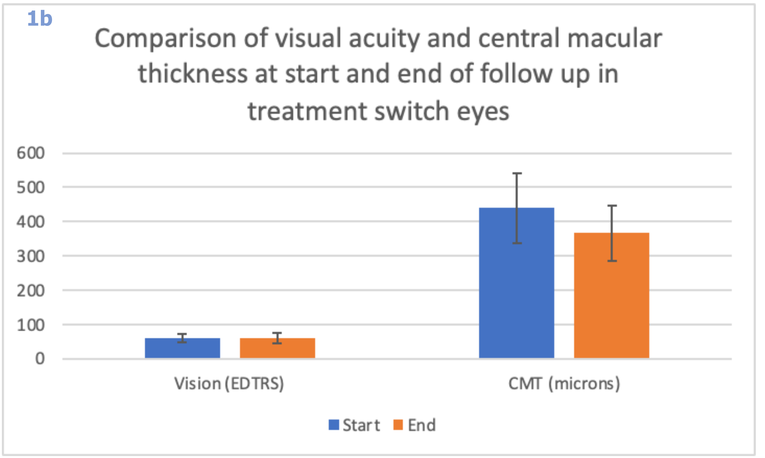
- The retrospective study population comprised of all patients who initiated 6mg Faricimab ocular injections through high-cost registration data at Whipps Cross Hospital, London with diabetic macular oedema between 1/1/2022 and 2/2/2024. Each treated eye was analysed separately.
- The treatment protocol involved a loading phase of four injections at four-weekly intervals, followed by a further review after eight weeks. Further treatment followed a treat-and-extend regimen, extending by four weeks if DMO remained stable, or reducing by two weeks/remaining unchanged if no improvement or worsening was observed.
- For each patient, where possible, data was collected until 01/06/2024. For patients lost to follow-up or with missing values, the last recorded CMT and time point were used for analysis.

Results

- Among 87 eyes (65 patients) treated with Faricimab, 39.1% were treatment-naive and 60.9% had received prior anti-VEGF therapy.
- In the treatment-naive group (24 patients, 34 eyes; mean age 66), baseline CMT decreased significantly from 485.1 µm to 327.2 µm ($p<0.0001$).
- Visual acuity in the treatment-naive group improved modestly from 59.5 to 62.7 ETDRS letters ($p=0.259$).
- In the switched group (41 patients, 53 eyes; mean age 65), baseline CMT reduced from 439.5 µm to 366.9 µm ($p<0.0001$).
- Visual acuity in the switched group showed minimal change, from 59.7 to 61.4 ETDRS letters ($p=0.55$).

Graph 1a: (1a) Comparison of VA and CMT at the start and end of follow up in treatment naive, (1b) treatment switch eyes





Summary and Conclusions

- Faricimab treatment was associated with a significant decrease in CMT in both treatment-naive and treatment-switch groups.
- The decrease in CMT was greater in the treatment-naive group.
- Faricimab appears to be particularly effective as a first-line treatment option.

Acknowledgements

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