REAL-WORLD TWELVE-MONTH OUTCOMES OF PATIENTS SWITCHED TO FARICIMAB WITH RECALCITRANT NEOVASCULAR MACULAR DEGENERATION.

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INTRODUCTION

- Faricimab has been shown in clinical trials to reduce retinal fluid in wet age related macular degeneration to a greater extent than Eylea.
- Patients requiring frequent anti-VEGF injections potentially could achieve greater retina fluid resolution and allowing for longer extension between injections without recurrence of retinal fluid after switching to Faricimab..

We want to assess the safety and efficacy of switching to Faricimab in patients receiving treatment with either aflibercept or ranibizumab for the treatment of neovascular age related macular degeneration (nAMD).

METHODS

- Retrospective review at Kingston and Richmond NHS Foundation Trust.
- Patients switched to faricimab between November 2022 and December 2022 with **12 months follow-up** were identified from electronic medical records.
- There were two reasons for the switch of treatment:
  - **suboptimal response to ranibizumab** (defined as persistent activity on OCT despite monthly injections), or
  - **high injection burden** (controlled activity on previous antiVEGF, but requiring more frequent than 8-weekly injections).
- All patients treated with faricimab for the treatment of nAMD within the study period were included in this real-world analysis.
  - Patients were treated on at treat and extend basis.
  - The full loading dose of 4 injections was not mandated.
- Outcome measures evaluated were changes in best corrected visual acuity (BCVA), changes in central subfield thickness (CST), presence of retinal fluid, treatment intervals and adverse events.

RESULTS

- A total of **56 eyes of 48 patients** were included in this study.
  - Mean Age: 83 ± 8.2
  - Sex: 35 (62.5%) Female
  - Eye: 27 (48.2%) OD
- The reasons for switching are provided in *Figure 1.*

Variable	Baseline	At 12 months	p-value (paired t-test)
VA	66 ± 11	64 ± 16	> 0.05
CRT	241 ± 56	225 ± 66	**< 0.05**
Interval between injections (weeks)	4 ± 0.5	7 ± 3	**< 0.05**

Figure 1: Reason for switching

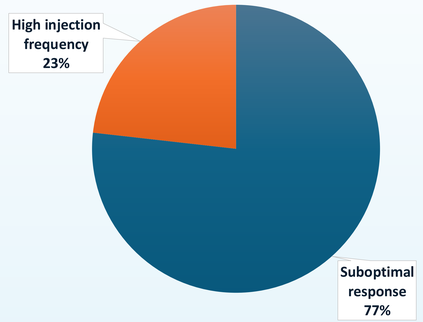
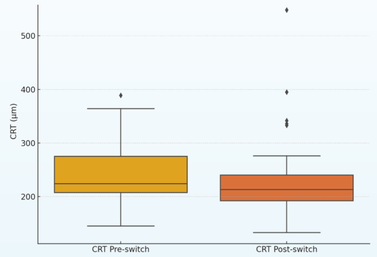


Figure 2: Change in CRT baseline vs 12 months post-switch

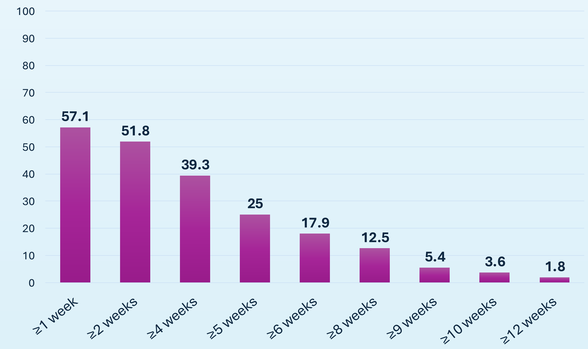


12 months after the switch to faricimab

- Mean visual acuity remained stable.
- **There was a reduction in CRT which was statistically significant** *(Figure 2).*
- **There was an increase in the interval between injections which was statistically significant**.
- **57.14% patients could be extended by at least one week** (see Figure 3)
- 7% of eyes did not show better outcome with Faricimab

There were no adverse events identified and no cases of intraocular inflammation or vasculitis.

Figure 3: Percentage of patients who had their interval extended at the end of the follow up



CONCLUSIONS

- The pivotal trials of Faricimab in nAMD were non inferiority trials that provided treatment outcomes in treatment naïve patients.
- **Our real world evaluation in patients with recalcitrant disease supports evidence of extended duration treatment intervals with Faricimab.**
- **This is of value in improving capacity constraints in provider units and to reduce the treatment burden for care givers and patients.**
- Limitations of the study include the small sample size and the potential for physician bias.

Conflicts of interest:

V Sivagnanavel has received educational support to international conferences and speaker fees at educational events from Roche and Bayer and Optos imaging. V Sivagnanavel