

Anatomical Outcomes of Faricimab in Patients With Diabetic Macular Edema: 6-Month Real-World Imaging From the VOYAGER Study

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Conclusions

Global Generalisability

- Real-world outcomes in nAMD and DMO align with phase 3 trials, demonstrating the effectiveness and safety of faricimab across diverse global practices

Effectiveness

- Vision and CST improved in treatment-naïve eyes and remained stable in previously treated eyes
- Lower investigator-reported presence of IRF and SRF at month 12

Durability

- Fewer faricimab injections after 6 months of treatment, suggesting extension of treatment intervals

Safety

- Low rates of IOI and endophthalmitis, consistent with clinical trials^{1–3}

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Introduction

- VOYAGER (NCT05476926) is the largest global, prospective, non-interventional study of faricimab
 - Global Reach:** Captures real-world data from 28 countries/regions across 6 continents representing > 5000 patients treated for nAMD, DMO or RVO
 - Global Generalisability:** Provides widely generalisable data, reflecting routine clinical practice across a diverse global population of > 5000 patients

Results

1. Patient Baseline Characteristics

Baseline Demographics (Patient Level)	nAMD		DMO	
	Treatment-Naïve Patients n = 1091	Previously Treated Patients n = 239	Treatment-Naïve Patients n = 319	Previously Treated Patients n = 239
Age, mean (SD), years	77.9 (8.3)	78.6 (7.8)	63.2 (12.4)	64.8 (10.3)
Female, n (%)	607 (55.6)	442 (54.2)	137 (42.9)	90 (37.7)
Geographic region, n (%)				
North America	49 (4.5)	170 (20.8)	21 (6.6)	83 (34.7)
Asia	274 (25.1)	157 (19.2)	91 (28.5)	54 (22.6)
Europe	639 (58.6)	428 (52.5)	112 (35.1)	90 (37.7)
Australia	116 (10.6)	47 (5.8)	85 (26.6)	5 (2.1)
South America	9 (0.8)	7 (0.9)	4 (1.3)	3 (1.3)
Middle East	4 (0.4)	7 (0.9)	5 (1.6)	4 (1.7)
Race, n (%) ^a				
White	531 (48.7)	418 (51.0)	136 (42.8)	121 (50.6)
Black or African American	0	0	3 (0.9)	7 (2.9)
Asian	417 (25.4)	193 (18.6)	117 (36.7)	58 (24.3)
Native Hawaiian or other Pacific Islander	1 (0.1)	0	10 (3.1)	0
Other	4 (0.4)	1 (0.1)	10 (3.1)	2 (0.8)
Missing/not reported/unknown	276 (25.3)	245 (30.0)	44 (13.8)	51 (21.3)
Prior anti-VEGF injections (eye level, n (%))		n = 928 eyes ^c		n = 316 eyes ^d
1–10	–	267 (28.8)	–	138 (43.7)
11–20	–	206 (22.2)	–	64 (20.3)
≥ 21	–	452 (48.7)	–	113 (35.8)

Previously treated nAMD and DMO eyes had received a mean (SD) of 3.7 (3.2) and 3.2 (3.0) years of anti-VEGF treatment prior to faricimab initiation

^a The effectiveness analysis set is defined as patients with ≥ 12 months of follow-up and available VA data at index and ≥ 1 post-index visit. ^b Race and ethnicity data are only collected for regulations in which it is allowed. ^c 1 race entry can occur for a given participant (totals sum to > 100%). ^d Data were not collected for 8 nAMD eyes; 3 eyes had an unknown number of prior anti-VEGF injections. ^e Data were not collected for 4 eyes; 1 eye had an unknown number of prior anti-VEGF injections. ^f Data were not collected for 5 eyes. Treatment-naïve eyes are those newly initiating faricimab that have never had any anti-VEGF treatment; previously treated eyes are those newly initiating faricimab treatment after being previously treated with any anti-VEGF. Data were not collected for 5 DME eyes.

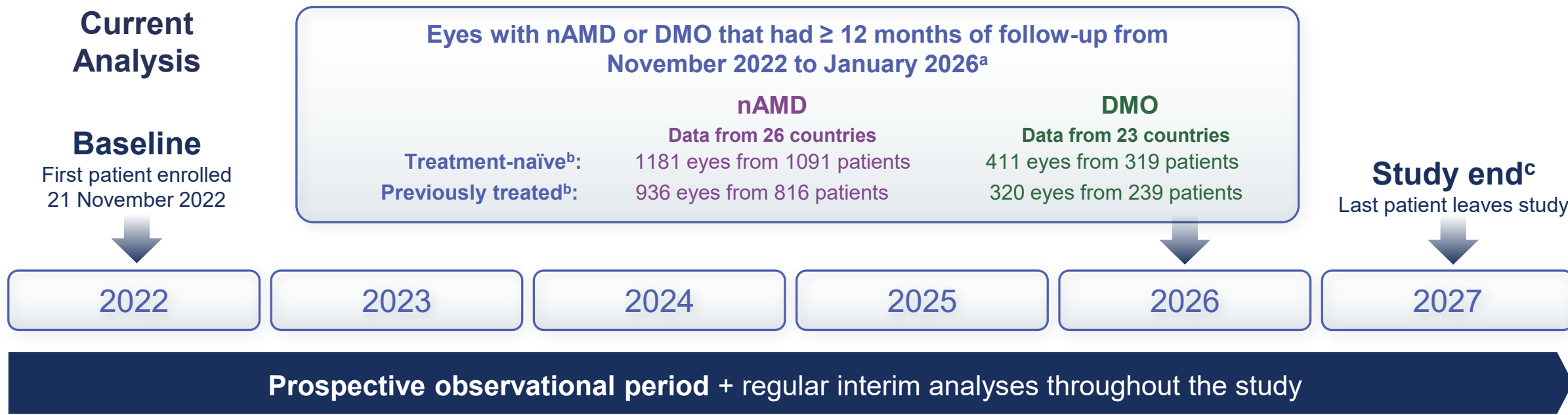
3. Faricimab Was Well Tolerated, With a Safety Profile Aligned With Phase 3 Studies

Percentage of Events per Injection ^a			
Safety analysis includes all enrolled eyes that received ≥ 1 faricimab injection			
Pooled subcohorts: nAMD, DMO, BRVO, CRVO/HRVO			
	Treatment-Naïve Eyes n = 3345	Previously Treated Eyes n = 2431	All Eyes n = 5776
IOI (events per injection)	0.10% (23 events per 23,246 injections)	0.13% (29 events per 22,752 injections)	0.11% (52 events per 45,998 injections)
Endophthalmitis (events per injection)	0.02% (4 events per 23,246 injections)	0.03% (7 events per 22,752 injections)	0.02% (11 events per 45,998 injections)

^a The safety analysis set consists of eyes with indication in the scope for this study that received ≥ 1 dose of faricimab for retinal indications. Treatment-naïve eyes are those newly initiating faricimab that have never had any anti-VEGF treatment; previously treated eyes are those newly initiating faricimab treatment after being previously treated with any anti-VEGF. This table focusses on treated eyes, not patients. Patients with a different treatment history in each eye will be counted in > 1 sub-cohort. Each eye will be considered separately. Data collected after treatment discontinuation or treatment change are censored at the date of treatment discontinuation or treatment change, whichever occurs first.

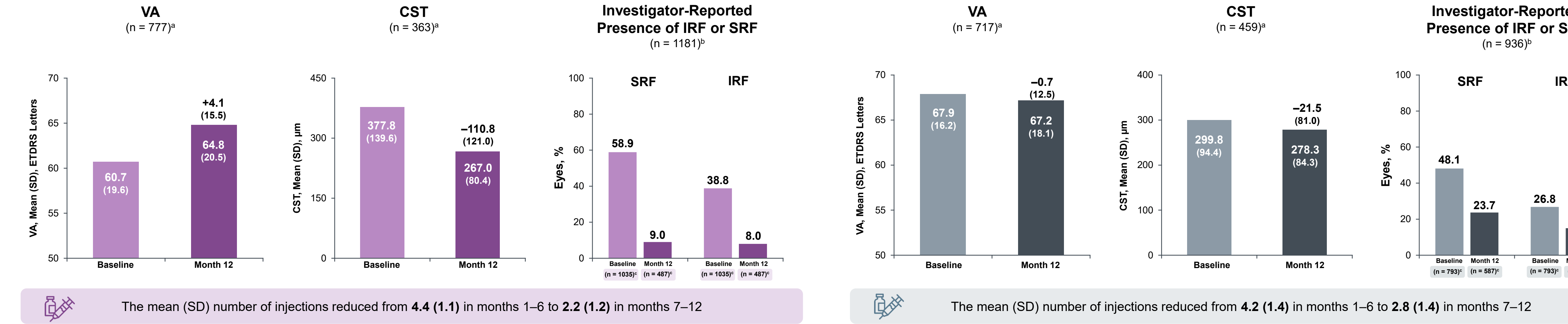
Methods

- Data presentation: This analysis set included eyes with ≥ 12 months of follow-up and available VA data at index and ≥ 1 post-index visit
 - Data from **November 2022 to January 2026** included treatment-naïve and previously treated patients with nAMD or DMO
 - The primary endpoint is change in VA at 12 months. Additional endpoints include anatomic outcomes, treatment patterns and safety



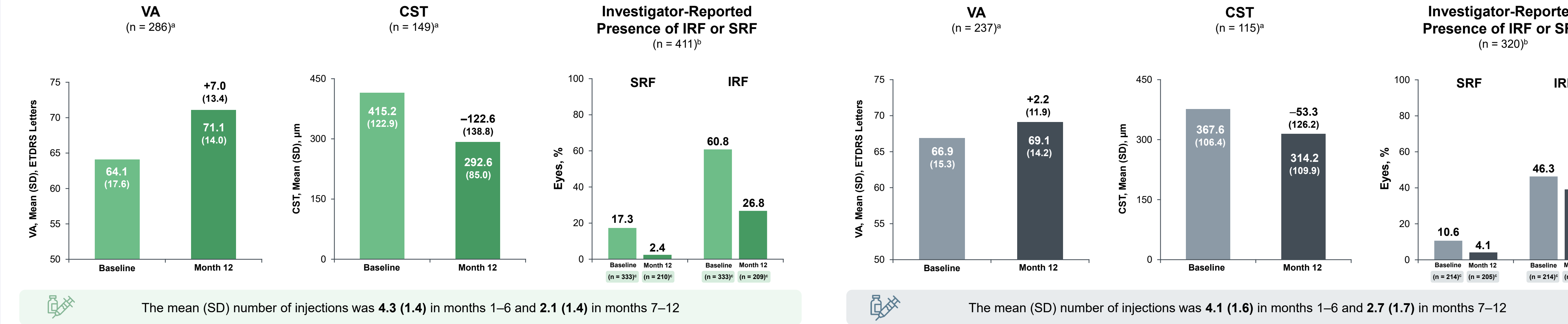
VOYAGER (NCT05476926). ^a Data cut date: 12 January 2026. ^b The effectiveness analysis set is defined as patients with ≥ 12 months of follow-up and available VA data at index and ≥ 1 post-index visit. ^c Study end: date on which the last entry of the last patient is recorded in the database. Treatment-naïve eyes are those newly initiating faricimab that have never had any anti-VEGF treatment; previously treated eyes are those newly initiating faricimab treatment after being previously treated with any anti-VEGF.

2. In Treatment-Naïve and Previously Treated Eyes, VA, CST and Presence of SRF and IRF Improved From Baseline to Month 12



^a n represents the number of eyes with data collected at the treatment index date and month 12. ^b n represents the effectiveness analysis set; patients with ≥ 12 months of follow-up and available VA data at index and ≥ 1 post-index visit. ^c n represents the number of eyes with data collected at the analysis time point. Baseline is defined as the date when a patient initiates treatment with faricimab in ≥ 1 eye. Results for a 12-month period include only patient-eyes with ≥ 12 months of follow-up from the treatment index date. Treatment-naïve eyes are those newly initiating faricimab that have never had any anti-VEGF treatment; previously treated eyes are those newly initiating faricimab treatment after being previously treated with any anti-VEGF. The follow-up period spans from the first faricimab treatment to the data cut-off date: 12 January 2026. Measurements closest to the planned analysis time points, within a ± 30-day window, were used. If 2 visits were equally distant from the planned time point, the later assessment was chosen. IRF and SRF were investigator reported rather than measured on imaging.

4. In Treatment-Naïve and Previously Treated Eyes, VA, CST and Presence of SRF and IRF Improved From Baseline to Month 12



^a n represents the number of eyes with data collected at the treatment index date and month 12. ^b n represents the effectiveness analysis set; patients with ≥ 12 months of follow-up and available VA data at index and ≥ 1 post-index visit. ^c n represents the number of eyes with data collected at the analysis time point. Baseline is defined as the date when a patient initiates treatment with faricimab in ≥ 1 eye. Results for a 12-month period include only patient-eyes with ≥ 12 months of follow-up from the treatment index date. Treatment-naïve eyes are those newly initiating faricimab that have never had any anti-VEGF treatment; previously treated eyes are those newly initiating faricimab treatment after being previously treated with any anti-VEGF. The follow-up period spans from the first faricimab treatment to the data cut-off date: 12 January 2026. Measurements closest to the planned analysis time points, within a ± 30-day window, were used. If 2 visits were equally distant from the planned time point, the later assessment was chosen. IRF and SRF were investigator reported rather than measured on imaging.