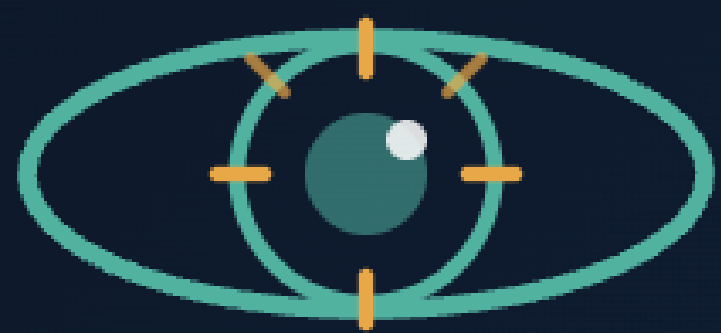




Challenging the Treatment Threshold: **Early Faricimab** Prevents Vision Loss in nAMD - A Real-World Welsh Experience

Parinita Keshav Swarnkar¹, Jaskaran Singh Bhangu¹, Christopher Stewart², Mohammed Rifat¹, Sarah Khalid¹, Harry Winkworth², Savannah Lydia Franklin-Goddard², Mahmoud Hussein Awad, Gwyn Samuel Williams¹

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BACKGROUND

Neovascular AMD (nAMD) is a leading cause of severe vision loss in older adults. **Faricimab** - a bispecific antibody targeting **VEGF-A** and **Ang-2** - represents an advance in anti-VEGF therapy. The optimal visual threshold for treatment initiation remains contested.

This study directly compares outcomes for patients initiated **EARLY** (before significant vision loss) against those treated at a **LATE** visual threshold in a real-world Welsh NHS setting.

METHODS

53

EARLY
<0.3 logMAR

44

LATE
0.6–0.7 logMAR

97

TOTAL
Retrospective

- 3 monthly loading doses → treat-and-extend protocol
- Primary outcome: BCVA change & ≥5-letter vision loss at 6, 12, 18 months
- Baseline VA: 74 ± 3.5 (early) vs 54 ± 2.0 letters (late) p<0.001
- Baseline dry macula: 18.9% (early) vs 50.0% (late) p=0.001

KEY RESULTS

SUSTAINED VISION LOSS (≥5 LETTERS) - 6 MONTHS

0%

EARLY

vs

76.7%

LATE

- 12 months (0% vs 73.3%)
- 18 months (0% vs 75.0%)
- p<0.05 all timepoints

NNT
3

Treat 3 patients early
to prevent 1 additional clinically significant vision
loss event

ARR 40.3% cumulative
· **p<0.001**

52.7%

ARR

67.6% of LATE patients lost ≥5
letters at the 7th injection vs **14.9%**
EARLY
· **p<0.001**

DRY MACULA ACHIEVED BY 18 MONTHS

100%

EARLY

vs

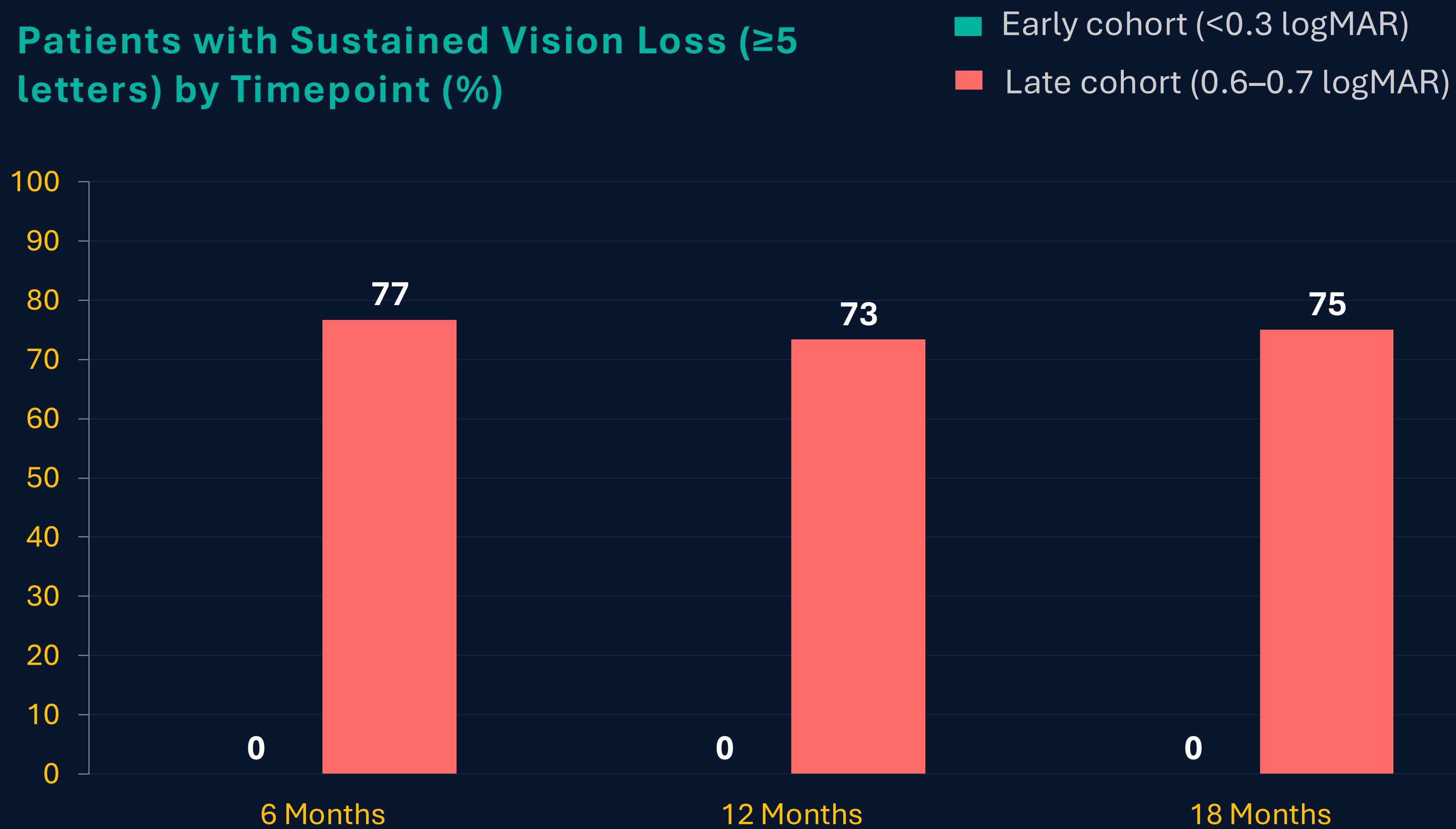
96.7%

LATE

Despite significant baseline anatomical disadvantage - dryness
crossover by 12 months

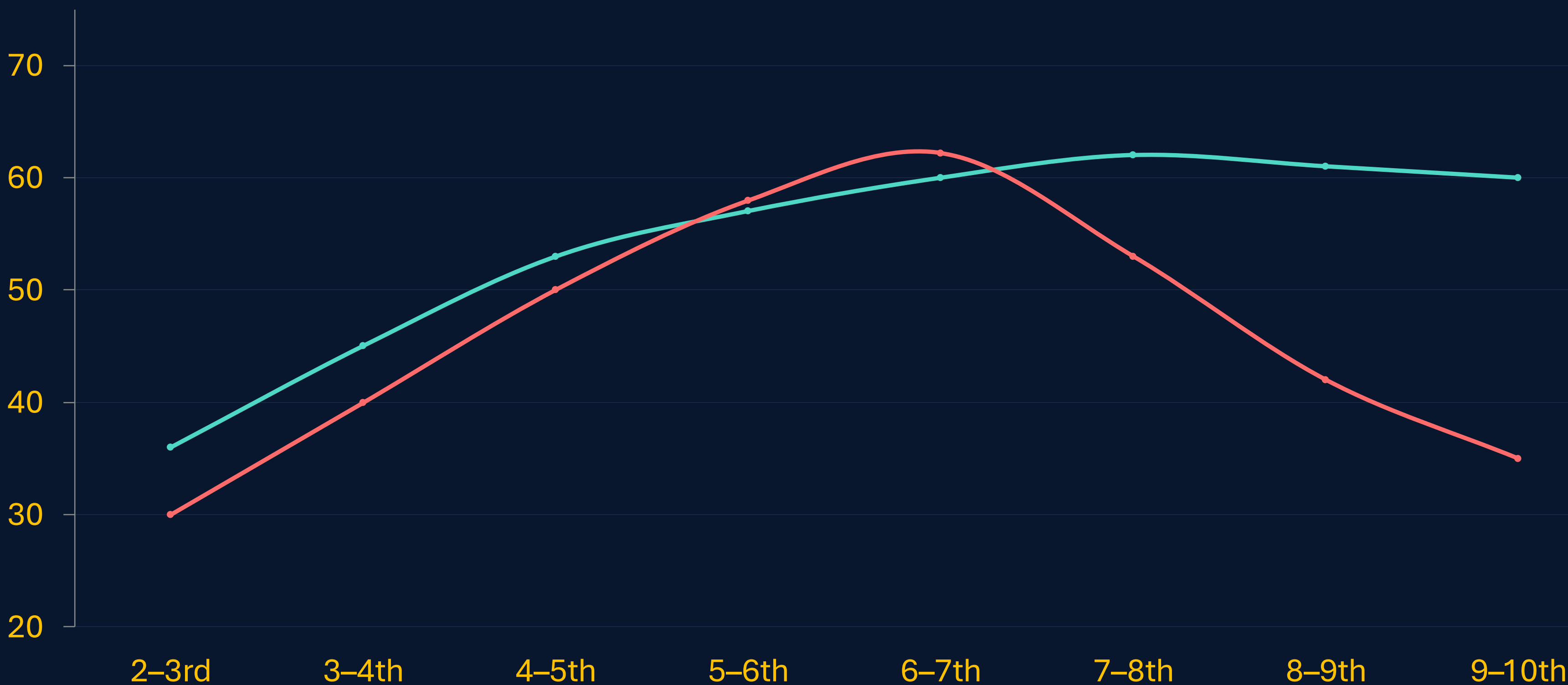
VISUAL ANALYSIS

Patients with Sustained Vision Loss (≥5 letters) by Timepoint (%)



Treatment Extension >8 Weeks - Trajectory Over Injection Intervals

Early: sustained plateau · Late: biphasic collapse



KEY FINDINGS

1 Driving vision preserved - No early patient lost sustained vision at any timepoint. The early cohort maintained a mean outcome above the UK driving standard (≤0.3 logMAR) - **the late cohort started below it and never recovered**. Early treatment preserves independence, not just sight.

2 NNT of 3 (cumulative ARR 40.3%, NNT 3, 95% CI 2–4). At the 7th injection alone, NNT = 2 - a level of treatment efficiency that supports further research.

3 A durability ceiling, not instability - Both cohorts extended equally well to the 6th–7th cycle (~62%), then diverged sharply. The **early cohort sustained >50% extension** throughout; the **late cohort collapsed** to 35% by the 9th–10th cycle. Delayed treatment creates a durability ceiling - coinciding precisely with the peak of vision loss.

4 Predictability - Response consistency improved dramatically in the early cohort (CV 980% → 169%), while the late cohort remained erratic throughout (CV up to 1213%). Early treatment doesn't just preserve vision - it makes outcomes more predictable for patients and clinicians

5 Structure recovers; function does not Despite starting with worse anatomy (18.9% vs 50.0% dry macula), early cohort achieved 100% dryness by 18 months and overtook the late cohort (12 months). Functional outcomes remained permanently inferior in the late group - strong evidence of irreversible photoreceptor loss when treatment is delayed.

CONCLUSION

In this real-world Welsh cohort, early faricimab initiation was associated with preservation of high-function vision, significantly lower risk of clinically significant vision loss (NNT 3), and durable anatomical and treatment extension outcomes - despite a structural baseline disadvantage.

These findings advocate for proactive early treatment paradigms. Confirmation in larger prospective multicentre studies is warranted.