Do We Need Four? Real-World Faricimab Loading Outcomes in Treatment-Naïve and Treatment-Resistant AMD

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PURPOSE

To evaluate treatment-naïve (TN) and treatment-resistant (TR) neovascular AMD patients receiving Faricimab and determine whether reducing the loading phase from four to three injections is appropriate in responsive eyes.

Further aims:
- Assess the characteristics of responders
- Evaluate reactivation rates following an initial dry response

METHODS

Design: Retrospective, single-centre real-world study.

Population: A total of 353 eyes were studied: 161 TN and 179 TR.

Loading Protocol: 4 loading doses of Faricimab at 4-week intervals.

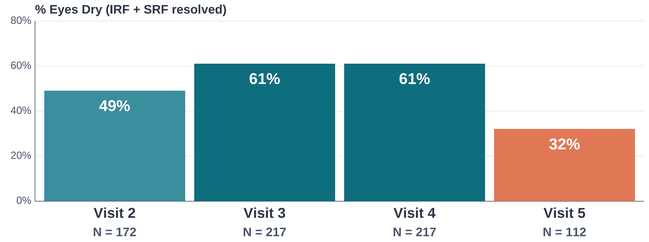
Outcome Measures: VA (LogMAR), CRT (OCT), fluid status (IRF, SRF), reactivation following dry status.

WHY THIS MATTERS

A 3-dose loading regimen in responsive eyes could:

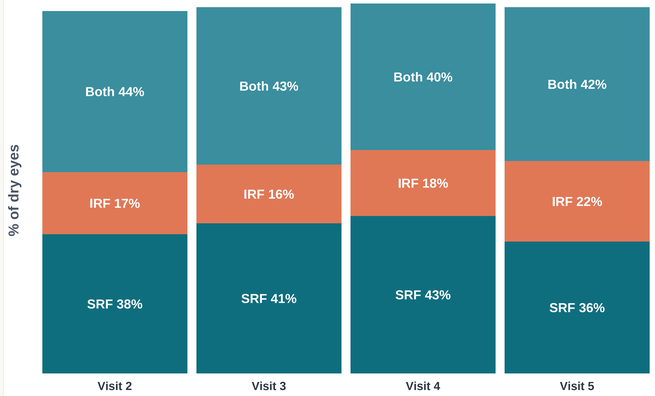
- Reduce clinic visits and patient burden
- Lower injection-related costs
- Free capacity for eyes needing more intensive follow-up

FLUID RESOLUTION BY VISIT

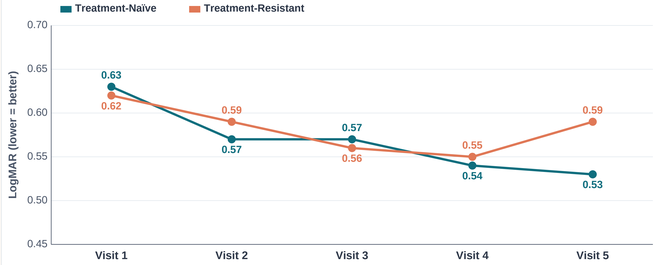


61% cumulative resolution after 3 loading doses. **32%** of the dry eyes maintained dryness through follow-up.

FLUID TYPE IN DRY EYES

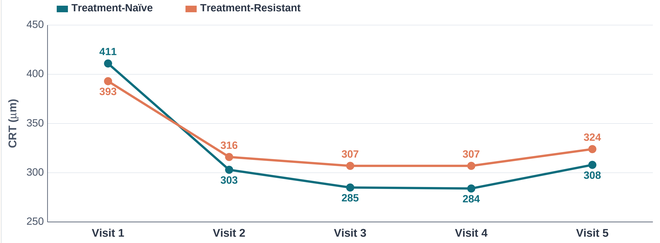


VISUAL ACUITY (LogMAR)



BCVA at Visit 1 was done by opticians, while VA at subsequent visits was done by nurses.

CENTRAL RETINAL THICKNESS

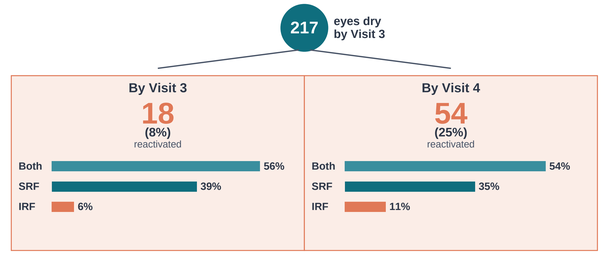


CRT change vs baseline (all p<0.001):
- **TN:** Max reduction at Visit 3 (–129 µm); sustained at Visit 4 (–129 µm)
- **TR:** Max reduction at Visit 3 (–91 µm); similar at Visit 4 (–85 µm)

RESULTS BY VISIT

Visit	Dry n (%)	TN	TR
Visit 2	172 (49%)	90 (52%)	81 (47%)
Visit 3	217 (61%)	118 (54%)	99 (46%)
Visit 4	217 (61%)	115 (53%)	102 (47%)
Visit 5	112 (32%)	57 (51%)	55 (49%)

REACTIVATION FROM DRY



SAFETY

Intraocular Inflammation (IOI)
1 case (0.6%, 2/353 eyes — bilateral)

79-year-old female with bilateral AC and vitreous cells with snowball opacities. No retinal vasculitis or vascular occlusion. Treated with oral and topical steroids. Vision remained stable (OD: 75, OS: 20 letters).

Treatment Switch
2 eyes (0.6%) switched to aflibercept due to lack of response.

CONCLUSION

Faricimab demonstrated a favourable safety profile with a single bilateral IOI case and excellent tolerability.

A substantial proportion of eyes achieved fluid resolution by Visit 3, with maximal CRT reduction at this timepoint.

No additional dryness was observed between Visits 3 and 4, suggesting three loading doses may suffice in responsive eyes.

SRF-only eyes exhibited the strongest response to Faricimab loading.

Eyes with both SRF and IRF demonstrated the highest reactivation rates following initial dryness.

Treatment-naïve eyes showed greater anatomical responsiveness and sustained VA gains compared to treatment-resistant eyes.

Following these results, we changed the protocol from four loading doses to three.