

Early Real-World Effectiveness and Safety of Faricimab in Eyes With Retinal Vein Occlusion (RVO): 6-Month Results From the UK FARWIDE-RVO Study

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This analysis evaluated patient characteristics, effectiveness, safety and durability of faricimab treatment in eyes with RVO with ≥ 6 months of follow-up

Conclusions

FARWIDE is the largest real-world study evaluating faricimab treatment patterns and outcomes outside the United States, providing insights into faricimab effectiveness and safety

Effectiveness

- In treatment-naïve eyes, median VA from baseline to 6 months improved by > 2 lines (11 letters) in BRVO and by 8 letters in C/HRVO
- In previously treated eyes, median VA remained stable from baseline to 6 months

Durability

- Mean number of faricimab injections declined after the first 3 months of follow-up, suggesting interval extensions after the initial loading phase

Safety

- Rates of IOI and endophthalmitis were low and consistent with the phase 3 faricimab trials and other faricimab real-world studies^{1–3}

FARWIDE-RVO 6-month results support the effectiveness and safety of faricimab in the real world

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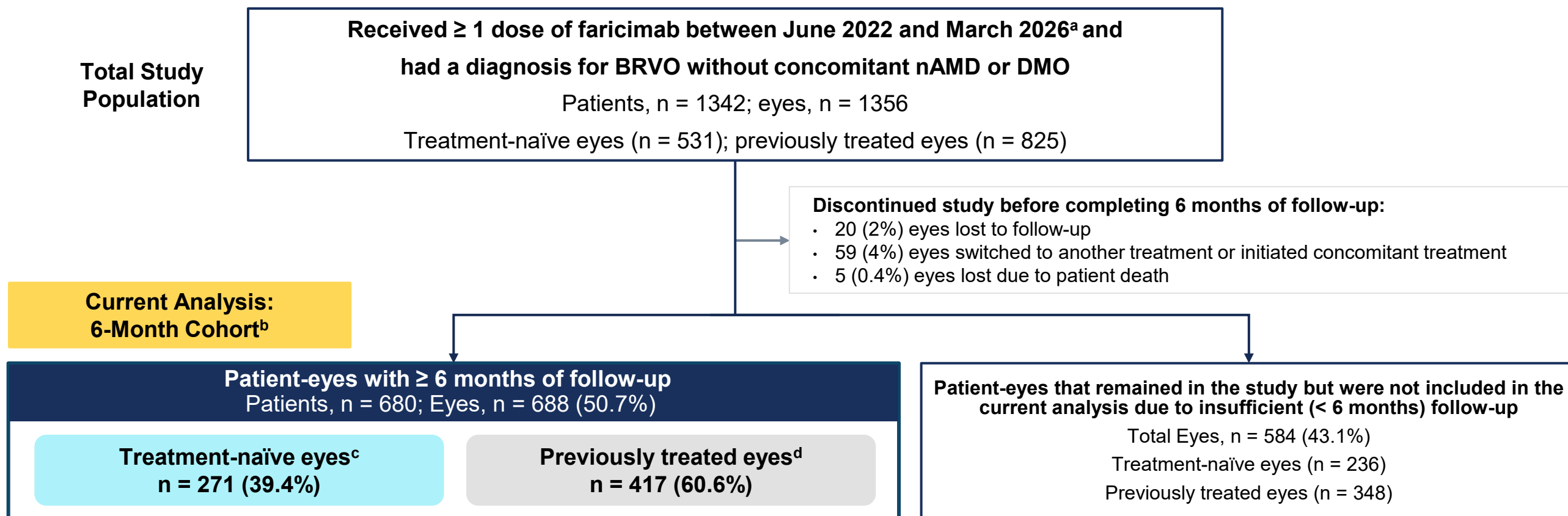
Presented at the Royal College of Ophthalmologists Annual Congress | Manchester, UK | 18–21 May 2026

Introduction

- FARWIDE is an observational study evaluating faricimab effectiveness and safety in nAMD, DMO and RVO in the United Kingdom
- FARWIDE leverages Medisoft EMR data from 34 NHS sites

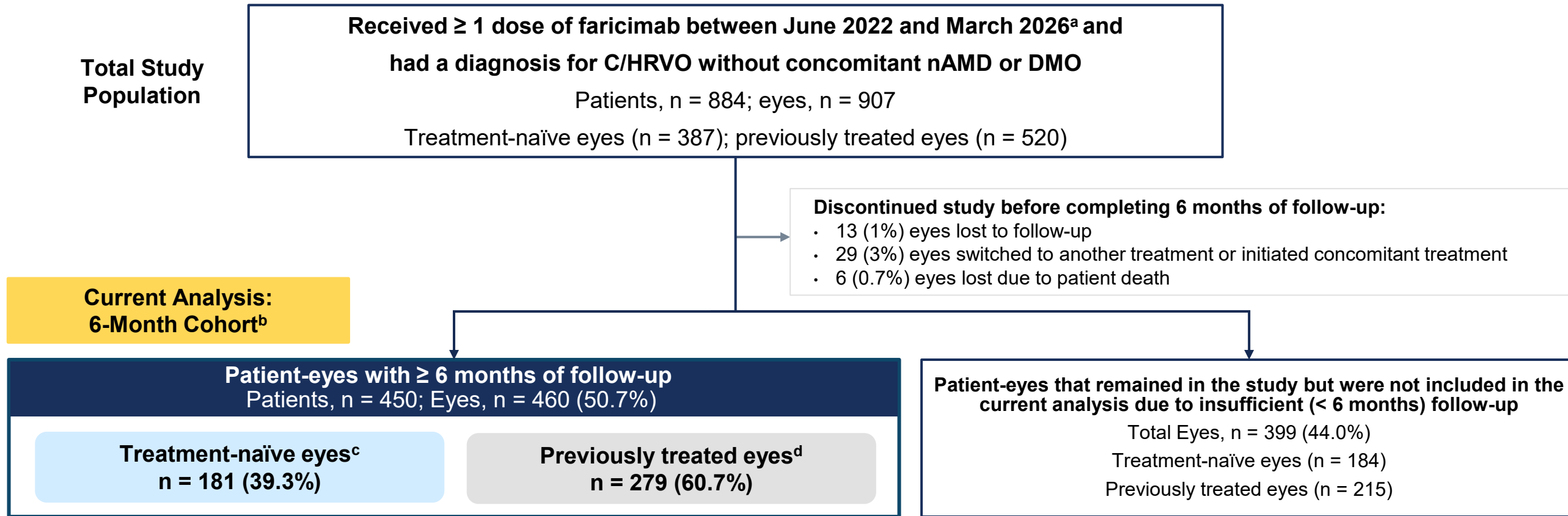
Results

1. 6-Month Outcomes Were Analysed in 688 Eyes of 680 Patients With BRVO



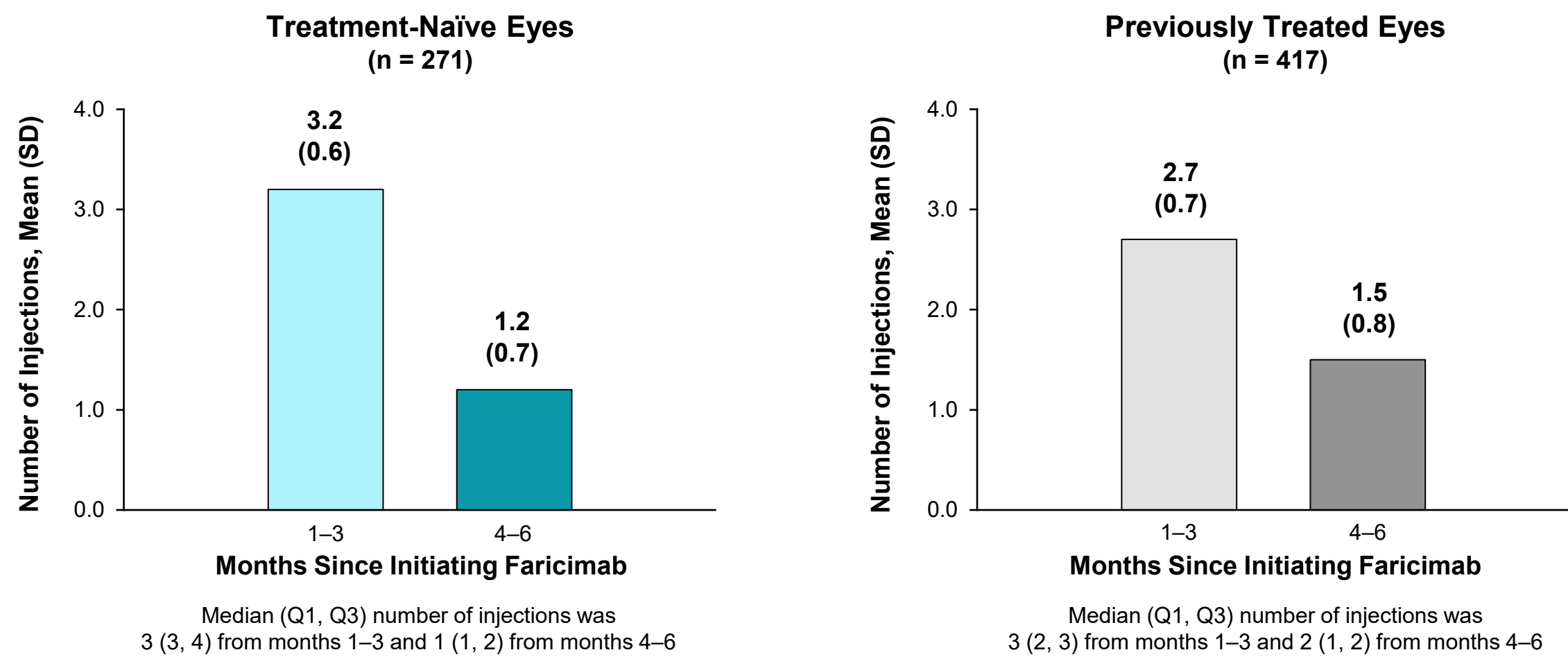
^a RVO data collection started 11 September 2024 (date of MHRA licence approval). ^b The 6-month cohort is a subset of eyes that had ≥ 6 months of follow-up from initiating faricimab treatment. ^c Treatment-naïve eyes are those with no evidence of anti-VEGF, steroid implant, other steroid IVIs or macular laser at any time before initiating faricimab. ^d Previously treated eyes are defined as those that received ≥ 1 prior anti-VEGF, steroid implant, other steroid IVIs or macular laser at any time before faricimab initiation at the participating site.

4. 6-Month Outcomes Were Analysed in 460 Eyes of 450 Patients With C/HRVO



^a RVO data collection started 11 September 2024 (date of MHRA licence approval). ^b The 6-month cohort is a subset of eyes that had ≥ 6 months of follow-up from initiating faricimab treatment. ^c Treatment-naïve eyes are those with no evidence of anti-VEGF, steroid implant or other steroid IVIs. ^d Previously treated eyes are defined as those that received ≥ 1 prior anti-VEGF, steroid implant or other steroid IVIs at any time before faricimab initiation at the participating site.

7. BRVO: Mean Number of Faricimab Injections Declined After the First 3 Months of Follow-Up



Methods

- Data analysed included patient-eyes that initiated faricimab between June 2022 and March 2026^a and had:
 - Documented diagnosis for RVO: BRVO or C/HRVO (results presented separately)
 - Non-concomitant nAMD or DMO
 - No participation in any IVI trials
 - Conclusive anti-VEGF history
 - ≥ 1 faricimab injection on or after June 2022

2. BRVO: Baseline Demographics of 6-Month Cohort

Characteristics at Index Injection (Patient Level)	n = 680
Age at index (first) faricimab injection, mean (SD), years	71.1 (11.9)
Sex, n (%) ^a	
Female	301 (44.3)
Race, n (%)	
White/White British/White Irish	388 (57.1)
Asian/Asian British	21 (3.1)
Black/Black British	9 (1.3)
Chinese	3 (0.4)
Other ^b	26 (3.8)
Unknown	233 (34.3)
Index of Multiple Deprivation deciles, n (%)	
1–2 (most deprived)	113 (16.6)
3–4	121 (17.8)
5–6	137 (20.1)
7–8	152 (22.4)
9–10 (least deprived)	135 (19.9)
Unknown	22 (3.2)

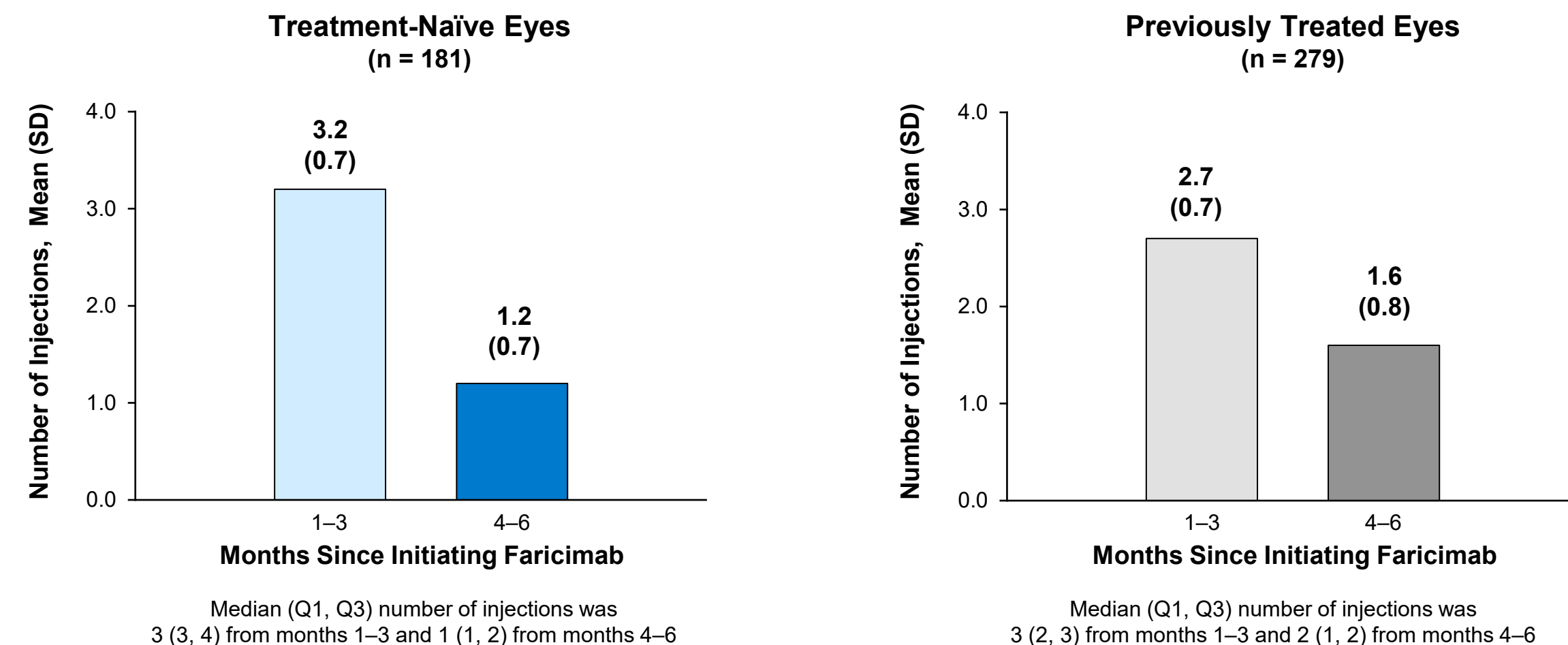
^a Sex not stated in n = 93 (13.7%). ^b Includes any other White background or ethnic group.

5. C/HRVO: Baseline Demographics of 6-Month Cohort

Characteristics at Index Injection (Patient Level)	n = 450
Age at index (first) faricimab injection, mean (SD), years	73.9 (11.4)
Sex, n (%) ^a	
Female	170 (37.8)
Race, n (%)	
White/White British/White Irish	279 (62.0)
Asian/Asian British	12 (2.7)
Black/Black British	4 (0.9)
Chinese	0
Other ^b	18 (4.0)
Unknown	137 (30.4)
Index of Multiple Deprivation deciles, n (%)	
1–2 (most deprived)	75 (16.7)
3–4	68 (15.1)
5–6	106 (23.6)
7–8	95 (21.1)
9–10 (least deprived)	95 (21.1)
Unknown	11 (2.4)

^a Sex not stated in n = 42 (9.3%). ^b Includes any other White or mixed background or ethnic group.

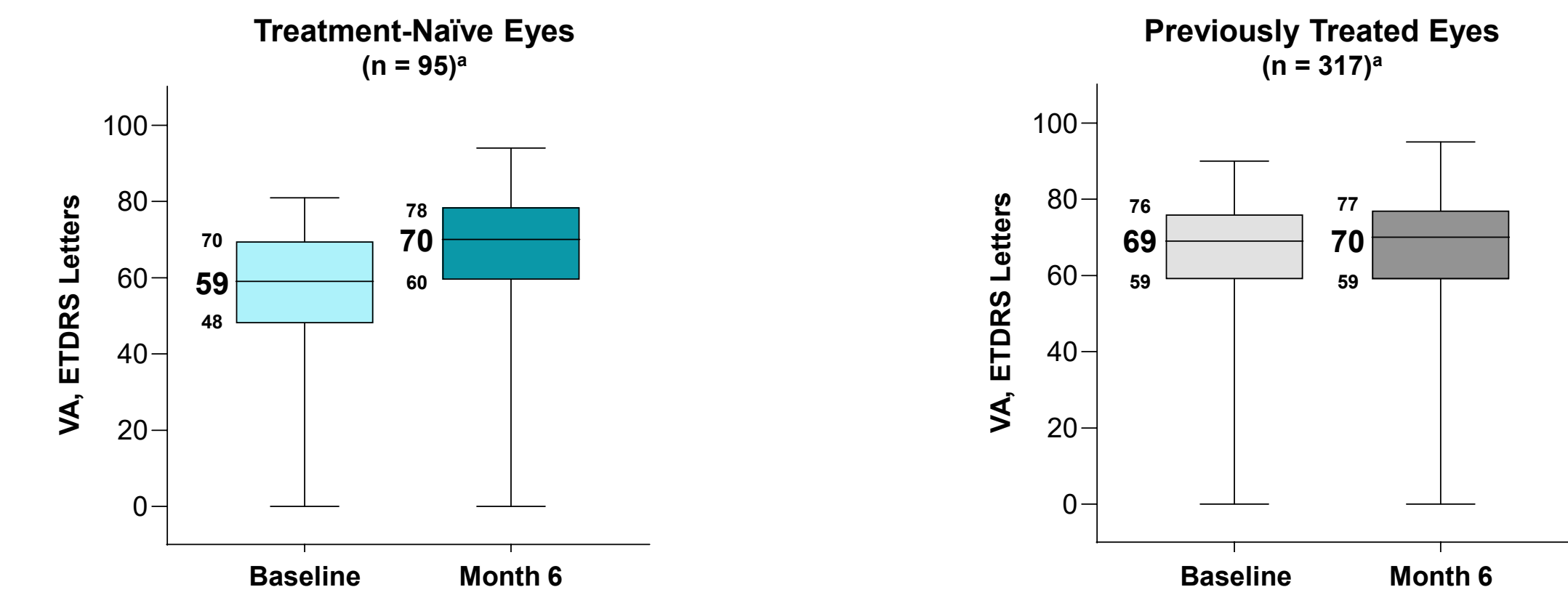
8. C/HRVO: Mean Number of Faricimab Injections Declined After the First 3 Months of Follow-Up



- Ophthalmic assessment, treatment and diagnostic information were obtained from the EMR
- Analyses are descriptive
- Limitations:
 - Data capture was limited to what was collected in routine clinical practice
 - Data are specific to the United Kingdom and may not be readily generalisable to other countries

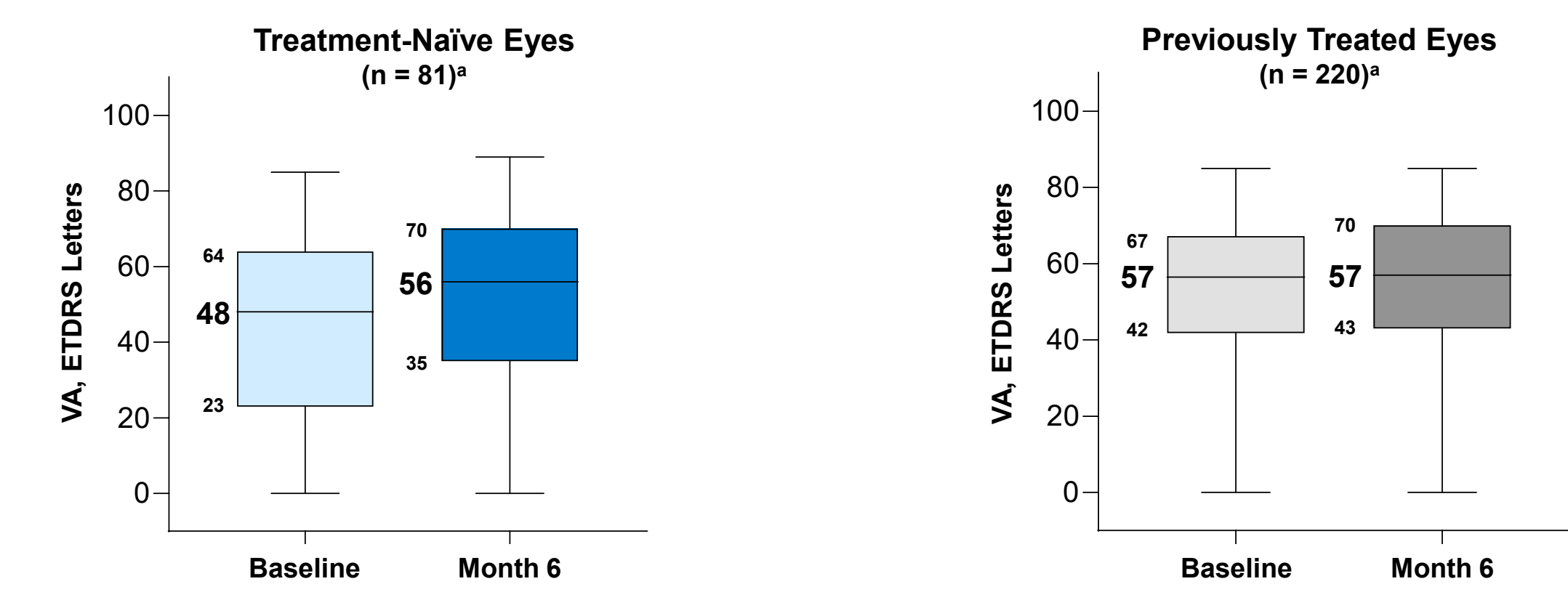
^a RVO data collection started 11 September 2024 (date of MHRA licence approval).

3. BRVO: Median VA Improved by > 2 Lines From Baseline to 6 Months in Treatment-Naïve Eyes, With Stable VA in Previously Treated Eyes



^a Among eyes with VA at baseline and at 6 months. VA at baseline is the most recent recorded VA measurement within 28 days before the first faricimab injection, including the injection date. VA at 6 months is the closest VA measurement 6 months after the first faricimab injection, within a window of 28 days before and after the 6-month time point. Count fingers, hand motion, perception of light and no perception of light were assigned as 0 ETDRS letters.

6. C/HRVO: Median VA Improved by 8 Letters From Baseline to 6 Months in Treatment-Naïve Eyes, With Stable Vision in Previously Treated Eyes



^a Among eyes with VA at baseline and at 6 months. VA at baseline is the most recent recorded VA measurement within 28 days before the first faricimab injection, including the injection date. VA at 6 months is the closest VA measurement 6 months after the first faricimab injection, within a window of 28 days before and after the 6-month time point. Count fingers, hand motion, perception of light and no perception of light were assigned as 0 ETDRS letters.

9. Low Rates of IOI and Endophthalmitis Among nAMD, DMO and RVO Eyes With Any Duration of Follow-Up

Pooled AEs ^a Across nAMD, DMO and RVO		
	Treatment-Naïve Eyes n = 22,853	Previously Treated Eyes n = 23,965
IOI % of events per injection	0.20% (335 events from 169,233 injections) ^b	0.17% (395 events from 229,156 injections) ^b
Endophthalmitis % of events per injection	0.02% (40 events from 169,233 injections) ^b	0.03% (73 events from 229,156 injections) ^b

^a Among eyes meeting the eligibility criteria of the FARWIDE-nAMD/DMO/RVO studies. Eyes were included in the safety analysis if they had no evidence of IOI or endophthalmitis in the 12 months prior to faricimab initiation. AEs are included if they are within 180 days after a faricimab injection and before a subsequent anti-VEGF injection. If AEs of the same type occur within 30 days of each other, then only the first is included. Only 1 event per injection is counted. ^b IOI and endophthalmitis events were identified using the post-operative complications, diagnoses or clinical examination findings on a patient's EMR. Endophthalmitis events were additionally identified using surgical records of vitreous biopsy or anterior chamber tap or IVIs of ceftazidime or vancomycin on a patient's EMR.

References

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Financial Disclosures

- CK: Consultant: Alimera, Bayer, Boehringer Ingelheim, Roche; Travel/Speaker Fees: Bayer, Roche; Research Funding: Fight for Sight, NHR Oxford BRG, Royal College of Ophthalmologists
- DV: Consultant: Aetelias, Bayer, Novartis, Outlook, Roche, Teva; Honoraria: AbbVie, Bayer, Novartis, Roche; Sandoz; Funding: AbbVie, Alimera, Bayer, Novartis, Roche; Travel Grants: Alimera, Bayer, Novartis, Roche; Speaker/Travel Support: Bayer, EyeBio, Novartis, Roche
- SS: Funding: AbbVie, Amgen, Apellis, Bayer, Biogen, Boehringer Ingelheim, EyeBio, EyePoint, Janssen, Kriya, Novartis, Novo Nordisk, Ocular Therapeutics, OcuTerra, Optos, Roche, Sanofi, Stealth
- IP: Consultancy/Research Support: Alimera, Apellis, Bayer, Boehringer Ingelheim, Novartis, Roche

- JT: Consultant: Alimera, Apellis, Bayer, Boehringer Ingelheim, Novartis, Roche, Teva; Speaker/Travel Support: Alimera, Bayer, Heidelberg Engineering, Novartis, Roche; Funding: Bayer
- RPG: Consultant: AbbVie, Apellis, Bayer, Biogen, Boehringer Ingelheim, Novartis, Roche
- LD: Consultant: Alimera, Alimera, Bayer, Biogen, Novartis, Roche; Travel Grants: Alimera, Bayer, Novartis, Roche
- GCC: PD: Employee: Genentech, Inc.
- AD: Employee: Roche Products Ltd.
- MD: Employee: Medisoft Ltd.

Study and Product Disclosures

- In the UK, faricimab is approved for the treatment of neovascular age-related macular degeneration, visual impairment due to diabetic macular oedema and visual impairment due to macular oedema secondary to retinal vein occlusion
- This study is a non-interventional, retrospective secondary data use study, leveraging data from the Medisoft EMR systems
- The study was considered exempt from Institutional Review Board review as the research involved only the collection of existing data, which had been de-identified and are unable to be traced
- Funding was provided by F. Hoffmann–La Roche Ltd. for the study and third-party writing assistance, which was provided by Sofia Pedro, PhD, of Envision Pharma Group

Abbreviations

AE, adverse event; BRVO, macular oedema secondary to branch retinal vein occlusion; C/HRVO, macular oedema secondary to central/hemiretinal vein occlusion; DMO, diabetic macular oedema; EMR, electronic medical record; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IVI, intravitreal injection; MHRA, Medicines and Healthcare products Regulatory Agency; nAMD, neovascular age-related macular degeneration; NHS, National Health Service; Q1, 25th percentile; Q3, 75th percentile; RVO, retinal vein occlusion; SD, standard deviation; VA, visual acuity; VEGF, vascular endothelial growth factor.