

SPECTRUM UK cohort analysis: Early real-world outcomes with aflibercept 8 mg in patients with nAMD

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Purpose

- Aflibercept 8 mg is approved for the treatment of neovascular age-related macular degeneration (nAMD), diabetic macular edema (DME), and visual impairment due to macular edema secondary to retinal vein occlusion (RVO)¹
- SPECTRUM is a global study evaluating the real-world effectiveness and safety profile of aflibercept 8 mg in patients with treatment-naïve (TN) and previously treated (PT) nAMD or DME²

Conclusions

This Week 24 analysis of the SPECTRUM UK nAMD cohorts shows **improved VA** and **CRT** in both **TN** and **PT** patients, and an **improved last completed dosing interval** for the **majority of PT patients** following the switch to aflibercept 8 mg

Disclosures

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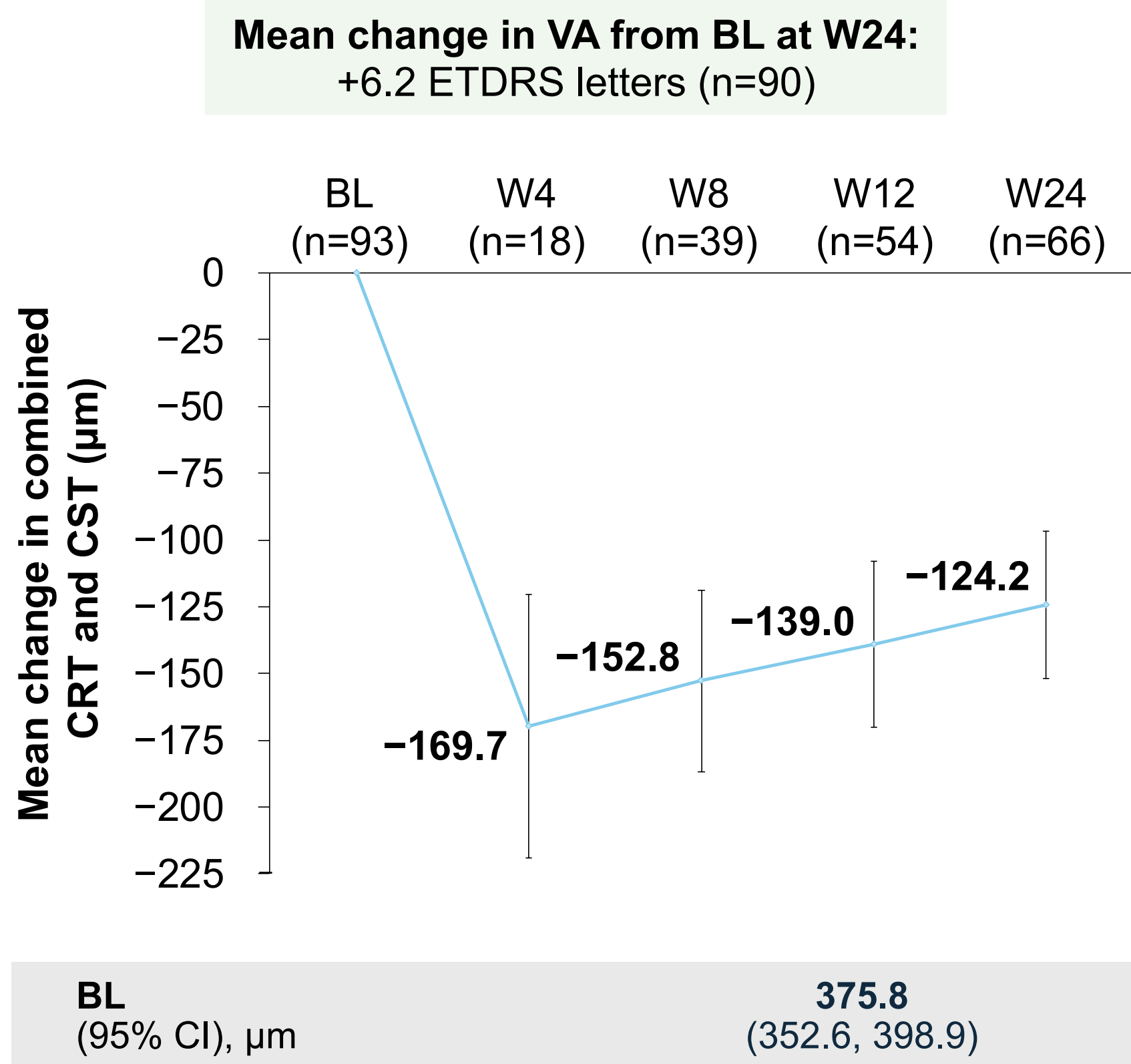
Methods

- SPECTRUM (NCT06075147) is an ongoing, 24-month, prospective observational study being conducted in 18 countries, including the UK^{3,4}
- Patients (TN and PT) with nAMD aged ≥50 years or DME aged ≥18 years, who have been prescribed aflibercept 8 mg by their physician, were eligible for enrollment⁴
- Decisions regarding monitoring, retreatment, and treatment schedules are made by each patient’s attending physician in accordance with local clinical practice⁴
- Data are being collected during routine clinical visits (February 2024 to September 2027)³

Results

- In the UK TN (n=98) and PT (n=92) nAMD cohorts, the mean age was 81.2 and 79.7 years, respectively, and the median (min, max) time from nAMD diagnosis in the TN cohort was 0.03 (0.03, 5.3) months
- In the PT cohort, the median time from nAMD diagnosis was 30.4 months, with 65.2% receiving aflibercept 2 mg and 30.4% receiving faricimab as previous treatment
- The mean (95% confidence interval [CI]) change in VA at Week (W) 24 was +6.2 (3.4 to 9.0) letters and +2.1 (0.0 to 4.2) letters in the UK TN and PT cohorts, from a BL of 56.1 letters and 61.5 letters, respectively (Figures 1 and 2)
- The mean (95% CI) change in combined CRT and central subfield thickness (CST) at W24 was –124.2 (–151.8 to –96.7) µm and –18.5 (–35.8 to –1.2) µm in the UK TN and PT cohorts, from a BL of 375.8 µm and 288.7 µm, respectively (Figures 1 and 2)
- Of 71 patients in the PT cohort with last completed dosing interval data at W24, 60.6% of patients had a longer dosing interval compared to their last completed interval prior to switch to aflibercept 8 mg, whereas 22.5% of patients maintained their interval

Figure 1: VA and combined CRT & CST outcomes with aflibercept 8 mg in TN patients with nAMD.



LOCF. Missing values are imputed with the LOCF approach. Error bars indicate 95% CI. BL, baseline; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; LOCF, last observation carried forward; nAMD, neovascular age-related macular degeneration; TN, treatment-naïve; VA, visual acuity; W, Week.

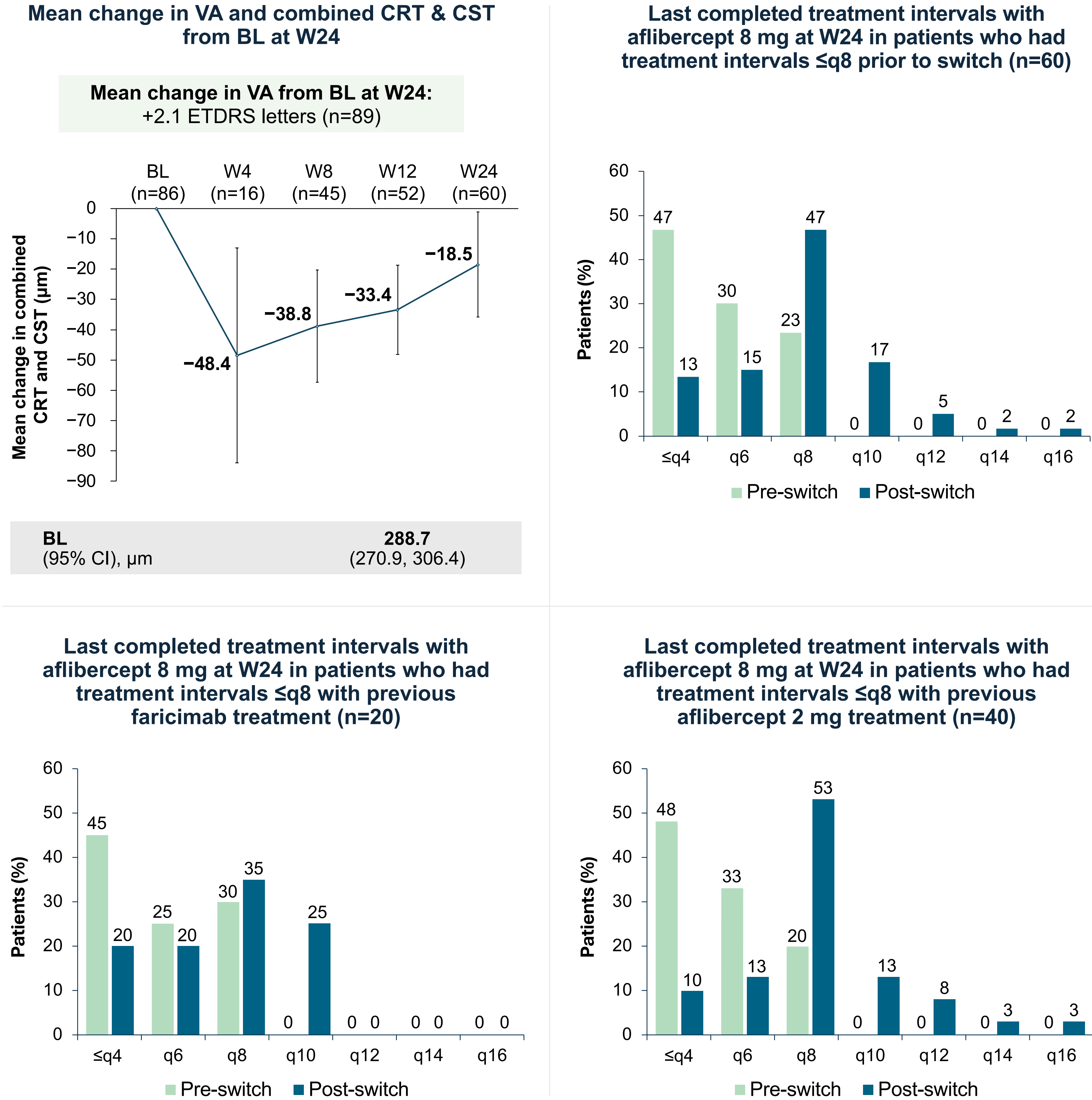


Safety

No serious drug-related ocular treatment-emergent adverse events or cases of intraocular inflammation were reported, and no new safety concerns were observed.



Figure 2: VA, combined CRT & CST, and last completed treatment intervals with aflibercept 8 mg in PT patients with nAMD.



LOCF. Missing values are imputed with the LOCF approach. Error bars indicate 95% CI. BL, baseline; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; LOCF, last observation carried forward; nAMD, neovascular age-related macular degeneration; PT, previously treated; qX, every X weeks; VA, visual acuity; W, Week.