



# Outcomes of Neovascular Age-related Macular Degeneration from the VIEW Studies by Choroidal Neovascularization Features at Baseline

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*On behalf of the VIEW 1 and VIEW 2 study investigators*

# Disclosures

## Research funding:

Genentech

Regeneron

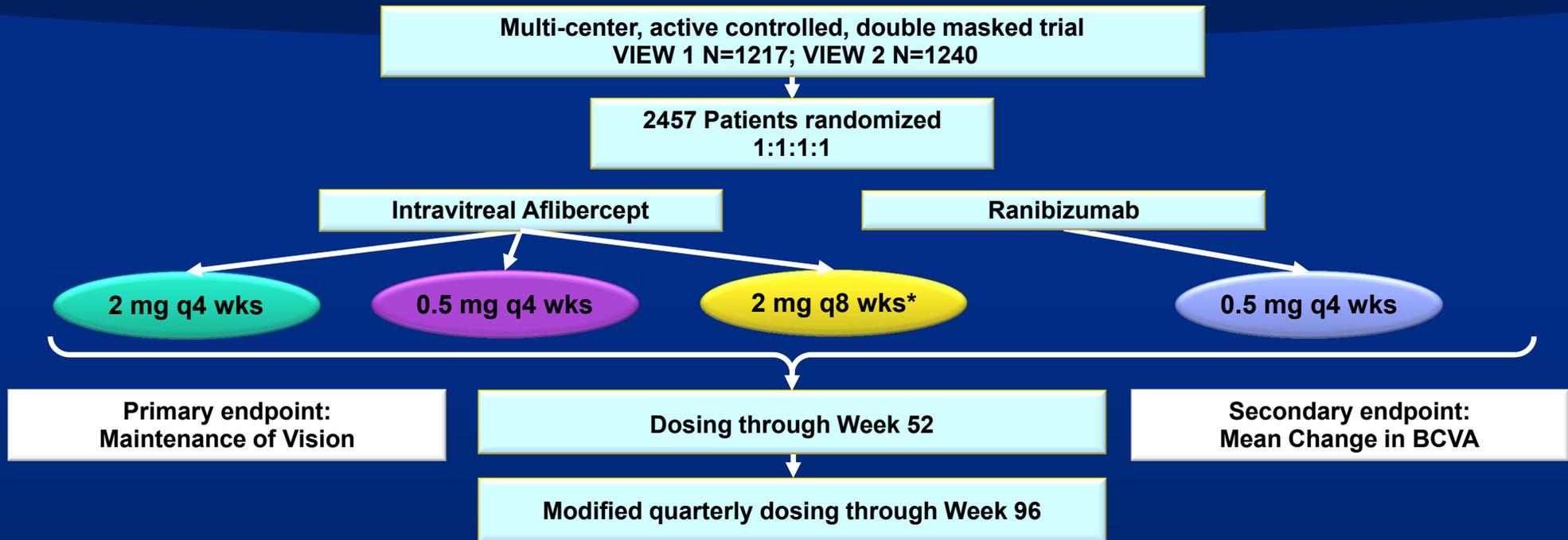
## Consultant:

Genentech

Regeneron

Clearside

# Background



- In the integrated VIEW 1 and VIEW 2 studies at week 52, all IAI groups demonstrated similar improvements in all visual acuity endpoints compared to Rq4
- Incidences of Antiplatelet Trialists' Collaboration defined arterial thromboembolic events were similar across treatment groups (2.4% to 3.8%) from baseline to week 96
- Cataract was the most common serious ocular adverse event over 96 weeks (0.8%, 0.7%, 0.5%, and 1.1% with Rq4, 2q4, 0.5q4, and 2q8, respectively)

\*After 3 initial monthly doses  
BCVA, best-corrected visual acuity; IAI, intravitreal aflibercept injection; R, Ranibizumab

# Objectives

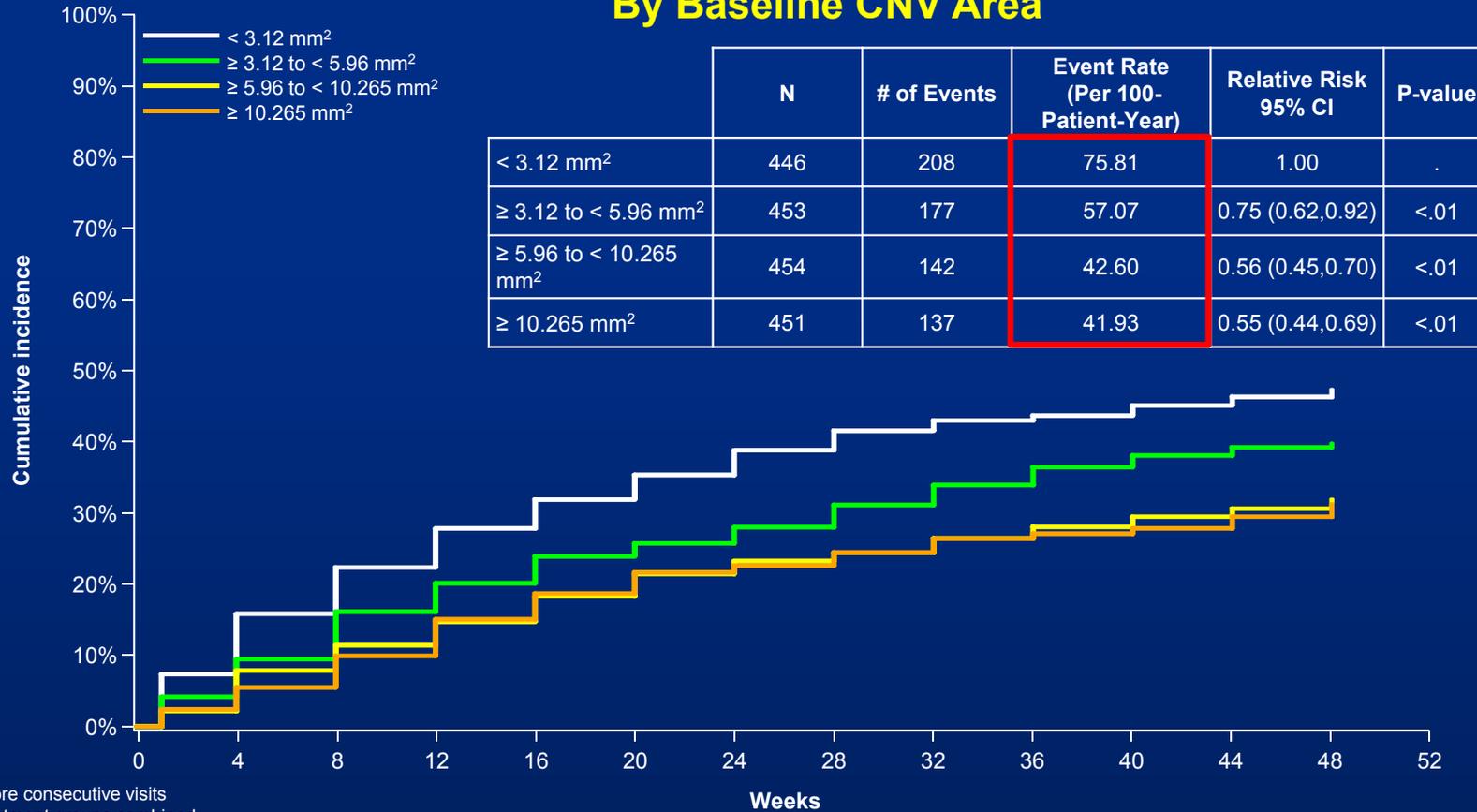
- To assess visual and anatomic outcomes of treatment with 2 mg IAI or 0.5 mg ranibizumab (combined) by baseline CNV
  - Area (quartiles)
  - Type (occult, minimally classic, predominantly classic)
- Evaluate the time to first cumulative incidence of sustained events including:
  - Vision gain of  $\geq 15$  ETDRS letters
  - Vision loss of  $> 5$  ETDRS letters
  - Absence of retinal fluid (intraretinal or subretinal fluid)
  - Absence of intraretinal fluid

**Sustained events = events occurring on 2 or more consecutive visits**

# Effect on Visual Outcomes

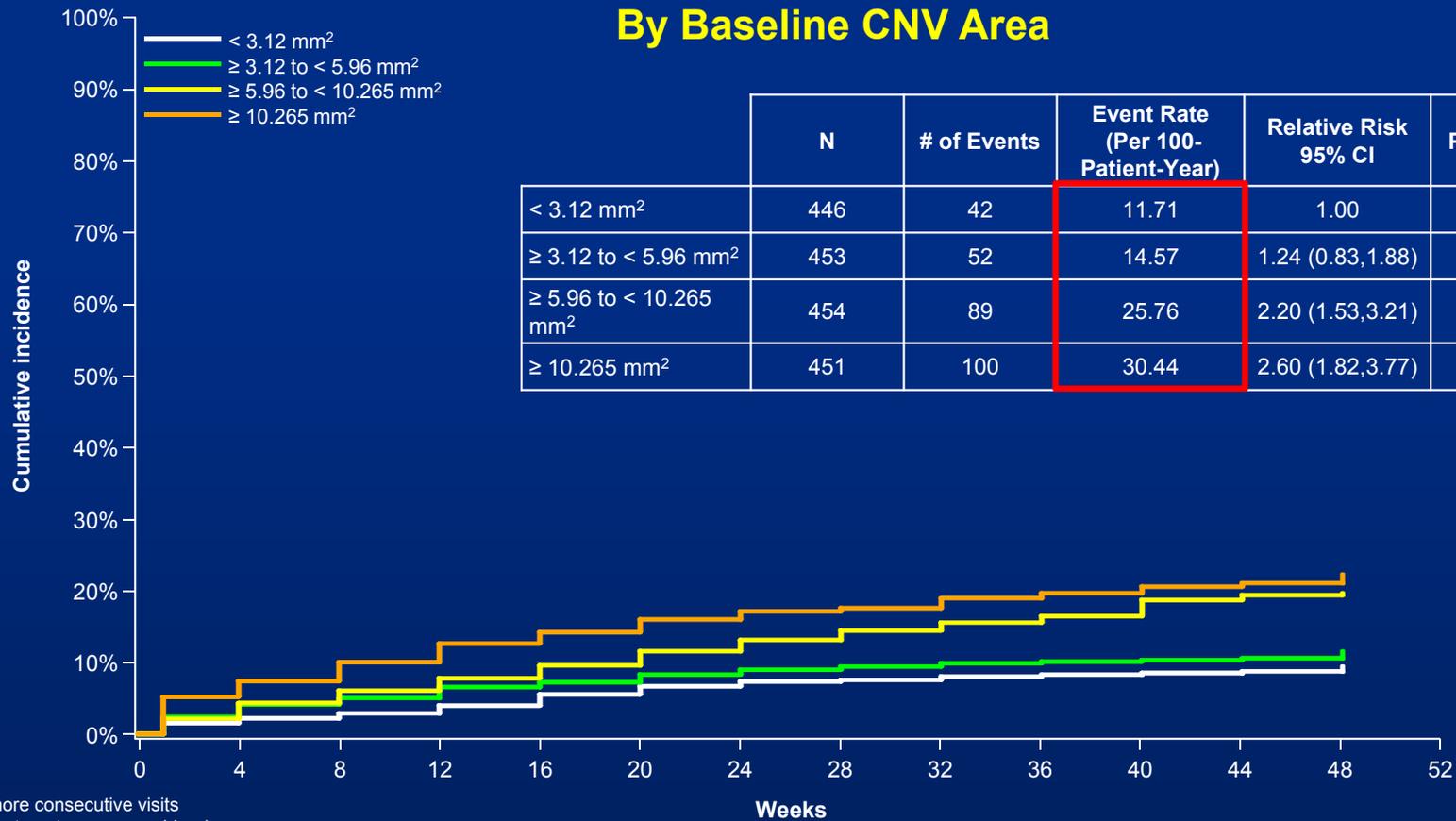
# Time to First *Sustained*\* Gain of $\geq 15$ ETDRS Letters from Baseline

## By Baseline CNV Area



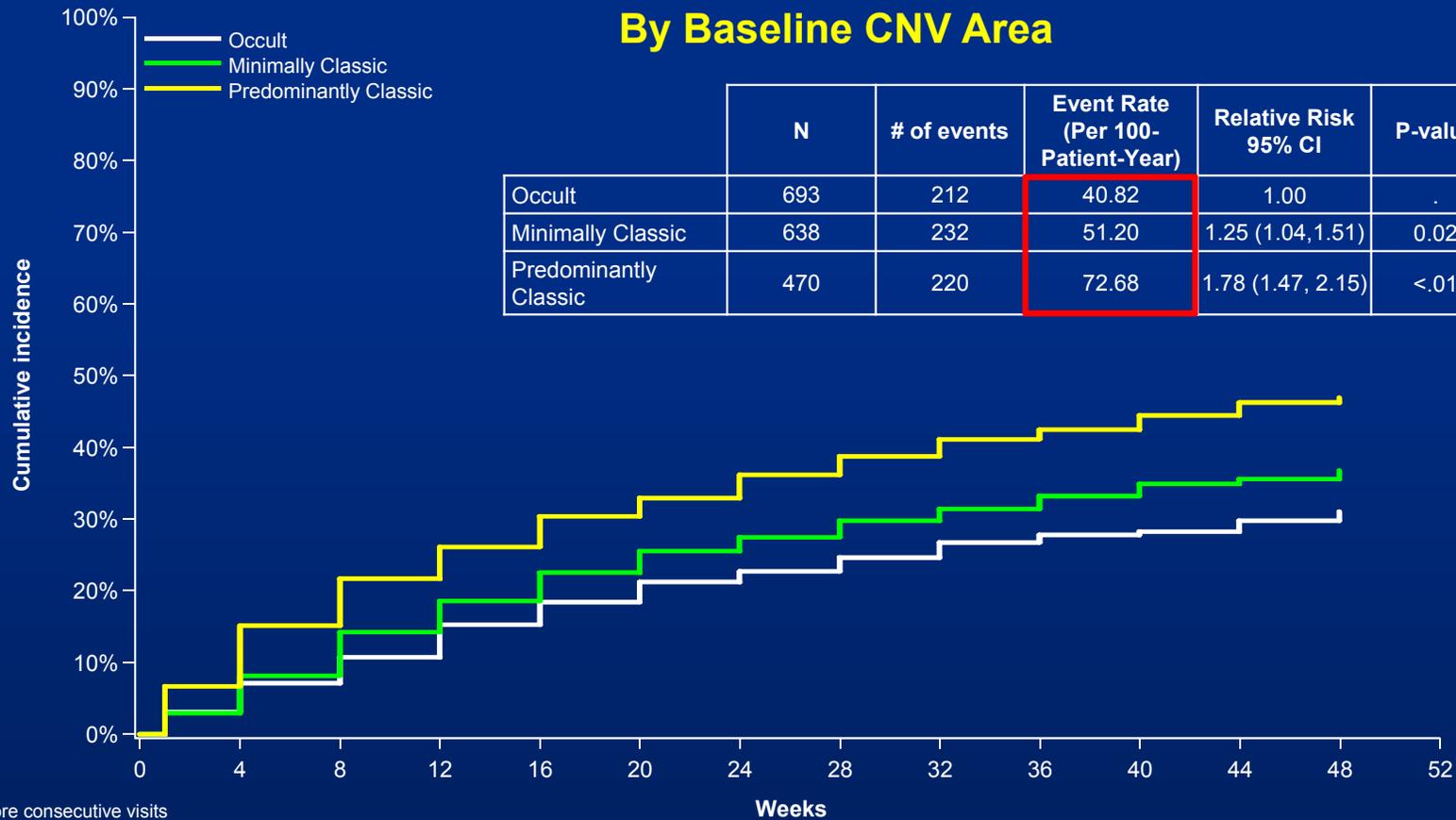
\*Sustained = 2 or more consecutive visits  
 FAS, Observed; Treatment groups combined  
 CNV, choroidal neovascularization; ETDRS, Early Treatment Diabetic Retinopathy Study

# Time to First *Sustained*\* Loss of > 5 ETDRS Letters from Baseline



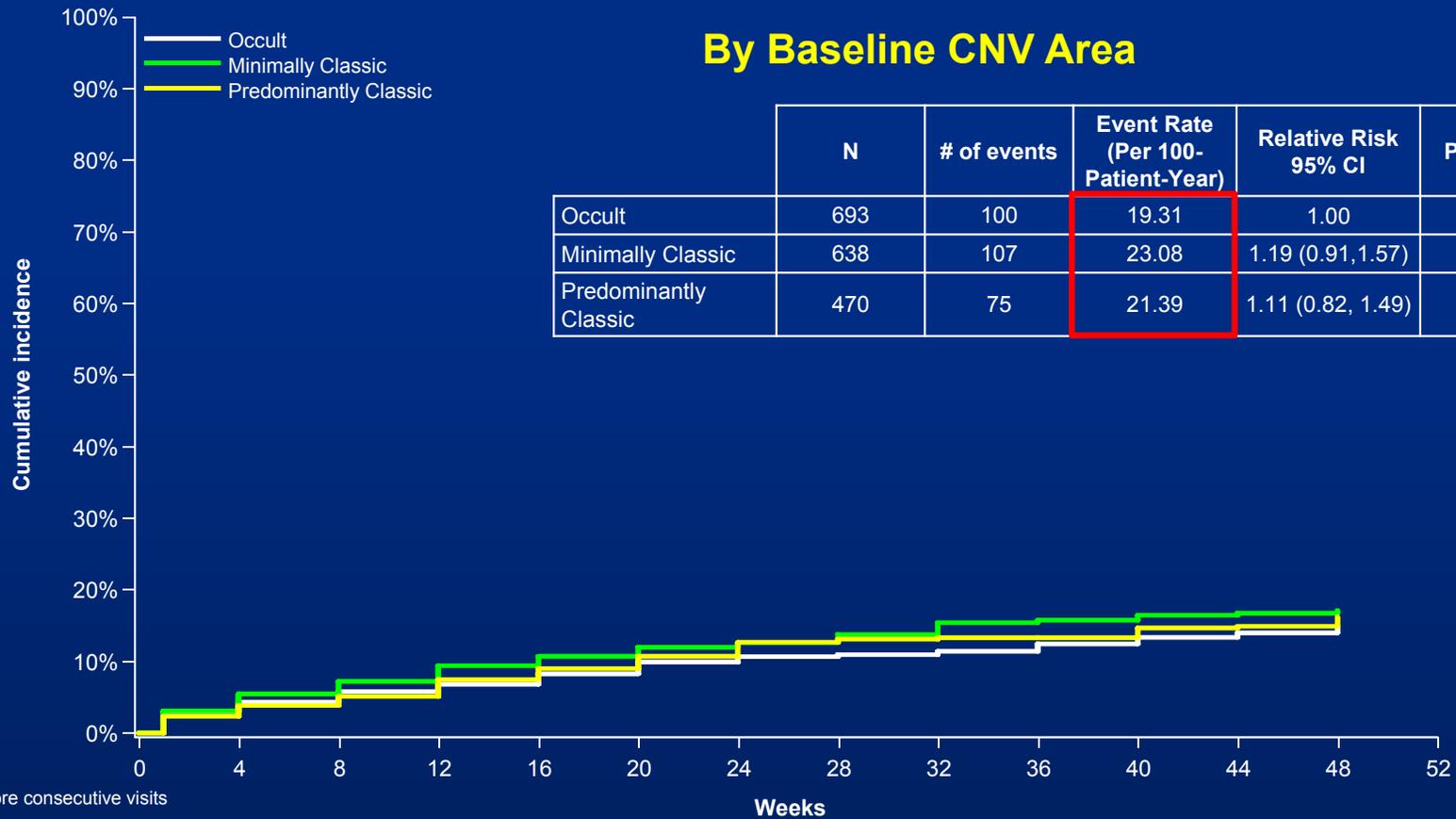
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# Time to First Sustained\* Loss of > 5 ETDRS Letters from Baseline

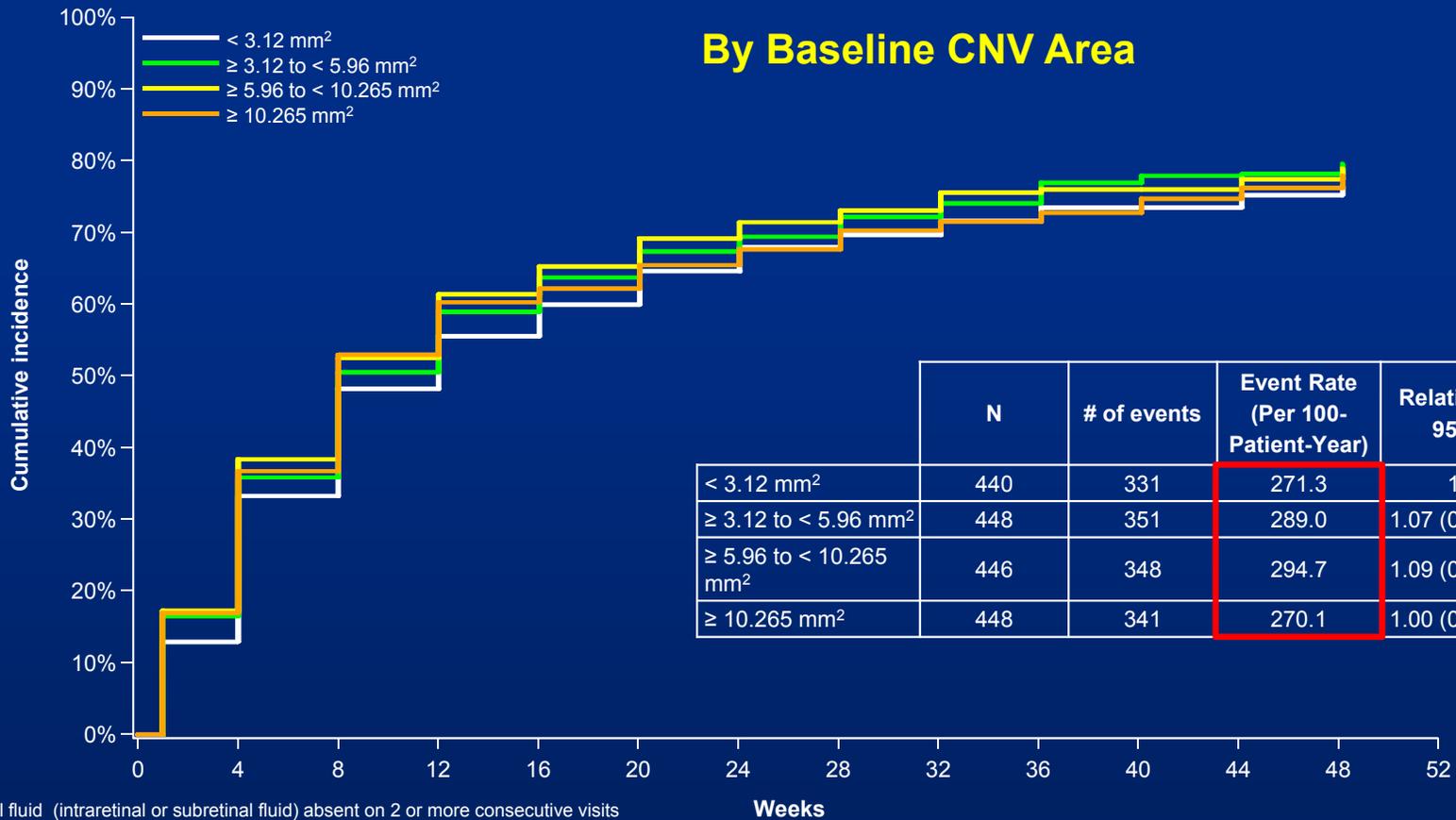


\*Sustained = 2 or more consecutive visits  
FAS, Observed

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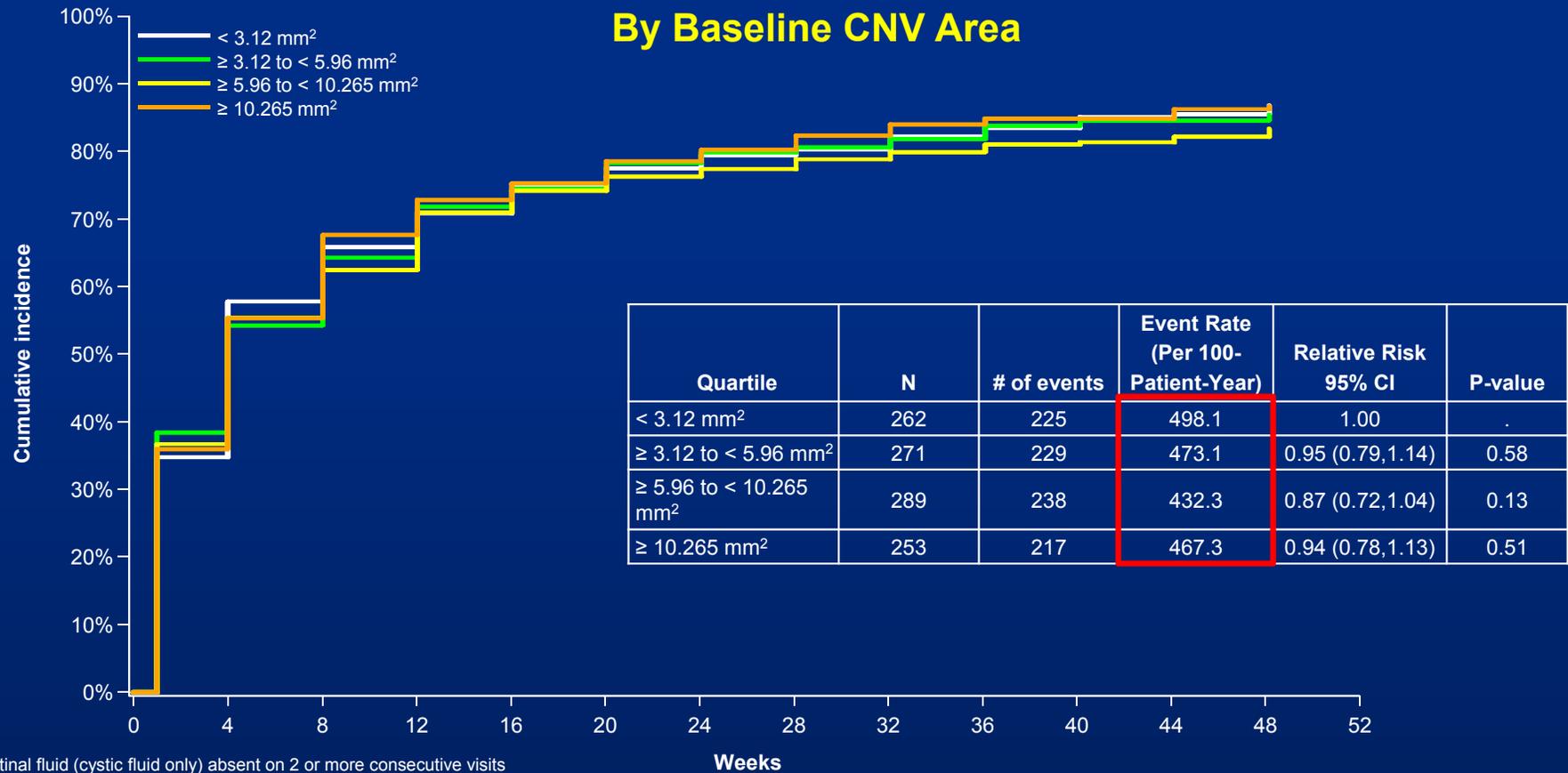
# Effect on Anatomic Outcomes

# Time to First *Sustained*\* Absence of Retinal Fluid



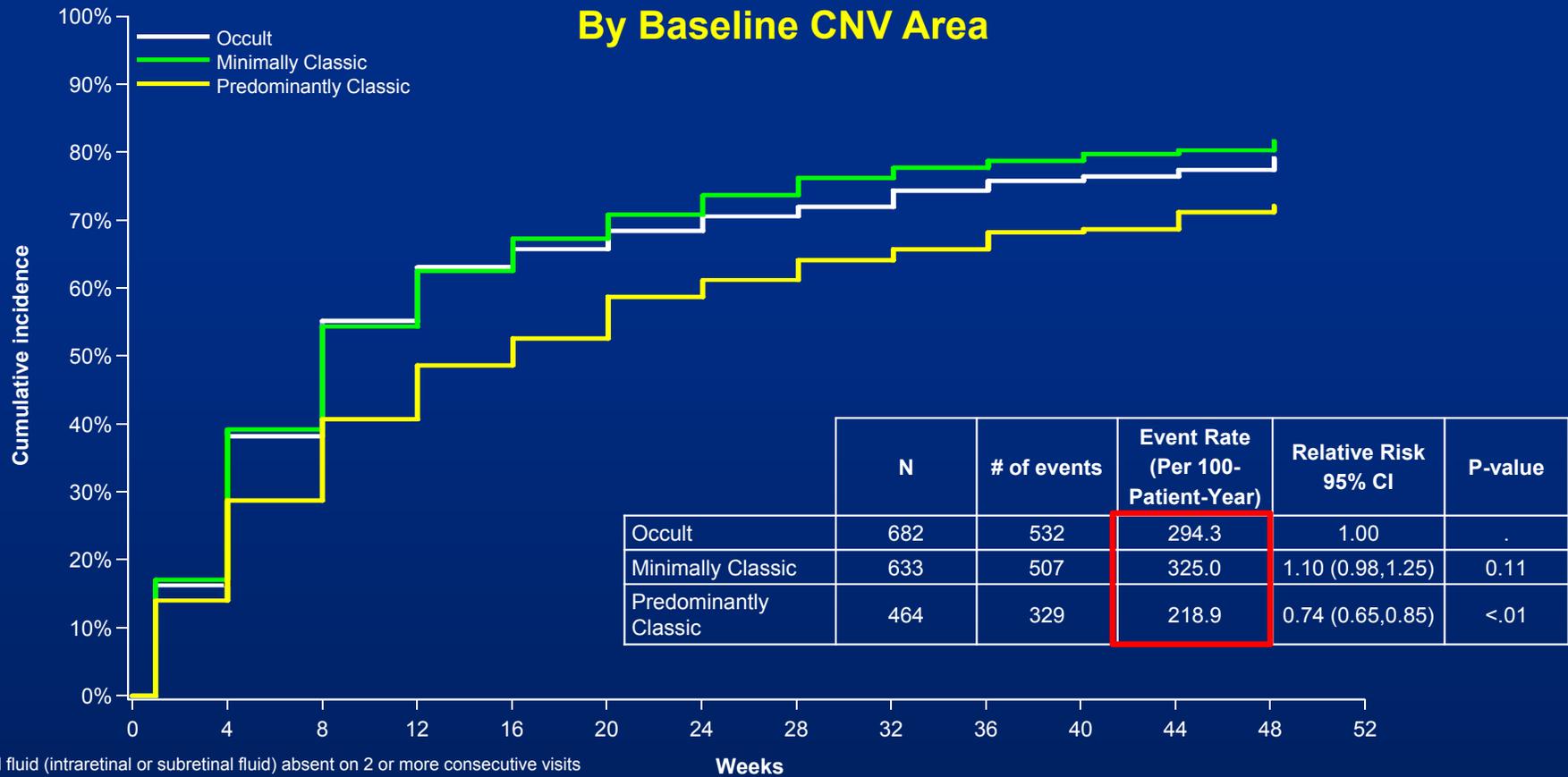
\*Sustained = Retinal fluid (intraretinal or subretinal fluid) absent on 2 or more consecutive visits  
 FAS, Observed  
 CNV, choroidal neovascularization

# Time to First *Sustained*\* Absence of Intraretinal Fluid



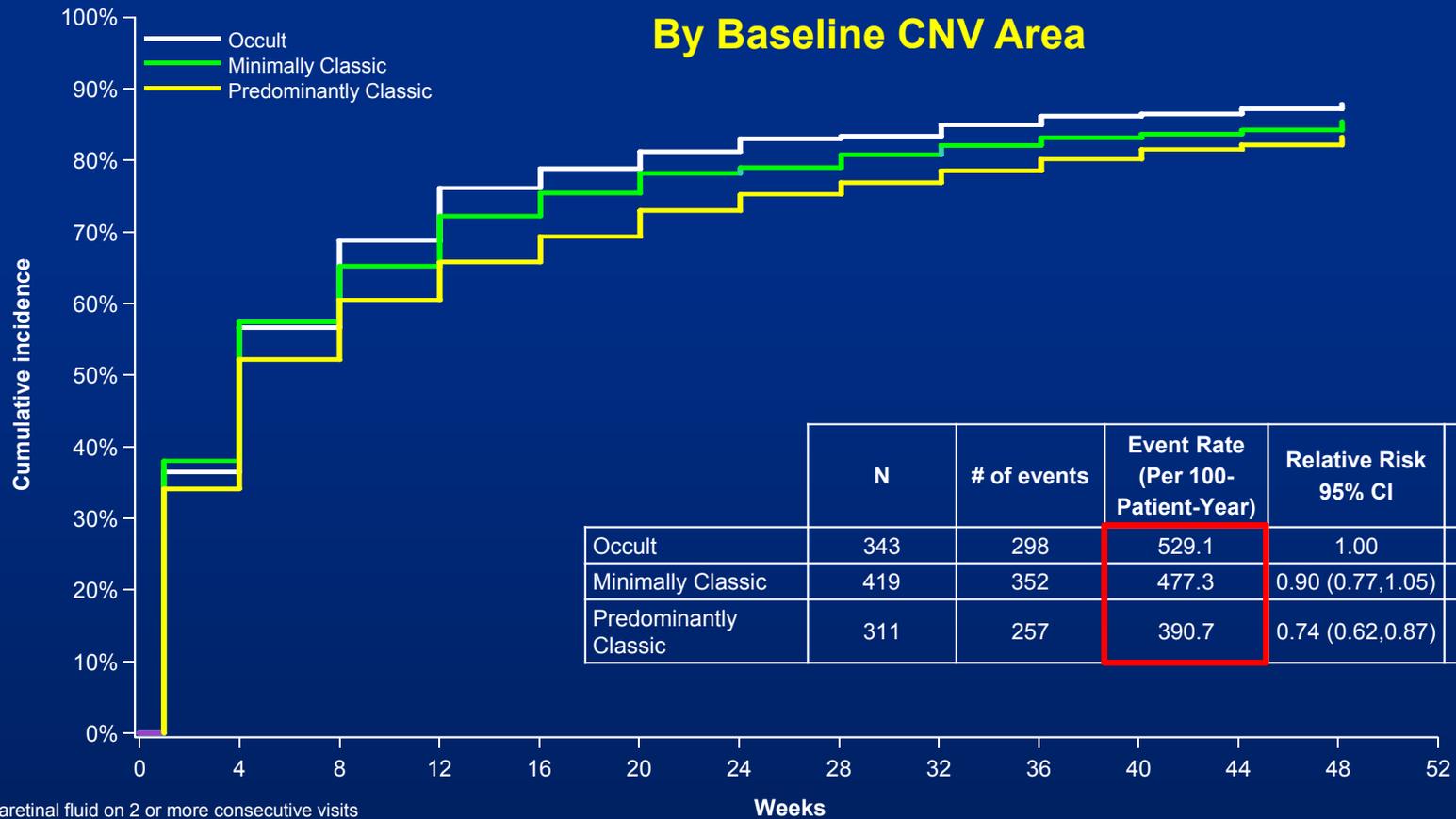
\*Sustained = Intraretinal fluid (cystic fluid only) absent on 2 or more consecutive visits  
 FAS, Observed  
 CNV, choroidal neovascularization

# Time to First *Sustained\** Absence of Retinal Fluid



\*Sustained = Retinal fluid (intraretinal or subretinal fluid) absent on 2 or more consecutive visits  
 FAS, Observed  
 CNV, choroidal neovascularization

# Time to First *Sustained*\* Absence of Intraretinal Fluid



\*Sustained = No intraretinal fluid on 2 or more consecutive visits  
 FAS, Observed  
 CNV, choroidal neovascularization



# Summary

## *Effect of Baseline Features of CNV On Outcomes at Week 52*

### *Visual Acuity*

- With increasing baseline CNV area, cumulative incidence of first sustained  $\geq 15$  letters gain decreased and first sustained  $> 5$  letters loss increased in a non-linear manner
- Lowest cumulative incidence of the first sustained  $\geq 15$  letters gain and  $> 5$  letters loss was seen in subgroup of occult lesions

### *Anatomic*

- No indication of influence of CNV area on cumulative incidence of first sustained absence of retinal and intraretinal fluid
- Predominantly classic CNV showed a lower cumulative incidence of first sustained absence of retinal and intraretinal fluid

*Baseline CNV area and type may influence some visual and anatomic outcomes*