10:30 AM

SCORE2 Month 6 to Month 12 Results: 12 Month Outcomes of Treatment Change among Poor Responders at Month 6

- Michael S. Ip, MD
- Paul C. VanVeldhuisen
- Ingrid U. Scott, MD, MPH
- Barbara A. Blodi, MD
- Tom Ghuman, MD, FACS
- Carl W. Baker, MD
- Neal L. Oden

OBJECTIVE There is a need to evaluate the effects of a treatment change in eyes with CRVO or HRVO that do not respond well to initial anti-VEGF therapy.

PURPOSE To determine whether a treatment change in SCORE2 participants that meet the criteria for a poor response at month 6 may result in improvement in VA and/or CST at month 12.

METHODS Participants originally assigned to monthly aflibercept (2.0mg) with a poor response were assigned to an intravitreal injection(s) of a dexamethasone implant (700 ug). Participants originally assigned to monthly bevacizumab (1.25mg) with a poor response were assigned to receive intravitreal aflibercept.

RESULTS The mean change from month 6 to 12 in VALS was 2.5 (P=0.36) in eyes switched at month 6 from aflibercept monthly treatment to the dexamethasone implant and the mean change from month 6 to 12 in CST was 39 um (P=0.49). Mean change from month 6 to 12 in VALS was 9.0 (P=<0.01) in the eyes switched at month 6 from bevacizumab monthly treatment to aflibercept, and the mean change from month 6 to

12 in CST was -110 um (P=<0.01). The mean number of dexamethasone implants between months 6-11 was 1.8 in the group switched to the dexamethasone implant, and the mean number of injections between months 6-11 was 5.0 in the group switched to aflibercept.

CONCLUSION Few eyes in either the aflibercept or bevacizumab groups met the protocol-defined criteria for a poor response at month 6. However, eyes that had a poor response to a bevacizumab monthly regimen over 6 months showed both an improvement in VALS and CST at month 12 after receiving aflibercept treatment.

HUMAN RESEARCH This study involves human research.
IRB Approval Status: Approved by institutional review board

10:40 AM

Suprachoroidally Injected CLS-TA Improves Visual Acuity and Macular Edema in Noninfectious Uveitis: Results of the Phase 3 PEACHTREE Study

- Steven Yeh, MD

OBJECTIVE Evaluate the safety and efficacy of suprachoroidal CLS-TA injection for the treatment of macular edema associated with non-infectious uveitis.

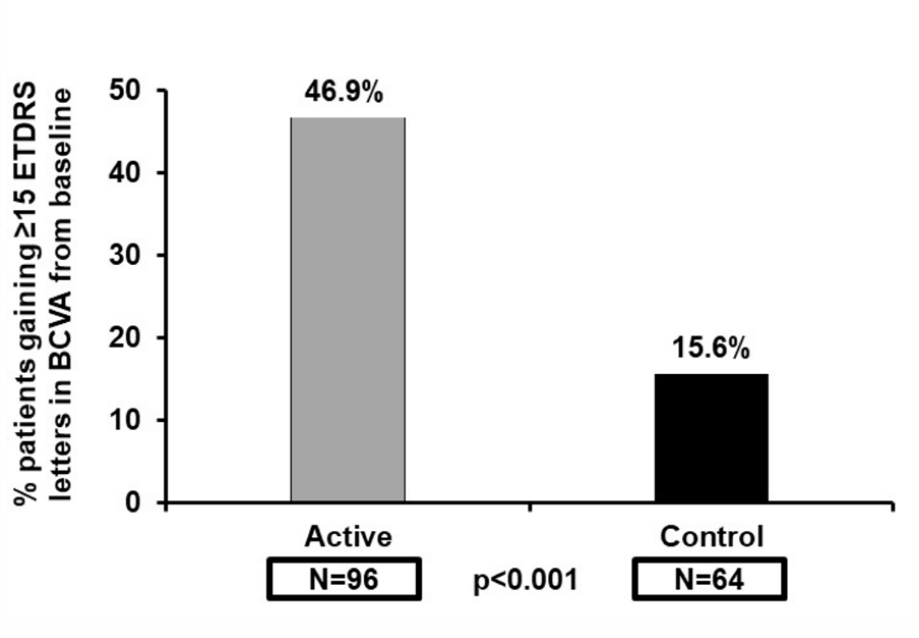
PURPOSE Evaluate the safety and efficacy of suprachoroidal injection of CLS-TA, a proprietary triamcinolone acetonide injectable suspension. The primary efficacy outcome assessed change from baseline in best corrected visual acuity (BCVA) in subjects with macular edema associated with noninfectious uveitis.

METHODS In a double-masked, prospective, multicenter study, 160 subjects with uveitic macular edema from any anatomic location (anterior, intermediate, posterior, or panuveitis), were randomized 3:2 either to suprachoroidal injections of CLS-TA (4.0 mg; n=96) or sham procedures (n=64) at Day 0 and at Week 12. Evaluations were every 4 weeks through Week 24. Primary endpoint was the proportion of subjects with ≥15-letter improvement from baseline in Early Treatment Diabetic Retinopathy Study (ETDRS) BCVA at Week 24. Other key endpoints were mean changes from baseline in

ETDRS letters and central retinal thickness (CRT), treatment emergent adverse events (AEs) and serious adverse events (SAEs).

RESULTS Suprachoroidal injection of CLS-TA met the primary study endpoint, with a significantly greater proportion of subjects in the CLS-TA arm who experienced a ≥15 ETDRS letter improvement in BCVA from baseline to Week 24 compared to subjects in the control arm (46.9% vs. 15.6%; $P < 0.001$) [Figure]. Mean change from baseline BCVA was significantly better in the CLS-TA arm compared to the control arm at all monthly assessments. Mean reduction in CRT from baseline to Week 24 was significantly greater in the CLS-TA group than in the control group (-157.4 vs. -19.2 microns; $P < 0.001$). There were 3 SAEs deemed unrelated to treatment. AEs of corticosteroid-related increases in intraocular pressure (IOP) occurred in 11.5% of subjects in the CLS-TA group and in no subjects in the control group. Elevated IOP was successfully managed with topical IOP-lowering medication when treatment was necessary.

CONCLUSION In this pivotal, 6-month, Phase 3 trial conducted in subjects with macular edema due to noninfectious uveitis, suprachoroidal injection of CLS-TA demonstrated significantly superior efficacy when compared to sham treatment and acceptable safety outcomes, with approximately half of subjects in the CLS-TA group experiencing at least a 3-line improvement from baseline BCVA.



HUMAN RESEARCH This study involves human research.

IRB Approval Status: Approved by institutional review board

10:50 AM

LADDER Trial of the Port Delivery System with Ranibizumab: Initial Study Results

- Carl C. Awh, MD
- Peter A. Campochiaro, MD
- Carl D. Regillo, MD, FACS
- Dennis M. Marcus, MD
- Giulio Barteselli, MD
- Fan Tang, PhD
- Natasha Singh, Pharm D
- Shamika Gune, MD
- Signe R Erickson, PhD

OBJECTIVE To determine initial safety and efficacy outcomes of the LADDER trial of the Port Delivery System with ranibizumab (PDS) in patients (pts) withneovascular age-related macular degeneration (nAMD).

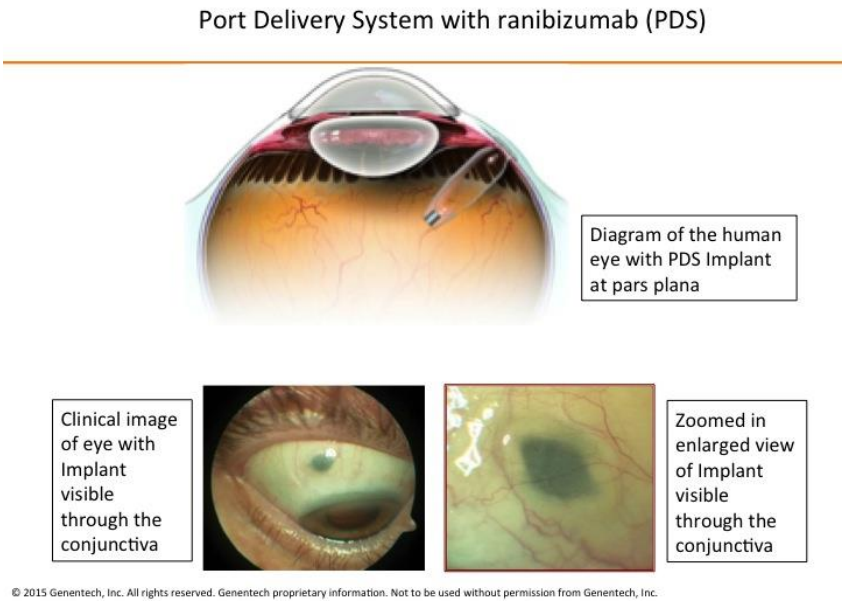
PURPOSE Real-world data suggests that many pts do not receive optimal treatment with intravitreal (IVT) anti-VEGF injections for nAMD. The Port Delivery System with ranibizumab (PDS) includes a refillable Implant, surgically placed at the pars plana that provides continuous intravitreal release of ranibizumab (RBZ) between refills. The LADDER trial compares the PDS to monthly IVT RBZ injections.

METHODS Long-Acting Delivery of Ranibizumab (LADDER; NCT02510794) is a phase 2, randomized, interventional, active treatment–controlled, US-based clinical trial. Eligible pts had nAMD diagnosed within 9 months of screening and a documented response to IVT anti-VEGF treatment. Pts were randomized in a 3:3:3:2 ratio to RBZ formulations of 10, 40, or 100 mg/ml, dosed using the PDS; or to monthly IVT RBZ 0.5-mg injections. The Implant filled with RBZ was surgically placed in the pars plana at baseline. The need for re-treatment with an office-based Implant refill was assessed

monthly based on protocol-defined criteria. The primary endpoint is time in months to the first required refill.

RESULTS A total of 232 pts were enrolled in the LADDER trial, with 63, 63, 63 pts in the 10 mg/ml, 40 mg/ml, and 100 mg/ml PDS arms, respectively, and 43 pts in the monthly ITV RBZ arm. The median times to first required refill for the PDS arms were XX months for 10 mg/ml, XX months for 40 mg/ml, and XX months for 100 mg/ml. The mean change in BCVA in ETDRS letter score from study baseline to month X was XX for PDS 10 mg/ml, XX for PDS 40 mg/ml, XX for PDS 100 mg/ml, and XX for monthly IVT RBZ. The rate of systemic adverse events was similar across arms. The rate of ocular adverse events was higher in the PDS arms compared with the ITV arm, particularly in the post-surgical period which is consistent with the rate of ocular events of similar intraocular devices. The Implant insertion surgery and refill procedure were well-tolerated overall by pts.

CONCLUSION Treatment with the Port Delivery System with ranibizumab (PDS) resulted in visual acuity after X months similar/superior/inferior to that achieved with monthly IVT RBZ injections. The frequency of in-office refills suggests that the PDS with RBZ may provide results similar/dissimilar to monthly IVT RBZ injections, but with similar/fewer necessary in-office procedures.



H

UMAN RESEARCH This study involves human research.

IRB Approval Status: Approved by institutional review board