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Real-World Switching to Faricimab from Legacy Anti-VEGFs in Wet AMD

Maria Berrocal:
Hello and welcome to this episode of Clinical Minute. I am your host, Maria Berrocal. Today I'm joined by Dr. Lejla Vajzovic, who was the co-author of a study examining patients with wet AMD who switched to faricimab. Dr. Vajzovic, thank you so much for joining.

Lejla Vajzovic:
Thank you. Thank you, Dr. Berrocal. Thrilled to be here with you.

Maria Berrocal:
Yes. Your study is very interesting because you took patients that had wet AMD that had been treated with other medications who had been switched to faricimab. What were your findings?

Lejla Vajzovic:
Yeah. Well, thank you. Thank you so much for really highlighting this study. I get acknowledged my coauthor and really senior author on this publication, Dr. Majda Hadziahmetovic. And we really dove into this study with the idea to analyze patients or really gain understanding what the response rate in the real world in our clinics were of patients who have been previously treated with other therapies, really first-line anti VEGF therapies such as aflibercept or bevacizumab ranibizumab. And when we switched them to newer therapies, faricimab specifically, what was really the response? So that was really the objective initially, assessing the structural and function.

This was a retrospective study. So clearly with any retrospective study, you got to take that as a caveat. 68 patients were identified with 84 eyes. They were treated. These were patients who frequently got intravitreal injections. And the study looked at visual acuity in two periods, one year prior to switching, and then six to 12 months after the switch. And then also looking at OCT imaging in two time points immediately after switch and then six to 12 months after the switch. One might ask why we designed it as such or looking at it. This was early on when we started at Duke switching patients to faricimab, and we hoped to understand early experience for faricimab in the patients who clearly needed injections frequently.

So findings from the studies did show, first of all, anatomy did improve. The mean CMT, central macular thickness reduction was seen of 37 microns, so that was significant. Injection frequency interestingly actually increased from 7.7 to 8.6. One will take that with caveat, really not something we anticipated, but I probably in retrospect, one could say, "Yes, slightly increased, but not a huge difference." And then visual acuity didn't change significantly. So those are the findings from the study. Interestingly, as we are more and more understanding wet macular degeneration disease, as we treat patients very well, we did see that four out of 84 eyes developed macular atrophy after switching to faricimab.

So those were in particular the findings we saw.

Maria Berrocal:
I have a question. How many patients had fairly good vision? Because then we would have the ceiling effect of vision even if we switched them and even if the macular thickness decrease.

Lejla Vajzovic:
Yeah. Thank you, Maria, for pointing it out. I would agree that first of all, one of the reasons for switching wasn't just potentially having persistence of fluid. It was also to give a chance of increasing interval in between injections and giving them, so to speak, a break from

our clinic. So really there were multiple reasons. So I couldn't agree more with you. I think the patients were potentially well-controlled on prior therapies, but now we were hoping for increased interval or maybe better improvement in retinal thickness. I agree with you that I often see that we have... And in clinical trials for these drugs and others, you see that initial significant improvement in vision, then we hit that plateau and we stayed there. So I definitely agree that we probably had plateau where we had improvement visual acuity, but then that was maintained with the second generation drugs as well.

Maria Berrocal:
Were all the patients given loading doses? Because I'm thinking that it takes a while for the patients to receive sufficient of a new drug whenever we switch to actually see the longevity of the drug, not just in the first six months. So I was wondering, how many loading doses were used here?

Lejla Vajzovic (05:05):
Yeah, very varied. Thank you for asking that excellence question as well. It was variable. Not everybody followed the loading regimen and schedule of getting four injections before extending. Most of these patients were already in a little longer duration, so we tended to continue what they were on.

Maria Berrocal:
I think this is a very interesting study. I would be looking forward to seeing what the results are after maybe two years of being in faricimab. If we would see different changes, we would see more longevity and more extended treatment intervals.

Lejla Vajzovic:
Yeah, agreeing with you, Maria. I think we definitely need to dive into this data in follow-up in longer duration. The goal initially of the study was to give us a perspective, an early look as we switched to patients and started using faricimab, but all of us have more experience now. And my clinical intuition is exactly what you are mentioning, that we probably will see now longer duration in between the injections as we have these patients longer on this therapy.

Maria Berrocal:
Well, thank you so much, Dr. Vajzovic. Thanks for keeping us up to date on the evolving body of literature, and thanks to our viewers for tuning in. We'll be back soon with another key paper and another expert voice. Until then, this is Maria Berrocal signing off from Clinical Minute.