# Extended Interval Treatment Outcomes and the Potential for Q20W Dosing for the Treatment of Neovascular Age-Related Macular Degeneration With Faricimab: A Post Hoc Analysis of the TENAYA/LUCERNE Trials

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# Disclosures

## Financial Disclosures

- PJP: Consultant: Bayer UK, Boehringer Ingelheim; Roche UK
- AA: Speaker: Allergan/AbbVie, Bayer, Novartis, Optovue, Roche; Advisory Board: AbbVie, Apellis, Novartis, Roche
- AK: Consultant: Alcon, Allergan/AbbVie, Apellis, Bayer, Boehringer Ingelheim, Heidelberg Engineering, Novartis, Santen, Topcon, Zeiss
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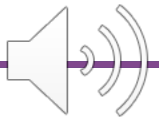
- LH: Consultant: Alimera, Genentech, Inc.
- AK: Employee: Roche Products Ltd.
- PM: Employee: F. Hoffmann-La Roche Ltd.

## Study and Product Disclosures

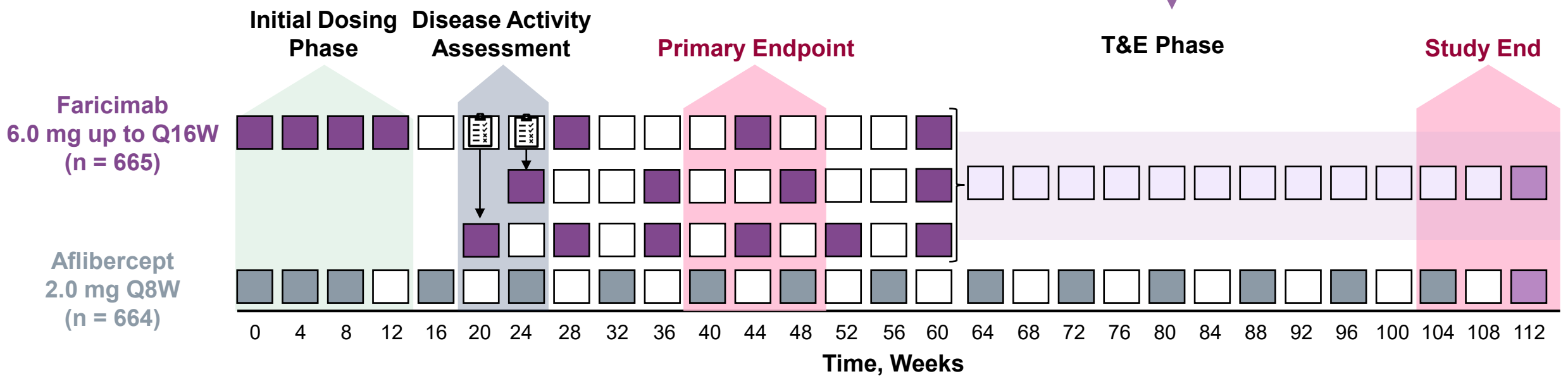
- Faricimab is approved for the treatment of neovascular age-related macular degeneration and diabetic macular edema in multiple countries worldwide and is not currently approved for use outside these indications
- This study includes research conducted on human subjects
- Institutional Review Board approval was obtained prior to study initiation
- Funding was provided by F. Hoffmann-La Roche Ltd. for the study and third-party writing assistance, which was provided by Jenna Steere, PhD, of Envision Pharma Group



# TENAYA and LUCERNE Trial Design
## *Faricimab nAMD Trials Use Disease Criteria Reflective of Clinical Practice*

**Disease activity assessment criteria**
(at weeks 20 and 24) based on
**CST OR BCVA OR new macular hemorrhage[a]**

**T&E Regimen (PTI per Protocol)**
Dosing, based on defined criteria:
**Extended** **Reduced[b]** **Maintained**




T&E regimen in TENAYA (NCT03823287) and LUCERNE (NCT03823300) uses different criteria than those used in the YOSEMITE and RHINE clinical trials. [a] Per the investigator. [b] If ≥ 2 of the reduction criteria were met or 1 criterion includes new macular hemorrhage, the interval was reduced to an 8-week interval. BCVA, best-corrected visual acuity; CST, central subfield thickness; nAMD, neovascular age-related macular degeneration; PTI, personalized treatment interval; Q8W, every 8 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

# TENAYA and LUCERNE Trial Design
## *Disease Activity Criteria During the T&E Regimen*

### T&E Regimen (PTI per Protocol)

**No BCVA loss**

- **No ≥ 5-letter loss** vs average BCVA from the last 2 drug dosing visits
- AND
- **No ≥ 10-letter loss** vs highest on-study drug dosing visit measurement

AND

**No CST increase**

- **Stable CST[a]** vs average CST from the last 2 drug dosing visits
- AND
- **No ≥ 50-µm increase** vs lowest on-study drug dosing visit measurement

AND

**No new macular hemorrhage** owing to nAMD activity as determined by investigator

→ Dosing **extended** (by 4 weeks, max Q16W)

**BCVA loss**

- **≥ 5 letters loss** vs average BCVA from the last 2 drug dosing visits
- OR
- **≥ 10 letters loss** vs highest on-study drug dosing visit measurement

OR

**CST increase**

- **≥ 50 µm increase** vs average CST from the last 2 drug dosing visits
- OR
- **≥ 75 µm increase** vs lowest on-study drug dosing visit measurement

OR

**New macular hemorrhage** owing to nAMD activity as determined by investigator

→ Dosing **reduced** (by 4 or 8 weeks,[b] min Q8W)

If extension or reduction criteria not met

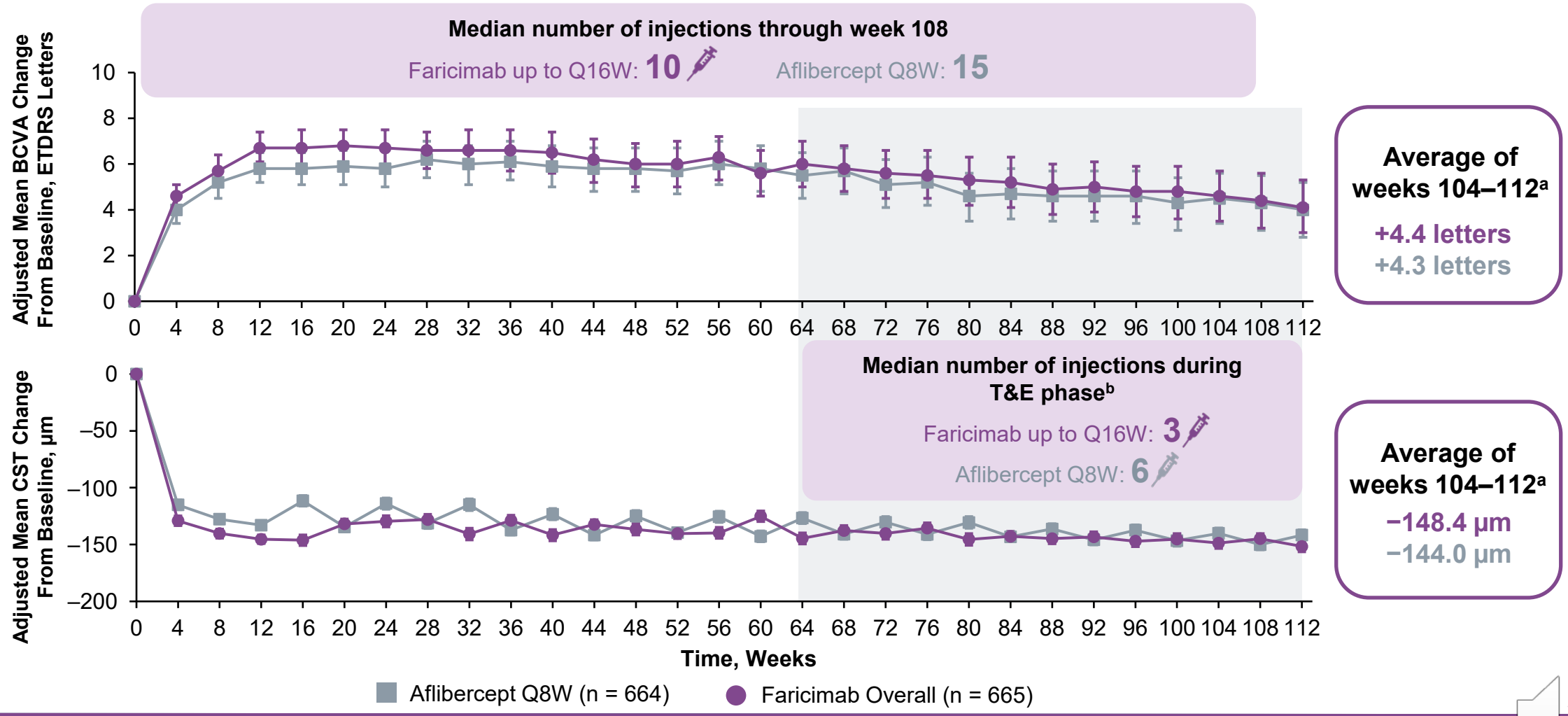
→ Dosing **maintained**

T&E regimen in TENAYA (NCT03823287) and LUCERNE (NCT03823300) used different criteria than those used in the YOSEMITE and RHINE clinical trials. Change in BCVA should be attributable to nAMD disease activity, as determined by investigator. [a] Where stability was defined as a change of CST of < 30 µm. [b] If ≥ 2 of the reduction criteria were met or 1 criterion included new macular hemorrhage, the interval was reduced to an 8-week interval. BCVA, best-corrected visual acuity; CST, central subfield thickness; max, maximum; min, minimum; nAMD, neovascular age-related macular degeneration; PTI, personalized treatment interval; Q8W, every 8 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

# Over 2 Years, Patients in the Faricimab Arm Achieved Disease Control With Fewer Injections

**ITT population**

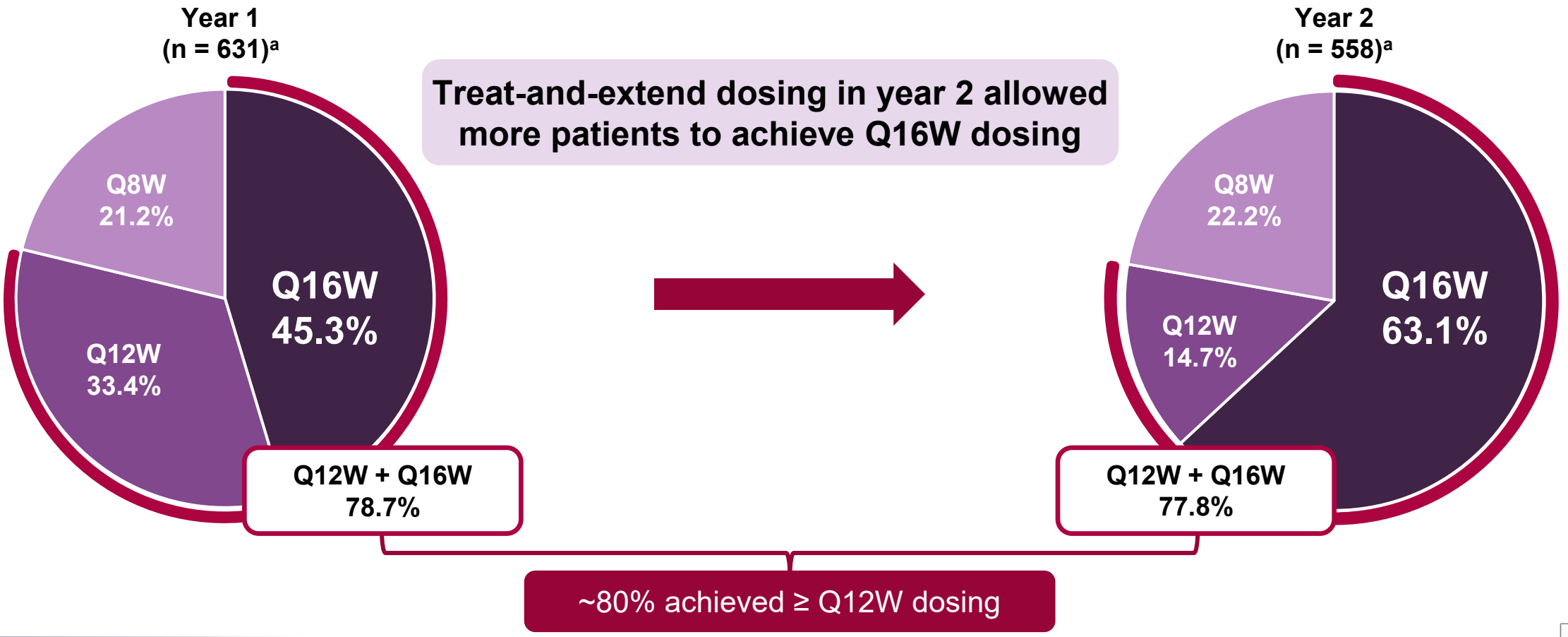
## TENAYA/LUCERNE Pooled




Results are based on a MMRM analysis in the ITT population. For the MMRM analysis, the model is adjusted for treatment group, visit, visit-by-treatment group interaction, baseline BCVA (continuous), baseline BCVA (≥ 74 letters, 73–55 letters, and ≤ 54 letters), baseline LLD (< 33 letters and ≥ 33 letters), and region (US and Canada, Asia, and the rest of the world) and study (TENAYA vs LUCERNE). Treatment policy strategy and hypothetical strategy were applied to non–COVID-19 related and COVID-19 related intercurrent events, respectively. Missing data were implicitly imputed by MMRM. The median number of injections is based on the safety-evaluable population. 95% CIs are shown. CST is measured as ILM-RPE, as graded by central reading center. [a] Adjusted mean change from baseline at 2 years, averaged over weeks 104, 108, and 112. [b] T&E phase refers to the protocol-driven personalized treatment interval. After week 60 to week 112, faricimab treat-and-extend phase vs aflibercept Q8W fixed dosing. Based on study design, aflibercept 2.0 mg was not allowed to extend beyond Q8W dosing. T&E dosing regimen was delayed in some patients due to dose holds or missed visits. BCVA, best-corrected visual acuity; CI, confidence interval; COVID-19, coronavirus 2019; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; ITT, intent-to-treat; LLD, low luminance deficit; MMRM, mixed model for repeated measures; Q8W, every 8 weeks; Q16W, every 16 weeks; RPE, retinal pigment epithelium; T&E, treat-and-extend.

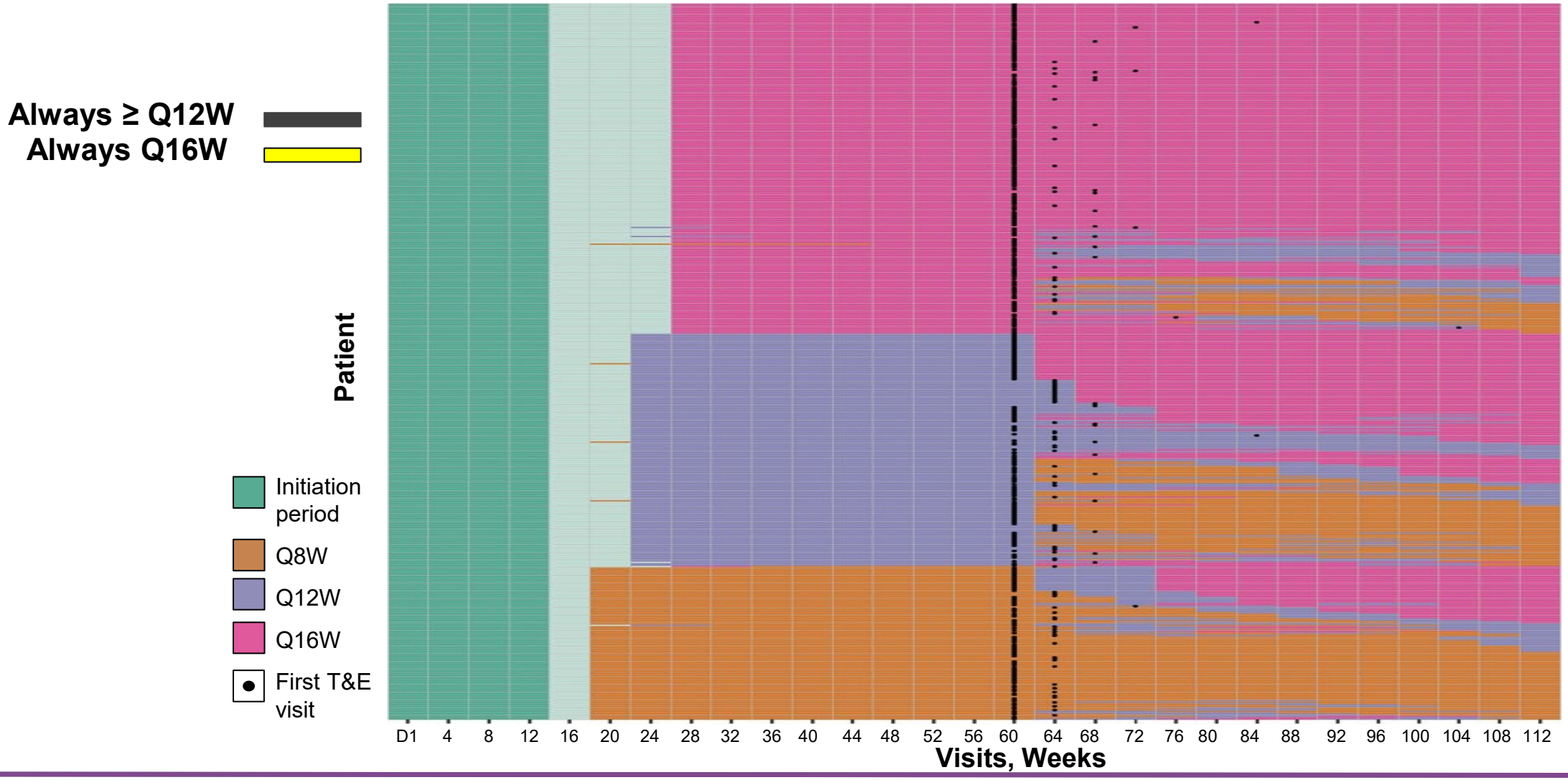
# ~80% of Faricimab-Treated Patients Achieved ≥ Q12W Dosing at the End of the Second Year

**TENAYA/LUCERNE Pooled**




[a] Percentages are based on number of patients randomized to the faricimab arm who have not discontinued the study at that visit. Treatment interval at a given visit is defined as the treatment interval decision followed at that visit. Interval at year 2 is calculated using data recorded at week 108. Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks.

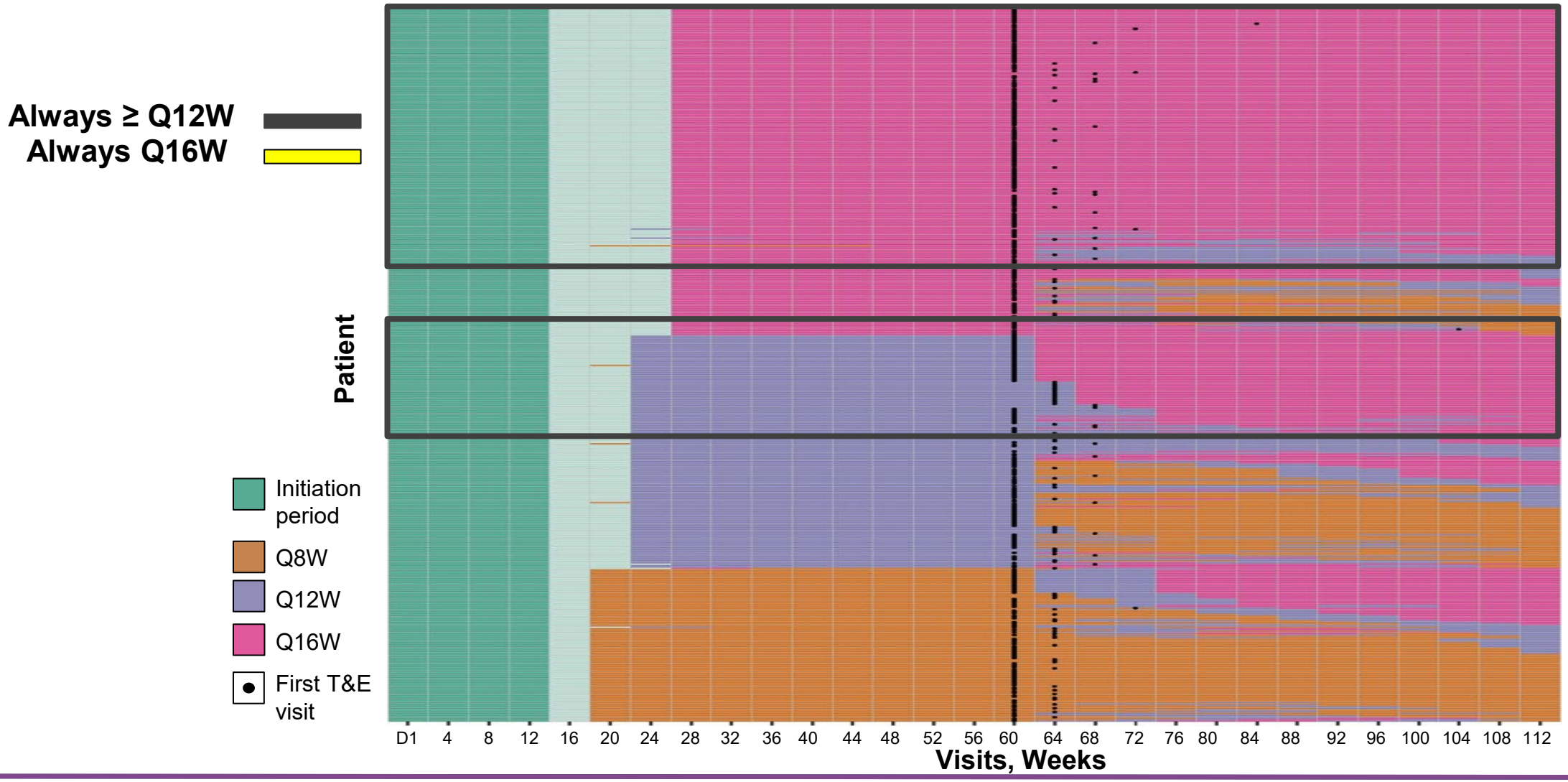
# Patients on Always Q12W or Q16W Dosing Through Year 2 Are Visualized on the Heatmap






D, day; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

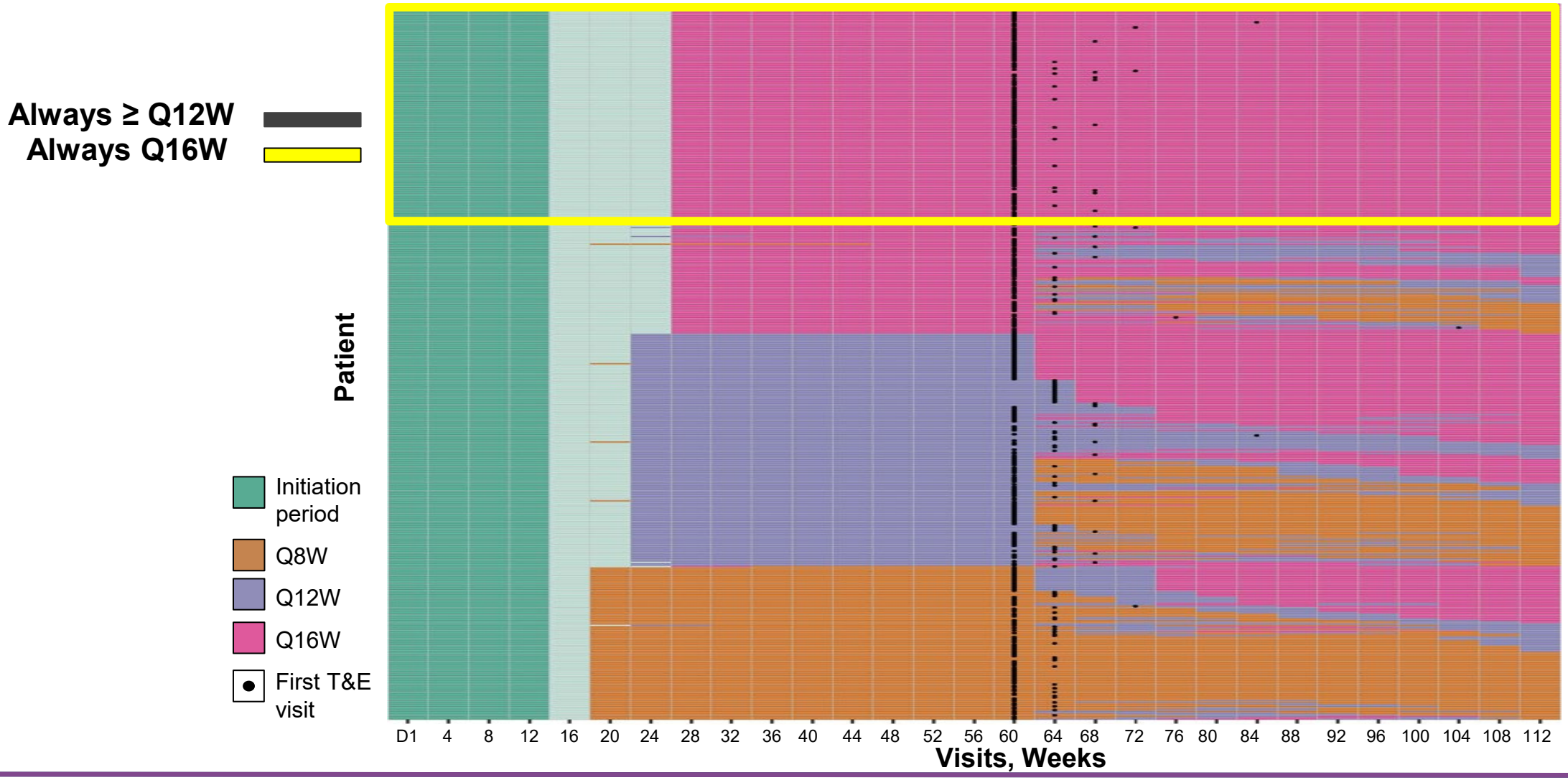
# Patients on Always Q12W or Q16W Dosing Through Year 2 Are Visualized on the Heatmap






D, day; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

# Patients on Always Q12W or Q16W Dosing Through Year 2 Are Visualized on the Heatmap

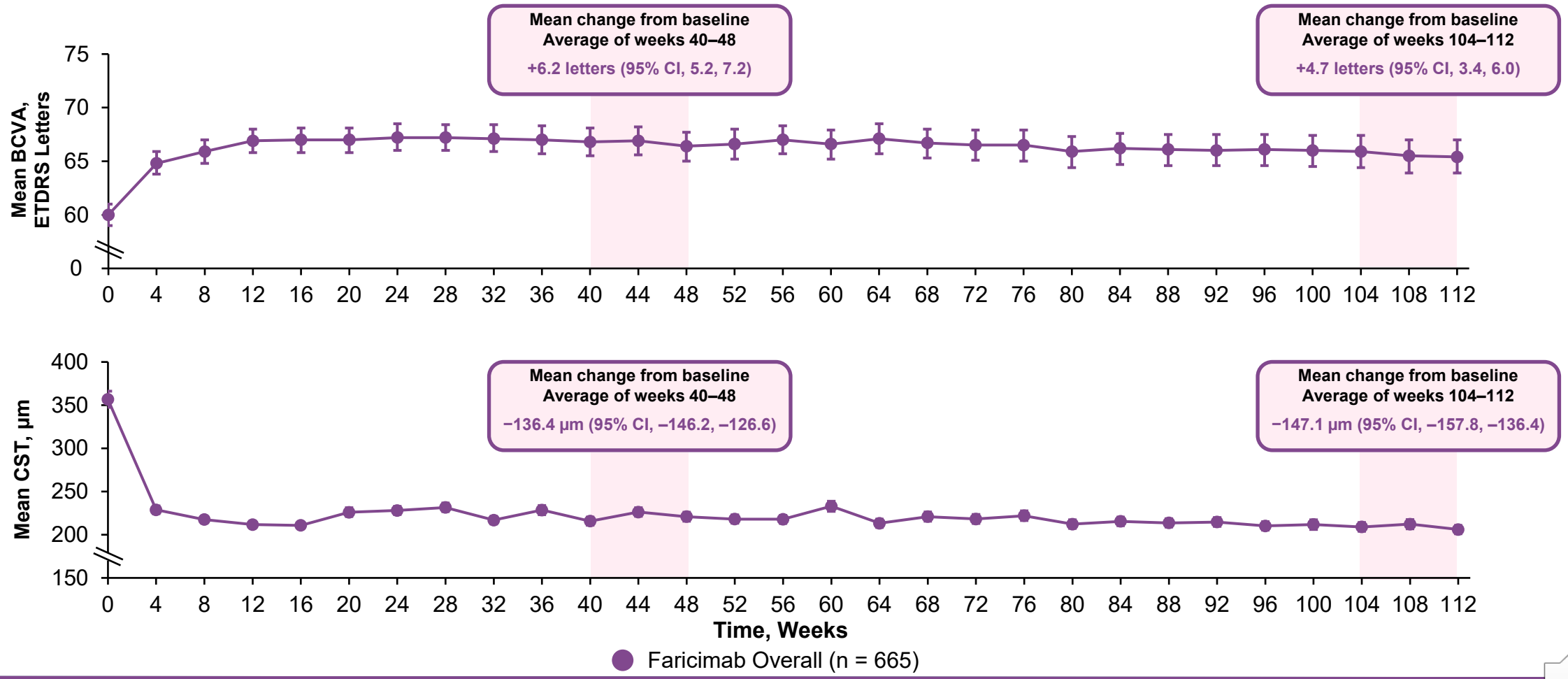





D, day; Q8W, every 8 weeks; Q12W, every 12 weeks; Q16W, every 16 weeks; T&E, treat-and-extend.

# Patients Treated With Faricimab Achieved Stable BCVA Gains and CST Reductions Through 2 Years

**TENAYA/LUCERNE Pooled: Post Hoc Analysis**

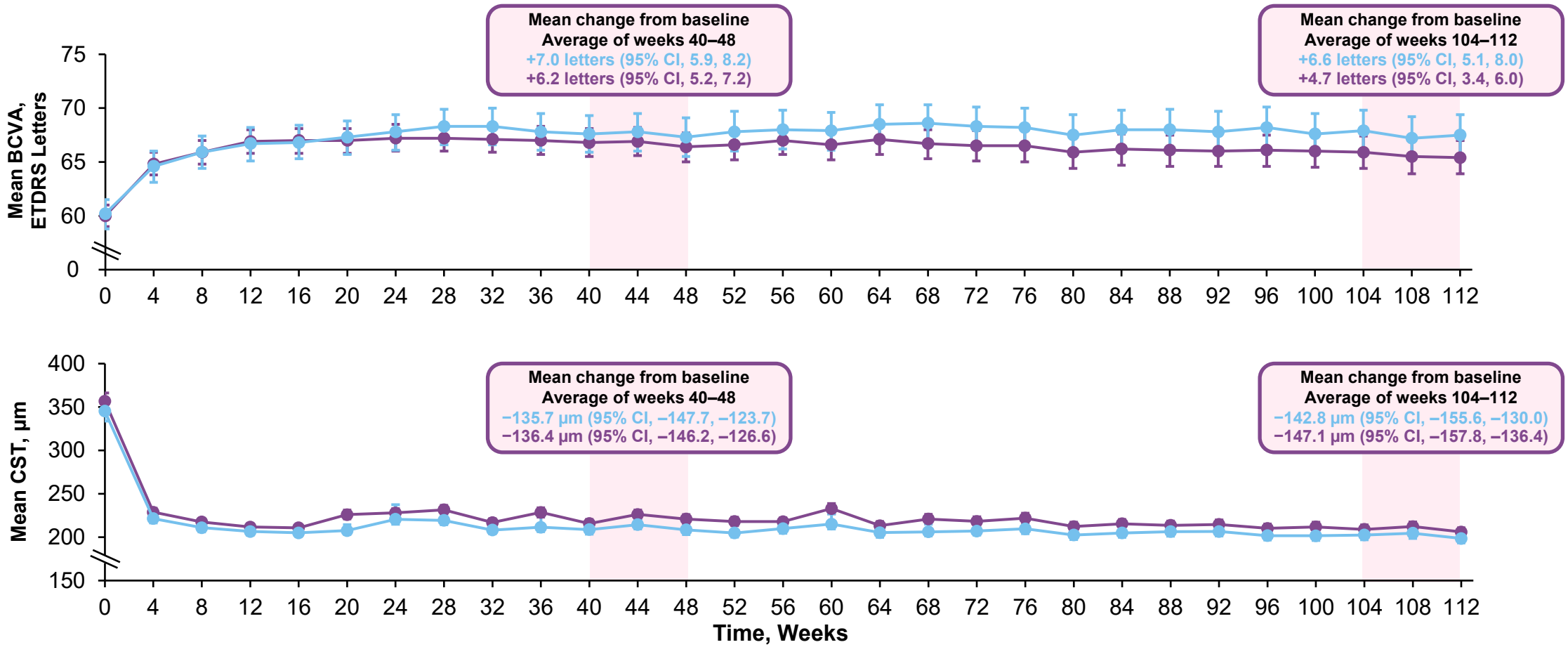



Patients were analysed as randomized (ITT principle) and were included in the analysis through completion/discontinuation. Baseline is defined as the last available value on or prior to randomization. 95% CIs are shown. The median number of injections is based on the safety-evaluable population. CST was measured as ILM-RPE, as graded by central reading center. [a] Median number of injections for patients treated with faricimab up to Q16W and faricimab always on ≥ Q12W. BCVA, best-corrected visual acuity; CI, confidence interval; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; ITT, intent-to-treat; Q12W, every 12 weeks; Q16W, every 16 weeks; RPE, retinal pigment epithelium.

# Patients Always on ≥ Q12W Dosing Achieved Stable BCVA Gains and CST Reductions Through 2 Years

**TENAYA/LUCERNE Pooled: Post Hoc Analysis**

Median number of injections from week 24[a]: **6**



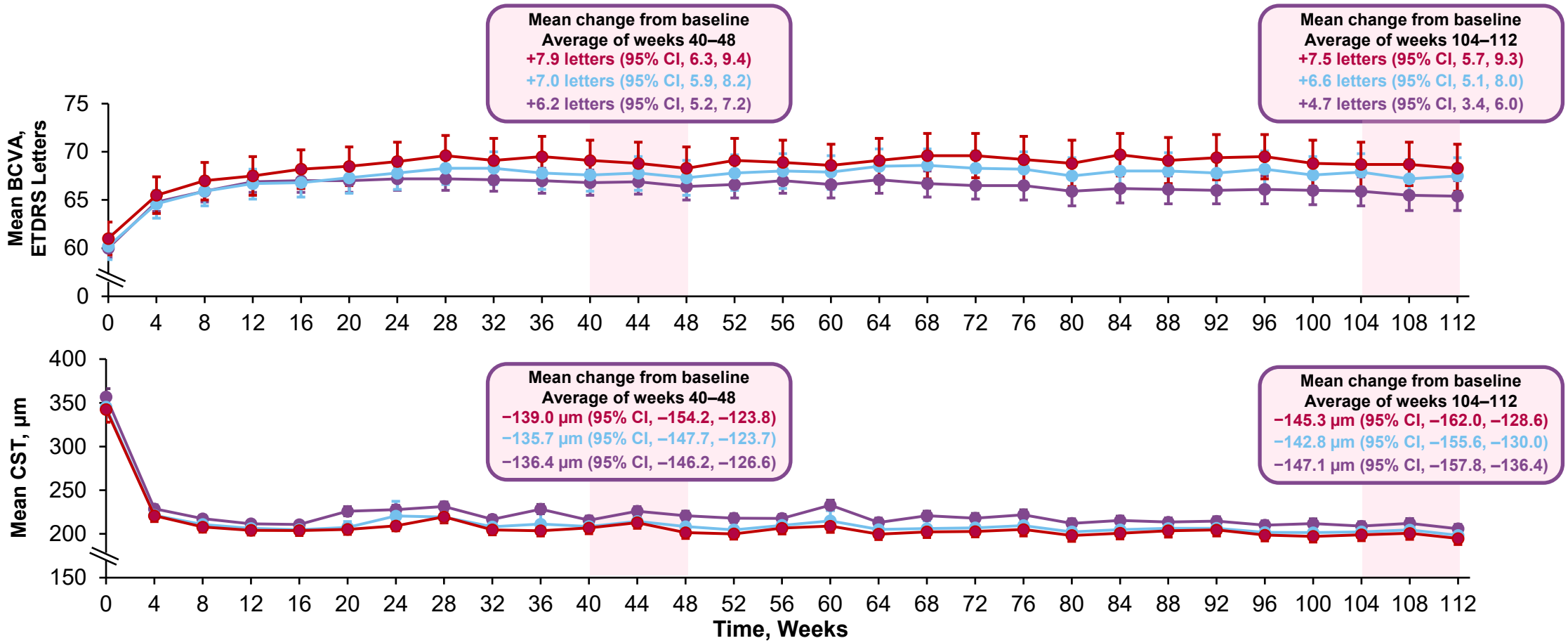

Patients were analyzed as randomized (ITT principle) and were included in the analysis through completion/discontinuation. Baseline is defined as the last available value on or prior to randomization. 95% CIs are shown. The median number of injections is based on the safety-evaluable population. CST was measured as ILM-RPE, as graded by central reading center. [a] Median number of injections for patients treated with faricimab up to Q16W and faricimab always on ≥ Q12W.

BCVA, best-corrected visual acuity; CI, confidence interval; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; ITT, intent-to-treat; Q12W, every 12 weeks; Q16W, every 16 weeks; RPE, retinal pigment epithelium.

# Patients Always on Q16W Dosing Achieved Stable BCVA Gains and CST Reductions Through 2 Years

**TENAYA/LUCERNE Pooled: Post Hoc Analysis**

Median number of injections from week 24[a]: **6**



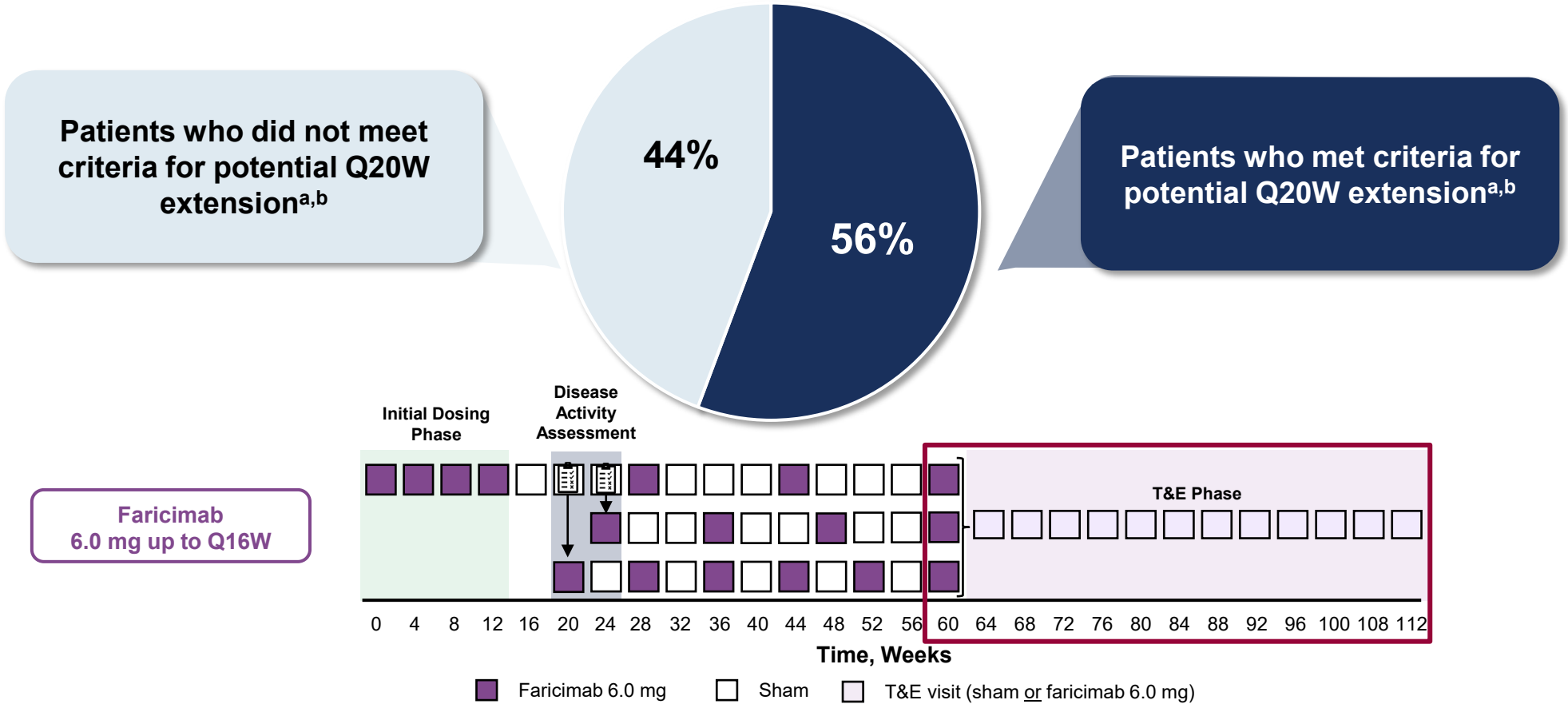

Patients were analyzed as randomized (ITT principle) and were included in the analysis through completion/discontinuation. Baseline is defined as the last available value on or prior to randomization. 95% CIs are shown. The median number of injections is based on the safety-evaluable population. CST was measured as ILM-RPE, as graded by central reading center. [a] Median number of injections for patients treated with faricimab up to Q16W and faricimab always on ≥ Q12W.

BCVA, best-corrected visual acuity; CI, confidence interval; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; ILM, internal limiting membrane; ITT, intent-to-treat; Q12W, every 12 weeks; Q16W, every 16 weeks; RPE, retinal pigment epithelium.

# > 50% of Faricimab-Treated Patients Met Criteria for Potential Q20W Dosing Intervals During the T&E Phase

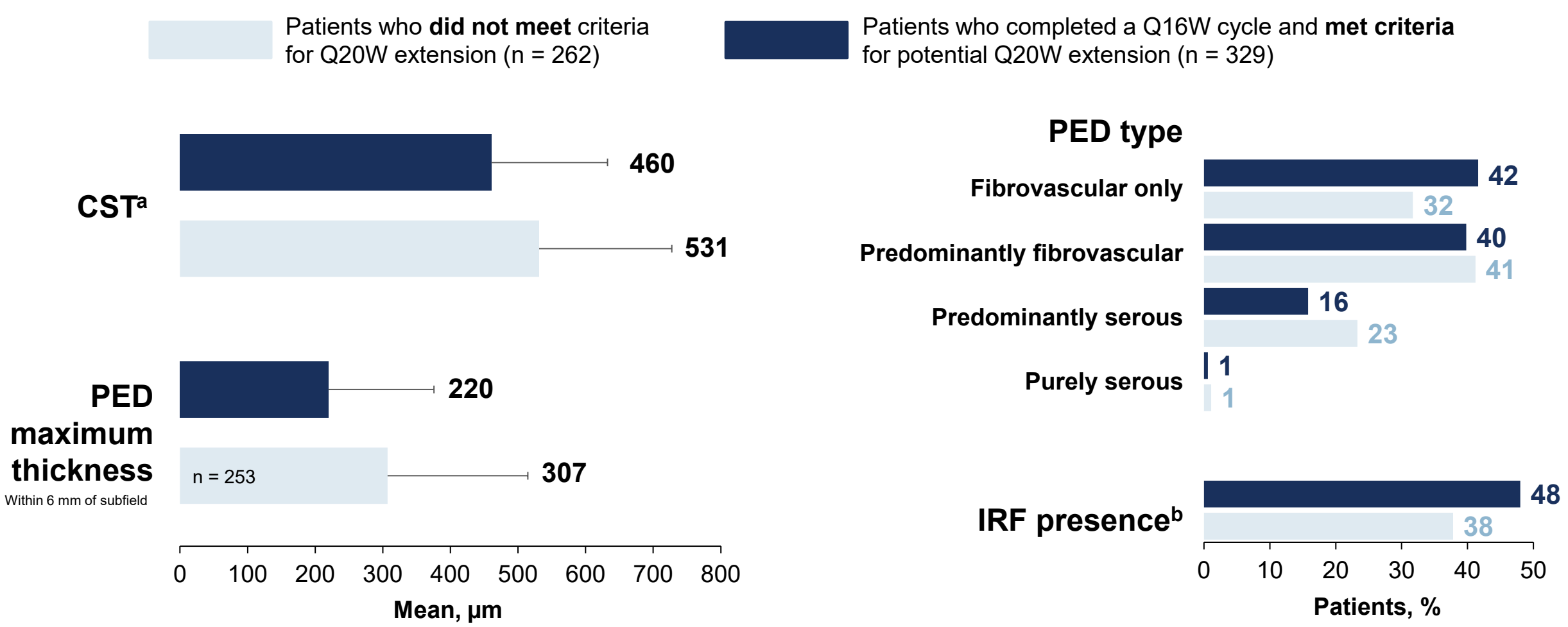
## TENAYA/LUCERNE Pooled: Post Hoc Analysis

### Out of all patients who received ≥ 1 faricimab dose during the T&E phase (N = 591):




[a] Limited to subjects who had ≥ 1 faricimab dose during the T&E phase. [b] The same protocol defined extension criteria for personalized T&E was used in this analysis.
Q16W, every 16 weeks; Q20W, every 20 weeks; T&E, treat-and-extend.

# Baseline Characteristics of Faricimab-Treated Patients Who Met Criteria for Potential Q20W Dosing




Limited to subjects on Q16W dosing who had ≥ 1 faricimab dose during the T&E phase. [a] ILM-BM. [b] Within central mm.
CST, central subfield thickness; ILM-BM, internal limiting membrane to Bruch's membrane; IRF, intraretinal fluid; PED, pigment epithelial detachment; Q16W, every 16 weeks; Q20W, every 20 weeks; T&E, treat-and-extend.

# Stable Outcomes Achieved With Faricimab in Patients Always on Extended Dosing May Allow for Potential Extension to Q20W

**Patients always on extended faricimab treatment intervals demonstrated:**

Robust and stable vision gains and anatomic improvements through 2 years

> 50% patients who received ≥ 1 dose of faricimab during the T&E phase met criteria for potential Q20W dosing intervals



Q20W, every 20 weeks; T&E, treat-and-extend.