CHANGING THE nAMD GAMEPLAN WITH FARICIMAB▼

Dual Pathway, Drying, And Durability

▼ **This medicinal product is subject to additional monitoring.** This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 on the SmPC for information on the reporting of adverse reactions or report to your local Roche Drug Safety contact at: http://www.roche.com/products/local_safety_reporting.htm

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Welcome & Opening Remarks

SriniVas R. Sadda (Chair)

Professor of Ophthalmology, Department of Ophthalmology,
David Geffen School of Medicine at UCLA,
Doheny Eye Institute Pasadena, CA, USA

Disclaimer

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This meeting is intended to facilitate transparent scientific exchange regarding developments in medical research and disease management. The content of this meeting may include scientific information about experimental or investigational compounds, possible indications, and services that are not approved or valid in your country. Providing this scientific information should not be construed as a recommendation to use or prescribe such compounds.

Prescribing information may vary depending on the applicable approval in the respective country. Therefore, before prescribing any product, always refer to applicable local materials such as the prescribing information and/or the Summary of Product Characteristics (SmPC).

As of July 2024, faricimab is approved for the treatment of neovascular age-related macular degeneration and diabetic macular edema in multiple countries worldwide.

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reaction. Please report adverse reactions via the https://medinfo.roche.com/ website.

DME, diabetic macular edema; nAMD, neovascular age-related macular degeneration.

Abbreviated SmPC (Sweden)

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. The reporting should be done to the Swedish Medical Products Agency www.lakemedelsverket.se or to Roche via sverige.safety@roche.com or +46 08-726 12 00. For questions, please contact Roche Medical Information +46 08-726 12 00 (telephone hours 08.00–17.00) or sverige.medinfo@roche.com. Roche AB, Box 1228, 171 23 Solna.

Composition: Vabysmo (faricimab) 120 mg/mL solution for injection. Intended for intravitreal use only. Rx, EF, S01LA09.

Mechanism of action: Faricimab is a humanised bispecific immunoglobulin G1 (IgG1) antibody that acts through inhibition of two distinct pathways by neutralisation of both angiopoietin-2 (Ang-2) and vascular endothelial growth factor A (VEGF-A).

Indications: Faricimab is indicated for neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular edema (DME).

Contraindications: Hypersensitivity to the active substance or to any of the excipients, active or suspected ocular or periocular infections, active intraocular inflammation.

Warnings: Endophthalmitis, intraocular inflammation, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract, transient increases in intraocular pressure or intraocular pressure of ≥30 mmHg. Women of childbearing potential should use effective contraception during treatment and for at least 3 months following the last intravitreal injection of faricimab. For complete information, see SmPC at fass.se. Last updated SmPC 2024-02-08.

Date: 02/24 (v2.0).

Ang-2, angiopoietin-2; DME, diabetic macular edema; IgG1, immunoglobulin G1; nAMD, neovascular age-related macular degeneration; SmPC, Summary of Product Characteristics; VEGF-A, vascular endothelial growth factor A.

Today's Discussions

Objective

To demonstrate why **faricimab** could be an important first line treatment to **optimise** outcomes

How is this achieved?

Dual pathway, **Drying**, and **Durability**

How do we know this?

Clinical trial data are reflected in the **real-world**

Expert Panel

SriniVas R. Sadda (Chair)

Professor of Ophthalmology

Department of Ophthalmology, David Geffen School of Medicine at UCLA, Doheny Eye Institute Pasadena, CA, USA

Aude Ambresin

FMH-Certified Ophthalmologist and Ophthalmic Surgeon

Swiss Visio Montchoisi, Lausanne, Switzerland

Boris Stanzel

Consultant Retina Specialist and Director

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Praveen Patel

Consultant Ophthalmic Surgeon

Moorfields Eye Hospital NHS Foundation Trust and UCL Institute of Ophthalmology London, UK

Disclosures

SriniVas R. Sadda (Chair)

- **Consultant:** Abbvie/Allergan, Alexion, Amgen, Apellis, Astellas, Bayer, Biogen, Boerhniger Ingelheim, Carl Zeiss Meditec, Eyepoint, Heidelberg, iCare, IvericBio, Jannsen, Merck, Nanoscope, Notal, Novartis, Optos, OTI, Oxurion, RayTx, Regeneron, Roche/Genentech, Samsung Bioepis
- **Personal Fees:** Apellis, Heidelberg, Nidek, Novartis, Roche, Topcon
- **Research Grant:** Carl Zeiss Meditec
- **Research Instruments:** Carl Zeiss Meditec, Heidelberg, iCare, Nidek, Optos, Topcon

Aude Ambresin

- **Speaker:** Allergan/AbbVie, Bayer, Novartis, Optovue, Roche
- **Advisory Board**: AbbVie, Apellis, Novartis, Roche

Boris Stanzel

- **Consultant/Contractor:** Apellis, Bayer, C. Zeiss Meditec, Iridex, Novartis, Roche, Samsara Vision, Tenpoint Therapeutics
- **Financial Support:** Abbvie, Apellis, Bayer, Code P, C. Zeiss Meditec, Heidelberg Engineering, Pixium Vision, Roche, Samsara Vision
- **Patent:** Geuder
- **Recipient:** Apellis, C. Zeiss Meditec, Roche, Samsara Vision

Praveen Patel

- **Consultant:** Bayer UK, Boehringer Ingelheim, Roche UK

Agenda

Faricimab: The Landscape So Far

SriniVas R. Sadda (Chair)

Dual Pathway

The Difference With Dual Pathway Inhibition

Aude Ambresin

Drying

Achieving Disease Control

Boris Stanzel

Durability

Reducing Treatment Burden

Praveen Patel

Closing Remarks

SriniVas R. Sadda (Chair)

Gameshow Instructions

Roles and Course of Play

1. Chair is the gameshow host
2. Speakers are the contestants
3. Contestants will be asked a question at the end of each section, but they may need your expertise!

Lifelines

Phone a friend

Allows the contestant to ask another contestant their opinion

Ask the Audience

Audience vote via a show of hands to assist the contestant

50/50

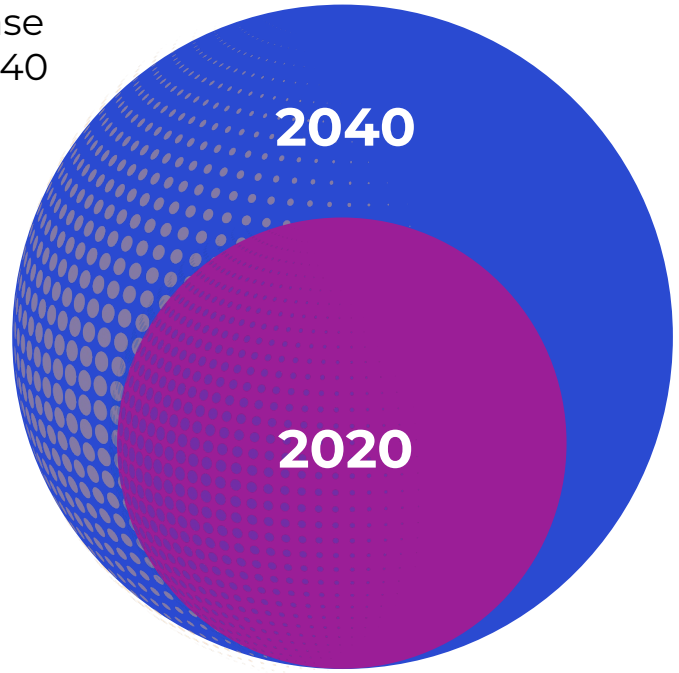
Removes two of the wrong answers

Faricimab: The Landscape So Far

Patients With nAMD Require More Durable And Effective Treatments To Reduce Treatment Burden

~47%

expected increase from 2020 to 2040 for the global prevalence of AMD[1]



Unmet needs in nAMD remain

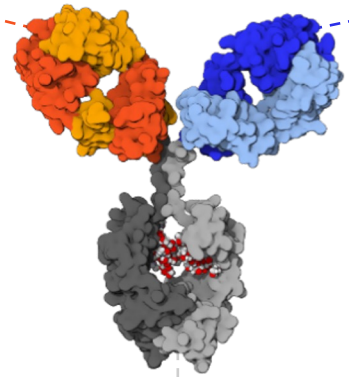
- Frequent injections[2]
- Patient and caregiver burden[3]
- Missed clinic visits[4]
- Suboptimal long-term outcomes[2]

AMD, age-related macular degeneration; nAMD, neovascular age-related macular degeneration. 1. Wong WL *et al.* Lancet Glob Health. 2014;2:e106–116; 2. Volkmann I *et al.* BMC Ophthalmol. 2020;20:122; 3. Spooner KL *et al.* Diabetes Metab Syndr Obes. 2019;12:1913–1921; 4. Kiss S *et al.* Clin Ophthalmol. 2014;8:1611–1621.

Faricimab: One Molecule With Two Signaling Pathway Targets For Durable Efficacy[1-3]

Anti–Ang-2 Fab

Stabilises vessels[3]
Reduces vascular leakage[3]
Reduces inflammation[3]



Anti–VEGF-A Fab

Reduces vascular leakage[3]
Inhibits neovascularisation[3]

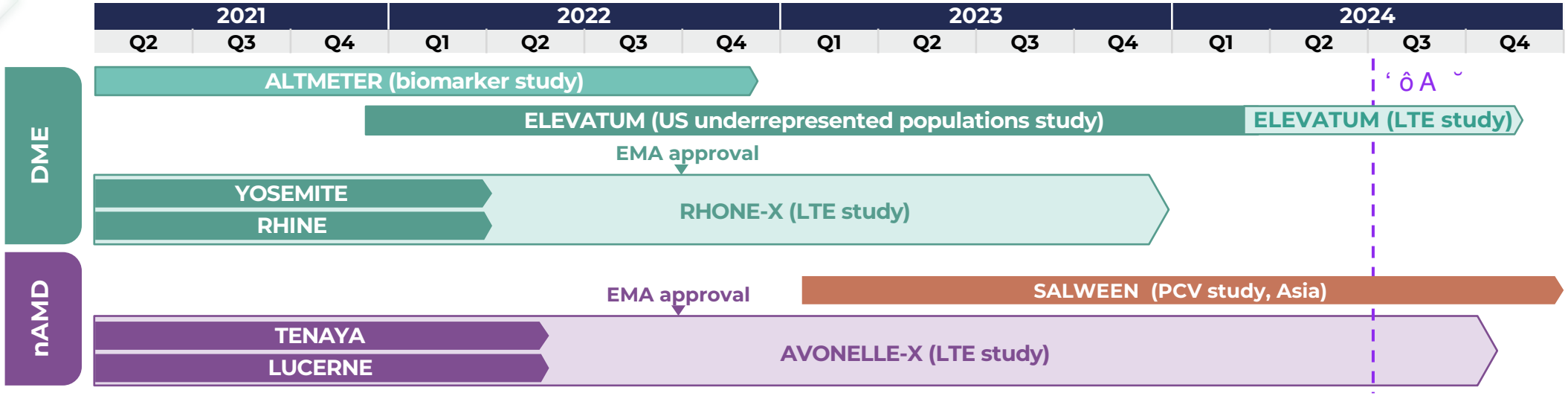
Modified Fc

Reduces systemic exposure[3]
Reduces inflammatory potential[3]

Adapted from Sahni J *et al.* Ophthalmology. 2019;126(8):1155–1170.

CrossMAb molecule representative of faricimab. Faricimab molecule image reprinted from Sahni J *et al.* Ophthalmology. 2019;126(8):1155–1170, Copyright (2019), with permission from the American Academy of Ophthalmology.[2]
Ang-2, angiopoietin 2; Fab, fragment antigen binding; Fc, fragment crystallisable; VEGF-A, vascular endothelial growth factor A. 1. Panos GD *et al.* Drug Des Dev Ther. 2023;17:2861–2873; 2. Sahni J *et al.* JAMA Ophthalmology. 2020;138(9):955–963; 3. Regula JT *et al.* EMBO Mol Med. 2016;8:1265–1288.

Faricimab Has An Extensive And Ongoing Clinical Development Program



TENAYA & LUCERNE: Faricimab and aflibercept BCVA gains, CST reductions, and safety outcomes were comparable at Year 2[1]

AVONELLE-X: Long-term open-label extension study

1,329 patients

>4 year total follow-up

1,036 patients

BCVA, best-correct visual acuity; CST, central subfield thickness; DME, diabetic macular edema; EMA, European Medicines Agency; LTE, long-term extension; nAMD, neovascular age-related macular degeneration; PCV, polypoidal choroidal vasculopathy; Q, quarter. 1. Chaudhary V *et al.* Invest Ophthalmol Vis Sci. 2023;64:5056. ALTIMETER clinical trial (NCT04597918); AVONELLE-X clinical trial (NCT04777201); ELEVATUM clinical trial (NCT05224102); LUCERNE clinical trial (NCT03823300); RHINE clinical trial; RHONE-X clinical trial (NCT04432831); SALWEEN clinical trial (ISRCTN69073386); TENAYA clinical trial (NCT03823287); YOSEMITE clinical trial (NCT03622580).

Faricimab Is Supported By A Real-World Data Program Of >100,000 Patients

Roche-sponsored studies[1–6]

- VOYAGER
- FARETINA-nAMD (IRIS® registry)
- FARETINA-DME (IRIS® registry)
- FARWIDE-nAMD (Medisoft EMR)
- FARWIDE-DME (Medisoft EMR)
- PASSENGER

6 ongoing real-world studies

>100,000 patients projected for nAMD and DME

28 countries

Independent data[7–17]

Over 50 independent publications in >2500 patients including:

- Cheng et al.
- Khanani et al.
- Kusuhara et al.
- Leung et al.
- Matsumoto et al.
- Mukai et al.
- Ohara et al.
- Rush and Rush
- Stanga et al.
- Grimaldi et al.

Faricimab has demonstrated **favourable efficacy** in real-world studies, and presented **no new safety concerns**

DME, diabetic macular edema; EMR, electronic medical records; IRIS, Intelligent Research in Sight; nAMD, neovascular age-related macular degeneration. 1. VOYAGER clinical trial (NCT05476926); 2. Tabano D *et al.* ARVO 2024; 3. Borkar D *et al.* ARVO 2024; 4. Varma D *et al.* ARVO 2024; 5. Reynolds R *et al.* ARVO 2024; 6. Paul-Ehrlich-Institut. https://www.pei.de/SharedDocs/awb/nis-0701-0800/0711.html [last accessed May 2024]; 7. Cheng AM *et al.* Cureus. 2023;15(6):e40100; 8. Khanani AM *et al.* Eye. 2023;37:3574–3581; 9. Kusuhara S *et al.* Medicina (Kaunas). 2023;59:665; 10. Leung EH *et al.* Clin Ophthalmol. 2023;17:1287–1293; 11. Matsumoto H *et al.* Graefes Arch Clin Exp Ophthalmol. 2023;261:2945–2952; 12. Mukai R *et al.* Sci Rep. 2023;13:8747; 13. Ohara H *et al.* Medicina. 2023;59:1125; 14. Rush RB and Rush SW. Clin Ophthalmol. 2022;16:2797–2801; 15. Rush RB and Rush SW. Clin Ophthalmol. 2022;16:4041–4046; 16. Stanga PE *et al.* Eye. 2023;37:3282–3289; 17. Grimaldi G *et al.* Graefes Arch. 2024;262(4):1151–1159.

Dual Pathway: The Difference With Dual Pathway Inhibition

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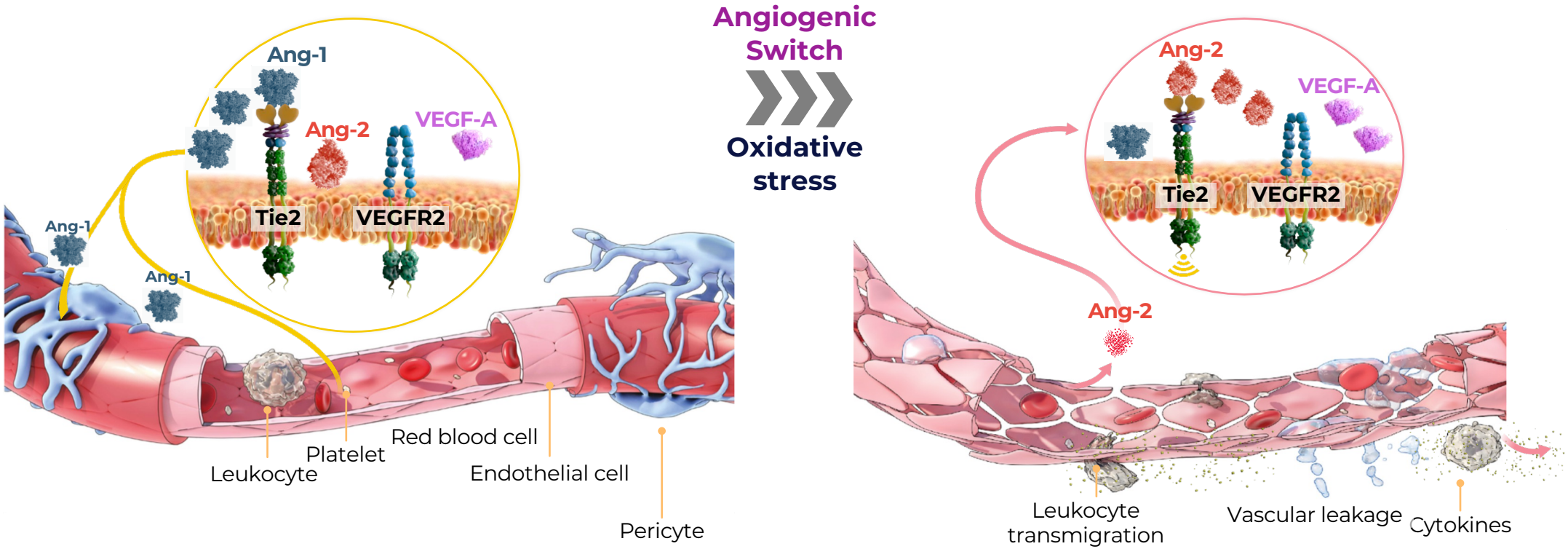
Swiss Visio Montchoisi, Lausanne, Switzerland

Elevated Ang-2 Contributes To Vascular Instability[1–4]

↓ Ang-2 » **Vascular STABILITY In Healthy Tissues**

↑ Ang-2 » **Drives Vascular INSTABILITY In Pathologic Tissues**



Adapted from The Angiogenesis Foundation Infographic.

Ang-1, angiopoietin-1; Ang-2, angiopoietin-2; Tie2, tyrosine kinase with immunoglobulin-like domains-2; VEGF-A, vascular endothelial growth factor-A; VEGFR2, vascular endothelial growth factor receptor-2.

1. Saharinen P et al. Nat Rev Drug Discov. 2017;16(9):635–661; 2. Nambu H et al. Gene Ther. 2004;11(10):865–873; 3. Mueller SB, Kontos CD. J Clin Invest. 2016;126(9):3188–3191;
4. The Angiogenesis Foundation. https://www.scienceofang2.org/. Accessed June 2024.

Multiple Clinical Biomarkers Provide Evidence For The Benefit Of Dual Pathway Compared To VEGF Inhibition Alone

Dual pathway inhibition with faricimab: Anti–Ang-2 + Anti–VEGF-A[1]

Elevated VEGF[2]

Neovascularization[5,6]

Reduction of **fluid on OCT** (DME, **nAMD**)[14,15]
Resolution **of serous PED** (**nAMD**)[16]

Vascular leakage[7]

Reduction of **fluid on OCT** (DME, **nAMD**)[14,15]
Resolution **of serous PED** (**nAMD**)[16]

Resolution of **macular leakage** (DME)[19]
Reduction of **hard exudates** (DME)[20]

Elevated Ang-2[1,3,4]

Inflammation[5,6,8]

Reduction of **HRF** (DME)[17]

Fibrosis[9-13]

Reduction of **ERM** development (DME)[18]

Disease control with faricimab vs anti-VEGF monotherapy[14-21,24]

Extended durability beyond Q12W[18,22-24]

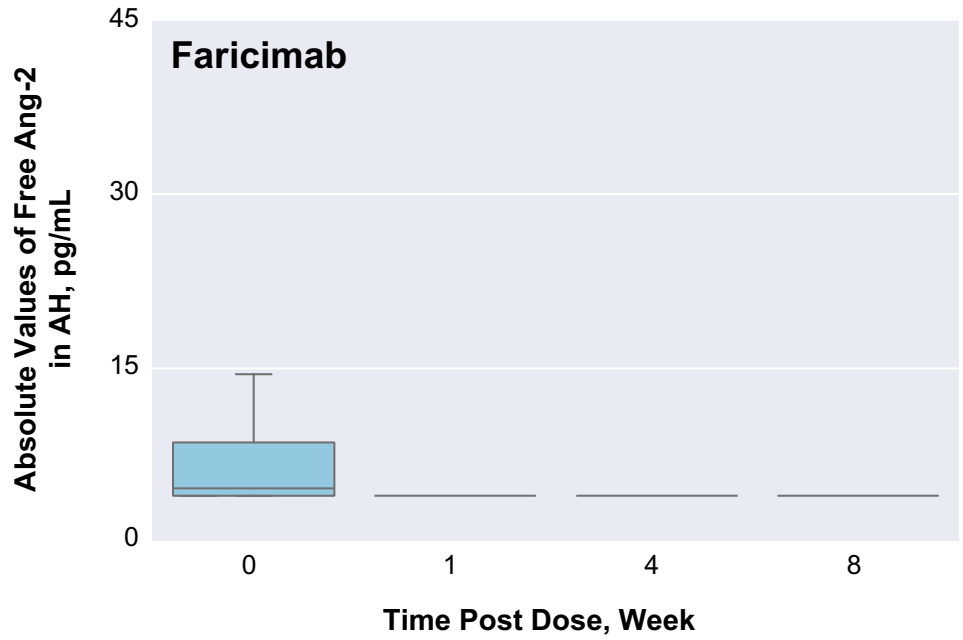
VEGF | VEGF & Ang-2 | Ang-2

Ang-2, angiopoietin-2; DME, diabetic macular edema; ERM, epiretinal membrane; HRF, hyperreflective foci; nAMD, neovascular age-related macular degeneration; OCT, optical coherence tomography, PED, pigment epithelial detachment; QXW, every X weeks; VEGF-A, vascular endothelial growth factor-A. 1. Regula JT *et al.* EMBO Mol Med. 2016;8:1265–1288; 2. Aiello LP *et al.* N Engl J Med. 1994;331:1480–1487; 3. Tsai T *et al.* PLoS One. 2023;18:e0280488; 4. Ng D *et al.* Sci Rep. 2017;7:45081; 5. Kim S-Y *et al.* Ann Eye Sci. 2021;6:24; 6. Collazos-Aleman JD *et al.* Diabetes Ther. 2022;13:1811–21; 7. Rangasamy S *et al.* Invest Ophth Vis Sci. 2011;52–59; 8. Hirasawa M *et al.* J Biol Chem. 2016;291:7373–7385; 9. Larsen OH *et al.* Ophth Ther. 2023;12:2253–2264; 10. Canonica J *et al.* Front Cell Neurosci. 2023;17:1192464; 11. Klaassen I *et al.* PLoS One. 2017;12:e0187304; 12. Takagi H *et al.* Invest Ophth Vis Sci. 2003;44:393–402; 13. Umeda N *et al.* Ophthalmic Res. 2003;35:217–223; 14. Pollreiz A *et al.* Invest Ophthalmol Vis Sci. 2023;64:2817; 15. Querques G *et al.* Invest Ophthalmol Vis Sci. 2023;64:2185; 16. Lim *et al.* Retina Society 2023; 17. Maunz A *et al.* Invest Ophthalmol Vis Sci. 2023;64:PB0039; 18. Jaffe G *et al.* ASRS 2023; 19. Goldberg RA *et al.* Invest Ophthalmol Vis Sci. 2023;64:2816; 20. Goldberg *et al.* ARVO 2024; 21. Goldberg RA *et al.* ARVO 2023; 22. Chaudhary V *et al.* Invest Ophthalmol Vis Sci. 2023;64:5056; 23. Lim JI *et al.* Invest Ophthalmol Vis Sci. 2023;64:2185; 24. Khanani A *et al.* Ophthalmology. 2024:S0161-6420(24)00134-9.

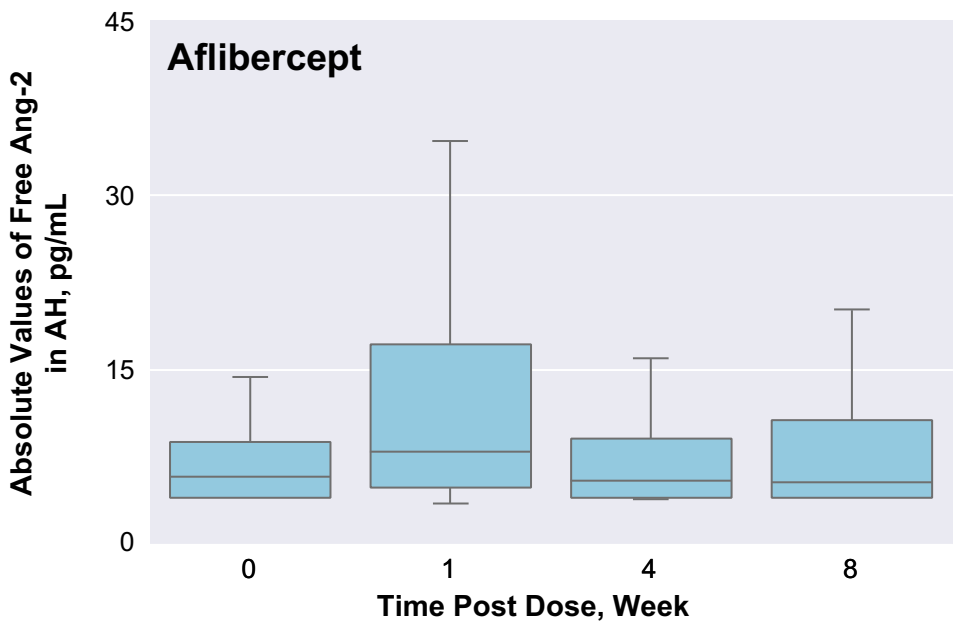
Faricimab, A Dual Pathway Inhibitor, Suppresses Ang-2 But Aflibercept Does Not[1,2]

TENAYA/LUCERNE pooled aqueous humour (AH) samples

Decrease in Absolute Value of Free Ang-2 in AH After Faricimab Treatment



No Significant Change in Absolute Value of Free Ang-2 in AH After Aflibercept Treatment

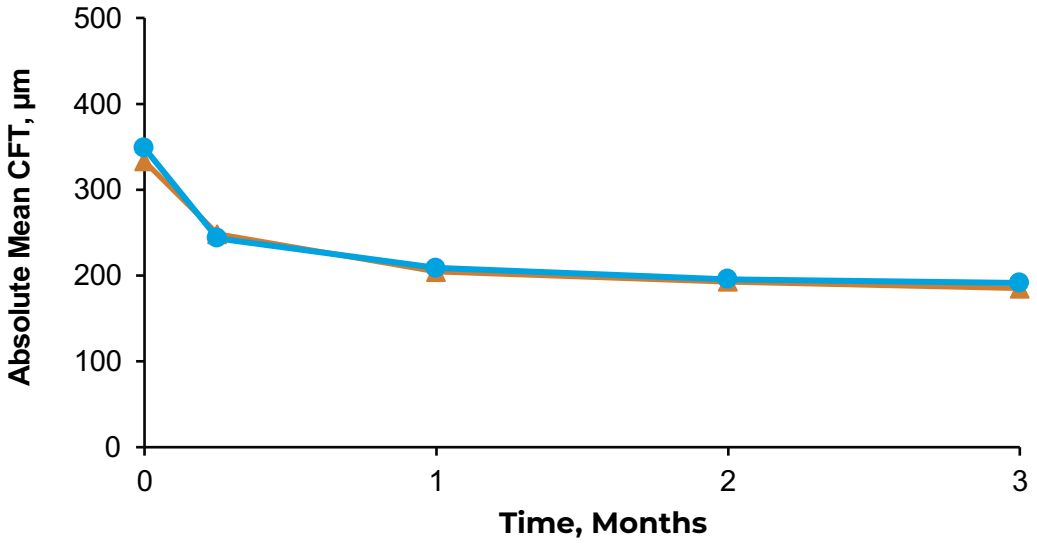


Adapted from Muni R *et al.* ASRS 2023.

~80% or more of the Ang-2 concentrations in patients treated with faricimab were BLQ within the 8-week post-dose time frame and variability and uncertainty on BLQ values were accounted for in the popPKPD model.
AH, aqueous humour; Ang-2, angiopoietin 2; BLQ, below the limit of quantification; popPKPD, population pharmacokinetic/pharmacodynamic. 1. Angermann R *et al.* Acta Ophthalmol. 2021;99(6):e869–875; 2. Muni R *et al.* ASRS 2023.

Increasing The Dose Of Anti-VEGF Did Not Further Improve Fluid Control[1-3]

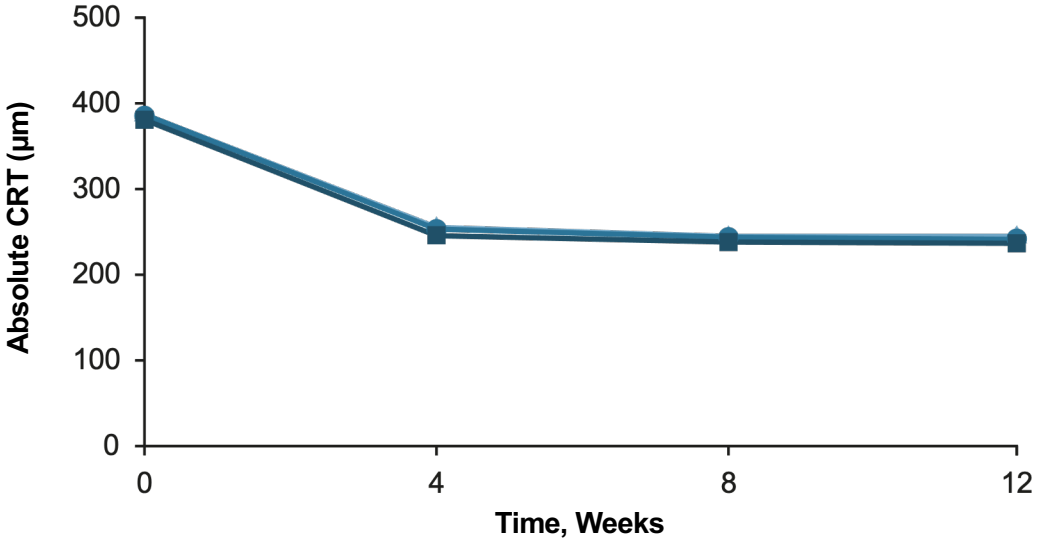
4 Times the Dose of Ranibizumab (HARBOR)[1]



▲ 0.5 mg Ranibizumab (n = 275)

● 2.0 mg Ranibizumab (n = 274)

4 Times the Dose of Aflibercept (PULSAR)[2,3]



▲ 2.0 mg Aflibercept Q8W (n=336)

● 8.0 mg Aflibercept Q12W (n=335)

■ 8.0 mg Aflibercept Q16W (n=338)

CFT, central foveal thickness; CRT, central retina thickness; QXW, every X weeks; VEGF, vascular endothelial growth factor. 1. Busbee BG *et al.* Ophthalmology. 2013;120(5):1046–1056; 2. London N *et al.* ASRS 2023; 3. Lanzetta P *et al.* AAO 2022.

SWISS VISIO
Retina Research Center

Real–World Results Of Faricimab In Naïve nAMD: Durability And Fluids Analysis Using Artificial Intelligence

Dr PD A. Ambresin [1,2,3]
Dr N. Bartolomeo, A. Déglise, M. Barry, Dr M. Barbosa [1,2]

1. Swiss Visio Retina Research Center, Lausanne, Switzerland
2. Swiss Visio Montchoisi, IFSM B Center, Lausanne
3. University of Lausanne

Objectives Of Real-World Swiss Visio Retina Research Center (SVRRC) Cohorts[1]

Real world ongoing, prospective, monocentric, observational studies

- Cohort: treatment-naïve nAMD patients

Aims:

- Assess the visual and anatomical outcomes
- Analyze the dynamics of retinal fluid and PED volumes using an AI-based quantification tool
- Report durability outcomes

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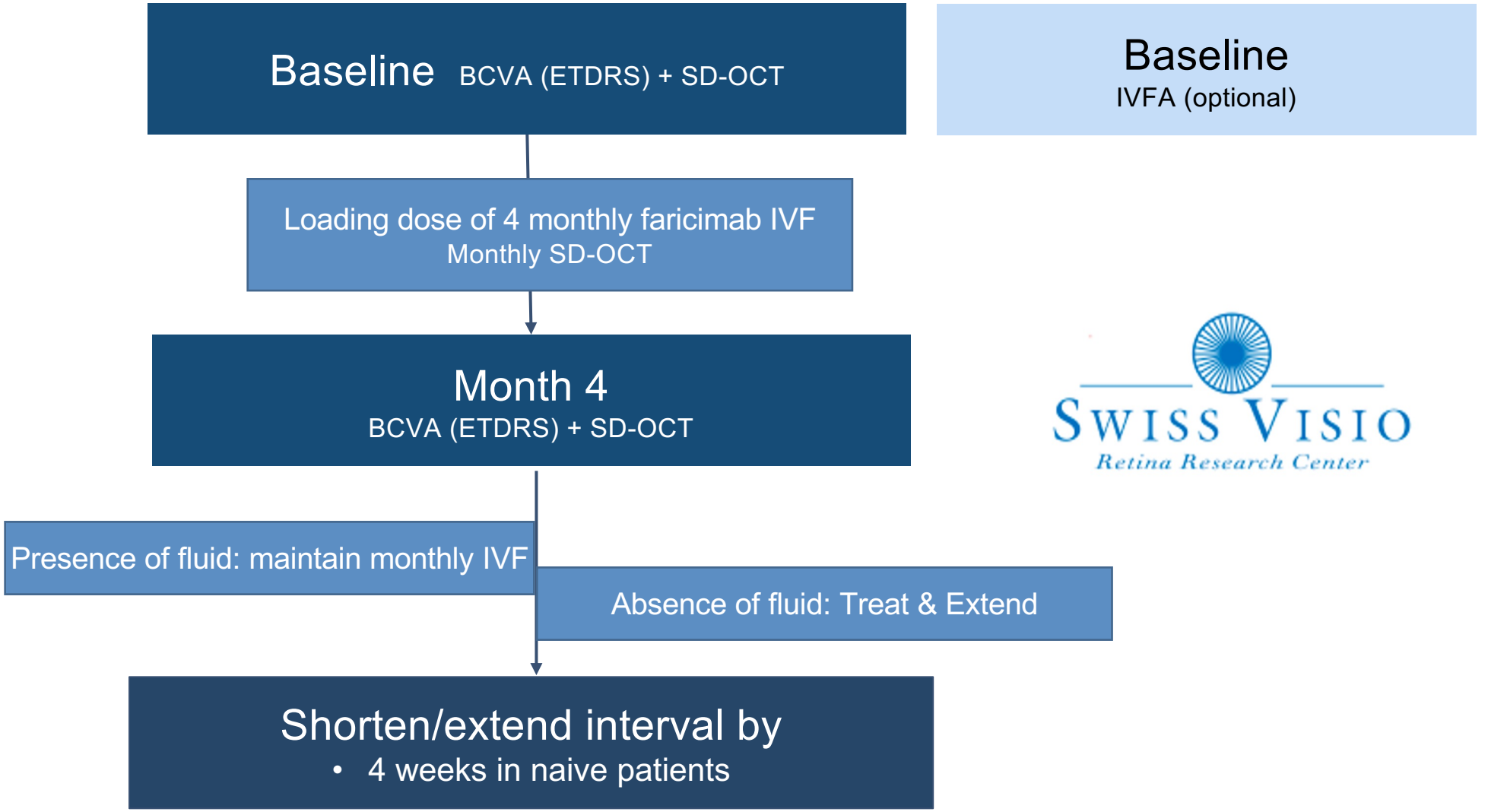
AI, artificial intelligence; nAMD, neovascular age-related macular degeneration; PED, pigment epithelial detachment; SVRRC, Swiss Visio Retina Research Center. 1. Swiss Visio Retina Research Center Cohort Data.

Real-World Treatment Treat And Extend Regimen For Naïve Patients In SVRRC[1]



BCVA, best corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; IVF, intravitreal injection of faricimab; IVFA, intravenous fluorescein angiography; IVT, intravitreal injection of faricimab; RW, real world; SD-OCT, spectral domain optical coherence tomography; SVRRC, Swiss Visio Retina Research Center. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort: Demographics Results – Baseline Demographics nAMD[1]

Baseline characteristics	N=51, 57 eyes
Mean age, years	81.7 ± 6.7
Sex, Females (%)	40 (76.9%)
BCVA (ETDRS letters)	67.4 ± 13.3
MNV type	
Type 1 (Occult)	25 (43.1%)
Type 2 (Classic)	10 (17.2%)
Type 3 (Retinal angiomatous proliferation)	18 (31.1%)
Polypoidal choroidal vasculopathy (PCV) type 1	5 (8.6%)
Type of fluid	
IRF	38 (65.5%)
SRF	38 (65.5%)
Sub-RPE fluid	33 (56.9%)

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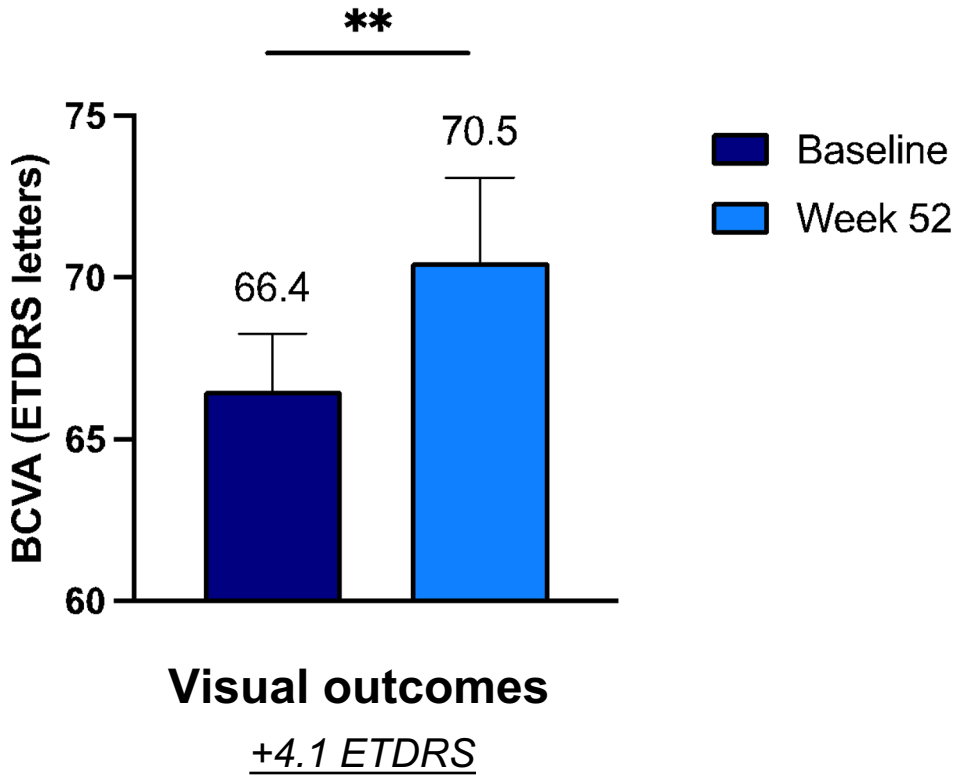
BCVA, best corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; IRF, intraretinal fluid; MNV, macular neovascularization; nAMD, neovascular age-related macular degeneration; PCV, polypoidal choroidal vasculopathy; RPE, retinal pigment epithelium; SRF, subretinal fluid.

1. Swiss Visio Retina Research Center Cohort Data.

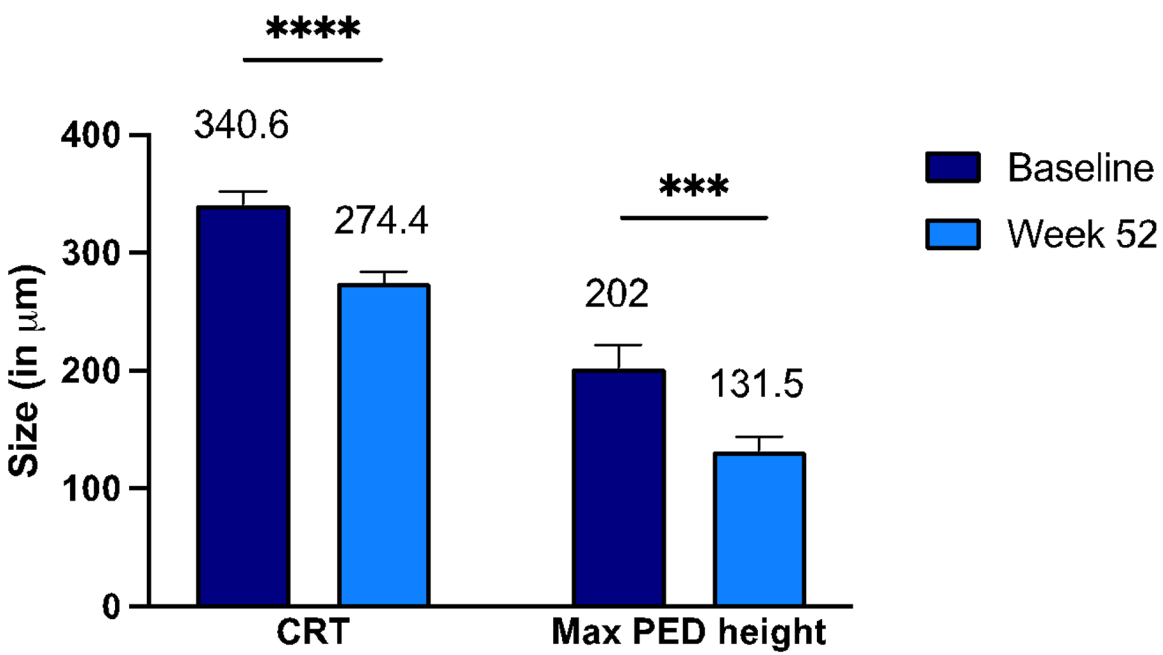
Cohort 1: Results[1]

Visual and Anatomical Outcomes at Week 52 (n=41)



Visual outcomes

+4.1 ETDRS



Anatomical outcomes

CRT: *-66.2 µm* Max **PED**: *-70.5 µm*

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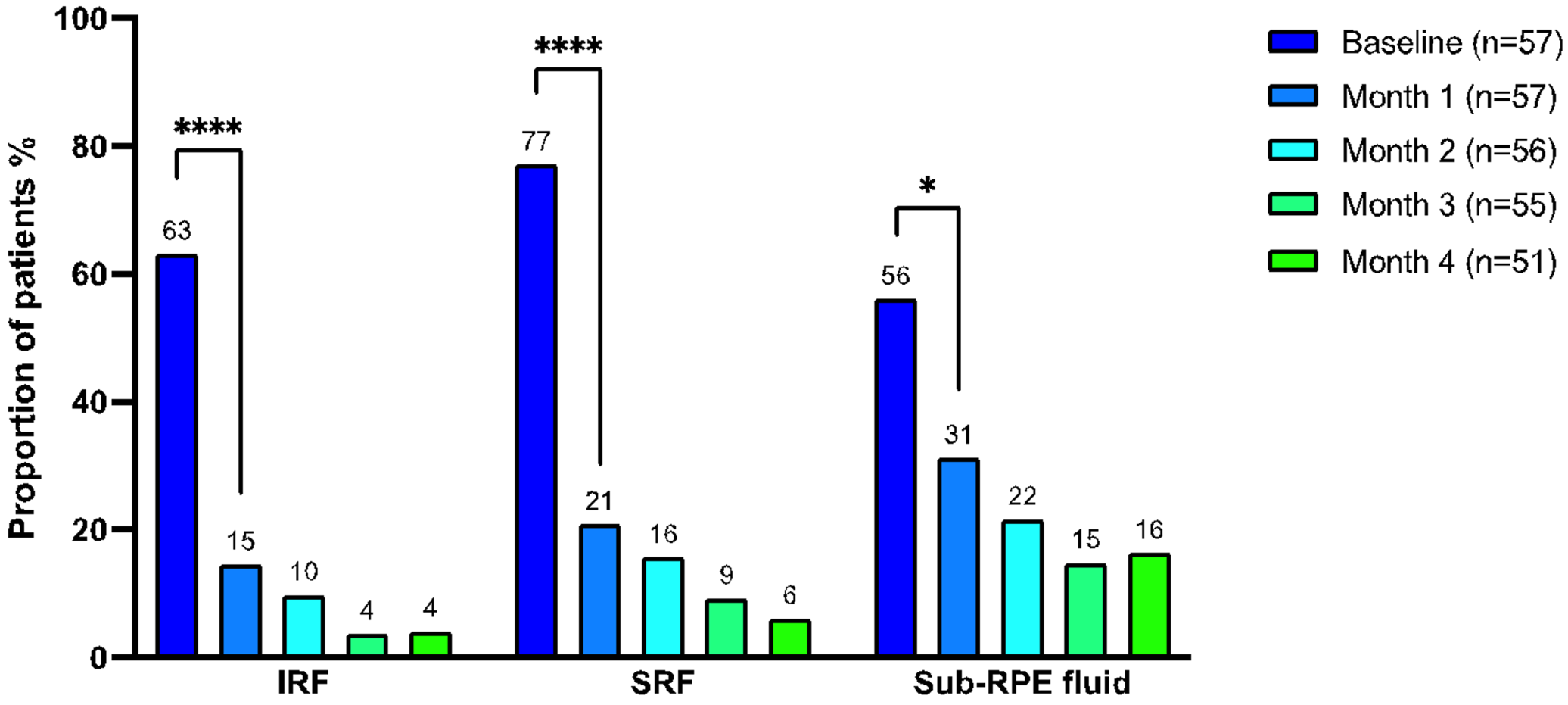
p value < 0.01. ***p value < 0.001.**p value <0.0001. BCVA, best corrected visual acuity; CRT, central retina thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; PED, pigment epithelial detachment. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort 1: Results[1]

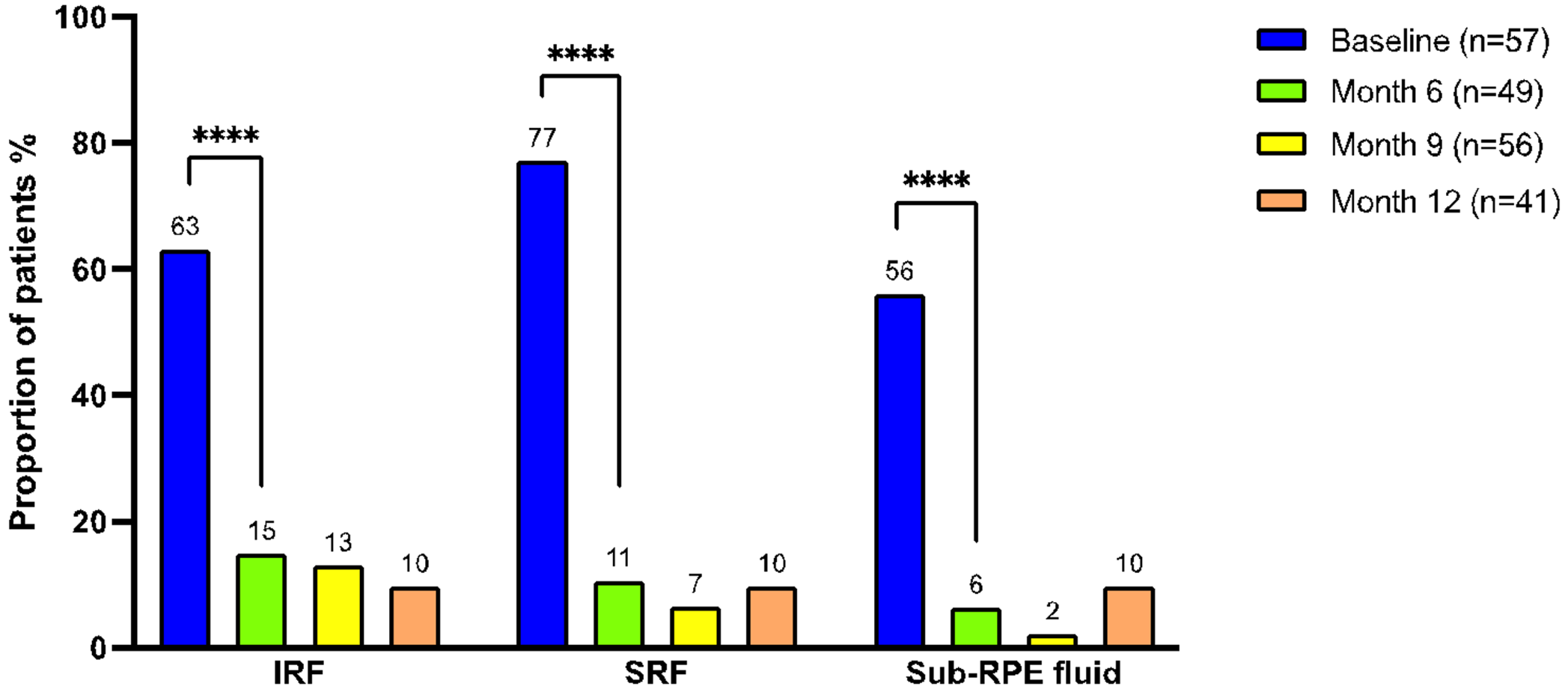
Qualitative Analysis of Fluid Dynamics During Loading Dose



*p value < 0.05. ****p value <0.0001. IRF, intraretinal fluid; SRF, subretinal fluid; RPE, retinal pigment epithelium. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort 1: Results[1]

Qualitative Analysis of 12 Months Fluid Dynamics



****p value <0.0001. IRF, intraretinal fluid; SRF, subretinal fluid; RPE, retinal pigment epithelium. 1. Swiss Visio Retina Research Center Cohort Data.

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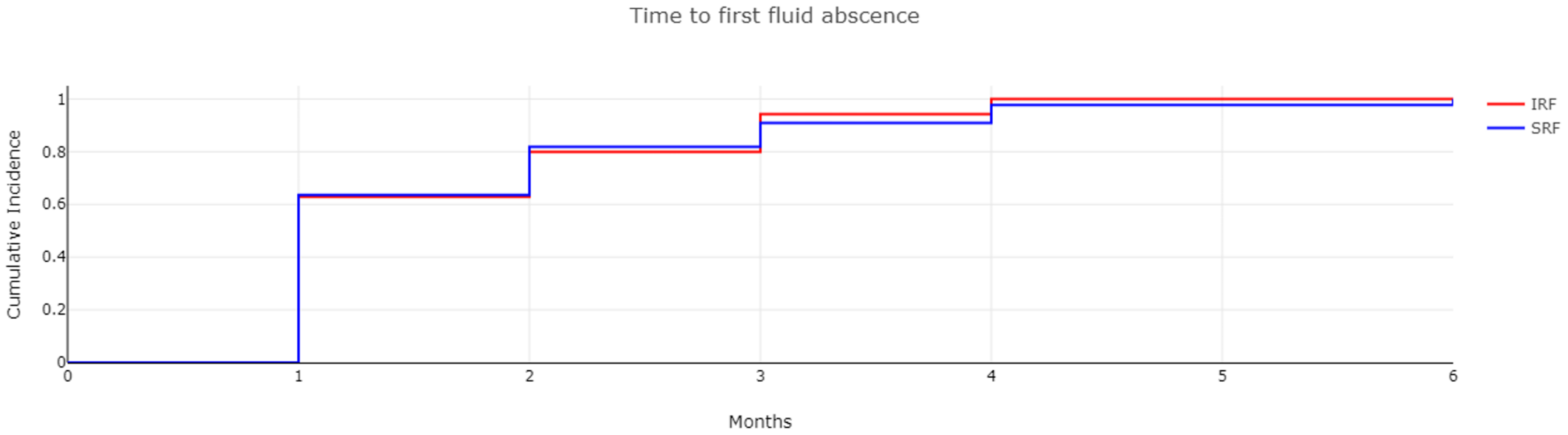
Swiss Visio Cohort – Time To First Intraretinal Fluid And Subretinal Fluid Absence[1]



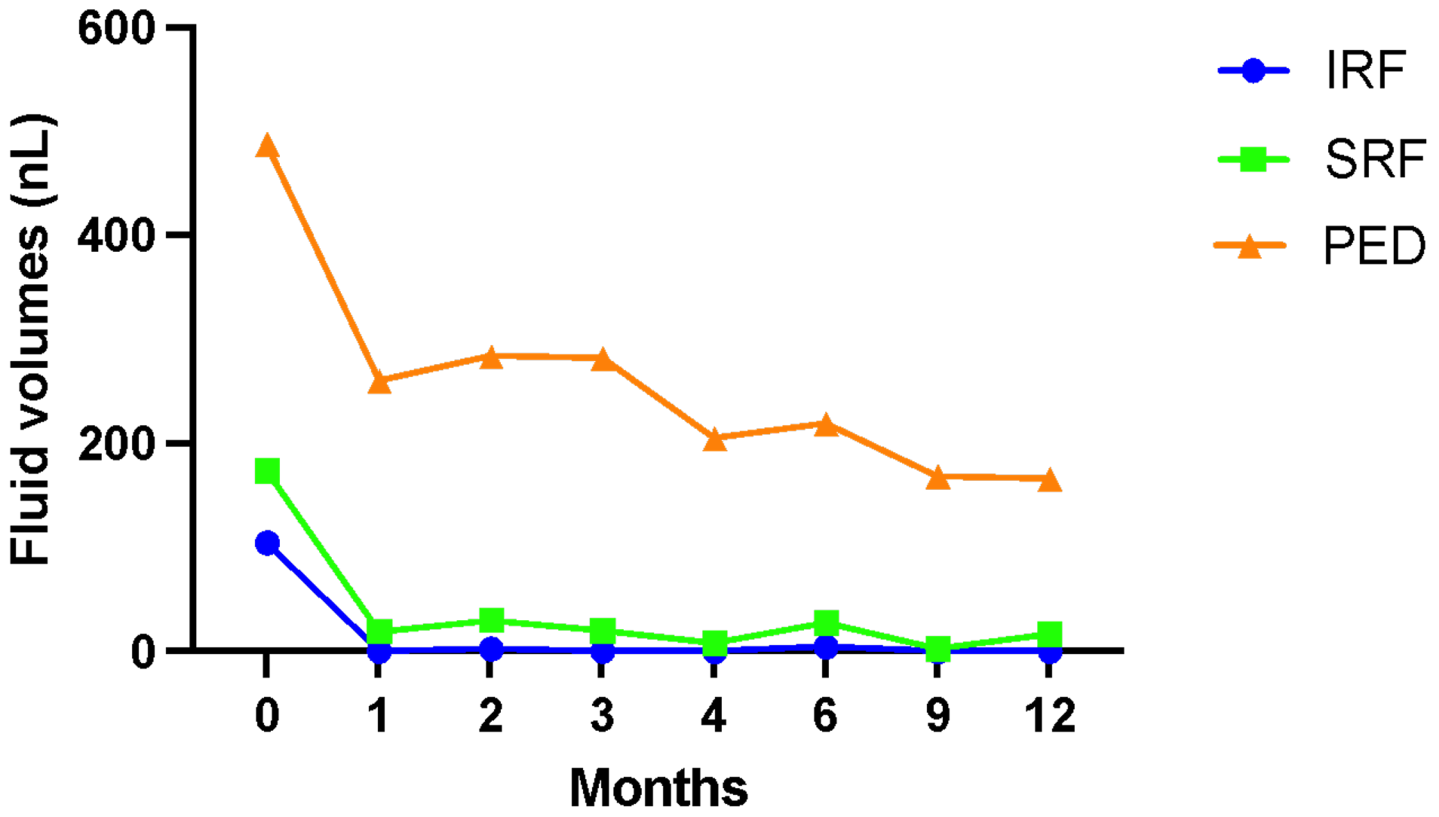
Cumulative incidence	1 month	2 months	3 months	4 months	6 months	9 months	12 months
IRF	62%	80%	94%	100%	-	-	-
SRF	63%	81%	90%	97%	100%	-	-

The necessary time is defined as the time between the first injection and the time when the patient does not present any intra retinal fluid and/or sub-retinal fluid for the first time (regardless of whether intraretinal fluid subsequently reappeared).

IRF, intraretinal fluid; SRF, subretinal fluid. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort 1: Results[1]

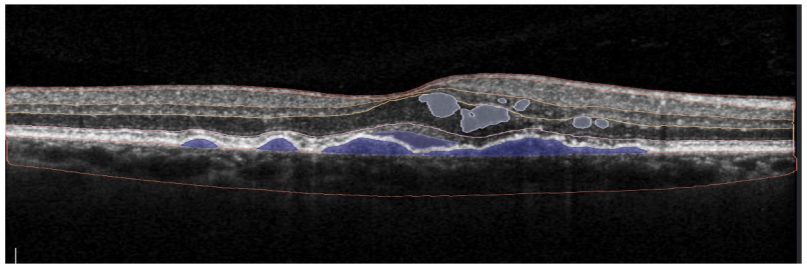
Quantitative Fluid Dynamics Compartment Analysis Using AI (RetinAI®) (n=41)



	Month 0	Month 12	p-value
IRF (nL)	105	0.6	<0.0001
SRF (nL)	174	16	<0.0001
PED (nL)	488	166	<0.0001

RetinAI Discovery CORE®

- AI-based analysis on OCTs volumes for layer & fluid segmentation (CE-marked)

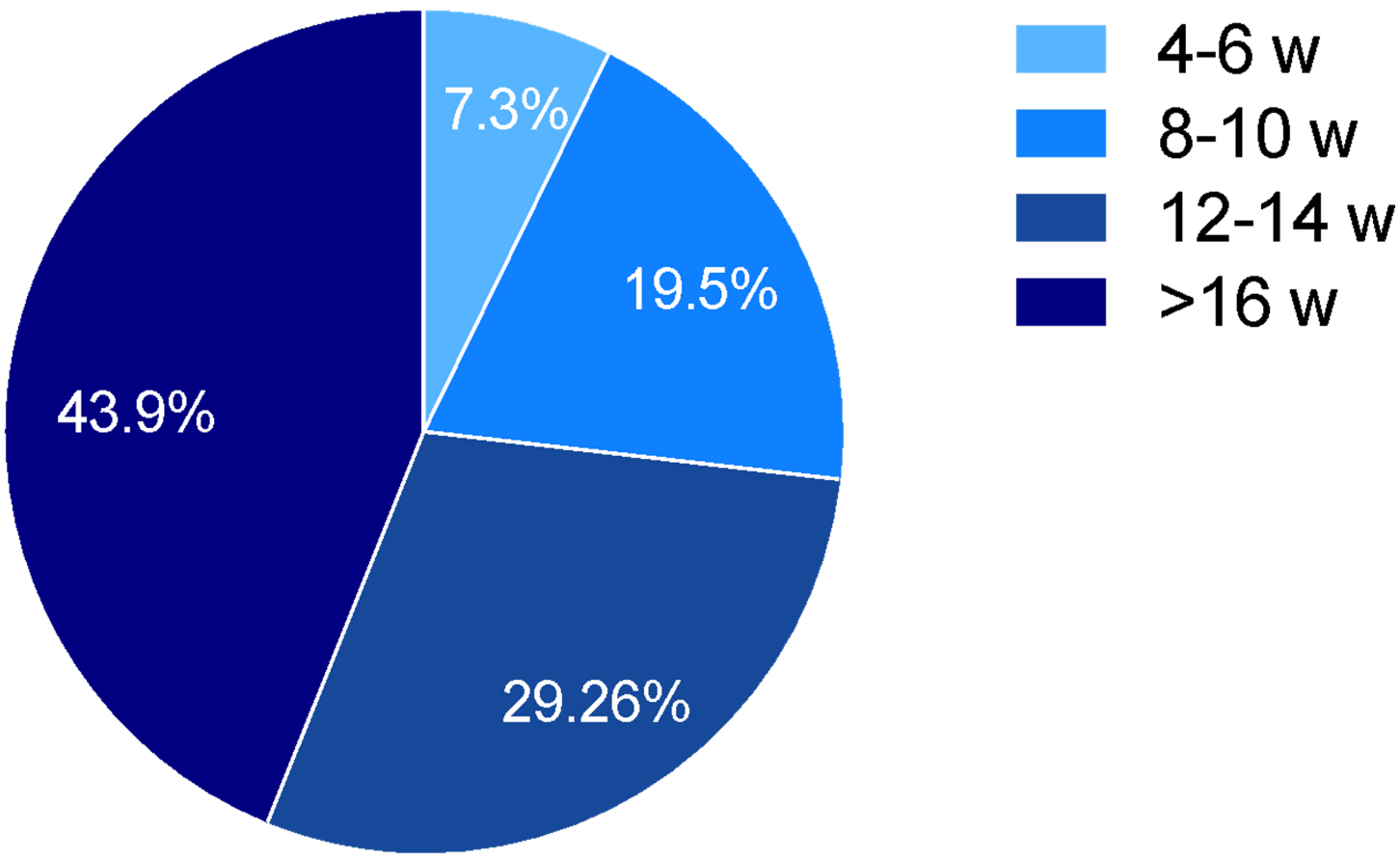


aambresin@swissvisio.net

AI, artificial intelligence; CE, Conformité Européenne; IRF, intraretinal fluid; OCT, optical coherence tomography; PED, pigment epithelial detachment; SRF, subretinal fluid. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort 1: Results[1]
Durability n=41

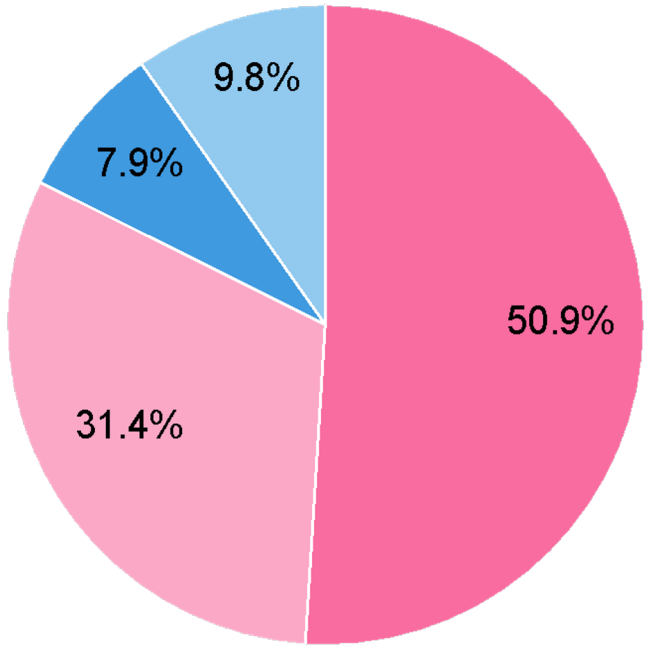
73% with ≥Q12W



aambresin@swissvisio.net

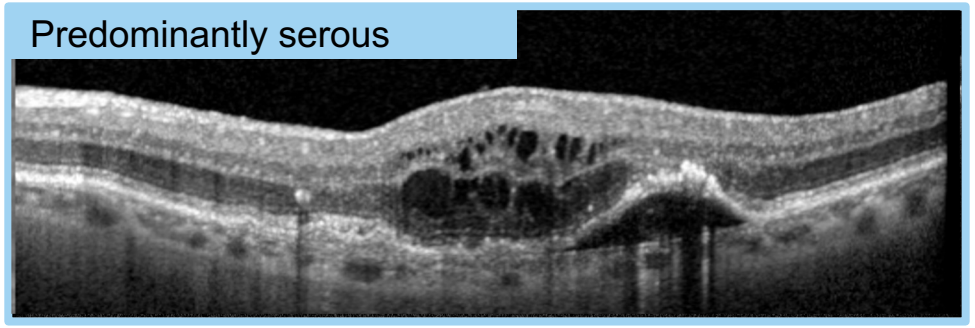
QXW, every X weeks. 1. Swiss Visio Retina Research Center Cohort Data.

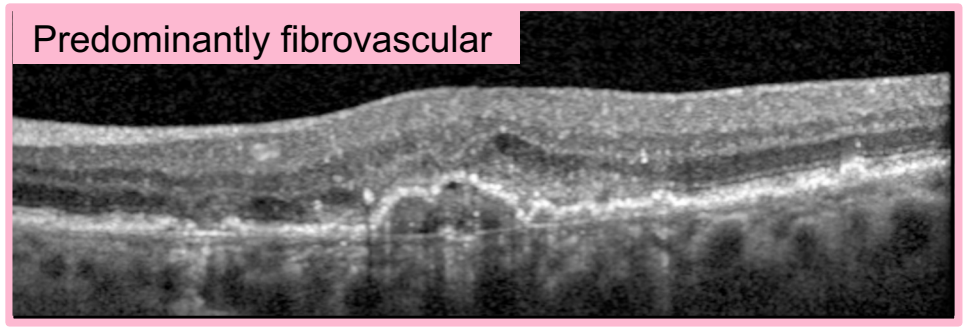
Among Patients With PED In Any Location, ~18% Of PEDs At Baseline Were Serous (n=51)[1]

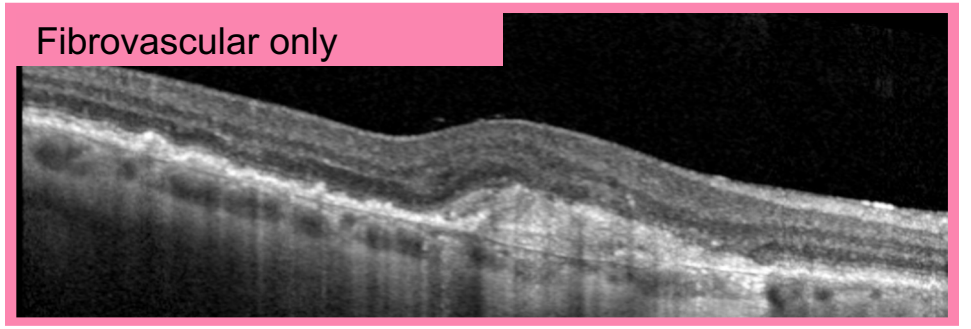


Serous only
Predominantly serous
Fibrovascular only
Predominantly fibrovascular

82.3% of PEDs were fibrovascular or predominately fibrovascular





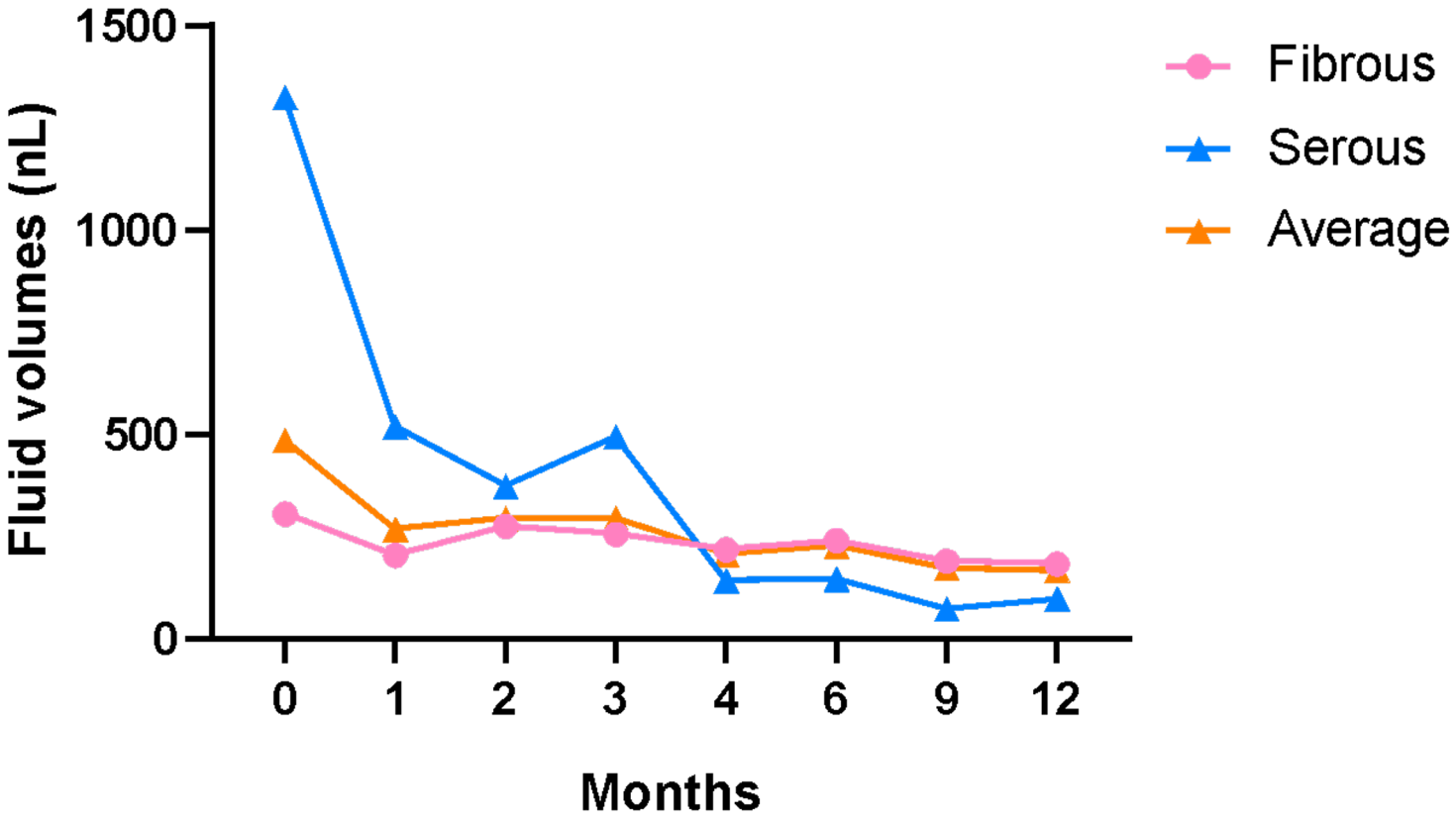


aambresin@swissvisio.net

PED, pigment epithelial detachment. 1. Swiss Visio Retina Research Center Cohort Data.

Cohort 1: Results[1]

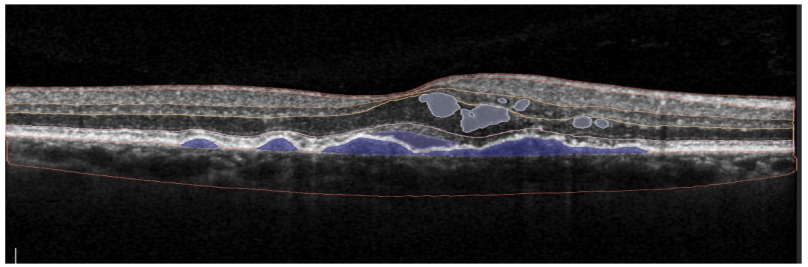
Quantitative PED Dynamics Analysis Using AI (RetinAI®) (n=41)



	Month 0	Month 12	p-value
Average (nL)	488	166	<0.0001
Fibrous (nL)	305	190	0.0009
Serous (nL)	1324	96	0.0313

RetinAI Discovery CORE®

- AI-based analysis on OCTs volumes for layer & fluid segmentation (CE-marked)



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AI, artificial intelligence; CE, Conformité Européenne; OCT, optical coherence tomography; PED, pigment epithelial detachment. 1. Swiss Visio Retina Research Center Cohort Data.

Safety[1]

- **Adverse events in the Swiss Visio RRC cohort**
- **Real-world naïve cohort, n=58 eyes**

  - 1 patient with retinal PED and definitive lowering of VA of >35 ETDRS letters
  - 1 hyalosis, sterile vitreous sampling (Vitrectomy and intravitreal) without lowering of VA
  - 1 acute anterior uveitis with favourable evolution under topical treatment without lowering of VA

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ETDRS, Early Treatment Diabetic Retinopathy Study; PED, pigment epithelial detachment; RRC, Retina Research Centre; VA, visual acuity. 1. Swiss Visio Retina Research Center Cohort Data.

Conclusions[1]

12 month real world data study showed:

- Significant improvement of **visual** and **anatomical outcomes**
- Drying
  - Absence of **IRF** at month 4, and of **SRF** at month 6
  - Rapid reduction in **PED** volume, with significant reduction at month 12
- Durability
  - 73% of patients extended **treatment intervals** to ≥12 w

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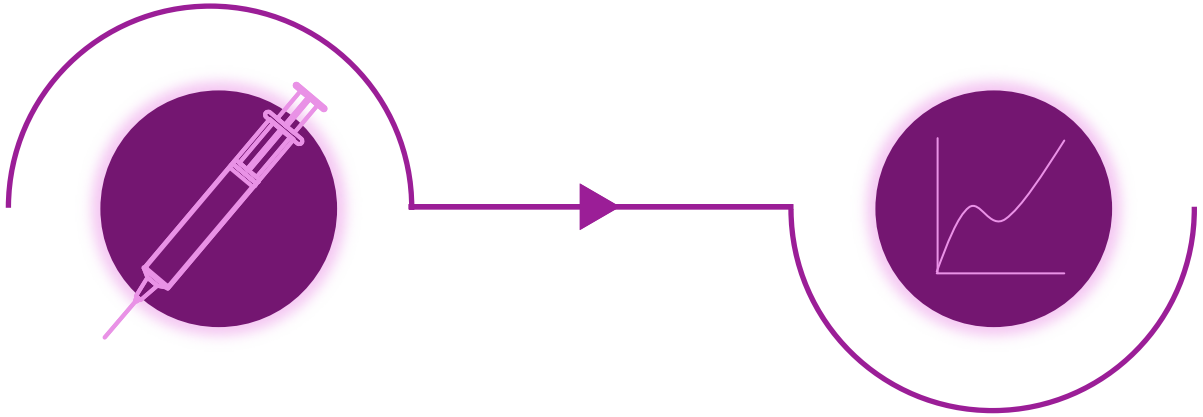
IRF, intraretinal fluid; PED, pigment epithelial detachment; SRF, subretinal fluid; w, weeks. 1. Swiss Visio Retina Research Center Cohort Data.

Take Home Messages



Faricimab is a **bispecific antibody targeting two pathways** via inhibition of Ang-2 and VEGF-A

Clinical biomarkers show the potential **benefit of dual inhibition**, over VEGF pathway inhibition alone

Ang-2, angiopoietin-2; VECF-A, vascular endothelial growth factor A.

Time for Some Questions!

Which popular Swedish music group rose to international fame after winning the Eurovision Song Contest in 1974 with the hit song "Waterloo"?

Roche

A ABBA

B Roxette

C Ace of Base

D The Cardigans

AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

Which popular Swedish music group rose to international fame after winning the Eurovision Song Contest in 1974 with the hit song "Waterloo"?

Roche

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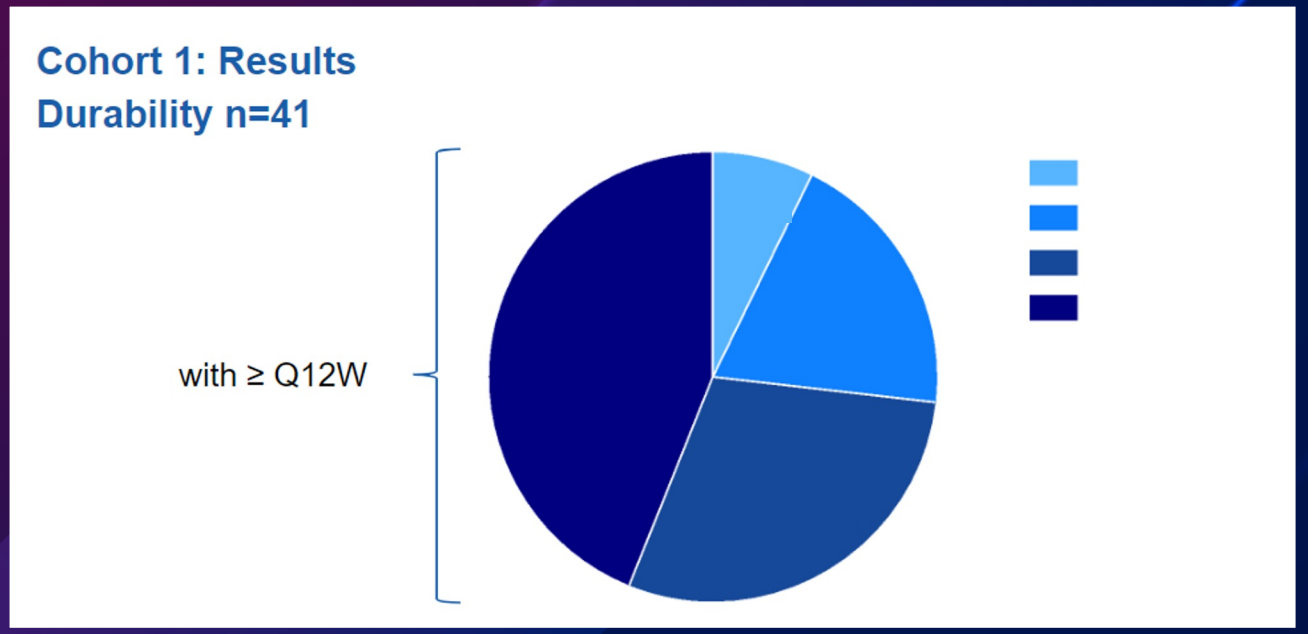
AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

What percentage of patients in the Swiss Visio Retina Research Center (SVRRC) cohort achieved ≥Q12W treatment interval with faricimab?



A 29%

B 73%

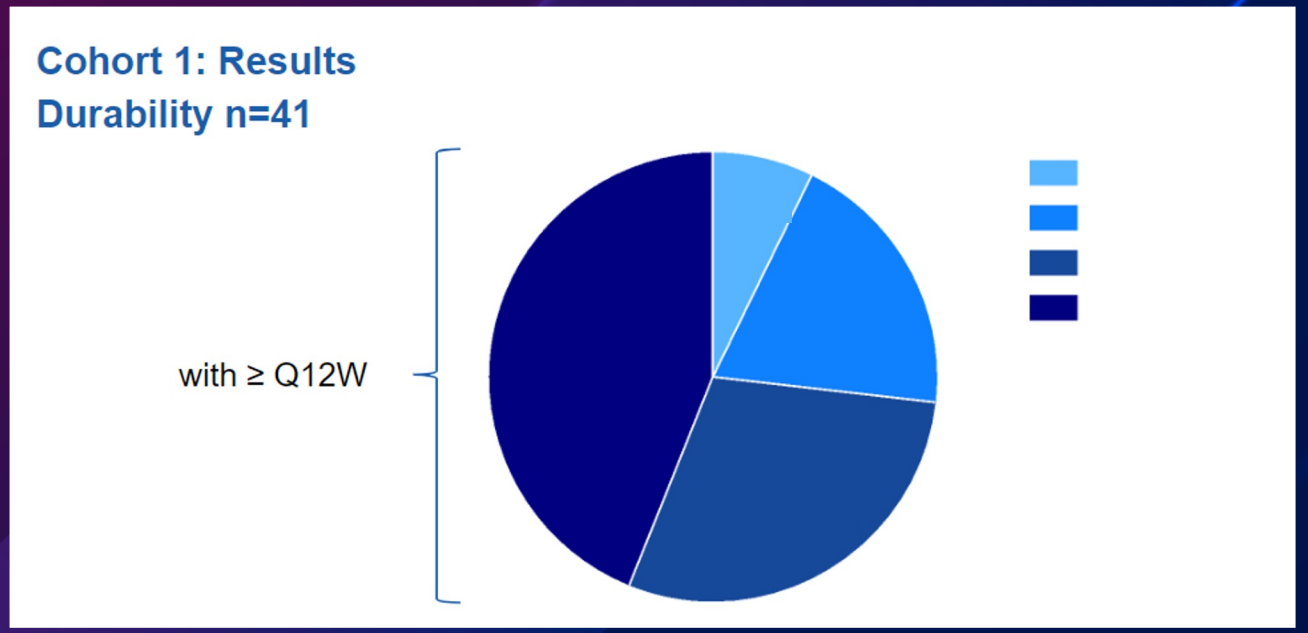
C 53%

D 38%

50:50

Swiss Visio Retina Research Center
Cohort Data

What percentage of patients in the Swiss Visio Retina Research Center (SVRRC) cohort achieved ≥Q12W treatment interval with faricimab?



A 29%

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D 38%

Swiss Visio Retina Research Center Cohort Data

50:50

AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

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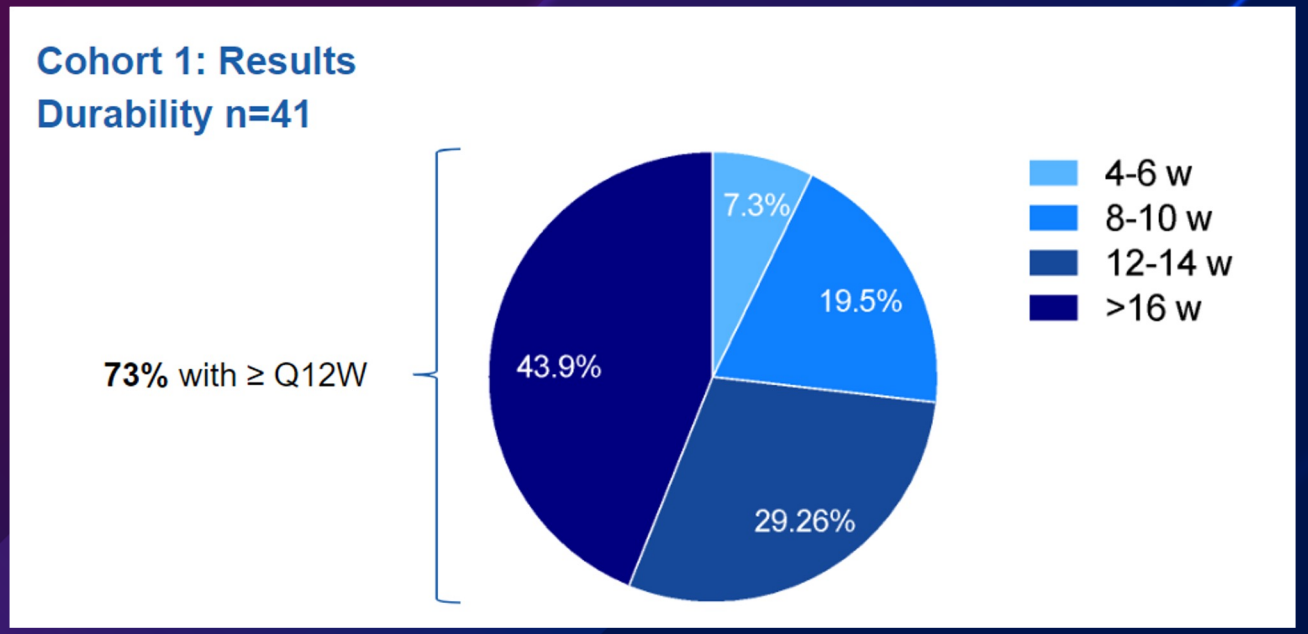

A 29%

B 73%

C 53%

D 38%

50:50

Swiss Visio Retina Research Center
Cohort Data

AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

What exemplifies best the role of Ang-2 in nAMD treatment with faricimab?

Roche

A Reduced IRF

B Reduced SRF

C Reduced PED

D All of these

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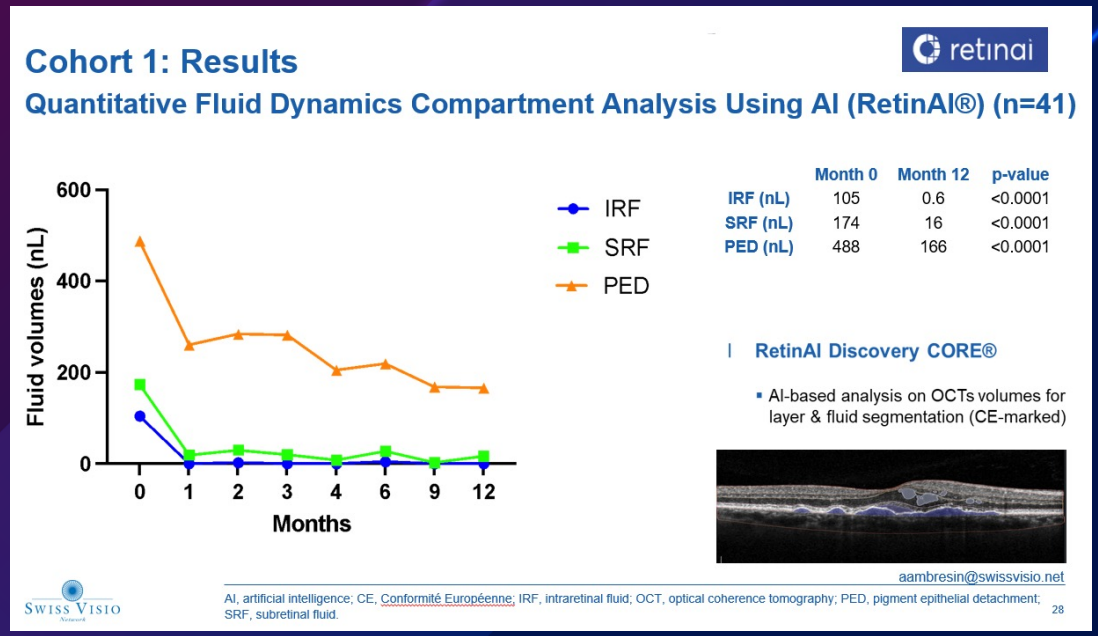


A Reduced IRF

B Reduced SRF

C Reduced PED

D All of these

50:50

Swiss Visio Retina Research Center
Cohort Data

AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

Round 1

1 / 3

AUDE AMBRESIN

1 / 3

BORIS STANZEL

1 / 3

PRAVEEN PATEL

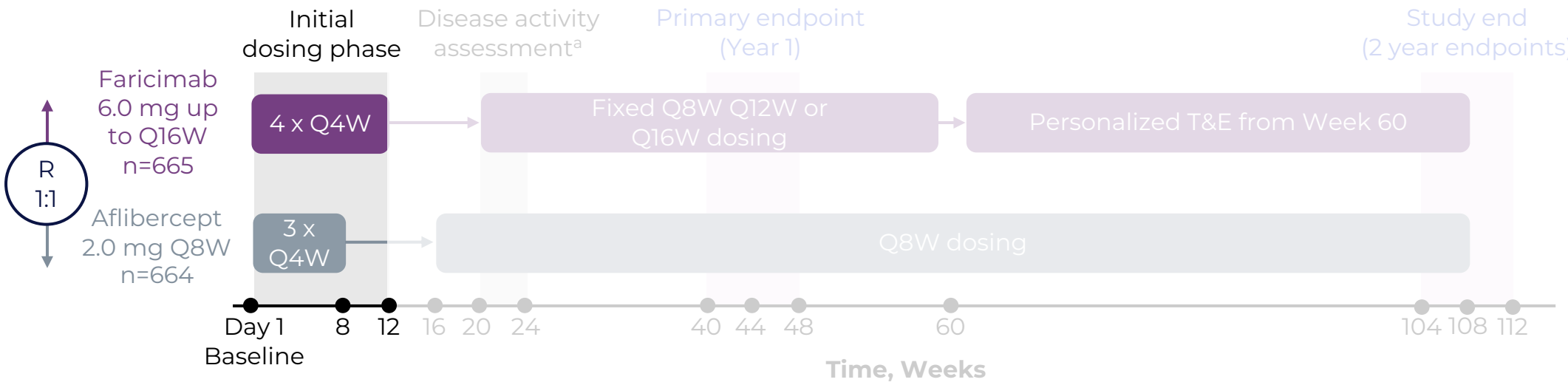
Drying: Achieving Disease Control

Boris Stanzel

Consultant Retina Specialist and Director, Macula Centre Knappschaft, Eye Hospital Sulzbach Saarbrücken, Germany

TENAYA/LUCERNE Head-To-Head Period In The Initial Dosing Phase[1]

TENAYA/LUCERNE pooled

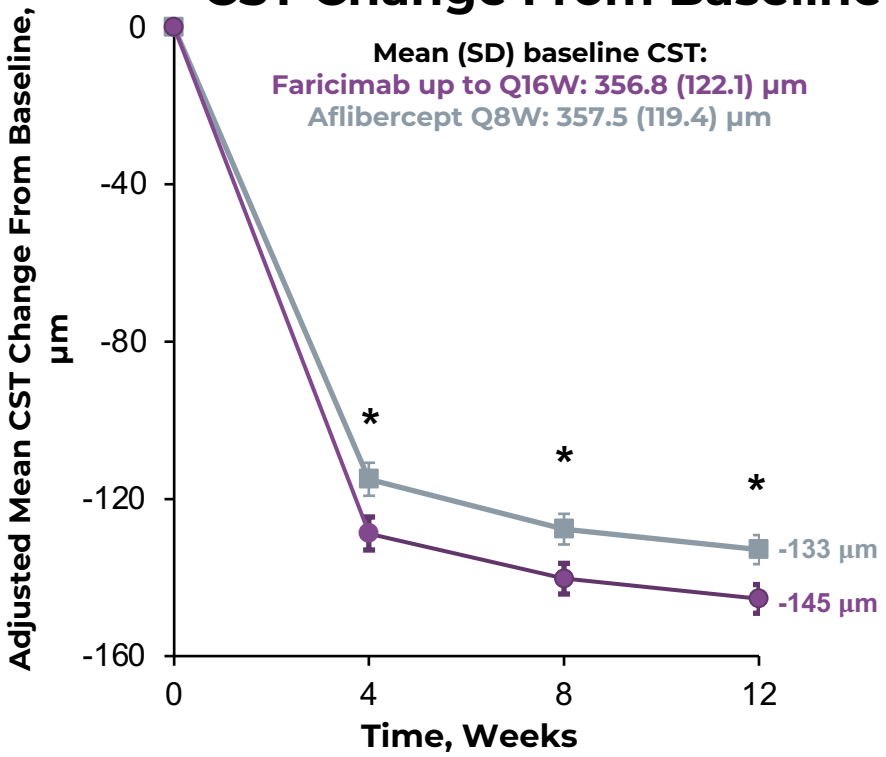


Patients in both arms were required to attend study visits every 4 weeks and received a sham procedure at non-active dosing visits to preserve treatment masking. Week 112 was a non-dosing visit.
[a]All patients underwent disease activity assessment at Weeks 20 and 24 to preserve masking. QXW, every X weeks; R, randomized; T&E, treat-and-extend. 1. Chaudhary V *et al.* ARVO 2023.

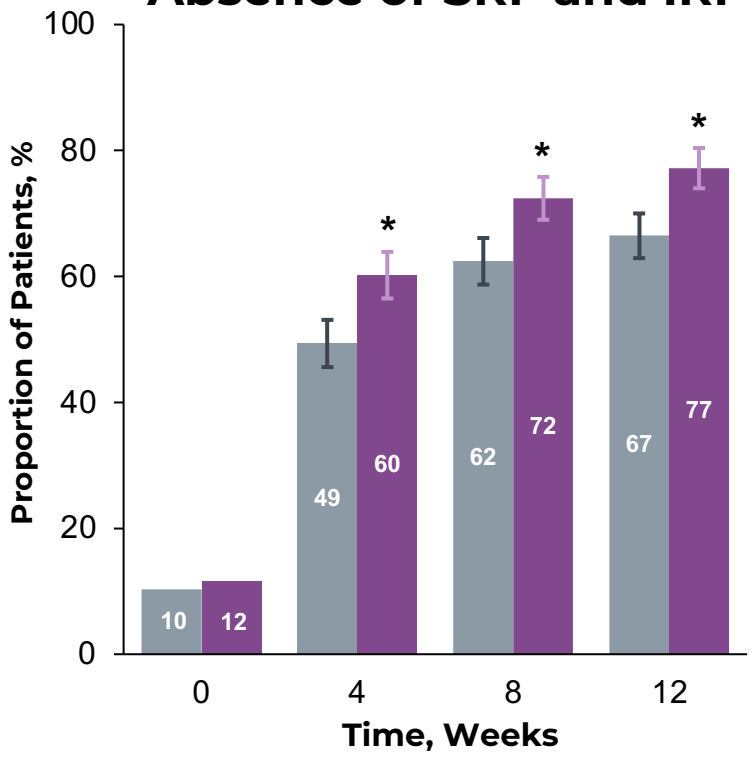
During The Head-To-Head Period Greater Anatomic Improvements Were Achieved With Faricimab Vs Aflibercept[1]

TENAYA/LUCERNE pooled: post hoc analysis

CST Change From Baseline



Absence of SRF and IRF[a]

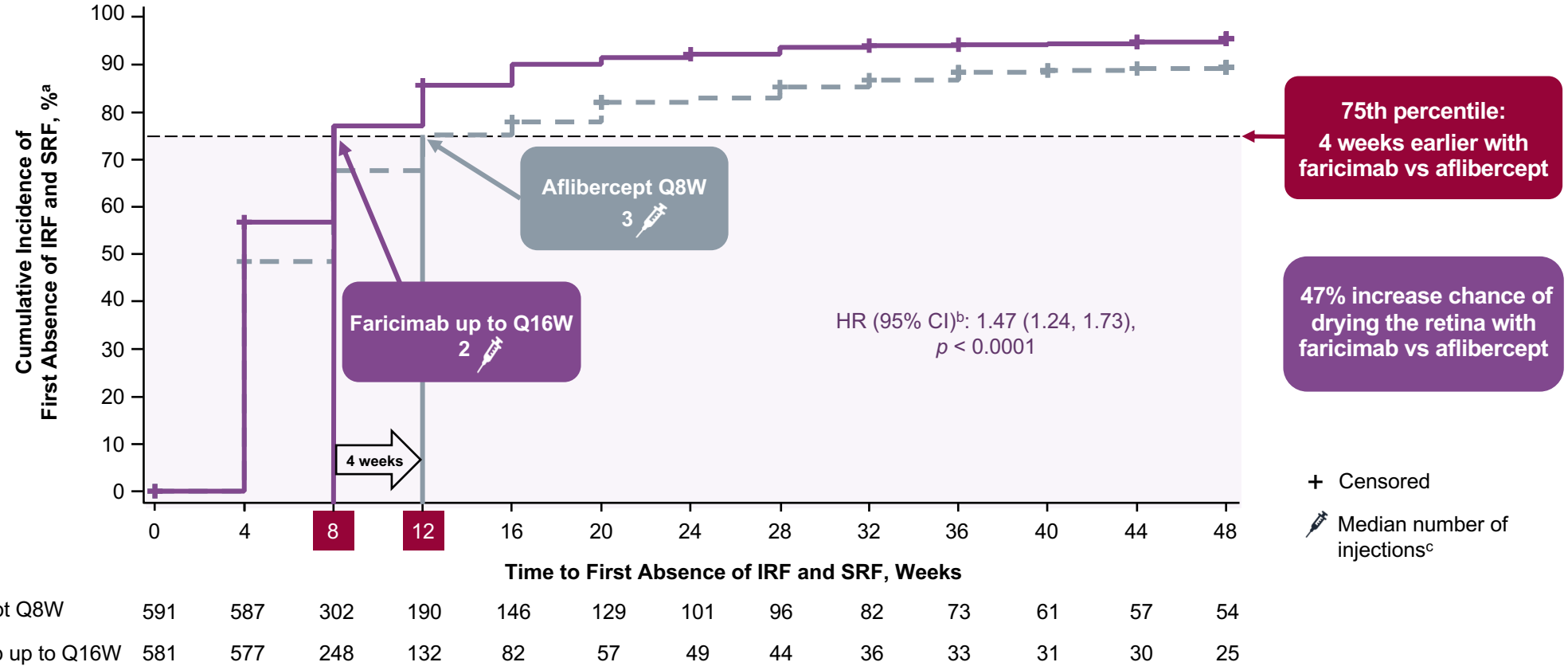


Aflibercept Q8W (n=664) ● Faricimab up to Q16W (n=665) * Nominal $p \leq 0.0001$ vs aflibercept

Results are based on a mixed model for repeated measures analysis in the ITT population. Treatment policy strategy and hypothetical strategy were applied to non–COVID-19–related and COVID-19–related intercurrent events, respectively. CST is measured as ILM-RPE, as graded by a central reading center. P values are nominal and not adjusted for multiplicity; no formal statistical conclusion should be made based on the p values. [a]IRF and SRF are as measured in the central subfield (center 1 mm). All values except at baseline are weighted CMH estimates, which is based on CMH test stratified by baseline BCVA (≥74, 73–55, ≤54 letters), baseline LLD (<33, ≥33 letters), region (United States and Canada vs the rest of the world) and study (TENAYA vs LUCERNE). 95% CIs are shown and estimates <0% or >100% are imputed as 0% or 100%, respectively. BL, baseline; BCVA, best-corrected visual acuity; CI, confidence interval; CMH, Cochran-Mantel-Haenszel; COVID-19, coronavirus disease 2019, CST, central subfield thickness; ILM, internal limiting membrane; IRF, intraretinal fluid; ITT, intent-to-treat; LLD, low luminance deficit; QXW, every X weeks; RPE, retinal pigment epithelium; SD, standard deviation; SRF, sub-retinal fluid. 1. Chaudhary V *et al.* Invest Ophthalmol Vis Sci. 2023;64:5056.

Faster First Absence Of IRF And SRF With Faricimab Vs Aflibercept[1]

TENAYA/LUCERNE pooled: post hoc analysis

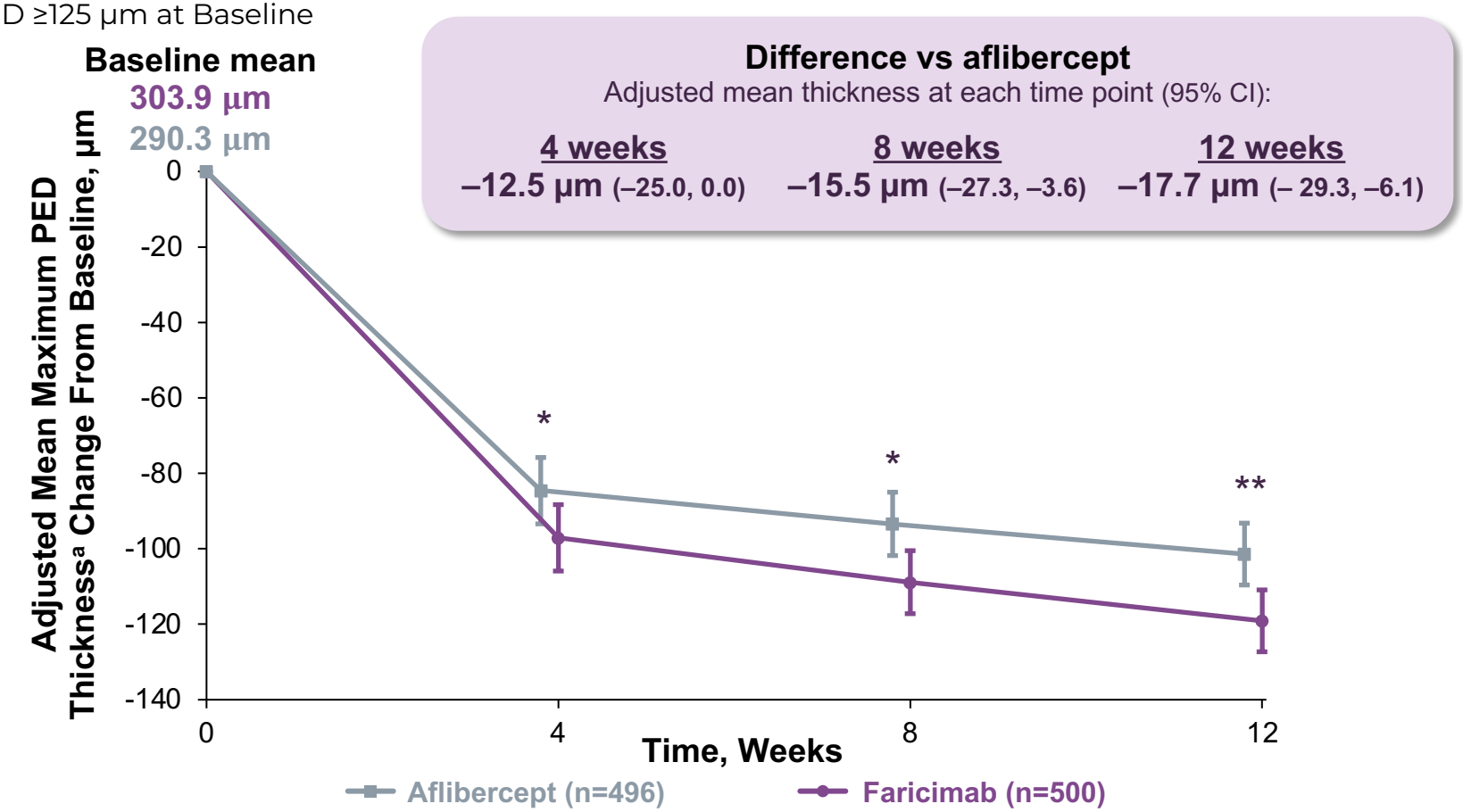


Summaries of time to first absence of IRF and SRF are Kaplan–Meier estimates, with the time variable defined as the target visit week. P values are nominal and not adjusted for multiplicity; no formal statistical conclusion should be made based on the p values. [a]IRF and SRF are as measured in the central subfield (center 1 mm). Event is defined as the first absence of IRF and SRF after randomization date. Patients with absence of IRF and SRF at baseline were excluded from the analysis. [b]Results from stratified analyses are presented for HR and log-rank test. Stratification factors are baseline BCVA (≥74, 73–55, ≤54 letters), baseline LLD (<33, ≥33 letters), region (United States and Canada, Asia and the rest of the world) and study (TENAYA vs LUCERNE). HRs were estimated by Cox regression. An HR >1 favors faricimab over aflibercept. [c]The number of injections includes any active drug administered (faricimab or aflibercept), including medication errors. BCVA, best-corrected visual acuity; CI, confidence interval; HR, hazard ratio; IRF, intraretinal fluid; LLD, low-luminance deficit; SRF, subretinal fluid. 1. Haug S *et al.* ARVO 2024.

During The Head-To-Head Period Greater Reduction In Maximum PED Thickness Was Achieved With Faricimab Vs Aflibercept[1]

TENAYA/LUCERNE pooled: post hoc analysis[a]

Patients With PED ≥125 µm at Baseline



Difference vs aflibercept

Adjusted mean thickness at each time point (95% CI):

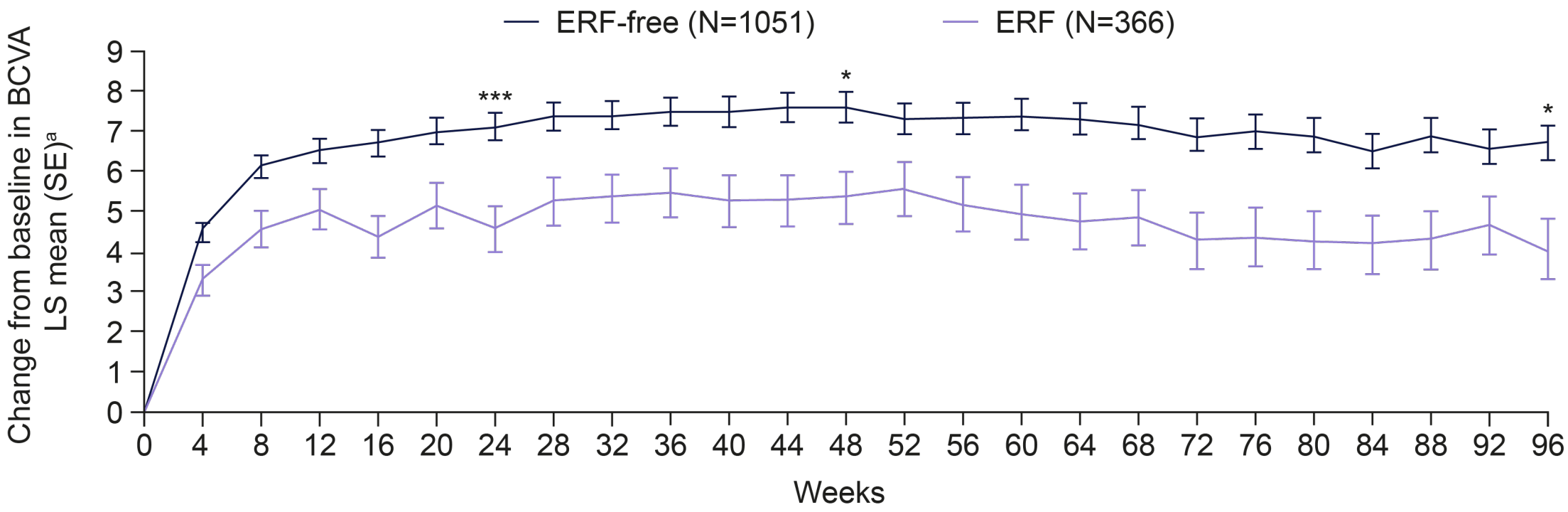
4 weeks	8 weeks	12 weeks
–12.5 µm (–25.0, 0.0)	–15.5 µm (–27.3, –3.6)	–17.7 µm (– 29.3, –6.1)

*Nominal p<0.05 vs aflibercept; **Nominal p<0.01 vs aflibercept. p values are nominal and not adjusted for multiplicity; no formal statistical conclusion should be made based on the p values. [a]Within the 6 mm ETDRS grid. PED thickness results are based on a mixed model for repeated measures analysis in the ITT population adjusted for treatment group, visit, visit-by-treatment group interaction, baseline PED (continuous), PED type at baseline (fibrovascular vs serous), baseline BCVA (≥74, 73–55 and ≤54 letters), baseline LLD (<33 and ≥33 letters), region (United States and Canada, Asia and the rest of the world), reading centre (Vienna vs Duke) 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. 95% CIs are shown. Presence of PED defined as measured maximum thickness of PED within 6 mm ETDRS grid at baseline. BCVA, best-corrected visual acuity; CI, confidence interval; COVID-19, coronavirus disease 2019; ETDRS, Early Treatment Diabetic Retinopathy Study; ITT, intent-to-treat; LLD, low-luminance deficit; PED, pigment epithelial detachment. 1. Lai TYY *et al.* APVRS 2023.

Early Fluid Resolution Is Associated With Better Visual Outcomes At 96 Weeks[1]

HAWK/HARRIER pooled: post hoc analysis

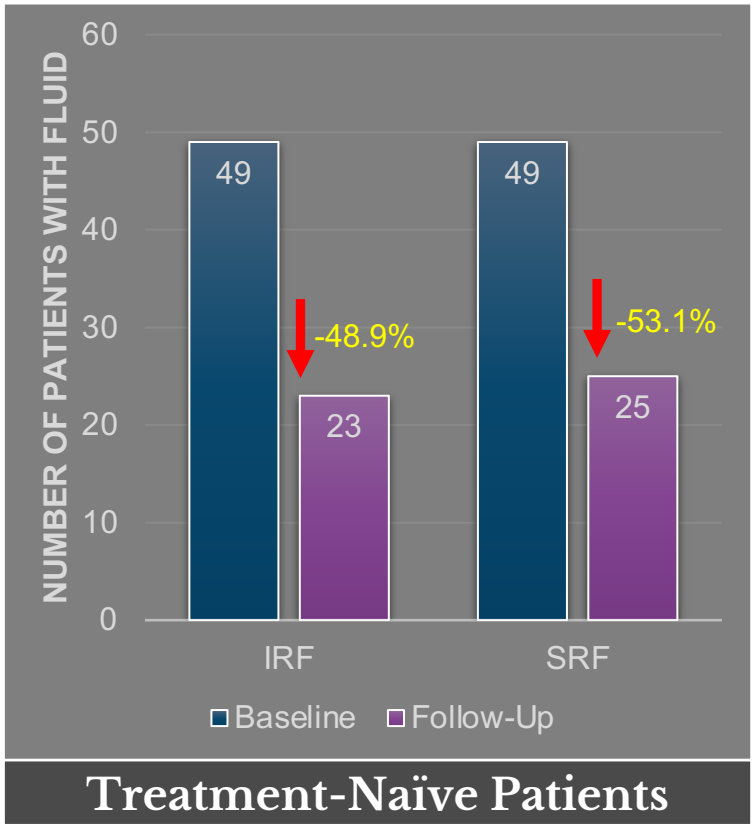
Patients receiving **brolucizumab 6 mg** or **aflibercept 2 mg** split by ERF absence/presence at Week 12



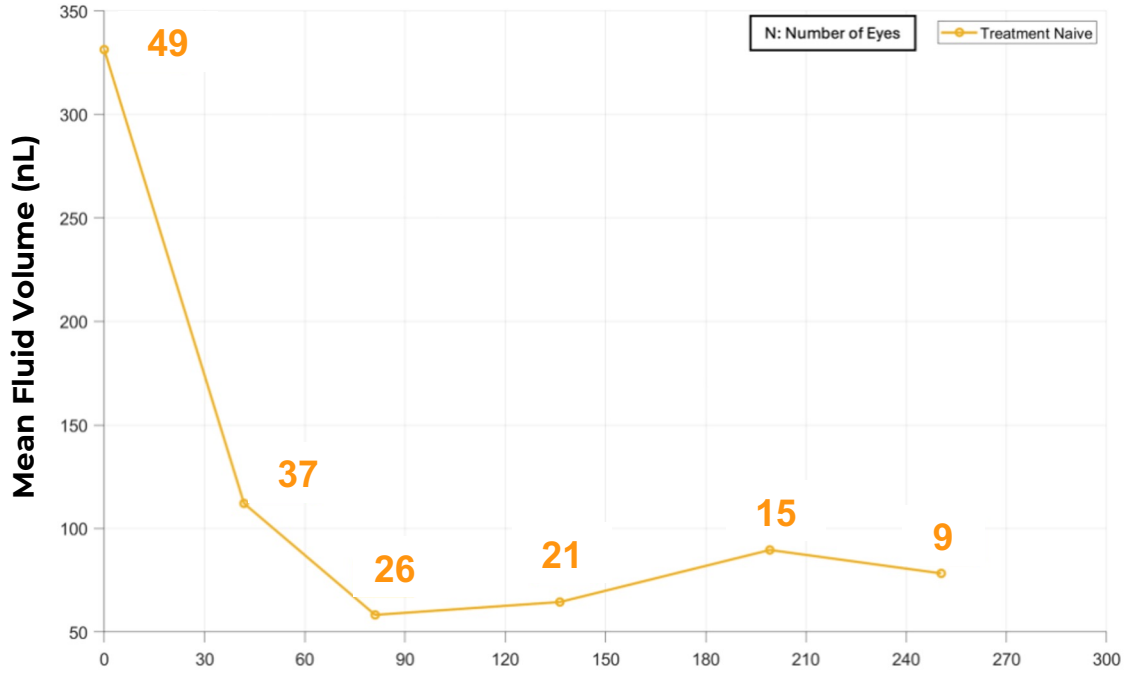
[a]LS mean difference, p<0.01; ***LS mean difference, p<0.0001. BCVA, best-corrected visual acuity; ERF, early residual fluid; LS, least squares; SE, standard error. 1. Jhaveri C *et al.* Am J Ophthalmol. 2022;236:12–19.

TRUCKEE: Improvements In Retinal Fluid With Faricimab In An Independent Real-World Study[1]

Reduction In The Number Of Patients With IRF And/Or SRF After 6 Faricimab Injections



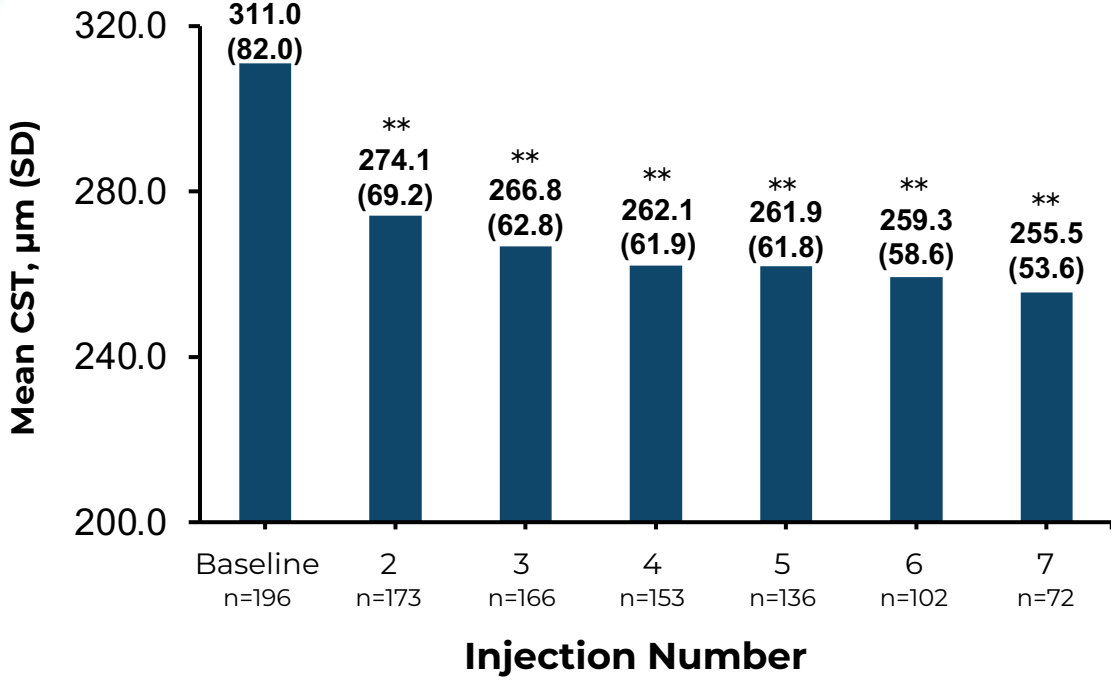
Reduction In Total Retinal Fluid Volume Over 5x Treatments In Treatment-Naïve Patients With nAMD



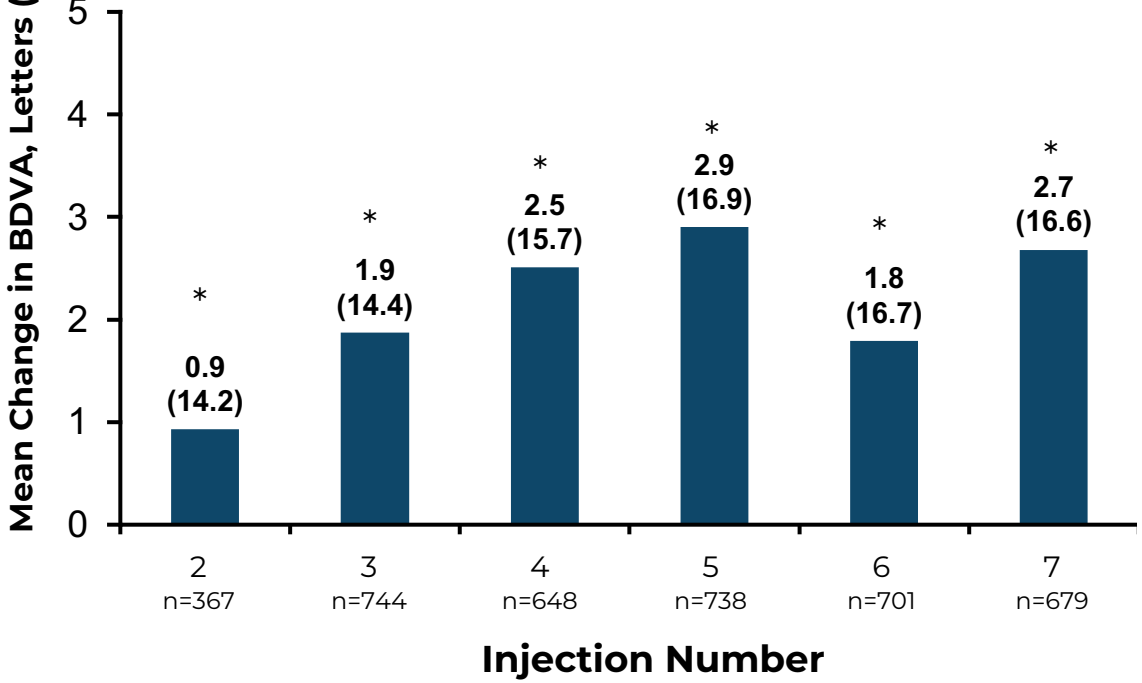
IRF, intraretinal fluid; nAMD, neovascular age-related macular degeneration; SRF, subretinal fluid. 1. Khanani *et al.* FASRS 2024.

FARETINA-AMD IRIS® Registry (US): Rapid Improvements In CST And Visual Outcomes In Treatment-Naïve Eyes Over 1 Year[1]

Mean CST by Faricimab Injection[a]



Change in Visual Acuity From Baseline by Faricimab Injection[b]



Rapid, sustained fluid reduction by faricimab could support long-term patient outcomes[2]

*Nominal p value <0.05 vs baseline. **Nominal p value <0.01 vs baseline. P values are nominal and not adjusted for multiplicity; no formal statistical conclusion should be made based on the p values. [a]Among eyes with a baseline CST measurement (0–30 days before index) between February 7, 2022 and June 30, 2023, and 2+ CST measures in ≤180 days before index and 2+ CST in 180 days post index, excluding CST measurements ≤14 days after an injection. Statistical test for change in CST from baseline. Approximately 16% of faricimab patient-eyes had CST measurements available in the IRIS® Registry, including 51.1% of eyes with 12 months of follow-up in FARETINA-AMD at data extraction in September 2023. [b]Among eyes with a baseline VA. Assessments were captured within the –6 to +7-day window around each injection visit. BDVA, best-documented visual acuity; CST, central subfield thickness; IRIS®, Intelligent Research In Sight; AMD, age-related macular degeneration; SD, standard deviation; VA, visual acuity.

1. Tabano D *et al.* ARVO 2024; 2. Jhaveri C *et al.* Am J Ophthalmol. 2022;236:12–19.

nAMD Case Study (1/3)

AUGENKLINIK SULZBACH

Patient History	
Age	74 years of age
Disease	nAMD
First Diagnosis	~2018
Affected Eye(s)	Right Eye – nAMD (MNV type 1) with consecutive PED. Secondary diagnosis of amlyopia. Left Eye – early form of non-neovascular AMD

Right Eye

Diagnosed with nAMD:
~2018

Baseline VA:[a]
0.06

Treatment History:

3 years of prior treatment, total 33 IVT drug applications with 4 different VEGF-A Inhibitors

- 2019/2020 - Q4W VEGF-A inhibitor
- 2020/2021 - Aflibercept
- 2021 - Q8W brolucizumab
- 2022 - Q4W alternating ranibizumab and brolucizumab

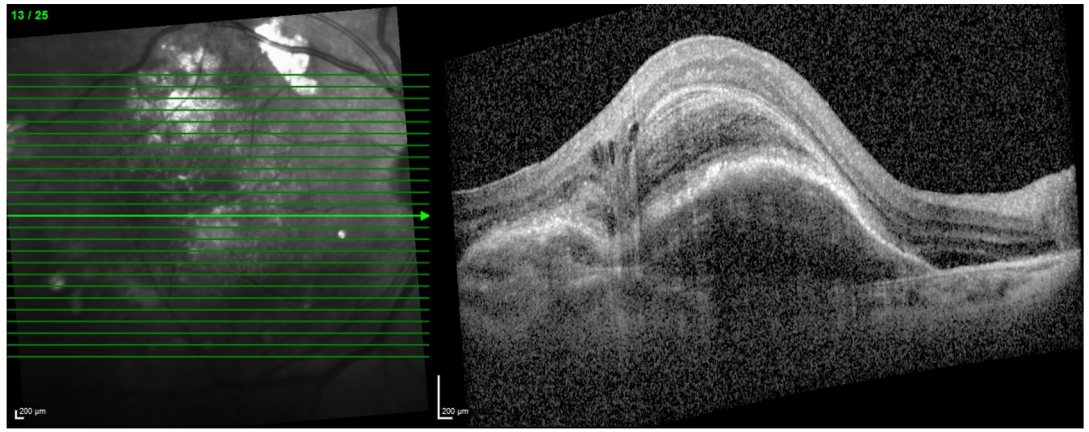
[a]At referral to the Sulzbach Eye Clinic July 2019. AMD, age-related macular degeneration; IVT, intravitreal; nAMD, neovascular age-related macular degeneration; MNV, macular neovascularization; PED, pigment epithelial detachment; QXW, every X weeks; VA, visual acuity; VEGF, vascular endothelial growth factor; VEGF-A, vascular endothelial growth factor A. 1. Khoramnia R and Rübsam A. Case Report. 2024.

nAMD Case Study (2/3)

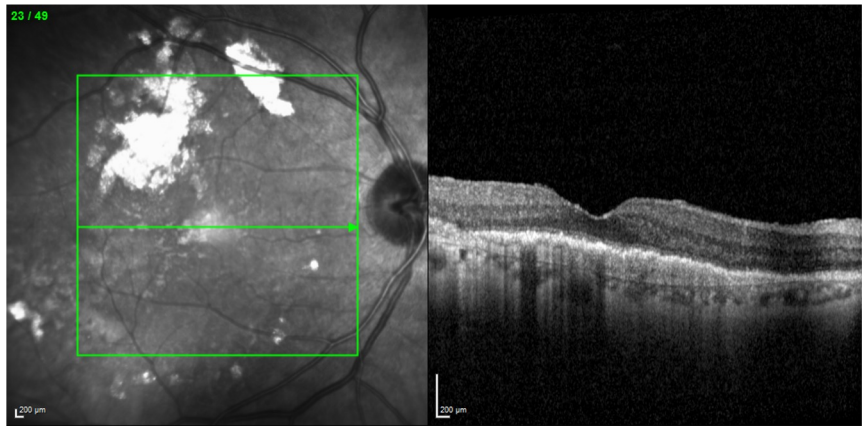
AUGENKLINIK SULZBACH

Right Eye

After Monthly Alternating Administration Of Brolucizumab/Ranibizumab
December 2022



After 5 x Faricimab (Q4W)
May 2023



Patient showed large exudation in all 3 compartments, which only came under control after uploading faricimab

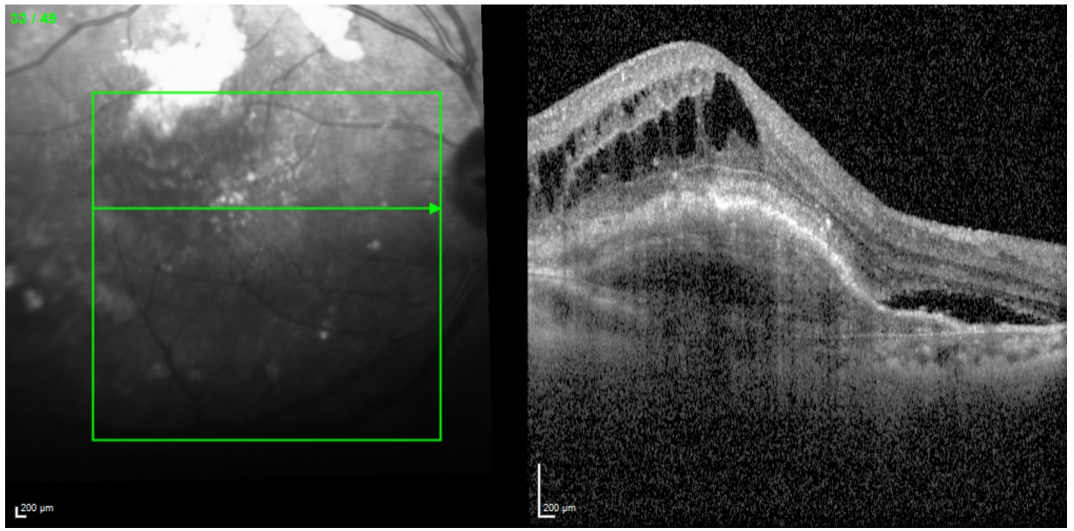
nAMD, neovascular age-related macular degeneration; QXW, every X weeks. 1. Khoramnia R and Rübsam A. Case Report. 2024.

nAMD Case Study (3/3)

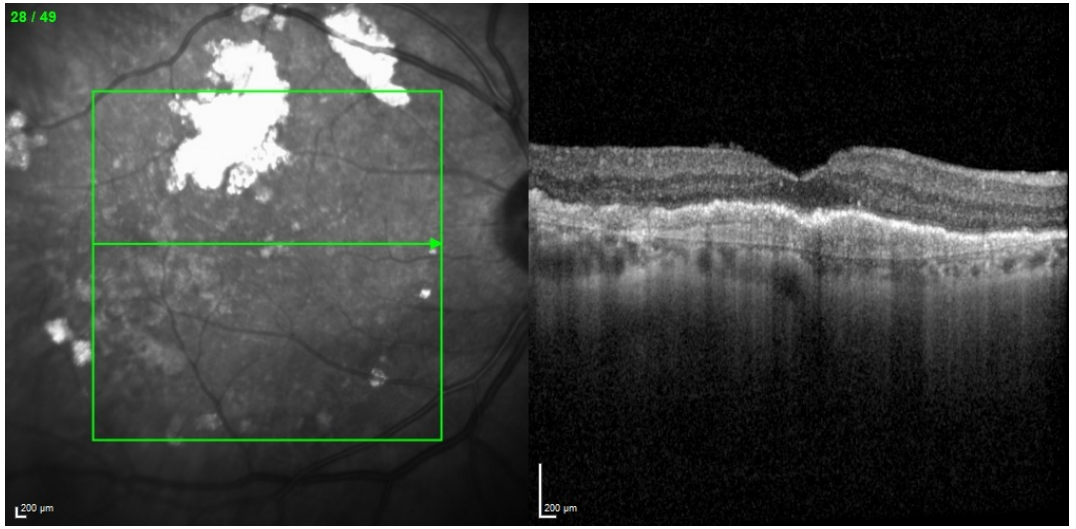
AUGENKLINIK SULZBACH

Right Eye

After 9 x Faricimab (unplanned extension to 10W)[a]
November 2023



After 10 x Faricimab (Q8W)
February 2024



This case demonstrates the Ang-2 dependent control of disease activity in this patient.
Since switching to faricimab with current 8-week treatment intervals,
the macula has continued to be dry

[a]Due to non-adherence. Ang-2, angiopoietin 2; nAMD, neovascular age-related macular degeneration; QXW, every X weeks. 1. Khoramnia R and Rübsam A. Case Report. 2024.

Take Home Messages

Faricimab demonstrated **rapid drying** in TENAYA/LUCERNE

Drying data from trials are **reflected in the real world**

Early and rapid drying can **improve vision outcomes** for patients

Time for Some Questions!

Which of these Swedish words is also a line of furniture at the Swedish home goods megabrand IKEA?

Roche

A HICKA

B ORKA

C KACKERLACKA

D POÄNG

AUDE AMBRESIN

BORIS STANZEL

PRAVEEN PATEL

Which of these Swedish words is also a line of furniture at the Swedish home goods megabrand IKEA?

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C KACKERLACKA

D POÄNG

AUDE AMBRESIN

BORIS STANZEL

PRAVEEN PATEL

What improvement has been shown consistently in patients with faricimab treatment in both TENAYA/LUCERNE and real-world data in treatment-naïve patients?

Roche

A Increase in PED thickness

B Robust rapid reduction in CST

C Sustained increase in CST

D Transient increases in VA

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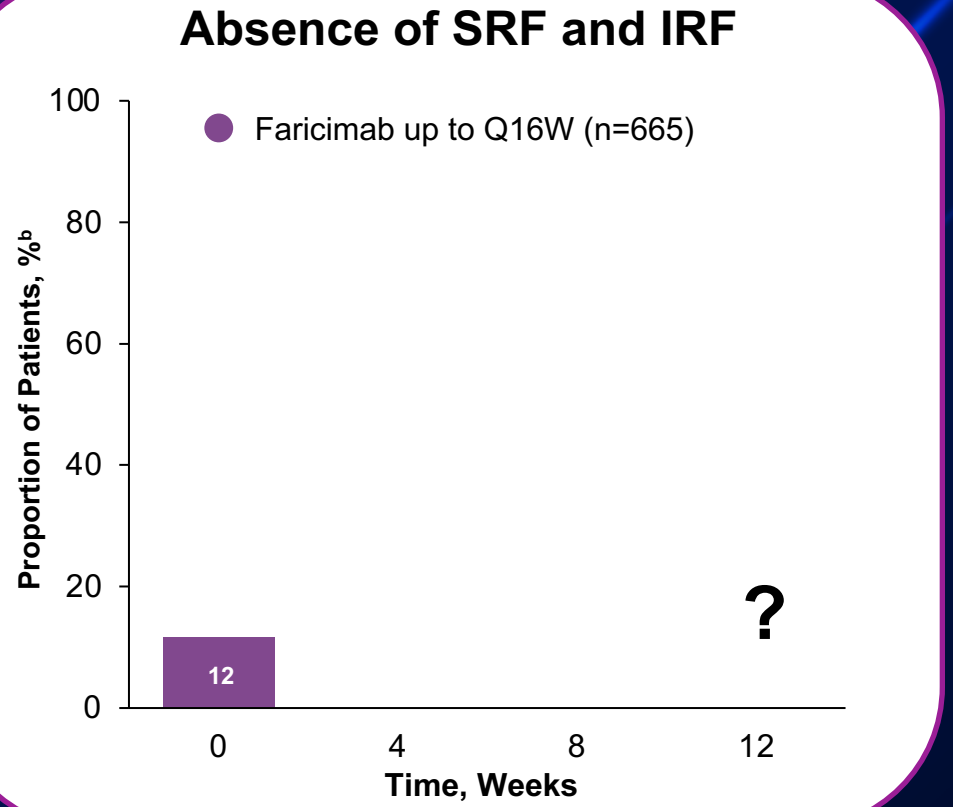
What proportion of faricimab patients in TENAYA/LUCERNE had no retinal fluid at week 12?

A 65%

B 89%

C 77%

D 60%



Chaudhary V et al. ARVO 2023

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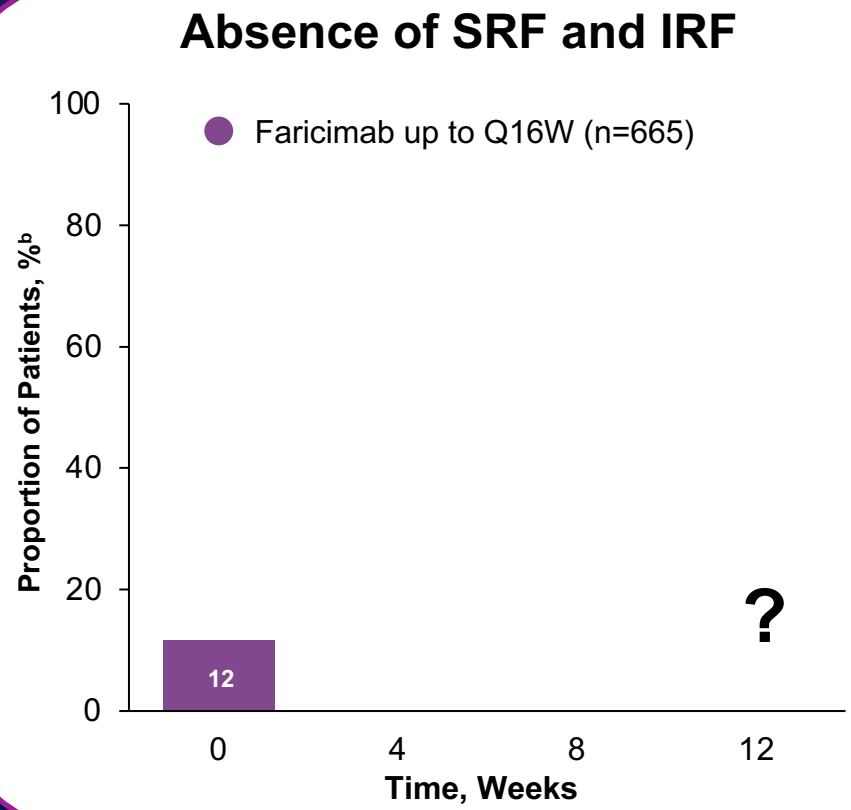

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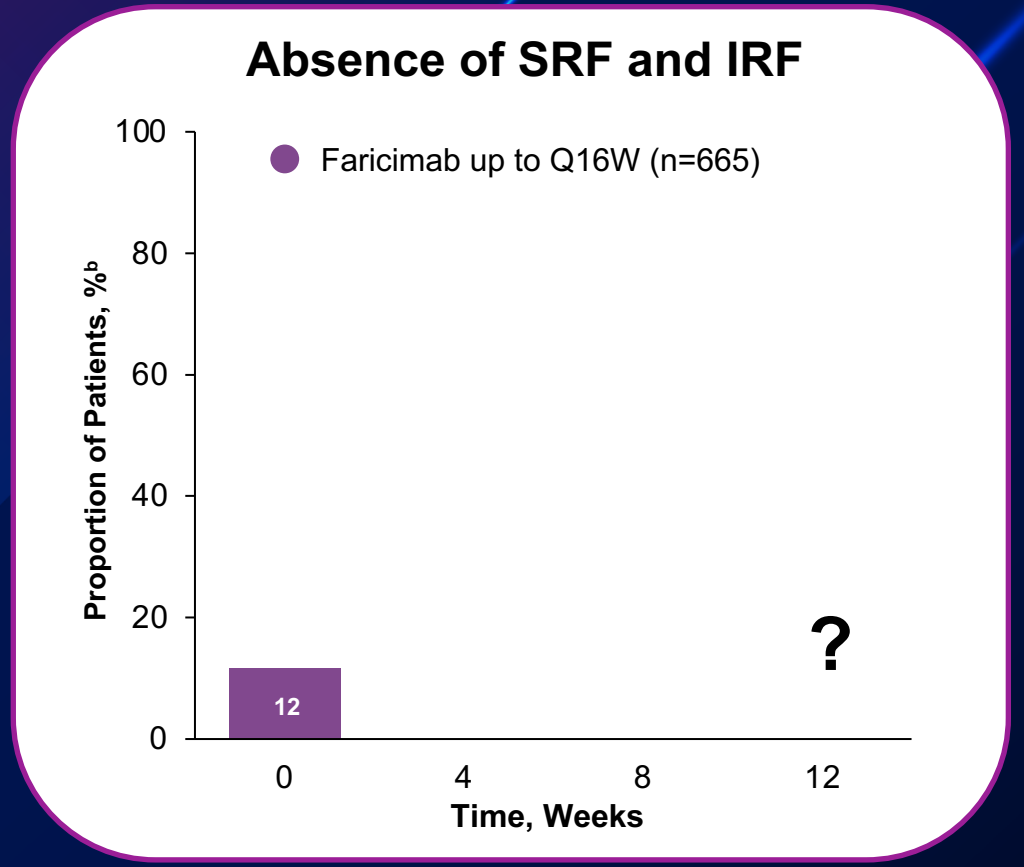

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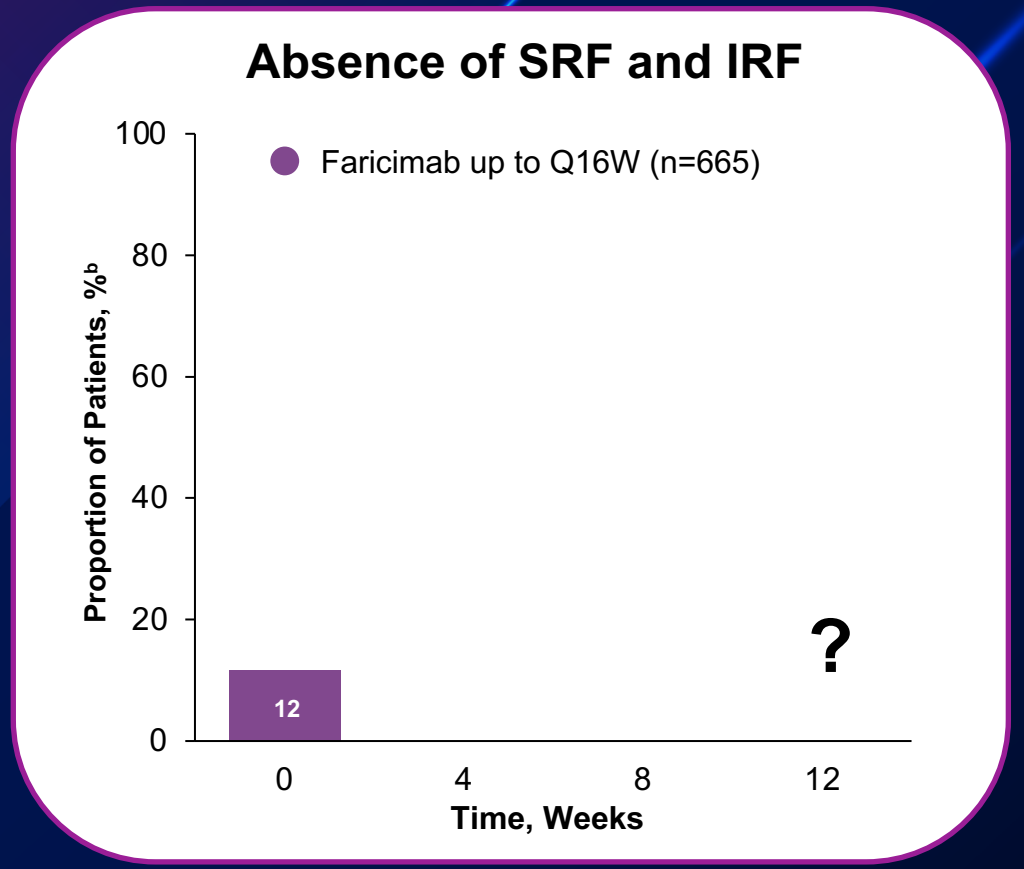

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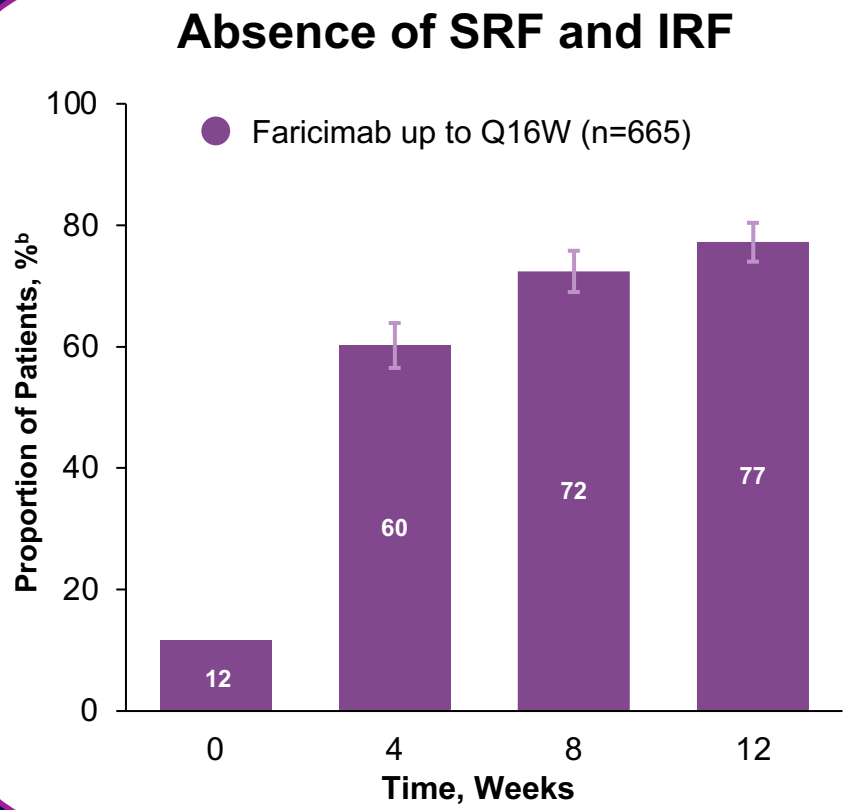


Chaudhary V et al. ARVO 2023

Round 2

2 / 3		AUDE AMBRESIN
1 / 3		BORIS STANZEL
2 / 3		PRAVEEN PATEL

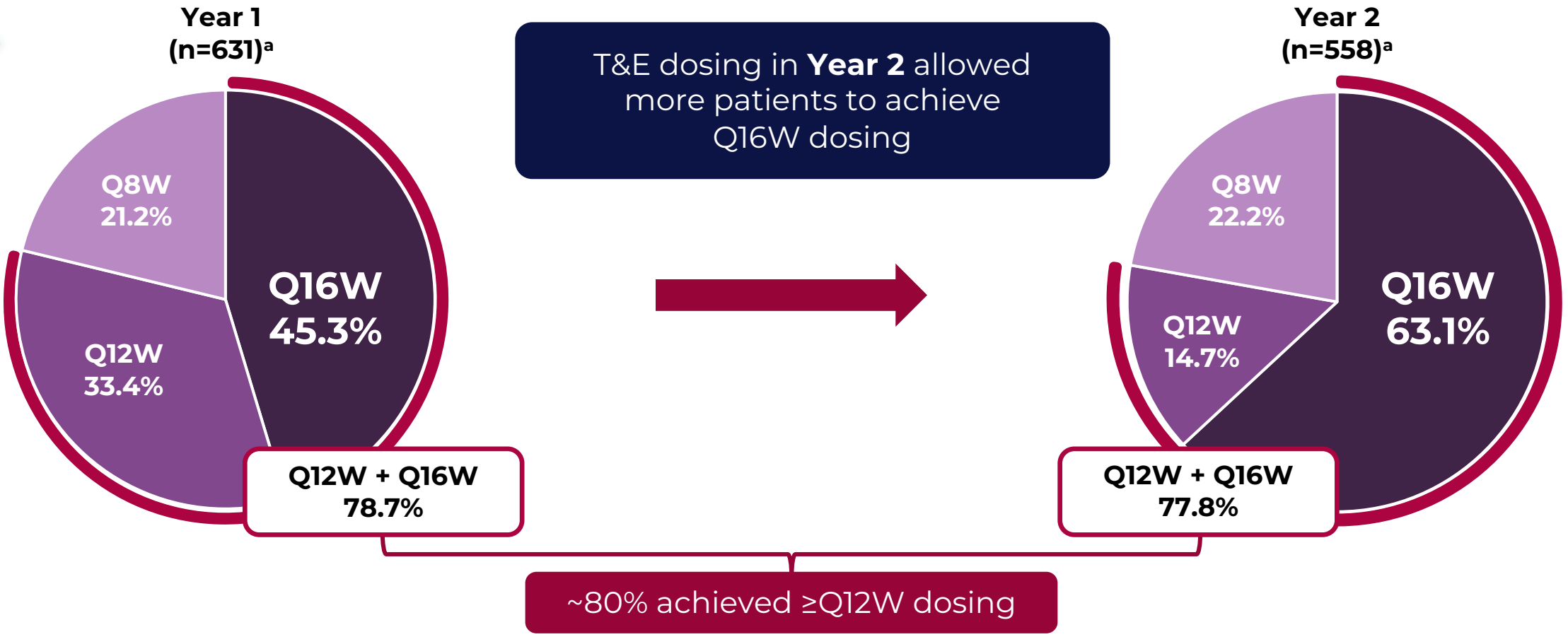
Durability: Reducing Treatment Burden

Praveen Patel

Consultant Ophthalmic Surgeon, Moorfields Eye Hospital NHS Foundation, Trust and UCL Institute of Ophthalmology, London, UK

~80% Of Faricimab-Treated Patients Achieved ≥Q12W Dosing At The End Of The Second Year[1]

TENAYA/LUCERNE pooled analysis

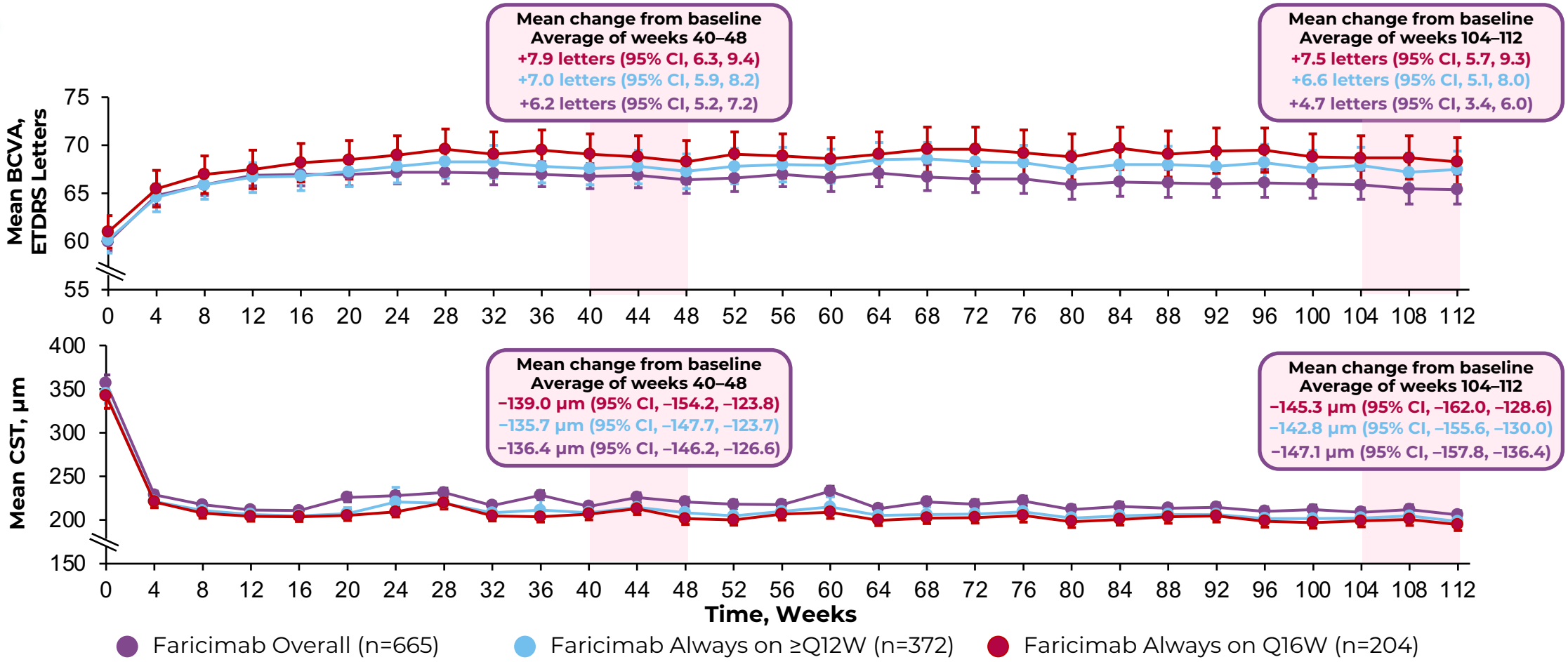


[a]Percentages are based on number of patients randomized to the faricimab arm who have not discontinued the study at that visit. Treatment interval at a given visit is defined as the treatment interval decision followed at that visit. Interval at Year 2 is calculated using data recorded at Week 108. QXW, every X weeks; T&E, treat-and-extend. 1. Koh AHC *et al.* APVRS 2023 Presentation.

Patients Always On Q16W Dosing Achieved Stable BCVA Gains And CST Reductions Through 2 Years[1]

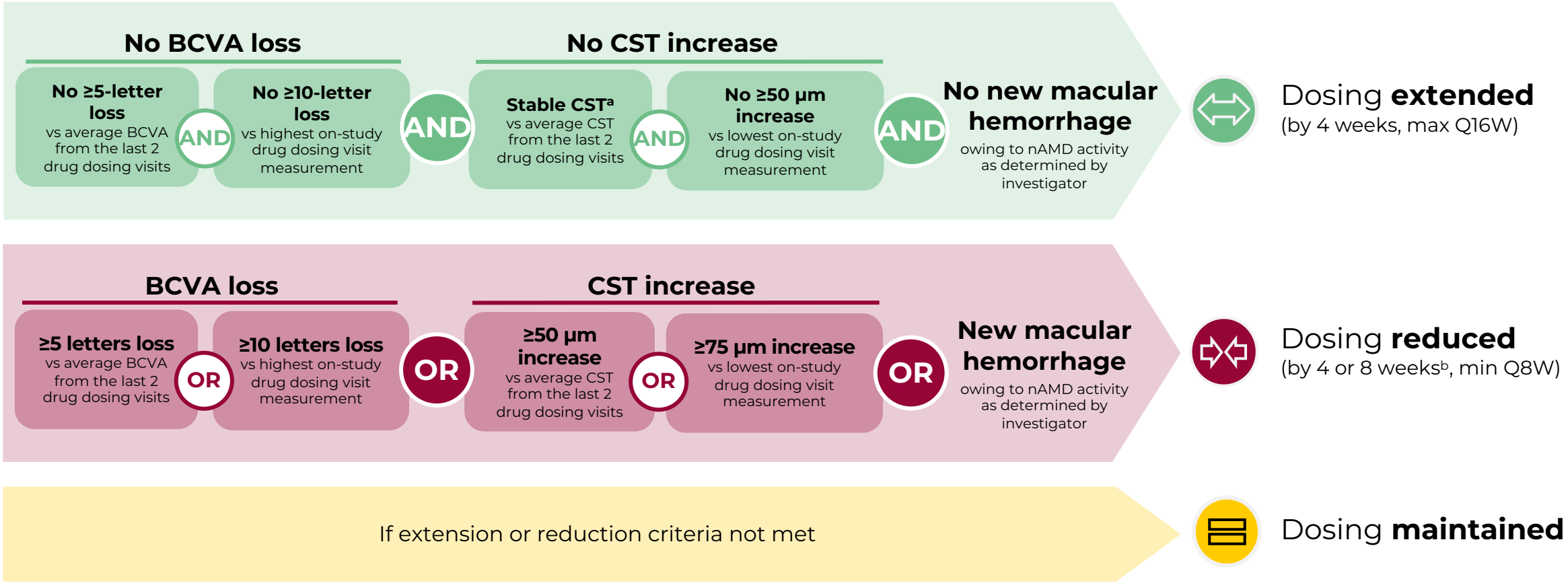
TENAYA/LUCERNE pooled: post hoc analysis

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 randomisation. 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 centre. [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; QXW, every X weeks; RPE, retinal pigment epithelium. 1. Koh AHC *et al.* APVRS 2023..

Faricimab nAMD Trials Use Disease Criteria Reflective Of Clinical Practice[1]

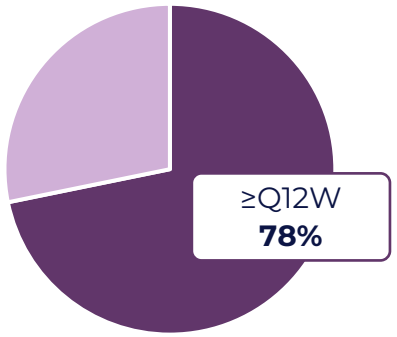


T&E regimen in TENAYA and LUCERNE used different criteria than those used in the YOSEMITE and RHINE clinical trials. Change in BCVA should be attributable to nAMD disease activity, as determined by investigator. [a]Where stability was defined as a change of CST of <30 µm. [b]If ≥2 of the reduction criteria 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; QXW, every X weeks; T&E, treat-and-extend. 1. Koh AHC *et al.* APVRS 2023.

The Definition Of Active Disease In Clinical Trials Affects Durability[1]

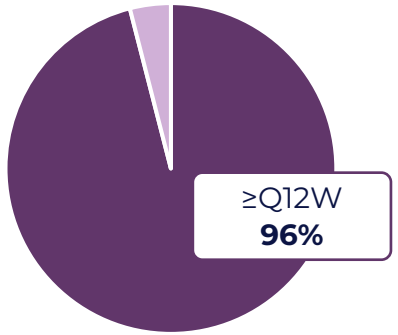
Faricimab

TENAYA/LUCERNE
Vision **OR** Anatomic



Week 20[b]
(n=123)

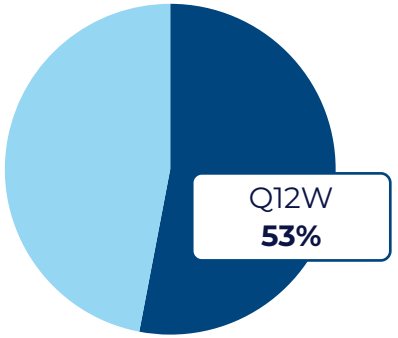
TENAYA/LUCERNE
Hypothetical Disease Activity Criteria: Vision **AND** Anatomic[a]



Week 20
(n=123)

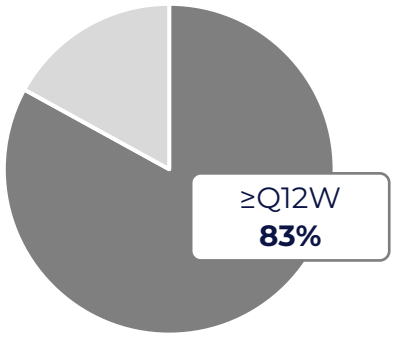
Aflibercept 8 mg

CANDELA
Vision **OR** Anatomic



Week 44
(n=53)

PULSAR
Vision **AND** Anatomic



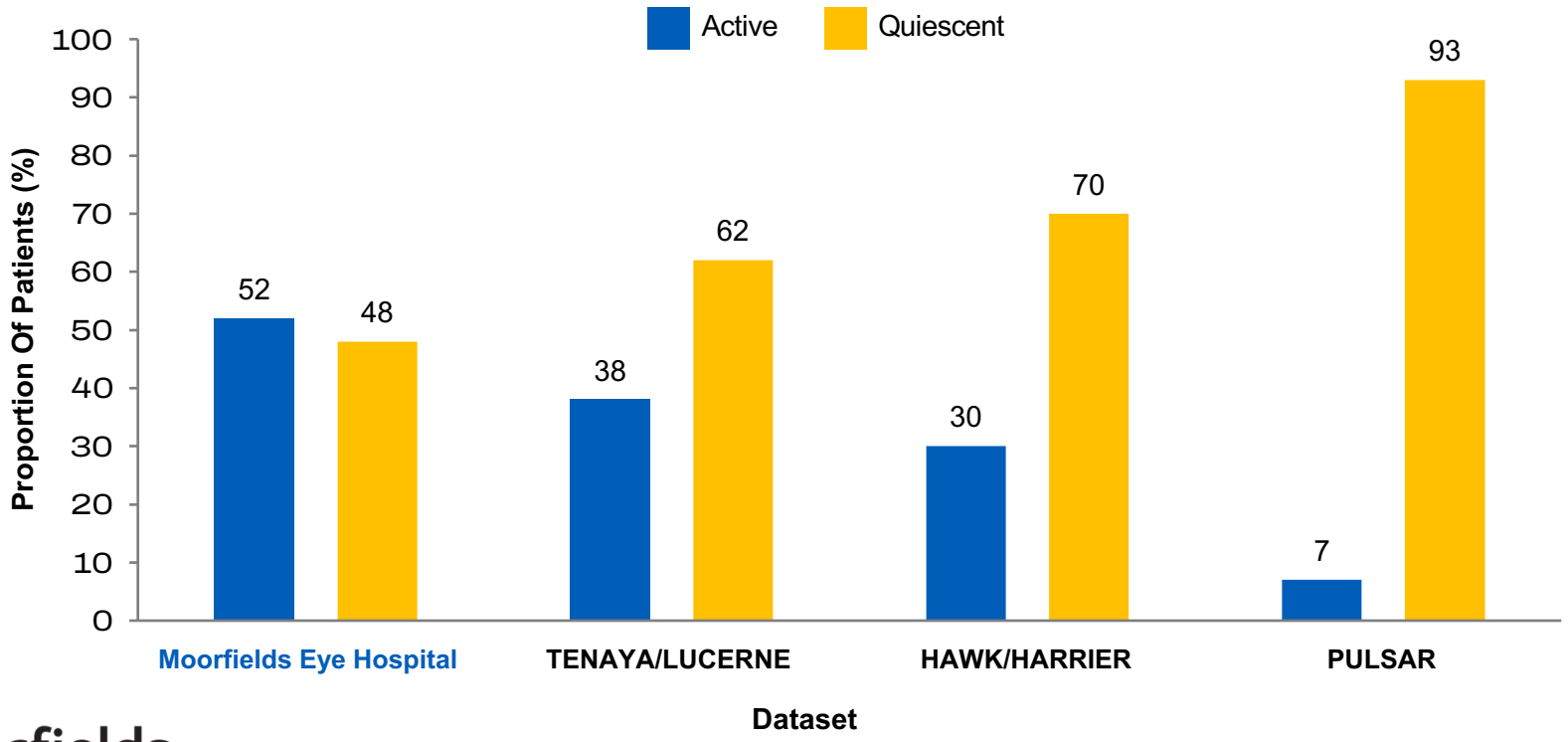
Week 48
(n=628)

Adapted from Zarbin M *et al.* ASRS 2023.

Application of the vision **AND** anatomic criteria increased assignment to longer dosing intervals. Criteria that reflect real-world practice may increase the likelihood of clinical trial results translating to clinical practice.

[a]Post-hoc analysis of patients dosing eligibility at week 20, patients not actually assigned based on 'and' criteria in TENAYA/LUCERNE; This analysis is not intended as a cross-trial comparison; This analysis cannot predict whether faricimab-treated patients in TENAYA & LUCERNE would have achieved non-inferiority vs aflibercept 2 mg if the treatment regimen had been modified.
[b]Additional patients with a missing Week 20 assessment were considered to have met the disease activity criteria and were treated Q8W. QXW, every X weeks. 1. Zarbin M *et al.* ASRS 2023.

Fewer Patients Classified As Quiescent In Clinical Practice At 12 Months Compared To Clinical Trials



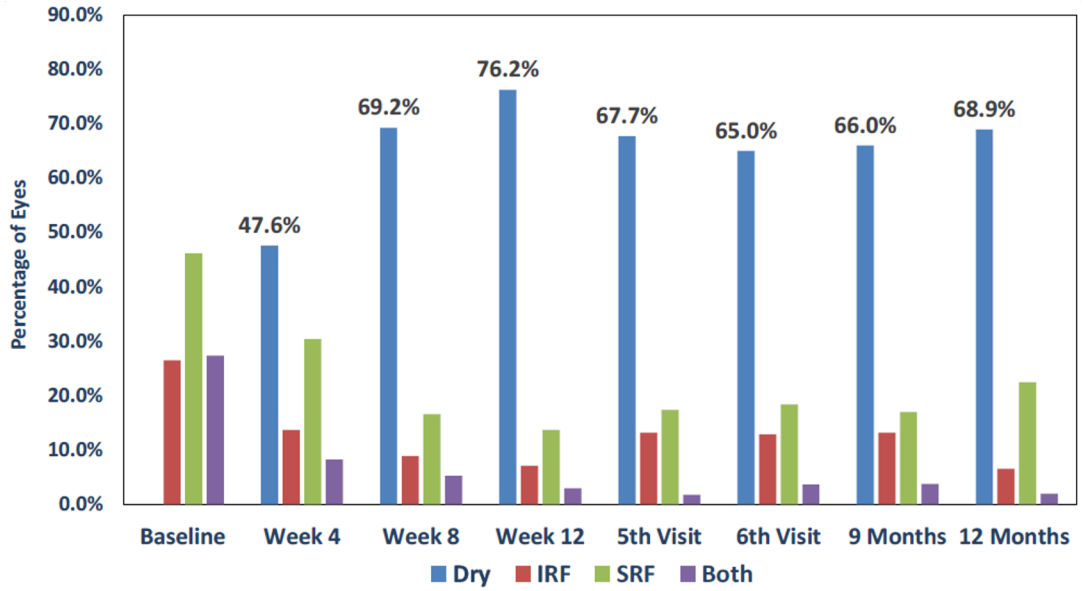
Moorfields Eye Hospital NHS Foundation Trust

NHS

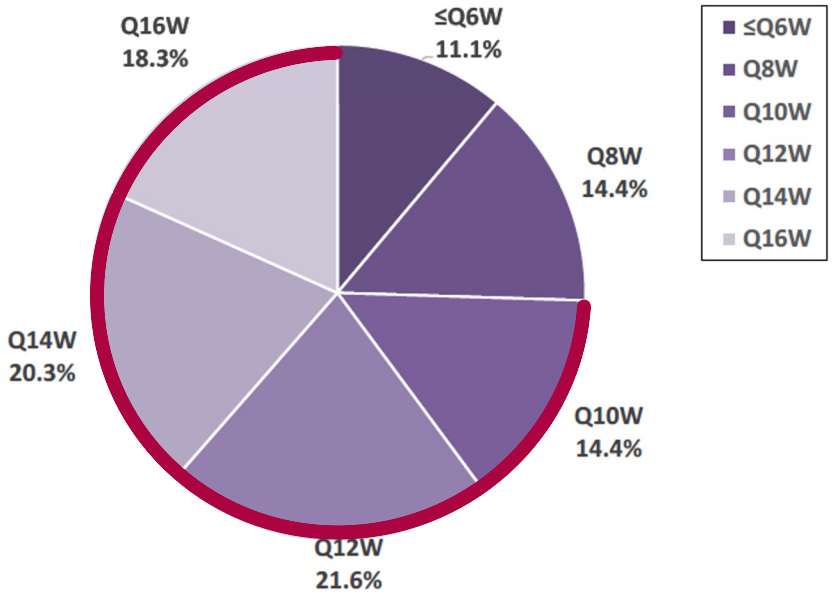
nAMD, neovascular age-related macular degeneration. 1. Bhatia B *et al.* ARVO 2024.

Faricimab In Treatment-Naïve nAMD Patients Results In Improvements In Visual And Anatomic Outcomes (1/2)

Increase In Dry Maculas After Faricimab Treatment



74.6% of patients are at >Q8W At 1 Year Follow Up



Treatment interval at 1 year follow up
Mean: 11.4±3.43 weeks
Median: 12 weeks (IQR: 6)

Moorfields Eye Hospital NHS Foundation Trust

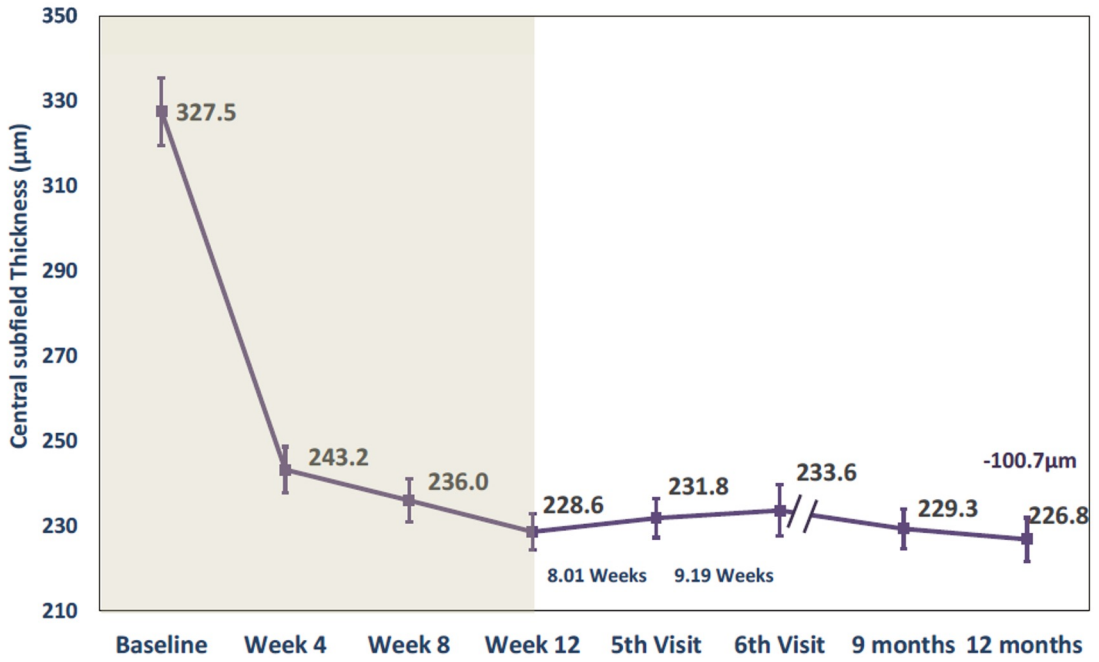
NHS

IQR, interquartile range; IRF, intraretinal fluid; nAMD, neovascular age-related macular degeneration; Mo, month; QXW, every X weeks; SRF, subretinal fluid; Wk, week. 1. Sing Yue S *et al.* ARVO 2024.

Faricimab In Treatment-Naïve nAMD Patients Results In Improvements In Visual And Anatomic Outcomes (2/2)

Improvement In Mean VA From Baseline With Faricimab Treatment

Improvement In CST From Baseline With Faricimab Treatment

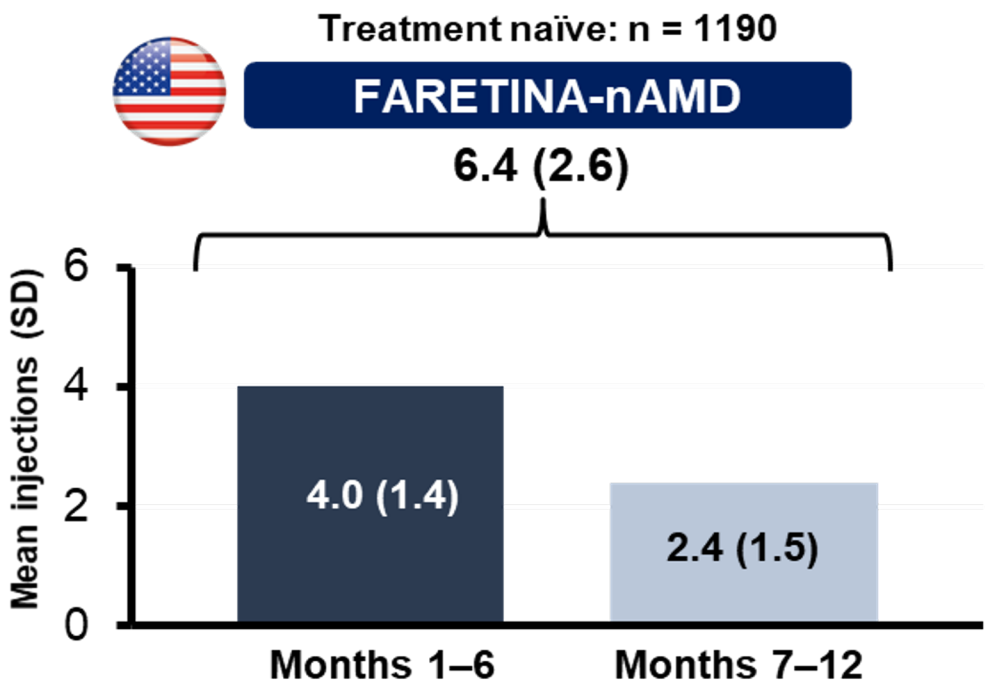


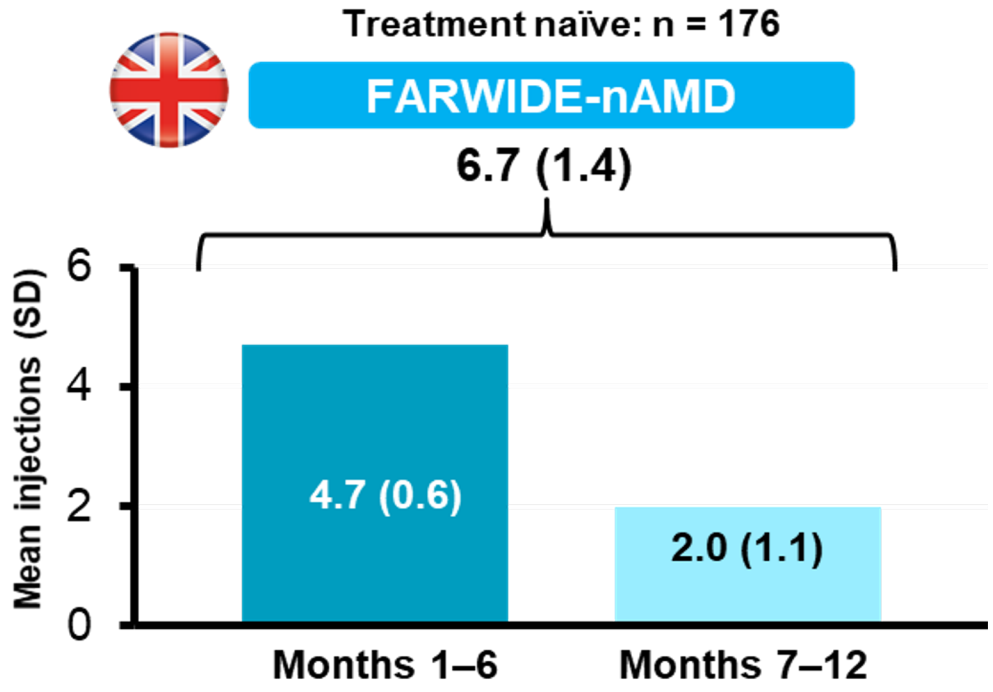
Moorfields Eye Hospital NHS Foundation Trust

NHS

CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; nAMD, neovascular age-related macular degeneration;; VA, visual acuity. 1. Sing Yue S *et al.* ARVO 2024.

RWD: Mean Injections in Months 7–12 of Faricimab Treatment Were Lower Than Months 1–6 in Eyes With nAMD[1]





In **TENAYA/LUCERNE**, mean injections (SD) through week 24 and weeks 28–48 were **4.4 (0.6)** and **2.1 (0.5),** respectively

Fewer injections during the second 6 months of faricimab treatment indicates extension of treatment intervals

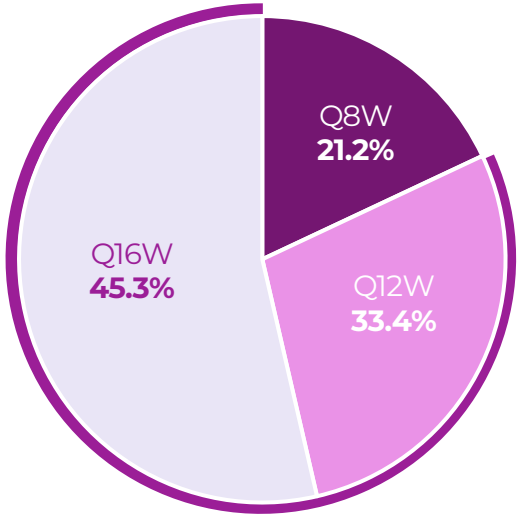
nAMD, neovascular age-related macular degeneration; SD, standard deviation; RWD, real-world data. 1. Singh RP. BRAVS 2024.

RWD Reflects Clinical Trials In Treatment Durability

TENAYA/LUCERNE pooled analysis[1]

~80% Of Faricimab Treatment-Naïve Patients Achieve **Extended Intervals** By Year 1

Year 1
(n=631)

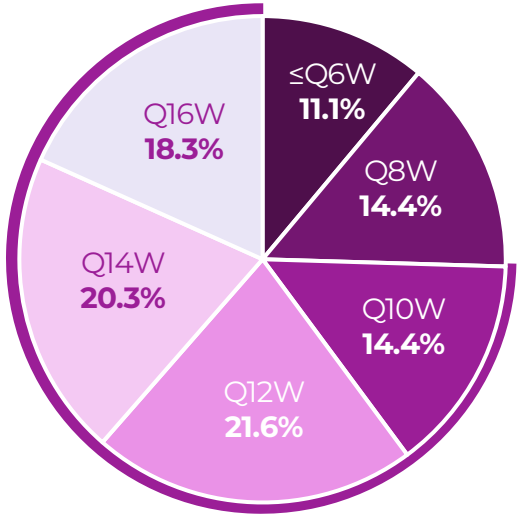


>Q8W
78.7%

Independent UK Real-World Data[2,3]

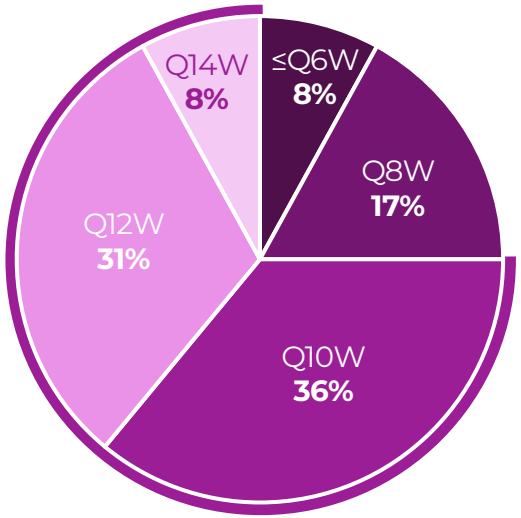
~75% Of Faricimab Treatment-Naïve Patients Achieved **Extended Intervals** In The Real World

Year 1 Moorfields
(n=172)



>Q8W
74.6%

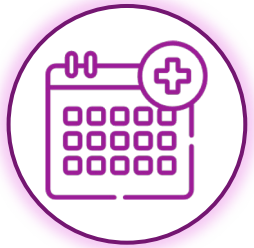
Year 1 Liverpool
(n=101)



>Q8W
75%

QXW, every X weeks; RWD, real-world data. 1. Khanani A *et al.* Angiogenesis, Exudation, and Degeneration Virtual Congress 2023; 2. Sim SY. ARVO 2024; 3. Babiker S *et al.* ARVO 2024.

Extended Durability Eases Demand On Clinics And Reduces Burden On Patients[1-3,5]



Extended durability with faricimab has **reduced** the need for **extra clinics**, **reducing pressure** on staff[2]

Extra capacity allows **timely** and **faster** patient treatment[4,6]

Fewer appointments **eases the burden** on patients with comorbidities or reduced mobility and their carers[1]

1. Verma S and Gaur A. RCOphth 2024; 2. Narayan A, Watson SL. EURETINA 2023; 3. Gale R *et al.* Eye. 2022;36:2236-2238; 4. Siegel H *et al.* Dtsch Arztebl Int. 2023;120:481–482; 5. Garcia-Layana A *et al.* J Ophthalmol. 2019;2019:9821509; 6. Giocanti-Auregan A, Fajnkuchen F. Retina Today. 2021.

Take Home Messages

Faricimab demonstrated **durability** in TENAYA/LUCERNE

Durability data from TENAYA/LUCERNE are **reflected in the real world**

TENAYA/LUCERNE criteria were designed to reflect common clinical practice

Durability can help to **improve capacity issues** and **reduce treatment burden**

Time for Some Questions!

Which traditional Swedish dish, commonly found in Stockholm, consists of cured salmon with a dill and mustard sauce?

Roche

A Gravadlax

B Swedish meatballs

C Janssons frestelse

D Raggmunk

AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

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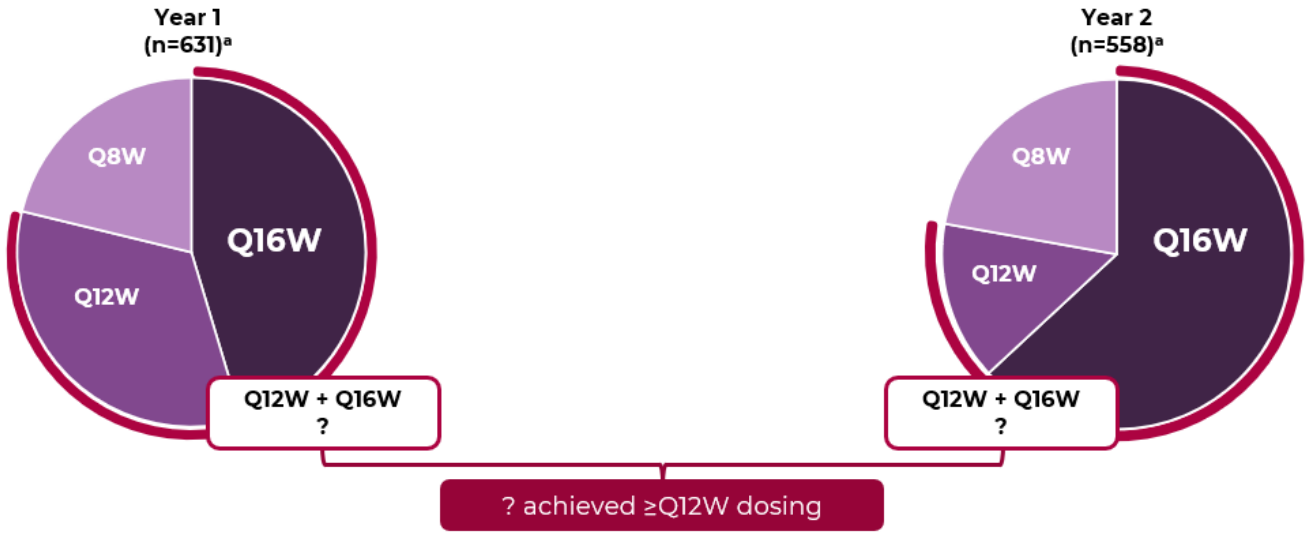
AUDE AMBRESIN BORIS STANZEL PRAVEEN PATEL

In TENAYA/LUCERNE what percentage of patients in the Faricimab T&E arm achieved ≥Q12W over Years 1 and 2?



A ~70%

B ~75%

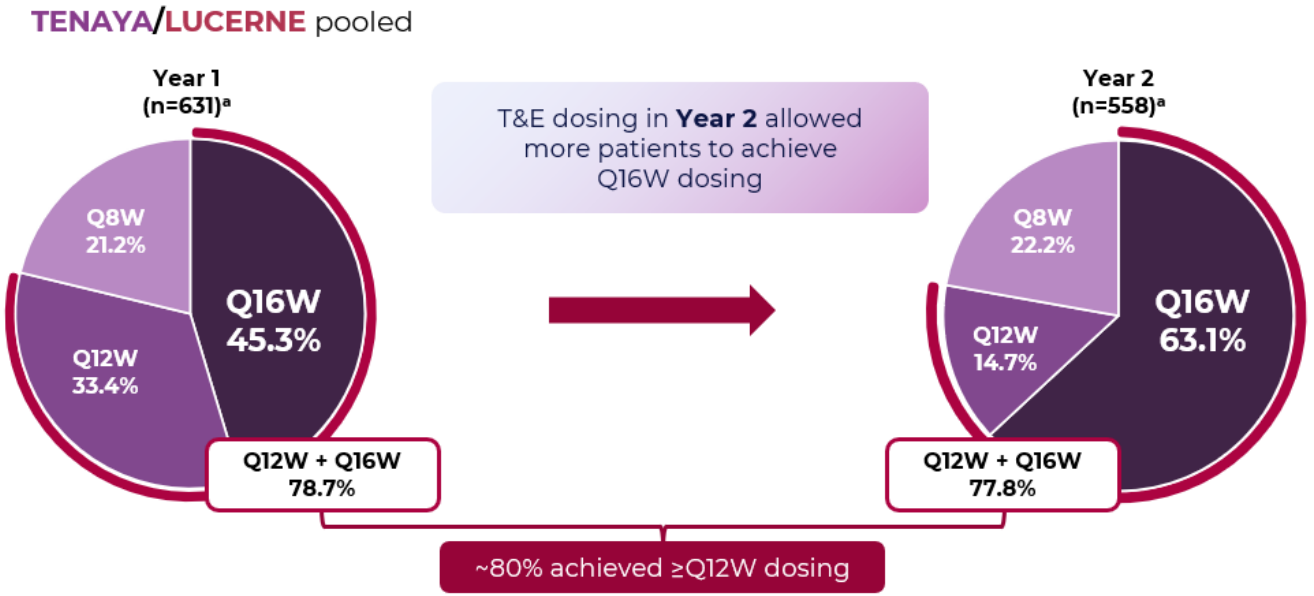
C ~80%

D ~85%

50:50

Koh AHC *et al.* APVRS 2023 Presentation

In TENAYA/LUCERNE what percentage of patients in the Faricimab T&E arm achieved ≥Q12W over Years 1 and 2?



A ~70%

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Koh AHC *et al.* APVRS 2023 Presentation

AUDE AMBRESIN | BORIS STANZEL | PRAVEEN PATEL

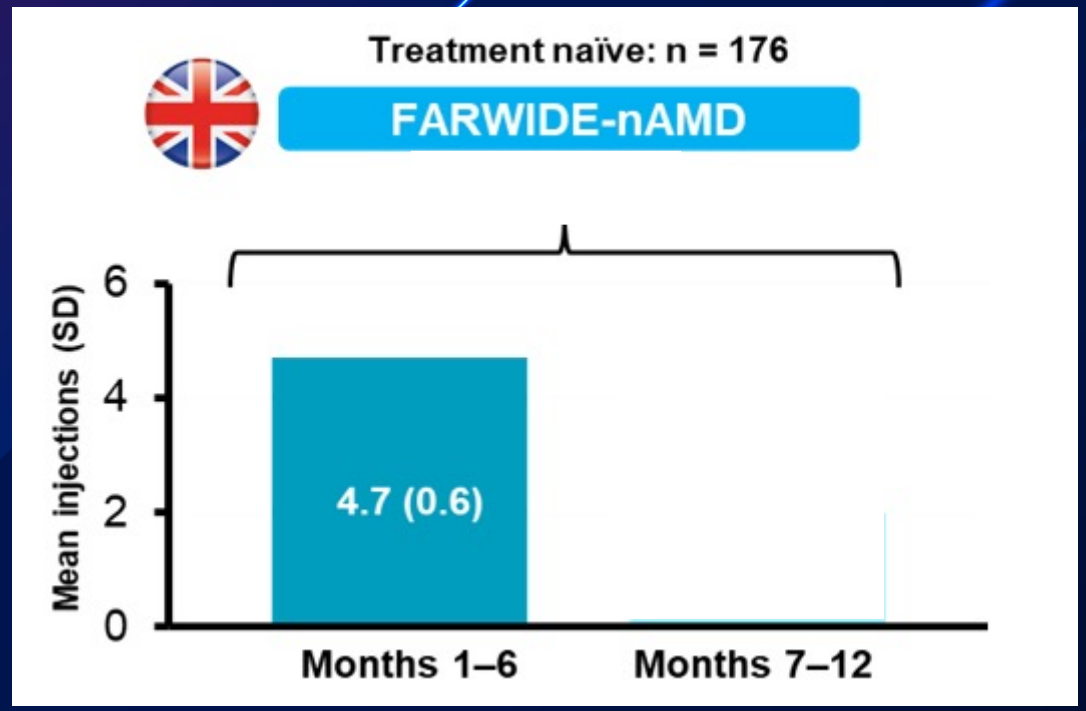
In FARWIDE for treatment-naïve patients, what was the mean number of injections in Months 7–12?

A 1.0

B 2.0

C 2.8

D 3.5



Singh RP. BRAVS 2024.

50:50

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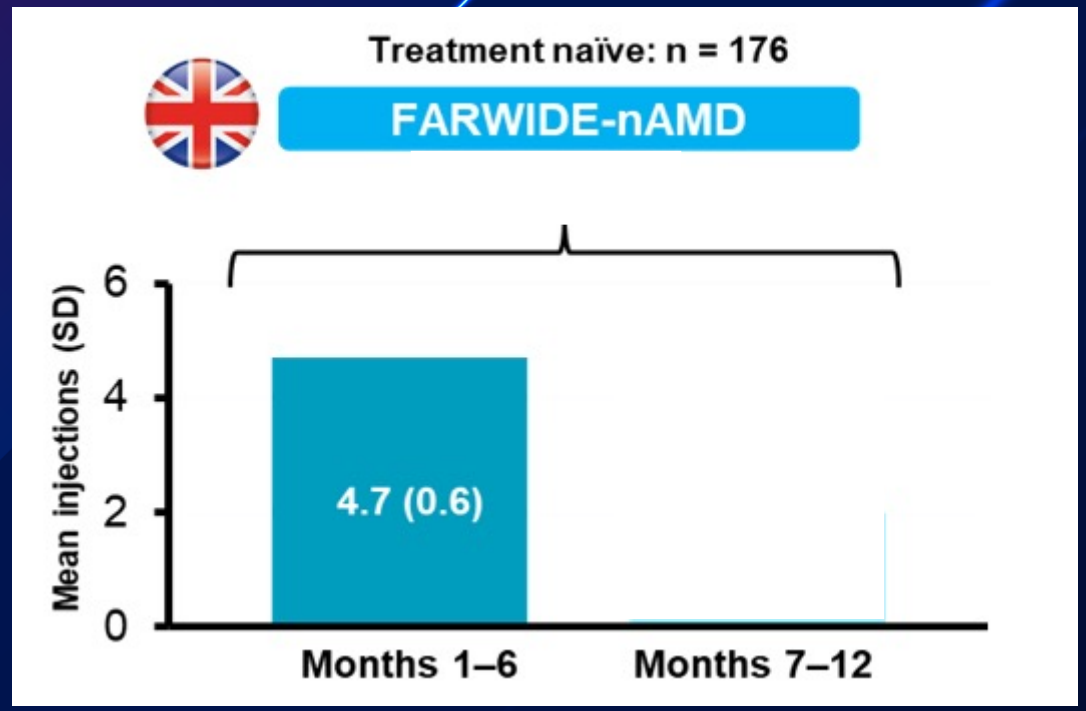

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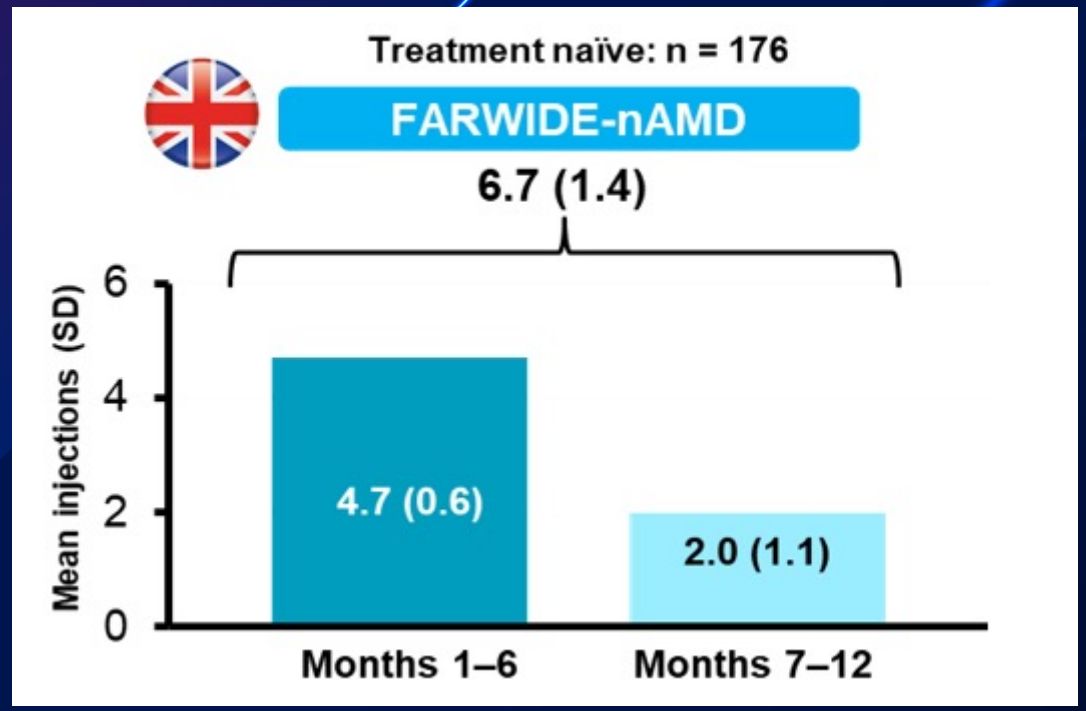

Singh RP. BRAVS 2024.

50:50

And the WINNER is...

1

AUDE AMBRESIN

2

PRAVEEN PATEL

2

BORIS STANZEL

Closing Remarks

SriniVas R. Sadda (Chair)

Professor of Ophthalmology, Department of Ophthalmology,
David Geffen School of Medicine at UCLA, Doheny Eye Institute
Pasadena, CA, USA

Key Takeaways

Objective

We have demonstrated why **faricimab** could be an important first line treatment to **optimise** outcomes

How is this achieved?

Dual pathway, **Drying**, and **Durability**

How do we know this?

Clinical trial data are reflected in the **real-world**

Key Takeaways

Objective

We have demonstrated why **faricimab** could be an important first line treatment to **optimise** outcomes

DURABILITY

How do we know this?

Clinical trial data are reflected in the **real-world**

Thank You For Listening

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