Patient and Surgeon Preferences Regarding the Port Delivery System and Intravitreal Injections for nAMD

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Financial Disclosure

• Regillo: Genentech sponsored study on the Port Delivery System

• Regillo and Ho: Genentech research grant funding and consulting
Summary

1. We hypothesize that both groups will prefer the implant with higher injection frequency

2. We hypothesize that both groups will be most concerned about factors that disfavor the implant
High Care Burden of Current nAMD Tx

ATLAS TAE Study of Aflibercept

Mean Treatment Interval at 2 years: 9 Weeks

Adapted from DeCroos et al. Am J Ophthalmol 2017;180:142-150
High Care Burden of Current nAMD Tx

TREX Ranibizumab Extension Interval at 2 Years

Mean Max Extension: 8.5 Weeks

Port Delivery System for nAMD

2.5 mm diameter x 8 mm long
3.2 mm surgical incision
No vitrectomy

Decreased Injection Burden with Implantable Drug Delivery Device

80% high dose patients ≥ 6 months without refill

Adapted from Regillo et al AAO Retina Subspecialty Day Meeting San Francisco 2019
Decreased Injection Burden with Implantable Drug Delivery Device

Median time to 1st refill: 15 months

Adapted from Regillo et al AAO Retina Subspecialty Day Meeting San Francisco 2019
Preference-Based Decision

Potential Benefits
- Decreased Care Burden

Potential Drawbacks
- Requires operation
- Adverse effects

Port Delivery System
Purpose

• Understand patient and physician decision-making drivers for emerging nAMD treatment choices

• Develop patient decision support resources
Methods

• Developed physician- and patient- facing decision support materials

• Physician Survey

• Patient Survey
Hypothetical Treatment Choice

You are currently being treated with medication injections into your eye. A new treatment has been developed, and you are now faced with a hypothetical choice between two options: continued office-based injections or a device implant.

In this hypothetical choice, please consider the following:

- Both treatment options have similar benefits for your vision.
- Both treatment options will cost you about the same amount of money over two years.
- The device implant requires an operation.
- After the first month of the implant operation, the implant option involves fewer office visits and fewer in-office procedures.
- The risk of a serious eye infection is higher with the implant.
- There are other small risks with the implant. These include bleeding inside the eye, irritation or inflammation, and the possibility that the implant will need to be removed.

More details about what the treatments involve and how the risks compare are provided in the next pages.
Hypothetical Treatment Choice

You are currently being treated with medication injections into your eye. A new treatment has been developed, and you are now faced with a hypothetical choice between two options: continued office-based injections or a device implant.

What do the hypothetical treatments involve?

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<th>Continued Injections</th>
<th>Device Implant</th>
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<tbody>
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<td>A medication is delivered into your eye with injections. Your office visits and injections will continue at about the same frequency. The frequency of your office visits and injections may increase or decrease depending on your disease activity and response to continued treatment.</td>
<td>A medication is delivered into your eye with a device implant. The device is implanted in the operating room. After the device implant operation, you will need 3 office visits within one month. You will then have an office visit about once every 3 months.</td>
</tr>
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After 1 year of treatment, patients with your condition need in-office injections about once every 2 months, on average. The most frequently that you will need an eye injection is once every month. The least frequently that you will need an eye injection is once every 3 months.

After the device implant operation, patients with your condition need an in-office refill procedure about once every 6 months, on average. The most frequently that you will need an in-office refill procedure is once every 3 months. The least frequently that you will need an in-office refill procedure is once every 24 months. The ultimate frequency of the in-office refill procedure depends on disease activity and response to treatment.
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How do the hypothetical treatment risks compare?

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<td>About 2 in 10,000 patients experience a serious eye infection with a single injection. Depending on the number of injections given, up to about 50 in 10,000 patients may experience a serious eye infection.</td>
<td>About 200 in 10,000 patients experience a serious eye infection.</td>
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<td>Less than 500 in 10,000 patients with the implant experience bleeding inside the eye. This may cause temporary decreased vision that usually improves without treatment over 3 months. Less than 100 in 10,000 patients receiving the implant will need another surgery to remove the blood.</td>
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<td>About 500 in 10,000 patients will experience irritation or inflammation to the area of the eye around the implant.</td>
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Inclusion Criteria

Physicians
Wills/Mid Atlantic Retina

Patients
nAMD dx
> 50 years
> 2 injections
Data

• Pending
Thank you

• Mentors and Collaborators
  – Carl Regillo
  – Allen Ho
  – Karen Sepucha
  – KD Valentine
  – Ellie Cheng

• Wills Retina Research Team
  – Brianna Kenney
  – Michele Formoso