

# Macular Atrophy (MA) in the Phase 2 Ladder Trial

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### **Disclosures**

- ► Financial disclosures
  - GJJ: Consultant) Novartis, EyePoint, Neurotech, Iveric, Clearside.
  - GB, CYL, SG: Employee) Genentech, Inc.
- Study disclosures
  - This study includes research conducted on human subjects
  - Institutional Review Board approval was obtained prior to study initiation
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## **Summary-Key Takeaways Macular Atrophy (MA) in the Phase 2 Ladder Trial**

- Continuous ranibizumab delivery via the PDS does not cause more atrophy than monthly injections
- > Comparable rates of MA incidence, size, enlargement





Ladder: NCT02510794.

# Macular Atrophy in Eyes With nAMD Receiving Anti-VEGF Treatment

- ▶ Macular atrophy definition¹
- ► MA in IVAN,<sup>2</sup> CATT,<sup>3</sup> and HARBOR<sup>4</sup> trials
- What about continuous delivery?





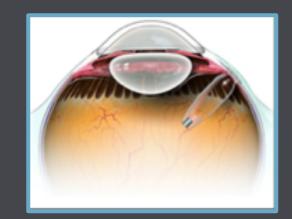


## Purpose

▶ Macular atrophy incidence, size, and enlargement in PDS vs monthly ranibizumab injections

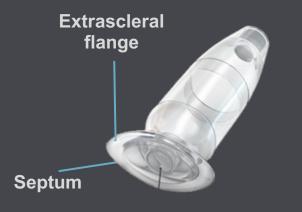
## The Port Delivery System With Ranibizumab (PDS)

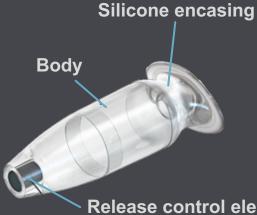
- Continuous drug delivery system
  - Permanent, refillable intraocular implant
  - Customized ranibizumab formulation
  - Implant surgically placed at the pars plana
  - In office refill-exchange procedure





**OR-based insertion** procedure





Release control element (RCE)

### Ladder Phase 2 Trial Design

Characterize the Treatment Effect, Durability, and Safety of the PDS

Patients with nAMD responsive to ≥ 2 anti-VEGF injections of any type

N = 220

Randomized 3:3:3:2

PDS with ranibizumab 10 mg/mL n = 58

PDS with ranibizumab 40 mg/mL n = 62

PDS with ranibizumab 100 mg/mL n = 59

Monthly intravitreal ranibizumab 0.5 mg n = 41

PRN re-treatment (refill)

**Monthly injections** 

#### **Primary endpoint**

Time to first PDS refill

Assessed when last patient completed month 9 visit

Secondary endpoints					
Change from BL in BCVA	Change from BL in CFT	Safety			

PDS refill criteria						
Increase in CFT	Decrease in BCVA	New macular hemorrhage				

Last assessment varied due to variable time on study (mean = 22.1 months for all PDS patients (range, 10.8–37.6 months)



### Ladder Phase 2 Trial Design

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#### Ladder phase 2 trial

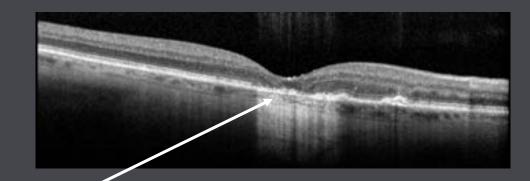
- ▶ PDS 100 mg/mL vision and anatomic outcomes comparable with monthly ranibizumab
- PDS was generally well tolerated
- Supported evaluation in Archway phase 3 trial





# Macular Atrophy in Ladder Assessed at Screening, Months 4 and 9, and Last Assessment

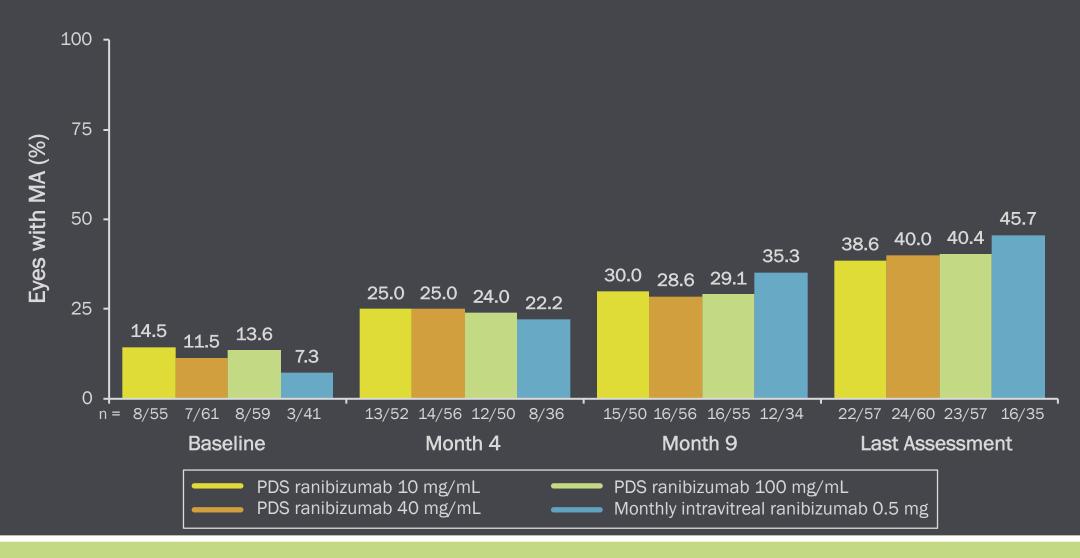
- DRC assessed MA
- Two readers assessed MA, MA area
  - Third reader arbitrated values that differed >10%
  - Areas differing by ≤10% were averaged
- SDOCT: MA presence according to CAM
- FAF: MA area –
- The worst-observation-carried-forward approach was used to impute missing data





## **RESULTS**

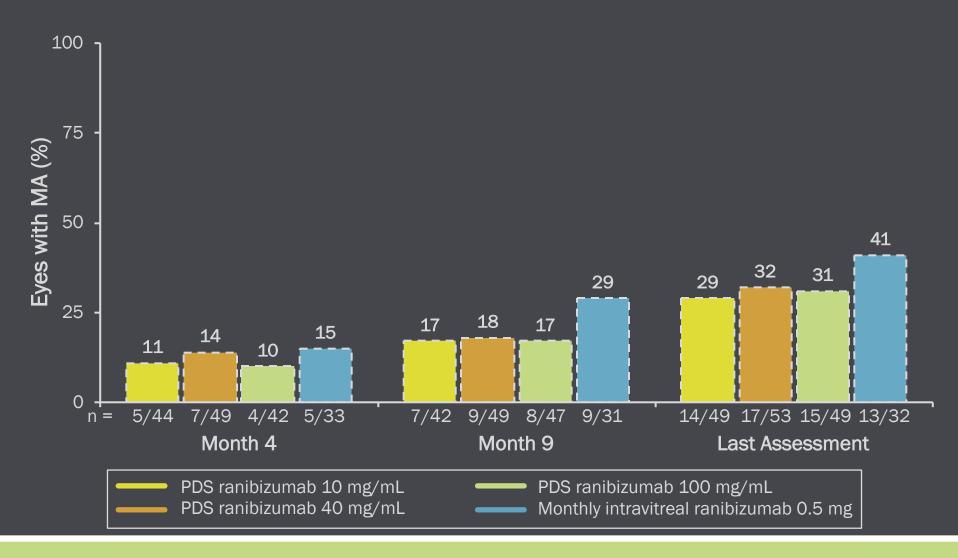
# % MA Throughout Ladder was Similar Across Treatment Arms



Ladde



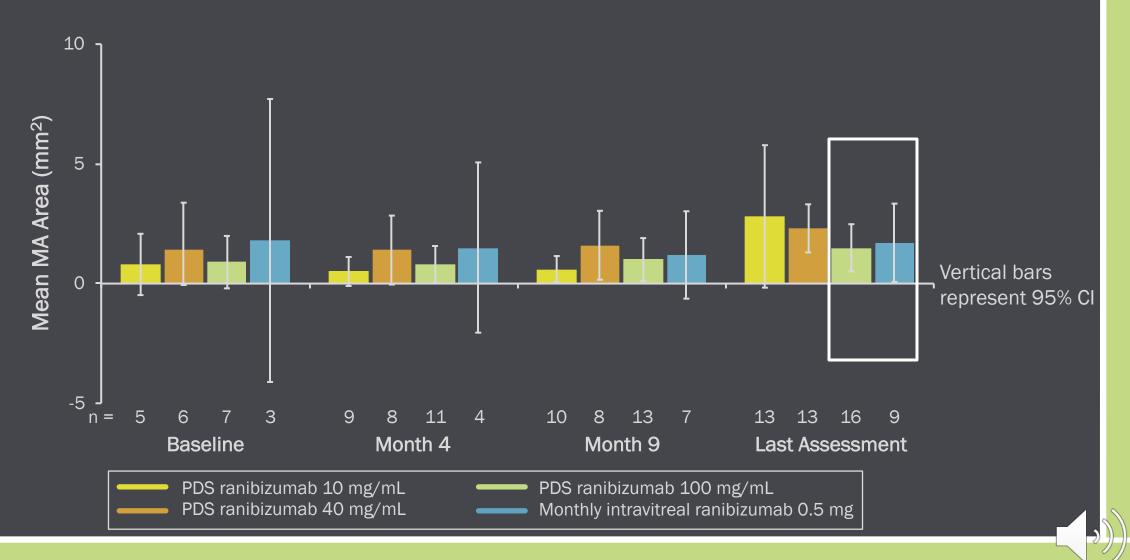
# New MA Incidence Similar Across Treatment Arms in Patients Without MA at Baseline



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# PDS 100 mg/mL Mean MA Area Was Similar to Monthly Ranibizumab Injections Throughout Ladder





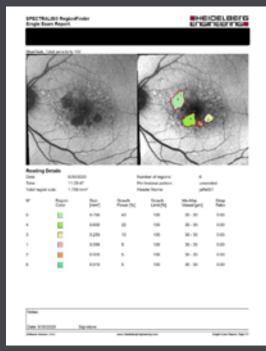
# PDS 100 mg/mL Mean MA Area Similar to Monthly Ranibizumab Injections Throughout Ladder

## Monthly intravitreal ranibizumab



1.7 mm<sup>2</sup>

## Port Delivery System with ranibizumab



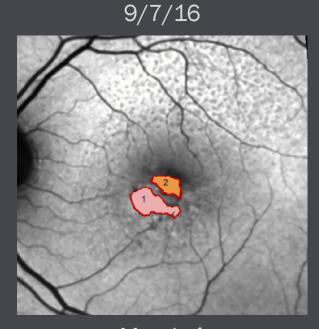
1.7 mm<sup>2</sup>



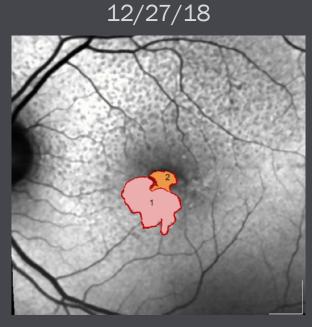
### Example of Macular Atrophy Area Change Over Time



Baseline 0.510 mm<sup>2</sup>

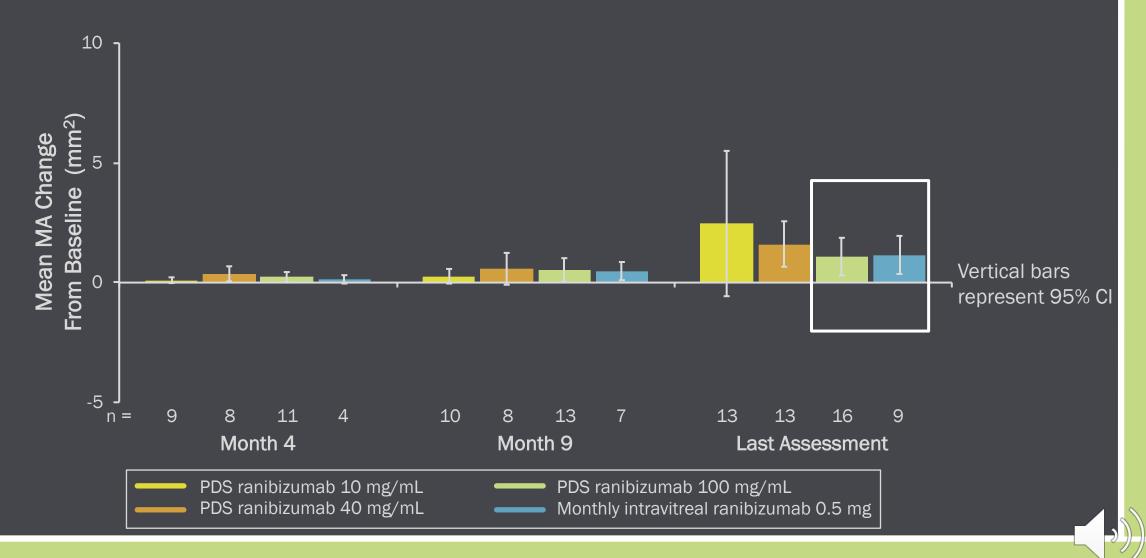


Month 4 0.778 mm<sup>2</sup>



Last Assessment 1.770 mm<sup>2</sup>

# PDS 100 mg/mL MA Area Change Is Similar to Monthly Ranibizumab Injections





### Conclusions

- Continuous ranibizumab delivery via the PDS does not cause more atrophy than monthly injections
- Comparable rates of MA incidence, size, enlargement



