

# Occlusive retinal vasculitis following intravitreal brolucizumab for exudative AMD

Retina Society – Annual Meeting 2020

Andre J Witkin MD

on behalf of the ASRS ReST Committee



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# Relevant Financial Disclosures

**Andre J Witkin MD**

Allergan – Consultant

Novartis – Investigator

Genentech – Investigator

**See program for full disclosure of the ASRS ReST Committee**



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# Summary

- 26 eyes of 25 patients with retinal vasculitis after brolocizumab reported to ASRS
- Most (88%) were female
- Most (92%) had intraocular inflammation
- Most (88%) had retinal vascular occlusion
- Nearly half (46%) had significant visual loss (>3 lines)



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# ASRS ReST Committee

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# Brolucizumab

- Single chain antibody fragment, blocks all VEGF-A
- Higher molar equivalent dose than other drugs:
  - Low molecular weight
  - High solubility
- FDA approval for exudative AMD: **October 7, 2019**



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# Brolucizumab

- After FDA approval, ASRS began receiving reports of retinal vasculitis after brolucizumab
- Study Purpose:
  - To describe clinical and imaging characteristics of these cases



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# Methods

- ASRS collected reports of retinal vasculitis after brolucizumab **between 10-7-20 and 4-1-20**
- ASRS sent standardized questionnaire to submitting physicians
- Data/images collected and analyzed by ASRS ReST Committee



# Case example 1

## 72-year-old woman

- 30 prior anti-VEGF injections
- Received brolucizumab x3
- VA at each brolucizumab was 20/50

Courtesy of April Harris MD



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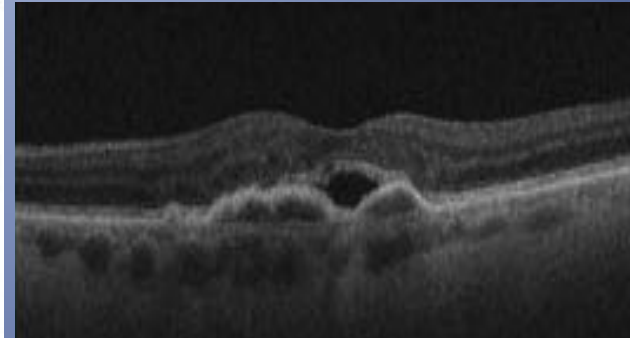
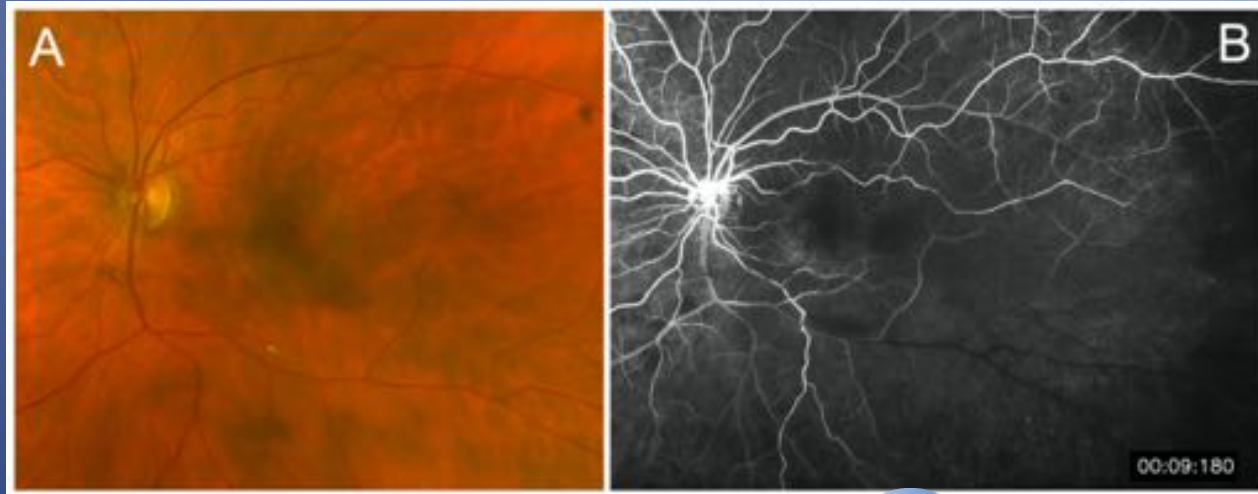
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# Case example 1

## 72-year-old woman

- 63 days after brolocizumab #3, routine f/u
- Asymptomatic



Courtesy of April Harris MD



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# Case example 2

## 92-year-old woman

- 65 prior anti-VEGF injections
- Received brolucizumab x1
- VA at brolucizumab was 20/60

Courtesy of Elizabeth Verner-Cole MD



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# Case example 2

## 92-year-old woman

- 14 days after brolocizumab #1
  - **Symptoms:** redness, pain, and blurry vision
  - **Exam:** VA 20/100, Trace AC cells and KP
  - **Treatment:** Topical steroids
- 24 days after brolocizumab #1
  - **Symptoms:** Pain improved but vision worse
  - **Exam:** VA CF 4', vitritis, arterial sheathing and retinal whitening

Courtesy of Elizabeth Verner-Cole MD



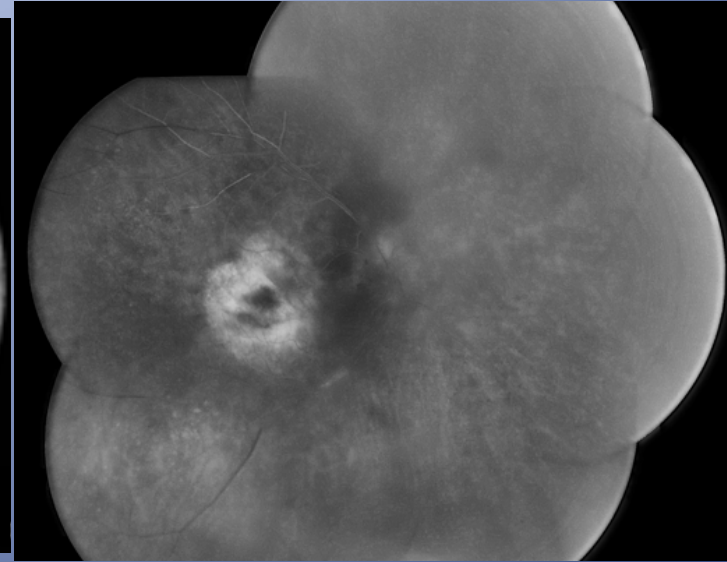
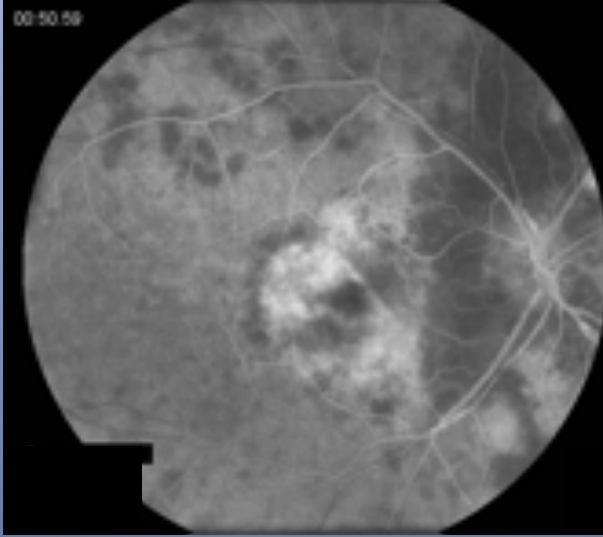
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# Case example 2

92-year-old woman

- VA CF 4'



Courtesy of Elizabeth Verner-Cole MD



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# Case example 2

92-year-old woman

- **Treatment:** Oral prednisone 60mg initiated
- 10 days after PO prednisone initiation (34 days after brotacizumab #1)
  - **Exam:** Retinal whitening improving, VA remained CF 4'

Courtesy of Elizabeth Verner-Cole MD



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# Case example 3

## 78-year-old man

- 59 prior anti-VEGF injections
- Received brolucizumab x1
- VA at brolucizumab was 20/60

Courtesy of Sachin Mehta MD



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# Case example 3

## 78-year-old man

- 14 days after brotacizumab
  - Saw general ophtho, diagnosed “uveitis”
  - **Treatment:** Topical steroids
- 35 days after brotacizumab
  - **Symptoms:** Blurry vision, floaters, pain, redness
  - **Exam:** VA HM, 2+ AC cells, vitritis, occlusive retinal vasculitis
  - **Treatment:** Oral prednisone

Courtesy of Sachin Mehta MD



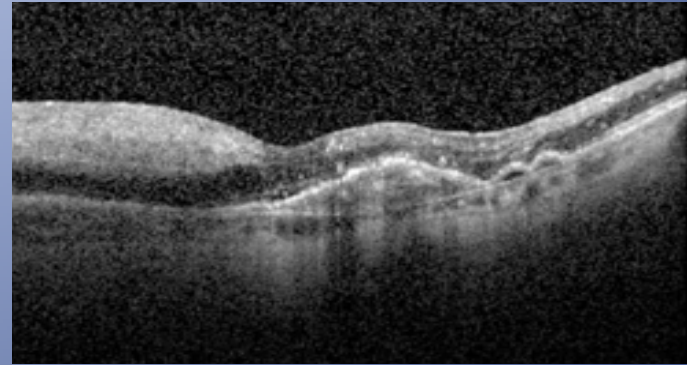
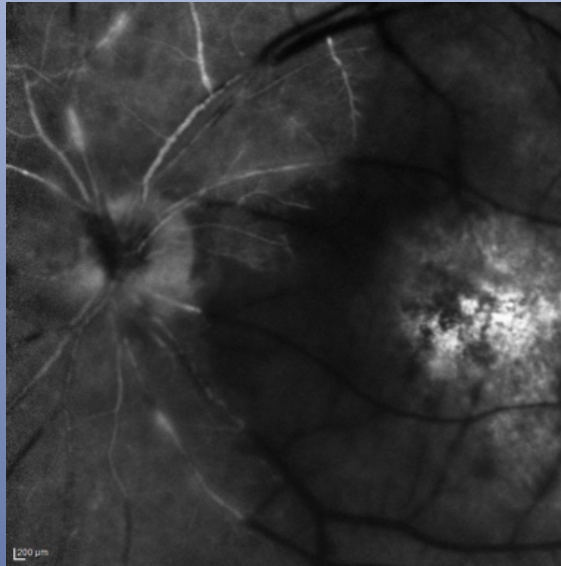
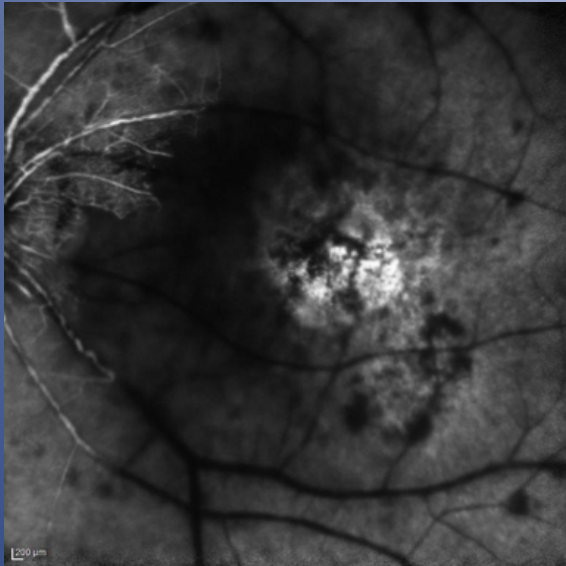
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# Case example 3

78-year-old man

- VA HM



Courtesy of Sachin Mehta MD



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# Demographics

- 25 patients, 26 eyes
- **Age:** 58 – 92 years (mean 79)
- **Sex:** 22 women (88%), 3 men (12%)
- **Prior treatment:** All had prior anti-VEGF
  - Mean 39 injections (range 2-78)
  - 16% ranibizumab, 23% bevacizumab, 61% aflibercept
  - Reason to switch: 77% extend interval, 73% improve anti-VEGF efficacy



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# Brolucizumab injections

- Vasculitis occurred following:
  - 1 injection – 42%
  - 2 injections – 42%
  - 3 injections – 16%
- No associated lot (10 reported lot numbers)



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# Symptoms

- Blurry vision – 62%
- Floaters – 46%
- Pain – 31%
- Redness – 19%
- Scotomas – 12%
- Asymptomatic – 8%



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# Exam Findings

- Inflammation (other than vasculitis) noted in **92%**
  - Anterior only – 31%
  - Posterior only – 27%
  - Both – 35%
  - None – 8%
- Vascular occlusion noted by referring physician in **85%**
  - 6 eyes first presented with inflammation, subsequently developed vascular occlusion



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# Vasculitis Features

- Images available from 24/26 eyes (92%)
  - Color photos – 24 (92%)
  - FA – 22 (85%), ICG – 1 (4%)
  - OCT – 18 (69%)
- Imaging features (ischemia evident in 88%)
  - Arterial involvement – 91%
  - Venous involvement – 79%
  - Choroidal hypoperfusion - 48%
  - Optic nerve hyperfluorescence – 55%



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# VA Outcomes

	Mean Snellen VA	Median Snellen VA	Range
VA at most recent brolucizumab (baseline)	20/52	20/50	20/25 – 4/200
VA at Adverse Event (AE) onset	20/151	20/70	20/25 – HM
Worst VA	20/397	20/150	20/30 – LP
VA at most recent follow-up *Mean 53 days since last brolucizumab	20/243	20/80	20/30 – LP
46% with $\geq 3$ -line VA loss at last follow-up			



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# Treatment

- No consistent pattern of response
- 8 eyes re-treated with another anti-VEGF
  - 4 had no inflammation at injection, and no recurrence
  - 2 had inflammation at injection, and no recurrence
  - 2 had inflammation at injection, and worse inflammation



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# Epidemiology

- More common in women (**88%**)
  - Could be by chance
- High rate of intraocular inflammation with brotacizumab
  - Data from **independent SRC review** commissioned by Novartis
    - **4.6%** intraocular inflammation
    - **3.3%** retinal vasculitis
    - **2.1%** retinal vasculitis and occlusion

[https://www.brotacizumab.info/dist/files/ASRS\\_SRC\\_report.pdf](https://www.brotacizumab.info/dist/files/ASRS_SRC_report.pdf)



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# Etiology

- Data from **FDA review** of brolocizumab
  - High baseline rate of anti-drug antibodies (**36-52%**)
  - High rate of induced or boosted ADA levels (**23-25%**)
    - Associated with higher risk of inflammation

[https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2019/761125Orig1s000SumR.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/761125Orig1s000SumR.pdf)

[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/761125s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/761125s000lbl.pdf)
- More potent anti-VEGF effect may reach threshold to induce retinal vascular occlusion



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# Recommendations

- Informed consent when using brotacizumab should include discussion of retinal vasculitis and associated vision loss
- Careful exam for inflammation prior to every brotacizumab
- Angiography helpful to analyze spectrum of vasculopathy
- Ideally, re-treat with anti-VEGF once inflammation resolves



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