

# **Efficacy and Safety of Intravitreal Aflibercept Treat and-Extend Regimens in Exudative Age-Related Macular Degeneration: 52- and 96-Week Findings from ALTAIR**

A Video Abstract



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## Efficacy and Safety of Intravitreal Aflibercept Treat-and-Extend Regimens in Exudative Age-Related Macular Degeneration: 52- and 96-Week Findings from ALTAIR

### Original Research Article

*Masahito Ohji, Kanji Takahashi, Annabelle A. Okada, Masato Kobayashi, Yoshimi Matsuda, Yasuhiro Terano, for the ALTAIR Investigators*

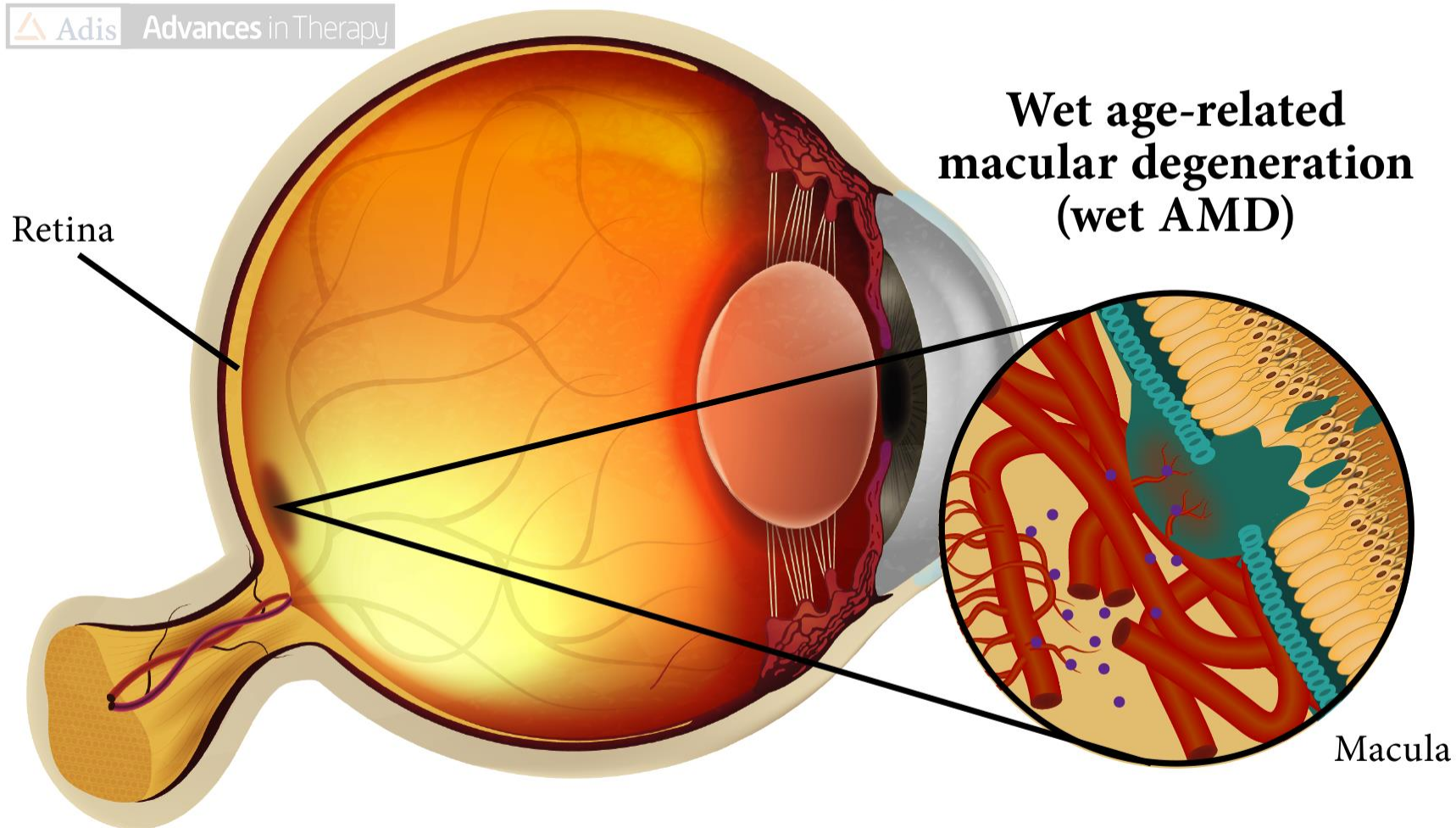
*Conflicts of Interest:* Masahito Ohji has received grants, consultancy fees, honorarium, travel support and speaker fees from AbbVie Japan, Inc., Alcon Pharma K.K. (Japan), Allergan, B.L.J Ltd., Bayer Yakuhin, Ltd. (Japan), Chugai, HOYA, Kowa, Novartis Pharma K.K., Otsuka Pharmaceuticals, Pfizer Pharmaceuticals K.K., Santen Pharmaceuticals Co., Ltd., Senju Pharmaceutical Co., Ltd., and Topcon. Kanji Takahashi has received consultancy fees, honoraria, travel support and speaker fees from Alcon Pharma K.K. (Japan), Bayer Yakuhin, Ltd. (Japan), B.L.J Ltd., Carl Zeiss Co., Ltd., Kowa, Kyowa Kirin Co., Ltd., Novartis Pharma K.K., Otsuka Pharmaceuticals, Pfizer Pharmaceuticals K.K., Santen Pharmaceuticals Co., Ltd., and Senju Pharmaceutical Co., Ltd. Annabelle A. Okada has received personal fees from AbbVie Japan, Inc., Astellas Japan, Bayer Healthcare AG, Daiichi-Sankyo, and Senju Pharmaceutical Co., Ltd.; and grants and personal fees from Alcon Pharma K.K. (Japan), Bayer

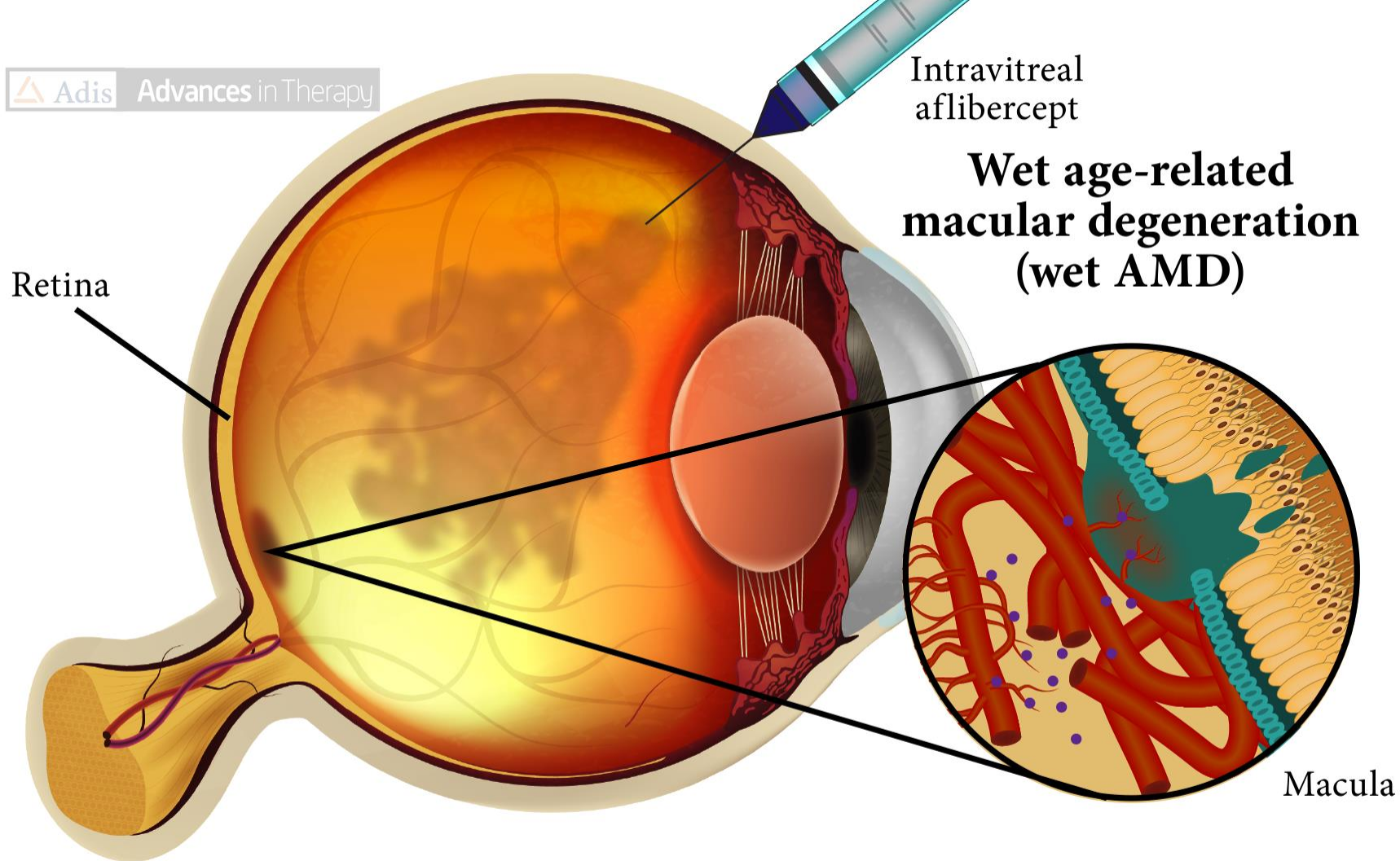
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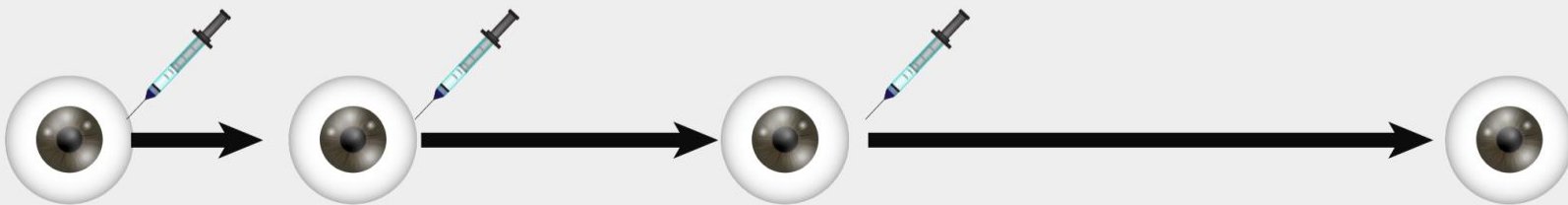
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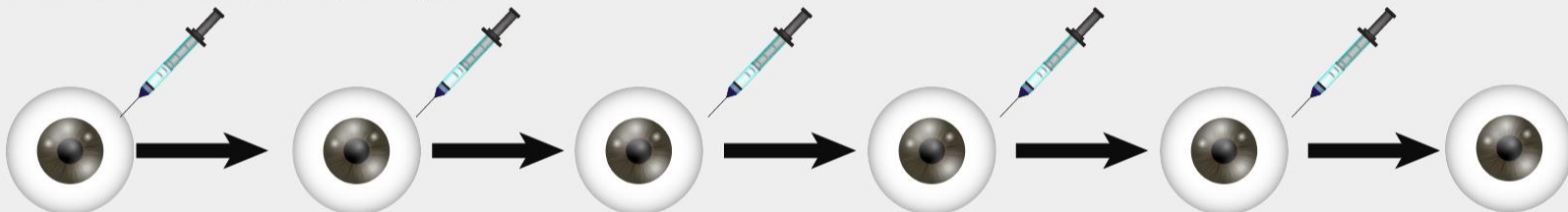




### **Treat-and-extend treatment**

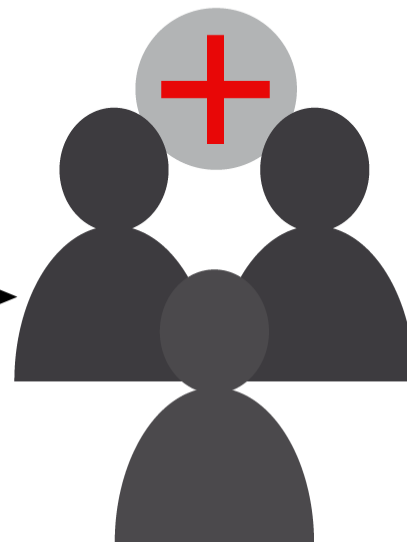
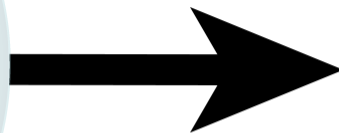
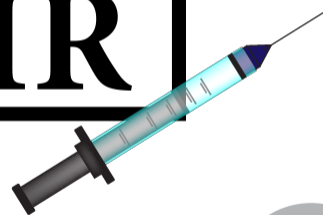


### **Fixed-interval treatment**

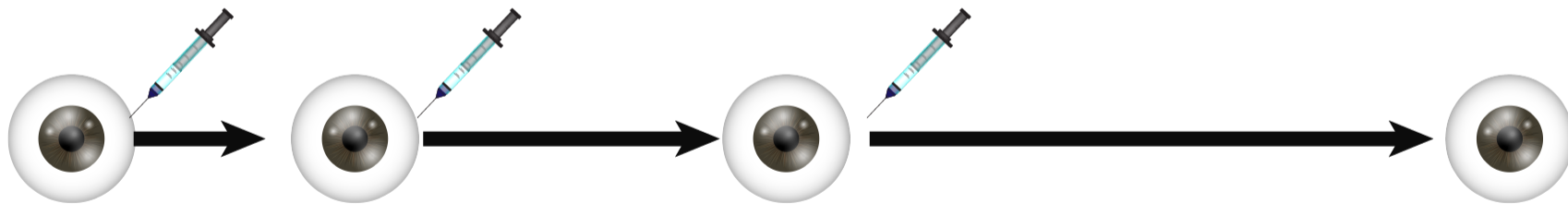




# ALTAIR



## Treat-and-extend treatment

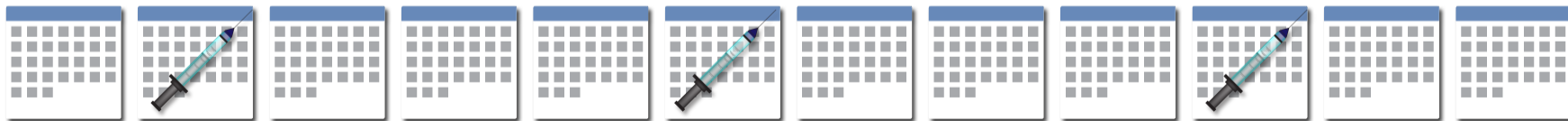


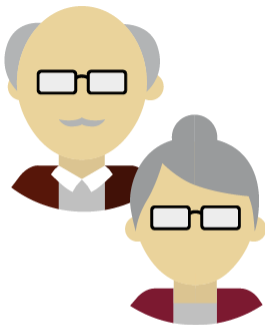
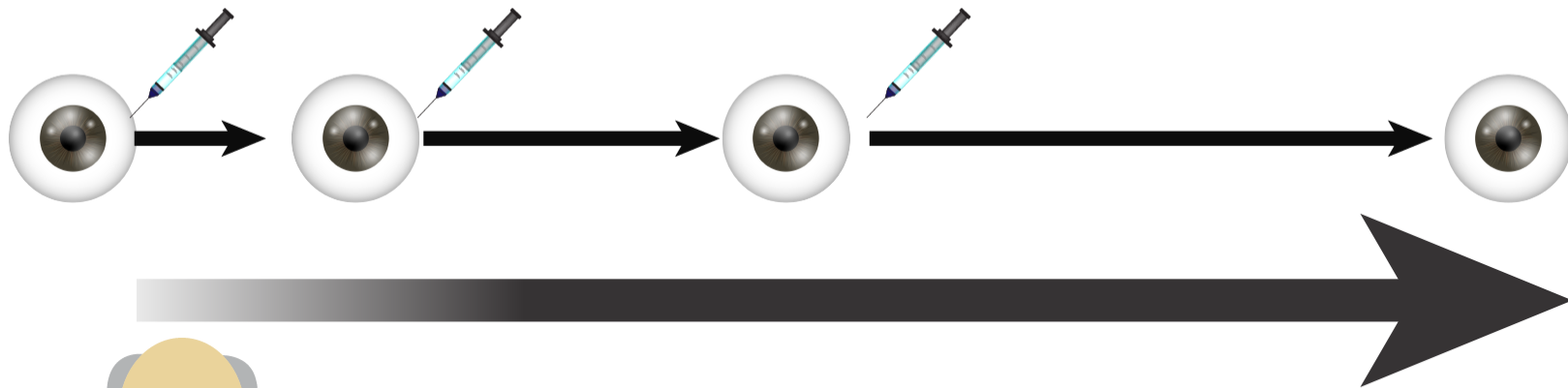
Identify the optimal extension interval for individual patients



Optimize extension to reduce the treatment burden

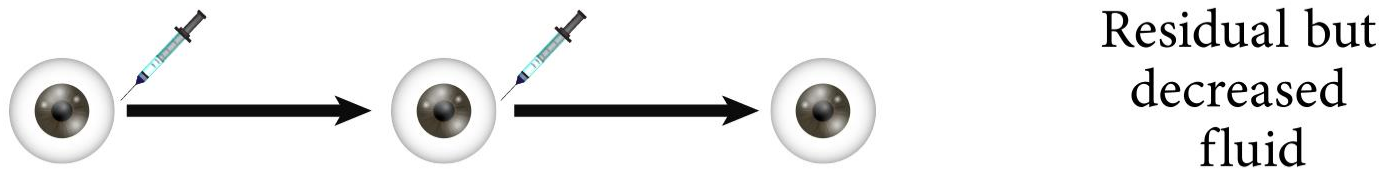
*Ideally as infrequent as once every 16 weeks, with fast extensions made in 4-week increments*

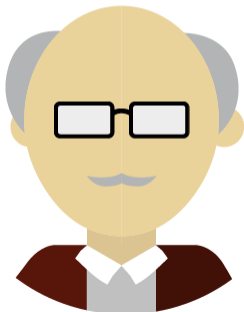




246 patients with exudative  
AMD over 96 weeks



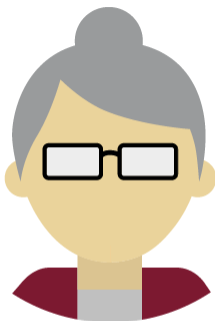




$\geq 50$  years old

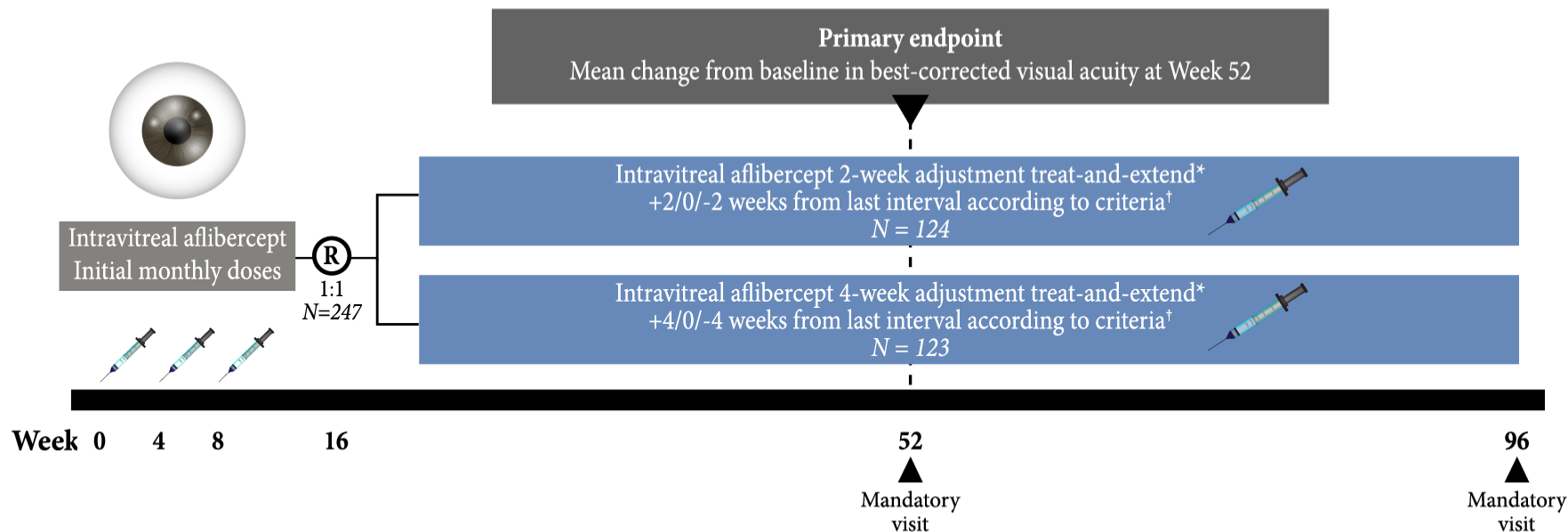


Had never received  
intravitreal anti-VEGFs



Baseline best-corrected  
visual acuity of  
73-25 ETDRS letters

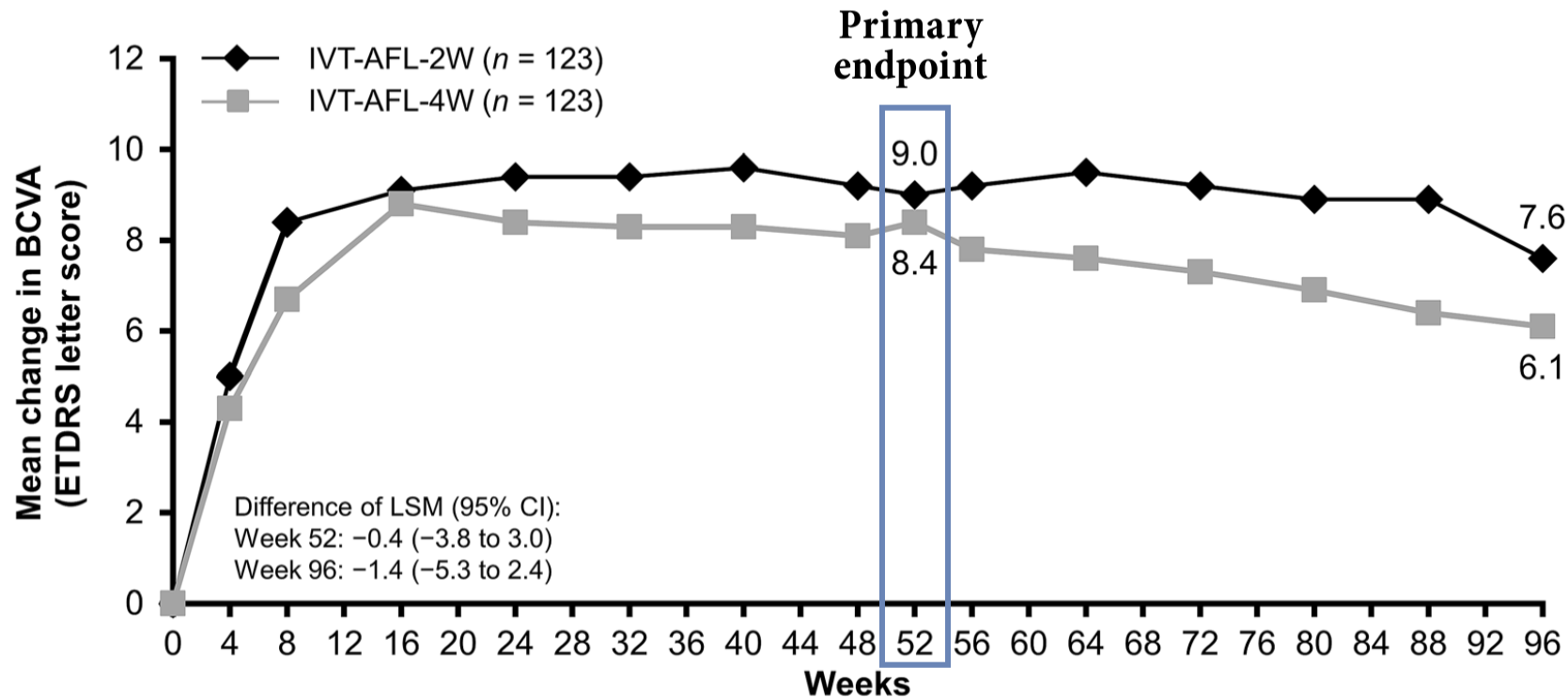




*\*Decision is based on pre-specified criteria with a maximum interval of 16 weeks.*

*†Patients in the IVT-AFL-2W group could have their treatment interval increased or shortened by 2 weeks. Patients in the IVT-AFL-4W group could have their treatment interval increased or shortened by 4 weeks. For patients in the IVT-AFL-4W group who had undergone interval shortening by 4 weeks, any subsequent interval extension or shortening was limited to 2 weeks.*

# Visual Acuity



## Treatment-emergent adverse events

### **Any TEAE (2W: 68.5%, 4W: 69.9%)**

Mild (2W: 50.0%; 4W: 44.7%)

Moderate (2W: 12.1%; 4W: 17.9%)

Severe (2W: 6.5%; 4W: 7.3%)

### **Ocular TEAE (study eye)**

Any ocular TEAE (study eye)  $\geq 2\%^*$  (2W: 21.0%; 4W: 30.9%)

*Cataract* (2W: 5.6%; 4W: 8.1%)

*Conjunctival hemorrhage* (2W: 3.2%; 4W: 6.5%)

*Dry eye* (2W: 2.4%; 4W: 4.9%)

*Retinal pigment epithelium tear* (2W: 2.4%; 4W: 0%)

### **Non-ocular TEAE**

Any non-ocular TEAE  $\geq 3\%$  (2W: 52.4%; 4W: 56.1%)

*Constipation* (2W: 3.2%; 4W: 5.7%)

*Large intestine polyp* (2W: 0%; 4W: 3.3%)

*Nasopharyngitis* (2W: 21.0%; 4W: 16.3%)

*Influenza* (2W: 1.6%; 4W: 3.3%)

*Contusion* (2W: 0.8%; 4W: 3.3%)

*Hypertension* (2W: 0.8%; 4W: 3.3%)

### **Any serious TEAEs (2W: 15.3%, 4W: 16.3%)**

Ocular SAE in study eye (2W: 2.4%; 4W: 1.6%)

Non-ocular SAE (2W: 12.9%; 4W: 13.0%)

### **Any TEAE leading to discontinuation of study drug (2W: 0.8%, 4W: 1.6%)**

\* Ocular TEAEs  $\geq 2\%$  in either IVT-AFL treatment arm

# 16-week injection interval



2-week  
adjustment  
group



**41.5%**

4-week  
adjustment  
group



**42.3%**

Similar results (48% for both the 2-week and 4-week groups)  
were observed among patients achieving a 12-week interval