Medical Retina

FARICIMAB IN nAMD: YEAR 2 PATIENT CASE PROFILES FROM THE PHASE 3 TENAYA/LUCERNE TRIALS

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PURPOSE:

Year 1 data from the TENAYA/LUCERNE (NCT03823287/NCT03823300) trials suggest that dual inhibition of the angiopoietin-2/vascular endothelial growth factor A pathways with faricimab may promote vascular stability/durable efficacy for neovascular age-related macular degeneration (nAMD). We present a selection of case profiles for patients treated through year 2 of TENAYA/LUCERNE.

METHODS:

TENAYA/LUCERNE were randomised, active comparator–controlled, 112-week trials. Treatment-naïve patients were randomised 1:1 to faricimab 6.0 mg up to every 16 weeks (Q16W), per protocol-defined disease activity assessments at weeks 20 and 24 after 4 initial Q4W doses, or aflibercept 2.0 mg Q8W through week 108 after 3 initial Q4W doses. From week 60, faricimab-treated patients followed a treat-and-extend (T&E) regimen (personalised treatment interval per protocol).

RESULTS:

In total, 1329 patients were enrolled (TENAYA/LUCERNE, N = 671/658). Vision gains and central subfield thickness (CST) reductions from baseline with faricimab ≤ Q16W were comparable with aflibercept Q8W through week 112. Mean best-corrected visual acuity gains (weeks 104–112): faricimab, 4.4 letters; aflibercept, 4.3 letters. Faricimab-treated patients received fewer injections than aflibercept-treated patients (week 108 median: 10 vs 15; T&E phase median: 3 vs 6). At week 112, 60% and ~80% of faricimab-treated patients achieved Q16W and ≥ Q12W dosing, respectively. Faricimab was well tolerated, with an acceptable safety profile. Here we will describe representative cases for patients treated through year 2 of TENAYA/LUCERNE.

CONCLUSIONS:

Year 2 TENAYA/LUCERNE case profiles will explore whether early vision gains, reductions in CST and extended (≤ Q16W) faricimab dosing are maintained over 2 years.

FINANCIAL DISCLOSURE: Yes