



Collaborative Approaches  
to Implementing Durable  
Anti-VEGF Solutions in an  
**EVOLVING  
RETINAL  
LANDSCAPE**



# ***Collaborative Approaches to Implementing Durable Anti-VEGF Solutions in an Evolving Retinal Landscape***

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## **PROGRAM OVERVIEW**

These virtual ECHO series assess the efficacy, safety, and durability of emerging anti-VEGF therapies using pivotal trial data and real-world evidence. The program focuses on evidence-based patient selection for sustained-delivery and extended-interval regimens, considering disease characteristics, treatment burden, adherence, and procedural factors. It also addresses multidisciplinary, patient-centered strategies to improve access, enhance adherence, and optimize visual outcomes, particularly in underserved and rural settings.

## **LEARNING OBJECTIVES**

- Evaluate the efficacy, safety, and durability outcomes of novel anti-VEGF strategies based on pivotal clinical trial and real-world evidence.
- Apply optimal strategies to identify patients who may benefit from sustained-delivery or extended-interval anti-VEGF regimens, considering clinical characteristics, adherence challenges, and procedural considerations.
- Integrate patient-centered and multidisciplinary approaches to improve treatment access, adherence, and visual outcomes in diverse clinical settings, particularly in underserved and rural populations.

## TARGET AUDIENCE

This activity is designed to meet the educational needs of retina specialists, ophthalmologists, and rural HCPs (ophthalmologists, optometrists, PCPs) involved in the care of patients with nAMD, DME, and DR.

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# Collaborative Approaches to Implementing Durable Anti-VEGF Solutions in an Evolving Retinal Landscape



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1

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- Dr Khanani reports the following disclosures:

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2

## Learning Objectives

- Evaluate the efficacy, safety, and durability outcomes of novel anti-vascular endothelial growth factor (VEGF) strategies based on pivotal clinical trial and real-world evidence in neovascular age-related macular degeneration (nAMD), diabetes-related macular edema (DME), and diabetic retinopathy (DR)
- Apply optimal strategies to identify patients who may benefit from sustained-delivery or extended-interval anti-VEGF regimens, considering clinical characteristics, adherence challenges, and procedural considerations
- Integrate patient-centered and multidisciplinary approaches to improve treatment access, adherence, and visual outcomes in diverse clinical settings, particularly in underserved and rural populations

3

## Introduction

4

## Polling Question



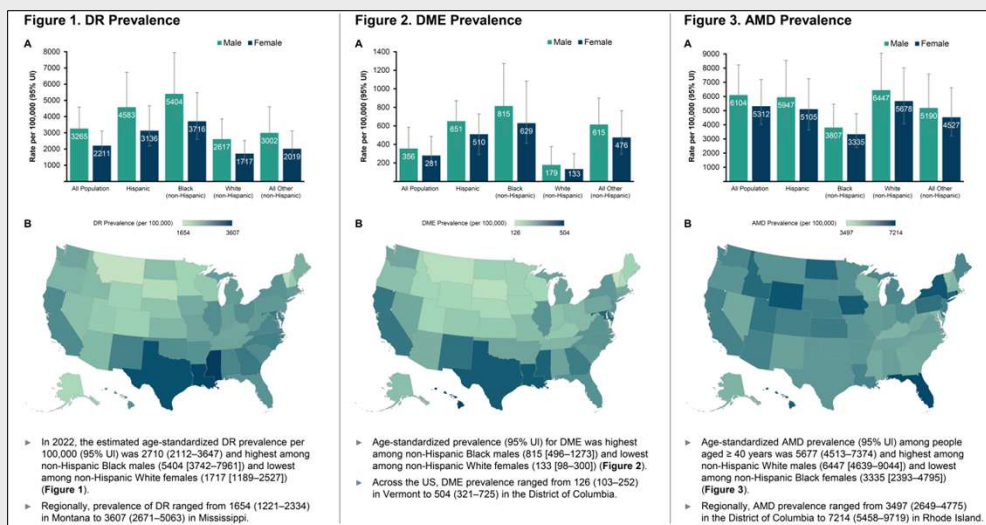
What is your current level of experience with using anti-VEGF agents for the treatment of retinal disease?

- a) I don't know what anti-VEGF agents are
- b) I know what they are, but I have never used them
- c) I use them sometimes
- d) I use them often
- e) I use them all the time
- f) I refer patients for anti-VEGF therapy
- g) I'm not sure

5

## Prevalence of Retina Conditions

A focus on underserved populations by regions in the United States in 2022



Ko S, et al. Association for Research in Vision and Ophthalmology (ARVO) 2025; Poster 2069.

6

## The Evolving Anti-VEGF Landscape: Unmet Needs and New Paradigms

- Despite transformative efficacy, first generation anti-VEGF therapy is limited by
  - Treatment burden leading to nonadherence/discontinuation
  - Undertreatment, real-world visual outcomes that lag behind clinical trials
- Longer treatment intervals can help to reduce the burden of frequent visits
- Next-generation anti-VEGF agents



| Agent                            | nAMD dosing                                                    | DME dosing                                                     | DR dosing                        |
|----------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------|
| <b>First generation</b>          |                                                                |                                                                |                                  |
| Aflibercept 2 mg*                | q8w (after 3 loading)                                          | q8w (after 5 loading)                                          | q8w (after 5 loading)            |
| Bevacizumab (off-label)          | q4w                                                            | q4w                                                            | q4w                              |
| Ranibizumab*                     | q4w                                                            | q4w                                                            | q4w                              |
| <b>Next generation</b>           |                                                                |                                                                |                                  |
| Aflibercept 8 mg                 | q8 to 16 weeks (after 3 loading); up to q20 weeks after 1 year | q8 to 16 weeks (after 3 loading); up to q20 weeks after 1 year | q8 to 12 weeks (after 3 loading) |
| Brolucizumab**                   | q8 to 12 weeks (after 3 loading)                               | q8 to 12 weeks (after 5 q6w loading)                           | Not approved                     |
| Faricimab                        | q8 to 16 weeks (after 4 loading)                               | q8 to 16 weeks (after 4-6 loading)                             | Not separately approved          |
| Ranibizumab port delivery system | refill-exchange q24 weeks                                      | refill-exchange q24 weeks                                      | refill-exchange q36 weeks        |

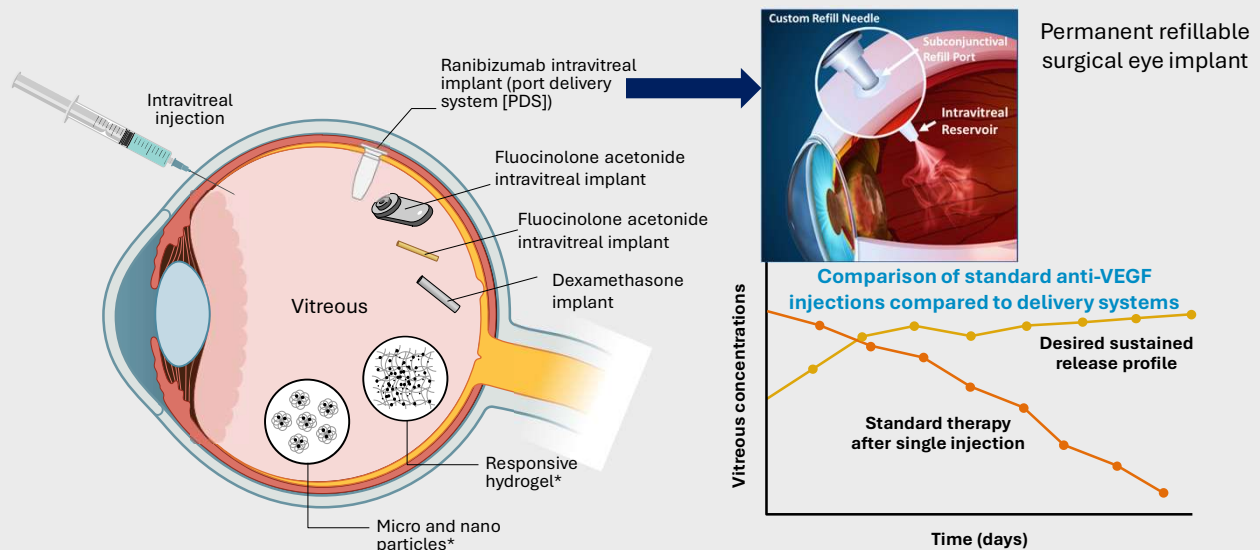
\*Biosimilars available. \*\*Not commonly used in the United States due to increased risk of idiopathic orbital inflammation (IOI).

DME = diabetic macular edema; DR = diabetic retinopathy; nAMD = neovascular age-related macular degeneration; q = every; q4w = every 4 weeks; q6w = every 6 weeks; q8w = every 8 weeks.

Chaudhary V, et al. *Graefes Arch Clin Exp Ophthalmol.* 2025;263:1239-1247. Agostini H, et al. *Graefes Arch Clin Exp Ophthalmol.* 2024;262:3437-3451. Regillo C, et al. *Ophthalmology.* 2023;130:735-747. Hokekamp NM, et al. *Ophthalmology.* 2022;129:295-307. Aflibercept Prescribing Information (PI) 2024 (<https://www.regeneron.com/medicines/our-medicines/us-approved>). Faricimab-svoe PI 2026 (<https://www.vabysmo.com/>). Ranibizumab PI 2024 (<https://www.lucantis.com/>). URLs accessed 6/2/2026.

7

## Different Novel Sustained-Release Intravitreal Drug Delivery Technologies



\*Investigative.

Rowe LW, et al. *Expert Opin Pharmacother.* 2025;26:939-952. Ranade SV, et al. *Drug Deliv.* 2022;29(1):1326-1334. Hokekamp NM, et al. *Ophthalmology.* 2022;129:295-307

8

## Intravitreal Injections and Patient Quality of Life

### QUALITII Survey

50 items → 9 items patient-perceived burden

Data from 4 states

- nAMD = 657
- DME/DR = 360
- RVO = 221
- Other/uncertain = 18

4/5 patients → Intravitreal injections every 4–8 weeks

Adverse events



Every injection



Over half of visits

Most common:

❖ Eye pain

❖ Light sensitivity

### DME/DR → Highest treatment burden

- Physical/psychosocial burden
- Younger age
- Increased out-of-pocket costs

DME = diabetic macular edema; DR = diabetic retinopathy; nAMD = neovascular age-related macular degeneration; RVO = retinal vein occlusion; VEGF = vascular endothelial growth factor.

Wang R, et al. *BMJ Open Ophthalmol.* 2022;7(1):e001188.

### Survey of Norwegian patients with nAMD receiving anti-VEGF therapy

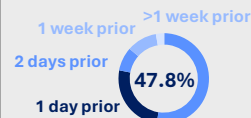
130 patients



≥9 injections/year



Require caregiver support for every treatment



Experience anxiety prior to treatment



Report treatment as uncomfortable

9

## Bridging Gaps in Retinal Care Delivery: Patient-Centered and Multidisciplinary Strategies to Enhance Access, Adherence, and Outcomes

10

## Polling Question



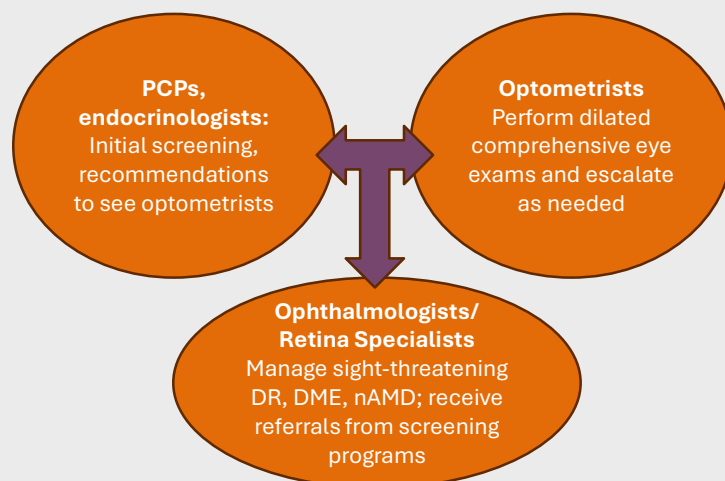
Which of the following best reflects your current approach to screening for nAMD, DME, and DR?

- a) I screen if symptoms are present
- b) I screen high-risk patients only
- c) I screen all patients at diabetes diagnosis, regardless of symptoms
- d) I don't screen often
- e) I refer to specialists for screening
- f) I am unsure

11

## Collaborative Care Frameworks: Connecting Retina Specialists, Ophthalmologists, Optometrists, and Primary Care Providers (PCPs)

- 25% of Americans live in rural areas, but only 10% of physicians practice there
- The intersection of low socioeconomic status (SES), inadequate insurance, and high treatment costs in a rural setting creates significant obstacles for patients with retinal disease
- Greater distances to clinics are associated with decreased follow-up adherence and increased no-show rates



Burmeister J, et al. *Ann Med*. 2025;57:2522323. American Diabetes Association (ADA) Professional Practice Committee for Diabetes. *Diabetes Care*. 2025;49:S261-S276.

12



## ADA Recommendations: Improving Early Intervention Through Technology; However, Follow-Up on Findings Is Critical

### FDA-approved AI screening devices for DR

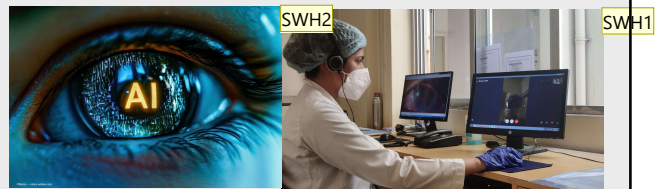
**12.6** Programs that use retinal photography with remote reading or the use of U.S. Food and Drug Administration–approved artificial intelligence algorithms to improve access to diabetic retinopathy screening are appropriate screening strategies for diabetic retinopathy. Such programs need to provide pathways for timely referral for a comprehensive eye examination when indicated. **B**

- AEYE diagnostic screening technology
- EyeArt AI screening system
- LumineticsCore

*“Benefits and optimal utilization of this type of screening have yet to be fully determined. Results of all screening eye examinations should be documented and transmitted to the referring health care professional.”*

### Teleophthalmology

“Retinal photography with remote reading by experts has great potential to provide screening services in areas where qualified eye care professionals are not readily available.”



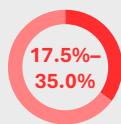
Burmeister J, et al. *Ann Med.* 2025;57:2522323. ADA Professional Practice Committee for Diabetes. *Diabetes Care.* 2025;49:S261-S276.

13

## Addressing Treatment Adherence

### Systematic review and meta-analysis

- 52 studies and 409,215 patients treated with anti-VEGF
- 22 studies include reasons for nonadherence/nonpersistence

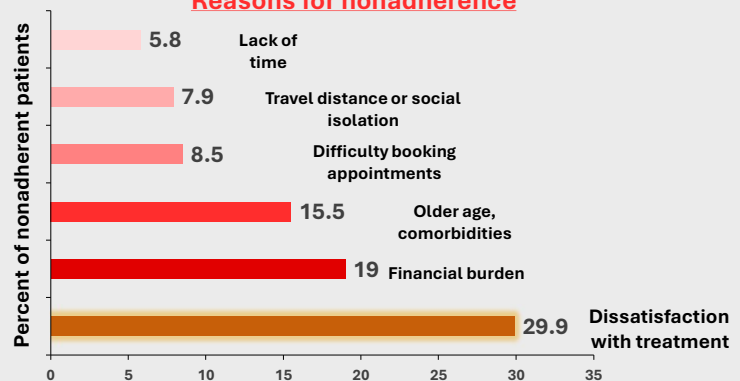


Patient-led treatment nonpersistence

Overall pooled prevalence



### Reasons for nonadherence



### Identified areas for improvement

- Improved organizational/clinical approach
- Patient education: Established expectations

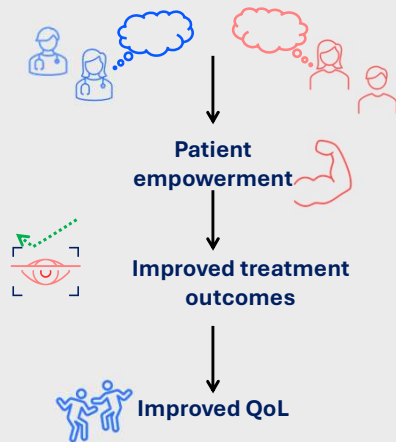
VEGF = vascular endothelial growth factor.

Shahzad H, et al. *Syst Rev.* 2023;12(1):92. Ehken C, et al. *Graefes Arch Clin Exp Ophthalmol.* 2020;258(10):2077-2090.

14

## Shared Decision-Making: Involving the Patient

### Communication between providers and patients



**>3/4** patients with DR **prefer to be involved** in treatment decision-making process.

### Potential for SDM to improve adherence

- ❖ Travel and time commitment—ensuring efficiency and planning
- ❖ Financial cost—planning ahead to be within means
- ❖ Depression—setting expectations
- ❖ Fear of injection—explanation of safety and procedure
- ❖ Disbelief in therapy benefits—education on efficacy

DR = diabetic retinopathy; QoL = quality of life; SDM = shared decision-making.

Müller S, et al. *Int J Retina Vitreous*. 2021;7(1):43. Polat O, et al. *Turk J Ophthalmol*. 2017;47(4):205-210.

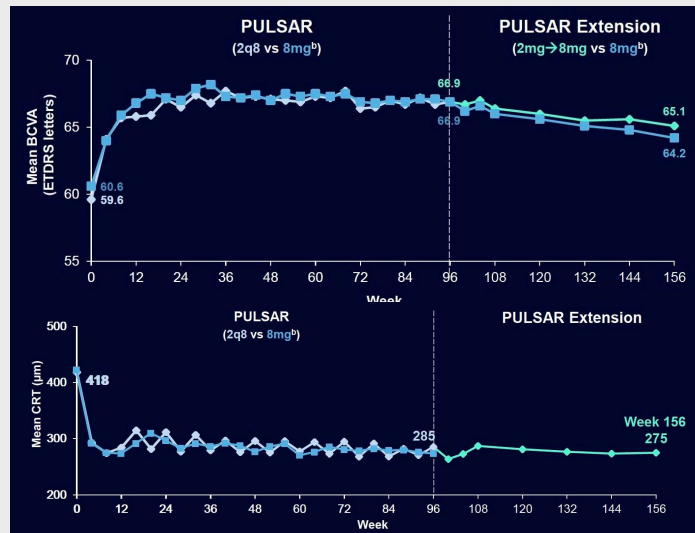
15

## Advancing Retinal Disease Management: Integrating Novel Anti-VEGF Therapies and Delivery Innovations Into Clinical Practice



16

## Aflibercept 8 mg in nAMD Long-Term Extension (LTE): PULSAR at 156 Weeks



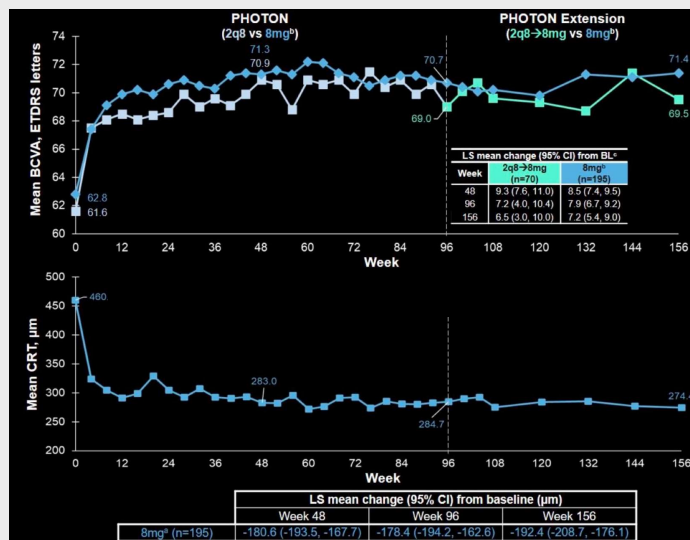
<sup>b</sup> Patients who were randomly assigned to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with aflibercept 8 mg through the PULSAR extension.

Wong T. American Society of Retina Specialists (ASRS) 2025 ([https://www.regeneronmedical.com/view-content?id=a1bPr000003U1JLIAS&type=Publications&disease=AMD&ta=Ophthalmology&congress=American%20Society%20of%20Retina%20Specialists%20\(ASRS\)%202025&title=PULSAR%20extension%203A%20Clinical%20improvements%20maintained%20over%20156%20weeks%20with%20aflibercept%208%20mg%20in%20patients%20with%20neovascular%20age-related%20macular%20degeneration](https://www.regeneronmedical.com/view-content?id=a1bPr000003U1JLIAS&type=Publications&disease=AMD&ta=Ophthalmology&congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&title=PULSAR%20extension%203A%20Clinical%20improvements%20maintained%20over%20156%20weeks%20with%20aflibercept%208%20mg%20in%20patients%20with%20neovascular%20age-related%20macular%20degeneration)).

Accessed 6/2/2026.

17

## Aflibercept 8 mg in DME LTE: PHOTON at 156 Weeks



<sup>b</sup> Patients who were randomized to the 8q12 or 8q16 groups at the beginning of the PHOTON study and continued treatment with aflibercept 8 mg through the PHOTON extension study.

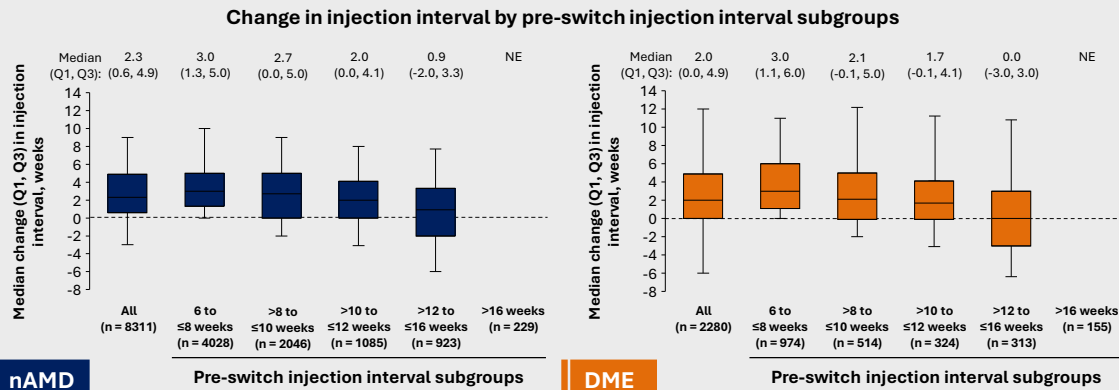
Schneider E. ASRS 2025 ([https://www.regeneronmedical.com/view-content?id=a1bPr000003U1JLIAS&type=Publications&disease=DME&ta=Ophthalmology&congress=American%20Society%20of%20Retina%20Specialists%20\(ASRS\)%202025&title=Aflibercept%208%20mg%20in%20diabetic%20macular%20edema%3A%20156-week%20results%20from%20the%20PHOTON%20extension%20study](https://www.regeneronmedical.com/view-content?id=a1bPr000003U1JLIAS&type=Publications&disease=DME&ta=Ophthalmology&congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&title=Aflibercept%208%20mg%20in%20diabetic%20macular%20edema%3A%20156-week%20results%20from%20the%20PHOTON%20extension%20study)).

Accessed 6/2/2026.

18

## Aflibercept 8 mg Intervals in the Real World: Illumin-8

Change in median injection interval >6 months after switched from aflibercept 2 mg to 8 mg



Injection interval extensions of ~2 weeks were achieved after switching to aflibercept 8 mg while VA was maintained.

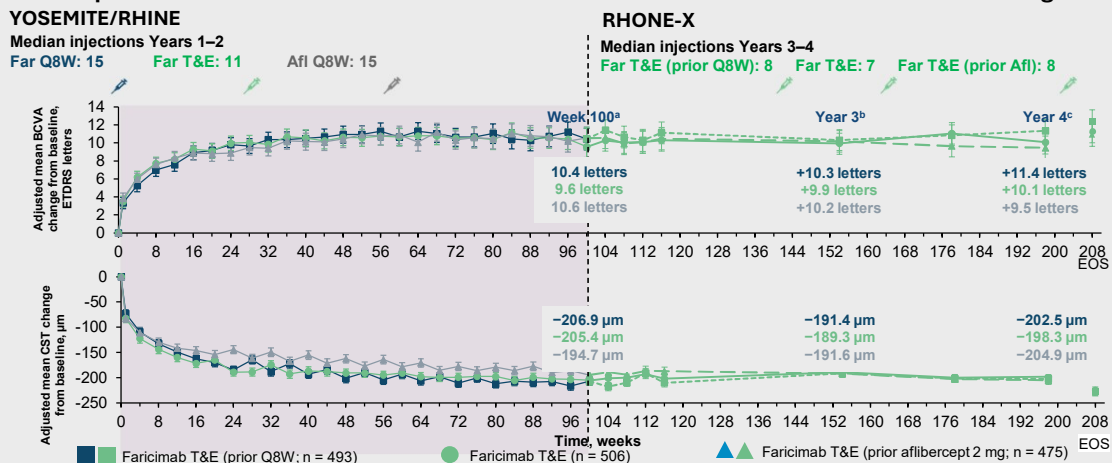
NE = not evaluable; Q = Quarter; VA = visual acuity.

Do DV, et al. AAO Retina Subspecialty Day 2025 ([https://www.regeneronmedical.com/view-content?id=a1bPr0000030jY8IAI&type=Publications&disse=DME&ta=Ophthalmology&congress=American%20Academy%20of%20Ophthalmology%20\(AAO\)%202025&title=Real-World%20Use%20of%20Aflibercept%208mg%20in%20eyes%20with%20nAMD%20or%20DME%3A%20Analysis%20of%20the%20IRIS%20AE%20registry](https://www.regeneronmedical.com/view-content?id=a1bPr0000030jY8IAI&type=Publications&disse=DME&ta=Ophthalmology&congress=American%20Academy%20of%20Ophthalmology%20(AAO)%202025&title=Real-World%20Use%20of%20Aflibercept%208mg%20in%20eyes%20with%20nAMD%20or%20DME%3A%20Analysis%20of%20the%20IRIS%20AE%20registry)). Accessed 6/2/2026.

19

## Faricimab in DME LTE: RHONE-X

Robust improvements in vision and CST were maintained in RHONE-X with faricimab T&E dosing.

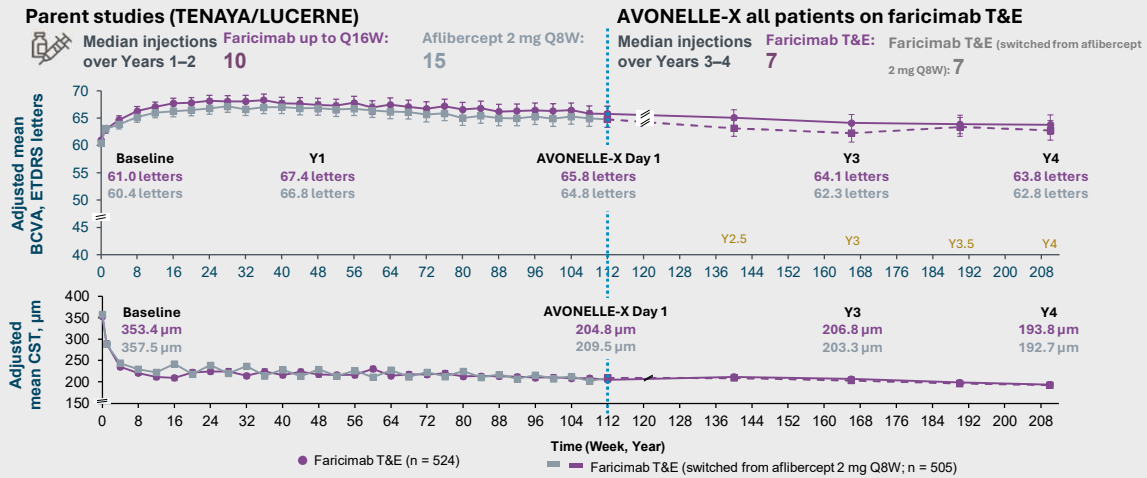


Afl = aflibercept; BCVA = best-corrected visual acuity; CI = confidence interval; CST = central subfield thickness; EOS = end of study; ETDRS = Early Treatment Diabetic Retinopathy Study; Far = faricimab; Q8W = every 8 weeks; T&E = treat-and-extend; VEGF = vascular endothelial growth factor.

Adam M, et al. ARVO 2026 ([https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2026-arvo-2026-presentation-adam-rhone-x-extension-study-cli.html?actionid=share-feedback&about=ALJNA%20efficacy%20and%20safety%20of%20adjuvant%20lectinib%20versus%20chemotherapy%20in%20patients%20with%20early-stage%20ALK+%20non-small%20cell%20lung%20cancer%20\(NSCLC\)&hpcdi=aGNwX2Rpc2MuQkU= &hpcdi=aGNwX2Rpc2MuZ2xvYmFs](https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2026-arvo-2026-presentation-adam-rhone-x-extension-study-cli.html?actionid=share-feedback&about=ALJNA%20efficacy%20and%20safety%20of%20adjuvant%20lectinib%20versus%20chemotherapy%20in%20patients%20with%20early-stage%20ALK+%20non-small%20cell%20lung%20cancer%20(NSCLC)&hpcdi=aGNwX2Rpc2MuQkU= &hpcdi=aGNwX2Rpc2MuZ2xvYmFs)). Accessed 6/2/2026.

20

## Faricimab in nAMD LTE: BCVA Remained Largely Stable Over 2 Years in AVONELLE-X



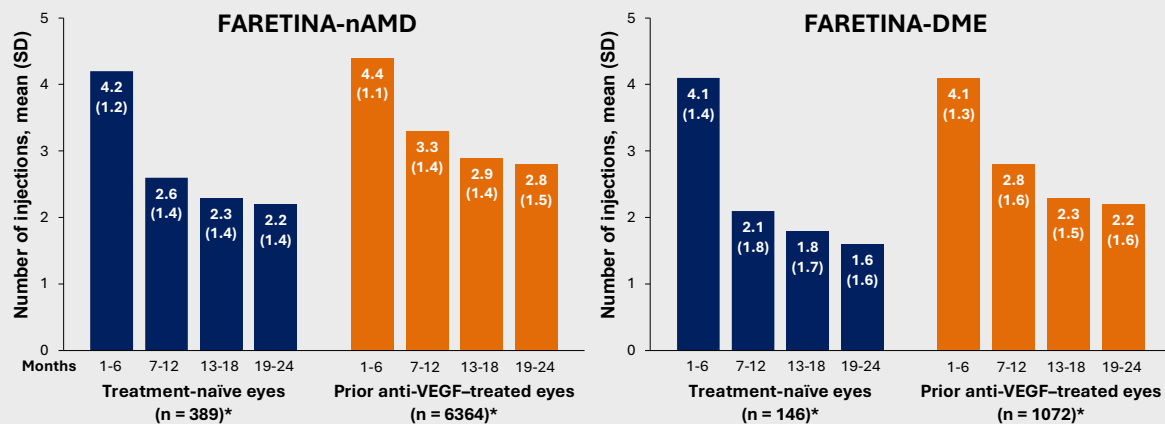
BCVA = best-corrected visual acuity; CI = confidence interval; CST = central subfield thickness; ETDRS = Early Treatment Diabetic Retinopathy Study; LLD = low-luminance deficit; QXW = every X weeks; T&E = treat-and-extend; Y = Year.

Sheth V, et al. European Society of Retina Specialists (EURETINA) 2025 (<https://medically.gene.com/global/en/unrestricted/ophthalmology/EURETINA-2025/euretina-2025-presentation-sheth-four-year-outcomes-of->html). Accessed 6/2/2026

21

## Faricimab Intervals in the Real World: FARETINA Study

Fewer faricimab injections observed after first 6 months of treatment up to 24 months



\*Only eyes with ≥1 faricimab injection after index and prior to censoring were included.

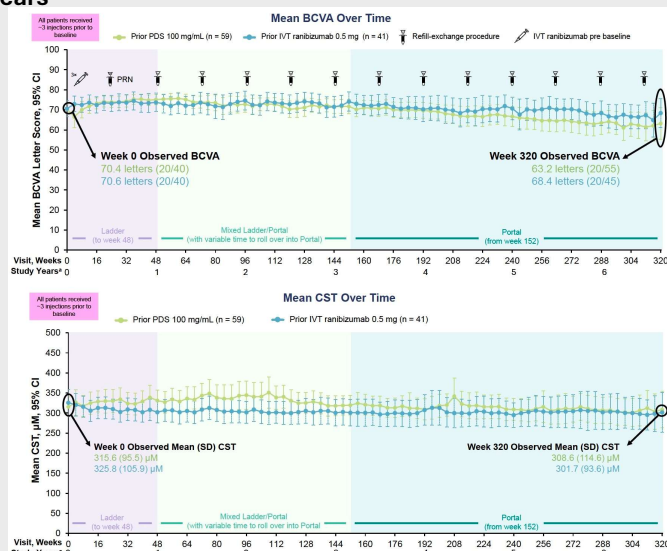
SD = standard deviation.

Borkar D, et al. Macula Society 2026 (<https://medically.gene.com/global/en/unrestricted/ophthalmology/MACULA-SOCIETY-2026/macula-society-2026-presentation-borkar-two-year-real-w->html). Accessed 6/2/2026.

22

## Ranibizumab PDS in nAMD LTE: LADDER/PORTAL Phase 3 Trial Outcomes

### Mean BCVA at 7 Years

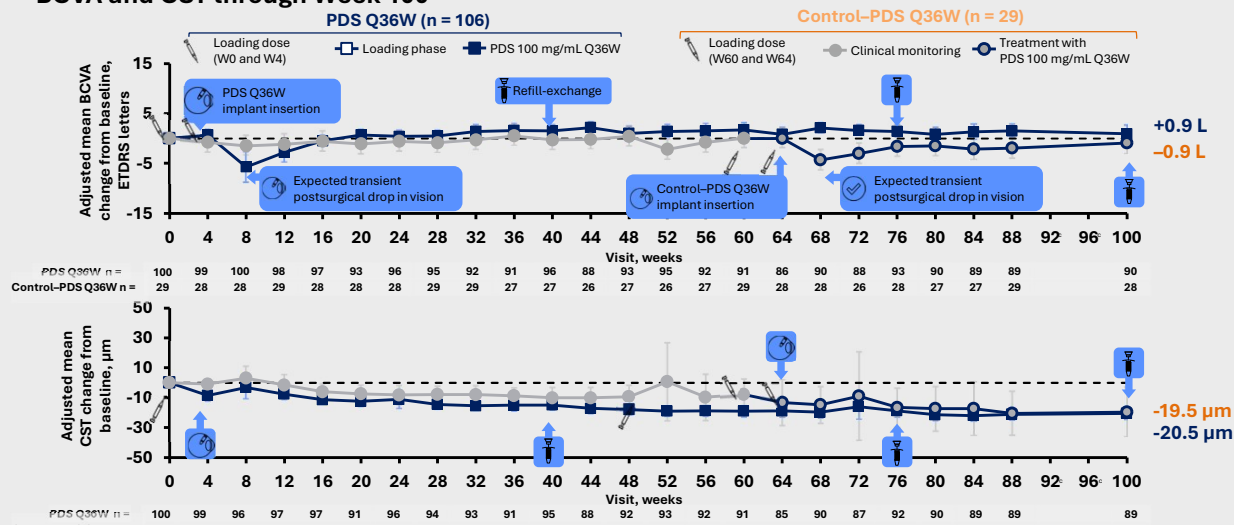


Mitra R, et al. Retina Society 2025 (<https://medically.gene.com/global/en/unrestricted/ophthalmology/RETINA-SOCIETY-2025/retina-society-2025-presentation-mitra-long-term-effic.html>). Accessed 6/3/2026.

23

## Ranibizumab PDS in DME LTE: PAGODA Phase 3 Trial Outcomes

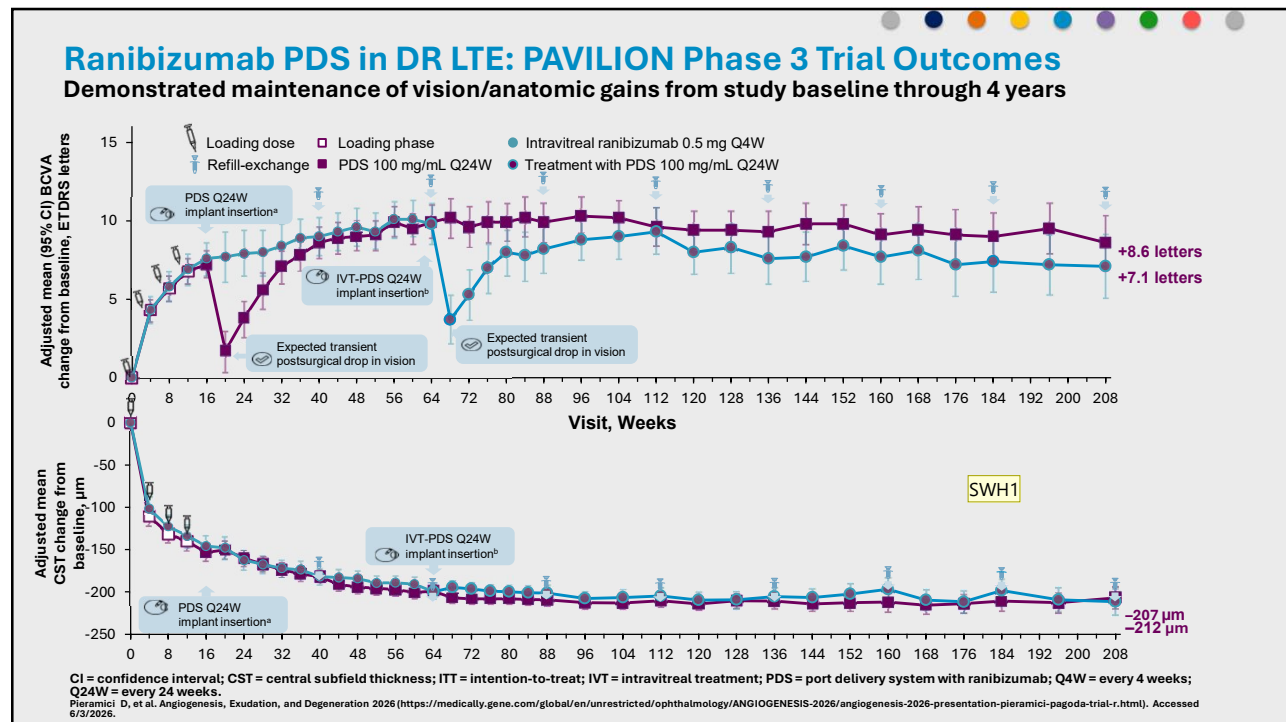
### BCVA and CST through Week 100



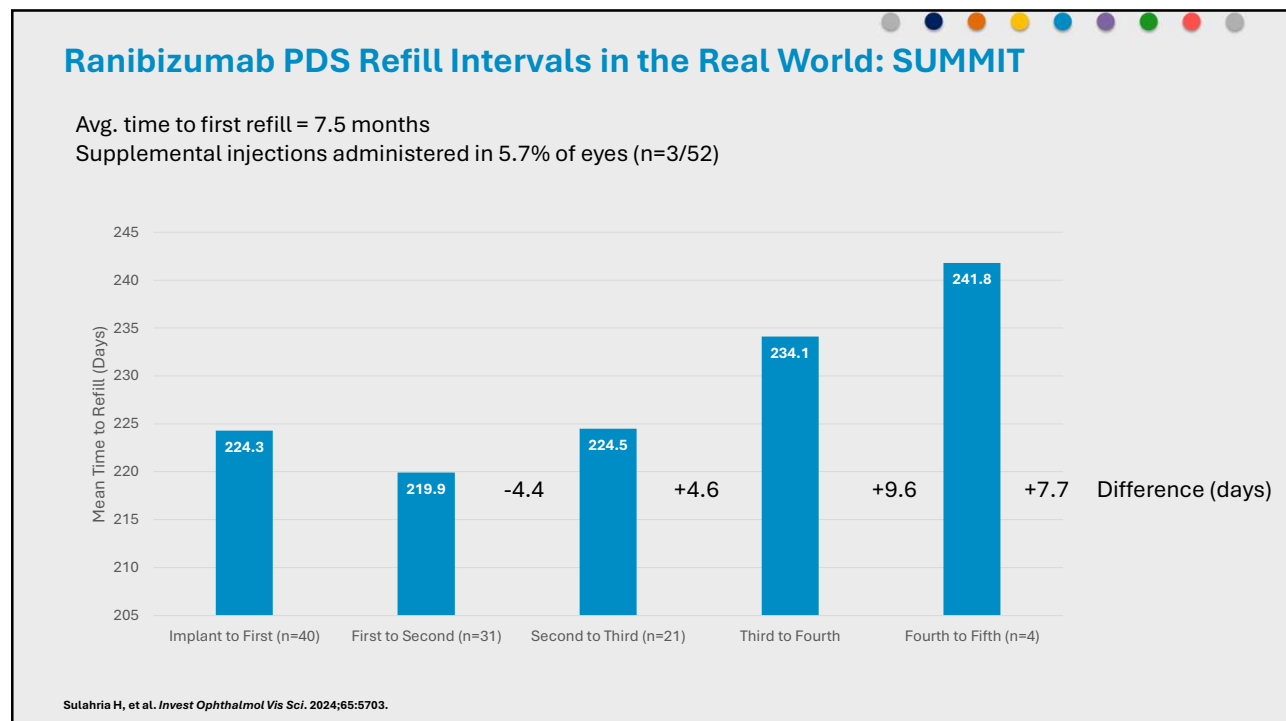
BCVA = best-corrected visual acuity; CST = central subfield thickness; DRSS = Diabetic Retinopathy Severity Scale; ETDRS = Early Treatment Diabetic Retinopathy Study; PDS = port delivery system with ranibizumab; Q#W = every # weeks; W = Week.

Khanani, A. EURETINA 2024 (<https://medically.gene.com/global/en/unrestricted/ophthalmology/EURETINA-2024/eureтина-2024-presentation-khanani-port-delivery-system.html>). Accessed 6/3/2026.

24



25



26

## Optimizing Patient Selection and Clinical Integration of Durable Anti-VEGF Therapies: Evidence-Based Approaches to Personalized Treatment

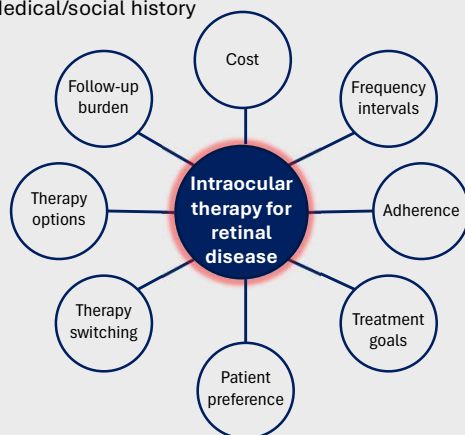


27

### Considerations and Challenges for Treatment Selection

#### Treatment considerations

- Age
- Genetics
- Disease characteristics
- Medical/social history



#### Challenges



**Lack of consensus guidelines** for anti-VEGF/anti-Ang-2 in retinal diseases

**No clear recommendation on the type of treatment to choose**

**nAMD:** Significant differences among retina providers in

- Median number of therapies
- Injection intervals
- Total length of treatment

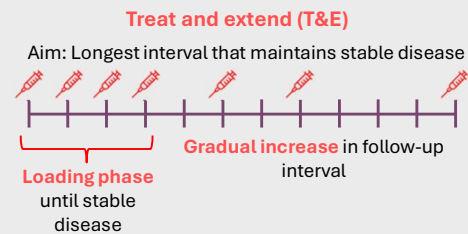
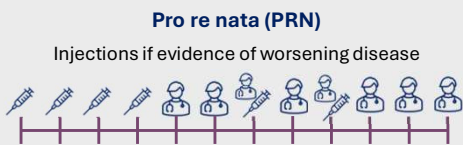
**Lack of guidelines for when to switch therapies**



nAMD = neovascular age-related macular degeneration; RVO = retinal vein occlusion; VEGF = vascular endothelial growth factor.  
 Bahr TA, Bakri SJ. *Life (Basel)*. 2023;13(5):1098. Karimaghaei C, et al. *Clin Ophthalmol*. 2023;17:375-383. Galvez-Olortegui J, et al. *Eye (Lond)*. 2024;38(9):1722-1733. Amoaku WM, et al. *Eye (Lond)*. 2015;29(6):721-731.

28

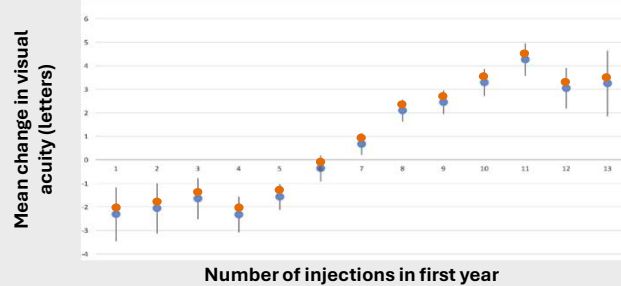
## Treatment Frequency Intervals: Approaches and Real-World Data



nAMD = neovascular age-related macular degeneration; VEGF = vascular endothelial growth factor; VA = visual acuity.  
Bahr TA, Bakri SJ. *Life (Basel)*. 2023;13(5):1098. Ciulla TA. *Ophthalmol Retina*. 2020;4(1):19-30.

### Retrospective review of more than 240 private practices

Patients with nAMD treated with anti-VEGF therapies



- ❖ Mean change in VA correlates with treatment intensity at Year 1
- ❖ Older patients and those with poor baseline VA may be prone to undertreatment
- ❖ **Real-world** patients received **fewer injections** and experienced **worse visual outcomes** compared to clinical trials

29

## Monitoring and When to Consider Switching Therapies

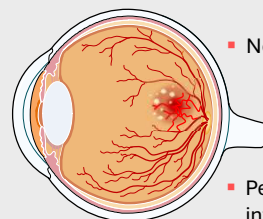
### Routinely assess visual and anatomic outcomes

- Intraretinal or subretinal fluid: Persistent, worsening, recurrent
- Central subfield thickness (CST)
- Visual acuity
- Clinical retinal changes



### When to switch

E  
FP  
TOZ  
LPED



- Continued poor visual outcomes
- Need for frequent anti-VEGF injections (monthly/every other month)
- New hemorrhaging
- Persistent or increased intraretinal or subretinal fluid shown on OCT

OCT = optical coherence tomography.

30

SWH1

## Polling Question



A patient with age-related macular degeneration (AMD) is not controlled with off-label bevacizumab. The patient would like an effective option that reduces injection frequency but doesn't wish to pursue surgery. Which of the following is likely the best option?

- a) Aflibercept 8 mg at fixed monthly intervals
- b) Faricimab treat and extend
- c) Brolucizumab
- d) Ranibizumab port delivery system
- e) Aflibercept 8 mg pro re nata

31

## Patient Selection for Next-Generation Anti-VEGF Agents

### Considerations

- Conjunctival scarring
  - Trauma
  - Surgeries
- Ocular history
  - Chronic medications
  - High myopia
  - History of inflammation
- Activity and patient habits
  - Rubbing
- Surgical risk (PDS)

### Who may benefit from longer intervals

- Those with problems with clinic access
- Those who need more flexibility for lifestyle
- Those who want treatment extension
- Those with anxiety with injections

### Contraindications

- Active ocular inflammation or infection
- Hypersensitivity to contents

Vemulakonda GA, et al. *Ophthalmology*. 2025;132:P1-P74. Lim JI, et al. *Ophthalmology*. 2025;132:P75-P162, Product Monographs

32

## Ranibizumab Port Delivery System Considerations



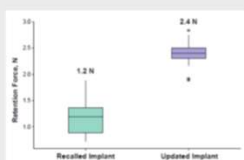
### Port delivery system recall

**2022 voluntary recall**

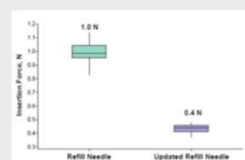
**Septum dislodgements** during phase 3 ARCHWAY trial

- ❖ Returned to market 2024
- ❖ Expanded to DME 2025

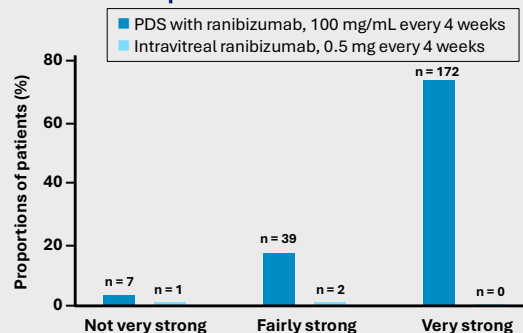
**Bond strength between the septum and overmold has been doubled**



**Updated refill needle reduces the insertion force by more than 50%**



### Patient preference for PDS vs intravitreal ranibizumab phase 3—nAMD



**Higher rate of endophthalmitis** vs intravitreal ranibizumab



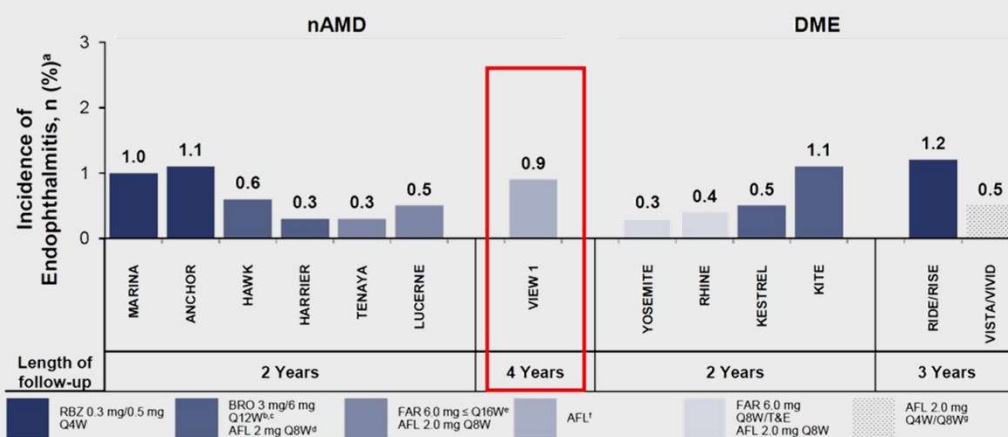
**Not recommended for patients with history of endophthalmitis** or other conditions that may interfere with implant placement

nAMD = neovascular age-related macular degeneration; PDS = port delivery system.

Sharma A, et al. *Int J Retina Vitreous*. 2023;9(1):6. Chang MA, et al. *JAMA Ophthalmol*. 2022;140(8):771-778. Pieramici D, et al. *Angiogenesis, Exudation, and Degeneration* 2024.

33

## Incidence of Endophthalmitis After Intravitreal Injections in Pivotal Phase 3 Trials



Q6W = every 6 weeks; Q8W = every 8 weeks; Q12W = every 12 weeks; Q16W = every 16 weeks; RBZ = ranibizumab; T&E = treat and extend.

1. Rosenfeld PJ, et al. *N Engl J Med*. 2006;355(14):1419-1431. 2. Brown DM, et al. *Ophthalmology*. 2009;116(1):57-65. 3. Kaiser PK, et al. *Ophthalmol Retina*. 2017;1(4):304-313. 4. Dugel PU, et al. *Ophthalmology*. 2021;128(1):89-99. 5. Khanani AM, et al. *Ophthalmology*. 2024;131(8):914-926. 6. Wong TY, et al. *Ophthalmology*. 2024;131(6):708-723. 7. Wyckoff CC, et al. *Am J Ophthalmol*. 2024;260:70-83. 8. Nguyen QD, et al. *Ophthalmology*. 2012;119:789-801. 9. Heier JS, et al. *Ophthalmology*. 2016;123(11):2376-2385.

34

# Ranibizumab PDS: Adverse Events: Summit

| Adverse event<br>(n = 46) | Resolved (N) |
|---------------------------|--------------|
| Subconjunctival heme      | X (4/4)      |
| Descemet's folds          | X (3/3)      |
| C/S bleb formation        | X (3/3)      |
| Moderate low IOP          | X (2/2)      |
| Anterior chamber cells    | X (4/4)      |
| Retinal detachment        | X (1/1)      |
| Conjunctival erosion      | X (1/1)      |
| Ocular hypertension       | X (1/1)      |

- No ongoing adverse events
- No endophthalmitis
- No conjunctival retraction
- Most AEs postsurgical

AEs = adverse events; BCVA = best-corrected visual acuity; C/S = complicated by; CST = central subfield thickness; IOP = intraocular pressure; nAMD = neovascular age-related macular degeneration; PDS = port delivery system.  
Sulahria H, et al. *Invest Ophthalmol Vis Sci.* 2024;65(7):5703-5703. Khanani, A. Clinical Trials at the Summit 6/8/2024.

35

# Q&A

36

Thank you!



37

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38



Collaborative Approaches to Implementing Durable  
Anti-VEGF Solutions in an  
**EVOLVING RETINAL LANDSCAPE**

Visit this link to view additional educational resources:  
[https://linktr.ee/nAMD\\_DR\\_DME\\_Resources](https://linktr.ee/nAMD_DR_DME_Resources)



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- **REGISTER** for a variety of CME activities
- **VIEW** animation and other supplemental resources



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## TOOLKIT

Poster Portal: <https://anti-vegf.posterprogram.com/>

### Module 1: Introduction and Bridging Gaps in Retinal Care Delivery: Patient-Centered and Multidisciplinary Strategies to Enhance Access, Adherence, and Outcomes

| Resource                                                                                                                                                                                                                 | URL                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ko S, Bonine N, Borkar D. Prevalence of retina conditions: a focus on underserved populations by regions in the US in 2022. Presented at: ARVO Annual Meeting; May 4, 2025; Salt Lake City, UT.                          | <a href="https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2025/arvo-2025-poster-ko-prevalence-of-retina-conditions.html">https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2025/arvo-2025-poster-ko-prevalence-of-retina-conditions.html</a> |
| Chaudhary V, et al. The evolving anti-VEGF landscape. <i>Graefes Arch Clin Exp Ophthalmol</i> . 2025;263:1239-1247.                                                                                                      | <a href="https://link.springer.com/article/10.1007/s00417-024-06695-4">https://link.springer.com/article/10.1007/s00417-024-06695-4</a>                                                                                                                                             |
| Agostini H, et al. Advances in retinal therapies. <i>Graefes Arch Clin Exp Ophthalmol</i> . 2024;262:3437-3451.                                                                                                          | <a href="https://link.springer.com/article/10.1007/s00417-024-06531-9">https://link.springer.com/article/10.1007/s00417-024-06531-9</a>                                                                                                                                             |
| Regillo C, Berger B, Brooks L, et al. Archway phase 3 trial of the port delivery system with ranibizumab for neovascular age-related macular degeneration 2-year results. <i>Ophthalmology</i> . 2023;130:735-747        | <a href="https://www.aaojournal.org/article/S0161-6420(23)00135-5/fulltext">https://www.aaojournal.org/article/S0161-6420(23)00135-5/fulltext</a>                                                                                                                                   |
| Holekamp NM, Campochiaro PA, Chang MA, et al. Archway randomized phase 3 trial of the port delivery system with ranibizumab for neovascular age-related macular degeneration. <i>Ophthalmology</i> . 2022;129:295-307    | <a href="https://www.aaojournal.org/article/S0161-6420(21)00734-X/fulltext">https://www.aaojournal.org/article/S0161-6420(21)00734-X/fulltext</a>                                                                                                                                   |
| Rowe LW, Akotoye C, Harris A, et al. Beyond the injection: delivery systems reshaping retinal disease management. <i>Expert Opin Pharmacother</i> . 2025;26:939-952                                                      | <a href="https://www.tandfonline.com/doi/full/10.1080/14656566.2025.2496424">https://www.tandfonline.com/doi/full/10.1080/14656566.2025.2496424</a>                                                                                                                                 |
| Wang R, McClard CK, Laswell S, et al. Quantifying burden of intravitreal injections: questionnaire assessment of life impact of treatment by intravitreal injections (QUALITII). <i>BMJ Open Ophth</i> . 2022;7:e001188. | <a href="https://bmjophth.bmj.com/lookup/doi/10.1136/bmjophth-2022-001188">https://bmjophth.bmj.com/lookup/doi/10.1136/bmjophth-2022-001188</a>                                                                                                                                     |



| Resource                                                                                                                                                                                                                  | URL                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Burmeister J, Pham MN, Bohler F, et al. Diabetic retinopathy in rural communities: barriers and solutions. <i>Ann Med</i> . 2025;57:2522323.                                                                              | <a href="https://www.tandfonline.com/doi/full/10.1080/07853890.2025.2522323">https://www.tandfonline.com/doi/full/10.1080/07853890.2025.2522323</a>                                                                                                                     |
| American Diabetes Association Professional Practice Committee. Standards of care in diabetes—2025. <i>Diabetes Care</i> . 2025;49:S261-S276.                                                                              | <a href="https://diabetesjournals.org/care/article/49/Supplement_1/S261/163919/12-Retinopathy-Neuropathy-and-Foot-Care-Standards">https://diabetesjournals.org/care/article/49/Supplement_1/S261/163919/12-Retinopathy-Neuropathy-and-Foot-Care-Standards</a>           |
| Shahzad H, Mahmood S, McGee S, et al. Non-adherence and non-persistence to intravitreal anti-vascular endothelial growth factor (anti-VEGF) therapy: a systematic review and meta-analysis. <i>Syst Rev</i> . 2023;12:92. | <a href="https://link.springer.com/article/10.1186/s13643-023-02261-x">https://link.springer.com/article/10.1186/s13643-023-02261-x</a>                                                                                                                                 |
| Ehliken C, Ziemssen F, Eter N, et al. Systematic review: non-adherence and non-persistence in intravitreal treatment. <i>Graefes Arch Clin Exp Ophthalmol</i> . 2020;258:2077-2090.                                       | <a href="https://link.springer.com/article/10.1007/s00417-020-04798-2">https://link.springer.com/article/10.1007/s00417-020-04798-2</a>                                                                                                                                 |
| Müller S, Junker S, Wilke T, et al. Questionnaire for the assessment of adherence barriers of intravitreal therapy: the ABQ-IVT. <i>Int J Retin Vitre</i> . 2021;7:43.                                                    | <a href="https://link.springer.com/article/10.1186/s40942-021-00311-x">https://link.springer.com/article/10.1186/s40942-021-00311-x</a>                                                                                                                                 |
| Polat O, İnan S, Özcan S, et al. Factors affecting compliance to intravitreal anti-vascular endothelial growth factor therapy in patients with age-related macular degeneration. <i>TJO</i> . 2017;47:205-210.            | <a href="https://www.oftalmoloji.org/archives/archive-detail/article-preview/factors-affecting-compliance-to-ntravitreal-anti-v/16117">https://www.oftalmoloji.org/archives/archive-detail/article-preview/factors-affecting-compliance-to-ntravitreal-anti-v/16117</a> |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |



## Module 2: Advancing Retinal Disease Management: Integrating Novel Anti–Vascular Endothelial Growth Factor (VEGF) Therapies and Delivery Innovations into Clinical Practice

| Resource                                                                                                                                                                                                                                                                | URL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Wong T. Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. Presented at: Macula Society 2025; February 15, 2025; Charlotte Harbour, FL.</b></p>                                                        | <p><a href="https://www.regeneronmedical.com/view-content?id=a1bPr000003U1jLIAS&amp;type=Publications&amp;disease=AMD&amp;ta=Ophthalmology&amp;congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&amp;title=PULSAR%20extension%3A%20Clinical%20improvements%20maintained%20over%20156%20weeks%20with%20aflibercept%208%20mg%20in%20patients%20with%20neovascular%20age-related%20macular%20degeneration">https://www.regeneronmedical.com/view-content?id=a1bPr000003U1jLIAS&amp;type=Publications&amp;disease=AMD&amp;ta=Ophthalmology&amp;congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&amp;title=PULSAR%20extension%3A%20Clinical%20improvements%20maintained%20over%20156%20weeks%20with%20aflibercept%208%20mg%20in%20patients%20with%20neovascular%20age-related%20macular%20degeneration</a></p>               |
| <p><b>Brown D. Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension. Presented at: Macula Society 2025; February 15, 2025; Charlotte Harbour, FL.</b></p>                                                                             | <p><a href="https://www.regeneronmedical.com/view-content?id=a1bPr000003U1jWIAS&amp;type=Publications&amp;disease=DME&amp;ta=Ophthalmology&amp;congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&amp;title=Aflibercept%208%20mg%20in%20diabetic%20macular%20edema%3A%20156-week%20results%20from%20the%20PHOTON%20extension%20study">https://www.regeneronmedical.com/view-content?id=a1bPr000003U1jWIAS&amp;type=Publications&amp;disease=DME&amp;ta=Ophthalmology&amp;congress=American%20Society%20of%20Retina%20Specialists%20(ASRS)%202025&amp;title=Aflibercept%208%20mg%20in%20diabetic%20macular%20edema%3A%20156-week%20results%20from%20the%20PHOTON%20extension%20study</a></p>                                                                                                                                                     |
| <p><b>Do D, et al. Presented at: American Academy of Ophthalmology Retina Subspecialty Day; October 17-18, 2025; San Francisco, CA.</b></p>                                                                                                                             | <p><a href="https://www.sciencedirect.com/science/article/pii/S0161642024005529">https://www.sciencedirect.com/science/article/pii/S0161642024005529</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Adam M, et al. RHONE-X Extension Study: clinical improvements in eyes with DME switched from aflibercept 2 mg to faricimab. Presented at the Association for Research in Vision and Ophthalmology Annual Meeting   Denver, CO   May 3–7, 2026</b></p>             | <p><a href="https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2026/arvo-2026-presentation-adam-rhone-x-extension-study-cli.html?actionid=share-feedback&amp;about=ALINA:%%20efficacy%20and%20safety%20of%20adjuvant%20alectinib%20versus%20chemotherapy%20in%20patients%20with%20early-stage%20ALK+%20non-small%20cell%20lung%20cancer%20(NSCLC)&amp;hcpdi=aGNwX2Rpc2MuQkU=%20&amp;hcpdi=%20aGNwX2Rpc2MuZ2xvYmFs">https://medically.gene.com/global/en/unrestricted/ophthalmology/ARVO-2026/arvo-2026-presentation-adam-rhone-x-extension-study-cli.html?actionid=share-feedback&amp;about=ALINA:%%20efficacy%20and%20safety%20of%20adjuvant%20alectinib%20versus%20chemotherapy%20in%20patients%20with%20early-stage%20ALK+%20non-small%20cell%20lung%20cancer%20(NSCLC)&amp;hcpdi=aGNwX2Rpc2MuQkU=%20&amp;hcpdi=%20aGNwX2Rpc2MuZ2xvYmFs</a></p> |
| <p><b>Narendran, N et al. Four-year outcomes of faricimab in nAMD: safety and efficacy results from the AVONELLE-X long-term extension trial. Presented at the Association for Research in Vision and Ophthalmology Annual Meeting   Denver, CO   May 3–7, 2026</b></p> | <p><a href="https://medically.gene.com/global/en/unrestricted/ophthalmology/ANGIOGENESIS-2026/angiogenesis-2026-presentation-danzig-four-year-outcome.html">https://medically.gene.com/global/en/unrestricted/ophthalmology/ANGIOGENESIS-2026/angiogenesis-2026-presentation-danzig-four-year-outcome.html</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



| Resource                                                                                                                                                                                                                                                                                                         | URL                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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**Module 3: Optimizing Patient Selection and Clinical Integration of Durable Anti-VEGF Therapies:  
Evidence-Based Approaches to Personalized Treatment**

| Resource                                                                                                                                                                                                                                                                                        | URL                                                                                                                                                                                                                                                                                       |
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| Resource                                                                                                                                                                                                                              | URL                                                                                                                                                                                                                                                                                         |
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