

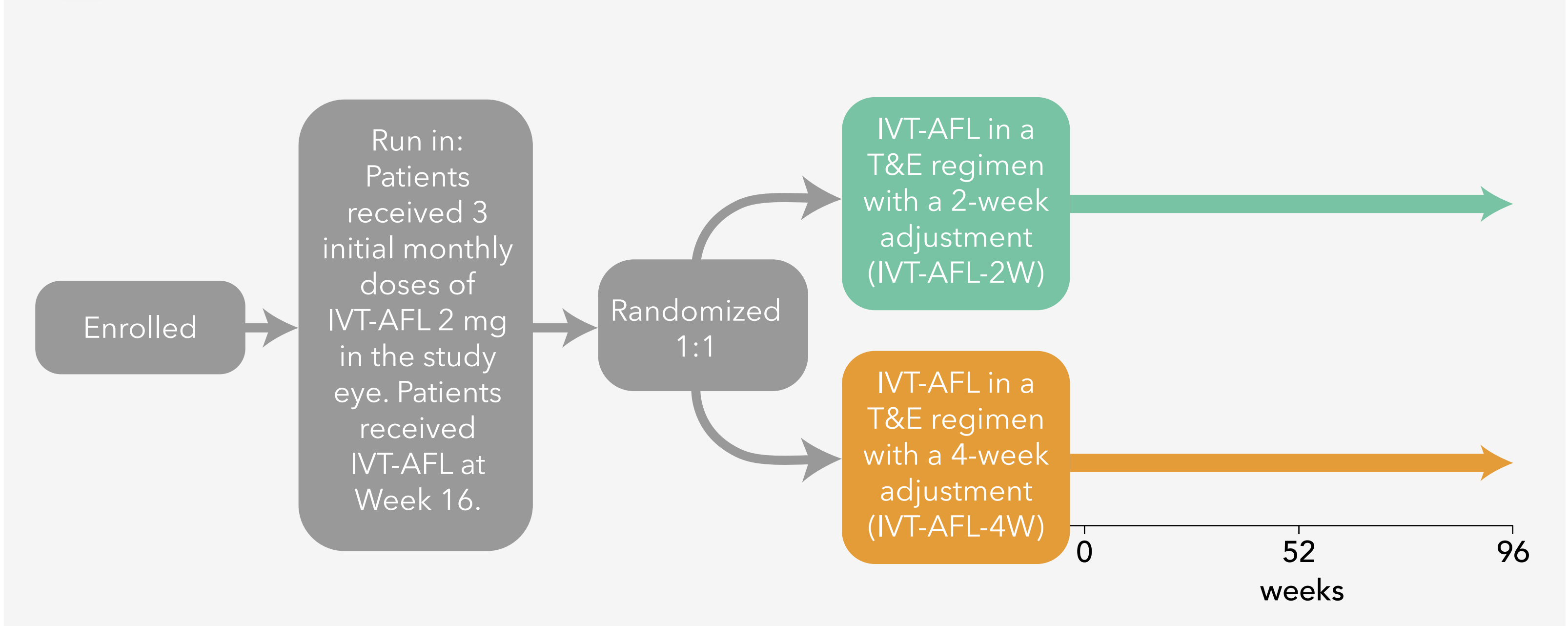
Efficacy and Safety of Intravitreal Aflibercept Treat-and-Extend Regimens in Exudative Age-Related Macular Degeneration: 52- and 96-Week Findings From ALTAIR

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In this paper, the researchers evaluated the efficacy and safety of intravitreal injections of aflibercept (IVT-AFL) treat-and-extend (T&E) dosing regimens in treatment-naïve patients with exudative age-related macular degeneration (AMD). Below, data on the treatment intervals are presented.

Adults aged at least 50 years old with exudative AMD and best-corrected visual acuity (BCVA) of between 73 and 25 Early Treatment Diabetic Retinopathy Study (ETDRS) letters were included.

This was a 96-week, randomized, open-label, phase 4 study.



Specific criteria for shortening, maintaining, or extending the IVT-AFL injection interval were used.

Criteria for shortening the treatment interval

When any of the following criteria were met for the study eye, the subsequent treatment interval was shortened:

- ☒ New or persistent fluid with unchanged or increased fluid volume from measurement at the previous treatment visit as indicated by optical coherence tomography (OCT)
- ☒ Loss of ≥ 5 ETDRS letters from the previous visit in conjunction with recurrent fluid on OCT
- ☒ An increase in central retinal thickness (CRT) of $\geq 100 \mu\text{m}$ at the central 1 mm compared with the lowest previous value measured by OCT
- ☒ New-onset neovascularization as determined at the investigator's discretion based on review of funds examination and multi-imaging assessment if deemed necessary
- ☒ New macular hemorrhage
- ☒ New fluid or persistent intraretinal or subretinal fluid with unchanged or increased fluid volume from the previous visit as indicated by total OCT scan area (all volumetric fluid assessments were derived from multiple cross-sectional images and extracted from the OCT report)

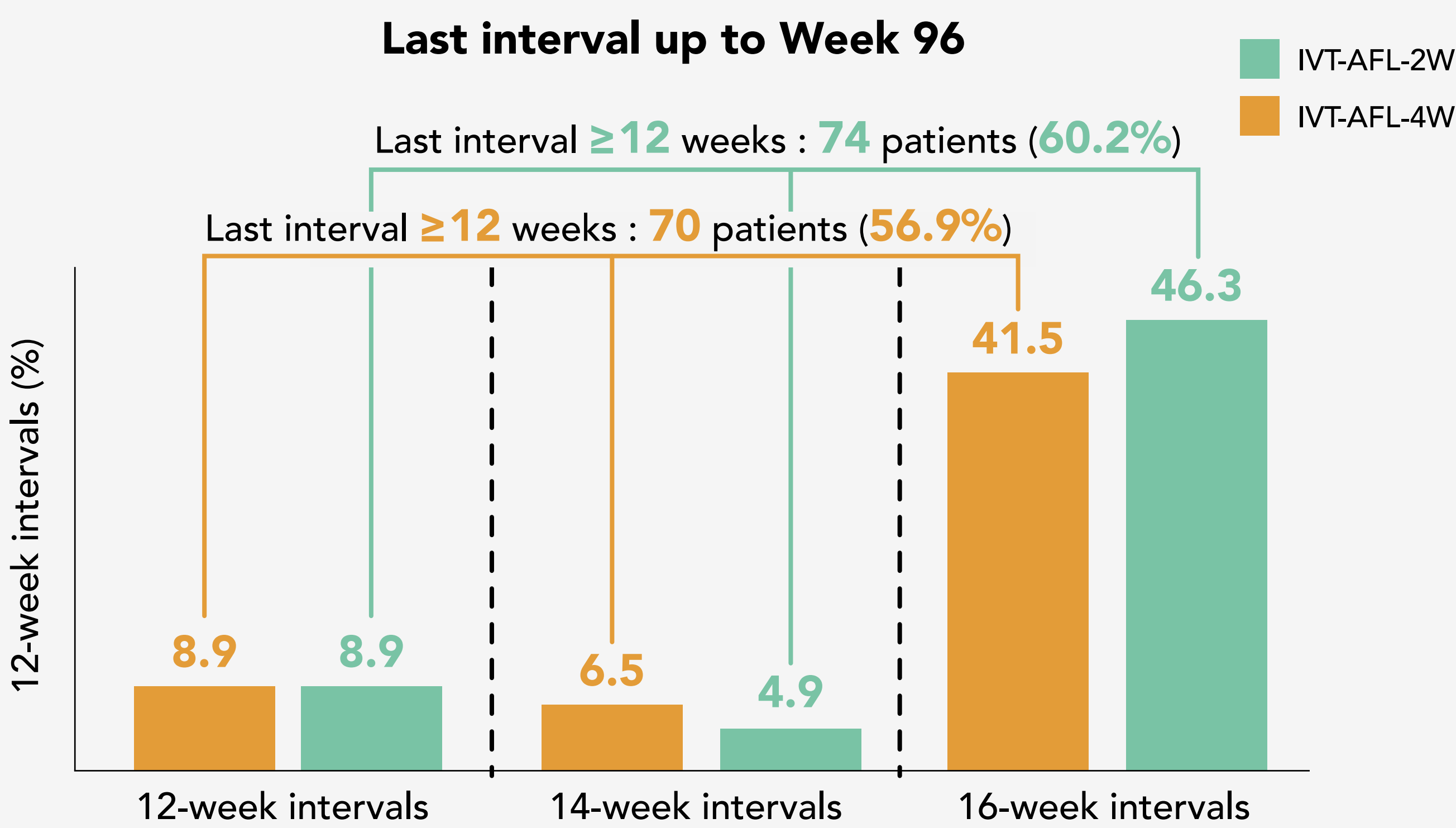
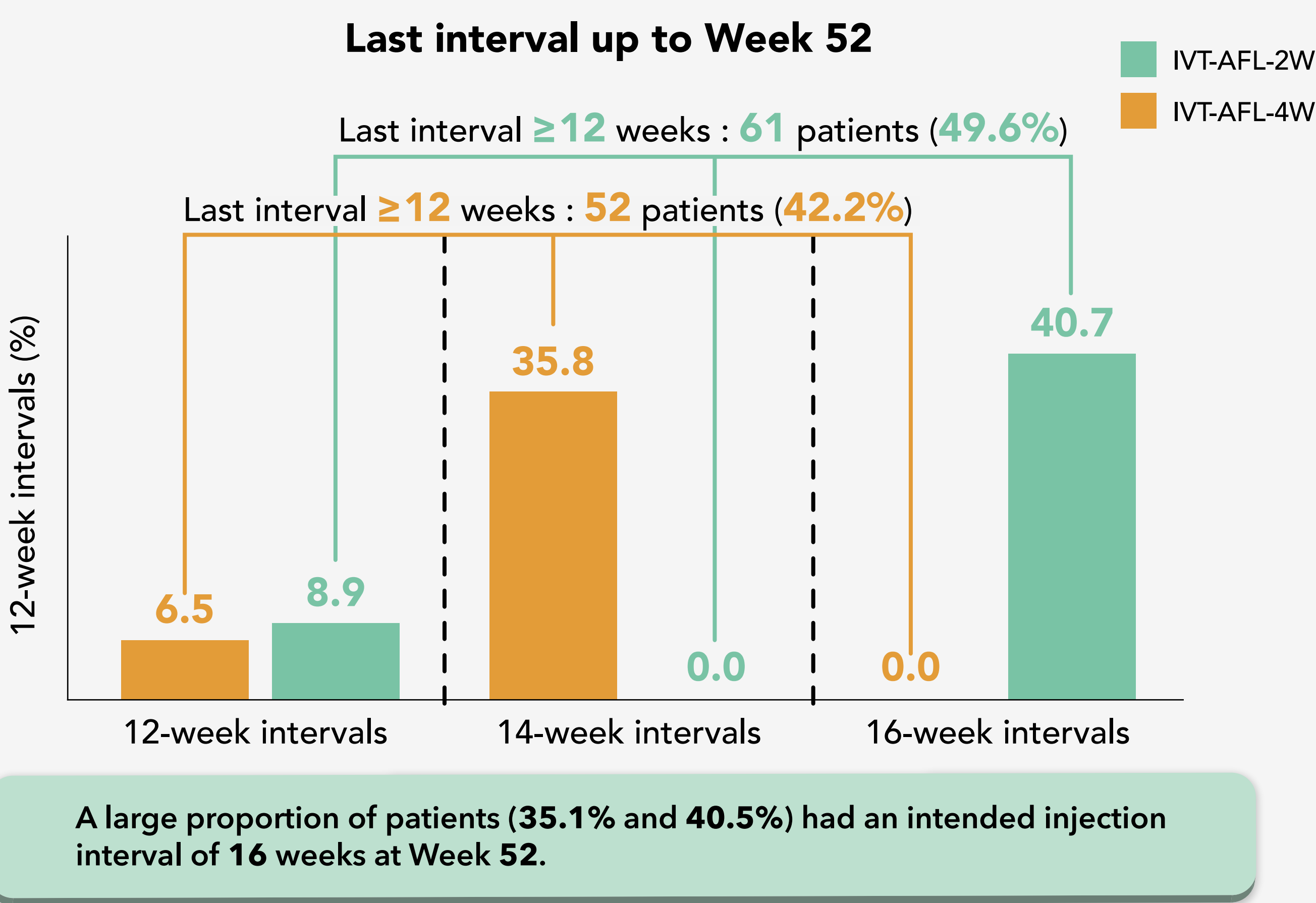
Criteria for maintaining the treatment interval

If none of the criteria for shortening were met and residual fluid had decreased from the previous visit, then the treatment interval was maintained without change, even with persistent fluid.

Criteria for extending the treatment interval

If none of the criteria for shortening were met and there was no fluid on OCT, then the interval was extended.

A number of patients had a last interval of ≥ 12 weeks.



Conclusions

IVT-AFL administered using 2 different T&E regimens for treatment-naïve exudative AMD improved functional and anatomic outcomes at Week 52, and outcomes were maintained to Week 96. Outcomes were similar between the 2- and 4-week groups. The safety profile of IVT-AFL was consistent with previous reports.