Faricimab for Previously-Treated Eyes With Neovascular Age-Related Macular Degeneration With Inadequate Response: 6-Month Interim Results From the FURGGHORN Study

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Faricimab is the first approved bispecific antibody targeting two pathways involved in nAMD. The FURGGHORN Study is a prospective, open-label, single-arm, multicenter investigator-initiated clinical trial designed to assess the efficacy and durability of intravitreal faricimab in patients currently treated for nAMD.

Patients with nAMD meeting inclusion criteria were treated with faricimab and an interim anaysis was conducted at week 24 in the FURGGHORN study

Interim analysis of a prospective, single-arm, open-label, multicenter investigator-initiated study

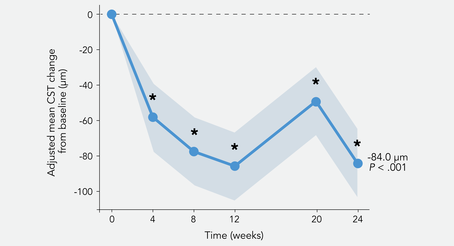
Key Inclusion Criteria

- BCVA better than **20 letters** ETDRS (Snellen 6/120)
- Previously treated nAMD diagnosed within **36 months**
- Most recent anti-VEGF injection between **1–3 months** prior to screening
- Active CNV secondary to AMD with **IRF** and/or **SRF** within central 3 mm subfield

Key Exclusion Criteria

- **Fibrosis** or **geographic atrophy** within central 1 mm subfield
- Previous **vitrectomy**
- **CNV*** or **retinal exudation** due to causes other than typical AMD

*PCV was not exclusionary

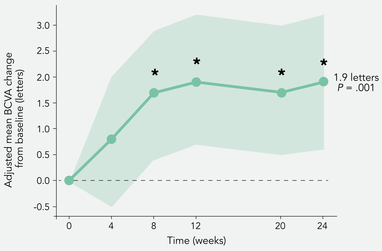


AMD = age-related macular degeneration; BCVA = best-corrected visual acuity; CNV = choroidal neovascularization; IRF = intraretinal fluid; MNV = macular neovascularization; nAMD = neovascular age-related macular degeneration; PCV = polypoidal choroidal vasculopathy; PED = pigment epithelial detachment; RPE = retinal pigment epithelium; SRF = subretinal fluid; T&E = treat-and-extend; VEGF = vascular endothelial growth factor.

CST evaluation showed early improvement during loading phase after switching to faricimab (*P* < .05)*

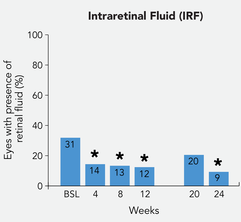
**P* < .05 vs baseline adjusted for multiplicity using Bonferroni correction. Shaded ribbon represents 95% confidence interval. CST = central subfield thickness.

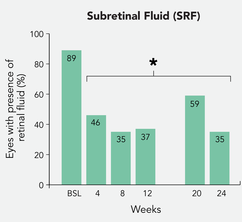
BCVA was maintained during loading and early extension after switching to faricimab (*P* < .05)*

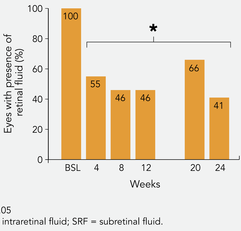


**P* < .05 vs baseline adjusted for multiplicity using Bonferroni correction. Shaded ribbon represents 95% confidence interval. BCVA: Best-corrected visual acuity; CST = central subfield thickness.

Retinal fluid was assessed across the scan window (6x6 mm) and results show fluid resolution following switch to faricimab





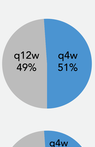


Key Findings

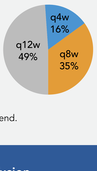
- 45% of eyes resolved all retinal fluid (no IRF and/or SRF) at week 4, 54% by week 12
- 34% of eyes maintained fluid resolution after mandatory extension to q8w
- 59% of eyes with no retinal fluid (IRF and/or SRF) at week 24

**P* < .05
IRF = intraretinal fluid; SRF = subretinal fluid.

49% of patients were assigned extended intervals during early T&E phase



Week 20
49% of patients were further extended to q12w while 51% met the reduction criteria



Week 24
35% of patients met extension criteria and re-attempted q8w for a second time

T&E = treat-and-extend.

Conclusion

- **Switching to faricimab generally improved retinal anatomy and maintained vision in eyes with active nAMD previously treated with aflibercept 2 mg or ranibizumab**
- **Retinal fluid resolved in ~60% of eyes by week 24**
- **~50% of eyes achieved extended treatment intervals upon commencing T&E**
- **No new safety signals were identified**