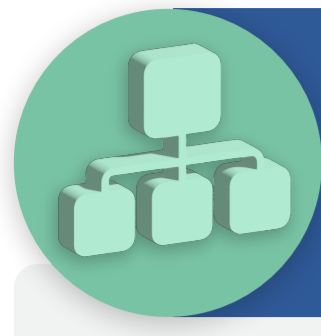


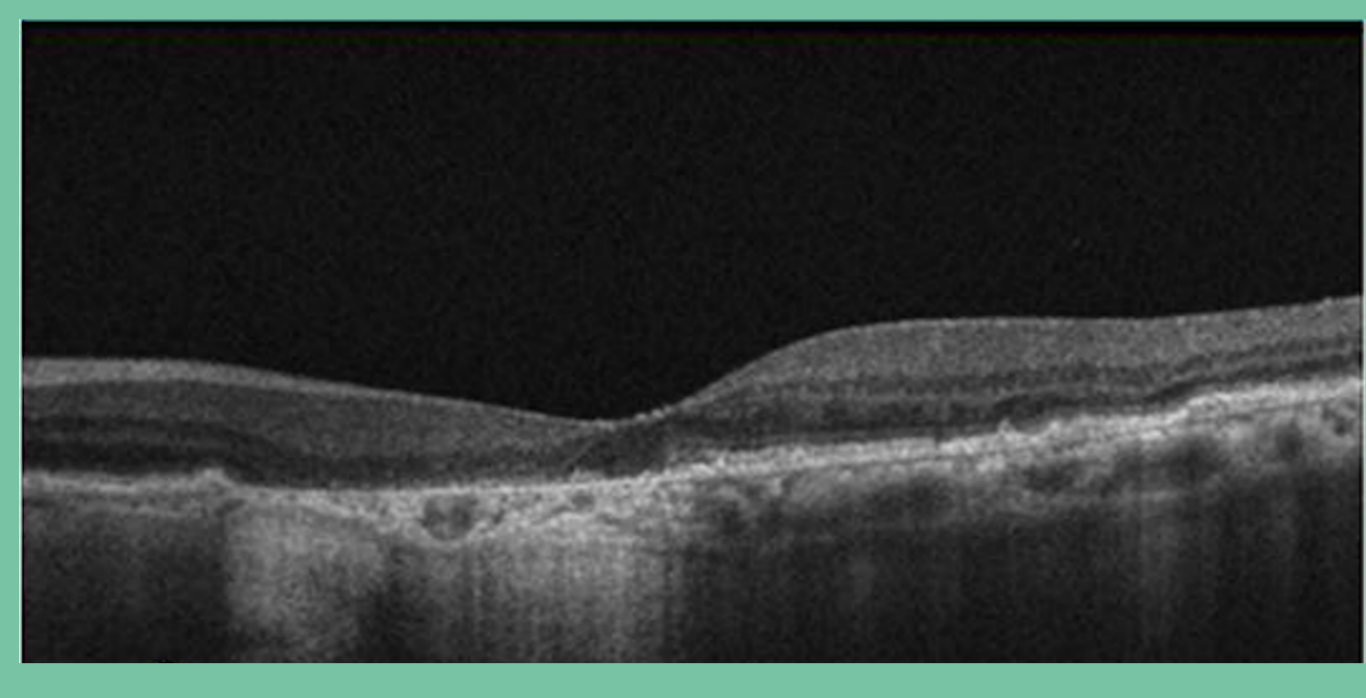
Real-world Practice Patterns, Outcomes, and Adverse Events for Pegcetacoplan and Avacincaptad Pegol for Geographic Atrophy

MacCumber M, et al. Presented at: Hawaiian Eye and Retina; January 17 -23, 2026; Waikoloa Village, Hawaii.

The Food and Drug Administration (FDA) approved complement inhibition for the treatment of geographic atrophy (GA), first pegcetacoplan in February 2023 and then avacincaptad pegol in August 2023. This retrospective review of practice patterns, outcomes, and adverse events of complement inhibition for GA is the largest real-world analysis of pegcetacoplan and avacincaptad pegol use to date.



Data from Retina Consultants of America (RCA) practices using Nextech EMR from February 2023 through March 2025 were reviewed



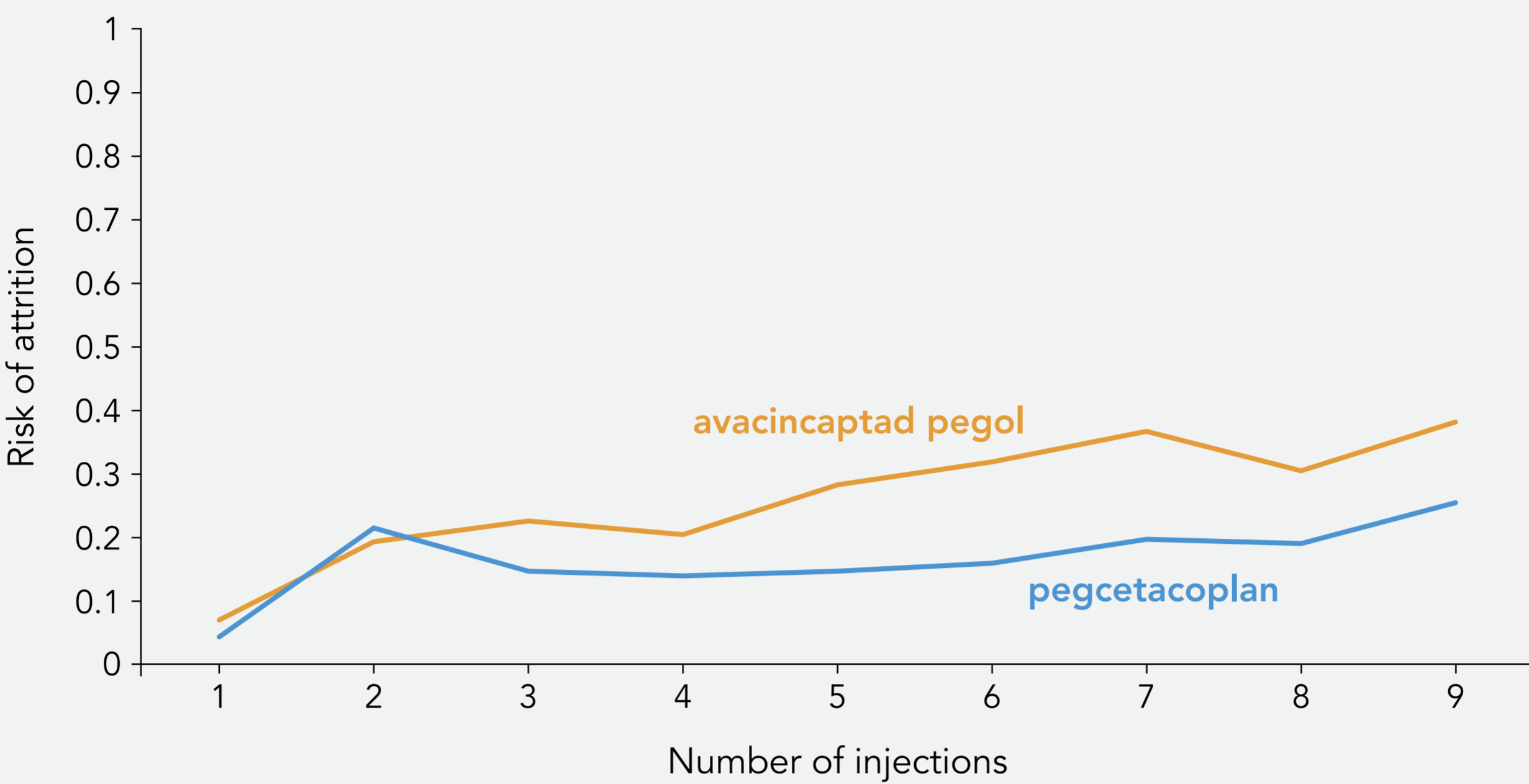
ICD-10 codes and billing data were used to identify patients with GA undergoing treatment with pegcetacoplan and avacincaptad pegol

The RCA database includes:

- 330 retina specialists
- Over 1 million intravitreal injections



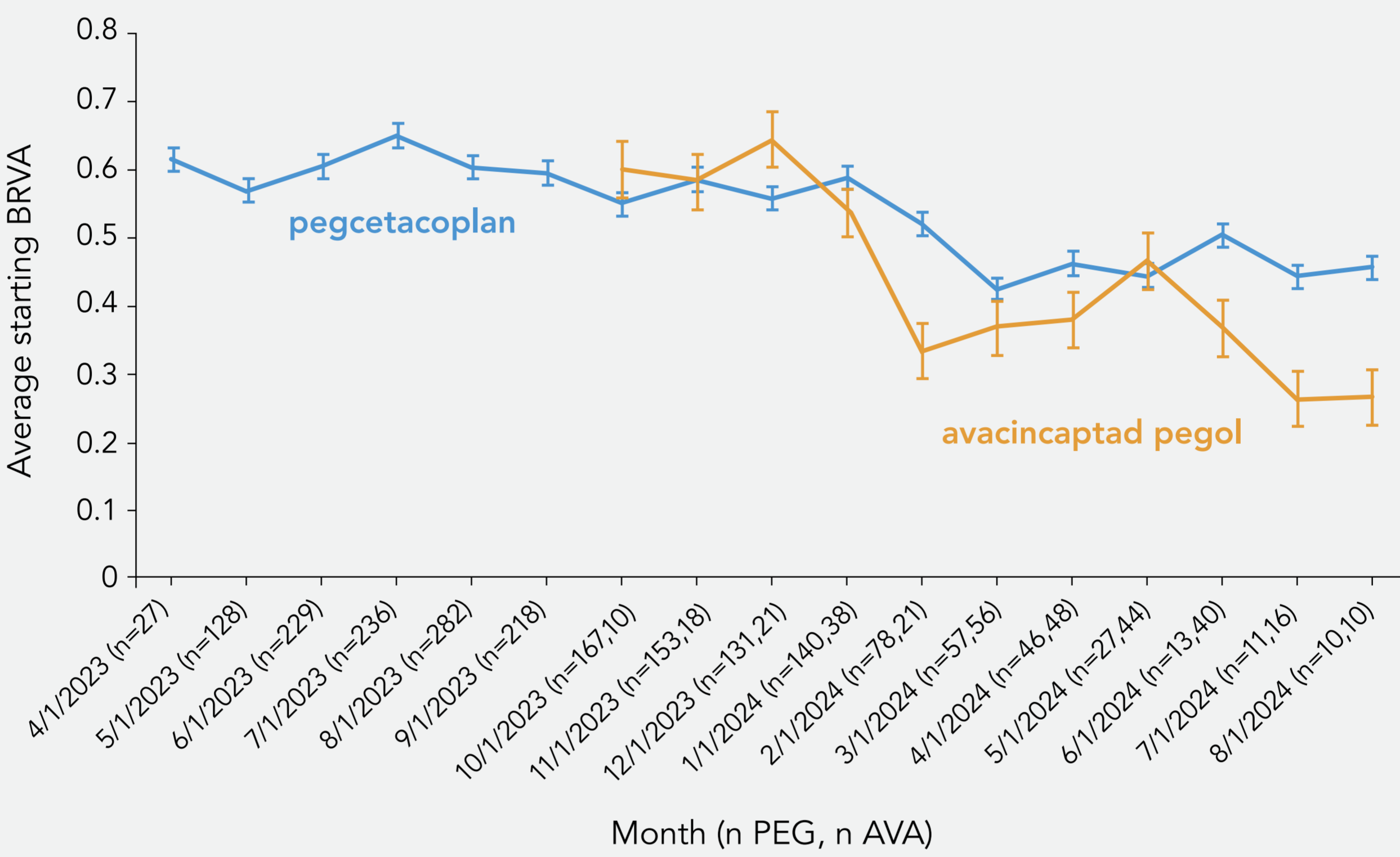
There was higher attrition of avacincaptad pegol patients compared to pegcetacoplan patients across 10 injections



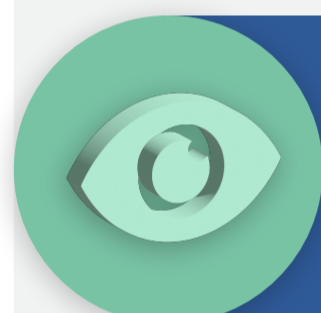
Attrition was calculated using a rolling follow-up, including only patients with at least 4 months of observation.



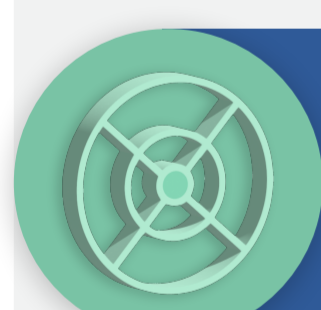
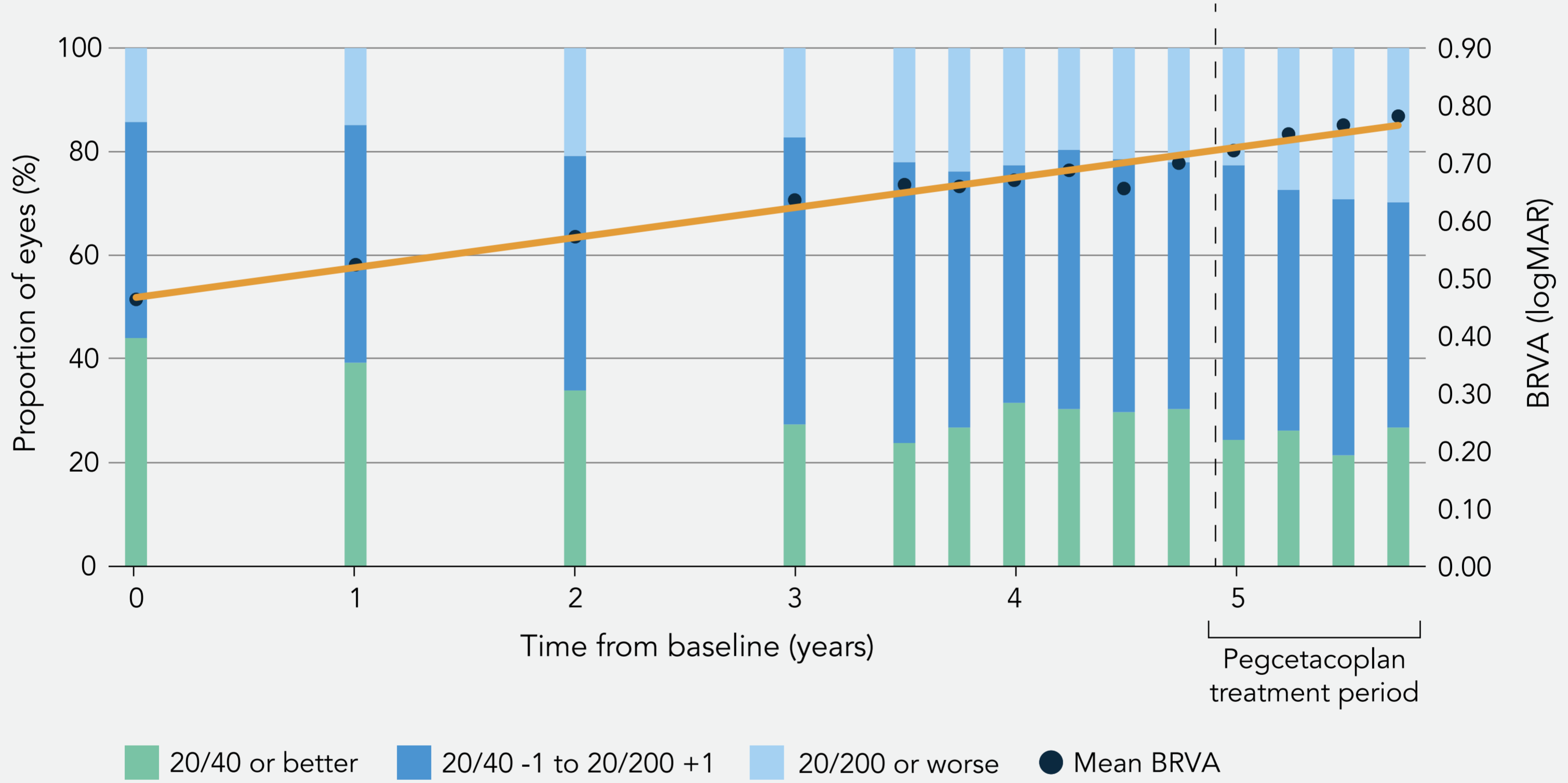
Average visual acuity improved in all eyes treated with 10+ injections



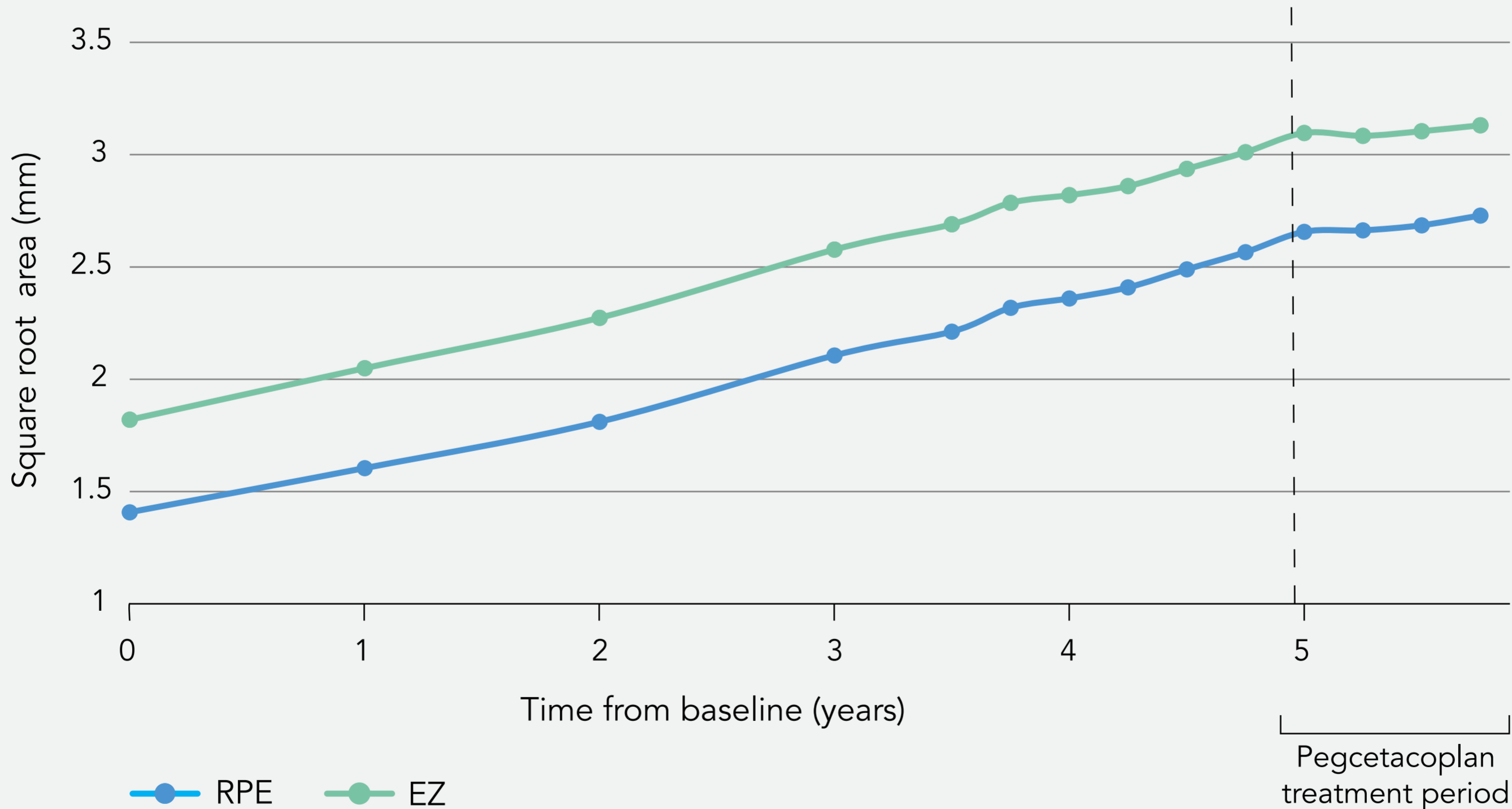
AVA = avacincaptad pegol; BRVA = best-recorded visual acuity; n = number; PEG = pegcetacoplan.



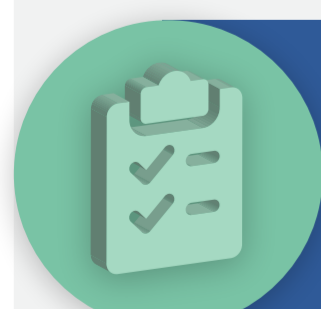
Over the follow-up period, eyes treated with pegcetacoplan showed a decline in BRVA at a mean rate of 0.05 logMAR (approximately 2.5 letters) per year



The mean rates of depletion in the pre-dosing phase for the RPE and EZ were 1.1 mm²/year (R² = 0.98; 95% CI, 0.95-1.2) and 1.3 mm²/year (R² = 0.99; 95% CI, 1.2-1.4), respectively



RPE = retinal pigment epithelium; EZ = ellipsoid zone.



Conclusion

- This dataset is the largest reporting real-world outcomes for pegcetacoplan and avacincaptad pegol to date and showed increased use of both agents that then plateaued
- There was higher attrition of avacincaptad pegol patients across injections than with pegcetacoplan – this may be influenced by the initial 1-year product labeling
- All treated eyes experienced similar slow loss of vision with either drug
- New macular neovascularization (MNV) developed in 2.34% and 2.76% of eyes treated with pegcetacoplan and avacincaptad pegol, respectively, over one year
- Three pegcetacoplan-treated and zero avacincaptad pegol-treated patients developed occlusive retinal vasculitis in the dataset
- Photoreceptor and RPE depletion on OCT suggests that pegcetacoplan slows GA growth in real-world patients