RETINAL PIONEERS
Challenging cases in medical retina

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UK case study: Extended treatment intervals with EYLEA (aflibercept) 8 mg in a patient with nAMD

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Author disclosures | Role over calendar year (2024):

Speaker fees, advisory roles and travel bursaries from Bayer and Roche; speaker fees and travel bursaries from Alimera Science; speaker fees from AbbVie.

Patient journey overview

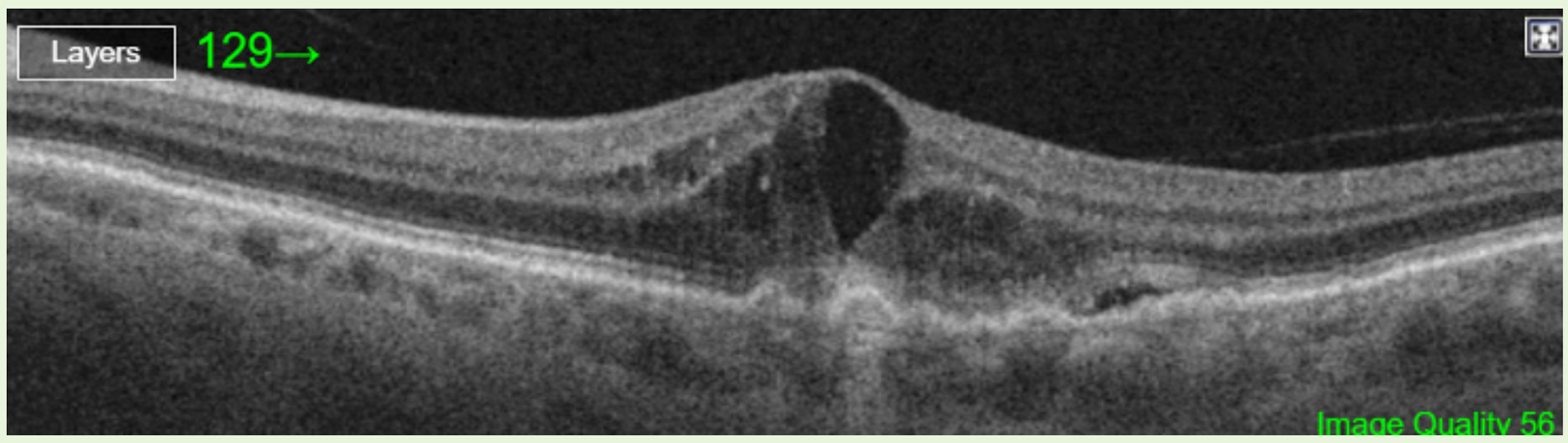
This case focuses on a 73-year-old female with active subfoveal type 2 choroidal neovascularisation (CNV) secondary to **neovascular age-related macular degeneration (nAMD)**. The patient was commenced on an **EYLEA 8 mg treatment pathway***, with three monthly loading doses, followed by a T&E regimen. The patient received **six injections of EYLEA 8 mg** in 12 months and achieved a last completed treatment interval of 16 weeks.

Patient characteristics at presentation

Age	73 years
Gender	Female
Past ocular history	No previous treatment
Medical history	Hypercholesterolemia, hypertension
Medical history	April 2024
Medical history	New-onset visual symptoms in left eye

Presentation at baseline – Left eye

Multimodal imaging, including OCT and OCT angiography, confirmed the presence of active subfoveal type 2 CNV secondary to nAMD.
It was decided not to proceed with fluorescein angiography/indocyanine green to avoid delays.



Baseline visit clinical characteristics (OS)	
BRVA (ETDRS letters)	65
CST (µm)	470
Next injection interval (weeks)	4

Treatment: Given the fluid burden, and the relatively good baseline vision, the patient was commenced on an **EYLEA 8 mg treatment pathway**, starting with three monthly loading doses. The first dose was given April 2024.

Initiating treatment with EYLEA 8 mg: Practical guidance from a clinician

- Best practice with EYLEA 8 mg in clinical settings involves careful patient selection, structured interval extension and clear communication.
- The recommended approach for treatment initiation in treatment-naïve patients begins with a three-dose loading phase administered at 4-week intervals, followed by extension to 8-week treatment intervals, then cautious T&E steps out to 24 weeks.
- Decisions to extend should be made only if disease biomarkers show definite improvement/ stability.
- For EYLEA 8 mg, a clear explanation about the longer duration of action and potential for fewer injections with higher injection volume than EYLEA 2 mg should be discussed and documented.
- OCT remains central to monitoring, with particular attention to IRF, SRF and outer retinal integrity.
- Clinical documentation should be robust, with EMR and imaging data integrated to support decision-making and reduce duplication.
- Training for nursing and optometry staff is essential to support early detection of reactivation and ensure safe extension.

This case study is from a real patient. Information and images courtesy of the author.

The information presented in this poster represents the views of the author.

*Local treatment pathway used by the speaker. BRVA, best recorded visual acuity; CNV, choroidal neovascularisation; CRT, central retinal thickness; EMR, electronic medical record; ETDRS, Early Treatment Diabetic Retinopathy Study; IRF, intraretinal fluid; nAMD, neovascular age-related macular degeneration; OCT, optical coherence tomography; OS, oculus sinister (left eye); SRF, subretinal fluid; T&E, treat-and-extend.

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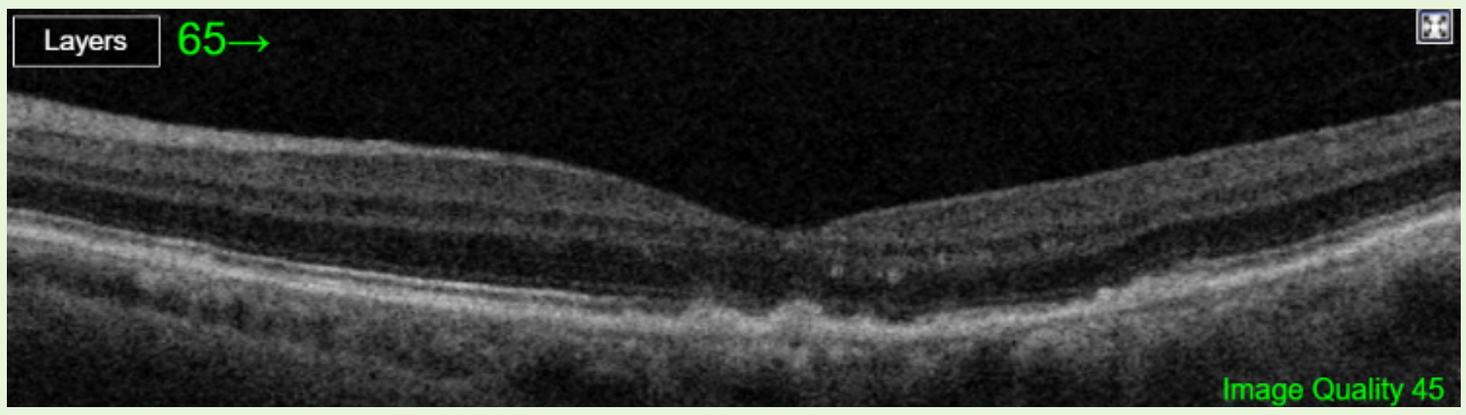
Follow-up: 4 weeks after first loading dose

- Retinal fluid resolved immediately after the first injection.
- Restoration of the outer retinal architecture and sustained stability was observed on spectral-domain OCT.

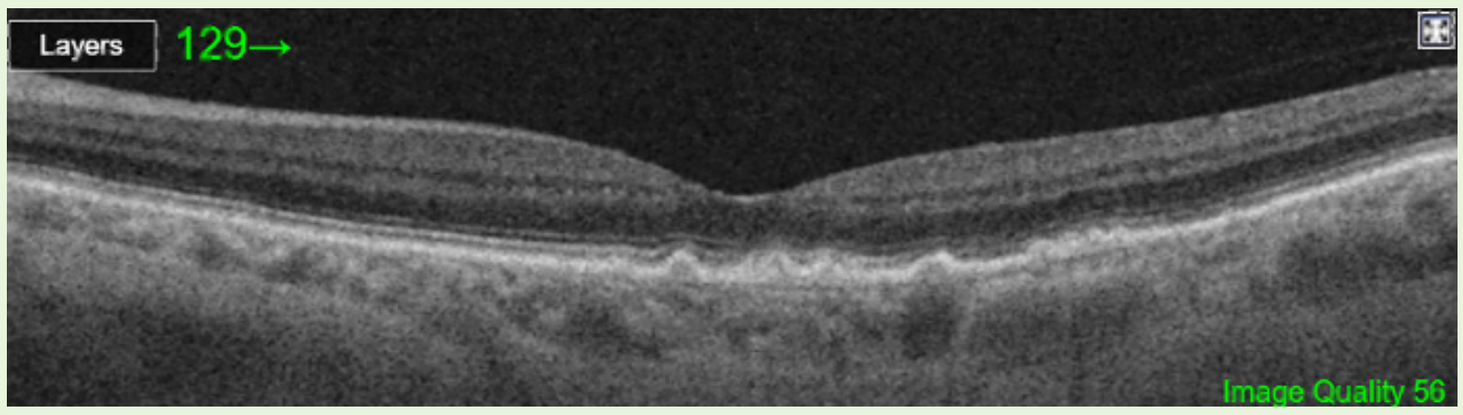


2nd EYLEA 8 mg injection visit (OS)		Change from baseline
BRVA (ETDRS letters)	78	+13
CST (µm)	229	-241
Next injection interval (weeks)	4	

Treatment: Administer the second loading dose of EYLEA 8 mg and schedule the final loading visit in 4 weeks. Upon completion of the loading phase, schedule the fourth injection of EYLEA 8 mg in 8 weeks.

Follow-up: 8 weeks post-loading

- Vision remained stable with minimal fluctuation between injection visits.
- Continued improvement in BRVA and reduction in CRT compared to baseline.

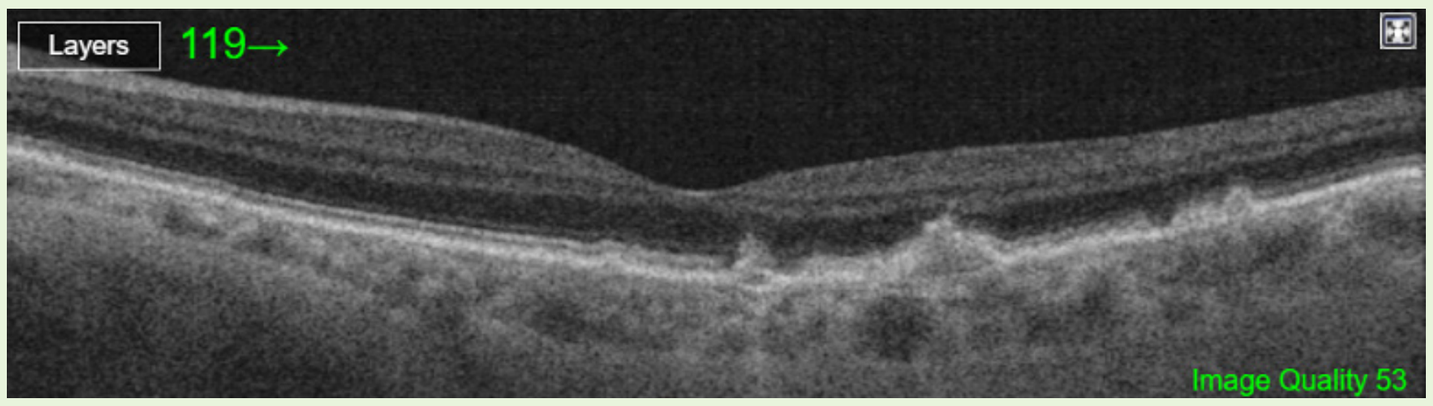


4th EYLEA 8 mg injection visit (OS)		Change from baseline
BRVA (ETDRS letters)	79	+14
CST (µm)	217	-253
Next injection interval (weeks)	16	

Treatment: Administer the fourth dose of EYLEA 8 mg. Owing to a favourable response during the loading phase, the patient was extended to 16-week injection intervals in line with the approved T&E regimen for EYLEA 8 mg.

? What treatment interval would you have recommended next?

Follow-up: 1 year of EYLEA 8 mg treatment



6th EYLEA 8 mg injection visit (OS)		Change from baseline
BRVA (ETDRS letters)	82	+17
CST (µm)	237	-233

Summary

- One year after initiating EYLEA 8 mg, **sustained improvements in BRVA** and **reductions in CRT** from baseline were observed.
- The last completed treatment interval in the left eye was **16 weeks**, totalling six injections in 12 months.
- The patient will be continually monitored under extended interval review, with ongoing attention to retinal morphology and function.
- This case exemplifies the therapeutic benefit of EYLEA 8 mg in achieving durable **control of disease activity**, with extended treatment intervals to allow for a **reduced treatment burden**.

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BRVA, best recorded visual acuity; CRT, central retinal thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; OCT, optical coherence tomography; OS, oculus sinister (left eye); T&E, treat-and-extend.

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Either click here or scan the QR code for prescribing information and adverse event reporting information.

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