RETINAL PIONEERS
Challenging cases in medical retina

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UK case study: Real-world evidence with EYLEA (aflibercept) 8 mg in patients with nAMD

Saad Younis, Consultant Ophthalmologist, *Imperial College Healthcare NHS Trust*

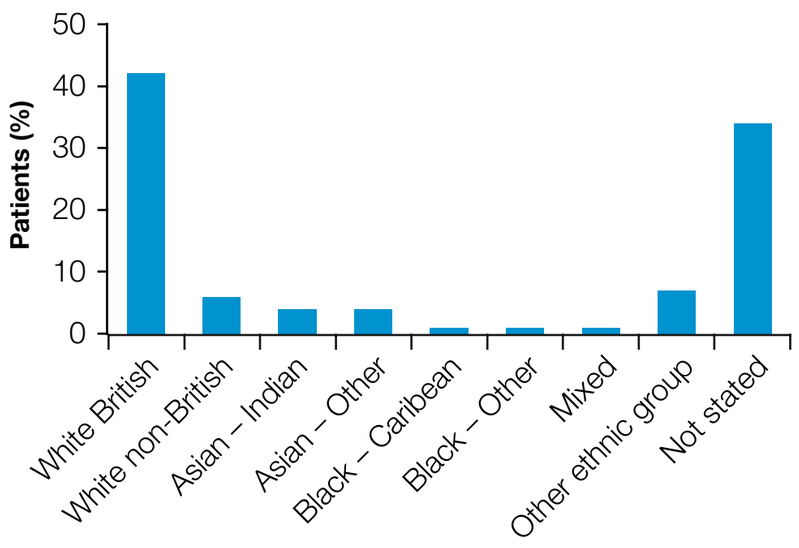
Author disclosures | Role over calendar year (2025):
Educational meetings, travel grants and speaker fees from AbbVie, Bayer and Roche.

Study design and baseline characteristics

of both previously treated (n=93) and treatment-naïve eyes (n=22)

This retrospective study explored the visual function, retinal anatomy and key biomarkers in patients with nAMD treated with EYLEA 8 mg at the Western Eye Hospital, Imperial College Healthcare NHS Trust. The feasibility of extending dosing intervals and relapse rates over 12 months were also assessed.

Ethnic group of all patients (N=104)



Baseline characteristics of all patients

N	115 eyes (104 patients)
Mean age	79.1 years
Gender	55% male (n=57); 45% female (n=47)
Anti-VEGF prior to switch	58.1% aflibercept 2 mg (n=54) 37.6% faricimab (n=35) 4.3% bevacizumab (n=4)

EYLEA 8 mg in previously treated eyes

Previously treated patients with nAMD with suboptimal response or treatment burden concerns with previous anti-VEGF therapy: **n=93 eyes (83 patients)**

- All patients were switched to IVI of EYLEA 8 mg between March 2024 and August 2025; all patients included completed 12 months of follow-up after the index injection
- Patients were divided into two groups: **without macular scar (n=40 eyes)** and **with macular scar (n=53 eyes)***

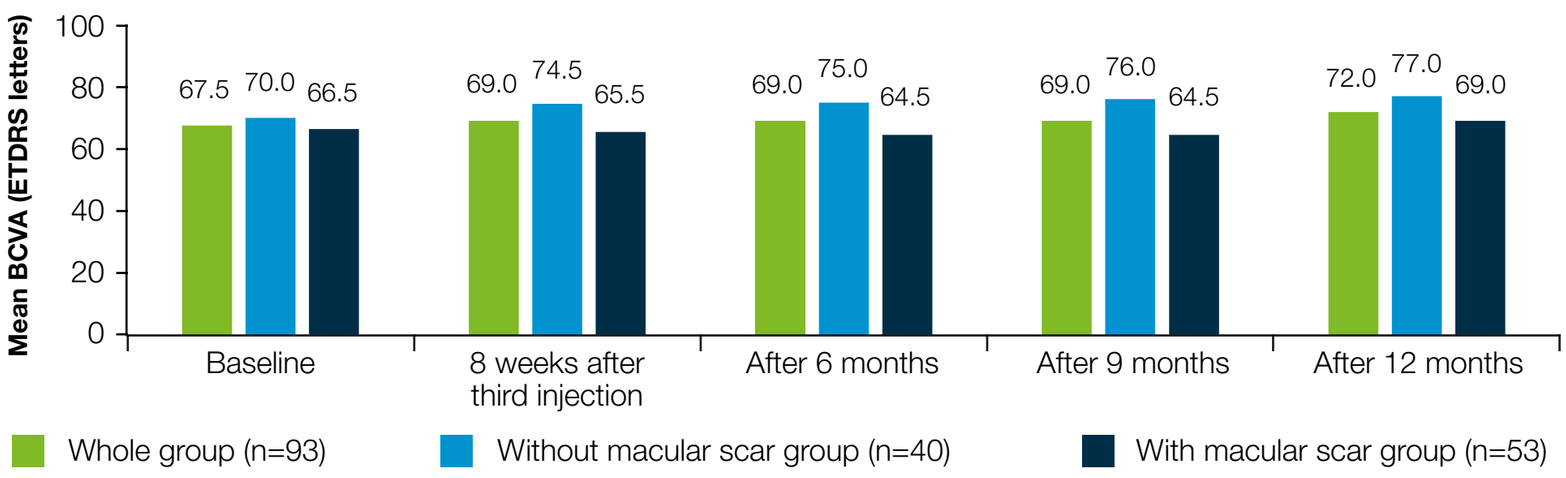
Protocol: Eyes with active disease despite prior treatment with other anti-VEGF agents received EYLEA 8 mg loading injections (initiated with one injection per month for three consecutive doses), followed by a T&E protocol, with 4-week interval extensions. Eyes that maintained a dry macula on another anti-VEGF agent but that could not be extended beyond 8-week intervals were switched to EYLEA 8 mg T&E† without the loading phase.

Main outcomes of study

- **BCVA changes**
- **CFT and anatomical changes**
- **Biomarkers in nAMD, such as IRF and SRF**
- **Length of last treatment interval**

Mean BCVA over time with EYLEA 8 mg

Mean BCVA in previously treated eyes over time with EYLEA 8 mg



Mean increase of 4.5 ETDRS letters from baseline to 12 months in the whole group (n=93)

References
Bayer Data on File (PP-EYL-GB-3034) | November 2025
*Macular scar defined as scarring in the macular region, based on OCT scan findings, as documented by the investigating clinician. †Intervals were not less than 8 weeks. BCVA, best corrected visual acuity; CFT, central foveal thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; IRF, intraretinal fluid; IVI, intravitreal injection; nAMD, neovascular age-related macular degeneration; OCT, optical coherence tomography; SRF, subretinal fluid; T&E, treat-and-extend; VEGF, vascular endothelial growth factor.

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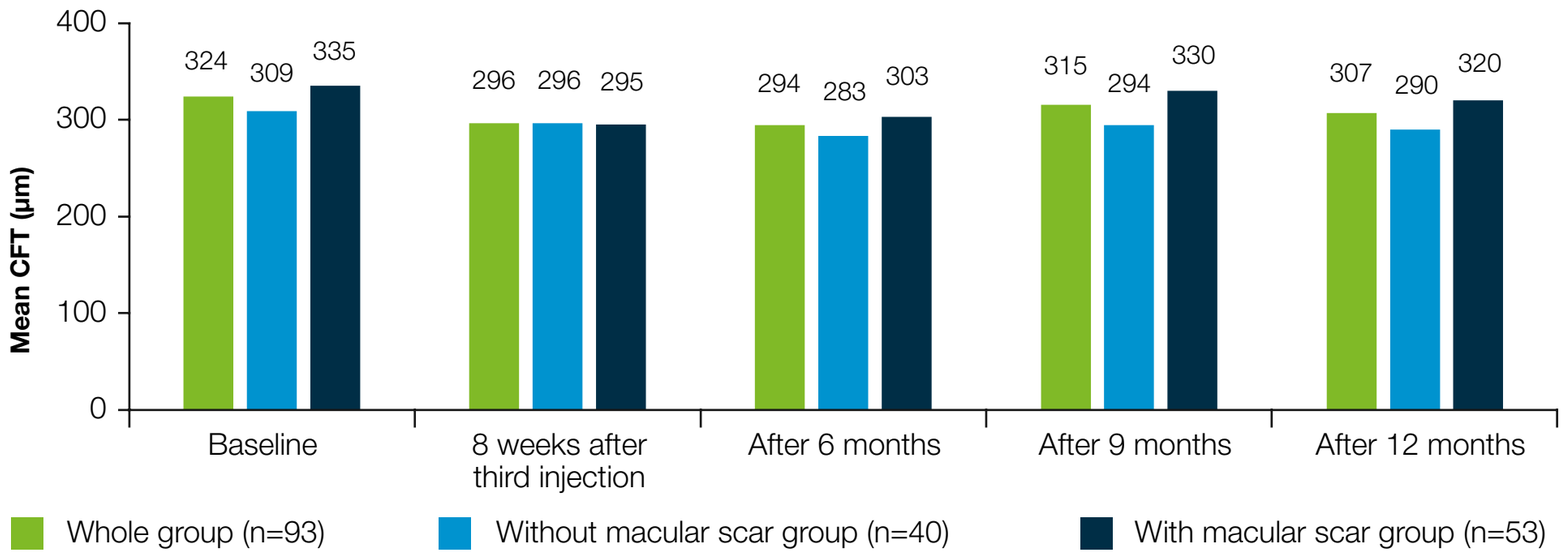
Results from previously treated eyes switched to aflibercept 8 mg[1]

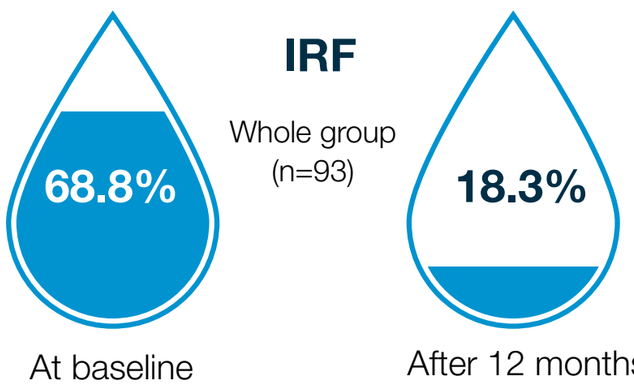
Mean CFT over time with EYLEA 8 mg

Mean CFT in previously treated eyes over time with EYLEA 8 mg

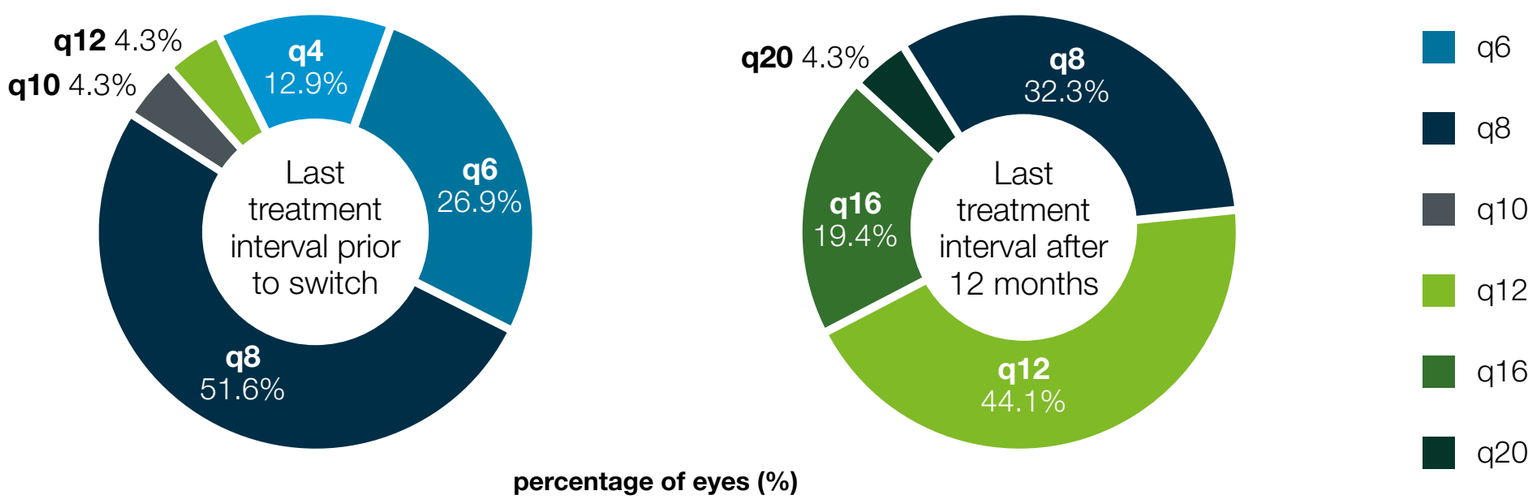


Mean CFT decrease of 17 µm
from baseline to 12 months in the whole group (n=93)

Presence of IRF and SRF over time with EYLEA 8 mg*



Last treatment interval prior to switch and after 12 months of treatment with EYLEA 8 mg



Average treatment interval prior to switch: **7.2 weeks (n=93)**

Average last treatment interval with EYLEA 8 mg at 12 months: **11.1 weeks (n=93)**

This audit data demonstrates an increase in interval length compared with prior treatment;
increased treatment durability has the potential to:[2]

Increase clinic capacity

Reduce operational strain

Reduce treatment burden for patients

References
1. Bayer Data on File (PP-EYL-GB-3034) | November 2025
2. Sivaprasad Set *al. Curr Med Res Opin* 2024; 40 (7): 1221–1233

*93 eyes were assessed at each time point;the drops show percentages of eyes with IRF or SRF out of 93 eyes at each time point. †Values may not add up to 100% due to rounding. CFT, central foveal thickness; IRF, intraretinal fluid; qX, every X weeks; SRF, subretinal fluid.

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Results from previously treated eyes switched to aflibercept 8 mg

Average number of injections of EYLEA 8 mg

	Whole group:	No macular scar:	With macular scar:
Average number of injections of EYLEA 8 mg through 12 months:	**6.4** (n=93)	**6.02** (n=40)	**6.7** (n=53)

Safety profile of EYLEA 8 mg

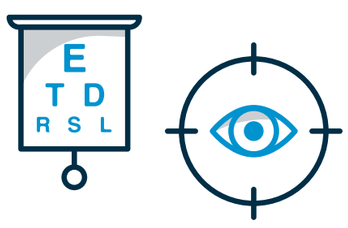
Adverse events in eyes switched to EYLEA 8 mg (n=93)

Ocular adverse events	Insufficient therapeutic response in 4 eyes (4.3%); eyes were switched to faricimab following completion of 12 months on EYLEA 8 mg
	Acute anterior uveitis in 1 eye (1.1%); resolved following treatment with topical corticosteroids – plan is to switch to another anti-VEGF agent Eye completed 12 months on EYLEA 8 mg
	Haemorrhagic retinal detachment with loss of vision in 1 eye (1.1%) occurred after the 12-month period of treatment with EYLEA 8 mg
Systemic adverse events	No systemic adverse events recorded

No unexpected safety signals related to EYLEA 8 mg were observed during the study period

Summary of EYLEA 8 mg in previously treated eyes

In **previously treated eyes with nAMD** that were switched to EYLEA 8 mg from other anti-VEGF agents, eyes without macular scar (n=40) demonstrated **numerically improved visual outcomes** and those with macular scar (n=53) demonstrated **stable visual outcomes** from baseline through Year 1



Fluid outcomes were stable through Year 1 in previously treated eyes

- From baseline through 12 months in the whole group (n=93), there was a **mean BCVA increase of 4.5 ETDRS letters and a mean CFT decrease of 17 µm**

Average **treatment interval prior to switch was 7.2 weeks** (n=93), increasing to a **last treatment interval at 12 months of 11.1 weeks with EYLEA 8 mg** (n=93)

No unexpected safety signals related to EYLEA 8 mg were observed during the study period for previously treated patients with nAMD

References
Bayer Data on File (PP-EYL-GB-3034) | November 2025
BCVA, best corrected visual acuity; CFT, central foveal thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor.

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