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AURIGA 24-month results from treatment-naïve patients with DME treated with intravitreal aflibercept in Italy

Oral

Parravano M.C.*^[1], Carnovale Scalzo G.^[2], Erba S.^[3], Grassi M.O.^[4], Allmeier H.^[5], Machewitz T.^[6], Molina D.^[6], Vadalà M.^[7]

^[1]Department of Ophthalmology, IRCCS-Fondazione Bietti, Rome, Italy, ^[2]Department of Ophthalmology, University Magna Græcia of Catanzaro, Catanzaro, Italy, ^[3]ASST Fatebenefratelli Sacco, Oftalmico Hospital, Milan, Italy, ^[4]Eye Clinic, University of Bari, Bari, Italy, ^[5]Bayer Consumer Care AG, Basel, Switzerland, ^[6]Bayer AG, Berlin, Germany, ^[7]Biomedicine, Neuroscience and Advanced Diagnostic Department, University of Palermo, Palermo, Italy

Purpose:

AURIGA (NCT03161912) evaluated intravitreal aflibercept (IVT-AFL) treatment of diabetic macular edema (DME) or macular edema secondary to retinal vein occlusion in routine clinical practice. Important insights into IVT-AFL effectiveness and treatment patterns were obtained across 11 countries. Here, we report the 24-month outcomes for treatment-naïve patients with DME in Italy.

Methods:

AURIGA was a 24-month, prospective, observational study. Eligible patients (aged ≥ 18 years) with treatment-naïve DME were treated with IVT-AFL for up to 24 months at their physician's discretion and according to local regulations. The primary endpoint was change in visual acuity (VA; Early Treatment Diabetic Retinopathy Study [ETDRS] letters) from baseline to Month (M) 12. Secondary endpoints included change in VA by M24, change in central retinal thickness (CRT) by M12 and M24, and number of IVT-AFL injections by M6, M12, and M24. Statistics were descriptive and no formal hypothesis testing was planned. Safety was monitored throughout the study.

Results:

In 207 patients (mean age, 65.6 years), mean (95% CI) VA improved by +6.3 (3.4, 9.1) letters at M12 and +5.0 (1.8, 8.2) letters at M24 from baseline. Stratified by baseline VA of <35 letters, 35–69 letters, and ≥ 70 letters, mean VA gains by M24 were +30.5, +2.6, and -1.7 letters, respectively. From baseline, mean \pm SD CRT decreased by 105 \pm 139 μ m at M12 and 115 \pm 151 μ m at M24. Mean \pm SD number of IVT-AFL injections was 4.1 \pm 1.4 by M6, 5.0 \pm 2.0 by M12, and 5.6 \pm 2.7 by M24. No cases of retinal vasculitis, retinal vascular occlusion, or intraocular inflammation, including endophthalmitis, were reported.

Conclusions:

AURIGA was the largest real-world study to date investigating IVT-AFL treatment of DME. In Italy, treatment-naïve patients achieved clinically relevant and durable improvements after 24 months of treatment, particularly patients with lower baseline VA. The safety profile of IVT-AFL was consistent with that observed in previous studies.