

THE USEFULNESS OF BROLUCIZUMAB IN TREATING NEOVASCULAR AGE-RELATED MACULAR DEGENERATION NOT RESPONDING TO RANIBIZUMAB OR AFLIBERCEPT. A RETROSPECTIVE CHART REVIEW

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BACKGROUND AND IMPORTANCE



- ❑ The standard treatment for neovascular age-related macular degeneration (nAMD) involves anti-vascular endothelial growth factor (anti-VEGF) drugs such as ranibizumab and aflibercept.
- ❑ The Pharmacy and Therapeutics (P&T) committee has approved brolocizumab for patients who do not respond to these drugs.
- ❑ Fixed-interval injection regimens represent a significant burden for ophthalmology services and patients. For this reason, the treat and extend (T&E) regimen was introduced. It involves fixed doses until disease remission occurs, after which the treatment interval is gradually extended until neovascular activity reappears.

AIM AND OBJECTIVES



- ❑ The choice of drugs for nAMD treatment heavily relies on the clinical experience of ophthalmologists, published observational studies, and expert opinions.
- ❑ Data regarding the use of brolocizumab in patients not responding to other anti-VEGF are scarce.
- ❑ This study aimed to evaluate the response to brolocizumab in these patients.

MATERIAL AND METHODS

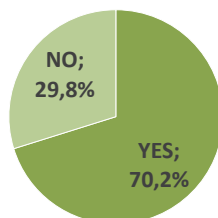


- ❑ Retrospective Chart Review using electronic medical records from September 2023 to September 2024.
- ❑ Inclusion: adult patients with nAMD not responding to other anti-VEGF and initiated brolocizumab.
- ❑ Primary Outcome: response to treatment → absence of activity (or reduction) detected by the Ocular Computerized Tomography (OCT) after the loading doses.

RESULTS

RESPONSE TO BROLUCIZUMAB

37 PATIENTS INCLUDED



36/37 failed previous treatment (aflibercept and/or ranibizumab)



2/37 referred to mild signs of ocular toxicity.

✓ All were treated using the T&E approach.

Median number of injections: 5 in 12 months (Inter quartile range 4-6)

CONCLUSION AND RELEVANCE

- ❖ Brolocizumab appears as a helpful option in nAMD patients who do not respond to aflibercept or ranibizumab.
- ❖ No conclusions can be drawn regarding safety.
- ❖ Response was achieved by a T&E approach with Injections every 2-3 months during the first year.

