EFFECTIVENESS AND SAFETY OF BROLUCIZUMAB IN AGE-RELATED MACULAR DEGENERATION

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BACKGROUND AND IMPORTANCE

Age-related macular degeneration (AMD) leads to the release of vascular endothelial growth factor (VEGF). The treatment consists of anti-VEGF drugs administered via intravitreal. Brolucizumab is an anti-VEGF used as a third-line treatment.

OBJETIVES

To assess **brolucizumab's effectiveness and safety** as a second or third-line AMD treatment.

MATERIAL AND METHODS

Retrospective observational study of exudative AMD patients who started brolucizumab treatment between Nov-2022 and Mar-2024.

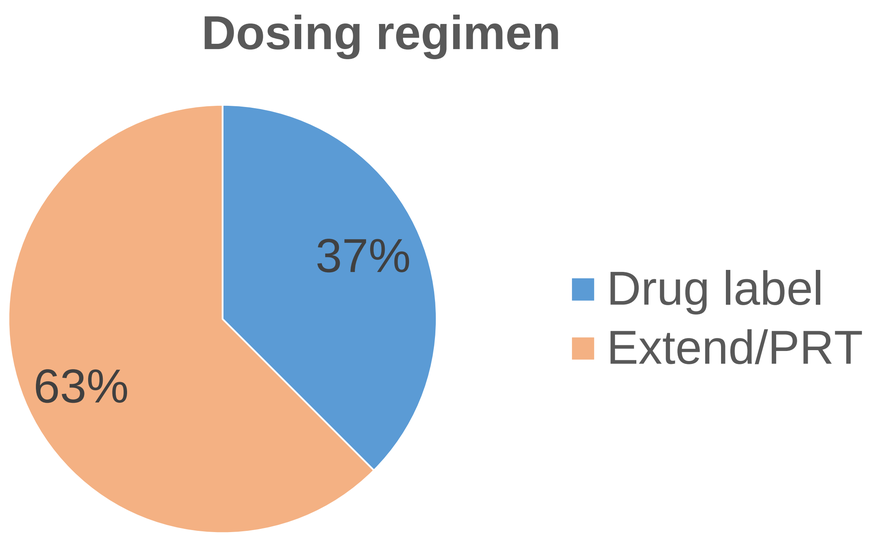
Collected variables: age, sex, lesions, intraretinal/subretinal fluid (IRF/SRF), dosage, previous treatments, changes or discontinuation and reasons, visual acuity according to clinical criteria, and brolucizumab-related adverse events (AEs).

Effectiveness was assessed by visual acuity at week 48 (primary outcome) and IRF/SRF reduction (secondary). Safety was evaluated by recording ocular and non-ocular AEs.

RESULTS

112 patients → 50% male → median age 79 → 4.5% affected both eyes

- 68.7% neovascular lesions
- 91% IRF/SRF
- 40,2% cataracts
- 47,8% pigment epithelial detachment (PED)
- 35,7% intraretinal cysts
- 8% cystoid macular edema



1st line: 1,78% → 2nd line: 34,8% → 3rd line: 63,4%

13.4% had been treated for at least 48 weeks

53.3% improved in visual acuity

73.3% showed IRF/SRF reduction

80% are still in treatment

Causes for the suspension of the treatment:
- 46.4% switched to faricimab
- 7.3% disease stability
- 46.3% lost to follow-up

Ocular AEs:
- PED n=4
- eyelid inflammation n=2
- submacular hemorrhage n=5

CONCLUSION AND RELEVANCE

Compared to the HAWK/HARRIER trials, **an improvement in visual acuity is observed in 53.3%** versus 56%/51% in the trials, and a **reduction in FIR/FSR of 73.3%** versus 31%/26%. However, further studies are needed in a larger patient cohort receiving treatment for up to 48 weeks in order to compare it properly. Safety was similar to that of the trials.