## Evaluation of Geographic Atrophy (GA) Secondary to AMD in Real-World Clinical Practice



#### Analysis of the AAO IRIS Registry

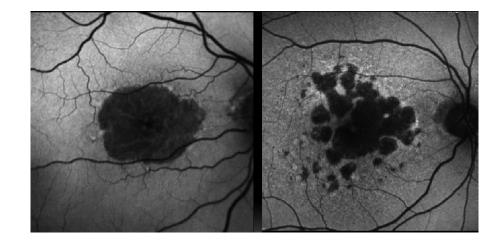
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#### **Financial disclosures**

- Please add
- This study was supported by Apellis Pharmaceuticals

#### Introduction

- Geographic Atrophy (GA) remains an important unmet medical need in Ophthalmology
- Major cause of legal blindness<sup>1-3</sup>
- Several investigational drugs in clinical trials



Purpose	To evaluate clinical characteristics and disease progression in patients diagnosed with GA secondary to AMD in real-world practice using the American Academy of Ophthalmology IRIS <sup>®</sup> Registry (Intelligent Research in Sight) database
	The IRIS Registry is the world's largest specialty clinical data registry, with over >59.99 million unique patients and 18,209 clinicians in ophthalmology practice, as of Sep 1, 2020

### Study Design Overview

Inclusion		Exclusion		
<ul> <li>Patients ≥50 years at index date</li> <li>ICD-10 coding for GA in at least one eye; GA or nAMD in the fellow eye</li> <li>If both eyes met the inclusion criterion, the eye with better VA was designated as the study eye</li> <li>At least 2-years follow-up</li> </ul>		<ul> <li>History of nAMD in the study eye before the first GA record during the study period</li> <li>Patients with missing demographic information, laterality, and visual acuity data</li> </ul>		
	Study Tin	ne Periods		
2013 - 2015	2016 -	2017	2018 - 2019	
Exclusion of hx of nAMD	Period to ent	er the study	Follow-up period	
Pre-Index Period	Index F	Period	Post-Index Period	

#### **Patient Disposition**

(N=256,635) (N=219	,378) (N=199	9,732) (N=198,4	07) (N=183,242	2) (N=172,634)

# Patients with at least 2 years of follow-up (N=69,441)

#### Study Cohorts

Patients were grouped according to fellow eye status (GA vs nAMD) and GA lesion location (extrafoveal vs foveal)

Cohort 1 – GA : GA		Cohort 2 – GA : nAMD		
(n= 44,120)		(n= 25,321)		
1A – Study eye	1B – Study eye	2A – Study eye	2B – Study eye	
Extrafoveal GA	Foveal GA	Extrafoveal GA	Foveal GA	
(n=22,791)	( <b>n=21,329)</b>	(n=12,309)	( <b>n=13,012)</b>	

#### **Baseline Characteristics and Treating Provider**

	COHORT <sup>·</sup>	COHORT 1 – GA:GA		– GA:nAMD
	n	%	n	%
N, % of total study	44,120	63%	25,321	37%
Age				
Mean (SD)	81.38 (8.68)		82.58 (7.90)	
Sex, n (%)				
Female	29,685	67%	16,916	67%
Male	14,435	33%	8,405	33%
Race, n (%)				
White or Caucasian	37,594	85%	22,368	88%
Black or African American	506	1%	133	0.5%
Asian	571	1%	195	0.8%
Other	163	0.4%	64	0.3%
Unknown	5,286	12%	2,561	10%
Treating Provider, n (%)				
Retina Specialist	24,297	55%	21,871	86%
General ophthalmologist	8,770	20%	1,898	7%
Other Specialist (eg, cornea, glaucoma)	7,953	18.0%	1,113	4%
Optometrist	2,789	6%	323	1%
Unknown	311	0.7%	116	0.5%

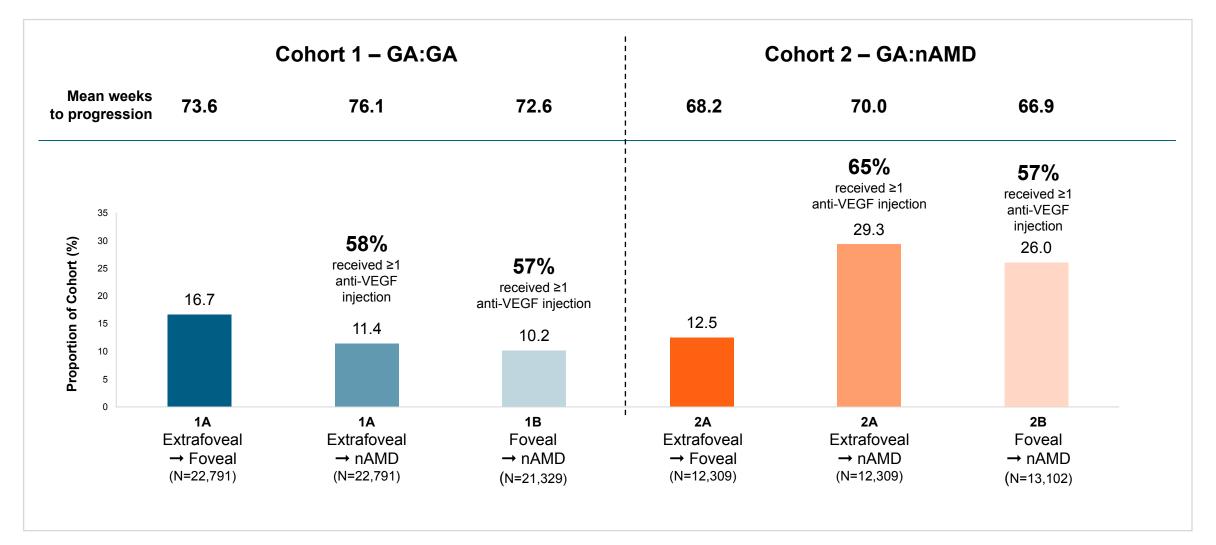
#### Baseline Characteristics – BCVA at Index Period

	COHORT	COHORT 1: GA:GA		GA:nAMD
	N (or mean)	% (or SD)	N (or mean)	% (or SD)
VA at index, study eye				
n	44,120		25,321	
Mean ETDRS Letters, (SD)*	63.35	22.02	56.01	25.72
20/20 or better	6,294	14%	2,161	8%
<20/20 or ≥20/40	18,628	42%	9,407	37%
<20/40 or ≥20/100	11,144	25%	6,354	25%
<20/100 or ≥20/200	3,765	8%	2,762	10%
<20/200	4,289	9%	4,637	18%

#### Baseline characteristics – BCVA at index period

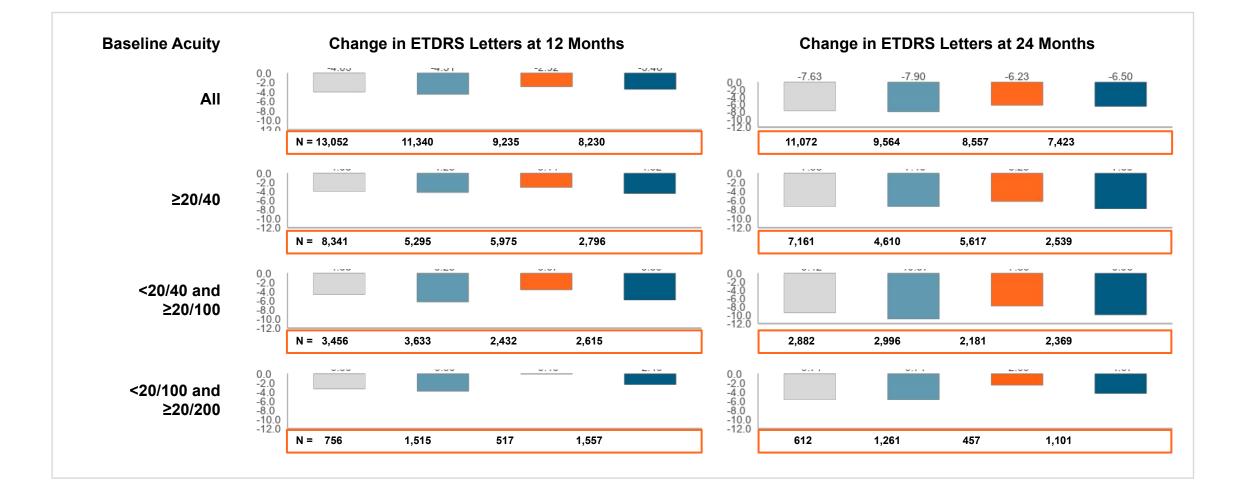
		COHORT 1A: GA:GA Extrafoveal GA		<b>B: GA:GA</b> al GA
	N (or mean)	% (or SD)	N (or mean)	% (or SD)
VA at index, study eye				
n	22,791		21,329	
Mean ETDRS Letters, (SD)*	67.45	19.25	58.98	23.87
20/20 or better	3,571	15%	2,723	12%
<20/20 or ≥20/40	11,354	49%	7,274	34%
<20/40 or ≥20/100	5,209	22%	5,935	28%
<20/100 or ≥20/200	1,179	5%	2,586	12%
<20/200	1,478	6%	2,811	13%
	COHORT 2A Extrafov		Cohort 2B: Fovea	
	N (or mean)	% (or SD)	N (or mean)	% (or SD)
VA at index, study eye				
n	9,187		13,012	
Mean ETDRS Letters, (SD)*	65.69	20.34	46.86	26.91
20/20 or better	1,469	12%	692	5%
<20/20 or ≥20/40	6,295	51%	3,112	24%
<20/40 or ≥20/100	2,930	24%	3,424	26%
<20/100 or ≥20/200	632	5%	2,130	16%
<20/200	983	8%	3,654	28%

#### **Disease Progression**

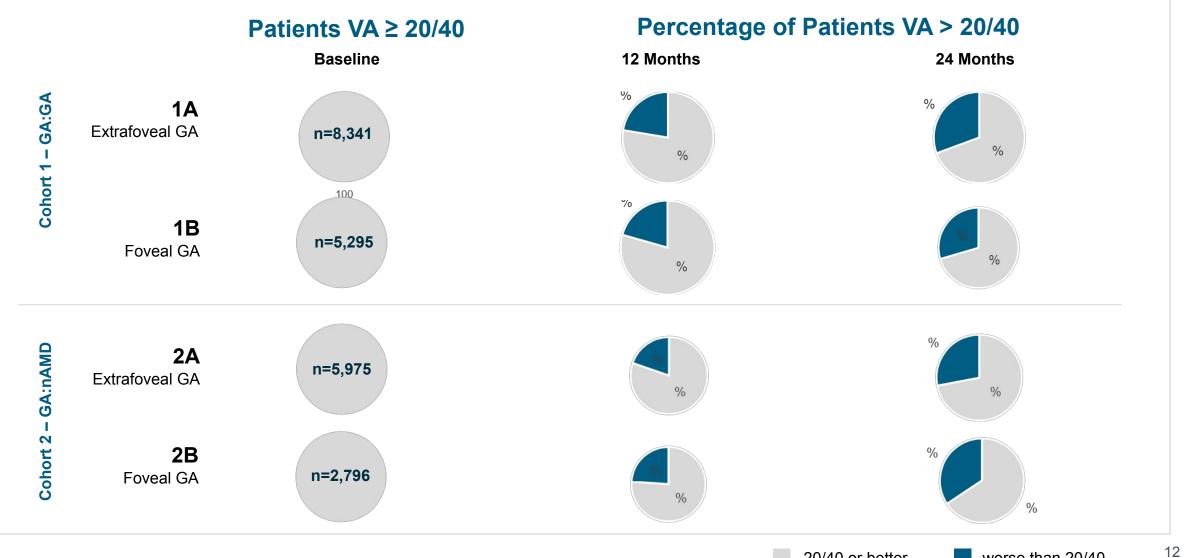


Patients were followed for ≥2 years with mean (SD) follow up of 1001 (164) days and median follow up of 998 days (IQR:261)

#### Mean Changes in Visual Acuity

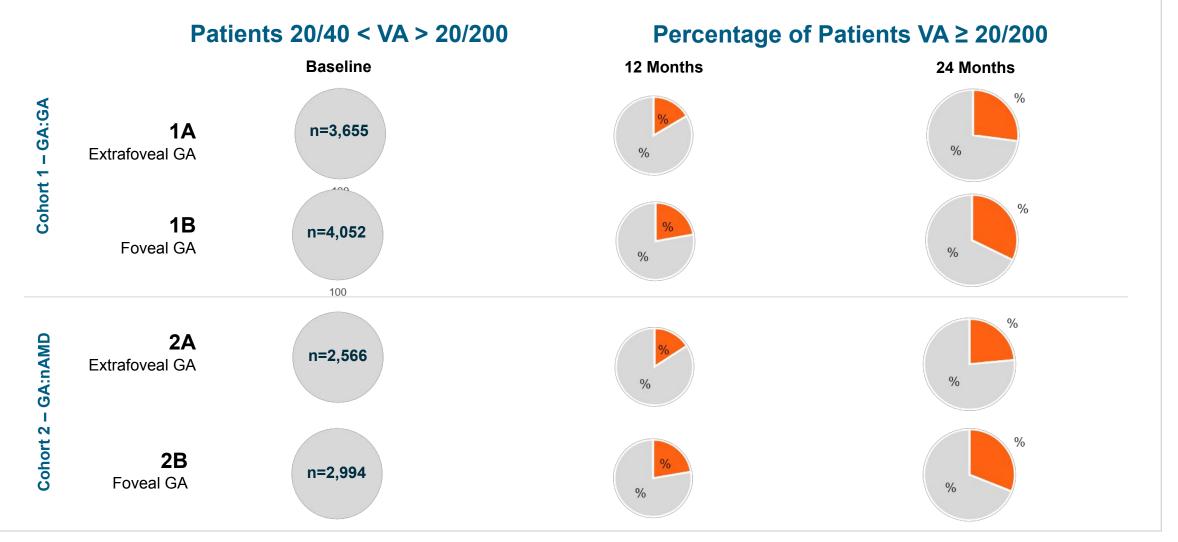


#### Categorical Progression to VA < 20/40



worse than 20/40

#### Categorical Progression to VA ≤20/200



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#### Key Take-Home Messages

- This is the largest retrospective database study in GA to date
- GA patients are frequently seen in clinical practice, but a large proportion are may not return for follow-up visits
- Visual acuity at the initial clinical encounter is relatively preserve, especially in extrafoveal GA patients
- Eyes with good vision tend to lose loss more letters in the first 2 years compared to eyes with poor vision
- Progression to nAMD is considerably higher if presence of nAMD is present in the fellow eye
- GA remains an important unmet need in clinical practice and patient education on disease outcomes is highly important