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



Analysis of the AAO IRIS Registry

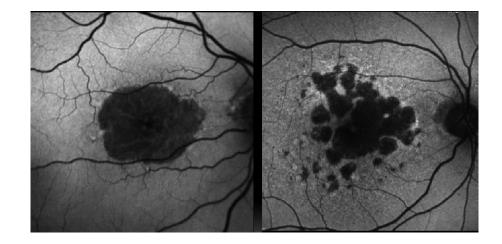
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Financial disclosures

- 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 blindness¹⁻³
- 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 [®] 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		
 Patients ≥50 years at index date ICD-10 coding for GA in at least one eye; GA or nAMD in the fellow eye If both eyes met the inclusion criterion, the eye with better VA was designated as the study eye At least 2-years follow-up 		 History of nAMD in the study eye before the first GA record during the study period Patients with missing demographic information, laterality, and visual acuity data 		
	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)	(n=21,329)	(n=12,309)	(n=13,012)	

Baseline Characteristics and Treating Provider

	COHORT [·]	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%

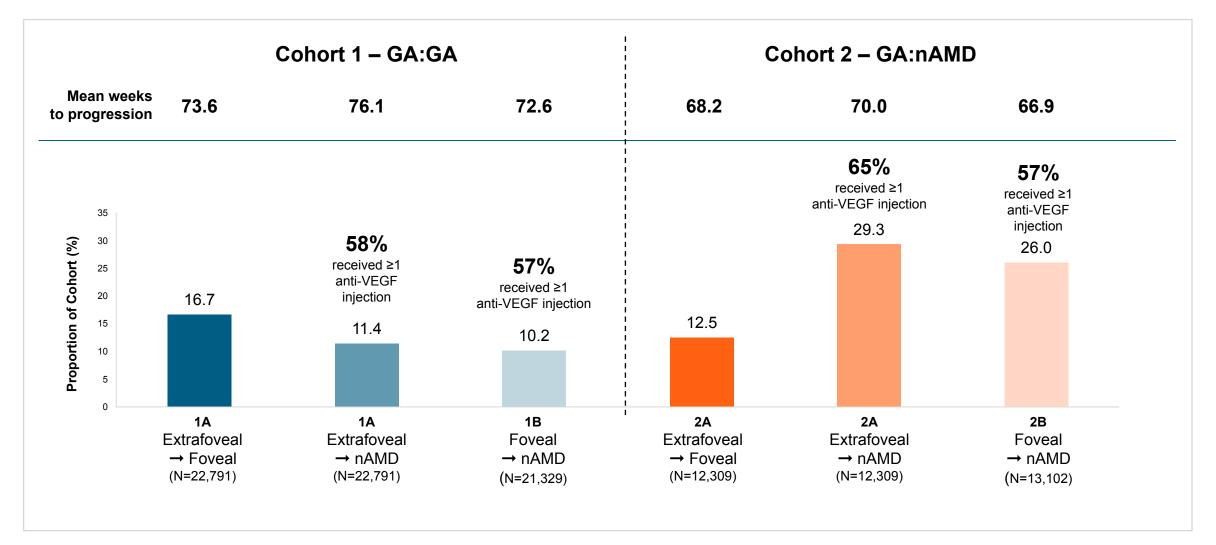
Baseline Characteristics – BCVA at Index Period

	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

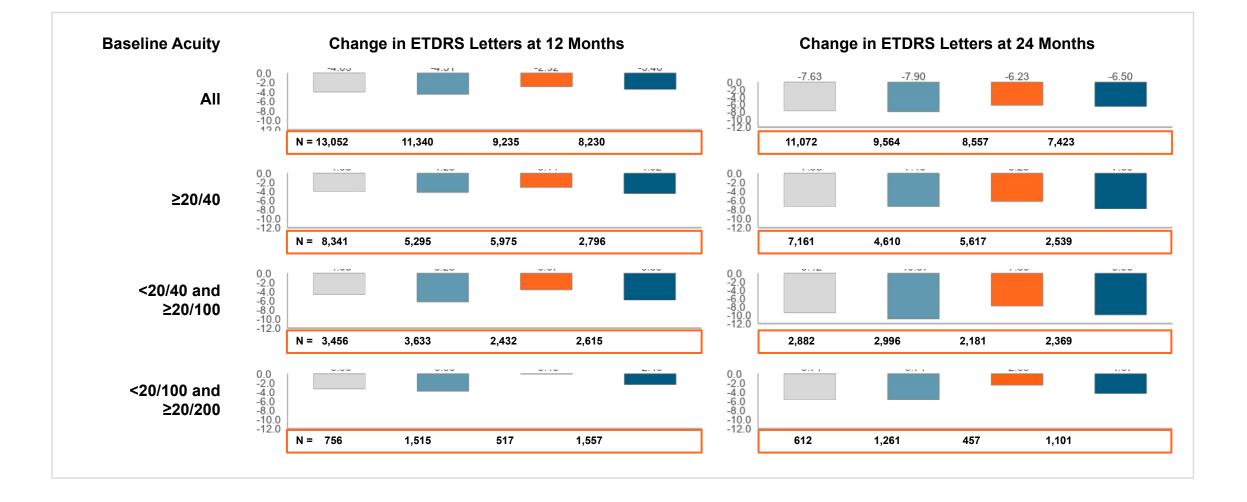
		COHORT 1A: GA:GA Extrafoveal GA		B: GA:GA al GA
	N (or mean)	% (or SD)	N (or mean)	% (or SD)
VA at index, study eye				
n	22,791		21,329	
Mean ETDRS Letters, (SD)*	67.45	19.25	58.98	23.87
20/20 or better	3,571	15%	2,723	12%
<20/20 or ≥20/40	11,354	49%	7,274	34%
<20/40 or ≥20/100	5,209	22%	5,935	28%
<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

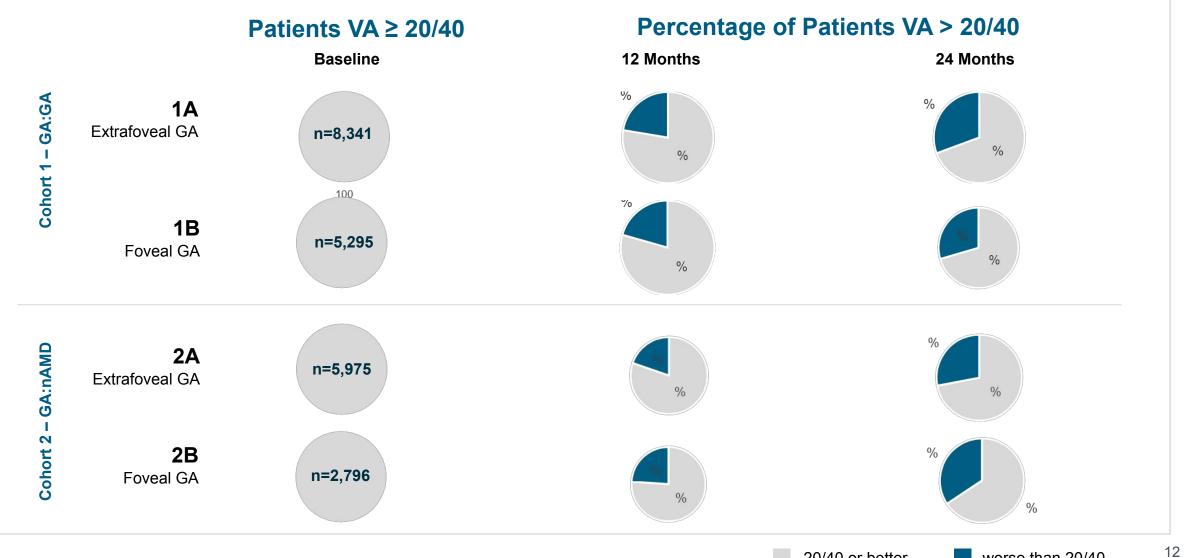


Patients were followed for ≥2 years with mean (SD) follow up of 1001 (164) days and median follow up of 998 days (IQR:261)

Mean Changes in Visual Acuity

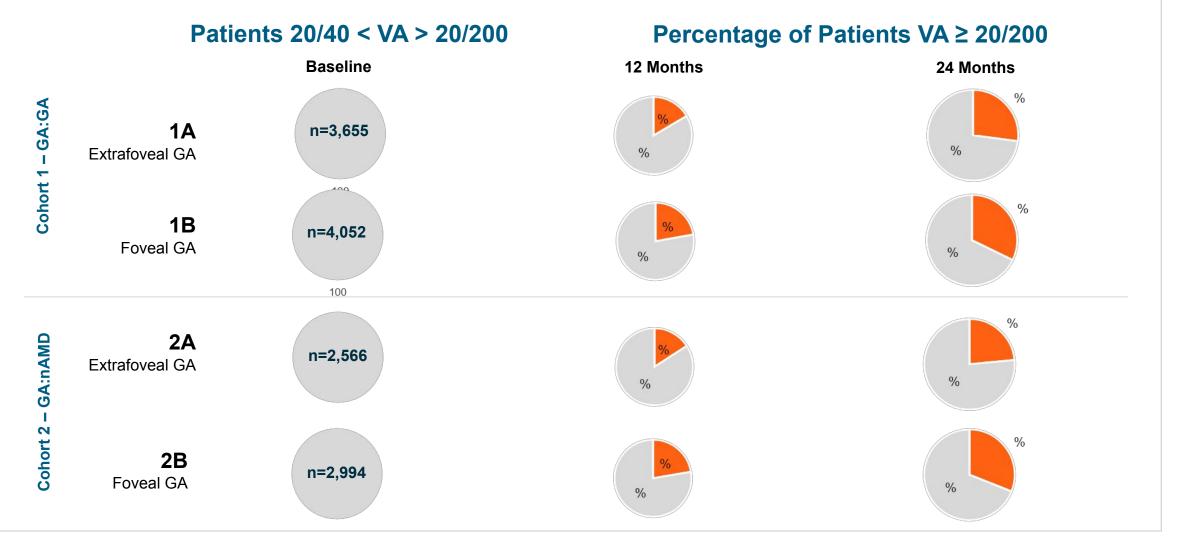


Categorical Progression to VA < 20/40



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