OPHTHALMOLOGY 360®
SUMMIT SERIES

Emerging Treatments in Geographic Atrophy

Reason for Hope?

Faculty

Nadia Waheed, MD, MPH
Moderator
Retina Specialist, Professor, Tufts University School of Medicine,
Boston, MA

Andrew A. Moshfeghi, MD
Faculty
Associate Professor, USC Gayle and Edward Roski Eye Institute,
Director of the Clinical Trials Unit, Department of Ophthalmology,
Keck School of Medicine, Los Angeles, CA

Learning Objectives

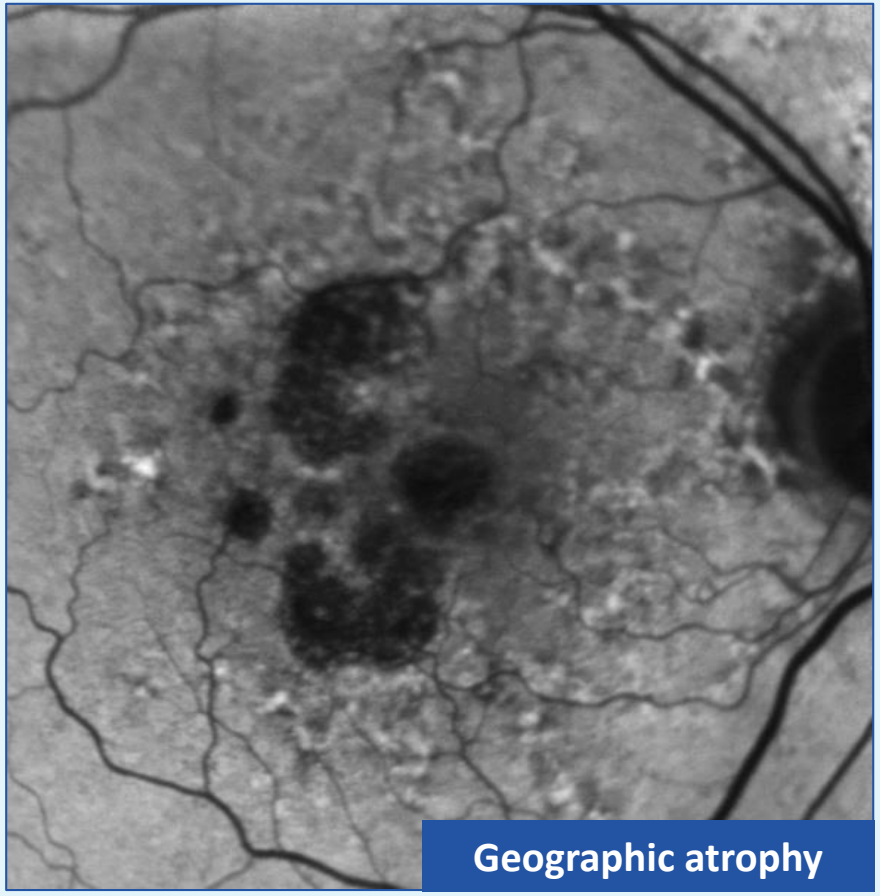
01 Recognize the burden of geographic atrophy (GA) secondary to age-related macular degeneration (AMD) and its negative impact on quality of life

02 Evaluate the latest efficacy and safety data from clinical trials of complement system inhibitors

03 Review current and emerging approaches for monitoring and treating GA

GA Overview

- GA is an advanced form of vision-threatening AMD[a]
- Up to 20% of people with AMD develop GA[a,b]
  - Usually associated with the dry subtype
- GA is characterized by distinct atrophic lesions in the outer retina, caused by the loss of photoreceptors, retinal pigment epithelium, and choriocapillaris[a]
- GA leads to progressive and irreversible vision loss and significantly reduced QoL
- Until recently, there were no FDA-approved treatments for GA
  - In early 2023, the complement C3 inhibitor pegcetacoplan received FDA approval[c]
- A variety of other treatments are being actively explored



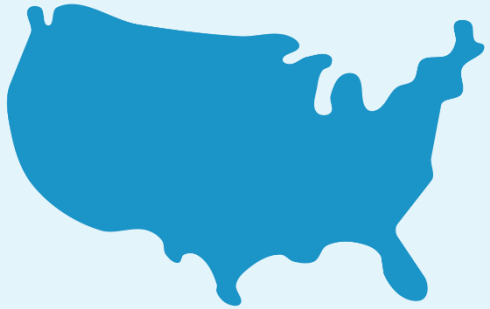
Geographic atrophy

QoL, quality of life.

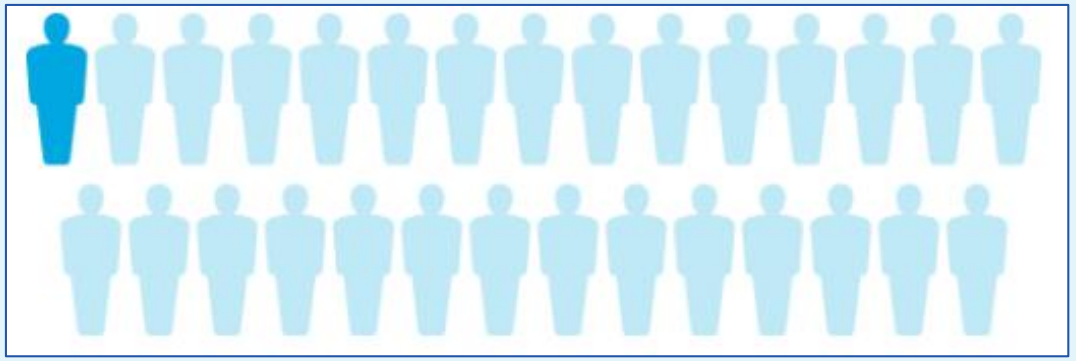
a. Fleckenstein M, et al. Ophthalmology. 2018;125:369-390; b. Friedman DS, et al. Arch Ophthalmol. 2004;122:564-572; c. Charters L. Ophthalmology Times. Published February 17, 2023. Accessed June 14, 2023.

GA Prevalence

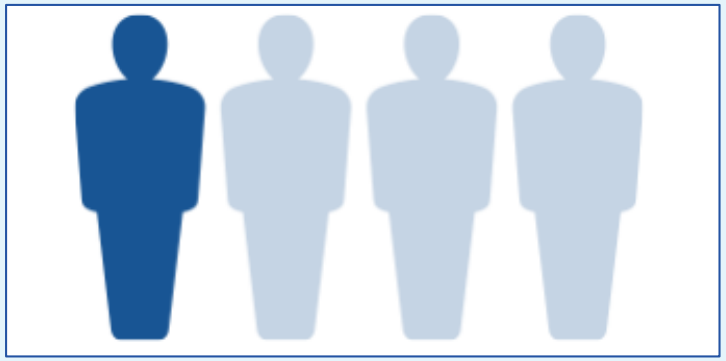
> 5 million people worldwide have GA[a]



Includes **~1 million** people in the United States[a]



~1 in 29 people aged **> 75 years** have GA[b-d]



Reaches **1 in 4** in people aged > 90 years[e]

a. Kim A, et al. Clin Ophthalmol. 2021;15:2643-2651; b. Sunness JS. Mol Vis. 1999;5:25; c. Klein R, et al. Ophthalmology. 1993;100:406-414;
d. Vingerling JR, et al. Ophthalmology. 1995;102:205-210; e. Hirvela H, et al. Arch Ophthalmol. 2004;122:564-572.

GA Risk Factors

Many modifiable and nonmodifiable risk factors have been observed for GA[a]

Modifiable[b-d]

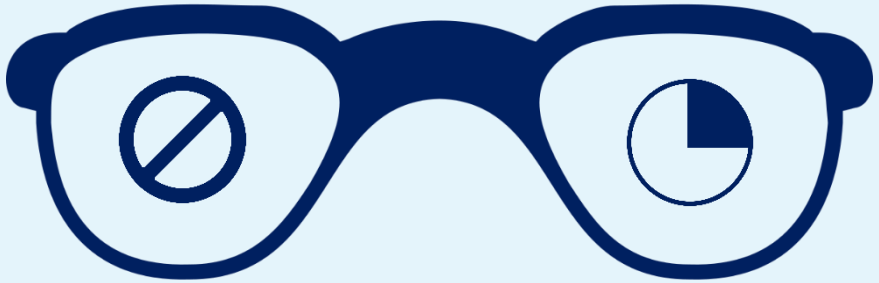
- **Smoking**
- Poor diet
- Obesity
- Cardiovascular disease, including diabetes and elevated total/HDL cholesterol levels

Nonmodifiable[b,d,e]

- **Older age**
- **Family history**
- European ancestry
- Light-colored eyes
- Presence of a genetic variant (eg, at the *CFH, ARMS2/HTRA1* locus)

a. Khan H, et al. Clin Ophthalmol. 2023;17:321-327; b. Keenan TDL. Ophthalmol Sci. 2023;3:100306; c. Keenan TD, et al. Ophthalmology. 2020;127:1515-1528; d. Rim TH, et al. Ophthalmology. 2020;127:1371-1381; e. Klaver CCW, et al. Arch Ophthalmol 1998;116:1646-1651.

Impact on Vision



42% of patients' eyes with GA are **legally blind** (20/200 or worse with best correction)[a]

29% of patients' eyes with GA had **≥ 6 lines of vision loss** on an eye chart by 4 years[b]

a. Klein R, et al. Invest Ophthalmol Vis Sci. 1995;36:182-191; b. Sunness JS, et al. Ophthalmology.1999;106:1768-1779.

Impact on Patient QoL

GA leads to considerable burden among those affected

Associated with loss of visual acuity and independence when performing tasks

68% GA patients who report the impact on their independence and QoL say it is worse than they expected

70% GA patients who rely on a caregiver for support

85%↑ Most GA patients feel aspects of their everyday life are negatively impacted (eg, ability to read, drive, travel)

30%↑ Many people with GA experience emotional hardships, anxiety, feelings of powerlessness, and frustration

Scholl HPN, et al. Ophthalmic Res. 2021;64:888-90; Iapoce C. HCPLive. Published April 27, 2022. Accessed June 14, 2023.

Monitoring GA

GOAL: Detecting AMD in its early stages is crucial because individuals could potentially benefit from medications currently being studied for GA[a]

FAF[b]

- Current gold standard for monitoring progressive GA enlargement
- Allows more reproducible measure of atrophic areas, better lesion boundary discrimination, and provides information on expected progression rate

OCT[c]

- Also provides important information
- Enables clear visualization of the retinal layers
- Can help in early identification of intraretinal fluid and provide information of expected progression rate

FAF, fundus autofluorescence; OCT, optical coherence tomography.

a. Loewenstein A, et al. Graefes Arch Clin Exp Ophthalmol. 2023;2611525-1531; b. Sacconi R, et al. Ophthalmol Ther. 2017;6:69-77;
c. Nielsen MK, et al. AAO EyeWiki. Published December 19, 2021. Accessed June 14, 2023.

Monitoring Patients – A Discussion

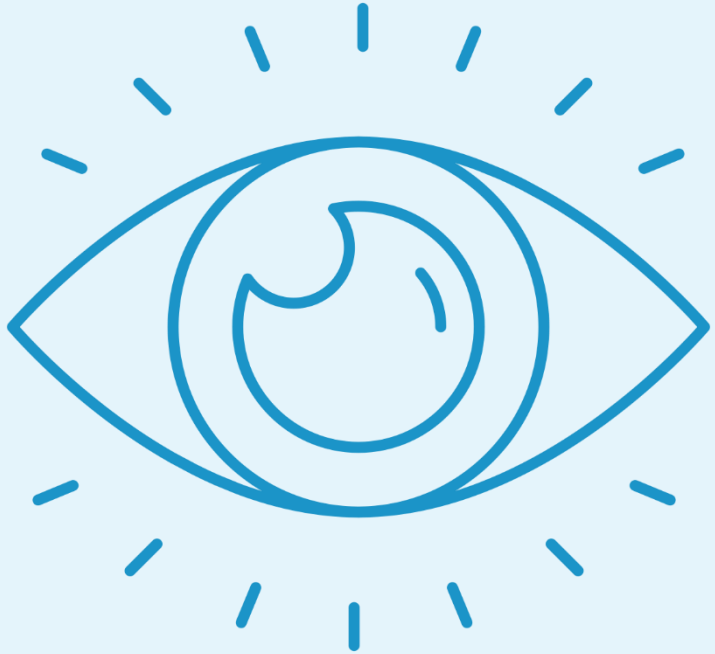
What is your strategy for monitoring patients with GA?

OPHTHALMOLOGY 360®
SUMMIT SERIES

Targeting the Complement Pathway

Complement-Targeting Treatments for GA

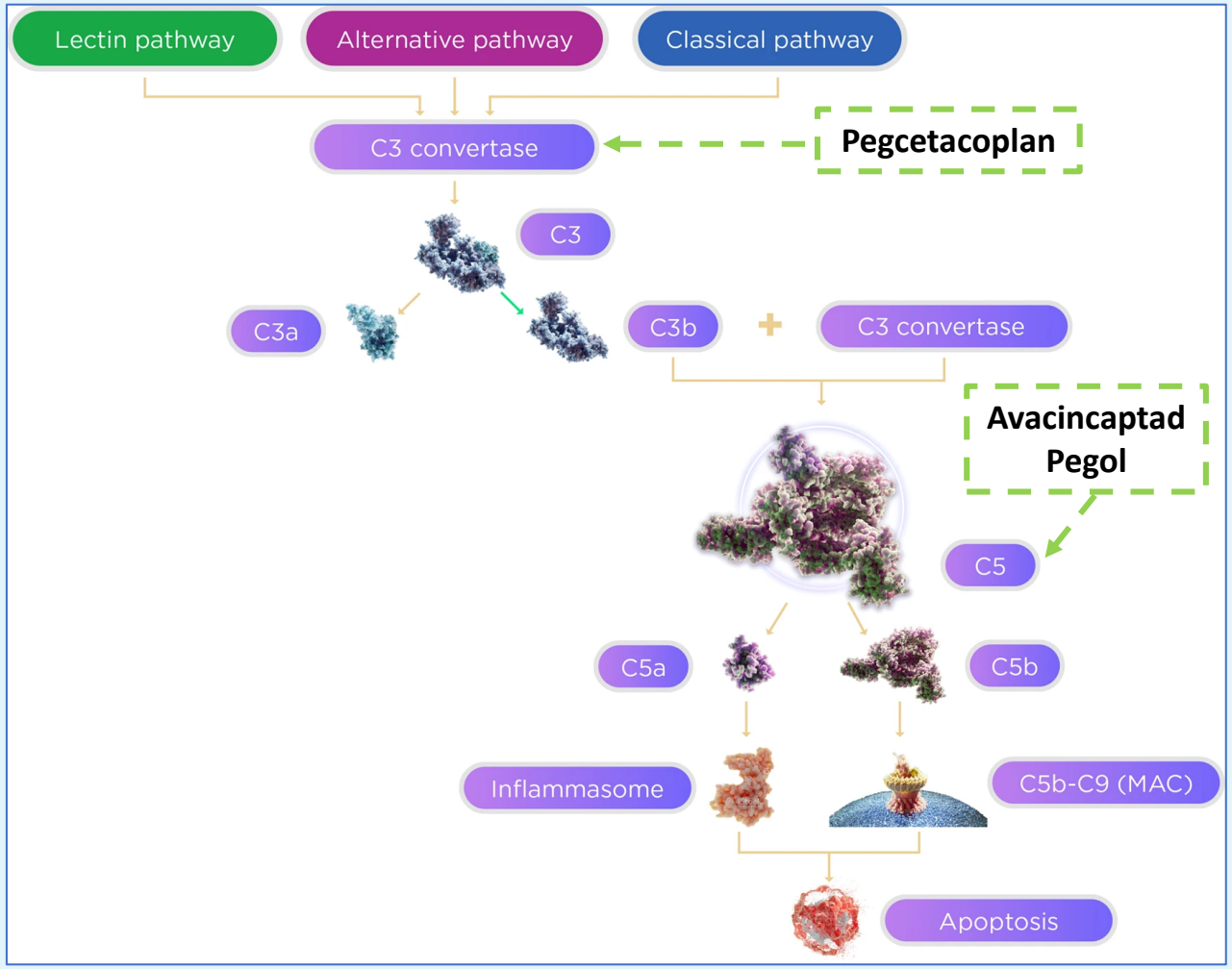
- Complement system is part of innate immune system and has been implicated in development of GA[a]
- C3 and C5 complement inhibitors have demonstrated efficacy and safety in phase 3 clinical trials[a]
- **Pegcetacoplan** and **avacincaptad pegol** belong to class of drugs that target complement system
  - **Pegcetacoplan** acts as a complement C3 inhibitor[b]
    - Currently only FDA-approved treatment for GA
  - **Avacincaptad pegol** functions as a complement C5 inhibitor[c]
    - In phase 3 clinical trials, with available data showing promising efficacy and safety



Many other treatments are being actively explored, signaling hope in treating patients with GA

a. Loewenstein A, et al. Graefes Arch Clin Exp Ophthalmol. 2023;261:1525-1531; b. Liao DS, et al. Ophthalmology. 2020;127:186-195; c. Jaffe GJ, et al. Ophthalmology. 2021;128:576-586.

Complement Cascade and Targeted Inhibition



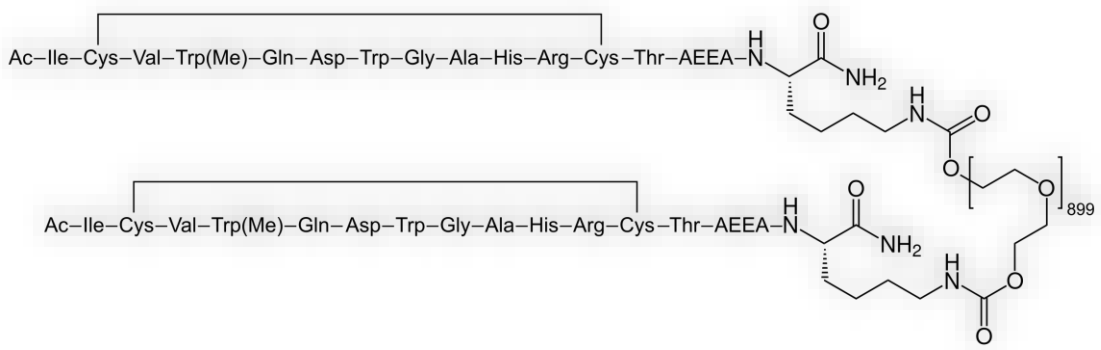
Desai D, et al. Eye (Lond). 2022;36:294-302; de Castro C, et al. Am J Hematol. 2020;95:1334-1343; Jaffe GJ, et al. Ophthalmology. 2021;128:576-586.

Pegcetacoplan Overview

First and only FDA-approved treatment for GA secondary to AMD[a,b]

- 15 mg administered by intravitreal injection to each affected eye once every 25 to 60 days[b]
  - Contraindicated in patients with ocular or periocular infections or active intraocular inflammation
- Efficacy and safety established in the randomized phase 3 OAKS and DERBY clinical trials[c]
  - FDA approval based on the 24-month efficacy data

Structure of Pegcetacoplan



a. Enoch J, et al. Eye (Lond). 2023(May 11):1-9; b. Pegcetacoplan injection [prescribing information]. Approved 2021. Revised February 2023;
c. Charters L. Ophthalmology Times. Published February 17, 2023. Accessed June 14, 2023.

OAKS and DERBY: Design

Patients with GA secondary to AMD[a,b]
1258 patients at 232 sites in the combined studies

Double masked

Randomized 2:2:1:1

Pegcetacoplan 15 mg/0.1 mL monthly	Pegcetacoplan 15 mg/0.1 mL EOM	Sham monthly	Sham EOM

Primary endpoint at 12 months
Change in total area of GA lesions based on fundus autofluorescence

Prespecified secondary endpoints at 24 months

GALE 3-year open-label extension study

Primary analysis: MMRM methodology

Fixed effects:

- Treatment*, time, treatment x time interaction
- Baseline GA lesion and fellow eye CNV area strata
- Baseline GA lesion strata × time interaction

*Sham monthly and EOM were pooled for analysis

CNV, choroidal neovascularization; EOM, every other month; MMRM, mixed-effects model for repeated measures.

Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

OAKS and DERBY: Inclusion/Exclusion Criteria

Key Inclusion Criteria

- Age ≥ 60 years
- BCVA ≥ 24 letters ETDRS (20/320 Snellen equivalent)
- GA lesion requirements:
  - Total size: ≥ 2.5 and ≤ 17.5 mm^2
  - GA lesions with or without subfoveal involvement allowed
  - If multifocal, ≥ 1 focal lesion must be ≥ 1.25 mm^2 (0.5 DA)
  - Perilesional hyperautofluorescence present

Key Exclusion Criteria

- GA secondary to a condition other than AMD
  - Example: Stargardt disease in either eye
- **CNV** in the study eye (active or history of), including presence of RPE tear (assessed by reading center)

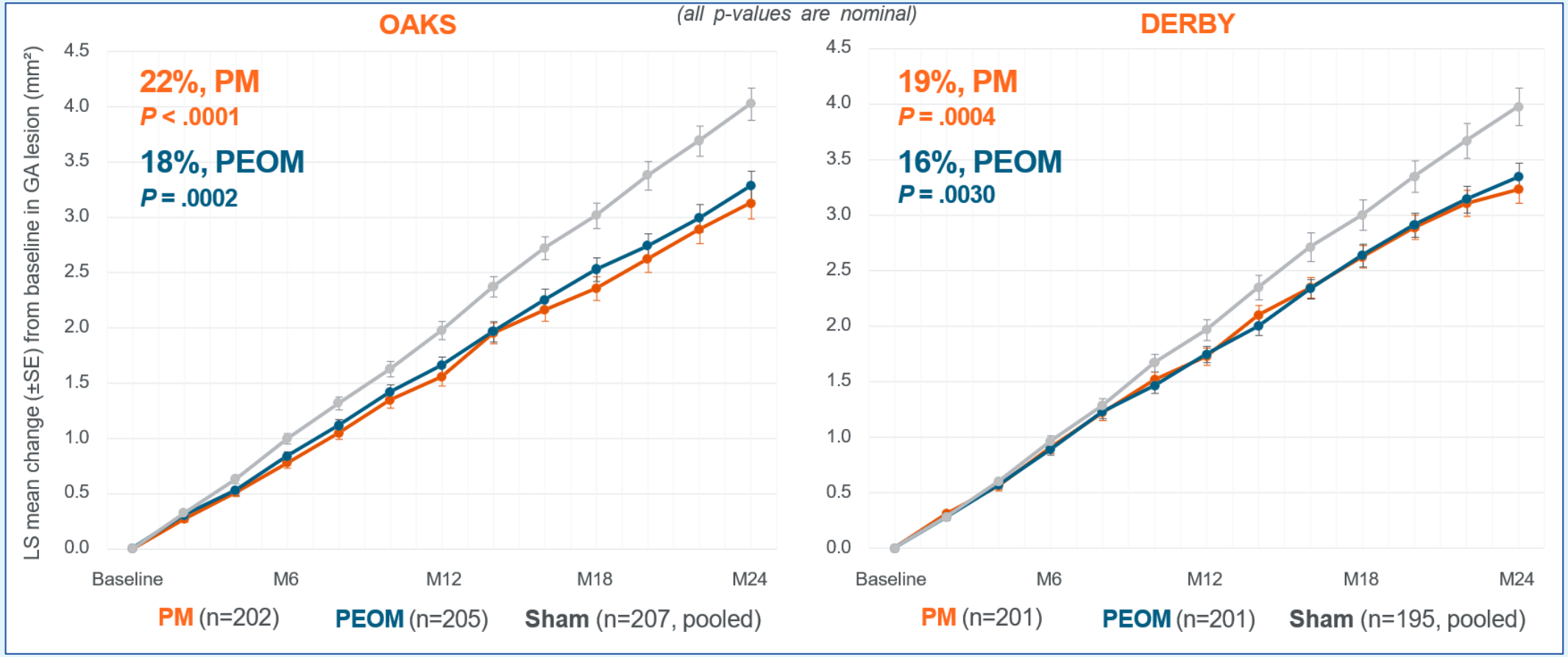
CNV in the fellow eye was not exclusionary

BCVA, best-corrected visual acuity; DA, disc area; ETDRS, Early Treatment Diabetic Retinopathy Study; RPE, retinal pigment epithelium.

Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

OAKS and DERBY: 24-Month Efficacy

Pegcetacoplan reduced GA lesion growth at month 24

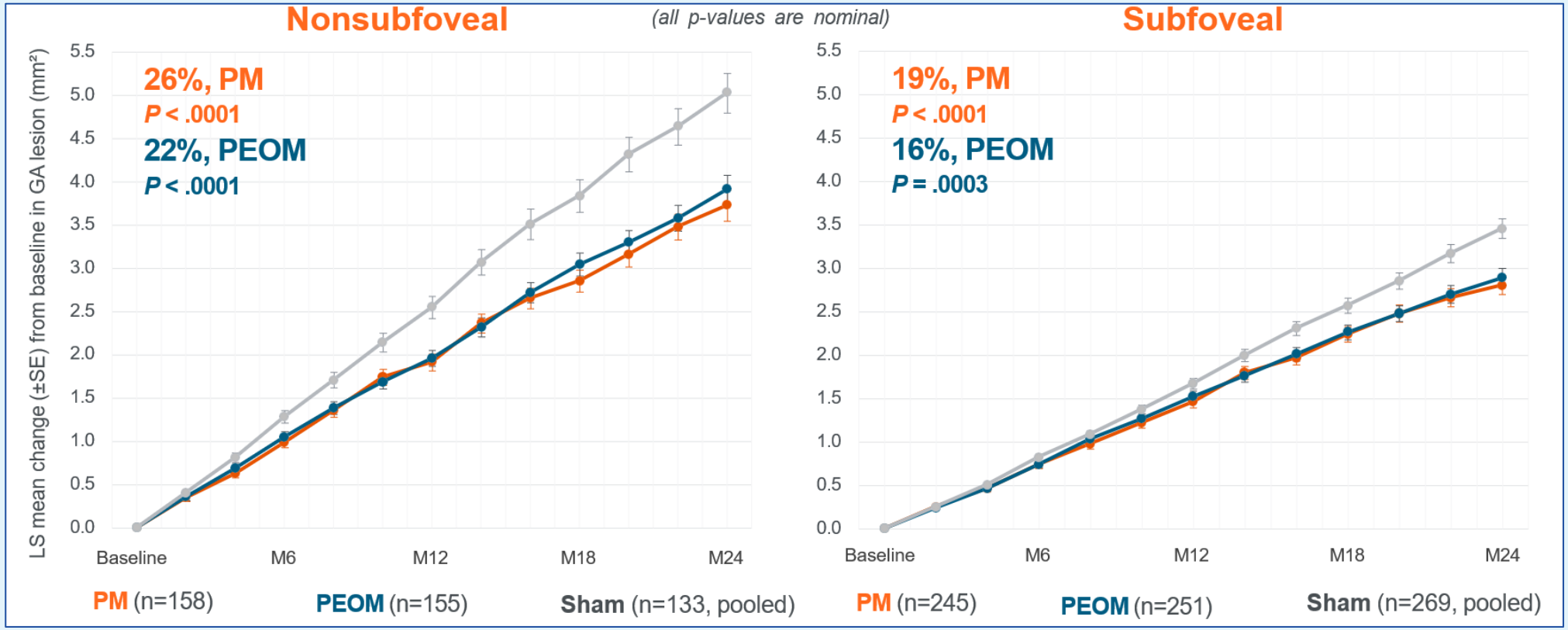


M, month; PEOM, pegcetacoplan every other month; PM, pegcetacoplan monthly.

Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

OAKS and DERBY Combined: GA Lesion Growth

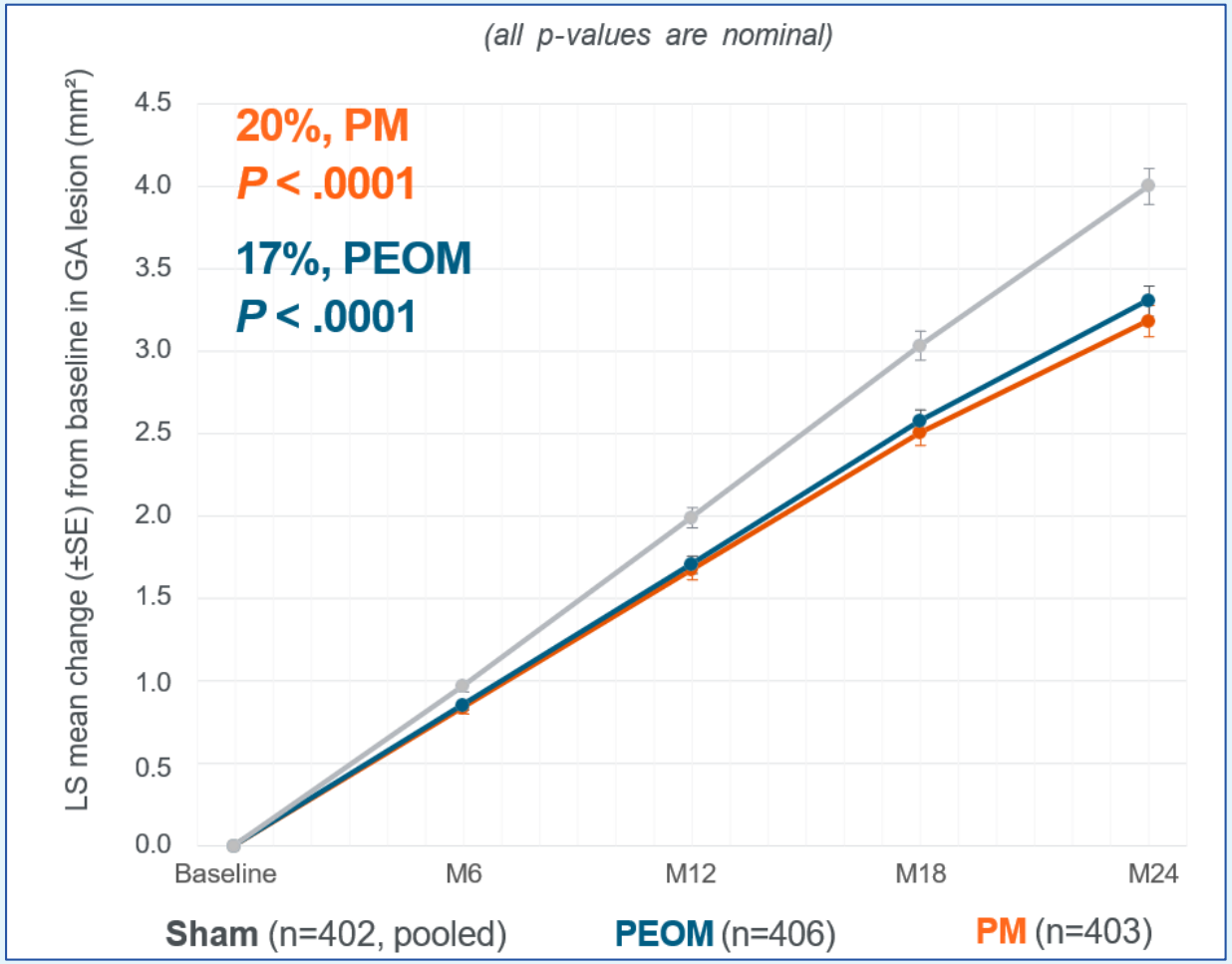
Pegcetacoplan reduced GA lesion growth rate vs sham pooled in lesions with and without subfoveal involvement through month 24



M, month; PEOM, pegcetacoplan every other month; PM, pegcetacoplan monthly.

Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

OAKS and DERBY Combined: Slope Analysis



Increased treatment effect over months 18-24:

- PM: 30%
- PEOM: 24%

M, month; PEOM, pegcetacoplan every other month; PM, pegcetacoplan monthly.

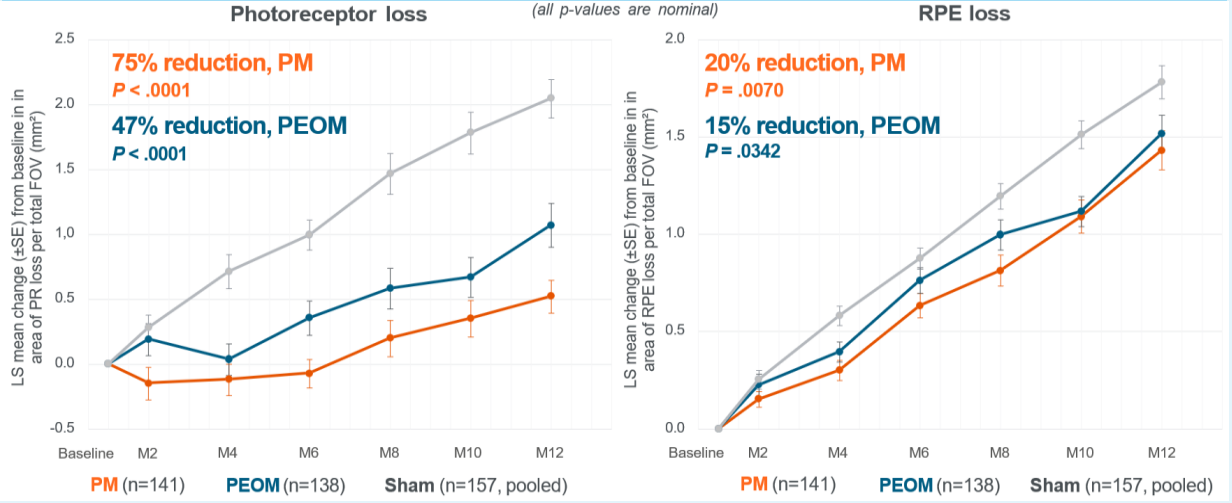
Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

OAKS and DERBY: PR and RPE Loss

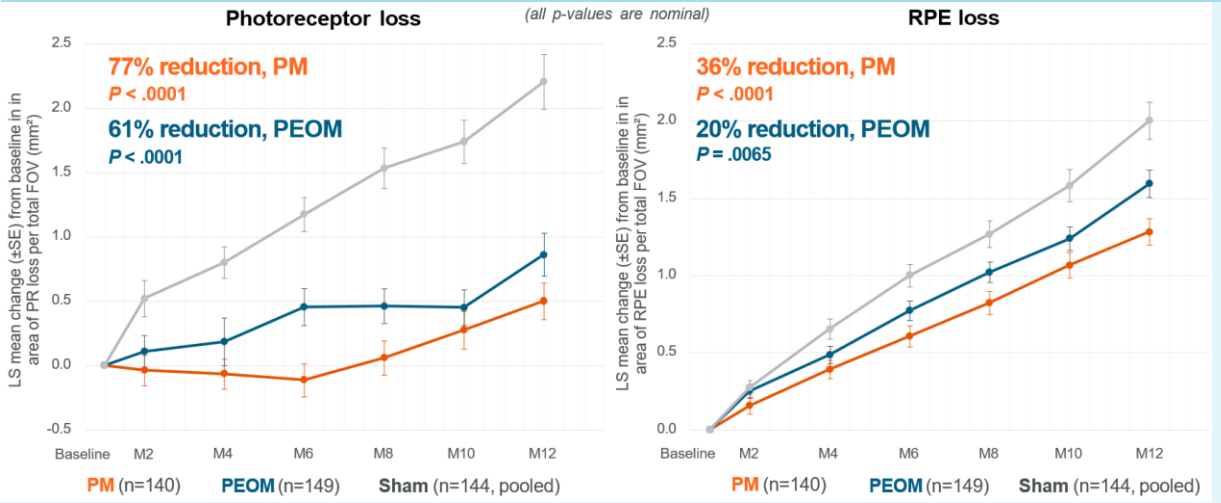
Post hoc analysis of OAKS/DERBY at 12 months using AI-based automated segmentation to map PR and RPE layers

- PR and RPE loss found to be reduced by intravitreal pegcetacoplan

OAKS



DERBY

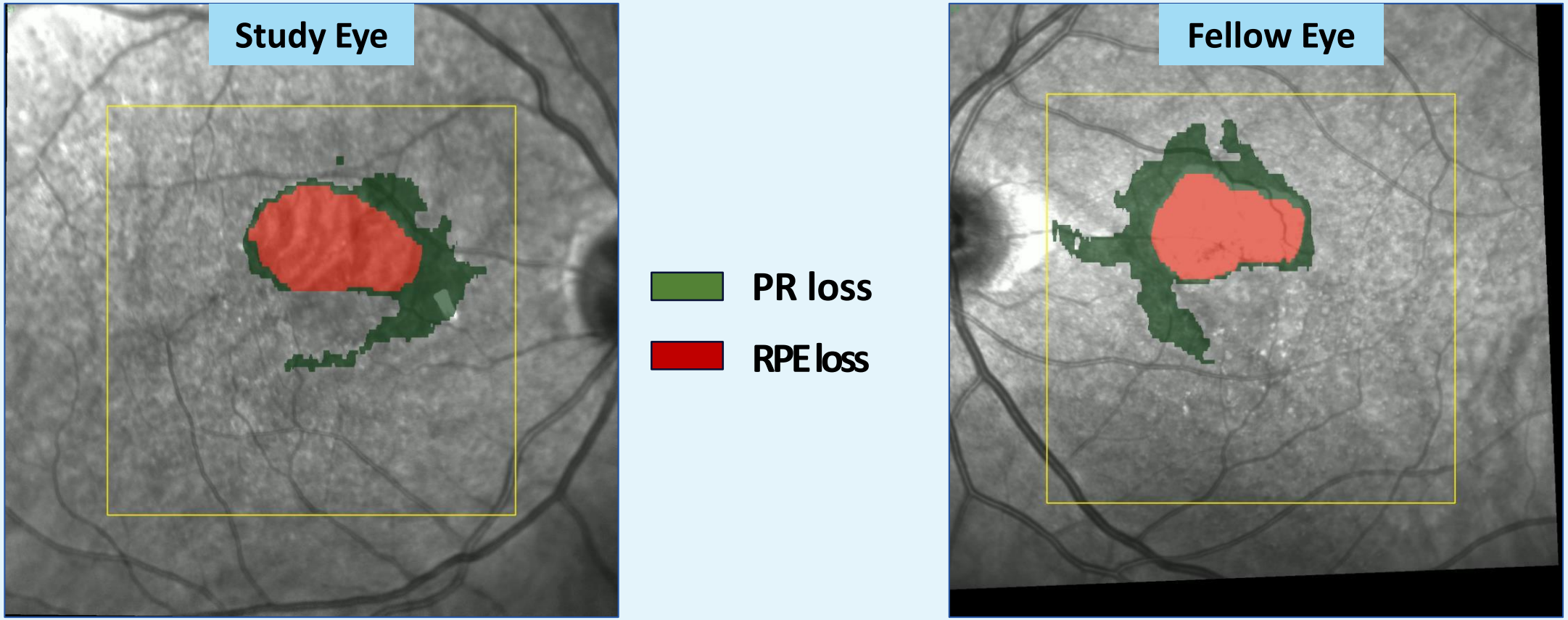


AI, artificial intelligence; PR, photoreceptor.

Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022.

OAKS and DERBY: Treated vs Untreated Eye

Area of RPE loss grew by ~50% in the treated eye and by ~225% in the fellow eye at 12 months



Heier J, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

Pegcetacoplan: Safety

- Most important signal was for an increased rate of eAMD in pegcetacoplan-treated eyes
  - Consistent with data through year 1 of OAKS and DERBY, as well as from the phase 2 FILLY study
  - Patients continued study drug treatment during trials and received on-label anti-VEGF therapy at investigator discretion
- IOI also occurred, though more rarely
  - Most cases were mild
  - No cases of vasculitis or retinitis
  - Most patients continued or resumed study drug treatment without IOI recurrence

	Pegcetacoplan monthly	Pegcetacoplan every other month	Sham
eAMD, %	12.2	6.7	3.1
IOI, %	3.8	2.1	0.2

eAMD, exudative age-related macular degeneration; IOI, intraocular inflammation; VEGF, vascular endothelial growth factor.

Wykoff C. Ophthalmology Management. Published January 2023. Accessed June 15, 2023.

Pegcetacoplan – A Discussion

When do you use pegcetacoplanplan in clinical practice?

What has your experience been?

Avacincaptad Pegol (ACP) Overview

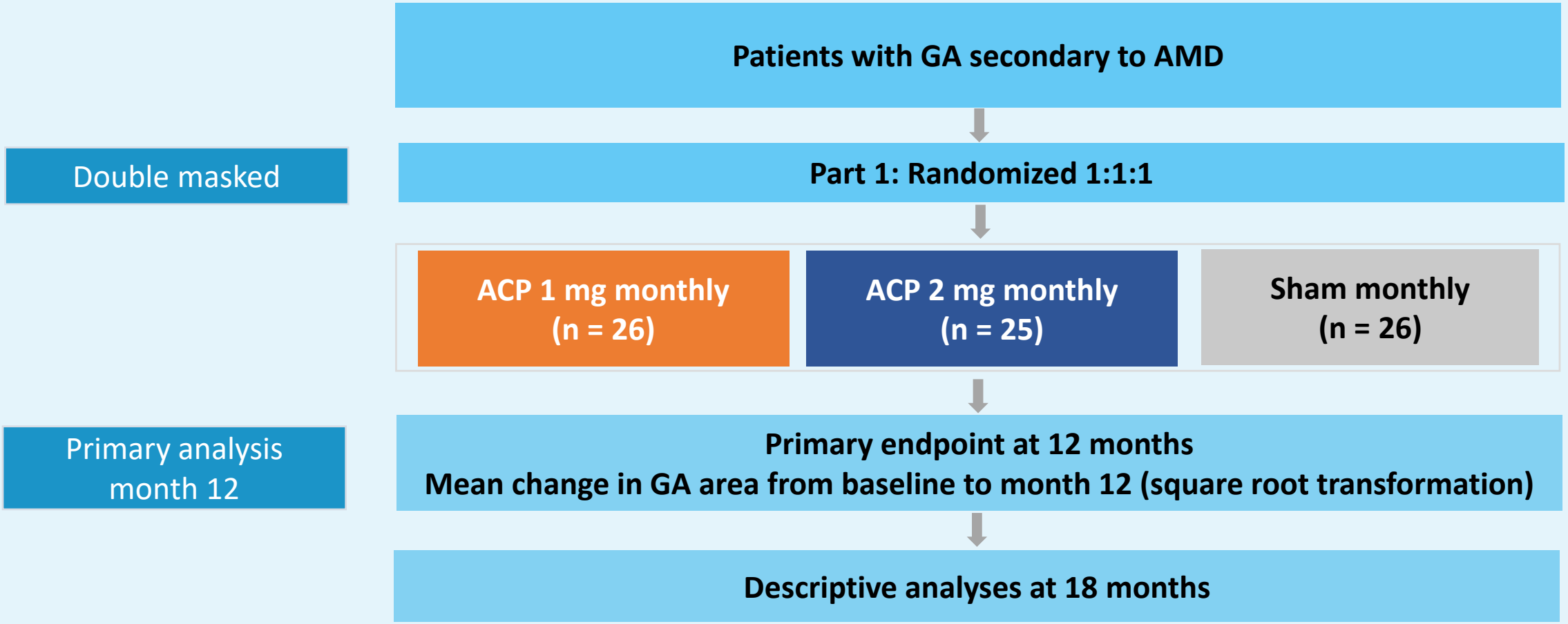
FDA has accepted for Priority Review the NDA for avacincaptad pegol to treat GA secondary to AMD

- Investigational complement C5 protein inhibitor
  - C5 is a key protein within the complement system
    - Maintains integrity of retinal health under normal conditions
- Designed to decrease activation of inflammasomes and the formation of membrane attack complex, preventing or slowing the degeneration of RPE cells
- **PDUFA goal date of August 19, 2023**
- NDA submission based on the 12-month pre-specified primary efficacy and safety results from the GATHER1 and GATHER2 clinical trials

NDA, new drug application; PDUFA, Prescription Drug User Fee Act.

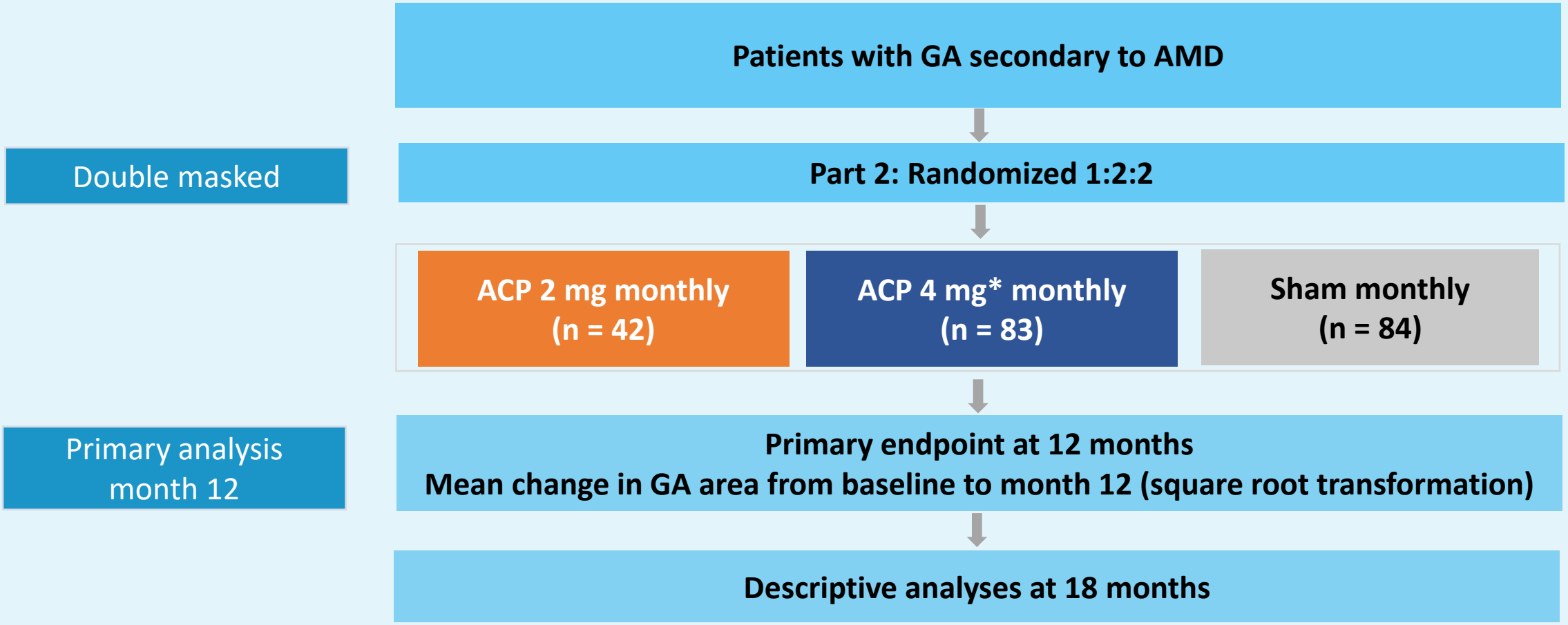
Hutton D. Modern Retina. Published February 17, 2023. Accessed June 15, 2023.

GATHER 1: Phase 2/3 Design (Part 1)



Jaffe GJ, et al. Ophthalmology. 2021;128:576-586; Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

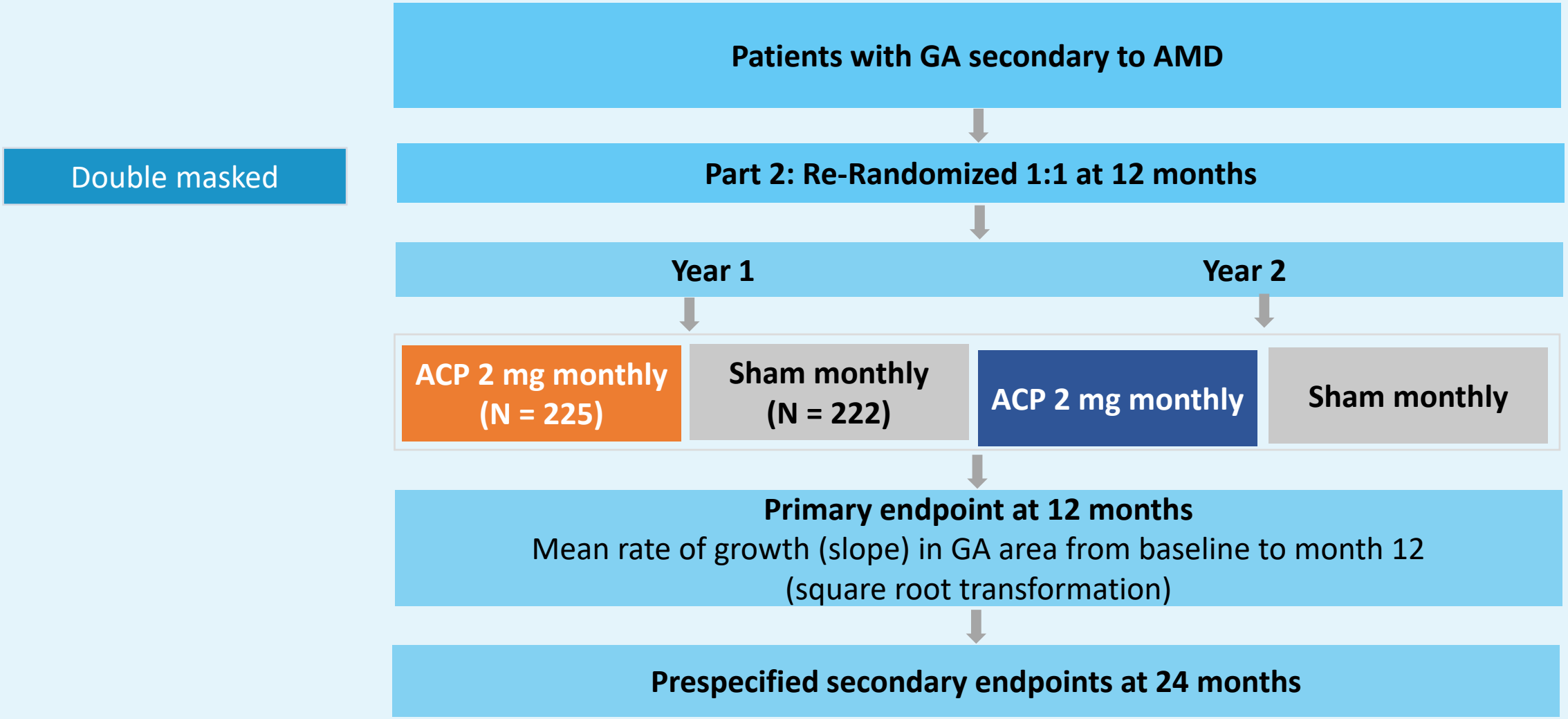
GATHER 1: Phase 2/3 Design (Part 2)



*2 injections of 2 mg per eye

Jaffe GJ, et al. Ophthalmology. 2021;128:576-586; Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

GATHER 2: Phase 3 Design



Jaffe GJ, et al. Ophthalmology. 2021;128:576-586; Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

Key Inclusion and Exclusion Criteria

Key Inclusion Criteria

- Age ≥ 50 years
- BCVA between 20/25 and 20/320
- GA lesion:
  - Non-center point involving
  - GA in part within 1500 µm from the foveal center
  - Total area between 2.5 mm^2 and 17.5 mm^2 (1-7 DA, respectively)
  - If multifocal lesions, ≥ 1 lesion had to measure ≥ 1.25 mm^2 (0.5 DA)

Key Exclusion Criteria

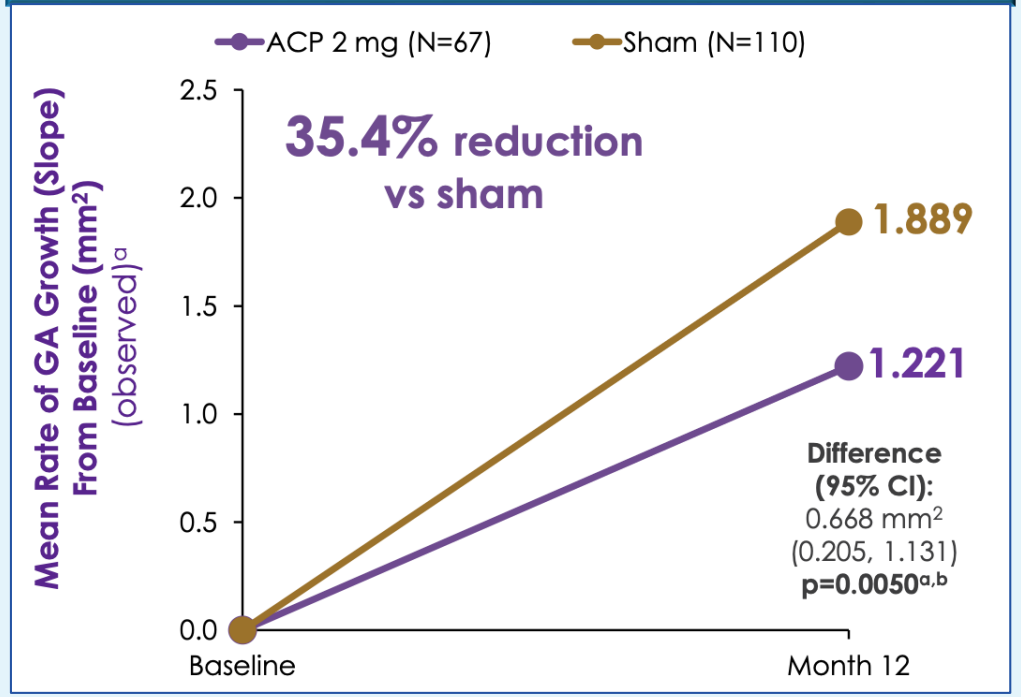
- Evidence of **CNV** in either eye at baseline
- GA secondary to any condition other than AMD in either eye
- Any **prior treatment for AMD** or any **prior intravitreal treatment** for any indication in either eye (except oral vitamin or mineral supplements)
- **Any ocular condition** in study eye **that could progress** during the study and affect central vision or otherwise act as a confounding factor
- Any sign of **diabetic retinopathy** in either eye

Jaffe GJ, et al. Ophthalmology. 2021;128:576-586; Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

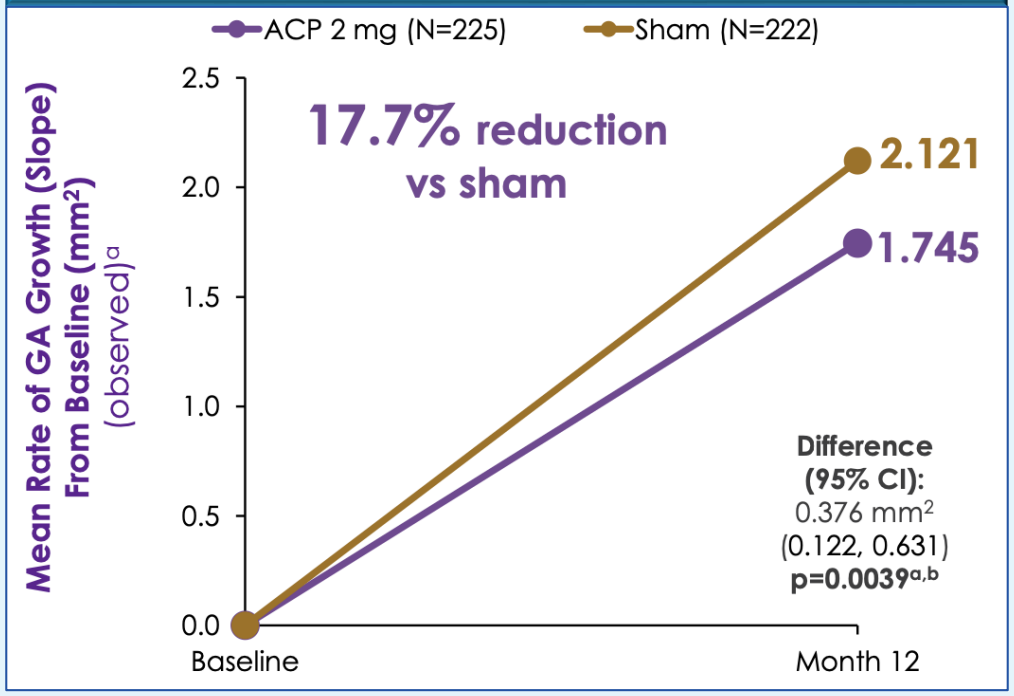
GATHER 1 and GATHER 2: Efficacy

Mean rate of observed GA growth (slope analysis) showed consistent efficacy results between the 2 studies[a,b]

GATHER 1



GATHER 2



[a]Non-square root transformation; [b]Descriptive *P* value.

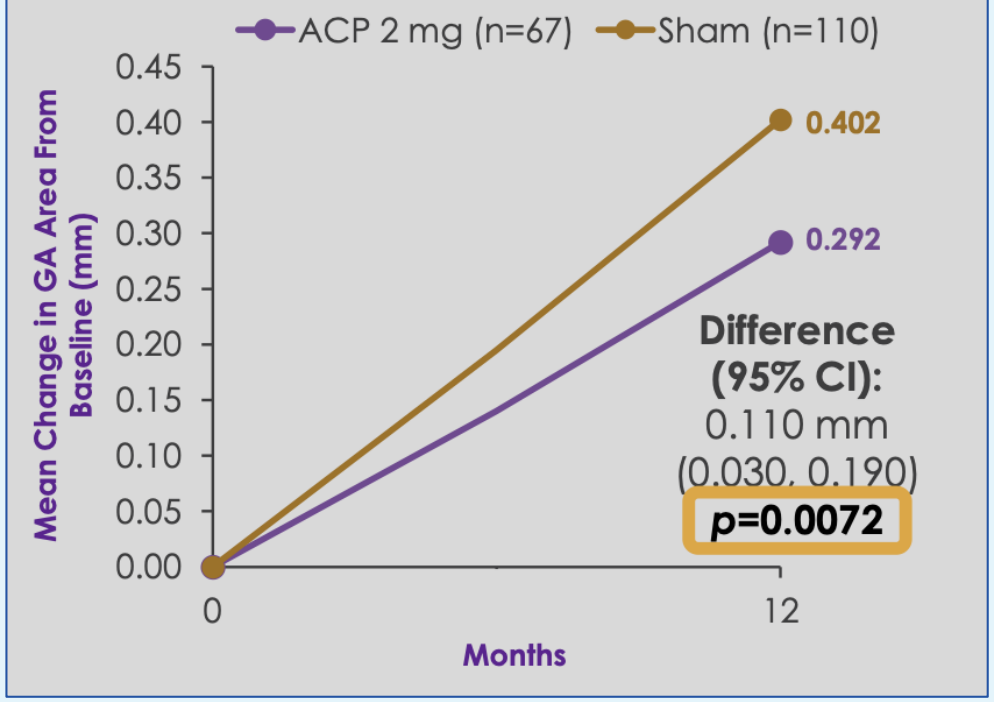
CI, confidence interval.

Jaffe GJ, et al. Ophthalmology. 2021;128:576-586; Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

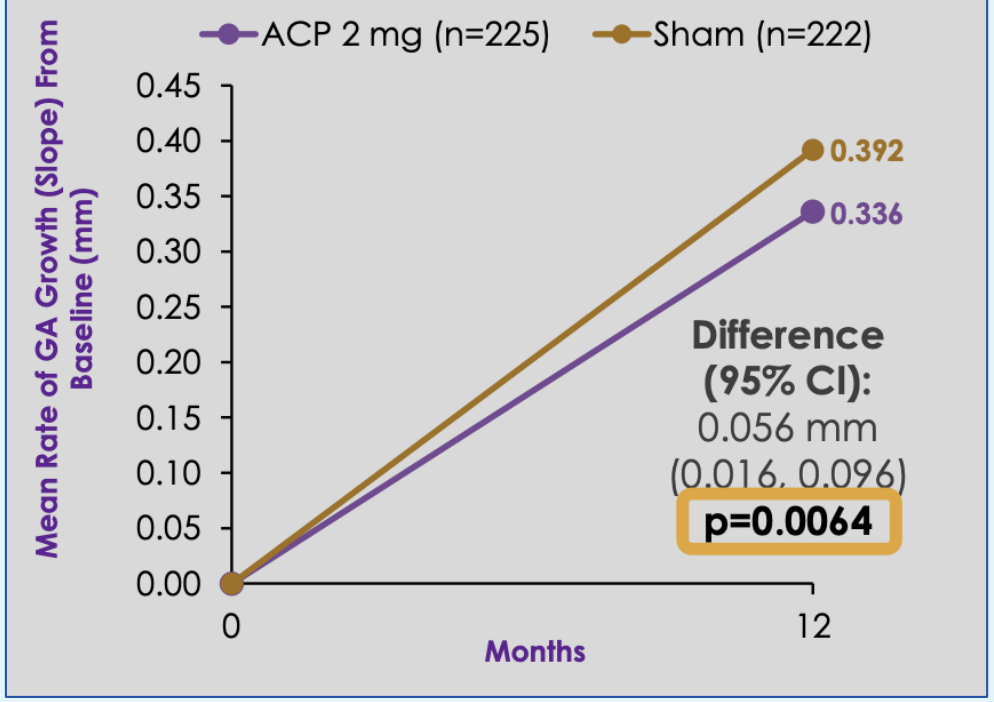
GATHER 1 and GATHER 2 Efficacy Results

ACP achieved the 12-month prespecified, primary endpoint, in 2 pivotal, phase 3 studies

GATHER 1



GATHER 2



Khanani AM, et al. Presented at: The Retina Society 55th Annual Scientific Meeting; November 2-5, 2022; Pasadena, CA.

ACP: Safety

- Most frequently reported adverse events at 12 months in the 2 mg recommended dose were related to the injection procedure
- There was no ACP-related inflammation, glaucoma, or ocular hypertension

Ocular TRAEs Occurring in ≥ 5% of GATHER 1 Study Participants

	ACP 2 mg	ACP 4 mg	Sham
Conjunctival hemorrhage, %	14.9	32.5	11.8
CNV, %	9.0	9.6	2.7
Punctate keratitis, %	6.0	7.2	7.3
Increased IOP, %	6.0	19.3	0.9
Conjunctival hyperemia, %	4.5	9.6	3.6
Conjunctival edema, %	3.0	6.0	3.6
Eye pain, %	3.0	7.2	2.7

IOP, intraocular pressure.

Jaffe GJ, et al. Ophthalmology. 2021;128:576-586.

Use in Clinical Practice – A Discussion

If ACP is approved, how would eyecare providers select between this agent and pegcetacoplan?

Are there any patient subsets that would be better candidates for one vs the other?

OPHTHALMOLOGY 360®
SUMMIT SERIES

Emerging Complement Inhibitors

ANX007

- Antigen-binding fragment of a humanized recombinant monoclonal antibody[a]
  - Binds to the globular heads of C1q and blocks the downstream activation of the classical complement cascade
- Administered via intravitreal injection[a-c]
- Phase 2 ARCHER study investigating the efficacy of ANX007 for patients with GA secondary to AMD is ongoing[b]
  - Enrolled patients with foveal and non-foveal vision loss and an average age of 80 years

ARCHER Topline Results[c]

- Reduction in rate of GA lesion growth did not reach statistical significance
- ANX007 preserved visual acuity, achieving statistically significant protection against vision loss in both foveal and non-foveal patients through 12 months
- Demonstrated neuroprotective mechanism of protecting photoreceptor cells, synapses, and function

a. Liu Y, et al. Retina Today. Published November/December 2021. Accessed June 15, 2023; b. ClinicalTrials.gov. NCT04656561. Accessed June 11, 2023;
c. Clinical Trials Arena. Topline Results. Published May 25, 2023. Accessed June 15, 2023.

IONIS-FB-L_{Rx}

- Ligand conjugated antisense oligonucleotide targeting complement factor B[a]
- Administered subcutaneously every 4 weeks[a,b]
- Phase 2 GOLDEN study is ongoing, but no longer recruiting patients[b]

GOLDEN Study

- 45-week, placebo-controlled trial evaluating the effect of IONIS-FB-LRx on the rate of change of the area of GA secondary to AMD measured by FAF
- Planned enrollment of 330 patients

2 stages

- Stage 1: Adaptive design in which 3 dose levels will be evaluated in a subset of participants
- Stage 2: After interim analysis of stage 1, the number of participants in 2 of the dose cohorts will be expanded

a. Halawa OA, et al. J Clin Med. 2021;10:2580; b. ClinicalTrials.gov. NCT03815825. Accessed June 15, 2023.

Danicopan (ALXN2040)

- Investigational, first-in-class inhibitor of complement factor D[a]
- Phase 2 dose-finding study designed to evaluate the efficacy, safety, and pharmacokinetics of danicopan ongoing
  - Includes screening period of up to 6 weeks, a 104-week masked treatment period, followed by a 30-day follow-up after the last dose
  - 4 treatments arms: 100 mg 2x daily, 200 mg 2x daily, 400 mg 1x daily, and matching placebo
  - Estimated enrollment of 332 participants
    - ➢ **Currently recruiting patients**

Key Inclusion Criteria

- Vaccination for *Neisseria meningitidis*
- Capable of giving signed informed consent
- Presentation of GA secondary to AMD in ≥ 1 eye
- Entire GA lesion must be > 1 µm outside of the foveal center

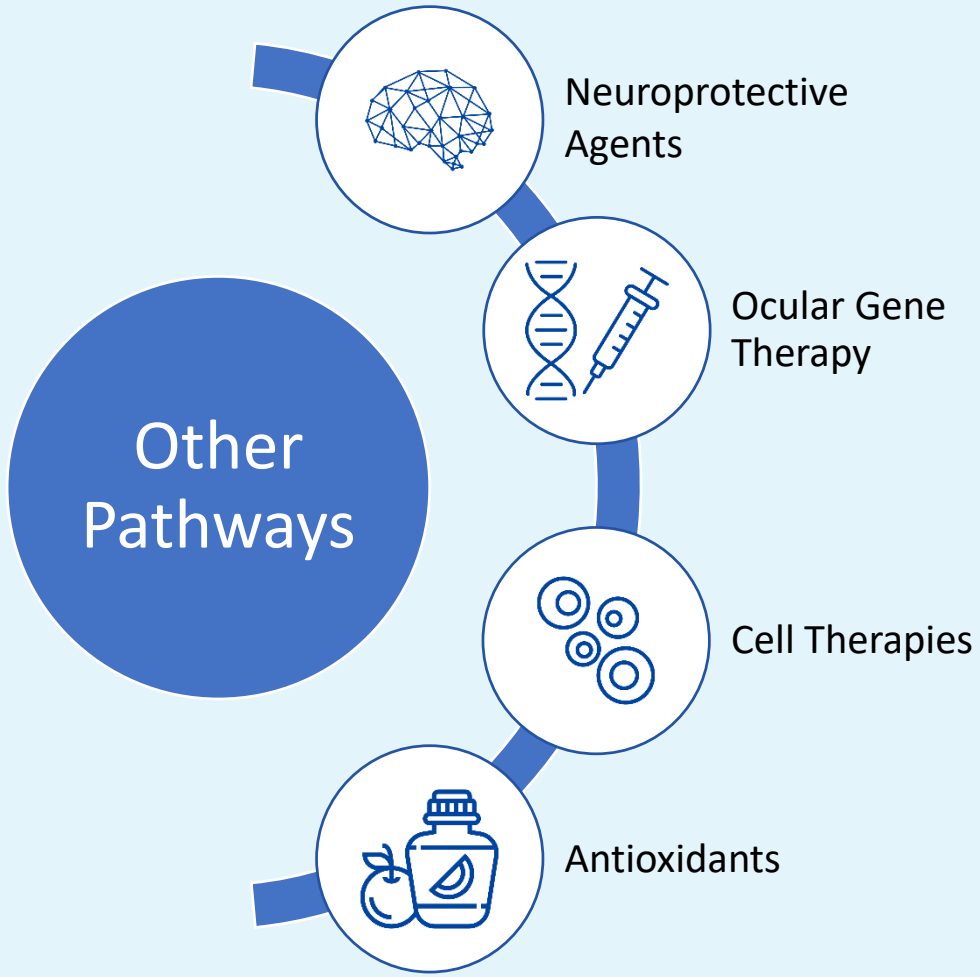
a. Boyer DD, et al. Transl Vis Sci Technol. 2022;11:37; b. ClinicalTrials.gov. NCT05019521. Accessed June 15, 2023.

OPHTHALMOLOGY 360®
SUMMIT SERIES

Emerging Treatment Pathways

Targeting Unmet Needs With New Pathways

- GA is heterogeneous, varying in appearance and extent between patients[a]
- **Complement inhibitors** have thus far shown **modest therapeutic effects**[b]
  - Only a subgroup of patients with GA respond favorably
    - Suggests **complex pathophysiology** of GA
- Many other pathways are currently under exploration[c]



a. Scholl HPN, et al. Ophthalmic Res. 2021;64: 888-902; b. Park DH, et al. Front Immunol. 2019;10:1007; c. Khan H, et al. Clin Ophthalmol Auckl N Z. 2023;17:321-327.

Rationale for Other Pathways

Pathway	Rationale
Neuroprotective[a]	Root cause of vision loss in GA is photoreceptor death; thus, protecting photoreceptors may be an important aspect of treating GA
Antioxidants[b]	Oxidative stress has been shown to exert cellular damage that leads to eventual retinal and RPE cell atrophy and death; thus, there may be benefit in reducing free radicals in the retina of patients with AMD or GA
Cell-based therapies[c]	Has potential to regenerate RPE and compromised photoreceptors
Ocular gene therapies[c]	Has potential to treat GA with a single injection by restoring body's ability to maintain complement system homeostasis

a. Scholl HPN, et al. Ophthalmic Res. 2021;64:888-902; b. Wong WT, et al. Invest Ophthalmol Vis Sci. 2010;51:6131-6139; c. Khan H, et al. Clin Ophthalmol. 2023;17:321-327.

Antioxidants

ALK-001[a]

- Modified form of vitamin A
- Administered orally
- Phase 3 SAGA trial
  - Ongoing, not recruiting
  - Evaluating the efficacy and safety of ALK-001 in patients with GA secondary to AMD

AREDS/AREDS2[b,c]

- ARDES explored oral combination of vitamin E, vitamin C, beta-carotene, zinc oxide, and cupric acid
  - Reduced odds of developing advanced AMD in > 33% of patients with high-risk characteristics
- ARDES2 explored a new oral formulation of lutein, zeaxanthin and omega-3
  - No further significant reduction in the risk of developing advanced AMD

OT-551[d]

- Antioxidant drop composed of a disubstituted hydroxylamine compound that is converted to the piperidine Tempol-H
  - Tempol-H shown to protect RPE cells from oxidative damage in vitro and photoreceptors from acute light-induced damage in animal models
- No statistically significant differences in structural or functional outcomes were found between study and control eyes

a. ClinicalTrials.gov. NCT03845582. Accessed June 11, 2023; b. Sangiovanni JP, et al. Am J Clin Nutr. 2009;90:1601-1607; c. Chew EY, et al. JAMA Ophthalmol. 2014;132:142-149; d. Wong WT, et al. Invest Ophthalmol Vis Sci. 2010;51:6131-6139.

Cell-Based Therapies: OpRegen

- Cell-based product composed of RPE cells derived from human embryonic stem cells[a]
  - Administered via a single surgery into subretinal space
- Phase 1/2a study findings have been promising[a]
  - Some patients showed encouraging structural and clinical changes
  - Treatment was well tolerated
- Phase 2 trial ongoing[b]
  - **Recruiting patients**
  - Estimated enrollment of 60 participants
  - Will deliver dose up to ~200,000 cells into the subretinal space
- Has FastTrack designation[c]

Inclusion Criteria[b]

- Ability to undergo a vitreoretinal surgical procedure under monitored anesthesia care
- Diagnosis of GA secondary to AMD
- BCVA score ≥ 35 letters and ≤ 60 letters in the study eye as assessed by ETDRS
- Pseudophakic (study eye)

a. Ho AC, et al. iovs. 2022;63:1862; b. ClinicalTrials.gov. NCT05626114. Accessed June 15, 2023; c. Dalton M. Opthalmology Times. October 1, 2020. Accessed June 15, 2023.

Gene Therapy: GT005

- AAV2-based gene therapy aiming to restore complement system homeostasis by increasing complement factor I protein production[a]
- Administered via transvitreal surgery or via single subretinal injection[a]
- Phase 1/2 FOCUS trial, phase 2 HORIZON trial, and phase 2 EXPLORE trial are ongoing[b-d]
  - **EXPLORE is recruiting patients**
    - Evaluating the safety and efficacy (anatomical and functional visual outcomes) of low- vs high-dose GT005 in genetically defined patients with GA due to AMD
    - Trial includes a screening period of up to 8 weeks followed by a 96-week study period
    - Estimated enrollment of 75 patients

FOCUS Interim Data[e]

- 11 of 13 patients treated with GT005 had increased CFI levels (an average increase of 122% vs baseline) that was sustained at week 29 and beyond
- GT005 was safe and well tolerated
- No serious adverse events

CFI, complement factor I.

a. Stevenson S, et al. Ophthalmology Times. Published February 11, 2022. Accessed June 15, 2023; b. ClinicalTrials.gov. NCT03846193. Accessed June 15, 2023; c. ClinicalTrials.gov. NCT04566445. Accessed June 15, 2023; d. ClinicalTrials.gov. NCT05019521. Accessed June 15, 2023; e. Hepp R. Retina Today. Published May/June 2023. Accessed June 15, 2023.

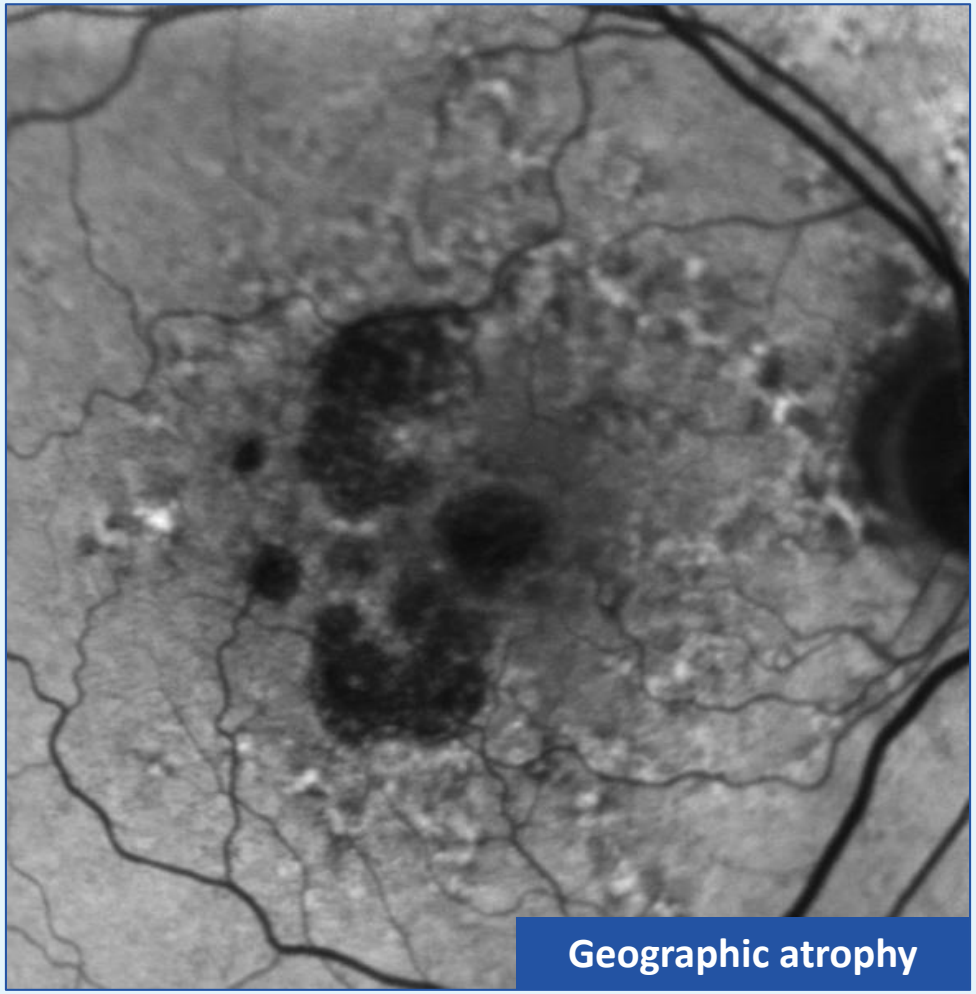
Emerging Treatments - A Discussion

Do any of these pathways seem promising?

When do you consider enrolling patients into clinical trials?

Concluding Remarks

- GA is the advanced form of AMD that is associated with considerable disease burden and progression
- It is a major factor in causing complete vision loss
- Until early 2023, there were no approved pharmacological treatments to prevent or slow the progression of GA, presenting a significant unmet need
- Pegcetacoplan is the first and only approved treatment for GA secondary to AMD but approval of avacincaptad pegol is anticipated
- A number of clinical trials in GA that target the complement system and other pathways are ongoing
- These recent developments signal there is **significant reason for hope in treating GA**



Geographic atrophy

OPHTHALMOLOGY 360®
SUMMIT SERIES

Thank you for participating in this activity.

Please complete the program assessment and evaluation to receive credit.