

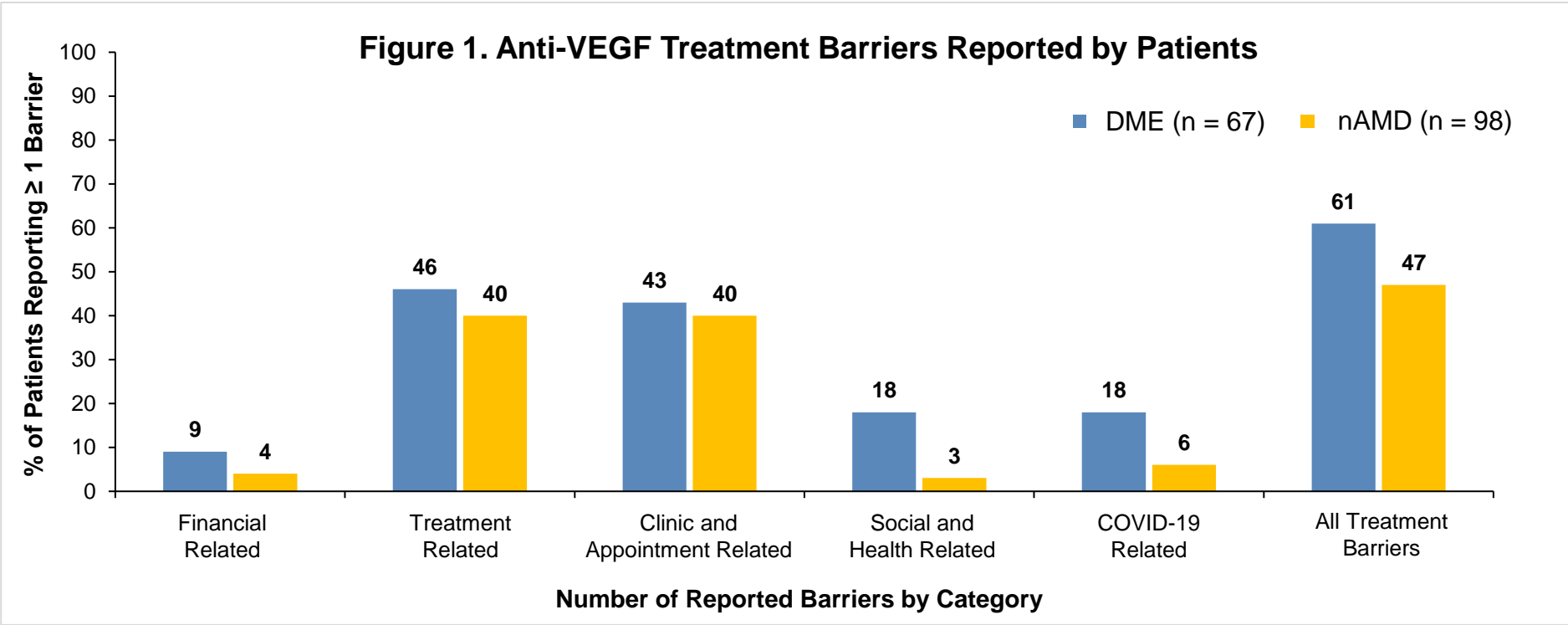


# Methods

- Between January and August 2021, 67 patients with DME (mean  $\pm$  SD, age:  $65 \pm 11$  years; VA:  $68 \pm 22$  ETDRS letters) and 98 patients with nAMD (mean  $\pm$  SD, age:  $80 \pm 8$  years; VA:  $61 \pm 24$  ETDRS letters) treated with anti-VEGF IVT for  $\geq 12$  months and 9 caregivers of patients with DME and 19 caregivers of patients with nAMD across 9 clinical sites in the United States completed cross-sectional quantitative surveys either online, on paper, or by telephone interview
- The patient survey comprised de novo questions and the following PRO measures: NEI VFQ-25, RetTSQ (DME), and MacTSQ (nAMD)
- The caregiver survey comprised questions on caregiver sociodemographic characteristics and relationship with the care recipient, de novo questions on the care recipient's clinical history and treatment experience, de novo questions about experiences and impacts of caregiving, and the Caregiver Reaction Assessment to measure caregiver burden and feelings associated with caregiving

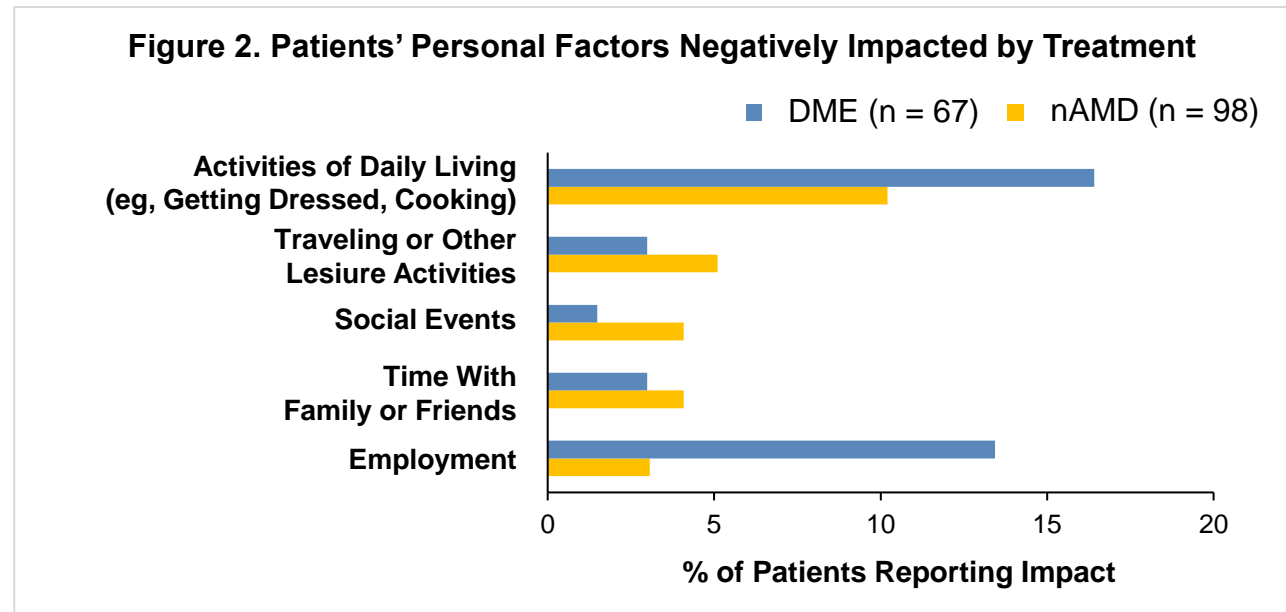
# Barriers to Following Anti-VEGF IVT Management Plan

- About two-thirds of patients with DME (n = 41) and half of patients with nAMD (n = 46) reported  $\geq 1$  barrier to attending injection visits, whereas most caregivers (78.5%; n = 22) reported  $\geq 1$  barrier that prevented patients from receiving treatment or attending visits (**Figure 1**)
- 12% of patients with DME (n = 8) and 3% of patients with nAMD (n = 3) reported missing  $\geq 1$  injection visit in the past 12 months
- Clinic and appointment factors and barriers related to the COVID-19 pandemic were commonly reported by both patients and caregivers
- Other patients reported barriers related to treatment (e.g., pain and discomfort or absence of treatment benefit), whereas caregivers reported barriers related to social-/health-related factors (e.g., caregiver’s availability and care recipient’s reduced mobility/physical limitations)



# Patient Perspectives of Anti-VEGF Treatment Burden

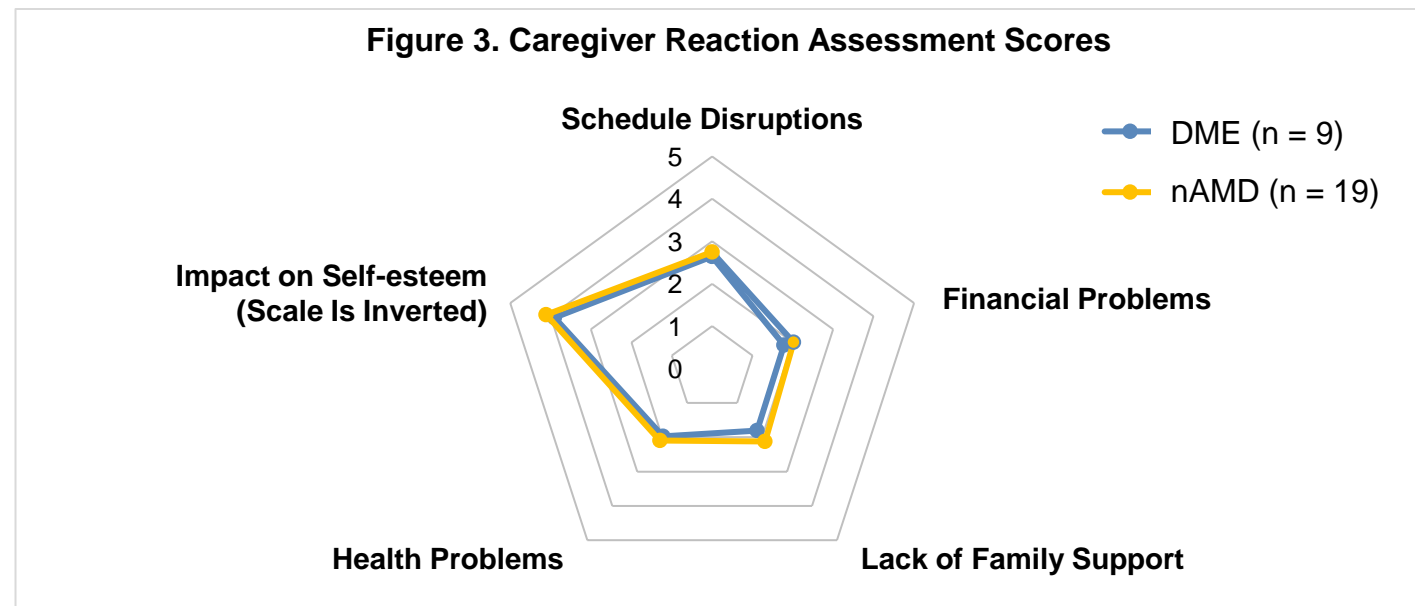
- Overall, 27% of patients (n = 45) had to travel  $\geq 1$  hour to attend an appointment and 16% of patients (n = 26) reported spending  $\geq 1$  hour in the waiting area before being seen
- After treatment, the majority of patients recovered within 1 day; however, 21% (n = 35) needed  $> 1$  day to recover
- Nearly half of patients (n = 80) reported some level of impairment in their daily activities due to treatment, whereas among working patients (n = 26), 58% (n = 15) reported some level of productivity impairment in the form of absenteeism
- About 31% of patients (n = 51) also reported that personal factors were negatively impacted by treatment (**Figure 2**)
- Across the 2 indications, NEI VFQ-25 composite scores tended to be moderately high (mean score, DME: 77.5; nAMD: 77.7). Treatment satisfaction among patients with DME (RetTSQ mean total score, 58.8) and nAMD (MacTSQ mean total score, 62.07) was moderately high



DME, diabetic macular edema; MacTSQ, Macular Disease Treatment Satisfaction Questionnaire; nAMD, neovascular age-related macular degeneration; NEI VFQ-25, National Eye Institute Visual Function Questionnaire-25; RetTSQ, Retinopathy Treatment Satisfaction Questionnaire; VEGF, vascular endothelial growth factor.

# Caregiver Perspectives of Anti-VEGF Treatment Burden

- On average, caregivers spent substantial time providing care to their recipients (mean  $\pm$  SD, DME: 4  $\pm$  4 hours/day, 5  $\pm$  3 days/week; nAMD: 5  $\pm$  7 hours/day, 5  $\pm$  3 days/week)
- 22% of caregivers of patients with DME (n = 2) and 68% of caregivers of patients with nAMD (n = 13) reported that treatment appointments impacted their employment, time with friends and family, and traveling or other leisure activities
- Among working caregivers (n = 9), 44.4% (n = 4) reported being impacted by work absenteeism due to appointments
- Caregiver Reaction Assessment scores (**Figure 3**) showed that caregivers experienced a moderate impact on schedule disruptions, whereas a milder impact was reported for financial problems, lack of family support, health problems, and self-esteem (ie, perceived value or worth attributed to caregiving)





# Conclusions

- Patients and caregivers reported impairment of daily activities, barriers, and burden linked to the anti-VEGF IVT management of nAMD and DME, despite the relatively high adherence and treatment satisfaction of patients
- Caregivers devote significant time to caring for their care recipient, with the greatest impact on caregiver schedule disruptions and absenteeism for those still working
- More durable therapies with longer treatment intervals and fewer clinic visits could potentially alleviate the treatment burden and address current barriers experienced by patients and caregivers