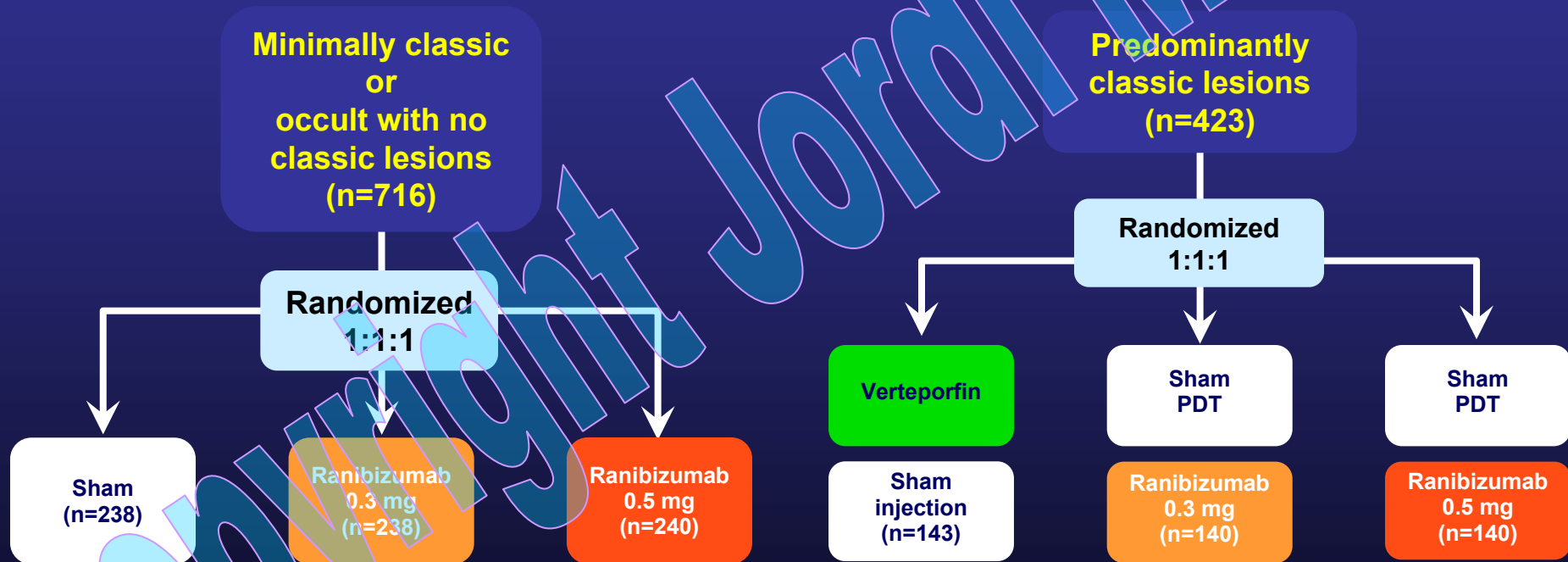


**Quantification of VA improvements over 2
years in the MARINA and ANCHOR studies of
intravitreal ranibizumab 0.3mg and 0.5mg for
CNV secondary to AMD**

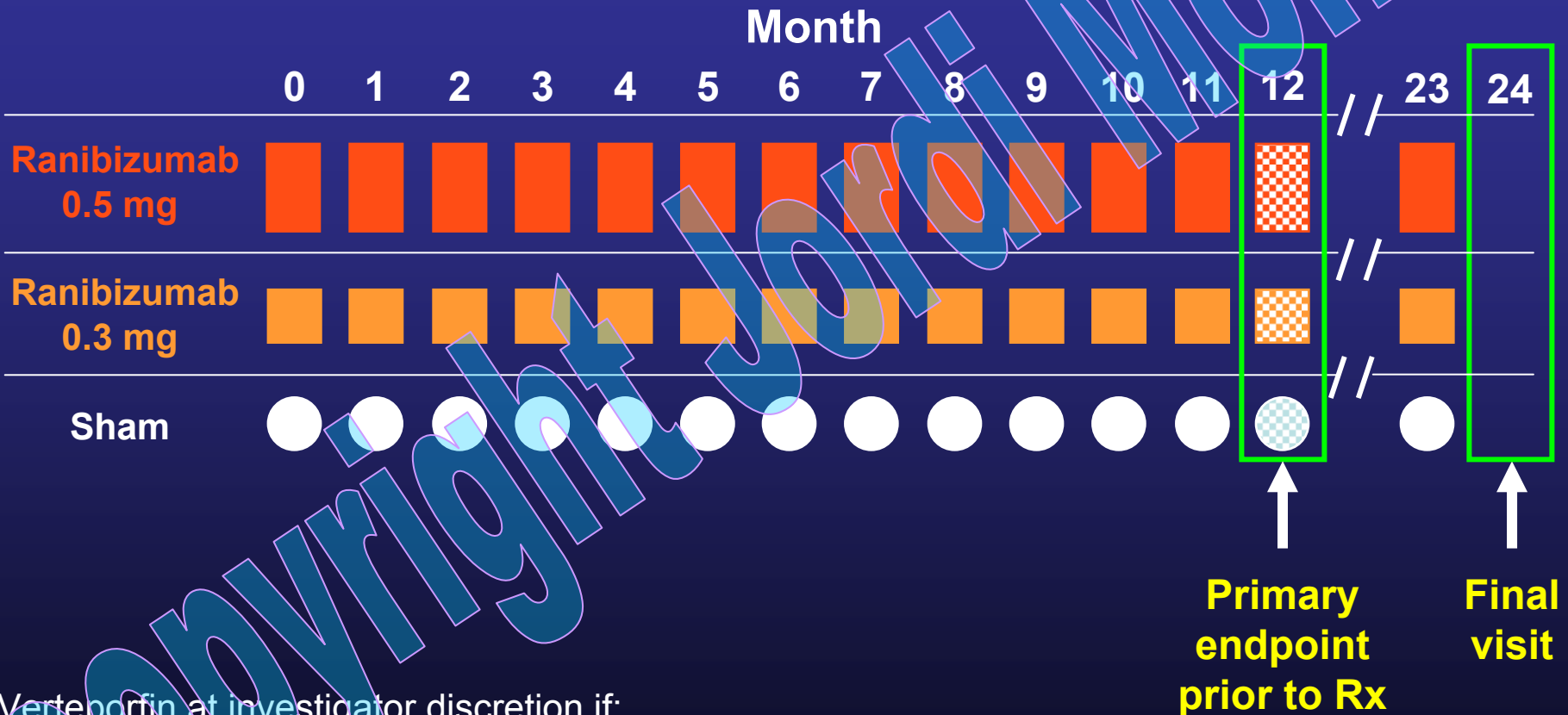
Jordi Monés, MD

**Institut de la Macula i de la Retina
Centro M Teknon
Barcelona, Spain**

MARINA and ANCHOR study designs



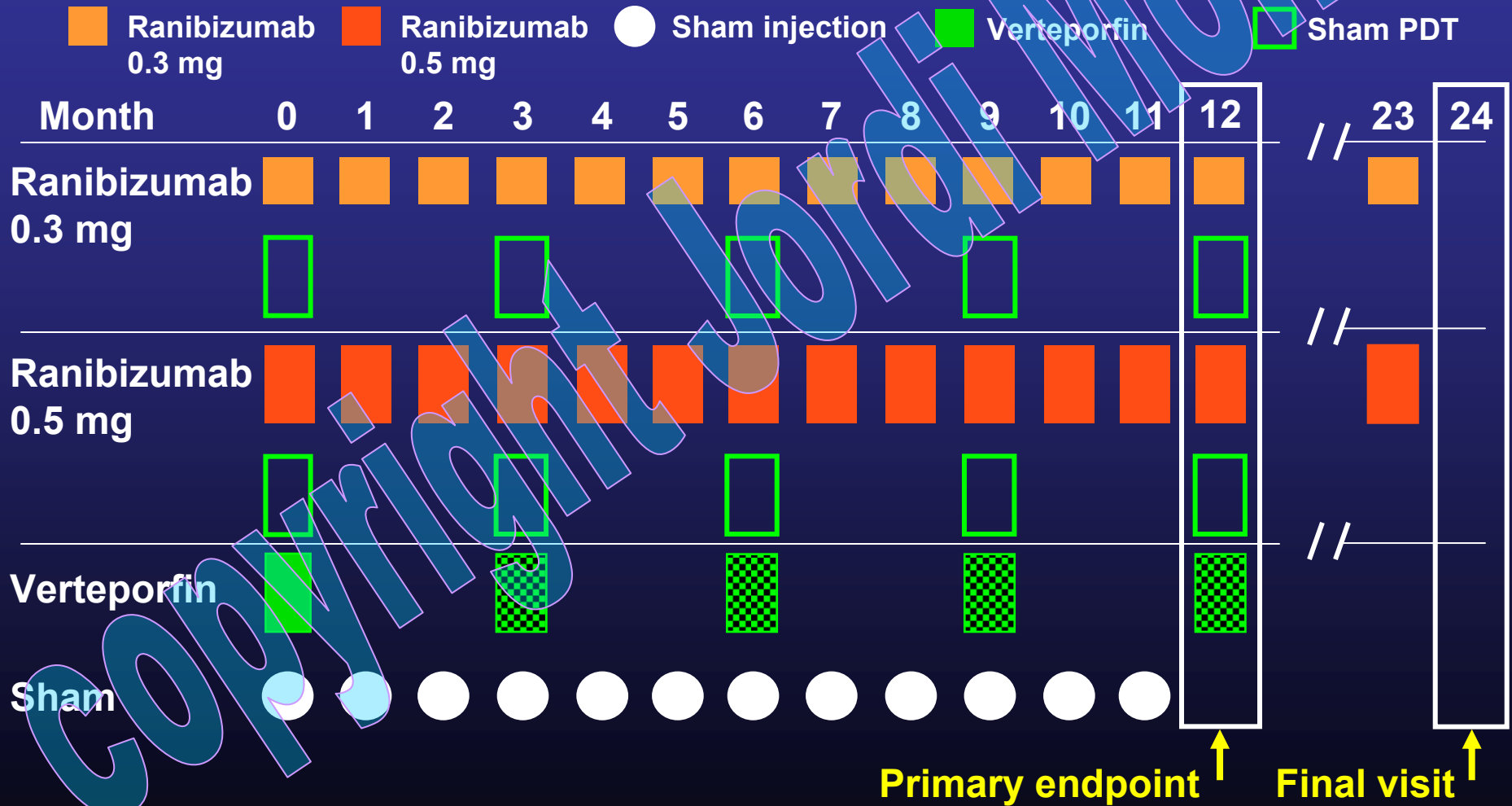
MARINA treatment schema



Verteporfin at investigator discretion if:

- Conversion to predominantly classic CNV, or
- Loss of ≥ 20 letters on 2 consecutive visits and small (≤ 4 DA), minimally classic or occult with no classic lesions, with presumed recent disease progression

ANCHOR treatment schema



Key study inclusion criteria

- Lesion composition by fluorescein angiography
 - area of CNV must be $\geq 50\%$ of total lesion
 - minimally classic or occult with no classic (MARINA only)
 - predominantly classic (ANCHOR only)
- Lesion size ≤ 12 DA greatest linear dimension (MARINA) or ≤ 5400 μm (ANCHOR)
- Evidence of presumed recent disease progression
 - blood, growth by FA, or recent VA loss

MARINA and ANCHOR demographics and baseline characteristics

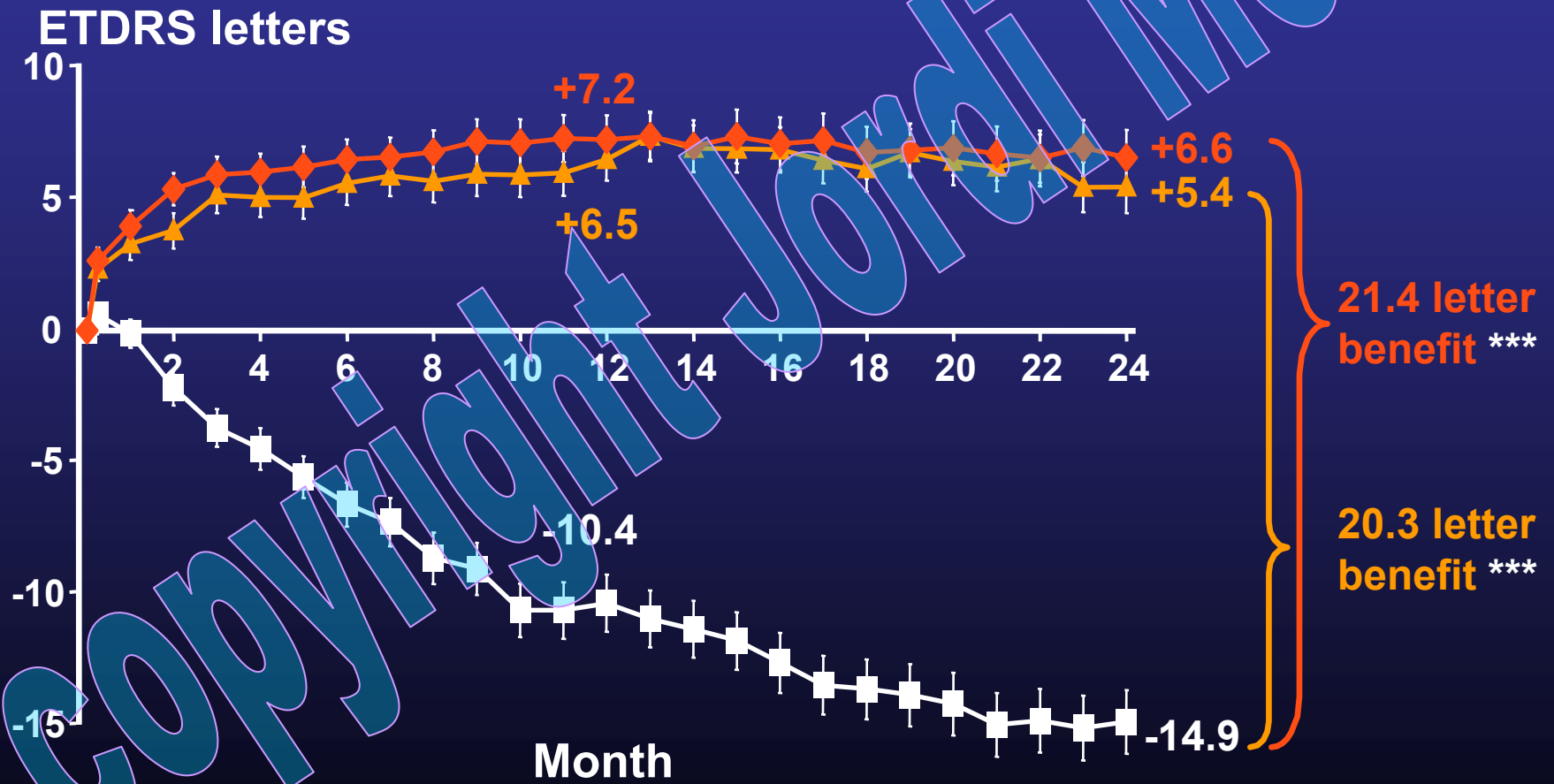
	MARINA		ANCHOR	
	Sham (n=238)	Ranibizumab 0.5 mg (n=240)	Verteporfin (n=143)	Ranibizumab 0.5 mg (n=140)
Gender (% female)	66.8	63.3	55.2	46.4
Race (% caucasian)	97.1	96.7	97.9	97.1
Mean age (range)	77.0 (56–94)	76.8 (52–93)	77.7 (53–95)	76.0 (54–93)
Mean VA (letter score)	53.7	53.7	45.5	47.1
Mean VA (~Snellen equivalent)	20 / 80	20 / 80	20 / 125	20 / 125
Predominantly classic CNV (%)	0	0.4	98.6	96.4
Minimally classic CNV(%)	36.6	37.9	1.4	3.6
Occult CNV(%)	63.4	61.7	0	0
Mean lesion size (DA)	4.41	4.47	1.88	1.79

Rosenfeld et al, N Engl J Med 2006; 355(14): 1419

Brown et al, N Engl J Med 2006; 355(14): 1432

MARINA secondary endpoint: Mean change in VA over time

■ Sham (n=238) ▲ Ranibizumab 0.3 mg (n=238) ◆ Ranibizumab 0.5 mg (n=240)

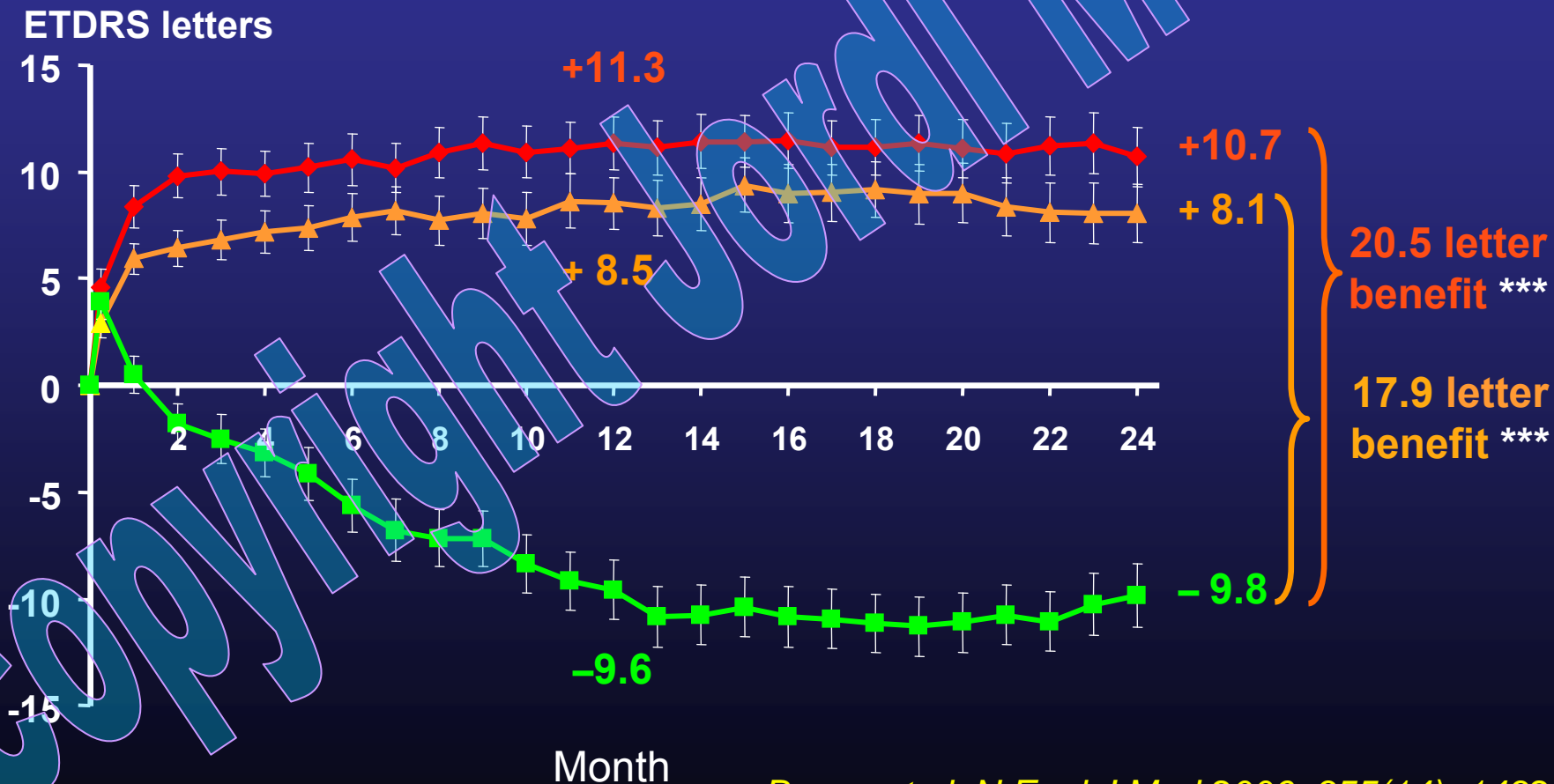


***p<0.0001 vs sham

Rosenfeld et al, N Engl J Med 2006; 355: 1419

ANCHOR secondary endpoint: Mean change in VA over time

■ Verteporfin (n=143) ▲ Ranibizumab 0.3 mg (n=140) ◆ Ranibizumab 0.5 mg (n=139)



*** $p < 0.0001$ vs verteporfin

Brown et al, N Engl J Med 2006; 355(14): 1432
Data on file ANCHOR 24mo

MARINA secondary endpoint: Patients with 20 / 40 or better

Patients (%)

100

0

15

11

15

11

39

40

6

34

42

Baseline

Month 12

Month 24

■ Sham
(n=238)

■ Ranibizumab 0.3 mg
(n=238)

■ Ranibizumab 0.5 mg
(n=240)

***p<0.0001 vs sham

Rosenfeld et al, N Engl J Med 2006; 355: 1419

ANCHOR exploratory endpoint: Patients with 20 / 40 or better

Patients (%)

100

0

0 1.4 4.3

2.8 31.4 38.6

5.6 31.4 37.9

Baseline

Month 12

Month 24

■ Verteporfin
(n=143)

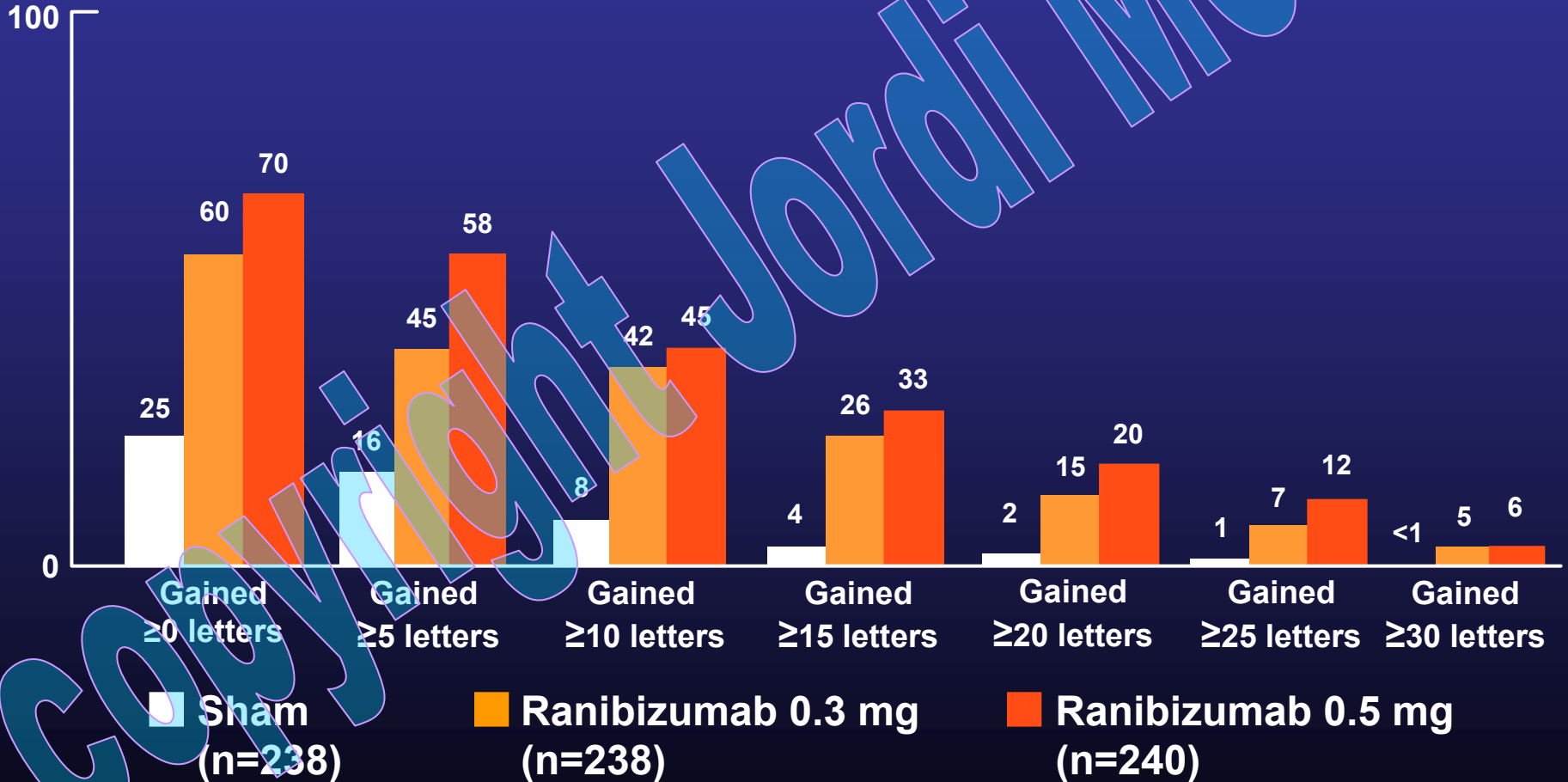
▲ Ranibizumab 0.3mg
(n=140)

◆ Ranibizumab 0.5mg
(n=139)

*Brown et al, N Engl J Med 2006; 355(14): 1432
Data on file ANCHOR 24mo*

MARINA exploratory endpoint: Patients with VA improvements

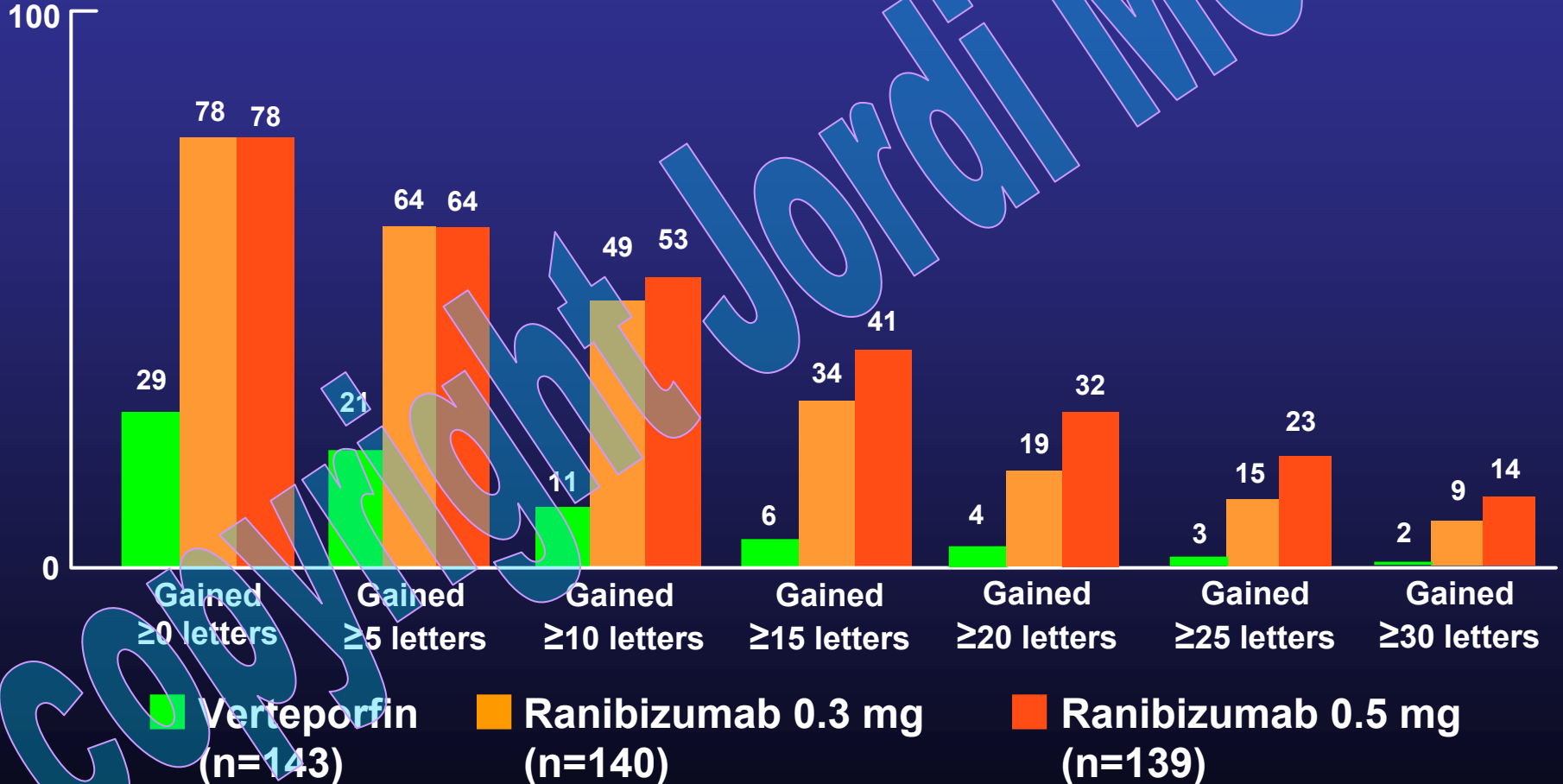
Patients (%)



Data on file MARINA 24mo

ANCHOR exploratory endpoint: Patients with VA improvements

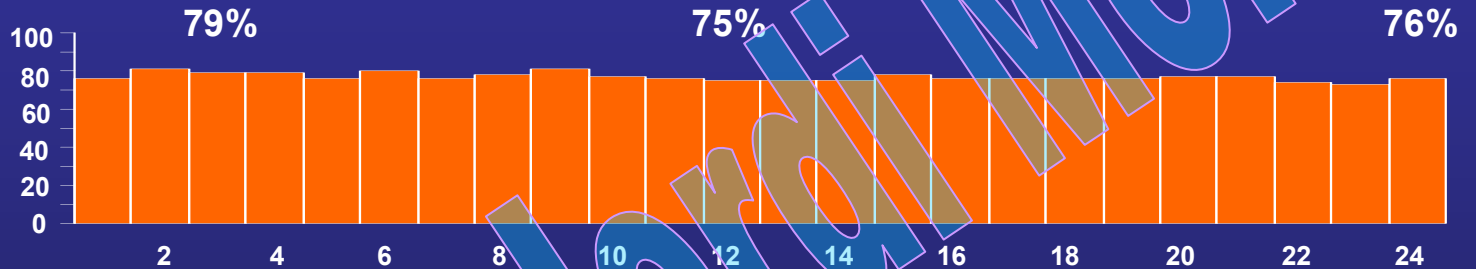
Patients (%)



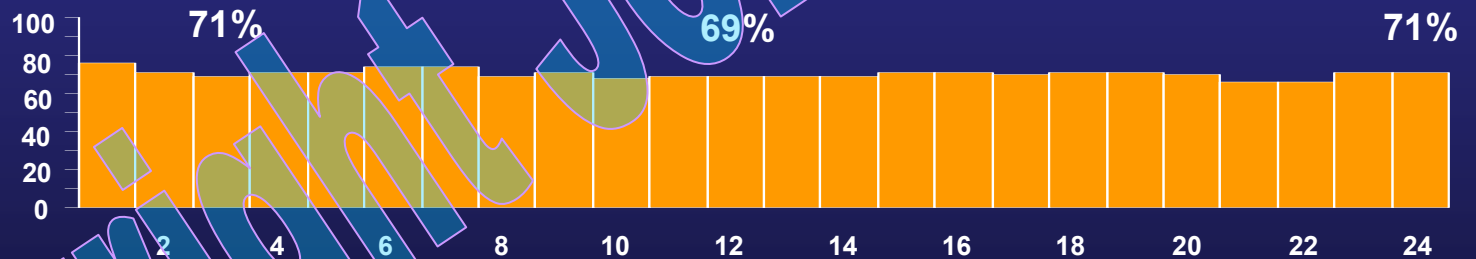
Data on file ANCHOR 24mo

ANCHOR: Any letter gain

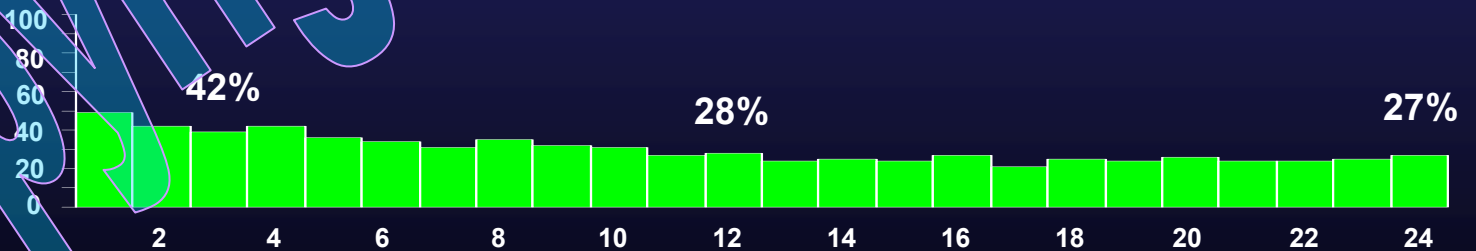
Ranibizumab
0.5 mg
(n=139)



Ranibizumab
0.3 mg
(n=140)



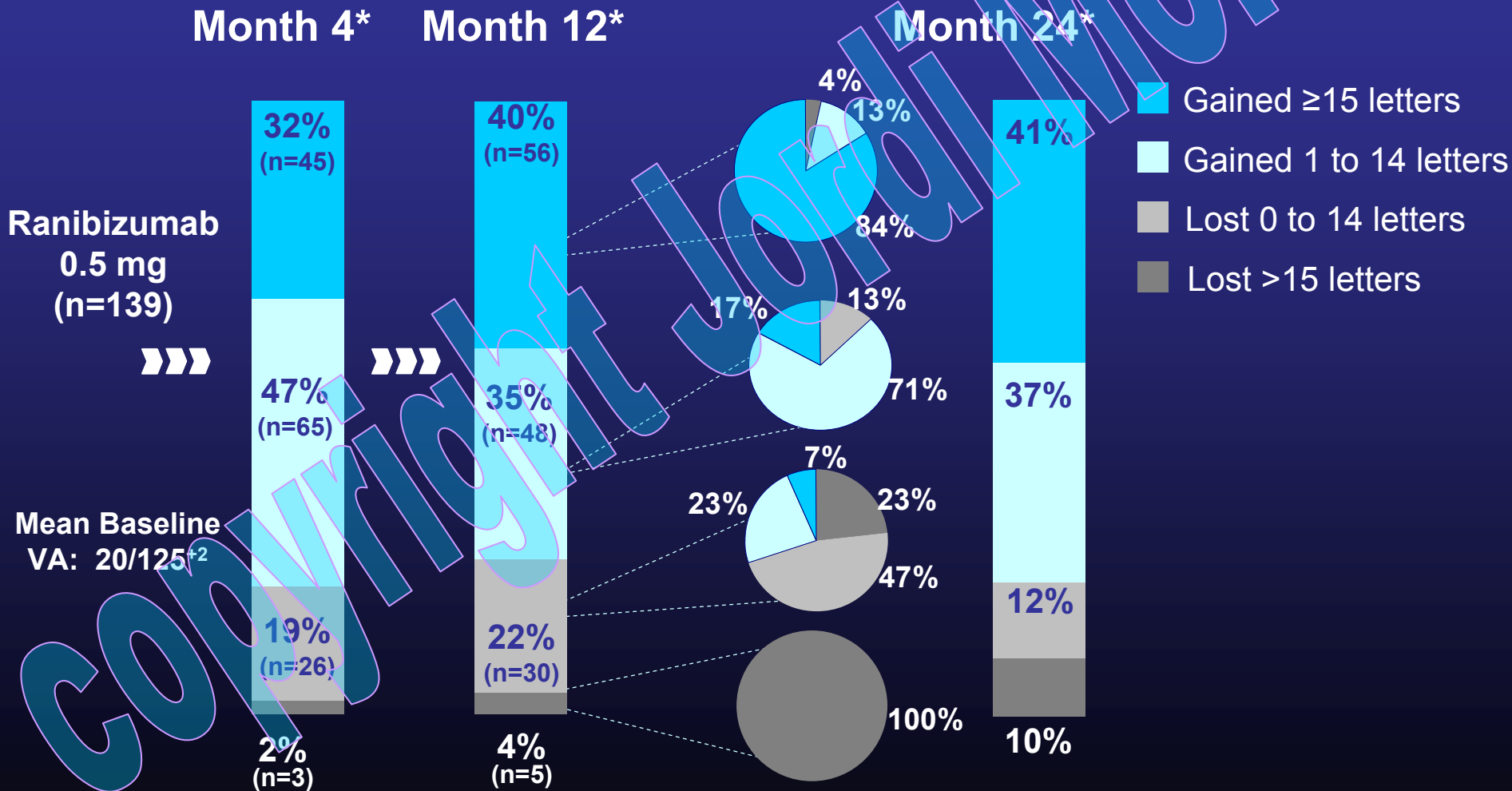
Verteporfin
(n=143)



Month

Data on file ANCHOR 24mo

Change in VA at 24 months in ANCHOR based on VA status at 12 months



*VA changes compared to baseline.

Conclusion

- Ranibizumab 0.5mg is proven to help patients gain and sustain vision up to 24 months in MARINA and ANCHOR
 - Mean gain over baseline: 6.6 and 10.7 letters
 - Remain 20/40 or better VA: 42% and 38 %
 - Gain ≥ 0 letters: 70% and 78%
 - Gain ≥ 15 letters: 33% and 41%
- Ranibizumab has set a new efficacy standard in neovascular AMD