Can deep phenotyping using retinal images predict response to intravitreal aflibercept therapy in patients with neovascular agerelated macular degeneration?

Submission date 27/06/2019	Recruitment status No longer recruiting	[X] Prospectively registered[X] Protocol
Registration date 27/08/2019	Overall study status Completed	 Statistical analysis plan [X] Results
Last Edited 17/09/2024	Condition category Eye Diseases	Individual participant data

Plain English summary of protocol

Background and study aims

Regular injections of the drug aflibercept into the eye are the most common treatment option for neovascular (wet) age related macular degeneration (AMD) in the UK. Aflibercept treatment typically begins with three injections given at monthly intervals (loading dose), followed by regular review for up to and often beyond 2 years. It is clear that some patients respond to very well after the first three injections, with the retina being completely "dry" (that is without any retinal fluid in the subfoveal area). If the retina is completely dry, it is unlikely additional treatment can improve the visual outcome. In previous studies, it was suggested that these good responders account for about 35-40% of all patients in clinical trials. Recent data suggests that it might be as high as 50% as patients are now presenting earlier to retinal clinics. However, at present, it is impossible to predict the good responders to aflibercept treatment in order to provide patients with better information at the start of treatment. The aim of this study is to use artificial intelligence to evaluate markers of response. The accuracy of artificial intelligence to identify markers of response on optical coherence tomography (OCT) and OCT angiography (OCTA) will be compared to human graders.

Who can participate?

Patients aged 50 to 100 with new onset wet AMD being treated with the loading doses of aflibercept

What does the study involve?

The OCT and OCTA scans done to assess response to aflibercept treatment are collected and analysed by retinal specialists as well as by artificial intelligence.

What are the possible benefits and risks of participating? The study may not be of benefit to the participant but it will provide better information to retinal specialists for the future management of patients. There is no risk to the participants as these tests are routinely done in the management of patients with AMD having treatment with aflibercept.

Where is the study run from? Moorfields Eye Hospital (UK)

When is the study starting and how long is it expected to run for? July 2019 to June 2022 (updated 14/04/2021, previously: December 2021)

Who is funding the study? Boehringer Ingelheim

Who is the main contact? Prof. Sobha Sivaprasad sobha.sivaprasad@nhs.net

Contact information

Type(s) Scientific

Contact name Prof Sobha Sivaprasad

ORCID ID http://orcid.org/0000-0001-8952-0659

Contact details NIHR Moorfields Biomedical Research Centre Moorfields Eye Hospital & UCL Institute of Ophthalmology 162 City Road London United Kingdom EC1V 2PD +44 (0)7817886759 sobha.sivaprasad@nhs.net

Additional identifiers

EudraCT/CTIS number Nil known

IRAS number

ClinicalTrials.gov number Nil known

Secondary identifying numbers SIVS1045

Study information

Scientific Title

Can deep phenotyping using retinal images predict response to intravitreal aflibercept therapy in patients with neovascular age-related macular degeneration?

Acronym

PRECISE

Study objectives

Can artificial intelligence predict treatment response with aflibercept for neovascular agerelated macular degeneration better than human graders?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 13/09/2019, London – Stanmore REC (Health Research Authority, Ground Floor, NRES /HRA, Skipton House, SE1 6LH, UK; Email: nrescommittee.london-stanmore@nhs.net), REC Ref: 19/LO/1385

Study design Diagnostic accuracy study

Primary study design Observational

Secondary study design Longitudinal study

Study setting(s)

Hospital

Study type(s) Diagnostic

Participant information sheet

Not available in web format, please use contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Wet age-related macular degeneration

Interventions

The OCT and OCTA images taken at baseline and various time points until after the third aflibercept injection for wet AMD will be evaluated by retinal specialists and artificial intelligence to develop a prognostic model to define response to treatment. The total duration of observation is up to 20 weeks post first aflibercept injection. Duration of follow-up is also up to a maximum of 20 weeks.

Intervention Type

Other

Primary outcome measure

Diagnostic accuracy of artificial intelligence over human graders in assessing the response of loading phase of intravitreal aflibercept injections for wet age-related macular degeneration

Secondary outcome measures

1. The analyses will be repeated excluding patients who appeared in the training set and the primary validation set

2. Performance of the AI will be evaluated using higher-quality images with no media opacity (eg, cataracts) as noted by professional graders

3. AUC subgroups will be computed stratified by age and sex, smoking or medical history 4. The analysis will be repeated by calculating the AUC, sensitivity, and specificity of the AI and the proportion of concordant and discordant eyes on the external validation datasets, compared with the reference standards

Overall study start date

01/07/2019

Completion date

30/06/2022

Eligibility

Key inclusion criteria

Inclusion criteria for both retrospective and prospective parts:

- 1. Adults who are \geq 50 years and \leq 100 years
- 2. Treatment naïve neovascular AMD at baseline
- 3. Media clarity, pupillary dilation and patient cooperation for adequate imaging
- 4. Ability to give informed consent

Inclusion criteria for retrospective part only in addition to the above:

1. Have received 3 loading injections of intravitreal aflibercept therapy at monthly intervals as per standard care

2. Review up to 10 weeks after the 3rd loading dose with or without injection at this visit

3. Had Heidelberg OCT at least at baseline and after the loading phase but ideally 4 Heidelberg OCTs for the 4 visits

4. Heidelberg OCTA images if available for baseline and any visit thereafter (2nd, 3rd or 4th visit) provided there is a baseline OCTA (optional criteria)

Participant type(s)

Patient

Age group Adult

Sex Both

Target number of participants

3,000

Total final enrolment 2128

Key exclusion criteria

 Co-existent ocular disease: any other ocular condition that, in the opinion of the investigator, might affect or alter visual acuity during the course of the study
 Any patient who has opted out of their information being used for research nationally or locally at any site

Date of first enrolment 01/12/2019

Date of final enrolment 01/12/2021

Locations

Countries of recruitment England

United Kingdom

Study participating centre Moorfields Eye Hospital 162 City Road London United Kingdom EC1V 2PD

Sponsor information

Organisation Moorfields Eye Hospital

Sponsor details

162 City Road London England United Kingdom EC1V 2PD +44 (0)20 7253 3411 ext 2036 lauren.leitch-devlin@nhs.net **Sponsor type** Hospital/treatment centre

ROR https://ror.org/03tb37539

Funder(s)

Funder type Industry

Funder Name Boehringer Ingelheim

Alternative Name(s) Boehringer Ingelheim Pharmaceuticals, Inc., Boehringer Ingelheim International GmbH, BI, BIPI

Funding Body Type Private sector organisation

Funding Body Subtype For-profit companies (industry)

Location United States of America

Results and Publications

Publication and dissemination plan

The protocol will be published after ethics approval. Planned publication of the results in a highimpact peer-reviewed journal.

Intention to publish date

01/12/2022

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type Details

Date Date Peer Patientcreated added reviewed? facing?

<u>Protocol file</u>	version 2.1	24/02 /2021	16/08 /2022	No	No
<u>HRA research</u> <u>summary</u>			28/06 /2023	No	No
<u>Results article</u>	PRECISE Study Report 1	20/04 /2023	17/07 /2023	Yes	No
<u>Results article</u>	PRECISE study report 3: baseline characteristics in patients with and without early residual fluid	15/12 /2023	17/09 /2024	Yes	No