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Treating neovascular age-related macular degeneration with aflibercept

Submission date	Recruitment status	[_] Prospectively registered
02/12/2015	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
02/12/2015	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
02/03/2022	Eye Diseases	

Plain English summary of protocol

Background and study aims
Age-related macular degeneration (AMD) is the most common cause of vision loss in people over 50. It involves the gradual damage to a part of the eye called the macula. The macula is a tiny area at the centre of the retina (the layer at the back of the eye which is sensitive to light), which is responsible for central vision (seeing what is directly ahead). Over time, the damage to the macula can lead to central vision becoming distorted or blurry, eventually causing a blank patch in the centre of your vision. In most cases, AMD is caused by fatty-protein deposits called drusen collecting under the retina (dry AMD) over a long period of time; however, currently there is no cure or effective treatment for this type. About 10% of people suffering from AMD have what is known as wet AMD (or neovascular AMD). In wet AMD, the macula becomes damaged and new blood vessels start to grow behind the retina. These blood vessels are generally very weak and prone to leakage, causing the macula to swell and vision to deteriorate very quickly. Aflibercept is a drug treatment known as an anti-VEGF (anti-vascular endothelial growth factor). By injecting it directly into the eye, it works by preventing the weak, leaky blood vessels from growing (by blocking the action of the protein responsible). Currently, the recommended dose is 2mg once every eight weeks after the loading dose (initial large dose of a medicine used to ensure quick benefits), however more research is needed to find out if this is the most appropriate dose for everyone. The aim of this study is to compare the effects of standard treatment to a treat and extend regime, which uses the initial phases of a regimen to find the best dosing regimen for an individual patient.

Who can participate?
Adults over 50 suffering from bad eyesight due to wet AMD.

What does the study involve?
Participants are randomly allocated to one of two groups. Participants in both groups receive an initial three 2mg doses of aflibercept, given by intravitreal injection (an injection into the eye), spaced four weeks apart. Following this, for participants in the first group, the interval between treatments is extended to once every 8 weeks for the first year of treatment. In the second year of treatment, the treating physician can extend the intervals between treatments at their discretion. For participants in the second group, the treating physician is able to extend the treatment intervals at their discretion until the most appropriate dosing regimen for each

individual participant is found. At the end of the study, the potential benefits of each dosing method are compared, in order to find the best way to conduct a larger study in the future.

What are the possible benefits and risks of participating?
Not provided at time of registration

Where is the study run from?
York Hospital (UK)

When is the study starting and how long is it expected to run for?
December 2015 to March 2021

Who is funding the study?
Bayer Health Centre (UK)

Who is the main contact?
Tom Szczerbicki
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Contact information

Type(s)
Public

Contact name
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Additional identifiers

EudraCT/CTIS number
2015-002302-36

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
19546

Study information

Scientific Title
Treating neovascular age-related Macular degeneration with Aflibercept: a pilot 24-month, multi--centre randomized controlled trial comparing standard care with an individualised Treat and Extend regimen

Acronym
MATE

Study objectives
The aim of this study is to compare standard care with an individualised treat and extend regimen of aflibercept in the treatment of neovascular age-related macular degeneration.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Yorkshire & The Humber - Leeds West Research Ethics Committee, 20/08/2015, ref: 15/YH/0286

Study design
Randomised; Interventional; Design type: Treatment

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Treatment

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

Health condition(s) or problem(s) studied
Neovascular age-related macular degeneration

Interventions
Participants are randomly allocated to one of two groups. Both groups will receive intravitreal injections of aflibercept 2 mg.

Control group: Participants receive initial 3 doses of monthly aflibercept injections followed by 8 weekly treatments for the first year with an opportunity to extend the treatment intervals in the second year of treatment at the discretion of the treating physician.

Intervention group: Participants receive an initial 3 doses of monthly aflibercept followed by extension of treatment intervals at the discretion of the treatment physician until an interval appropriate for the individual is found. This has the potential to allow a minimum number of visits, on each of which treatment is administered, whilst maintaining an acceptable efficacy.

Intervention Type
Drug

Phase
Not Applicable

Drug/device/biological/vaccine name(s)
Aflibercept

Primary outcome measure
To evaluate the feasibility aspects of the study under these headings i.e. process, resources, management and scientific content.

Secondary outcome measures
Not provided at time of registration.

Overall study start date
01/12/2015

Completion date
26/02/2021

Eligibility

Key inclusion criteria
1. Aged 50 years or above
2. Able to provide written, informed consent to the study
3. Able and willing to attend for hospital visits at the frequency required
4. Visual impairment predominantly due to neovascular age–related macular degeneration (AMD).
5. Active, treatment naive, angiographically active choroidal neovascular membrane in the study eye secondary to neovascular AMD with any part of the lesion or its sequelae (e.g. sub retinal fluid, intra retinal fluid, haemorrhage, pigment epithelial detachment, sub retinal pigment epithelium(RPE) fluid) in a sub foveal location
6. Visual acuity of 78-24 ETDRS letters at screening and baseline in the study eye.
7. If both eyes are eligible at baseline, the worst seeing eye will be included in the study although the final decision will rest with the investigator. Any deviation from entering the worst seeing eye into the study will be explained and documented in the patient notes and the CRF. The choice of eye selected for inclusion into the study will be determined and documented before the patient is randomised. A patient who has both eyes that may be eligible may therefore undergo a different treatment regimen in each eye, however they will be treated with aflibercept in both eyes. Hospital visits will be co-ordinated to minimise the number of attendances required and therefore the inconvenience for the patient.

Participant type(s)

Patient

Age group
Adult

Sex
Both

Target number of participants
Planned Sample Size: 40; UK Sample Size: 40; Description:
Treatment naïve neovascular AMD patients will be recruited into the study from the Ophthalmolog

Total final enrolment
40

Key exclusion criteria
1. Inability to comply with the study or follow up procedures
2. Pregnant or lactating women
3. Women of child bearing potential unless they are using effective methods of contraception (total abstinence, female or male sterilization, barrier contraception, intrauterine device, oral or injectable hormonal methods of contraception)
4. Previous treatment for choroidal neovascularisation in the study eye
5. Fibrosis consisting of more than 50% of the lesion or involving the centre of the fovea
6. Coexisting pathology within 0.5 disc diameters of the fovea that could prevent an improvement in visual acuity in the opinion of the investigator (e.g. macular hole, dense epi -- retinal membrane)
7. Cataract (causing significant visual impairment), aphakia, vitreous haemorrhage, retinal detachment, proliferative retinopathy or CNV due to any cause other than AMD at screening and baseline
8. Known allergy to aflibercept or fluorescein
9. History of cerebrovascular accident, transient ischemic attack or myocardial infarction within 3 months of the screening visit
10. Any type of systemic disease or treatment that may affect or expect to affect the clinical status of the patient to a significant degree
11. Blood pressure of >160mmHg systolic or >100mmHg diastolic at screening or baseline
12. Any active periocular infection or inflammation at screening or baseline
13. Uncontrolled glaucoma (30mmHg) at screening or baseline
14. Neovascularisation of the iris at screening or baseline
15. Treatment with any anti angiogenic drugs to either eye within 3 months of baseline
16. Nd-YAG laser capsulotomy within the last 2 months or expected within 6 months of baseline in the affected eye
17. Use of other investigational drugs within 30 days
18. Use of systemic anti –vascular endothelial growth factor agents within 3 months prior to baseline
19. Use of systemic corticosteroids for at least 30 consecutive days within the 3 months prior to baseline
20. Current or planned medications known to be toxic to the lens, retina or optic nerve e.g. hydroxychloroquine, desferoxamine, tamoxifen or ethambutol

Date of first enrolment
01/12/2015

Date of final enrolment
28/02/2017

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
York Hospital
Wigginton Road
York
United Kingdom
YO31 8HE

Sponsor information

Organisation
York Hospital

Sponsor details
Wigginton Road
York
England
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Sponsor type
Hospital/treatment centre

ROR
https://ror.org/0003zy991

Funder(s)

Funder type
Industry

Funder Name

Results and Publications

Publication and dissemination plan
Planned publication in a high impact peer-reviewed journal.

Intention to publish date
26/02/2022

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 created	Date added	Peer reviewed?	Patient-facing?
Basic results		01/03/2022	02/03/2022	No	No
HRA research summary			28/06/2023	No	No