

# Suprachoroidal Triamcinolone Acetonide and Intraocular Pressure:

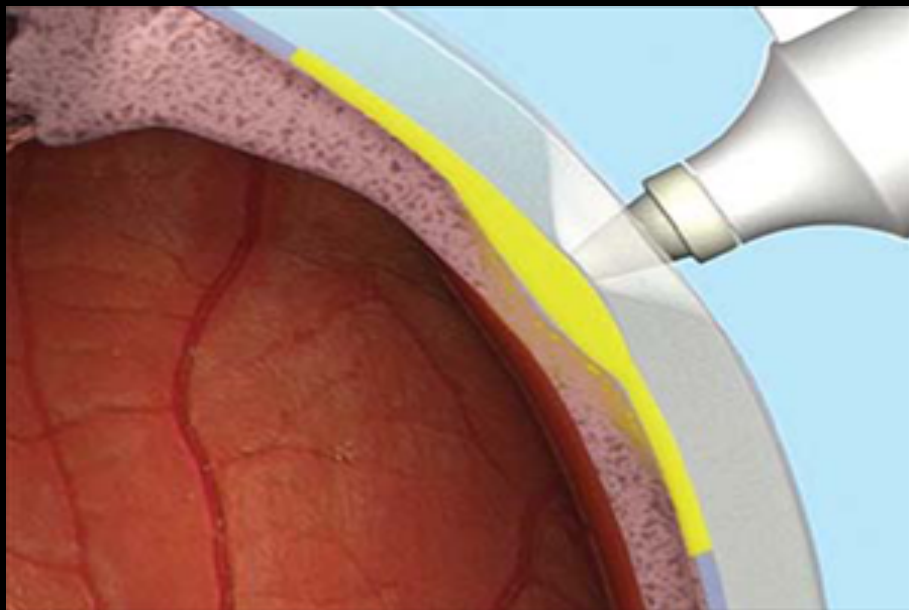
*Results of Phase 3 PEACHTREE Clinical Trial for Uveitis*

**Pauline Merrill, MD**

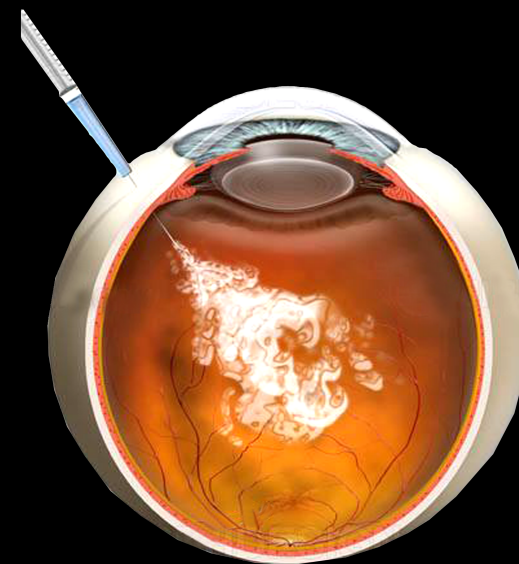
Illinois Retina Associates

Rush University Medical Center

# The Suprachoroidal Space: *Targeted Delivery*



**Suprachoroidal (SCS)**



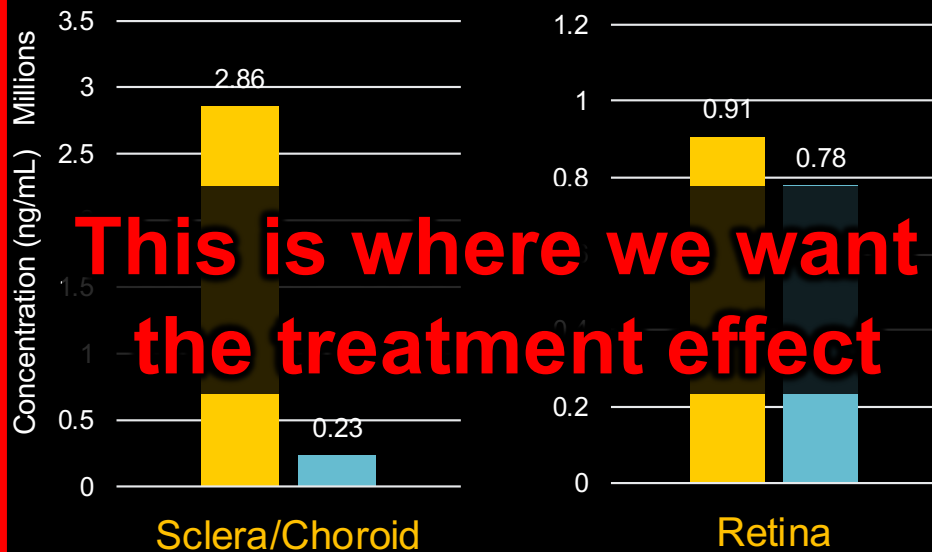
**Intravitreal (IVT)**

# The Suprachoroidal Space: *Targeted Delivery*

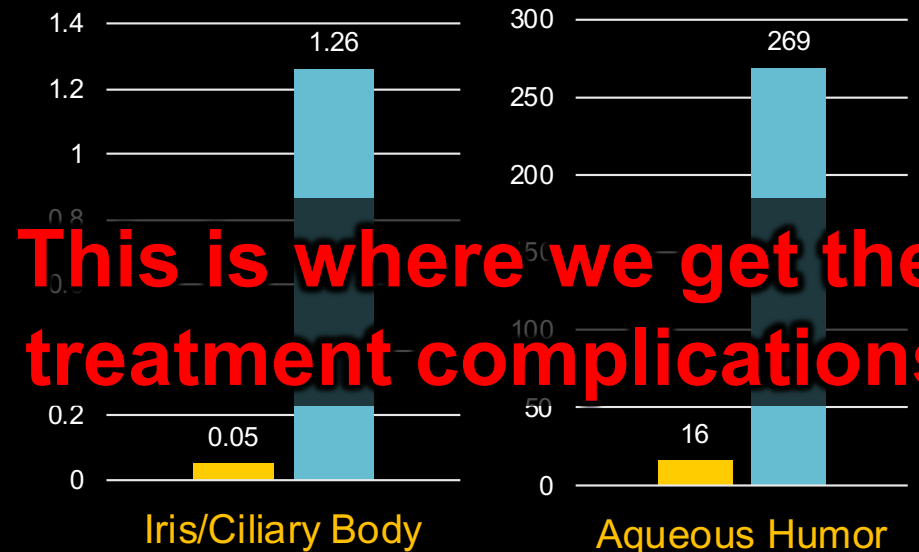


**Suprachoroidal (SCS)**

**Intravitreal (IVT)**



**This is where we want the treatment effect**



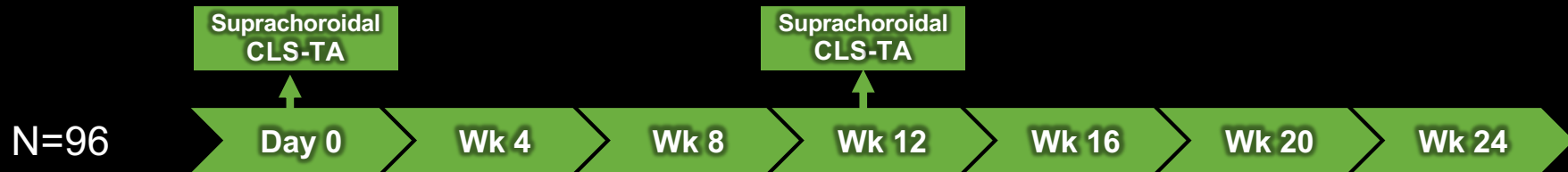
**This is where we get the treatment complications**

*Scales of charts different – Note the relative differences*

# PEACHTREE: Phase 3, Randomized, Controlled, Double-Masked, Multicenter Trial – Uveitic Macular Edema

**Primary Endpoint:** Change from baseline  $\geq 15$  letters in BCVA at Week 24

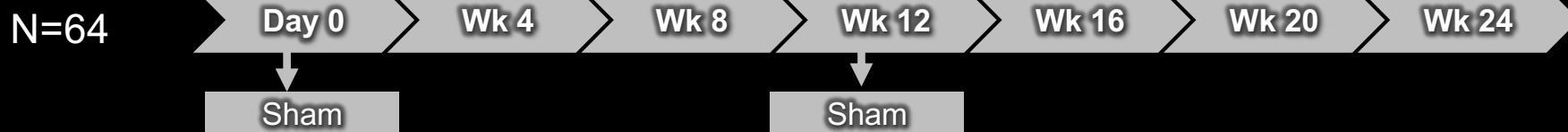
**Active Arm:** Suprachoroidal injection of 4 mg CLS-TA



Enrollment

**Control Arm:** Sham injection procedure

Both Arms: Rescue therapy at any time according to pre-specified criteria



Evaluation period – 6 months

# Key Inclusion and Exclusion Criteria

## Inclusion

- Macular edema with CFT  $\geq 300$  microns
- Noninfectious uveitis
- Any anatomic location: anterior, intermediate, posterior and panuveitis
- Visual acuity: 20/800 to 20/40 ( $\geq 5$  to  $\leq 70$  ETDRS letters)

## Exclusion

- Any active ocular disease or infection in the study eye other than uveitis
- IOP:  $>22$  mmHg or uncontrolled glaucoma;  
could be on up to 2 IOP-lowering medications

## Baseline Characteristics: *Similar Between Groups*

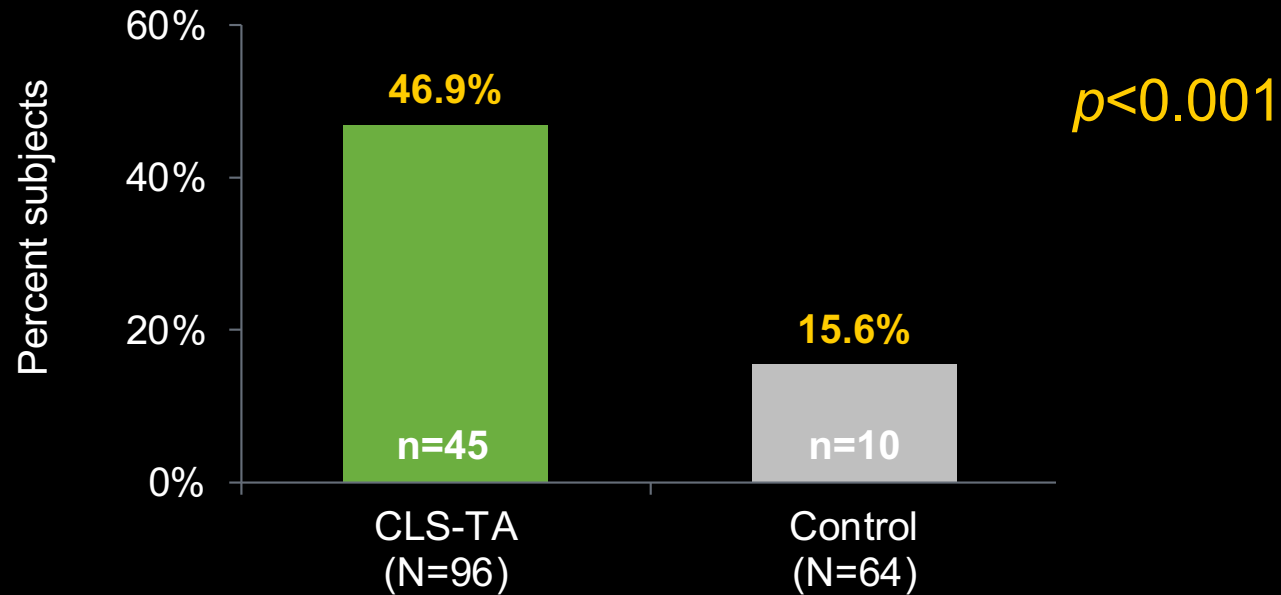
Characteristic	CLS-TA N=96	Control N=64	Overall N=160
<b>Gender, n (%)</b>			
<i>Male</i>	42 (44 %)	30 (47 %)	72 (45 %)
<i>Female</i>	54 (56 %)	34 (53 %)	88 (55 %)
<b>Age, mean (SD)</b>	50 y/o (14)	50 y/o (15)	50 y/o (14)
<b>BCVA, (ETDRS letters)</b>			
<i>Mean (SD)</i>	55 (14)	54 (13)	54 (14)
<i>Median (range)</i>	57 (9 – 89)	54 (12-79)	56 (9-89)
<b>CST, (μm)</b>			
<i>Mean (SD)</i>	481 (153)	525 (158)	499 (156)
<i>Median (range)</i>	453 (256-857)	519 (274-971)	482 (256-971)

## Baseline Characteristics: *IOP and Glaucoma*

Characteristic	CLS-TA N=96 n (%)	Control N=64 n (%)
<b>Any History Related to Glaucoma or IOP</b>	<b>21 (22%)</b>	<b>14 (22%)</b>
<b>Angle closure glaucoma</b>	<b>0 (0%)</b>	<b>1 (2%)</b>
<b>Glaucoma</b>	<b>10 (10%)</b>	<b>4 (6%)</b>
<b>Glaucomatous optic disc atrophy</b>	<b>1 (1%)</b>	<b>0 (0%)</b>
<b>Intraocular pressure increased</b>	<b>2 (2%)</b>	<b>0 (0%)</b>
<b>Ocular hypertension</b>	<b>5 (5%)</b>	<b>7 (11%)</b>
<b>Open Angle Glaucoma</b>	<b>1 (1%)</b>	<b>1 (2%)</b>
<b>Trabeculectomy</b>	<b>1 (1%)</b>	<b>0 (0%)</b>
<b>Uveitic glaucoma</b>	<b>1 (1%)</b>	<b>1 (2%)</b>
<b>≥ 1 IOP lowering medication</b>	<b>5 (5%)</b>	<b>2 (3%)</b>
<i>Brimonidine Tartrate</i>	<b>1 (1%)</b>	<b>0 (0%)</b>
<i>Brimonidine Tartrate, Timolol Maleate</i>	<b>1 (1%)</b>	<b>0 (0%)</b>
<i>Dorzolamide Hyrdochloride, Timolol Maleate</i>	<b>1 (1%)</b>	<b>1 (2%)</b>
<i>Brimonidine Tartrate, Brinzolamide</i>	<b>1 (1%)</b>	<b>0 (0%)</b>
<i>Timolol</i>	<b>2 (2%)</b>	<b>1 (2%)</b>

# PEACHTREE: Met Primary Efficacy Endpoint

Primary Endpoint: **Subjects gaining  $\geq 15$  BCVA letters from baseline**



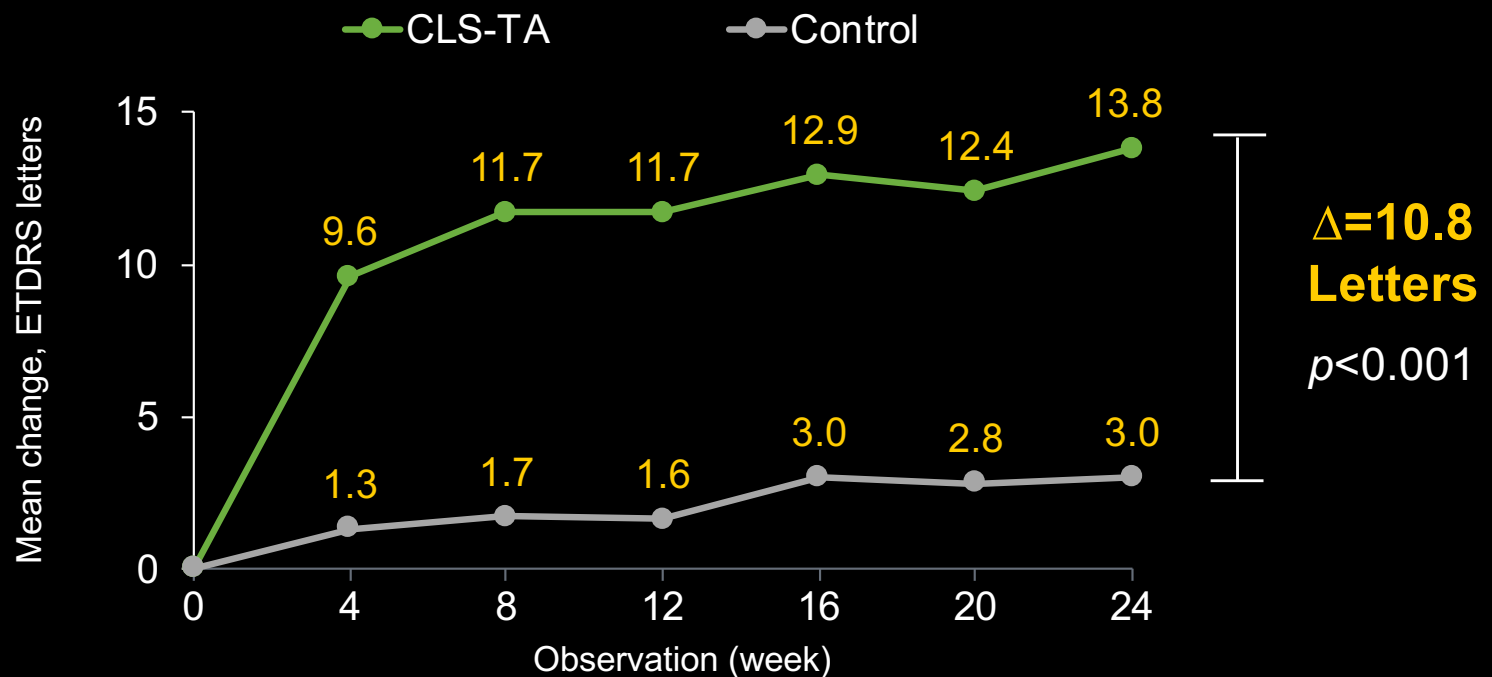
Intention-to-treat population; Last Observation Carried Forward imputation.  
P-value based on Cochran-Mantel-Haenszel test



# Mean Change in *BCVA*

Improvement Observed as Early as Week 4 Through Week 24 in the CLS-TA Arm

## Mean change from baseline in *BCVA* at each visit

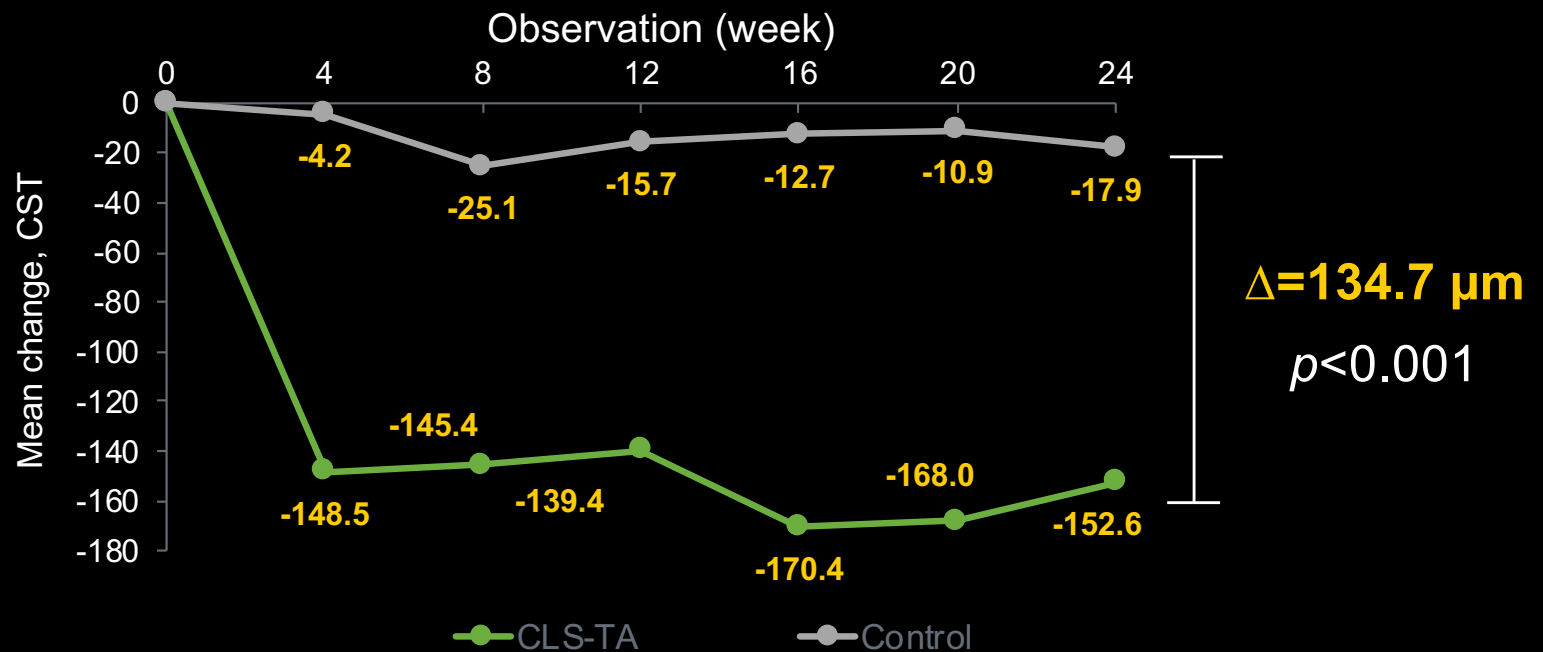


Intention-to-treat population; last observation carried forward imputation.  
t-test. Differences between the CLS-TA and control arms were significant at each visit.

# Mean Change in *Central Subfield Thickness*

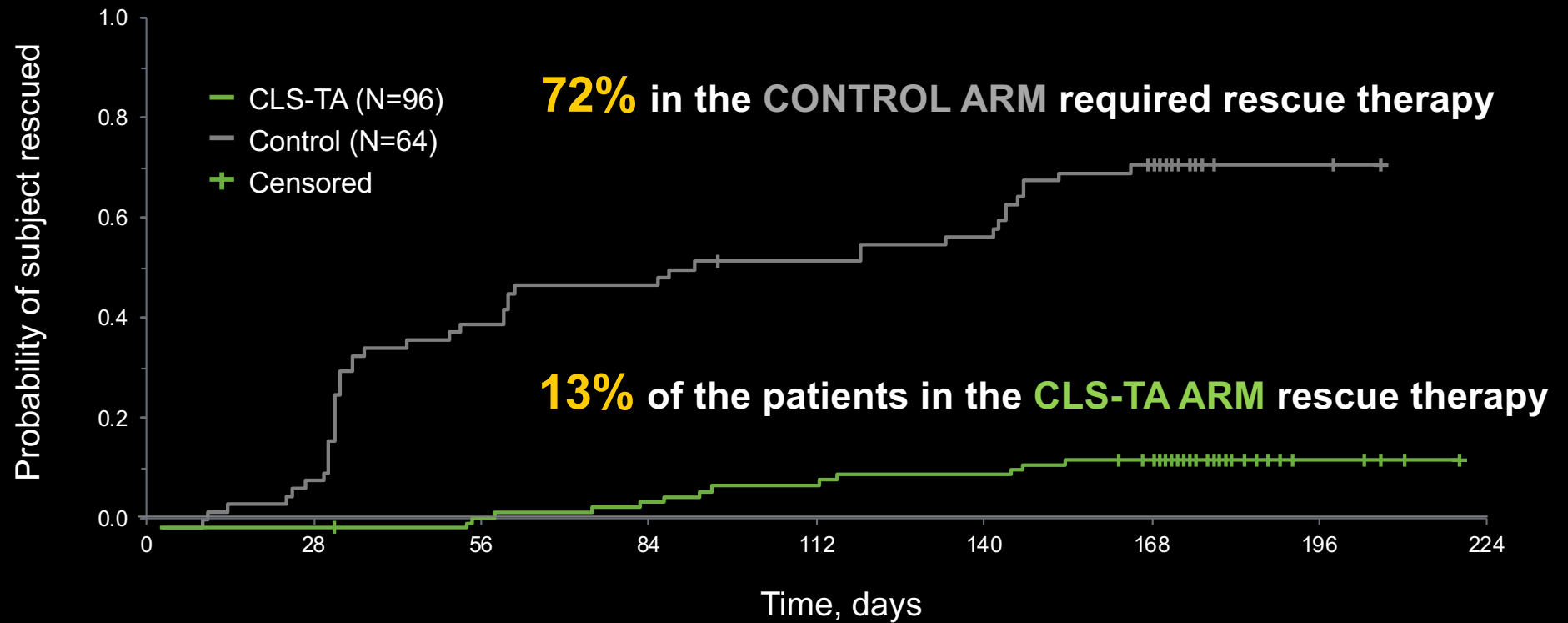
*Improvement Observed as Early as Week 4 Through Week 24 in the CLS-TA Arm*

Mean change from baseline **at each visit** in central subfield thickness ( $\mu\text{m}$ )



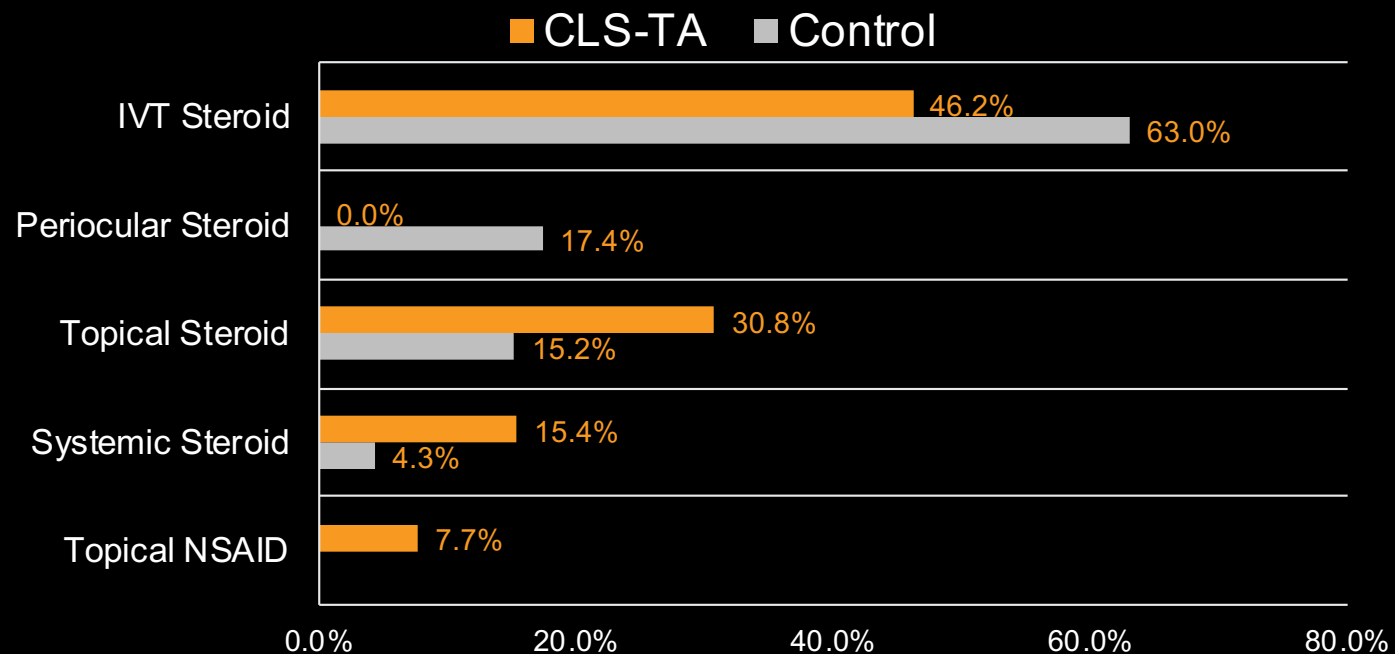
Intention-to-treat population; last observation carried forward imputation.  
BSL, baseline mean value; CST, central subfield retinal thickness.

# Kaplan–Meier Analysis: *Time to Rescue*



# Rescue Therapy Rates: CLS-TA (n=13) vs. Control (n=46)

## Most Targeted Medications Used Rates



\*Rescue medications classified by most targeted type of therapy used during study, where:  
Intravitreal Corticosteroid > Periocular corticosteroid > Topical Corticosteroid > Systemic Corticosteroid > Topical NSAID

*Post-Hoc Analysis. Rescue medication used per investigator discretion.*

# Safety

IOP-Related Adverse Events	CLS-TA 4.0 mg N = 96	Control N = 64
<b>Elevated IOP adverse events</b>	<b>11 (12%)</b>	<b>10 (16%)</b>
<i>IOP elevation <math>\geq 10</math> mmHg change from baseline at any visit*</i>	9 (9%)	7 (11%)
<i>IOP elevation <math>\geq 30</math> mmHg at any post baseline visit*</i>	5 (5%)	4 (6%)
<i>Given additional IOP-lowering medication**</i>	7 (7%)	6 (9%)
<i>Any surgical intervention for an elevated IOP Adverse Event</i>	0 (0%)	0 (0%)

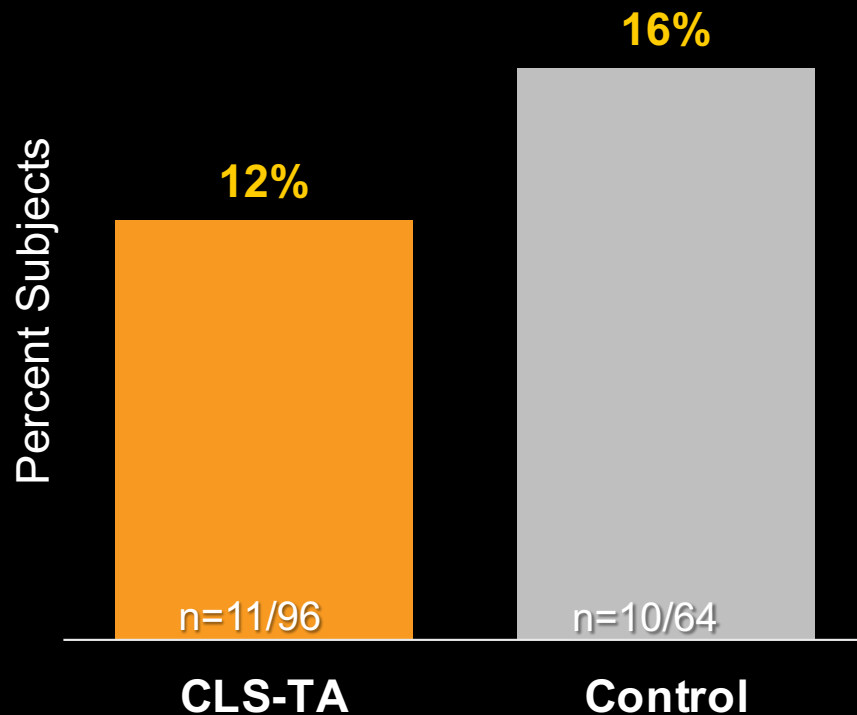
- **One serious ocular AE**
  - Retinal detachment 8 weeks after CLS-TA, in different quadrant
  - Determined to be unrelated to study drug by the Investigator
- **Cataract:** 7% (7/96) in the CLS-TA arm vs. 6% (4/64) in the sham arm

Safety population; includes subjects in the control group who received rescue medication

\*Based on elevated intraocular pressure adverse reactions

\*\*Continued for at least 30 days

## Elevated IOP Adverse Events in PEACHTREE



- Why are IOP AEs higher in the control group?
  - 46/64 (72%) control patients received rescue therapy
  - All 10 patients with IOP AEs received intravitreal steroids as rescue therapy

“Elevated IOP” includes (a) increased IOP, (b) ocular hypertension, and (c) glaucoma.  
AE, adverse event; IOP, intraocular pressure.

# PEACHTREE: *Sub-Analysis of IOP*

**Purpose:** Characterize IOP in CLS-TA and control groups, in patients that were rescued vs. not rescued

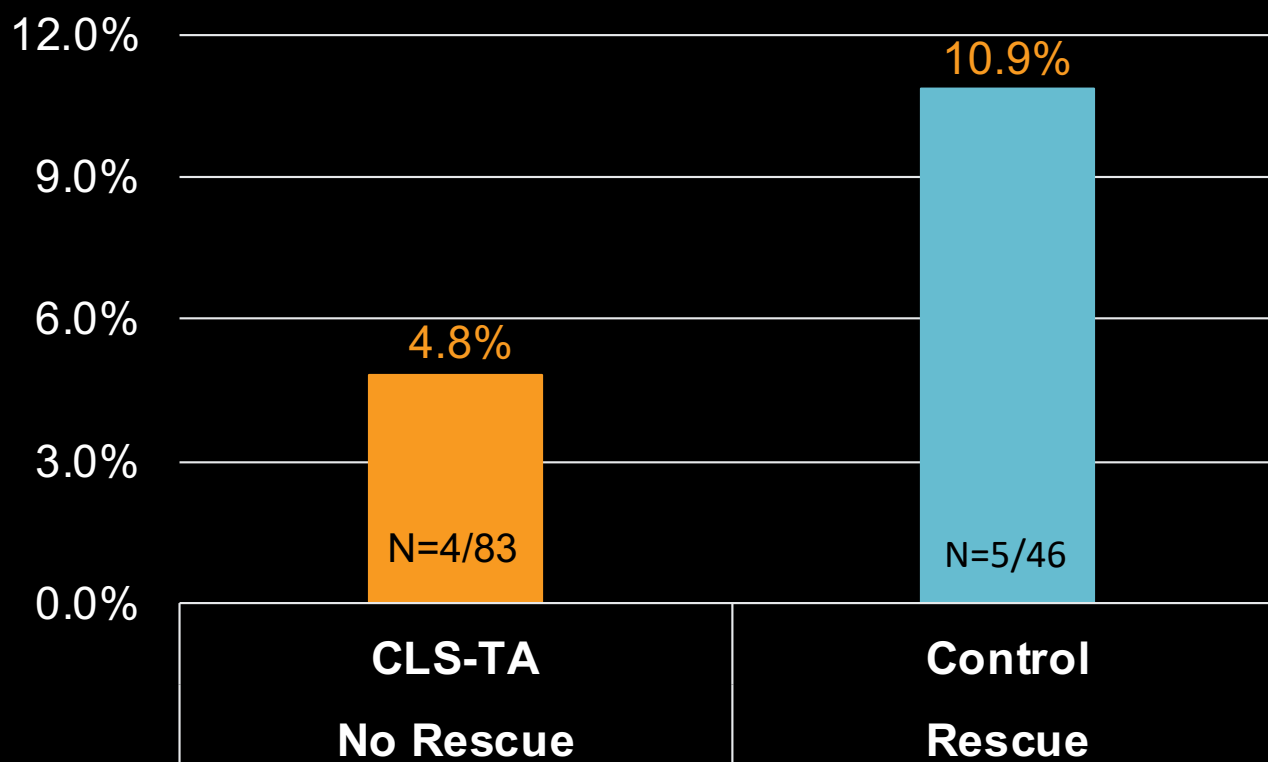
**Method:** Analyze IOP AEs for the clinically relevant endpoints of **≥30 mmHg IOP at any visit** and **≥1 IOP lowering medication**

Four (4) subgroups analyzed:

	Not Rescued	Rescued
CLS-TA	N = 83/96 (87 %)	N = 13/96 (14 %)
Control	N = 18/64 (28 %)	N = 46/64 (72 %)

# Sub-Analysis of IOP: $\geq 30$ mmHg IOP at any visit through 24-wks

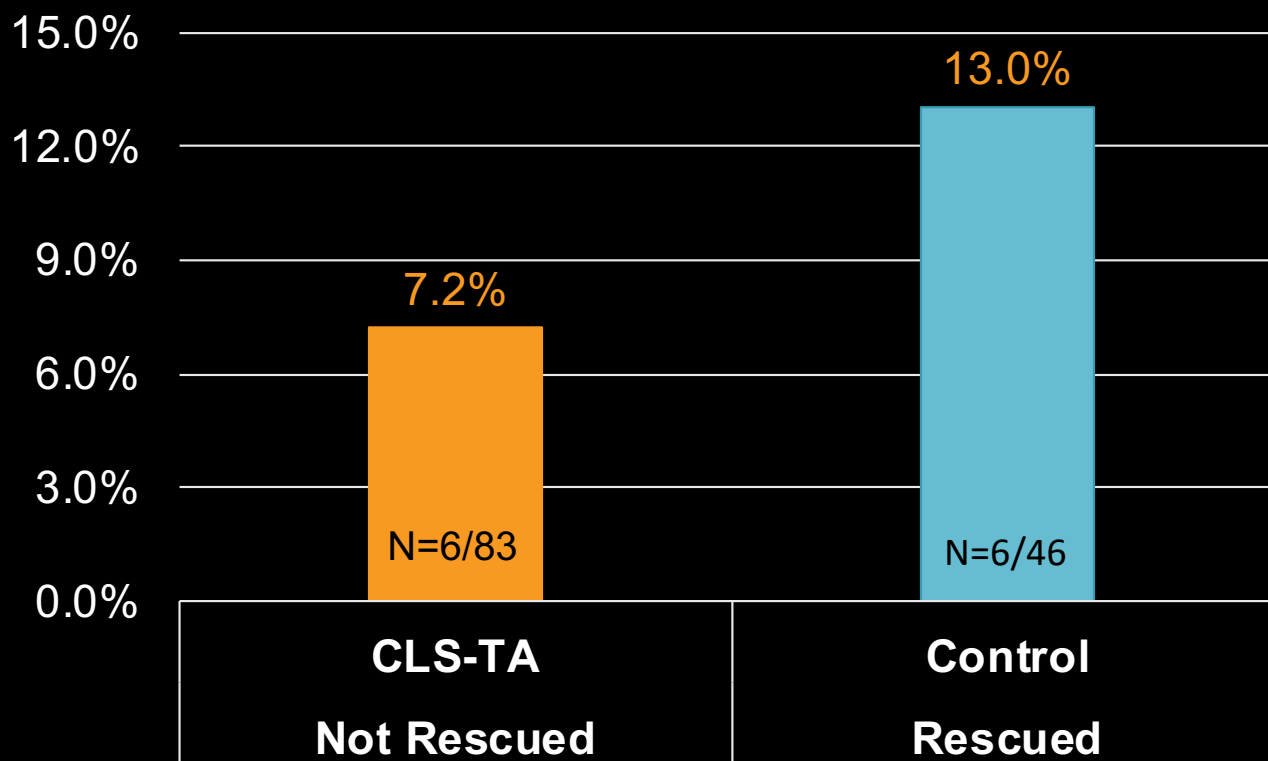
	Not Rescued	Rescued
CLS-TA	N = 83/96 (87 %)	N = 13/96 (14 %)
Control	N = 18/64 (28.%)	N = 46/64 (72 %)





# Sub-Analysis of IOP: $\geq 1$ IOP lowering meds\* through 24-wks

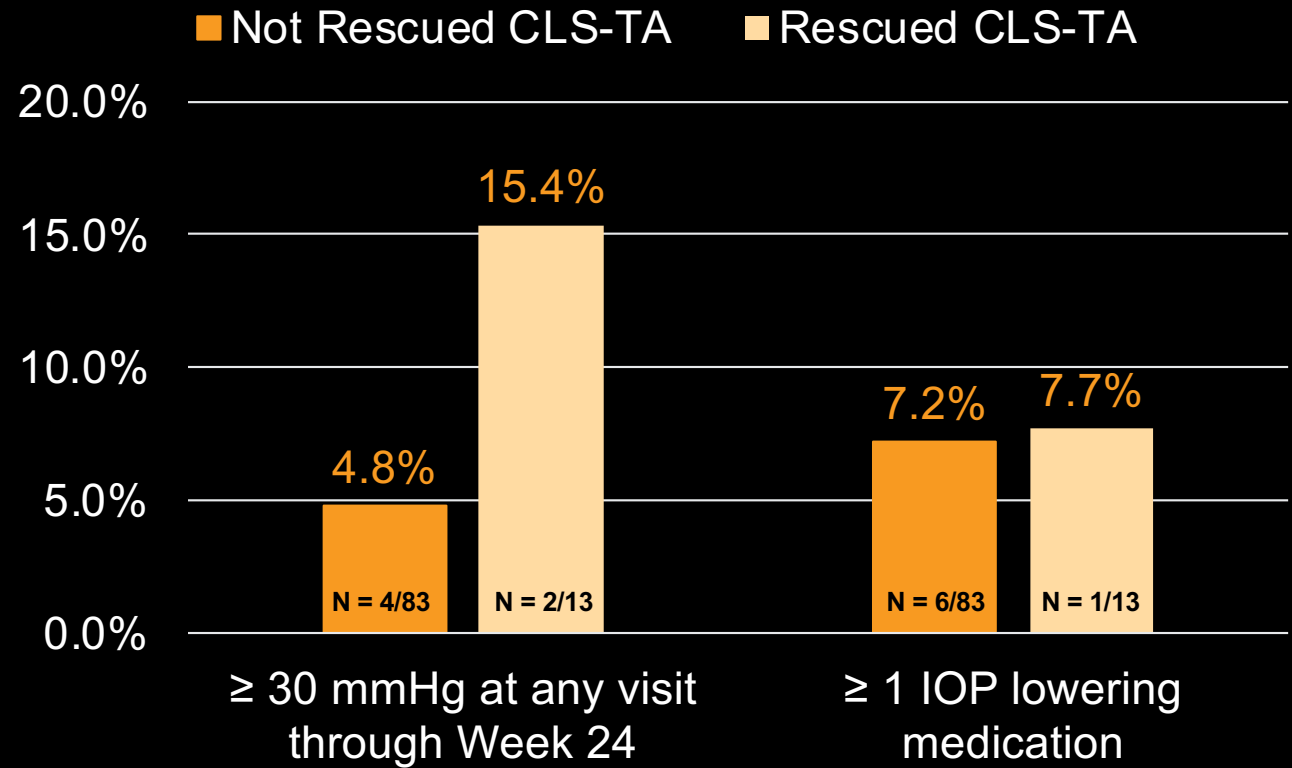
	Not Rescued	Rescued
CLS-TA	N = 83/96 (87 %)	N = 13/96 (14 %)
Control	N = 18/64 (28.%)	N = 46/64 (72 %)



\*IOP lowering medications administered for 30 days or more

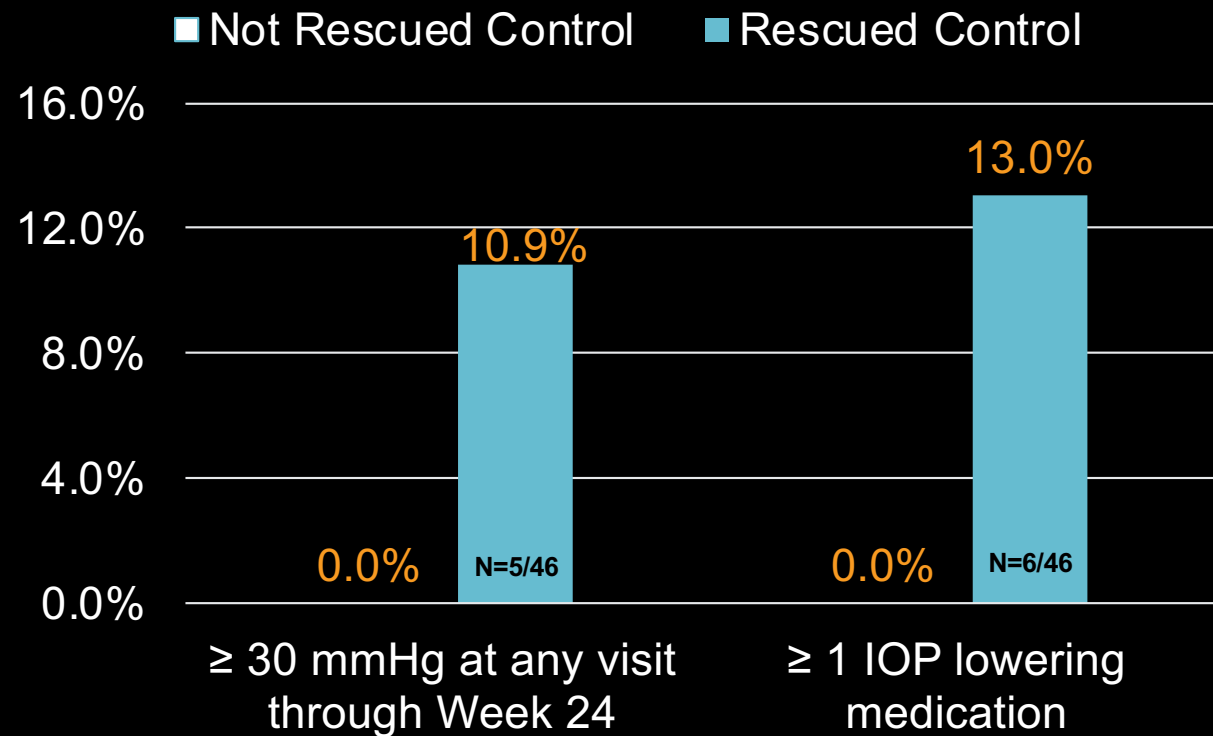
# Sub-Analysis of IOP: **CLS-TA Patients Not rescued (n=83)** vs. **Rescued (n=13)**

	Not Rescued	Rescued
CLS-TA	n=83/96 (87%)	n=13/96 (14%)
Control	n=18/64 (28%)	n=46/64 (72%)



# Sub-Analysis of IOP: **Control Patients Not rescued (n=18)** vs. **Rescued (n=46)**

	Not Rescued	Rescued
CLS-TA	N = 83/96 (87%)	N = 13/96 (14%)
Control	N = 18/64 (28%)	N = 46/64 (72%)



# PEACHTREE: *Take Home Points*



## **Efficacy**

- In patients with macular edema due to noninfectious uveitis, suprachoroidally injected CLS-TA significantly improved vision and macular edema

## **Safety**

- No SAEs attributable to CLS-TA
- Low rates of elevated IOP and cataract
  - Patients rescued with intravitreal corticosteroid showed higher rates of IOP events

**Limitations: small post-hoc subgroup analysis**  
**Further study is warranted**

***Thank You***



