Suprachoroidal Triamcinolone Acetonide Suspension (CLS-TA) and Intraocular Pressure: Results from the Phase 3 PEACHTREE Clinical Trial for Uveitis

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PEACHTREE: Phase 3 Randomized, Controlled Double-Masked, Multicenter Trial

• Primary endpoint: Proportion of subjects gaining ≥15 ETDRS letters in BCVA at week 24
• 3:2 randomization of suprachoroidal CLS-TA vs. sham procedure

Favorable drug concentrations:
• Retina, RPE, choroid >> Anterior segment
• Potential for uveitic macular edema with fewer side effects

N=96
Suprachoroidal CLS-TA
Day 0 Wk 4 Wk 8 Wk 12 Wk 16 Wk 20 Wk 24

Evaluation period – 6 months

N=64
Sham
Day 0 Wk 4 Wk 8 Wk 12 Wk 16 Wk 20 Wk 24
Sham

Both Arms: Rescue therapy at any time according to pre-specified criteria
PEACHTREE Met Its Primary Efficacy Endpoint

Subjects gaining ≥15 ETDRS letters from baseline, %

\[ p < 0.001 \text{ for comparison} \]

<table>
<thead>
<tr>
<th></th>
<th>CLS-TA (N=96)</th>
<th>Control (N=64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent subjects gaining ≥15 ETDRS letters</td>
<td>46.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td>n=45</td>
<td>n=10</td>
<td></td>
</tr>
</tbody>
</table>

Mean Change in CST, ETDRS Letters By Visit

\[ \Delta = 10.8 \text{ Letters} \quad p < 0.001 \]

\[ \Delta = 134.7 \mu m \quad p < 0.001 \]

Intention-to-treat population; LOCF imputation.
The \( p \)-value is based on a CMH Cochran-Mantel-Haenszel test for general association between treatment and response with stratification by country.
ETDRS, Early treatment diabetic retinopathy study; LOCF, last observation carried forward.
## Safety

<table>
<thead>
<tr>
<th>IOP-Related Events</th>
<th>CLS-TA 4.0 mg N = 96</th>
<th>Control N = 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated IOP adverse events</td>
<td>11 (11.5%)</td>
<td>10 (15.6%)</td>
</tr>
<tr>
<td>IOP elevation ≥10 mmHg change from baseline at any visit*</td>
<td>9 (9.4%)</td>
<td>7 (10.9%)</td>
</tr>
<tr>
<td>IOP elevation ≥30 mmHg absolute reading at any post baseline visit*</td>
<td>5 (5.2%)</td>
<td>4 (6.3%)</td>
</tr>
<tr>
<td>Given any additional IOP-lowering medication</td>
<td>7 (7.3%)</td>
<td>6 (9.4%)</td>
</tr>
<tr>
<td>Any surgical intervention for an elevated IOP Adverse Event</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- 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: 7.3% (7/96) in the CLS-TA arm vs. 6.3% (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
“Elevated IOP” includes (a) increased IOP, (b) ocular hypertension, and (c) glaucoma.

AE, adverse event; IOP, intraocular pressure.

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
Post-Hoc IOP Sub-Analysis: Rescue Therapies in PEACHTREE

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

*Rescue medication used per investigator discretion.*
Post-Hoc IOP Sub-Analysis: Clinically Relevant IOP Endpoints, CLS-TA Not Rescued vs. Control Rescued

≥ 30 mmHg at any visit through Week 24

<table>
<thead>
<tr>
<th></th>
<th>CLS-TA Not Rescued</th>
<th>CLS-TA Rescued</th>
<th>Control Not Rescued</th>
<th>Control Rescued</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>4/83 (4.8%)</td>
<td>5/46 (10.9%)</td>
<td>13/83 (15.0%)</td>
<td>16/46 (34.7%)</td>
</tr>
</tbody>
</table>

≥ 1 IOP lowering medication

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<thead>
<tr>
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<th>Control Not Rescued</th>
<th>Control Rescued</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>6/83 (7.2%)</td>
<td>6/46 (13.0%)</td>
<td>18/83 (22.0%)</td>
<td>28/46 (59.6%)</td>
</tr>
</tbody>
</table>

Not Rescued    | Rescued
CLS-TA n=83/96 (86.5%)
Control n=18/64 (28.1%)
Post-Hoc IOP Sub-Analysis:
Clinically Relevant IOP Endpoints, CLS-TA Not Rescued vs. CLS-TA Rescued

≥ 30 mmHg at any visit through Week 24

<table>
<thead>
<tr>
<th>Not Rescued</th>
<th>Rescued</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLS-TA</td>
<td>N=4/83</td>
</tr>
<tr>
<td>Control</td>
<td>N=2/13</td>
</tr>
</tbody>
</table>

≥ 1 IOP lowering medication

<table>
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<th>Rescued</th>
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<tbody>
<tr>
<td>CLS-TA</td>
<td>N=6/83</td>
</tr>
<tr>
<td>Control</td>
<td>N=46/64 (71.8%)</td>
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PEACHTREE: Take Home Points

EFFICACY
• Primary endpoint was met, with ~47% of patients gaining ≥15 ETDRS letters
• Suprachoroidally injected CLS-TA significantly improved vision and macular edema in noninfectious uveitis at all anatomical locations

SAFETY
• No SAEs attributable to CLS-TA
• Low rates of elevated IOP and cataract
• Cataract rate was similar to control arm