Suprachoroidal CLS-TA Improves Patient Outcomes in Uveitis of All Anatomic Subtypes: Results of the Phase 3 PEACHTREE Study

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

**Primary Endpoint:** Proportion of subjects with change from baseline ≥15 letters in BCVA at Week 24



## **PEACHTREE:** Take Home Points

#### Efficacy

- Primary endpoint was met, with  $\sim$ 47% of patients gaining  $\geq$ 15 ETDRS letters
- Suprachoroidally injected CLS-TA significantly improved visual acuity and macular edema in all uveitis patients, regardless of the anatomic site of inflammation

#### Safety

- No SAEs attributable to CLS-TA
- Low rates of elevated IOP and cataract



## **PEACHTREE:** Efficacy Endpoints

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



Mean Change in BCVA, Mean Change in Central Subfield Thickness



Intention-to-treat population; Last Observation Carried Forward imputation.

The p-value is based on a Cochran-Mantel-Haenszel test for general association between treatment and response with stratification by country.

t-test. Differences between the CLS-TA and control arms were significant at each visit. BCVA, best corrected visual acuity.

### Mean Change in BCVA by Uveitis Anatomic Location



Intention-to-treat population, last observation carried forward.



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

- One serious ocular AE
  - Retinal detachment 8 weeks after CLS-TA
  - Determined to be <u>unrelated</u> 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

