Talking Through Your Anti-VEGF Treatment:

A guide for you and your eye specialist to work through together!

SECTION 01

About this tool.

If you have nAMD, DME, or DR, this tool is for you.

It is made to help you and your specialist talk through your treatment, including how it fits into your life. This tool does **not** recommend one treatment over another. The decision is yours to make together with your specialist, who can help you understand the treatment options and can support you in choosing the treatment that best suits your needs and values.

This booklet is yours to keep.

Disclosures.

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SECTION 01

Purpose & Instructions

Who is this Shared-Decision-Making (SDM) tool for?

This tool is for people with nAMD (wet age-related macular degeneration) or diabetes-related eye disease (DME/DR) who **are candidates for next-generation anti-VEGF treatments.** It is meant to be used together with your eye-care specialist. Its purpose is to help you and your specialist make a shared decision about the best treatment for you going forward. This tool is yours to keep.

Why and How to use this tool?

- Things that matter to your care might not always come up in a busy appointment.
- This tool gives you a simple way to think through how you experience your treatment and helps you to discuss it with your specialist afterwards.
- Each section explains what to do as you go.
- It usually takes about 10 to 15 minutes to complete, and there are no right or wrong answers. It is about your own experience.
- At your next appointment, you can share the completed tool with your specialist to start a conversation about treatment options.

SECTION 01

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SECTION 02

Understanding Your Condition

Instructions:
Please read the text below. If you have any questions about your conditions, please ask your physician.

What is happening in your eye:

our condition affects the macula, the central part of the retina that gives you the sharp, straight-ahead vision you use to read and recognize faces.

It is driven by a natural protein your body makes called vascular endothelial growth factor, or VEGF. VEGF has normal jobs elsewhere, but your eye is making too much of it.

Too much VEGF creates fragile blood vessels that leak fluid into the macula. The fluid causes swelling that can blur or distort your central vision.

Without treatment, the leakage and swelling can cause permanent vision loss over time.

How the injections help:

Anti-VEGF injections use a needle to put medicine into the eye that blocks VEGF.

With VEGF blocked, the vessels leak less and the swelling settles. This protects the vision you have and can help recover some vision recently lost.

VEGF builds back up over time, so the injections are repeated to keep it under control.

SECTION 03

Reflecting on Your Experience

1. **I feel worried or anxious in the days before an injection.**

Strongly Agree *Strongly Disagree*

2. **The logistical burden (including travel, parking, costs, and time) of getting to my appointments is high.**

Strongly Agree *Strongly Disagree*

3. **Finding support to get to my appointments (ie, asking for help from family, friends, etc) is stressful.**

Strongly Agree *Strongly Disagree*

4. **Pain or discomfort after an injection disrupts my daily life. (How many hours or days does the pain or discomfort last after an injection?)**

Strongly Agree *Strongly Disagree*

5. **I wish for more opportunities to ask questions about my condition with my doctor.**

Strongly Agree *Strongly Disagree*

Instructions:
For each question, mark anywhere along the line that best correspond to your experience. Note the ones that feel most important to you.

6. **I feel confident about monitoring my symptoms related to nAMD, DME, or DR**

Strongly Agree *Strongly Disagree*

7. **The idea of changing an approach that is currently stable is stressful.**

Strongly Agree *Strongly Disagree*

8. **Considering the possibility of having fewer injections is important to me.**

Strongly Agree *Strongly Disagree*

9. **I wish for the opportunity to discuss different treatment options.**

Strongly Agree *Strongly Disagree*

10. **In the last year, have you missed or delayed any appointments?**

☐ None ☐ Once or Twice ☐ Several Times ☐ Often

SECTION 04

Supporting your Conversations with your Doctor

Instructions:
Look back at your answers from previous section. Use whichever items scored as the biggest problem for you to help fill in the blanks below. These sentences are meant to help you say, out loud to your specialist, what matters most to you.

"The biggest challenge for me with my injections is **[fill in, eg, anxiety before appointments, the travel and logistics, pain afterward],** and it affects me by **[fill in how it impacts your life]."**

"I wish I had more information about **[fill in, eg, my condition, my symptoms, treatment options],** so I can feel more confident about **[fill in what that would help with]."**

"When it comes to considering a change to my treatment, I feel **[fill in, eg, open to it, cautious, not ready],** mainly because **[fill in your reason]."**

SECTION 05

First-Generation vs. Next-Generation Anti-VEGF Options

Anti-VEGF Injection Options

Agent (Brand)	Typical Injection Frequency	Things to Know / What isn't Certain	Approximate Cost: Check your insurance for coverage
FIRST-GENERATION OPTIONS (OFTEN NEEDS MORE FREQUENT INJECTIONS)			
Bevacizumab (Avastin)	Every 4 weeks	Used "off-label" and is not FDA approved for the eye. It is frequently chosen by insurance companies due to its low cost. Can be used in treat-and-extend regimens based on response.	$ $ $ $
Ranibizumab (Lucentis)	Every 4 weeks	Can be used in treat-and-extend regimens based on response.	$ $ $ $
Aflibercept 2 mg (Eylea)	Every 4 weeks for the first 3-5 months, then every 8 weeks, (+/- 1 week)	Can be used in treat-and-extend regimens based on response.	$ $ $ $

Legend:

$ Low
$ $ Medium
$ $ $ Medium-High
$ $ $ $ High

Anti-VEGF Options

Agent (Brand)	Typical Injection Frequency	Things to Know / What isn't Certain	Approximate Cost: Check your insurance for coverage
NEXT-GENERATION OPTIONS* (OFTEN NEEDS FEWER INJECTIONS)*			
Faricimab (Vabysmo)	Every 4 weeks for 4-6 months, and then extended to 8- to 16-week intervals. Can also be used monthly for those that need more frequent injections.	Uses a molecule that targets both VEGF and Ang-2.	$ $ $ $
Aflibercept 8 mg (Eylea HD)	Every 4 weeks for 3 months, and then extended to 8- to 16-week intervals (+/- 1 week), can extend to 20 weeks after 1 year. Can also be used monthly for those that need more frequent injections.	Uses a more concentrated version of aflibercept 2 mg.	$ $ $ $
Ranibizumab Port Delivery System (Susvimo)	After establishing response with injectable anti-VEGF, the port is refilled every 24-36 weeks.	Uses a surgically implanted container that is filled with ranibizumab and continuously flows into the eye.	$ $ $ $

NOTES: * Brolucizumab (Beovu) is also FDA-approved for nAMD (HAWK/HARRIER) and DME (KESTREL/KITE) but is omitted here due to caution over its risk of intraocular inflammation.

SECTION 06

References

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nAMD

Faricimab

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DME/DR

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Treatment Conversation Aid Booklet

Limitations:

What this doesn't tell you.
Longer dosing intervals are not achieved by every patient, and individual response varies. Your specialist's examination and your full history matter more than anything here. The burden questions have been adapted from a validated questionnaire but this version has not itself been validated.

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