

GA progression is constant and irreversible¹⁻⁴

Edwin G.

75 years old

(Hypothetical patient)

Medical history:

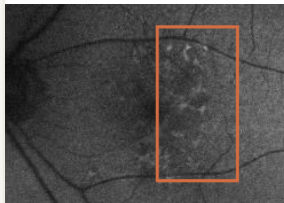
- Family history of AMD
- BMI 27
- Former smoker

- At baseline, patient's findings are consistent with intermediate dry AMD. Four years later, **OS has progressed to GA with foveal involvement**

BASELINE VISIT

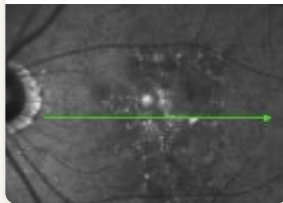
- **BCVA:** 6/12
- **Visual function:** Patient is minimally symptomatic with some difficulty seeing at night

FAF

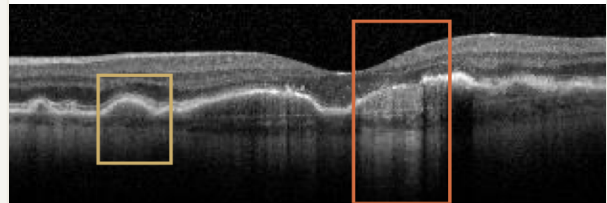


Hyperautofluorescence indicates areas at high risk for atrophy.¹

NIR



OCT

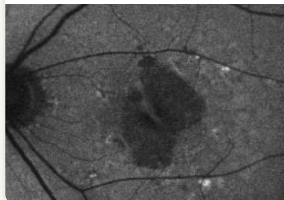


- ▣ Incomplete retinal pigment epithelium and outer retinal atrophy (iRORA) is a precursor to GA.
- ▣ Pigment epithelial detachment (PED) due to aggregation of drusen is a risk factor for progression to GA.⁵

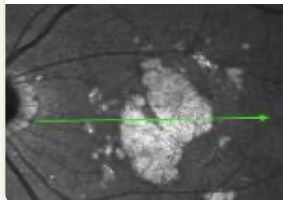
4 YEARS AFTER BASELINE VISIT

- **BCVA:** 6/45
- **Visual function:** Patient has stopped driving, and has trouble reading and seeing faces

FAF OS



NIR OS



OCT OS



Large area of atrophy associated with choroidal hyper-transmittance on OCT

Images courtesy of Mohammad Rafieetary, OD, Charles Retina Institute.

References: 1. Fleckenstein M, et al. *Ophthalmology*. 2018;125(3):369–390. 2. Boyer DS, et al. *Retina*. 2017;37(5):819–835. 3. Lindblad AS, et al. *Arch Ophthalmol*. 2009;127(9):1168–1174. 4. Holz FG, et al. *Ophthalmology*. 2014;121(5):1079–1091. 5. Shijo T, et al. *Sci Rep*. 2022;12(1):4715.

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EU-GA-2300007 June 2023