Agent-Based Simulation for Neovascular AMD Treatment Planning

Optimizing Anti-VEGF Therapy Protocols in the NHS

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24th June 2025

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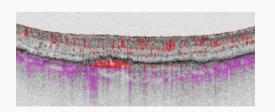
Acknowledgments

- · Health Service Modelling Associates (HSMA) team
- · Finance Director and IT Director
- · NHS England Pharmacy & Clinical Support Team

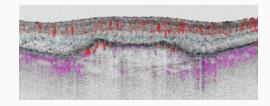
Understanding Neovascular AMD

What is Neovascular AMD (NAMD)?

- · Leading cause of central vision loss
- · Cannot read or recognize faces
- · Leads to legal blindness if untreated
- Affects quality of life severely







The Biology Behind NAMD

Disease Process:

- Aging eye environment
- Increased VEGF (Vascular Endothelial Growth Factor)
- · Abnormal blood vessel growth
- · Leakage, fibrosis, and bleeding

VEGF?VEGF is like fertiliser for blood vessels. Anti-VEGF is something that removes the fertiliser.

As VEGF keeps being made we have to keep removing it.

Revolutionary Treatment: Anti-VEGF Therapy

How it works:

- · Antibodies or similar molecules bind to VEGF
- Remove growth factor from eye
- Stop abnormal vessel growth

The Challenge:

- · Molecules cleared over time
- · Requires repeated injections
- · Optimal frequency unknown



Real-World Treatment Challenges

Why Patients Stop Treatment

- Mortality: Elderly population (average age 80+)
- Frailty: Too unwell to attend monthly appointments
- Treatment failure: Vision deteriorates despite therapy
- NHS capacity: Limited appointment availability

Discontinuation Rates

- Year 1: 10-15% stop treatment
- Year 2: Additional 10-15%
- By Year 5: Only 50-60% still on treatment

Critical Question: How do we optimise treatment for those who remain?

The Cost Challenge

NHS Annual Treatment Costs

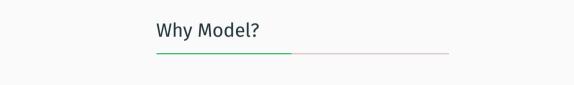
Treatment Area	Annual NHS Spend	Annual Patient Numbers
Wet AMD (Anti-VEGF) Cataract Surgery	£600-800 million £320-480 million	40,000 new, 200,000 continuing 400,000
Hip Replacement	£500-700 million	100,000

Cost per QALY

- · Cataract surgery: £1,964 per QALY (exceptional value)
- · Hip replacement: £2,128 per QALY (strong value)
- Wet AMD: £58,047 per QALY (3x NICE threshold)

Current Anti-VEGF Drug Costs (2024 list prices)

- · Aflibercept (Eylea): £816 a dose, generic soon maybe £400
- · Patients need 7-10 injections year 1, then 4-6/year ongoing



The Need for Modeling

Current Challenges:

- Complicated and tangled evidence base
- · Limited real-world data
- Complex patient pathways
- Resource constraints

Modeling Benefits:

- Explore treatment strategies
- Clarify outcome measures
- Predict resource needs
- Evidence-based decisions

Two Modeling Approaches

Simple Approach (NHS England):

- Excel spreadsheet
- "Best guess" parameters
- Average patient behavior
- Quick but limited insights

Our Approach (Agent-Based):

- Individual patient simulation
- Build from known parameters
- · Probabilistic events
- Rich, detailed insights



Real-World Complexity in Our Simulation

Simple Models Assume:

- All patients start with same vision
- · Perfect treatment adherence
- No appointment delays
- Uniform response to treatment

Why This Matters

- Captures NHS capacity constraints
- Models actual patient populations
- · Predicts realistic outcomes
- Enables better resource planning

Our Simulation Includes:

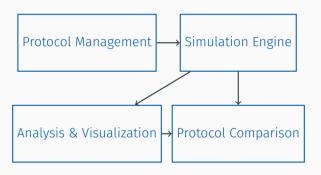
- Vision distribution at baseline
- Real discontinuation patterns
- Treatment gaps and delays
- Individual patient trajectories

Result: Evidence-based insights, not theoretical averages



Application Architecture

Four Key Modules:



Next: Live demonstration of the application

Live Demonstration

[Switch to Screen Recording]

Demonstration includes:

- Loading treatment protocols
- · Running 1000-patient simulation
- Exploring patient journeys
- Visualizing population outcomes
- Comparing different protocols

Key Insights

What We've Learned

Model Reveals:

- Treatment pattern impacts
- Resource utilization peaks
- · Patient outcome distributions
- Protocol efficiency metrics

Enables:

- · Evidence-based protocols
- Capacity planning
- Cost-effectiveness analysis
- Commissioning decisions

Future Development

Cost calculator module in development for full economic analysis

Questions?

Contact:

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Acknowledgments:

HSMA Team | NHS England | Trust Leadership