Protocol AA, a prospective study of over 650 eyes across 37 sites, used optomap ultra-widefield (UWF™) fa to evaluate the extent and location of retinal nonperfusion (NP) in diabetes and to determine its association with DR severity and primarily peripheral lesions (PPL).¹

Results from the AA Protocol and related studies include:

- Increased NP and PPL are strongly associated with increased DR severity even when adjusted for baseline ETDRS and systemic disease factors.¹

- 50% of eyes with baseline PPL had DR worsening over 4 years vs only 31% of those without PPL.²

- 70% of NP in diabetic eyes is located outside the posterior pole.³

- The risk of disease worsening was higher among eyes with a higher NPI within the posterior pole and mid-periphery.³

OCT-A has been discussed as an alternative to dye-based angiography; however, no large studies confirm OCT-A is effective for identification of NP or PPL or for assessing risk of DR progression.

UWF-FA may be an effective prognostic marker and should be included in staging systems to better predict risk of worsening over time.⁷

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CLINICAL SUMMARY

More clinical findings on the use of optomap fa in the management of DR

• Eyes with more NP had higher risk of DR worsening over 4 years.¹

• At baseline, FA-PPL were present in 46% of eyes and color-PPL were present in 41% of eyes.²

• The 4-year rates of disease worsening at baseline were 45% for eyes with mild NPDR, 40% for moderate NPDR, 26% for moderately-severe NPDR, and 43% for severe NPDR.¹

• Neovascularization of the disc is associated with larger areas of NP.⁴

• Researchers using optomap fa confirmed that normal subjects have on average 977mm² of retinal vascular bed.⁶

• A higher risk of progression to PDR has been associated with areas of NP greater than 77.5mm² or 107.3 disc areas.⁴,⁵

Optos Advance software allows users to delineate areas of nonperfusion. Areas are automatically calculated in mm² and can be compared over time to assess progression/regression.

References: