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.

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

UWF-FA may be an effective prognostic marker and should be included in staging systems to better predict risk of worsening over time.1

See how optomap improves patient management. For more information call 800-854-3039 or email BDS@optos.com
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.3
• 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: