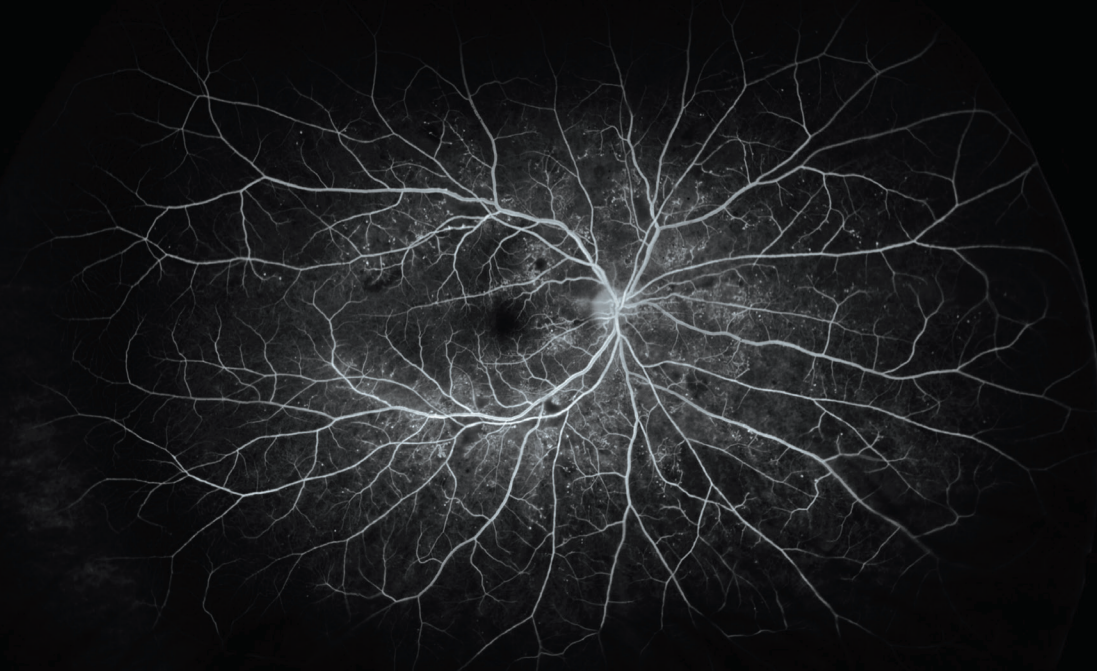


# optomap<sup>®</sup> *fa*

## KEY INDICATOR IN PROGRESSION TO PDR



**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).<sup>1</sup>**

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.<sup>1</sup>
- 50% of eyes with baseline PPL had DR worsening over 4 years vs only 31% of those without PPL.<sup>2</sup>
- 70% of NP in diabetic eyes is located outside the posterior pole.<sup>3</sup>
- The risk of disease worsening was higher among eyes with a higher NPI within the posterior pole and mid-periphery.<sup>3</sup>

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.**

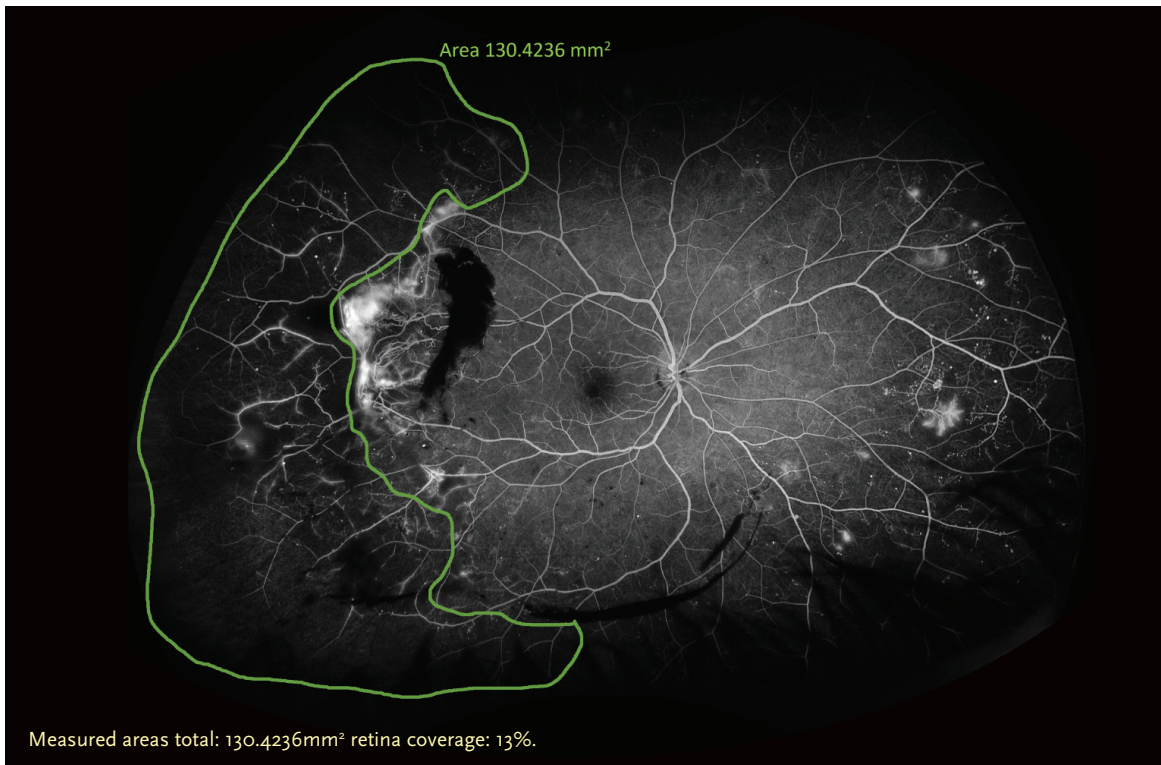
*UWF-FA may be an effective prognostic marker and should be included in staging systems to better predict risk of worsening over time.<sup>1</sup>*

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



Optos*Advance* software allows users to delineate areas of nonperfusion. Areas are automatically Calculated in mm<sup>2</sup> and can be compared over time to assess progression/regression.

- Eyes with more NP had higher risk of DR worsening over 4 years.<sup>3</sup>
- At baseline, FA-PPL were present in 46% of eyes and color-PPL were present in 41% of eyes.<sup>2</sup>
- 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.<sup>1</sup>
- Neovascularization of the disc is associated with larger areas of NP.<sup>4</sup>
- Researchers using *optomap fa* confirmed that normal subjects have on average 977mm<sup>2</sup> of retinal vascular bed.<sup>6</sup>
- A higher risk of progression to PDR has been associated with areas of NP greater than 77.5mm<sup>2</sup> or 107.3 disc areas.<sup>4,5</sup>

#### References:

1. Association of Ultra-Widefield Fluorescein Angiography-identified Retinal Nonperfusion With Risk of Diabetic Retinopathy Worsening Over Time. ASRS. 2022.
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3. Comparison of ETDRS Standard 7-field Imaging versus Ultrawide Field Imaging for Determining Diabetic Retinopathy Severity. JAMA Ophthalmology. 2018.
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5. Quantification of Retinal Nonperfusion and Neovascularization With Ultrawidefield Fluorescein Angiography in Patients With Diabetes and Associated Characteristics of Advanced Disease. JAMA Ophthalmology. 2020.



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