CASE 1

Proactively identify patients at high risk for developing Geographic Atrophy[1-3]

Edwin G
75-year-old man
Not an actual patient

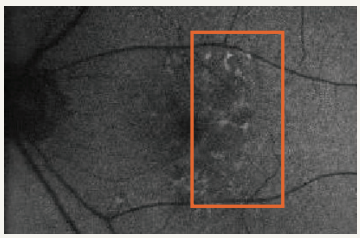
Medical history:
- Family history of AMD
- BMI: 27
- Former smoker

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

Baseline visit

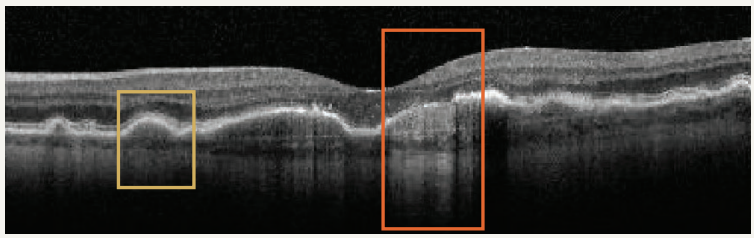
- BCVA: **20/40**
- Visual function: **Patient is minimally symptomatic with some difficulty seeing at night**

FAF OS



☐ Hyperautofluorescence indicates areas at high risk for atrophy[4]

OCT OS



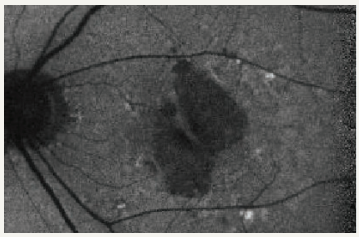
☐ Incomplete retinal pigment epithelium and outer retinal atrophy (iRORA) is a precursor to GA

☐ Pigment epithelial detachment (PED) due to aggregation of drusen is a risk factor for progression to GA[5]

4 years after baseline visit

- BCVA: **20/150**
- Visual function: **Patient has stopped driving, and has trouble reading and seeing faces**

FAF OS



OCT OS

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

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

You play a key role in early detection, ongoing monitoring, and referral of appropriate patients with GA
Learn more about GA at **GeographicAtrophy.ca**

Hypothetical case studies – individual experiences may vary.

References: 1. American Optometric Association (AOA). Comprehensive Adult Eye and Vision Examination. Quick Reference Guide: Evidence-Based Clinical Practice Guideline. First edition, 2015. https://www.aoa.org/documents/EBO/Comprehensive_Adult_Eye_and_Vision%20QRG.pdf. Accessed May 3, 2023. **2.** Schultz NM, et al. *Clin Ther*. 2021;43(10):1792-1818. **3.** Boyer DS, et al. *Retina*. 2017;37(5):819-835. **4.** Fleckenstein M, et al. *Ophthalmology*. 2018;125(3):369-390. **5.** Shijo T, et al. *Sci Rep*. 2022;12(1):4715.

AMD=age-related macular degeneration; BCVA=best-corrected visual acuity; BMI=body mass index; FAF=fundus autofluorescence; GA=geographic atrophy; OCT=optical coherence tomography; OD=doctor of optometry; OS=*oculus sinister*.

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CASE 2

Geographic Atrophy: Visual acuity is poorly correlated with lesion size in earlier stages of the disease[1,2]

- **Change in visual acuity (VA) may not fully capture disease progression[1,2]**
- **Visual function continues to decline as lesions grow[2-4]**

Isabella C
80-year-old woman
Not an actual patient

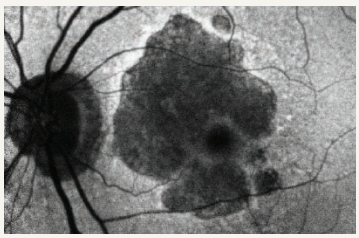
Medical history:
- No family history of AMD
- BMI: 28
- Non-smoker with exposure to second-hand smoke
- Diabetes, hypertension

- At baseline, patient has a large area of Geographic Atrophy (GA); however, BCVA is relatively unaffected due to foveal sparing
- Within 4 years, OS GA has progressed, but BCVA has only declined slightly as fovea is still intact

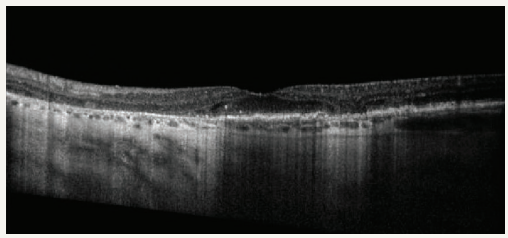
Baseline visit

- BCVA: **20/25**
- Visual function: **Patient requires assistance from a caregiver with some activities (eg, cooking, driving)**

FAF OS



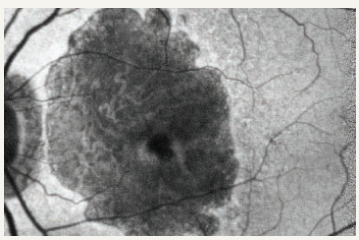
OCT OS



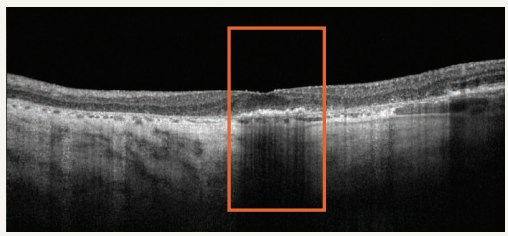
4 years after baseline visit

- BCVA: **20/50**
- Visual function: **Although patient maintains relatively good BCVA, she has poor visual quality. Patient relies heavily on caregiver for assistance with many activities of daily living**

FAF OS



OCT OS



☐ Although there is significant atrophy, the fovea remains relatively spared from GA

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

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Hypothetical case studies – individual experiences may vary.

References: 1. Heier JS, et al. *Ophthalmol Retina*. 2020;4(7):673-688. **2.** Boyer DS, et al. *Retina*. 2017;37(5):819-835. **3.** Kimel M, et al. *Invest Ophthalmol Vis Sci*. 2016;57(14):6298-6304. **4.** Sadda SR, et al. *Retina*. 2016;36(10):1806-1822.

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CASE 3

Imaging features including multifocal configuration, large size, and non-subfoveal involvement are predictors of faster Geographic Atrophy progression[1-3]

Carla L
82-year-old woman
Not an actual patient

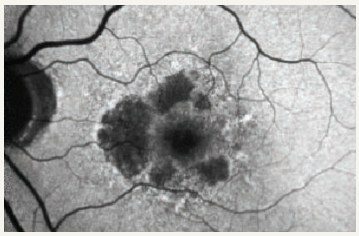
Medical history:
- Family history of AMD
- BMI: 33
- Former smoker
- Hypertension, hyperlipidemia

- At baseline, patient has Geographic Atrophy (GA) with multifocal lesions outside the fovea; these lesions tend to progress faster than unifocal, subfoveal lesions
- Within 2 years, the areas of atrophy have grown and coalesced; however, the fovea still remains intact resulting in mild alteration of BCVA

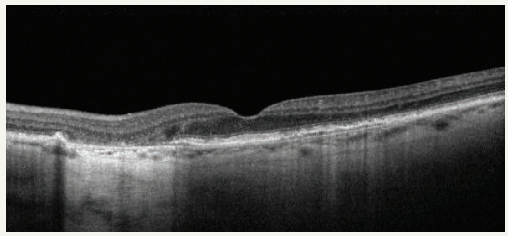
Baseline visit

- BCVA: **20/30**
- Visual function: **Patient has dark adaptation issues and some difficulty reading**

FAF OS



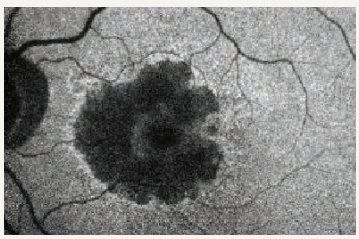
OCT OS



2 years after baseline visit

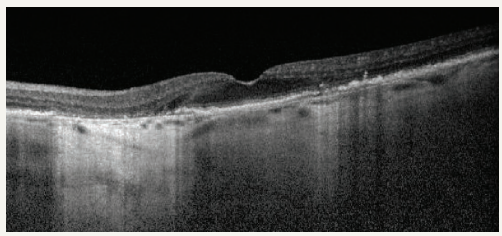
- BCVA: **20/40**
- Visual function: **Patient no longer feels comfortable driving although she is legally able to. Patient relies heavily on assistance from caregiver with some activities of daily living**

FAF OS



Clear progression of perifoveal GA 2 years later

OCT OS



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