

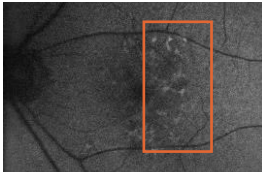
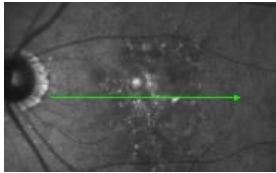
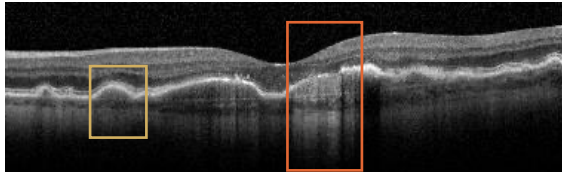
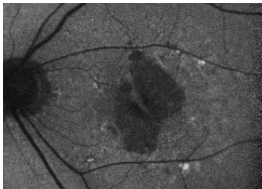
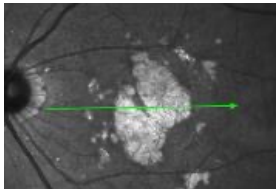

Proactively identify patients at high risk for developing Geographic Atrophy (GA)¹⁻³

Edwin G.
75-year-old man
Hypothetical 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 GA with foveal involvement

Baseline visit	<ul style="list-style-type: none"> • BCVA: 20/40 • Visual function: Patient is minimally symptomatic with some difficulty seeing at night 	<p>FAF</p>  <p>□ Hyperautofluorescence indicates areas at high risk for atrophy⁴</p>	<p>NIR</p> 	<p>OCT</p>  <p>□ 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 GA⁵</p>
	<ul style="list-style-type: none"> • BCVA: 20/150 • Visual function: Patient has stopped driving, and has trouble reading and seeing faces 	<p>FAF OS</p> 	<p>NIR OS</p> 	<p>OCT OS</p>  <p>□ Large area of atrophy associated with choroidal hyper-transmittance on OCT</p>

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

Optometrists play a key role in diagnosing and referring appropriate GA patients.¹
Learn more about GA at pre-lesion.com

Hypothetical case studies - individual experiences may vary

AMD=age-related macular degeneration; BCVA=best-corrected visual acuity; FAF=fundus autofluorescence; NIR=near infrared; OCT=optical coherence tomography.

References: **1.** American Optometric Association. AOA Comprehensive adult eye and vision examination. *Quick Reference Guide: Evidence-Based Clinical Practice Guideline*. 1st ed. 2015. https://www.aoa.org/documents/EBO/Comprehensive_Adult_Eye_and_Vision%20QRG.pdf. Accessed June 29, 2022. **2.** Schultz NM, Bhardwaj S, Barclay C, Gaspar L, Schwartz J. Global burden of dry age-related macular degeneration: a targeted literature review. *Clin Ther*. 2021;43(10):1792-1818. **3.** Boyer DS, Schmidt-Erfurth U, van Lookeren Campagne M, Henry EC, Brittain C. The pathophysiology of geographic atrophy secondary to age-related macular degeneration and the complement pathway as a therapeutic target. *Retina*. 2017;37(5):819-835. doi:10.1097/iae.0000000000001392. **4.** Fleckenstein M, Mitchell P, Freund B, et al. The progression of geographic atrophy secondary to age-related macular degeneration. *Ophthalmology*. 2018;125(3):369-390. **5.** Shijo T, Sakurada Y, Tanaka K, Miki A, et al. Incidence and risk of advanced age-related macular degeneration in eyes with drusenoid pigment epithelial detachment. *Sci Rep*. 2022 Mar 18;12(1):4715.

Geographic Atrophy (GA): 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 grow²⁻⁴

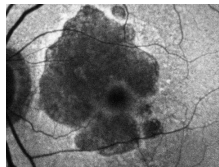
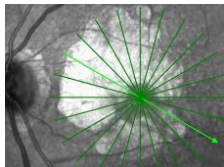
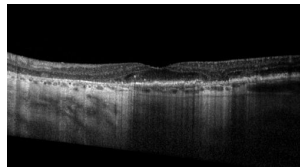
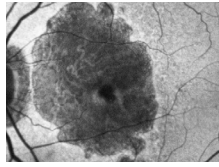
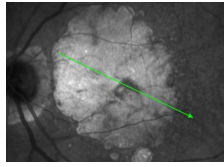
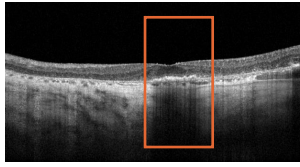
Isabella C. 80-year-old woman

Hypothetical patient

Medical history:

- No family history of AMD
- BMI 28
- Nonsmoker with exposure to secondhand smoke
- Diabetes, hypertension

- Patient at baseline has a large area of Geographic Atrophy. 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	<ul style="list-style-type: none"> • BCVA: 20/25 • Visual function: Patient requires assistance from a caregiver on some activities (eg, cooking, driving) 	FAF	NIR	OCT
				
	4 years after baseline visit	<ul style="list-style-type: none"> • BCVA: 20/50 • Visual function: Although patient maintains relatively good BCVA, they have poor visual quality. Patient relies heavily on caregiver for assistance with many activities of daily living 	FAF	NIR
			<p>□ Although there is significant atrophy, the fovea remains relatively spared from GA</p>	

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

Optometrists play a key role in early detection, monitoring, and timely referral of GA patients.⁵

Learn more about GA at pre-lesion.com

Hypothetical case studies - individual experiences may vary

AMD=age-related macular degeneration; BCVA=best-corrected visual acuity; FAF=fundus autofluorescence; NIR=near infrared; OCT=optical coherence tomography.

References: 1. Heier JS, Pieramici D, Chakravarthy U, et al. Visual function decline resulting from geographic atrophy: results from the chroma and spectri phase 3 trials. *Ophthalmol Retina*. 2020;4(7):673-688. doi:10.1016/j.oret.2020.01.019. 2. Boyer DS, Schmidt-Erfurth U, van Lookeren Campagne M, Henry EC, Brittain C. The pathophysiology of geographic atrophy secondary to age-related macular degeneration and the complement pathway as a therapeutic target. *Retina*. 2017;37(5):819-835. doi:10.1097/iae.0000000000001392. 3. Kimel M, Leidy NK, Tschosik E, et al. Functional reading independence (FRI) index: A new patient-reported outcome measure for patients with geographic atrophy. *Invest Ophthalmol Vis Sci*. 2016;57(14):6298-6304. doi:10.1167/iovs.16-20361. 4. Sadda SR, Chakravarthy U, Birch DG, Staurengi G, Henry EC, Brittain C. Clinical endpoints for the study of geographic atrophy secondary to age-related macular degeneration. *Retina*. 2016;36(10):1806-1822. doi:10.1097/IAE.0000000000001283. 5. American Optometric Association. AOA Comprehensive adult eye and vision examination. *Quick Reference Guide: Evidence-Based Clinical Practice Guideline*. 1st ed. 2015. https://www.aoa.org/documents/EBO/Comprehensive_Adult_Eye_and_Vision%20QRG.pdf. Accessed June 29, 2022.

Imaging features including multifocal configuration, large size, and nonfoveal involvement are predictors of faster GA progression¹⁻³

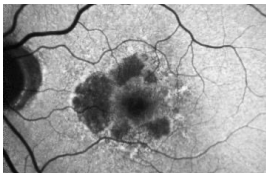
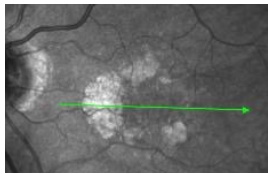
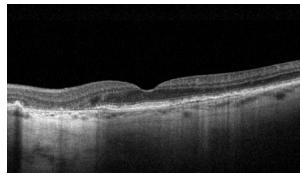
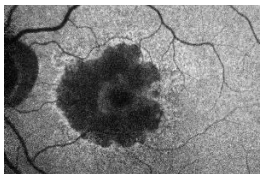
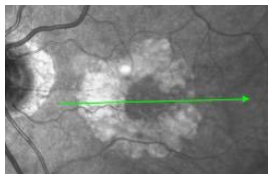
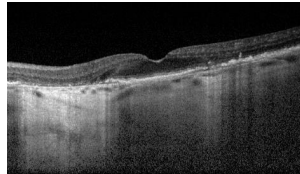
Carla L. 82-year-old woman

Hypothetical patient

Medical history:

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

- Patient has GA with multifocal lesions outside the fovea, at baseline. These lesions tend to progress faster than unifocal, foveal lesions
- Within 2 years, the areas of atrophy have grown and coalesced. However, the fovea still remains intact resulting in mild alteration of BCVA

	<ul style="list-style-type: none"> • BCVA: 20/30 • Visual function: Patient has dark adaptation issues and some difficulty reading 		
Baseline visit	FAF	NIR	OCT
			
	<ul style="list-style-type: none"> • BCVA: 20/40 • Visual function: Patient no longer feels comfortable driving although they are legally able to. Patient relies heavily on assistance from caregiver with some activities of daily living 		
2 years after baseline visit	FAF	NIR	OCT
			
	Clear progression of perifoveal GA 2Y later		
Images courtesy of Mohammad Rafeeqary, OD, Charles Retina Institute.			

Optometrists play a key role in early detection, monitoring, and timely referral of GA patients.⁴

Learn more about GA at pre-lesion.com

Hypothetical case studies - individual experiences may vary

AMD=age-related macular degeneration; BCVA=best-corrected visual acuity; FAF=fundus autofluorescence; NIR=near infrared; OCT=optical coherence tomography.

References: 1. Boyer DS, Schmidt-Erfurth U, van Lookeren Campagne M, Henry EC, Brittain C. The pathophysiology of geographic atrophy secondary to age-related macular degeneration and the complement pathway as a therapeutic target. *Retina*. 2017;37(5):819-835. doi:10.1097/iae.0000000000001392. 2. Wang J, Ying GS. Growth Rate of Geographic Atrophy Secondary to Age-Related Macular Degeneration: A Meta-Analysis of Natural History Studies and Implications for Designing Future Trials. *Ophthalmic Res*. 2021;64(2):205-215. 3. Fleckenstein M, Mitchell P, Freund B, et al. The progression of geographic atrophy secondary to age-related macular degeneration. *Ophthalmology*. 2018;125(3):369-390. 4. American Optometric Association. AOA Comprehensive adult eye and vision examination. Quick Reference Guide: Evidence-Based Clinical Practice Guideline. 1st ed. 2015. https://www.aoa.org/documents/EBO/Comprehensive_Adult_Eye_and_Vision%20QRG.pdf. Accessed June 29, 2022.