

GA progression is constant and irreversible¹⁻⁴

Edwin G.

75 years old
(Hypothetical patient)

Medical history:

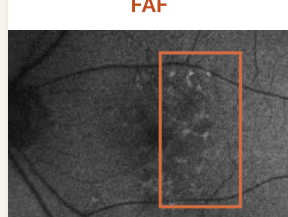
- Family history of AMD
- BMI 27
- Former smoker

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

BASELINE VISIT

- **BCVA:** 6/12
- **Visual function:** Patient is minimally symptomatic with some difficulty seeing at night

FAF

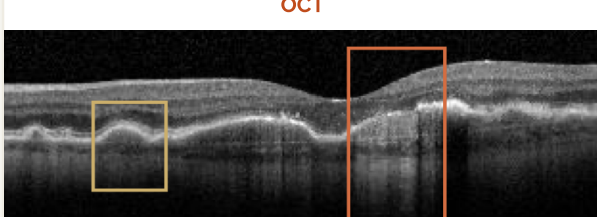


Hyperautofluorescence indicates areas at high risk for atrophy.¹

NIR



OCT

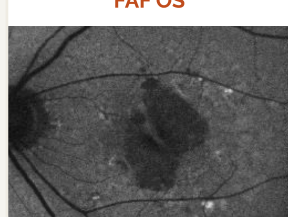


- ▣ Incomplete retinal pigment epithelium and outer retinal atrophy (iRORA) is a precursor to GA.
- ▣ Pigment epithelial detachment (PED) due to aggregation of drusen is a risk factor for progression to GA.⁵

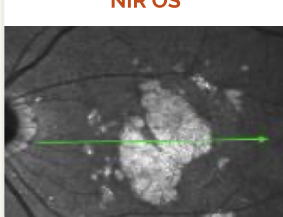
4 YEARS AFTER BASELINE VISIT

- **BCVA:** 6/45
- **Visual function:** Patient has stopped driving, and has trouble reading and seeing faces

FAF OS



NIR OS



OCT OS



Large area of atrophy associated with choroidal hypertransmittance on OCT

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

Visual acuity is poorly correlated with lesion size in earlier stages of the disease^{2,6}

Change in visual acuity may not fully capture disease progression;^{2,6} visual function continues to decline as lesions grow.^{2,7,8}

Isabella C.

80 years old
(Hypothetical patient)

Medical history:

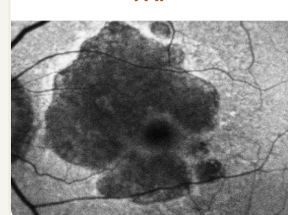
- No family history of AMD
- BMI 28
- Non-smoker with exposure to second-hand smoke
- Diabetes, hypertension

- Patient at baseline has a large area of 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

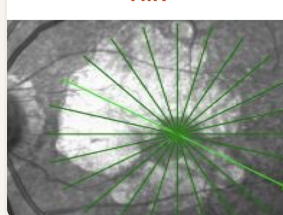
BASELINE VISIT

- **BCVA:** 6/7.5
- **Visual function:** Patient requires assistance from a caregiver on some activities (eg. cooking, driving)

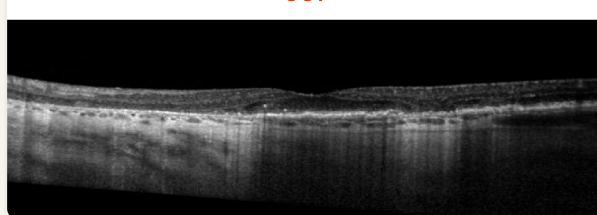
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NIR



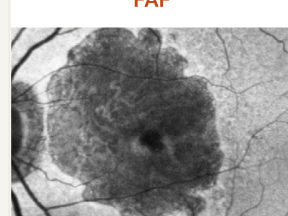
OCT



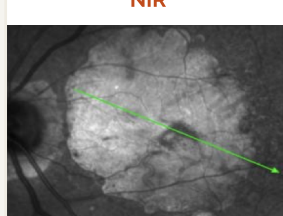
4 YEARS AFTER BASELINE VISIT

- **BCVA:** 6/15
- **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

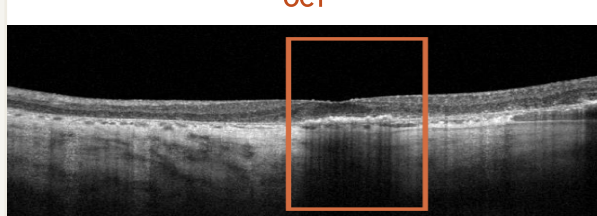
FAF



NIR



OCT



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

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

Multifocal configuration, large size, and non-foveal involvement are predictors of faster GA progression^{1,2,9}

Carla L.

82 years old
(Hypothetical patient)

Medical history:

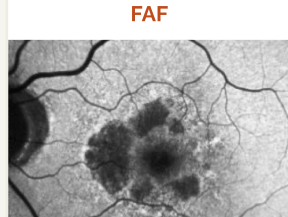
- Family history of AMD
- BMI 33
- Former smoker
- Hypertension, hyperlipidaemia

- 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

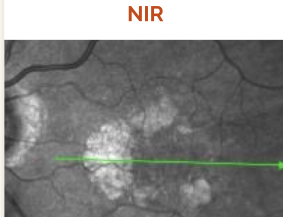
BASELINE VISIT

- **BCVA:** 6/9
- **Visual function:** Patient has dark adaptation issues and some difficulty reading

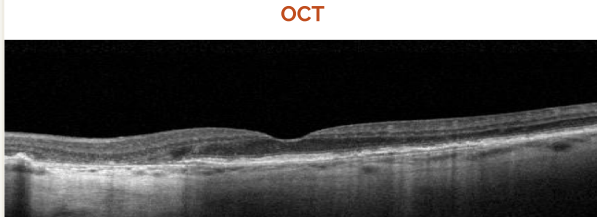
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NIR



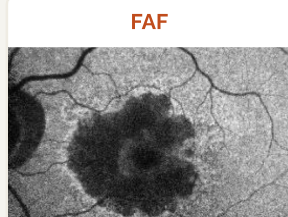
OCT



2 YEARS AFTER BASELINE VISIT

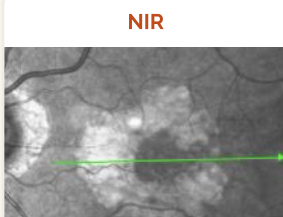
- **BCVA:** 6/12
- **Visual function:** Patient no longer feels comfortable driving although she is legally able to. Patient relies heavily on assistance from caregiver with some activities of daily living

FAF



Clear progression of perifoveal GA two years later.

NIR



OCT



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