

Baseline Microperimetry and SD-OCT measures in the RUSH2A study

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PRESENTED ON BEHALF OF THE FOUNDATION FIGHTING BLINDNESS CONSORTIUM INVESTIGATOR GROUP



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Summary

Baseline RUSH2A data revealed similar MP and SD-OCT metrics between the Usher syndrome type 2A (USH2A) and the nonsyndromic autosomal recessive retinitis pigmentosa (ARRP) participants with mutations in the USH2A gene.

Longer disease duration was associated with more severe abnormalities of retinal structure and function, adjusted for clinical diagnosis.



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Outline

- Objectives
- Methods
- > MP Results
 - Summary Data
 - Correlation with visual function/structure measures

OCT Results

- Summary Data
- Correlation with Visual function/structure measures



Objectives

- To describe MP and OCT data of RUSH2A patients by clinical diagnosis at study baseline
- To evaluate baseline patient characteristics associated with MP mean sensitivity and OCT EZ
- To evaluate correlations among different visual functional and structural measures



Methods

- Optional for sites with MAIA
- Primary cohort only
- Study eye only

- All RUSH2A subjects
- Performed on both eyes



Microperimetry (MP) in RUSH2A



MAIA (CenterVue)

- Mesopic/standard MAIA, 4-2 projection strategy
- Size-III Stimulus
- Custom 30 deg wide grid

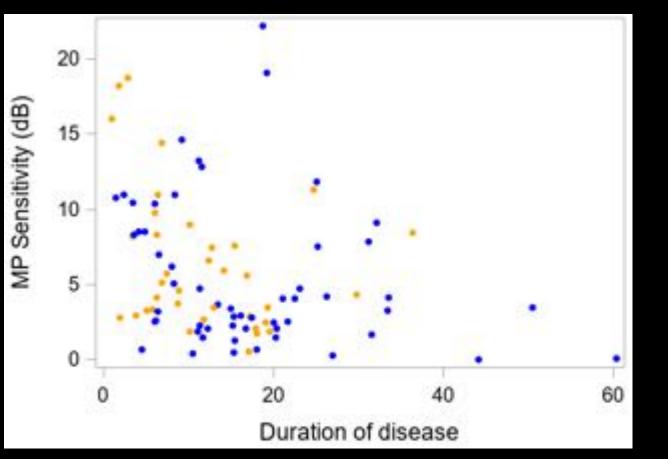


MP Data

	All	Clinical Diagnosis		P-value
		Usher	Non-syndromic	
	N = 93	syndrome	RP	
	N – 93	N= 56	N= 37	
MP Sensitivity (dB)				0.12
Median	4.1	3.5	5.1	
(IQR)	(2.5, 8.5)	(2.1, 8.5)	(3.0, 8.5)	
[Min, Max]	[0.0, 22.2]	[0.2, 22.2]	[0.6, 19.5]	
95% BCEA area (deg ²)				0.28
Median	1.5	1.4	1.7	
(IQR)	(0.8, 2.8)	(0.8, 2.7)	(0.8, 2.8)	
[Min, Max]	[0.2, 57.2]	[0.2, 57.2]	[0.2, 15.5]	



MP Sensitivity

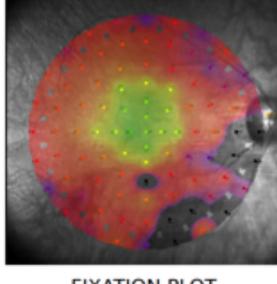


Usher 2: blue Non-syndromic RP: orange

Duration of disease: P < 0.001

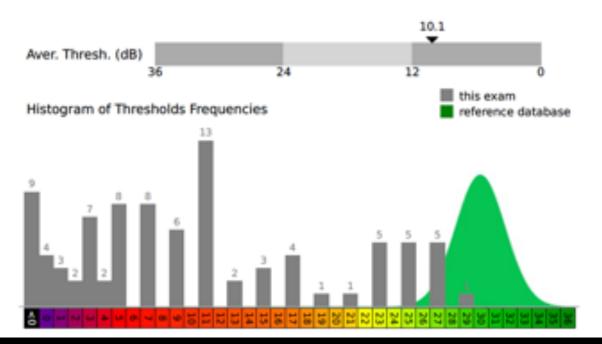
MP Data (Cont.)





FIXATION PLOT

Percent Reduced Thresholds: [Not available, Custom grid]

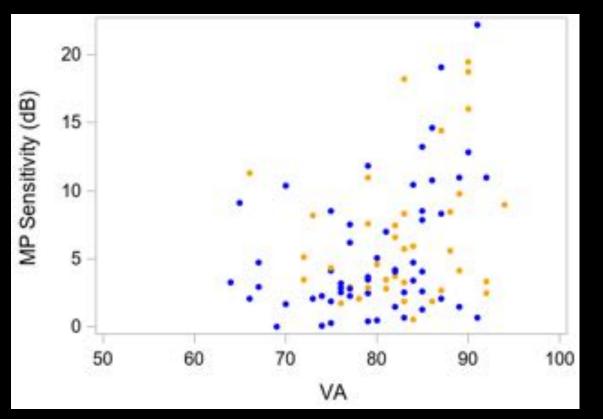


	All	Clinical Diagnosis		P-value
Number of loci with absolute scotoma <0 dB black (not seen)	N = 93	Usher syndrome N= 56	Non-syndromic RP N= 37	
Median	43	43	37	0.33
(IQR)	(21, 58)	(20, 64)	(24, 53)	
[Min, Max]	[1, 83]	[1, 83]	[1, 82]	



VA correlated with MP sensitivity

Better VA -> Higher MP sensitivity



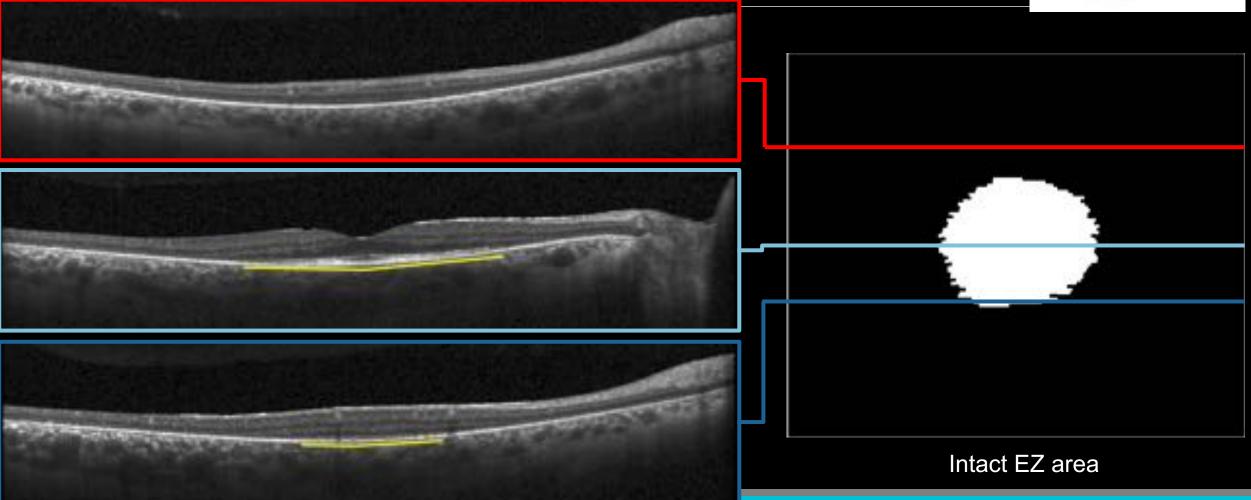
Usher 2: blue Non-syndromic RP: orange Spearman correlation r= 0.31 (95% CI: 0.12, 0.49) P = 0.002



OCT VARIABLES

Segmentation of EZ on OCT





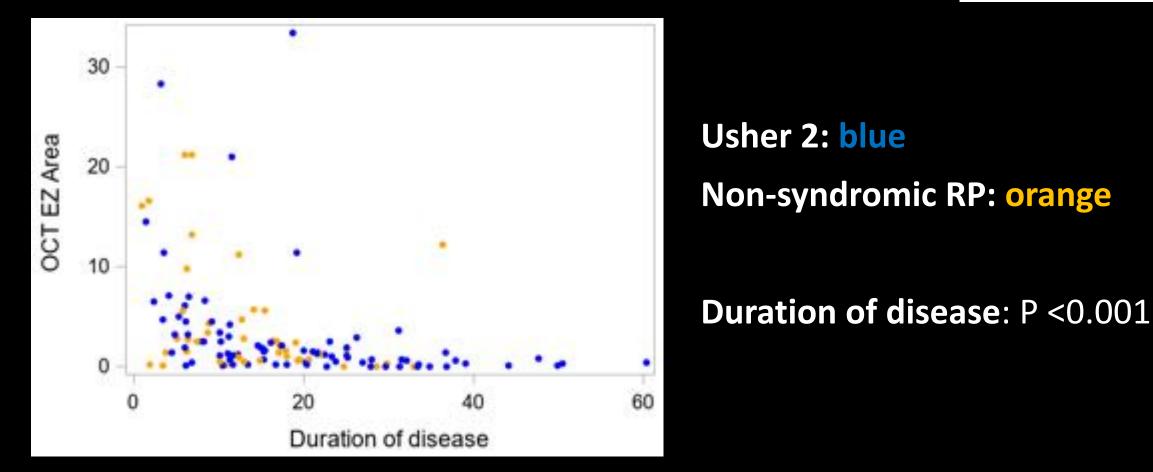


OCT Data

	All	Clinical diagnosis	
	N = 127	Usher syndrome N= 80	Non-syndromic RP N= 47
Central Subfield Thickness (µm)			
Median	253	247	259
(IQR)	(228, 283)	(223, 280)	(246, 286)
[Min, Max]	[137, 519]	[137, 519]	[175, 323]
EZ Area (mm ²)			
Median	1.5	1.4	2.3
(IQR)	(0.5, 3.5)	(0.4, 3.1)	(0.7, 5.7)
[Min, Max]	[0.0, 33.4]	[0.0, 33.4]	[0.0, 21.3]



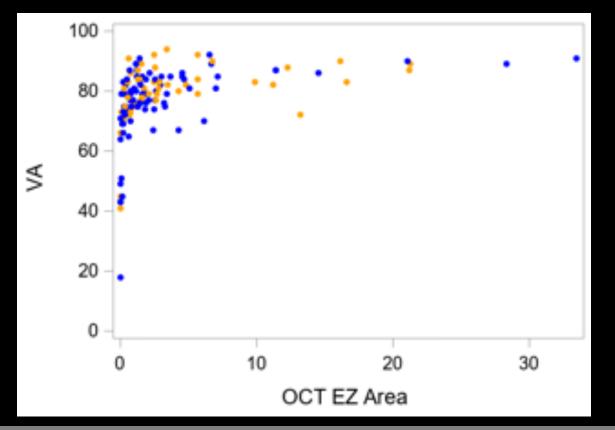
Disease duration with OCT EZ area





VA correlated with OCT EZ area

Better VA -> Greater OCT EZ area

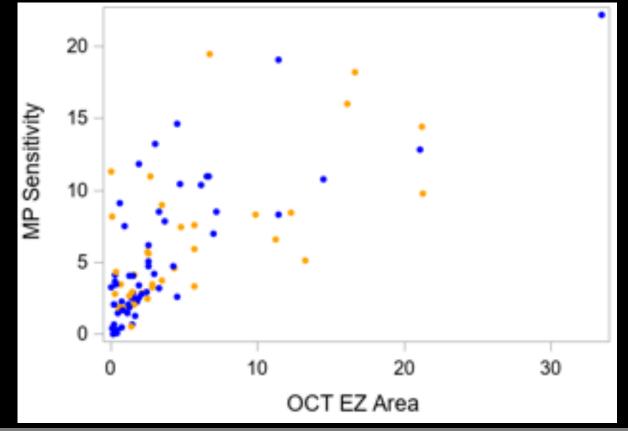


Usher 2: blue Non-syndromic RP: orange Spearman correlation r= 0.61 (95% CI: 0.48, 0.71) P < 0.001

Structure-function correlation: OCT EZ with MP sensitivity



Greater OCT EZ area -> Higher average threshold



Usher 2: blue Non-syndromic RP: orange Spearman correlation r= 0.68 (95%: 0.55, 0.78) P < 0.001

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Conclusions

Baseline RUSH2A data revealed similar MP and SD-OCT metrics between the USH2A and non-syndromic ARRP participants.

Longer disease duration was associated with more severe abnormalities of retinal structure and function, adjusted for clinical diagnosis.

MP and OCT measures may provide useful metrics to monitor during disease progression in studies of USH2A-related retinal degeneration.

(Manuscript under development)

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