Clinical Imaging of Macrophage-Like Cells in the Living Human Eyes with Diabetic Retinopathy Using En face OCT Reflectance

Control

DMnoDR





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Disclosures

Richard B. Rosen: OptoVue: Code C; Boehringer-Ingelheim: Code C; Astellas: Code C; Genentech-Roche: Code C; NanoRetina: Code C; OD-OS: Code C; Opticology: Code I: Guardion: Code I; CellView: Code I: Regeneron: Code C; Bayer: Code C; Diopsys: Code C ;Teva: Code C. **Rishard Weitz: CellView: Code I** Toco Y.P. Chui: None Davis B. Zhou: None Maria V. Castanos: None Joseph Carroll: OptoVue: Code F; AGTC: Code F; MeiraGTx: Code C, F; **Translational Imaging Innovations: Code I** Reilly L. Allison, None

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Summary

- Clinical OCT is capable of imaging single macrophage-like cells, probably hyalocytes, in eyes of patients with diabetes.
- Changes cell morphology and distribution mirror areas of retinal damage and diabetic progression.

 Clinical utility of this potential biomarker will depend on automation of software and imaging protocols









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Macrophage-like Cells on the VitreoRetinal Interface



H Qiao et al., The characterisation of hyalocytes: the origin, phenotype, and turnover. Br. J. Ophthalmol, 2005



Adaptive Optics - OCT Imaging of Macrophage-like Cells

Healthy Control, Vitreoretinal Interface, Temporal Retina



Kurokawa et al., Suite of methods for assessing inner retinal temporal dynamics across spatial and temporal scales in the living human eye, Neurophotonics 2020





Clinical OCT Imaging of Macrophage-like cells

Healthy Controls, Vitreoretinal Interface, Temporal Retina

Clinical OCT



MV Castanos et al., Imaging of Macrophage-Like Cells in Living Human Retina using Clinical OCT, IOVS 2020, in press

Adaptive Optics - OCT



Z Liu et al., Imaging and quantifying ganglion cells and other transparent neurons in the living human retina, PNAS 2017

Clinical OCT Imaging of Macrophage-like cells



Healthy Control, 34yo, M, OS, Temporal Retina



MV Castanos, DB Zhou, RE Linderman, R Allison, T Milman, J Carroll, J Migacz, RB Rosen, TYP Chui, Imaging of Macrophage-Like Cells in Living Human Retina using Clinical OCT, IOVS 2020;61(6):48.

3-D OCT Shows *Postures* of Macrophage-like Cells on the Vitreoretinal interface



Healthy Control, 34yo, M, OS, Temporal Retina



Green : Macrophage-like cells **Blue : RNFBs Red : Retinal Blood Vessels**

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- To image macrophage-like cells in diabetic eyes using clinical OCT.
- To compare morphology of macrophagelike cells in the healthy and diabetic eyes.
- To quantify distribution of macrophage-like cells in healthy and diabetic eyes using clinical OCT.







Healthy Control, 34yo, M, OS, Temporal Retina



Methods – Image Acquisition and Processing

13 diabetic retinopathy patients and 17 controls were imaged using a clinical SD-OCT system (Avanti RTVue-XR; Optovue).

1. Optovue Avanti ~10-20 mins

10 Sequential Scans



3x3mm Temporal Scan OCT-A Full Layer

Healthy Control, 34yo, M

Methods – Image Acquisition and Processing

13 diabetic retinopathy patients and 17 controls were imaged using a clinical SD-OCT system (Avanti RTVue-XR; Optovue).



Register Virtual Stack Slices Transformation matrix

Healthy Control, 34yo, M

3x3mm Temporal Scan

OCT-A Full Layer

Methods – Image Acquisition and Processing

13 diabetic retinopathy patients and 17 controls were imaged using a clinical SD-OCT system (Avanti RTVue-XR; Optovue).



3x3mm Temporal Scan

Healthy Control, 34yo, M

3. Maltab, Optovue, & ImageJ ~3 hrs

3 μm slab OCT-A and OCT-R Stack Registration & Averaging









3x3mm Temporal Retina, ~ 9° from the fovea

OCT-R Slab 3µm above ILM to ILM surface





OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)



OCT-R Slab 3µm above ILM to ILM surface





OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)





OCT-R Slab 3µm above ILM to ILM surface





Ramified macrophage-like cells **Slender with spindle-like configuration**

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

Cells co-localized with blood vessels

Macrophage-Like Cells at the Vitreoretinal Interface -Hyalocytes (Murine)

Macrophage-like cells in normal living <u>human retina</u>

Vagaja. et al., Changes in Murine Hyalocytes Are Valuable Early Indicators of Ocular Disease. Invest Ophthalmol Vis Sci. 2012

Hyalocytes in normal <u>mouse retina</u>

Macrophage-Like Cells at the Vitreoretinal Interface -Hyalocytes (Bovine)

Macrophage-like cells in normal living human retina

"In the extracted vitreous, the hyalocytes were present mainly on the vitreous gel surface and accumulated like branching blood vessels."

Hyalocytes in normal <u>cow retina</u>

Noda. et al., Functional Properties of Hyalocytes under PDGF-Rich Conditions. Invest Ophthalmol Vis Sci. 2004

3x3mm Temporal Retina, ~ 9° from the fovea

OCT-R Slab 3µm above ILM to ILM surface

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

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Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

Cells with fewer protrusions (red arrows) Irregular spatial distribution (yellow arrow)

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

Cells co-localized with blood vessels

3x3mm Temporal Retina, ~ 9° from the fovea

OCT-R Slab 3µm above ILM to ILM surface

Cells show uneven distribution and clustering along the vessels

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

Cells with fewer protrusions (red arrows)

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

Cells co-localized with blood vessels

Full Vascular Layer OCTA

Macrophage -Like Cell Layer En Face OCTR 3µ above ILM to ILM surface

Macrophage -Like Cell Layer En Face OCTR (Green). Full Vascular Layer OCTA (Red)

3x3mm Temporal Retina, ~ 9° from the fovea

OCT-R Slab 3µm above ILM to ILM surface

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

OCT-R Slab 3µm above ILM to ILM surface

Cells with fewer protrusions (red arrows) **Clustered Cells**

OCT-A Slab ILM surface to 48µm below ILM

Color Overlay OCT-R (Green) and OCT-A (Red)

Cells co-localized with blood vessels

Cell Activation and Clustering in DR

Proliferative Diabetic Retinopathy, 61yo, M, OD

OCT Reflectance 3 µm above ILM

Sla Angiograpl Vascular Ful

Neovascularization (red arrows) and macrophage-like cell proliferation at the Vitreoretinal Interface

mm

Axial Depth,

Nearest Neighbor Distance and Cell Density at ROIs

Representative Healthy Control Temporal OCT-R: 3 µm above ILM

500x500 µm ROI

Cells appear to translocate toward regions of metabolic stress reducing their nearest neighbor distance within the cluster

Nearest Neighbor Distance and Cell Density at ROIs

Representative Healthy Control Temporal OCT-R: 3 µm above ILM

500x500 µm ROI

Cells appear to translocate toward regions of metabolic stress reducing their nearest neighbor distance within the cluster

Nearest Neighbor Distance and Cell Density at ROIs

Nearest Neighbor Distance

Cells density increases in regions of interest correlate with clinical retina changes

Macrophage-like Cell Translocation Over 6 Hours

Baseline

Follow up – 6 hours

Changes between visits

* Simulated cell movement

Changes in <u>Cell Boundaries</u> over 6 Hours

Baseline

Follow up – 6 hours

Tweening between visits

* Simulated cell movement

Changes in <u>Cell Centroids</u> over 6 Hours

Baseline

Follow up – 6 hours

Tweening between visits

* Simulated cell movement

Changes in Cell Boundaries and Centroids over 6 Hours Baseline vs Follow up – 6 hours

Cell Boundaries

Cell Centroids

Automated Cell Identification and Density Mapping

Contrast Stretched

Cell Centroids

Cell Density Map, cells/mm²

Limitations

- Identity of these cells is still in question, no imaging markers
- Limited sample size and age range of population studied.
- 10 scan acquisition is clinically challenging for some patients.
- Current manual cell identification and counting is labor intensive.

Summary

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Thank You for Your Attention

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