Glaucoma Automated Tests Evaluation

Inclusion criteria

- Adult patients (aged over 18 years old)
- New referral from primary care to glaucoma clinic

Clinic date

.....

Study Number	Patient Name	Year of birth	Gender M/F	Info. sheet sent	Date info. sent	Consented	*If not consented, state reason (A, B, C or D)*	*Assigned Test Order*		
								HRT	GDX	OCT
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				
				Y N		Y N				

Reasons for not including

A: Non attendance (DNA/CNA)
B: Refusal – record reason if possible
C: Missed
D: Equipment not working (please record which machine is not working)

Participant Study No

Glaucoma Automated Tests Evaluation

Research Officer Data Collection Form

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This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

Research Officer Data Collection Form

Participant Study number | | | | | |

Date of Assessment D D / M M / Y Y Y Y

SECTION A - PATIENT DETAILS

CHI number (Scotland only) or NHS number | | | | | | | | | | |

Date of Birth D D / M M / Y Y Y Y

Gender ☐ Male ☐ Female

ETHNIC ORIGIN

Please note the following are the main classification categories used by the Census 2001. Please ask the patient how they would describe themselves.

Black or Black British-Caribbean ☐

Black or Black British-African ☐

Other Black Background ☐ Please specify _____

Asian or Asian British-Indian ☐

Asian or Asian British-Pakistani ☐

Asian or Asian British-Bangladeshi ☐

Chinese ☐

Other Asian Background ☐ Please specify _____

Mixed – White and Black Caribbean ☐

Mixed – White and Black African ☐

Mixed – White and Asian ☐

White - British ☐

Other ☐ Please specify _____

Has patient been fully consented? Yes ☐

SECTION B – CLINICAL DATA

Referral Eye (please tick only one) Right ☐ Left ☐ Both ☐

IOP on referral (mmHg)

Right ☐☐ Left ☐☐

Method of assessment (please tick only one)

NCT ☐
GAT ☐
Other ☐ Please specify _____

Refraction

	+/-	Sphere		+/-	Cyl		Axis
Right eye	☐	☐☐ . ☐☐	/	☐	☐☐ . ☐☐	x	☐☐☐
Left eye	☐	☐☐ . ☐☐	/	☐	☐☐ . ☐☐	x	☐☐☐

Best corrected visual acuity (Snellen)

Right eye	Left eye
☐☐☐☐☐	☐☐☐☐☐

Visual fields ***(Humphrey 24.2)***

SITA standard or SITA fast. Record reliability information defined by the Humphrey

Right Eye: Reliable ☐ Unreliable ☐ Not done ☐

Fixation losses	False pos errors (%)	False neg errors (%)	+/-	MD (dB)	PSD (dB)	VFI (%)
☐☐ / ☐☐	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐☐

Left Eye: Reliable ☐ Unreliable ☐ Not done ☐

Fixation losses	False pos errors (%)	False neg errors (%)	+/-	MD (dB)	PSD (dB)	VFI (%)
☐☐ / ☐☐	☐☐	☐☐	☐	☐☐☐☐	☐☐☐☐	☐☐☐

Printout of Visual Fields for research site file attached to CRF. Yes ☐

SECTION C – IMAGING DATA

Test order

The order that tests should be performed is found on the study website clinic log for this study number. Please record the order in which the tests were performed (1=1st,2=2nd,3=3rd)

HRT ☐ **GDX** ☐ **OCT** ☐

HRT

Start time (24hr clock) H H : M M **End time** (24hr clock) H H : M M

Were pupils dilated? Yes ☐ No ☐

Right Eye: Completed ☐ Not performed ☐ Reason _____

Left Eye: Completed ☐ Not performed ☐ Reason _____

Raw data filename _____ Raw data saved to disk ☐ Hard copy report printed

MRA right eye ☐
MRA left eye ☐
GPS ☐

GDX

Start time (24hr clock) H H : M M **End time** (24hr clock) H H : M M

Were pupils dilated? Yes ☐ No ☐

Right Eye: Completed ☐ Not performed ☐ Reason _____

Left Eye: Completed ☐ Not performed ☐ Reason _____

Raw data filename _____ Raw data saved to disk ☐ Hard copy report printed ☐

OCT

Start time (24hr clock) H H : M M **End time** (24hr clock) H H : M M

Were pupils dilated? Yes ☐ No ☐

Right Eye: Completed ☐ Not performed ☐ Reason _____

Left Eye: Completed ☐ Not performed ☐ Reason _____

Raw data filename _____ Raw data saved to disk ☐ Hard copy report printed (RNFL basic report OU) ☐

Has participant completed the GATE Participant Preference questionnaire? Yes ☐ No ☐

If No, why? _____

Participant Study No

Glaucoma Automated Tests Evaluation

Participant Preference Questionnaire

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This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

Participant Study No

Participant Preference Questionnaire

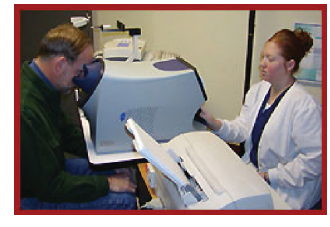
Date of examination | | | / | | | / | | | | |

Now that you have had all three tests can you please give an order of preference from 1 for the most preferred test, to 3 for the least.

If you have no preference please tick the last box.

Optical Coherence Tomography

Scanning laser polarimetry – GDx-VCC



Heidelberg Retinal Tomography

I have no preference

Please note you may not have had your tests in the order above and may not remember which test is which. If you are unsure then ask the research nurse for help.

CLINICIAN CRF

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DO NOT LOOK AT IMAGING RESULTS BEFORE COMPLETING THIS FORM

Participant Study number | | | | | |

Date of Assessment D D / M M / Y Y Y Y

Glaucoma Automated Tests Evaluation

Clinician Name (Capitals) _____

IOP (mmHg)

Today	Right		Left	

DIAGNOSIS (tick only one category in each column)	**Right**	**Left**
Glaucoma		
Disc suspect		
VF suspect		
VF+disc suspect		
OHT (normal disc and field)		
PAC (normal disc and field)		
PAC suspect (normal disc and field)		
No glaucoma-related findings		
Undetermined (could not complete assessment)		

→ Severity of glaucoma

	R	**L**
Mild		
Moderate		
Severe		

Please specify reason

For glaucoma and suspects:		**R**	**L**
Please tick mechanism	Open angle		
	Angle closure		
	Other		

Co-morbidity – tick all that apply	**Right**	**Left**
AMD		
Cataract		
Neurological		
Other		

Please specify

ACTION (please tick)

Discharge? Yes ☐ No ☐

If NO please complete – tick only one box in each column

	Right	Left	**Comments**
Treat			
Monitor only			
Repeat assessment required			

Clinical diagnosis definitions

Glaucoma Automated Tests Evaluation

Glaucoma:
Evidence of glaucomatous optic neuropathy* and a characteristic visual field loss**

Glaucoma severity: according to Humphrey SITA standard perimetry of a reliable VF ***:

Mild: MD better than or equal to -6 dB;

Moderate: MD between -6.01dB and -12 dB

Severe: MD worse than or equal to -12.01 dB

Mechanism:

Open angle: includes POAG, NTG,

Angle closure: includes evidence of glaucomatous optic neuropathy combined with a characteristic visual field loss, and a closed anterior chamber angle (appositionally or synechial) in at least 270°

Other: pigmentary glaucoma, pseudoexfoliation glaucoma or any other type of glaucoma

Disc suspect: appearance suggestive of glaucomatous optic neuropathy but may also represent a variation of normality, with normal visual fields (with or without high IOP).

VF suspect: visual field loss suggestive of glaucoma, but may also represent a variation of normality, with normal appearance of the optic disc (with or without high IOP)

VF+disc suspect: both the optic disc and visual field have some features that resemble glaucoma but may also represent a variation of normality (with or without high IOP)

OHT: when both the visual field and optic nerve appear normal in the presence of elevated pressure, > 21 mmHg

PAC: Closed anterior chamber angle (appositionally or synechial) in at least 270°, and at least one of the following two: IOP > 21 mmHg and/or presence of peripheral anterior synechiae. Both visual field and optic nerve appear normal

PAC suspect: Closed anterior chamber angle (appositionally without any synechiae) in at least 270°, with IOP $\leq$ 21 mmHg. Both visual field and optic nerve appear normal

The decision to monitor/treat will be defined in accordance with the NICE guidelines

* Evidence of optic nerve damage from any of the following: Optic disc or retinal nerve fibre layer structural abnormalities. Diffuse thinning, focal narrowing, or notching of the optic disc rim, especially at the inferior or superior poles. Documented, progressive thinning of the neuroretinal rim with an associated increase in cupping of the optic disc. Diffuse or localized abnormalities of the peripapillary retinal nerve fibre layer, especially at the inferior or superior poles. Disc rim or peripapillary retinal nerve fibre layer haemorrhages. Optic disc neural rim asymmetry of the two eyes consistent with loss of neural tissue.

** Reliable visual field abnormality considered a valid representation of the subject's functional status. Visual field damage consistent with retinal nerve fibre layer damage (e.g., nasal step, arcuate field defect, or paracentral depression in clusters of test sites). Visual field loss in one hemifield that is different from the other hemifield, i.e., across the horizontal midline (in early/moderate cases). Absence of other known explanations.

***A reliable visual fields is classified as: False positive error <15% and no evidence for learning effect or poor performance which could impact on MD value (clinical judgement). In patients with unreliable visual field, the severity of glaucoma will be based upon clinical judgement.