



Glaucoma Module

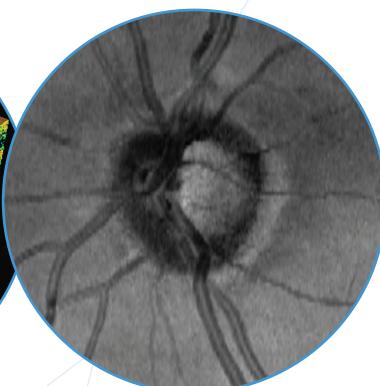
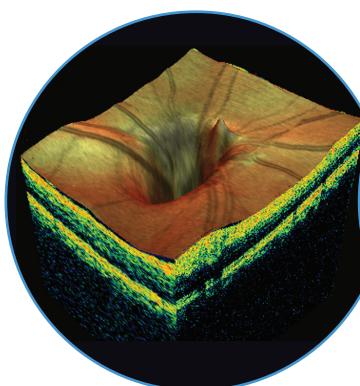
The Avanti Glaucoma Module is a comprehensive offering that includes new metrics and advanced methods of monitoring structural change as well as the standard features you've come to expect from posterior segment OCT.

Avanti Widefield OCT incorporates RNFL and Ganglion Cell Complex (GCC) measurements with the added parameters of Focal Loss Volume (FLV%) and Global Loss Volume (GLV%) that increase the sensitivity and specificity of the GCC analysis.¹ The RNFL and GCC trend analysis report provides a tool for approximating rate of change that enables personalized treatment protocols and improved patient education.

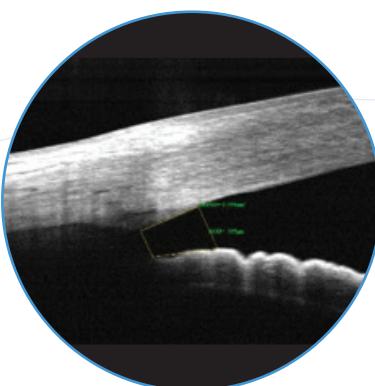
Visualize

Ocular structures in exquisite detail to aid in glaucoma diagnosis

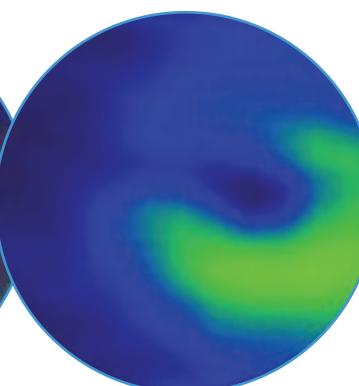
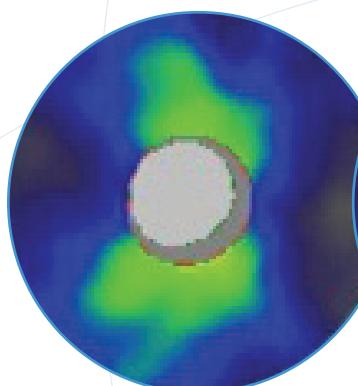
Optic Disc Structures with 3D Disc Scan and En Face Presentation



Anterior Chamber Angles



ONH and GCC Thickness





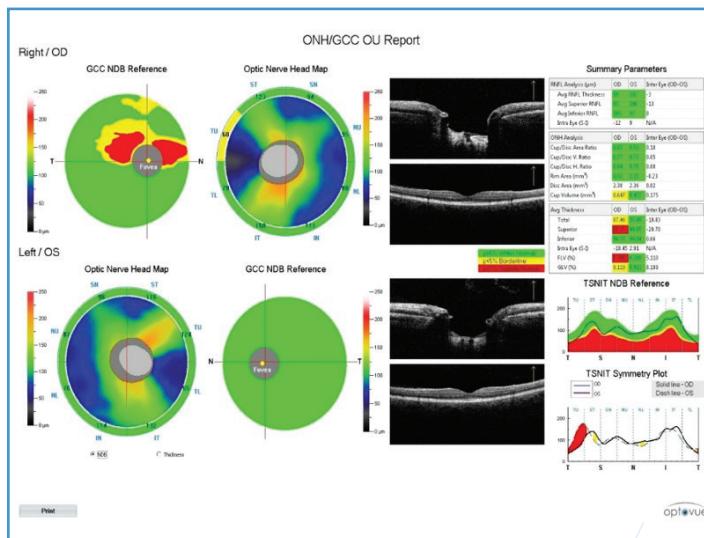
Glaucoma Module

Analyze

Disease progression with comprehensive report

Quantify

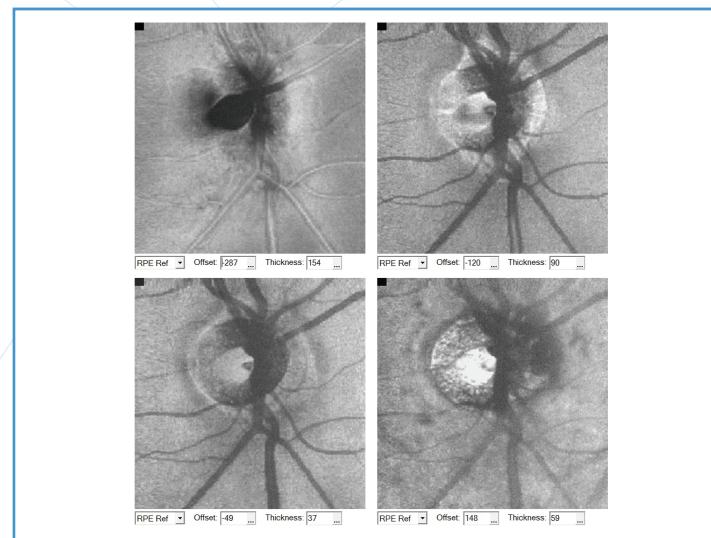
RNFL, optic disc and GCC parameters with normative comparison



ONH and GCC Report

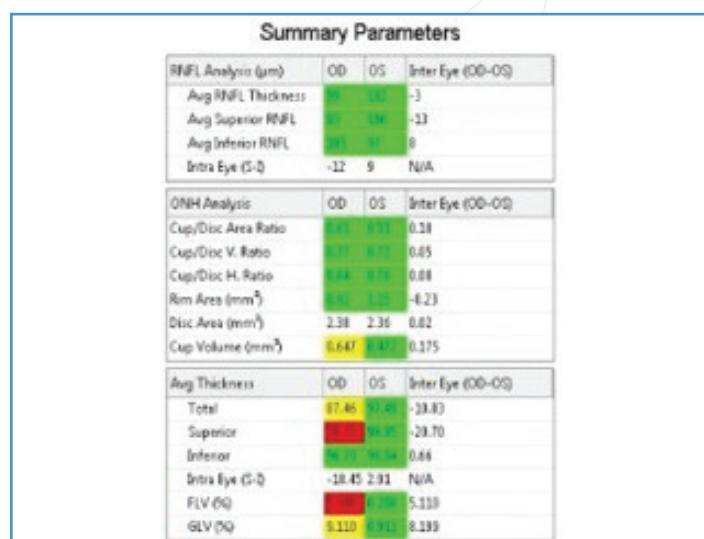
Evaluate

Individual layers of the optic disc with en face presentation



Analyze

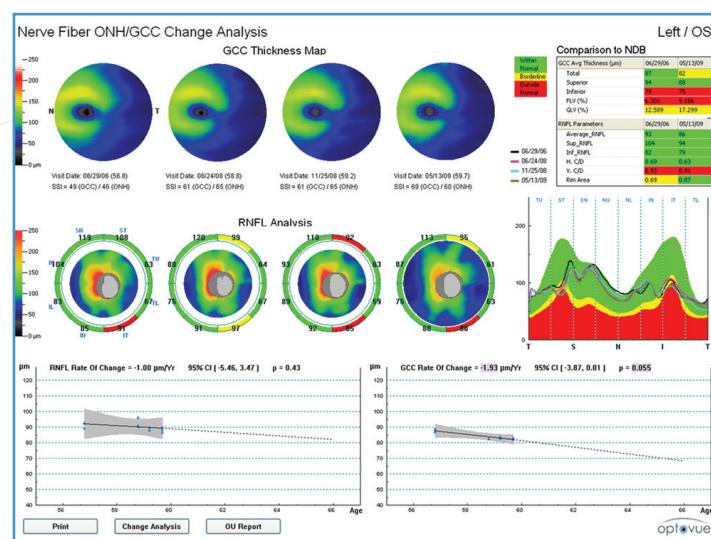
Metrics that increase the sensitivity and specificity of the GCC analysis



Focal Loss Volume (FLV%) and Global Loss Volume (GLV%)

Approximate

Rate of change for RNFL and GCC structures



Trend Analysis Report

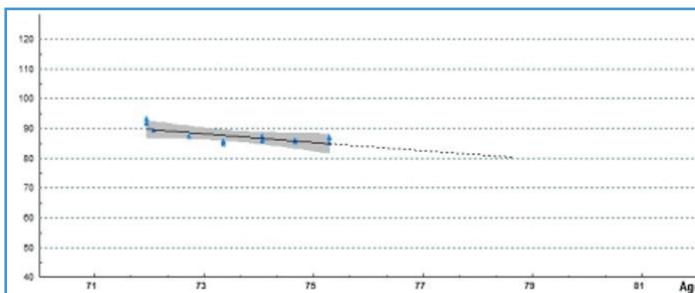
Visualize. Analyze. Personalize



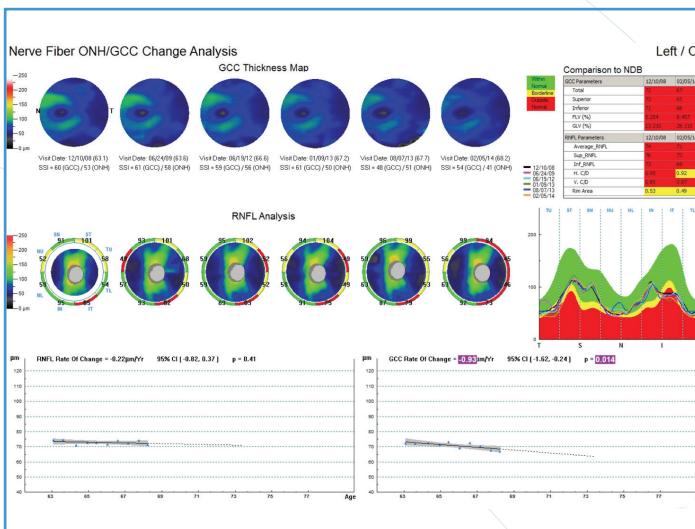
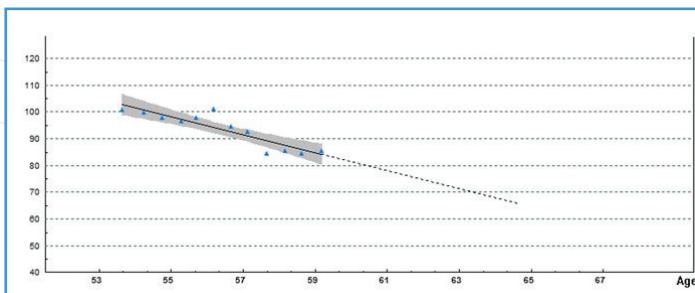
Personalize

Treatment protocols with extensive information on disease progression

µm GCC Rate of Change = -1.45µm/Yr 95% CI (-2.94, 0.04) p = 0.061



µm RNFL Rate of Change = -3.35µm/Yr 95% CI (-4.51, 2.19) p = 0.000



Patient Care

Differentiate between rapidly progressing eyes and those progressing more slowly with trend analysis of both the RNFL and GCC structures.

Avanti Trend Analysis reports include an estimate of the rate of change, as well as the confidence interval and the statistical significance of the rate of change.

- No highlighting of the p-value indicates no statistically significant change over time.
- Light purple highlighting with black numbers indicates the change over time is borderline statistically significant.
- Dark purple highlighting with white numbers indicates a statistically significant change over time.

Glaucoma Management

Reviewing with patients the structural changes caused by the disease conveys the importance of treatment compliance.

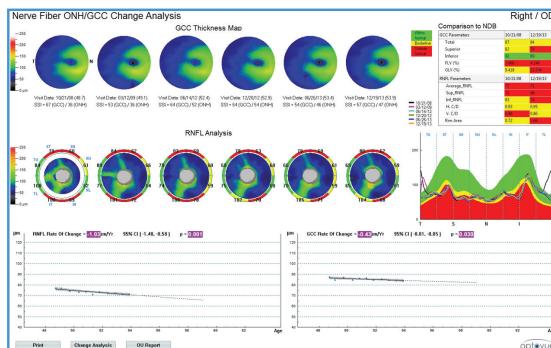
The Avanti nerve fiber change summary report displays GCC and RNFL thickness maps for up to six patient visits. A comparison table highlights the first and last visit as related to the normative database.



Glaucoma Module

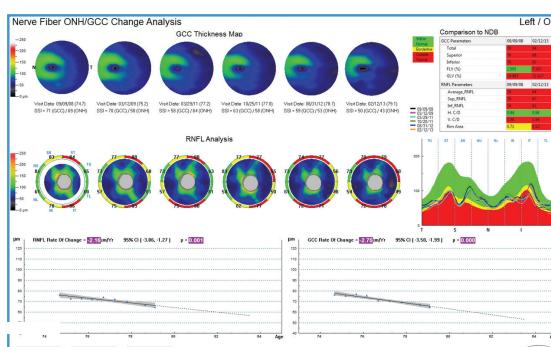
AVANTI™
RTVue OCT

Case Studies



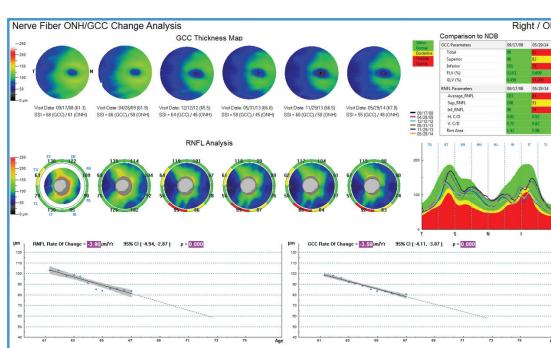
Case 1: Glaucoma Patient with Slow Rate of Progression

The trend analysis suggests a slow rate of progression of approximately 1 micron per year. Correlation of the rate of change with the patient's age and other unique characteristics enables a personalized treatment protocol.



Case 2: Glaucoma Patient with Moderate Rate of Progression

The estimated rate of change of 2.2 microns per year (RNFL) and 2.8 microns per year (GCC) indicates a moderate rate of progression. Correlation of the estimated rate of change with the patient's age and other unique characteristics aids in clinical decision making.



Case 3: Glaucoma Patient with Fast Rate of Progression

This patient has rapidly thinning GCC and RNFL structures as approximated by trend analysis. Historical data indicates that the RNFL is thinning at a rate of 3.9 microns per year, and the GCC is thinning at a rate of 3.6 microns per year. Treatment protocols should address the fast rate of progression.

Case studies and images courtesy of Linda M. Zangwill, PhD, Professor of Ophthalmology, University of California, San Diego

References

- Loewen, N, Zhang, X. Combining measurements from three anatomical areas for glaucoma diagnosis using Fourier-domain optical coherence tomography. Br J Ophthalmol. 2015; 25(0):1-6.



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