GEOGRAPHIC ATROPHY (GA):

Patient Identification and Referral Guide

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Early detection of GA and timely referral may help maintain the quality of vision patients deserve for longer.[1]

Considerations for Identifying and Selecting Patients for Referral

Retinal Imaging: Plays a Critical Role in Early GA Diagnosis

OCT is helpful in identifying hallmark biomarkers of GA[2]

- What to look for[3]:
  - Zone(s) of attenuation or disruption of the RPE
  - Presence of choroidal hypertransmission
  - Evidence of overlying photoreceptor degeneration

FAF is helpful for assessing lesion size and monitoring disease progression[2,4]

- What to look for[5,6]:
  - Areas of hypoautofluorescence with sharply demarcated borders
  - Patterns of hyperautofluorescence surrounding atrophic lesions such as focal, patchy, banded, diffuse, or diffuse-trickling

CFP is useful in establishing a baseline of the disease and monitoring progression[2]

- What to look for[4,5,7]:
  - Drusen as well as depigmentation and hyperpigmentation of areas of the fundus
  - Hypopigmented GA lesion with sharply demarcated areas with increased choroidal vessel visibility

Functional Visual Assessments

Visual acuity often does not provide a complete assessment of visual function. A decline in visual function can lead to a decline in quality of life.[4,8-10] It's important to inquire about:

- Trouble performing daily activities (reading, driving, hobbies, etc.)[8,10,11]
- Difficulty with low-light vision, night vision, or driving in low-light conditions[4,5,12]
- Decreased contrast sensitivity[12]
- Decreased reading speed[12]

Lesion Characteristics Associated With Faster Progression Rates

GA is a heterogenous disease, and factors of its presentation may be associated with a faster progression rate.[5] These factors can include:

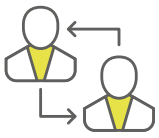
- Non-foveal lesions[5]
- Multifocal lesions[5]
- Bilateral disease[13]

Patient Discussion and Education

Educate your patients on what they may expect throughout their GA journey.

- Explain the irreversible impact GA may have on vision
- Discuss the goal of future treatment and management is to slow disease progression
- Emphasize the importance of regular monitoring and follow-up appointments

Partnering With Your Eye Care Colleagues



Early alignment with your eye care colleagues can help ensure optimal outcomes for your patients.

Discuss with your retinal specialist partner:

- Which patients to refer and when in their course of disease to take action
- The appropriate information to share, such as previous imaging scans, functional vision changes, patient history, and proper coding based on disease presentation
- How you can collaborate to optimize patient management

Identify and flag patients with GA now for future referral and management considerations.

Scan here for additional information on patient referral and management or visit seeGAdifferently.com/refer

CFP=color fundus photography; FAF=fundus autofluorescence; OCT=optical coherence tomography; RPE=retinal pigment epithelium.

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