



31 August 2013

Dear Advanced Imaging for Glaucoma Study Participants,

The Advanced Imaging for Glaucoma (AIG) Study officially ends on August 31, 2013. As the principal investigator of the study, I thank you for your participation over its multi-year duration. I also want to take this opportunity to briefly report on the study results to date.

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The AIG consortium includes technology, resource, and clinical centers. It is funded by the National Eye Institute (National Institutes of Health grant R01 EY013516) to develop and evaluate advanced imaging technologies for the diagnosis and monitoring of glaucoma.

You have enrolled in the study in one of the AIG clinical centers, which include the Bascom Palmer Eye Institute (Palm Beach) of the University of Miami, the Doheny Eye Institute (Los Angeles) of the University of Southern California, and the University of Pittsburgh Medical Center Eye Center. Enrollment of study participants started in August 2004 and continued through February 2011. Overall, 145 normal (healthy eyes) participants, 394 glaucoma suspect and pre-perimetric glaucoma participants (patients with risk factors or signs of glaucoma but no definite visual field damage), and 248 perimetric glaucoma participants (patients with glaucomatous visual field loss on perimetric testing) completed enrollment. Normal participants were followed to establish the normal ranges of imaging results and aging changes. Glaucoma patient were followed to monitor any disease progression using the advanced imaging tests and standard clinical tests.

The imaging tests evaluated in the AIG study include ones that existed at the beginning of the study (scanning laser tomography, scanning laser polarimetry, time-domain optical coherence tomography), as well as Fourier-domain optical coherence tomography (FD-OCT), which was developed during the study period. Several new diagnostic technologies were developed by AIG investigators, including the mapping of macular ganglion cell complex with FD-OCT, and the measurement of total retinal blood flow using Doppler FD-OCT.

From the clinical study, we were able to evaluate and compare the diagnostic accuracy of the eye measurements made by various imaging technologies. We learned that diagnosis could be improved by combining measurements from different parts of the eyes that were affected by glaucoma – the optic disc, nerve fiber layer, and macular ganglion cell complex. And we found that these imaging results could help predict the development of glaucoma and its subsequent progression. You can find a list of AIG publications on our website, www.AIGStudy.net. We expect



to post more results on this website over the next several years as the results are further analyzed.

Your personal test results obtained within the AIG Study are available to the glaucoma doctor that enrolled you in the study. The doctor may have already reviewed some of them with you. And you can review them with your doctor in future visits.

Again, thank you for your participation in this important study that has had and will continue to have great impact in improving the diagnosis and management of glaucoma.

Sincerely,

A handwritten signature in black ink that reads "David Huang". The signature is written in a cursive style with a long, sweeping underline.

David Huang, MD, PhD
Principal Investigator, Advanced Imaging for Glaucoma