

Final Results Round 2 – 33 Participants – Anonymised

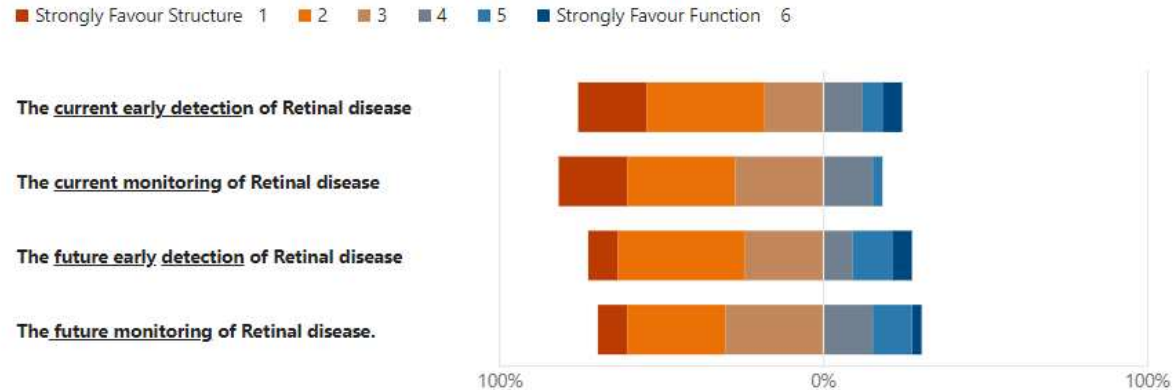
2. Structural Vs Functional Testing

From the Round 1 questions there was reasonable agreement that structural and functional testing will both continue to be valuable in the future. However, from the subsequent comments there is not only some variation in the balance of opinion, but the relative importance is perhaps nuanced by the disease type and stage, as well as the possibility of future developments.

For the following question, a score of 1 indicates you fully favour Structural Testing and a score of 6 indicates you fully favour Functional Testing, with the in-between scores indicating you favour differing blends of both.

Please indicate the extent to which you consider one to predominate over the other in.....:

[More Details](#)



3. Please elaborate on any of your answers to the above question, if you wish....

ID	Name	Responses
1	anonymous	Many retinal diseases are global and need ERG for diagnosis. Patients are more interested in what they see so function is important to them. Structural change is often localised and may miss important and defining retinal changes elsewhere in retina.
2	anonymous	Likely more scope in future for improved structural monitoring v functional monitoring (I am unconvinced clinical psychophysics has 'scope' to improve as much) but function still important - preservation of vision is the goal - what patients 'see' always needs to be reflected.
3	anonymous	Patients' symptoms, "complaints" as well psychometric and subjective functional testing can be somewhat unreliable even when repeatable. Structural testing such as retinal imaging and scanning, when doable (in the absence of media and physical retractions) and properly done (chosen the correct test and testing strategies and well and quality image) are more reliable in my opinion.
4	anonymous	Some of my previous research points to high variability of functional tests in patients with macular disease (particularly in AMD). This variability is heightened in busy clinical settings. I therefore place more reliance on structural tests or at least i look hard for correlates of functional change in imaging test results
5	anonymous	At present functional testing is limited and is outperformed by structural testing (eg VMT, non foveal involving GA) but I am reluctant to rely wholly on structural testing for decision making
6	anonymous	Functional testing, beyond normal visual acuity and visual fields, will continue to have limited direct clinical application. Through advances in ML, structure-function correlation and therefore the prediction of visual function metrics from imaging will significantly advance - for example, prediction of microperimetry sensitivity values in Geographic Atrophy from OCT
7	anonymous	The relative usefulness of structural and functional measures of retinal disease will depend upon the particular disease, the stage of the disease and the setting in which the assessment is to be made.
8	anonymous	I think early detection of disease with functional testing will become more widely accepted. However, given current technology, I believe structural testing will continue to be the predominant strategy to monitor progression.
9	anonymous	Detection with mass structural screening may be hard to achieve. Vision may play a role with at home monitoring or as an adjunct to structural measurement.
10	anonymous	Structural testing is usually more objective and in the context of monitoring/ assessing response to treatment in busy clinics is potentially more reproducible

ID	Name	Responses
11	anonymous	home monitoring would be ideal
12	anonymous	At present, structural testing is quick and reproducible. In future, more rapid, reliable functional tests will facilitate their wider deployment also I think.
13	anonymous	Technology has not advanced to the point where function can be measured reproducibly and objectively. But this should be the goal of the future.
14	anonymous	Thinking of AMD, function (VA) is important to decide whether to start / stop treatment. So both structure and function needed for monitoring.
15	anonymous	Structural testing is likely to become more sophisticated, detailed and faster in the future. Hence will be better at picking up earlier disease and will facilitate AI reading of images.
16	anonymous	Functional tests are time-consuming and the results are not strictly repeatable. But in general function gets affected prior to structure. Better functional tests should help but we don't have those at present.
17	anonymous	Ultimately functional changes are the most important
18	anonymous	I think both structure and function are needed at all stages of disease. Ideally research should be focused on functionally validated structural endpoints, rather than just one or the other.
19	anonymous	Visual acuity measurement currently remains the single most commonly used clinical test of visual function. Thinking of AMD in particular, since visual acuity often remains normal until late into the disease process, greater importance is given to structural test findings. However, as better tests of visual function in retinal disease become available to use practically in a clinic environment, I think that structure and function measurements will be more equally regarded. In the future monitoring of retinal disease, I think that home monitoring will become common and functional tests in detecting change will become much more important.
20	anonymous	Speaking from a research perspective on AMD. Bright light high contrast visual acuity is a terrible way to detect early AMD as it may be good until late stages of disease. Rod mediated dark adaptation is a great way to detect risk for AMD but is still in a research setting.
21	anonymous	Poor correlation of structure & function measures in retinal disease are likely the result of course functional measures that are not tailored to the disease pathophysiology. Improved measures of function will likely enable improved detection and monitoring of retinal disease through all stages. Whilst this is the case, imaging likely outperforms current functional measures.

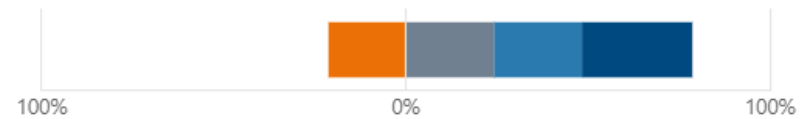
4. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

Structural testing is more dependable than functional testing due to its ability to gather repeatable, objective data, and will continue to be so in the future.

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score

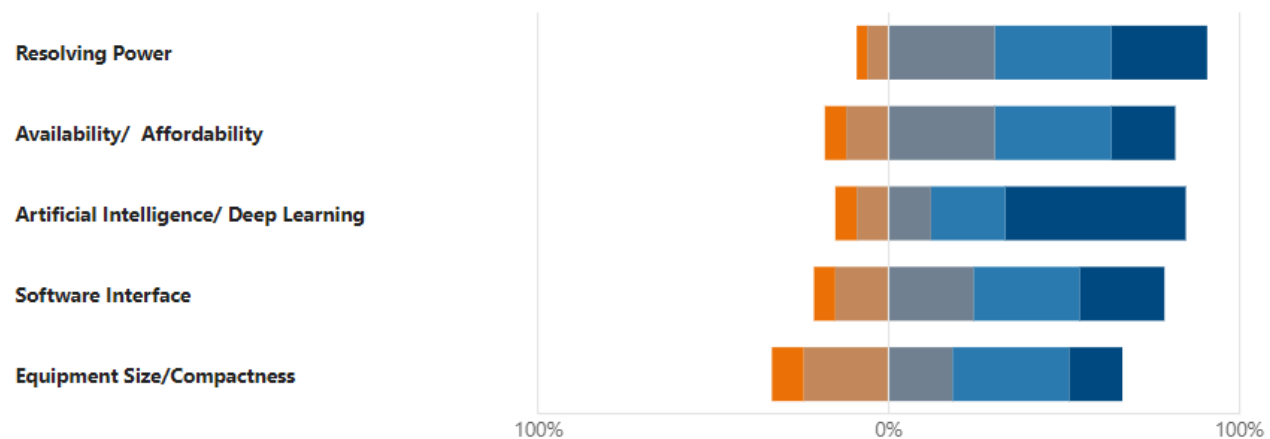


5. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statements:

Structural testing will increasingly dominate in both early detection and in monitoring progression of known retinal disease, because it will continue to improve by way of...

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6



6. Please elaborate on any of your answers to either of the questions (Q4,5) above, if you wish...

ID	Name	Responses
1	anonymous	Cost and footprint are issues to deal with. Also keeping up with the rapid advances in diagnostic technologies are other barriers.
2	anonymous	I think functional testing at home in which you get many measurements over time may be helpful for monitoring some conditions
3	anonymous	I think each of the statements will have influence in future on functional testing as well as structural testing
4	anonymous	As per previous answer, structural testing, through AI, will become increasingly informative both regarding function and disease behaviour, pathophysiology, predictive modelling, treatment personalisation and prognosis. Hardware advancements will contribute to the dominant role of imaging (eg improving OCT resolution, home OCT, Polarisation OCT). Compactness and affordability of OCT, once achieved, will be pivotal moments.
5	anonymous	The kinds of functional testing that are relevant to detecting/monitoring retinal disease are not necessarily at all subjective, requiring, as do most structural observations, only passive patient cooperation. I am thinking of tests that are based on electrophysiological, pupillary or involuntary eye-movement responses or measurement of changes in fundus reflectance, all of which can potentially provide useful information about disease processes. While psychophysical tests (VA, contrast sensitivity, color discrimination) all involve active patient cooperation, such tests can all be designed to be free from the influence of subjective feelings, tastes, or opinions. Psychophysical tests that are properly designed and applied are as reliable and repeatable as structural observations. To the extent that structural changes are observed as changes in images, they require subjective interpretation. It remains to be seen whether AI can do much better than humans. It will certainly be cheaper.
6	anonymous	Advances in artificial intelligence and wide accessibility of OCT will favor structural testing in the near term.
7	anonymous	Currently structural testing more easily accessible than functional. High level of reproducibility allows interrogation by AI.
8	anonymous	compactness, home monitoring ideal
9	anonymous	I think functional tests are becoming more portable, whilst structural imaging equipment still remains less so.
10	anonymous	Structural analysis is the easiest to interpret while functional analysis is more clinically relevant.
11	anonymous	I expect AI will be able to infer function from structure in the future
12	anonymous	It is the way forward forward for monitoring of pathology but functional measures will still be required to inform treatment and management.

ID	Name	Responses
13	anonymous	Regulators always are interested in how and what people see. While structural testing may dominate, regulators will always want to know about the visual characteristics of patients.
14	anonymous	Q4: The interpretation of structural tests currently often relies on examiner interpretation which is influenced by their experience. Better tests of visual function are being investigated which could change opinion on how dependable results are. Q5: Structural testing is already well established and whilst there may be improvements in resolving power, software interfaces etc, I believe that artificial intelligence/deep learning will have the most significant impact.
15	anonymous	Greater resolution will be of value only if somewhere in their training clinicians learn what's in the B-scans, i.e., cellular/ sub cellular information. Not included in most residency programs. Will the device companies incorporate information about retinal anatomy? very little to date!

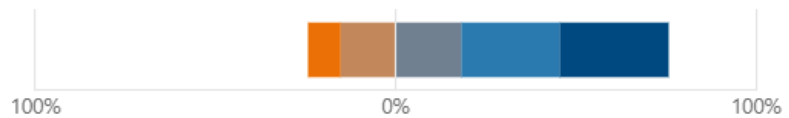
7. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

Functional testing is essential for the detection of some retinal diseases that current structural testing cannot detect

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



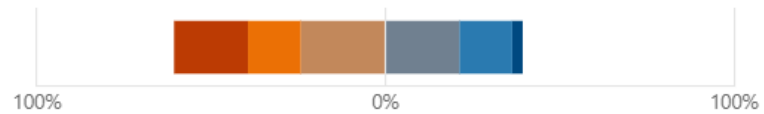
8. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

Structural testing has reached its zenith and current, new or better functional tests will be required to detect changes that imaging devices will never see

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



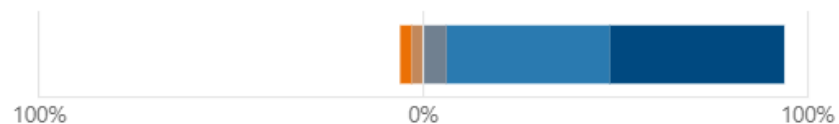
9. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

Functional testing provides information that is different and complementary to that provided by structural testing in many retinal diseases

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



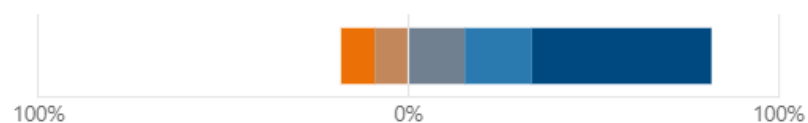
10. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The future detection of early retinal disease will continue to require both structural and functional testing to provide a complete picture of retinal health

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



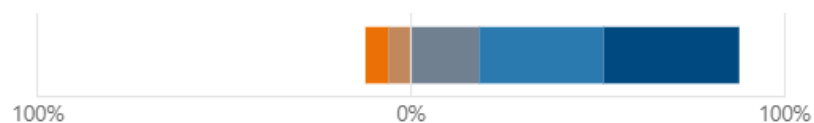
11. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The future monitoring of retinal disease will continue to require both structural and functional testing to provide a complete picture of retinal health

[More Details](#)

Strongly Disagree 1 2 3 4 5 Strongly Agree 6

Agreement Score



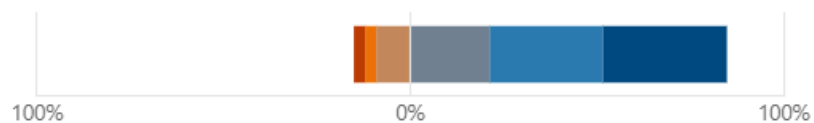
12. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The value of structural or functional testing will depend on the disease in question

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



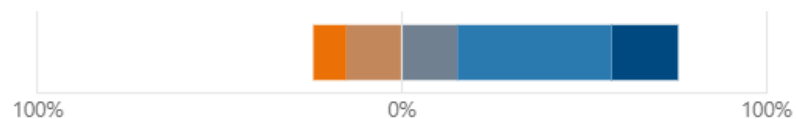
13. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The value of structural or functional testing will depend on the stage of disease, and both are often important in staging

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



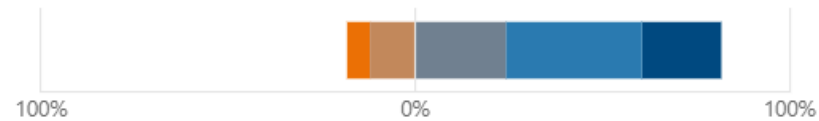
14. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The value of structural or functional testing will depend on the ability to determine the efficacy of any current/future treatment for the disease

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



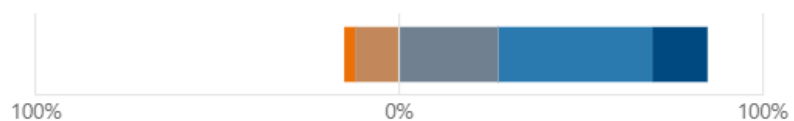
15. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

The value of structural or functional testing will change as new testing methods are developed, with one assessment method perhaps overtaking the other

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



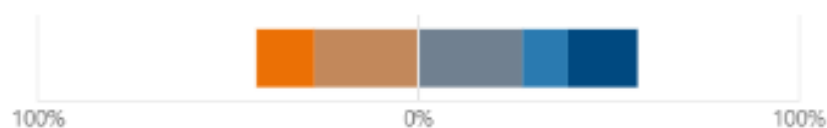
16. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statement:

Overall, more emphasis should be placed on research and development of new and better functional rather than structural tests in retinal disease management

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

Agreement Score



17.

Please elaborate on any of your answers to the questions 7-16 above, if you wish.....

ID	Name	Responses
1	anonymous	Equal emphasis should be placed on R & D of both structural testing and functional testing.
2	anonymous	Functional tests are often the domain of specialised clinics. This should not be so. They should be simple to administer, easy to perform and cheap. Because they will need to be repeated often they should have the capacity for self administration in order to reduce clinical chair time.
3	anonymous	when structural and functional testing is appropriate selected considering the strengths and weaknesses of each test, they can complement each other aiding the practitioner better diagnose and manage the patient.
4	anonymous	Q16 - even though i am strongly support use of structural tests in detecting and monitoring disease, i can see the need for robust, easy to use and repeatable home tests of function
5	anonymous	I think better appreciation of the variability of functional testing and in particular in large naive control populations is important as lots of literature sets the normative ranges based on small "super controls", often highly motivated friends and family of researchers etc which isn't really representative or generisable.
6	anonymous	Q7 - at present i dont now how structural testing can detect colour vision changes !! Q16 - both structural and functional testing research is required but functional doesnt seem to get the financial input hence why i scored 4
7	anonymous	On question 17, usability and feasibility of functional testing at scale in a clinical context would be key to unlocking its value in clinical practice.
8	anonymous	While structural testing has probably not reached its zenith, the developmennt of functional testing is way behind and needs prioritisation.
9	anonymous	Early detection of retinal disease will require both structural and functional testing. Newer treatment strategies (e.g. photobiomodulation for AMD, topical anti-integrin agents for DR) may necessitate greater utilization of structural testing to assess real world impact for patients.
10	anonymous	Structural and functional testing always complementary.
11	anonymous	Research in both areas is needed and useful

ID	Name	Responses
12	anonymous	We need better more reliable functional testing.
13	anonymous	Imperative to have better functional testing methods and PROMs however this should not deter progress on the development of more sophisticated structural testing at a cellular level which will be key for future therapies.
14	anonymous	Currently we need better ways to monitor function...
15	anonymous	There is already a lot of emphasis on structural tests. The challenge of developing novel functional tests is that these sorts of research aims are not really topics that NIH likes to fund. Pharma has to be the leading role here. But in my experience they either do not, or do so at such a modest level progress has been slow to non-existent. A functional test has to be valid, repeatable, preferably as short as possible, and it has to relate to something the patient does in everyday life. This is an expensive research program. Up till now Pharma talks about this a lot. But their grant size do not allow for a comprehensive job to be done.
16	anonymous	Q7: Examples ERG Q10&11: Structure and function tests give different information and therefore I believe that both are required to give a complete picture of retinal health. Q12: Examples: OCT important in AMD, but ERG and visual fields more important in Retinitis pigmentosa. Q16: Both structural and functional tests are important in retinal disease management and better tests of both should be developed.
17	anonymous	Better understanding of disease pathophysiology, retinal circuitry, neurophysiology so that structure/ function is better matched to disease stage. Most tests are not so specific for macular function. Most were conceived and implemented and institutionalized before a flowering of knowledge about macular circuitry and retinal topography starting mid80s-mid90s. One of the greatest impediments to progress is a failure to update training of ophthalmologists for that new information. I have been involved in validation of both OCT and rod-mediated dark adaptation and it's all uphill explaining retinal structure and that there are testable rods present at 5° eccentricity.
18	anonymous	Despite advances in basic research exploring alterations in visual function in retinal disease, there have been relatively few novel functional tests reaching clinical practice. Further work in this area will possibly permit early changes in retinal disease to become manifest before traditional imaging tests are identified as being abnormal.

18. Specific Tests:

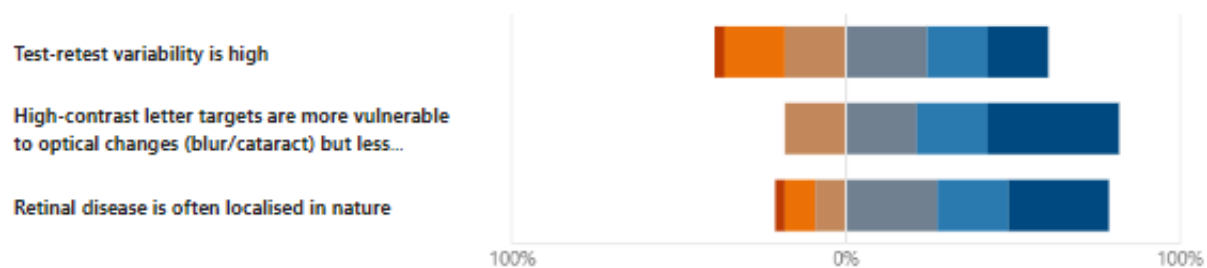
Visual Acuity

Round 1 of the study indicated strong agreement that high-contrast VA does not always correlate well with visual symptoms or retinal appearance.

This is because....

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6



19.

Please elaborate on any of your answers to the question above, if you wish...

ID	Name	Responses
1	anonymous	Visual acuity is a good test for healthy eyes with refractive error as a measure of "correcting the blur." Not when there is macular disease.
2	anonymous	https://pubmed.ncbi.nlm.nih.gov/18566455/
3	anonymous	In AMD size and number of drusen/presence of pigment are important in grading schemes with spatial location to a lesser extent whereas central visual function is hugely driven by proximity of lesions to foveal centre
4	anonymous	Retinal disease is often less localised than is commonly supposed
5	anonymous	High contrast visual acuity is often preserved until there is significant disease progression. Visual acuity is a poor screening tool for detection of early retinal disease.
6	anonymous	Real world visual acuities can be highly variable eg patients don't always have Up-to-date, refraction or for example visual acuity varies in different lighting conditions
7	anonymous	depends on disease
8	anonymous	Dry AMD for example creates tremendous variability in all the above indicators.
9	anonymous	Visual acuity is useless in studying early to intermediate AMD because visual acuity is good to excellent well into intermediate AMD.
10	anonymous	Test retest variability of up to 2 logMAR lines has been observed which means visual deficits can often not be reliably detected. High contrast letters are vulnerable to optical defocus as a result of spatial frequency phase reversals. Conventional VA measurement has been shown to only be weakly related to intraocular light scatter associated with cataract. However, they are poor at indicating early visual loss in AMD for example. High-contrast, high-pass letters eg. the moorfields acuity chart are more sensitive in detecting functional loss in AMD compared with high-contrast conventional black-on-white letters. Studies have shown that choroidal neovascular membranes originate eccentrically in AMD and therefore have little impact on visual acuity initially.
11	anonymous	BCVA assesses one point on the retina, and that point may move around if the patient has developed a PRL. The retina is 1000 sq mm. The central area is 28 sq mm (20° diameter). At least for AMD, cones are resilient and rods right next to the foveal cones are the vulnerable ones. Test both!

20. Specific Tests:

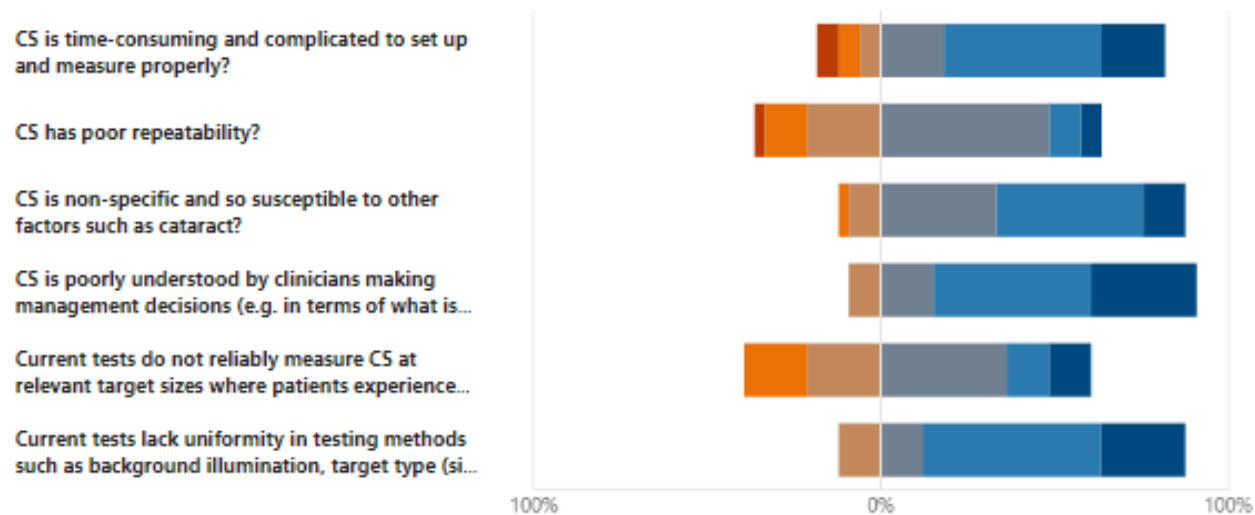
Contrast Sensitivity

Round 1 of the study indicated quite strong agreement that Contrast Sensitivity (CS) had the potential to improve understanding of visual function in patients with retinal disease.

Thinking in terms of clinical practice, is the low use of CS because...

[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6



21. Please elaborate on any of your answers to the question above if you wish....

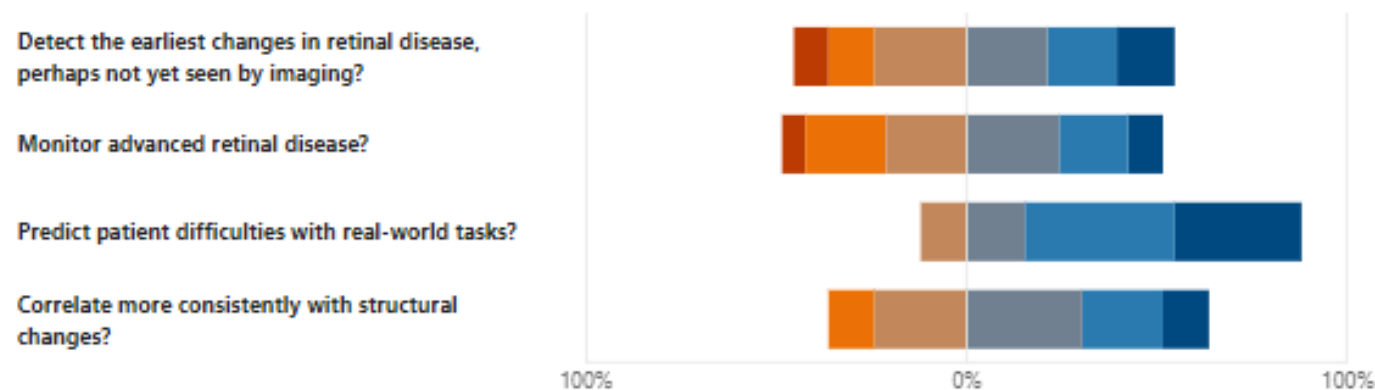
ID	Name	Responses
1	anonymous	CS is affected by both pre-retinal and retinal factors. This confounds interpretation of causation BUT it is an indicator that something is amiss and in need of clarification.
2	anonymous	Geoff Arden once talked about CS and glaucoma detection and noted 'hopeless optimism' - I don't disagree with him from a use in the clinic perspective.
3	anonymous	I don't routinely do CS therefore do not want to take a position on this test.
4	anonymous	https://pubmed.ncbi.nlm.nih.gov/19218618/ estimate of repeatability in AMD
5	anonymous	Contrast sensitivity can be measured quickly and reliably but not using the methods that are normally available to clinicians. One of the problems with contrast sensitivity measurement that must be addressed if uniformity is to be achieved, is the poor calibration of some measuring equipment. Cataract is probably less important than usually supposed.
6	anonymous	I think there is poor understanding and agreement amongst clinicians regarding proper assessment and clinical utility of CS.
7	anonymous	We don't have the workforce available to implement
8	anonymous	Contrast sensitivity is to variable in too many ways and is a threshold test rather than a variable test.
9	anonymous	Don't have a great deal of expertise on CS so cant really elaborate.
10	anonymous	Methods in measuring contrast sensitivity have improved. It remains to be determined if measuring at many target sizes (spatial frequencies) really gives better information. Measuring at or near the peak of the CSF could be effective. But again, not until AMD is rather advanced.
11	anonymous	The Pelli Robson CS chart is probably the most widely used test to measure CS in a clinical setting, but it can be difficult to illuminate it evenly and consistently. It also measures CS in one spatial frequency so could potentially miss deficits with certain diseases and test-retest variability may be an issue due to the coarse measurement scale. More comprehensive CS measurements take a long time and may require special equipment.

ID	Name	Responses
12	anonymous	my knowledge from a research setting - staff with training and experience can reduce variability. Contrast sensitivity includes inner retinal/ brain mechanisms and is less specific for outer retinal disease than other measures (e.g., rod-mediated dark adaptation).

22. If the above problems (Q20) were resolved, to what extent do you believe Contrast Sensitivity would become important to:

[More Details](#)

■ Not Important at all 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Very Important 6



23. Please elaborate on any of your answers to the question above, if you wish....

ID	Name	Responses
1	anonymous	I am dubious as to the likelihood of resolving the Q20 problems.
2	anonymous	The world around us is made up of contrasts and thus if a accurate way of measuring this is available then it is highly likely that test would become usefull
3	anonymous	I think CS has the potential to become more important in monitoring for early to late retinal disease.
4	anonymous	Simple clinical CS measurements would provide an extra dimension to understanding visula fuction.
5	anonymous	This would be very valuable.
6	anonymous	Probably more helpful in early disease where other measures do not identify pathology well.
7	anonymous	There is much unknown about using contrast sensitivity in understanding advanced AMD.
8	anonymous	Several studies have demonstrated a strong association with self-reported measures of visual impairment and vision related quality of life questionnaires
9	anonymous	Totally depends on the disease and the stage.

24. With 1 being the lowest and 6 the highest, please indicate the degree to which you agree with the following statements.

Round 1 of the study indicated that Contrast Sensitivity (CS) is perhaps the most widely used 'non-VA' functional test in research or clinical trials.

This is because...

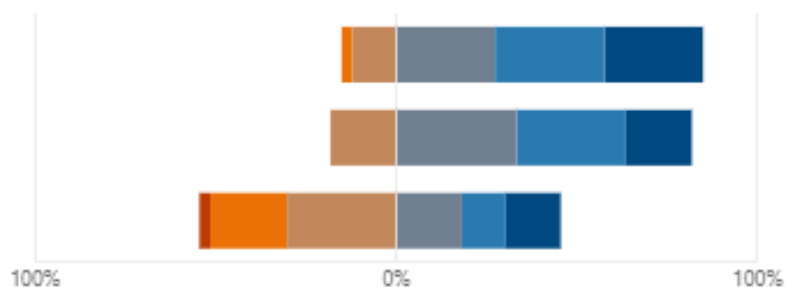
[More Details](#)

■ Strongly Disagree 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Strongly Agree 6

There is more time to devote to careful CS testing in research/trials?

Researchers have a better understanding of the value of CS than the average clinician?

Patient subjects are more carefully selected for research trials?



25. Please elaborate on any of your answers to the question above, if you wish....

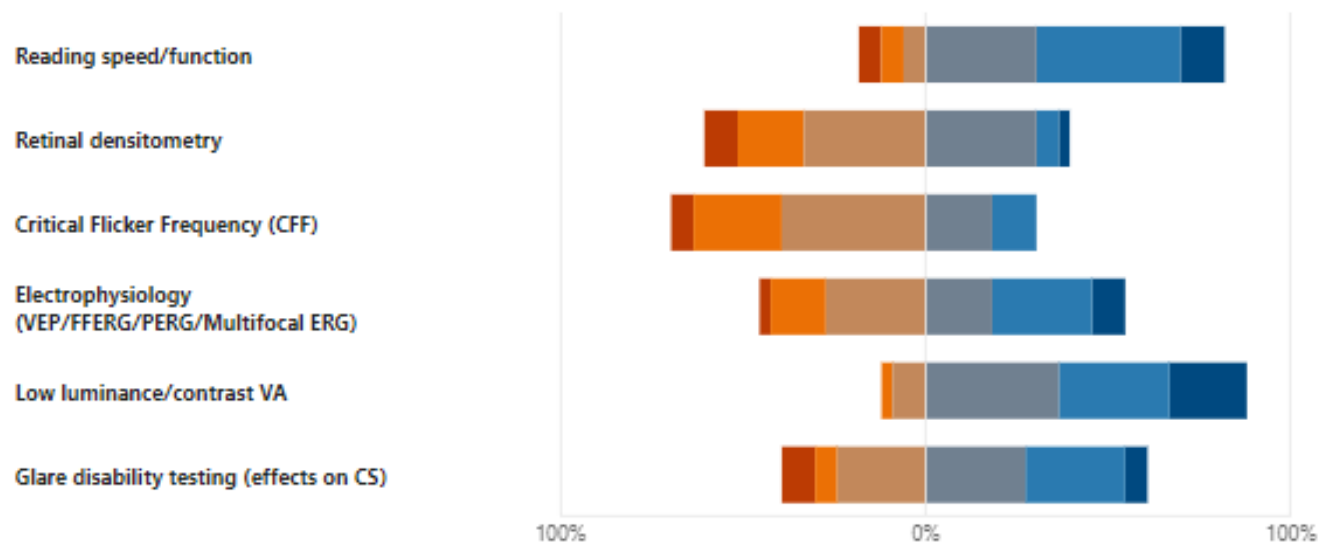
ID	Name	Responses
1	anonymous	It's a more sensitive test than high contrast VA, making results more measurable and helping to differentiate results better
2	anonymous	Also other tests such as reading speed etc can be more variable when compared to CS measurement - Reading metrics are also more complicated to interpret https://pubmed.ncbi.nlm.nih.gov/21421873/
3	anonymous	The precision of contrast sensitivity measurement is fairly directly related to the time available for measuring it and the care with which the equipment for measuring it is calibrated and maintained.
4	anonymous	I'm not a researcher by training so I have little to add here.
5	anonymous	Most clinical trials these days don't use CS widely... if they do require it then researcher make an effort to understand the test parameters and the results.
6	anonymous	The above research is critical.
7	anonymous	Question 3 is odd! Whilst true as a statement - doesn't correlate with main question.
8	anonymous	CS may be popular among researchers but it has not been impressive in performing in trials.
9	anonymous	Research and clinical trials allow for a more controlled testing environment which makes CS testing possible
10	anonymous	Scoring neutral on this - in our research setting contrast sensitivity is not the most useful measure for early onset and progression of AMD. Am not so aware of CS use in AMD trials.
11	anonymous	One issue with CS testing is the susceptibility measured thresholds are to test setup. Most CS tests (e.g., PR) require even illumination that can be difficult to setup in a clinical environment.

26. Other Functional Tests

Please indicate to what degree you consider the following tests to be important (either now or in future) in the management of retinal disease:

[More Details](#)

■ Not Important at all 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Very Important 6



27. Please elaborate on any of your answers to the question above, if you wish....

ID	Name	Responses
1	anonymous	Low luminance CS and glare disability place the observer in a difficult visual environment and h give a better appreciation of the level of their difficulty.
2	anonymous	In management of retinal disease I am thinking about LV rehab too, not just ophthalmology practice around treatment interventions - understanding what people see beyond distance VA is very important.
3	anonymous	LLV is accruing a lot of evidence as an early indicator of retinal disease
4	anonymous	Low luminance contrast sensitivity is more important than low luminance acuity. Pupillometry and colour discrimination testing should be considered but clinically practicable methods of measuremnt would need to be developed. Dark adaptometry and eye-movement recording have a potential place too.
5	anonymous	Any test needs to be quickly administered and reproducible
6	anonymous	Electrophysiology is critical and under utilized.
7	anonymous	In AMD dark adaptation is becoming a strong candidate for understanding early to intermediate AMD. Performs much better than what you describe above.
8	anonymous	Delayed rod-mediated dark adaptation is a strong indicator of risk for AMD onset/ progression (PMID 1740363, 8218049, 26522707, 35861686). Yes there are testable rods right next to foveal cones. Please consider for future lists of functional measures.

28. Home Testing

Several respondents in Round 1 indicated support for increased home testing in the future.

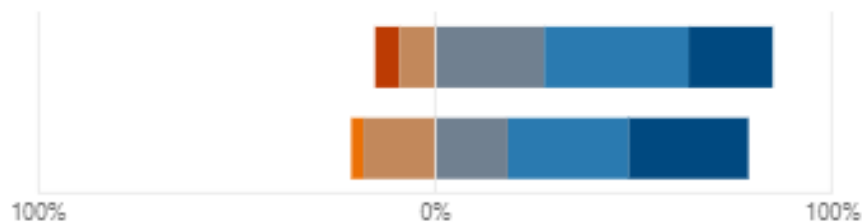
Please indicate the degree to which you think the following will be important in the future...

[More Details](#)

■ Not Important at all 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ Very Important 6

Increased use of functional testing (e.g. using tablet, VR headset) for home monitoring.

Increased use of structural testing (e.g. smart-phone camera, hand-held OCT) for home...



29. Please elaborate on any of your answers to the question above, if you wish...

ID	Name	Responses
1	anonymous	The monitoring of chronic eye disease will demand greater involvement as the general population ages and places greater demands on hospitals. To prevent this situation from leading to sight loss due to inappropriate review schedules home monitoring must be adopted to identify patients with true change in need of hospital visit against time who could have their visit delayed because they are stable at present.
2	anonymous	At home may also include community screening at easy to access locations eg whilst attending local retail outlets
3	anonymous	Reliability and clinical utility of home vision testing are modest. Hand-held imaging and especially OCT, if cost-effective, will be game changing
4	anonymous	Use of tablet, VR etc are probably not the most appropriate way to deliver home monitoring. Very simple chart-based methods are possible and probably preferable
5	anonymous	I'm much more excited about the potential utilization of home monitoring for structural abnormalities more so than functional testing.
6	anonymous	Uptake/ease of use/specificity and sensitivity/cost all need to be measured and understood.
7	anonymous	Home monitors are the wave of the future.
8	anonymous	Elderly patients struggle with new technologies. I've been involved in testing this previously so I don't think it will be useful.
9	anonymous	Structural testing is more likely to be helpful in this setting. Less scope for variability during testing.
10	anonymous	These may be important in the future but I think we are a long way off in demonstrating this.
11	anonymous	Monitoring for neovascular AMD, possibly, in high-resource settings. Not yet for early AMD.
12	anonymous	It is likely devices capable of imaging the retina at home will be more successful than home vision testing owing to marked criterion change, issues with functional test setup, etc.

30. PROMs

Patient Reported Outcome Measures (PROMs) have increased in usage in recent years as a way of evaluating 'real world' problems experienced by patients.

Please indicate the degree to which you agree with the following statements:

[More Details](#)

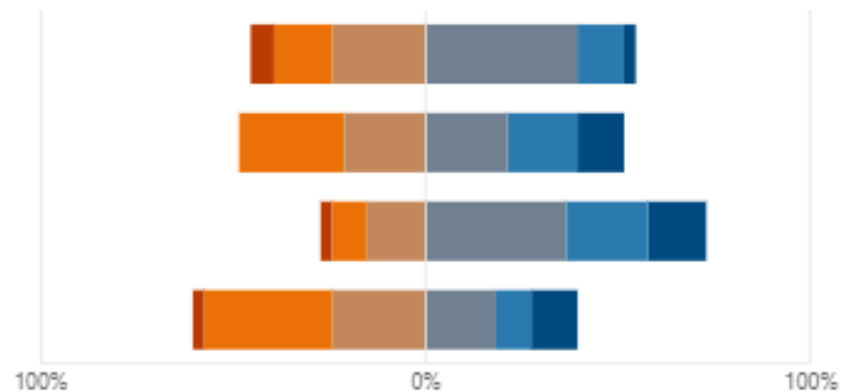
Strongly Disagree 1 2 3 4 5 Strongly Agree 6

PROMs are essential in detecting functional problems that other structure/function tests...

PROMs are essential in tailoring treatment regimens to individual patient needs

The value of PROMs will continue to increase as management becomes more personalised

PROMs provide little extra information to help the clinician treat the patient more effectively as...



31. Please elaborate on any of your answers to question above, if you wish....

ID	Name	Responses
1	anonymous	Useful research tool - we are able to take a symptoms and history and are unlikely to need PROMS in clinical work outside of the research arena. I can see 'pressure' to defer to patient experience beyond an evidence base supportive of enhanced decision making but clinicians always talk to their patients! A 'measure' isn't needed.
2	anonymous	Concern over poor research and bias in PROM data to date - difficult to distinguish high quality well researched/validated PROMS from poorly designed and validated ones
3	anonymous	PROMS can become particularly valuable, once validated further and their role in personalising treatment is better studied and understood
4	anonymous	The PROM itself has to be a valid sensitive and specific measurement instrument to replace other tests.
5	anonymous	PROMS always matter as patients will be more active in their management of the disease if we address what is important to them,
6	anonymous	PROMs ar not reliable data sets too subjective.
7	anonymous	PROMS will be crucial for evaluating the benefit of therapies for conditions which are degenerative and will not meet the conventional 10 or 15 letter gain.
8	anonymous	PROMS are important because we need to know what the patient thinks about the treatment. FDA requires this, and good ophthalmologists should be interested in this.
9	anonymous	No direct experience with applying these on an individual basis. They do need to incorporate vision over a range of retinal illuminances.

