Primary open-angle glaucoma and general glaucoma items

<table>
<thead>
<tr>
<th>Risk factor analysis</th>
<th>CASE REPORT</th>
<th>DATE</th>
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<tbody>
<tr>
<td>a. Risk factors for conversion from non-glaucoma to glaucoma</td>
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<tr>
<td>1. Ocular Hypertension present OR</td>
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<td>2. Ocular Hypertension not present</td>
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<td>b. Risk factors for glaucoma progression</td>
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<td>c. Risk factors for glaucoma-related blindness</td>
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<td>d. Quality of life impacts in glaucoma/important factors</td>
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<td>e. Review of demographic risk factors</td>
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<td>3. Age</td>
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<td>4. Gender</td>
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<td>5. Race/ethnicity</td>
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<tr>
<td>f. Review of systemic health risk factors</td>
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<td>6. Relative strength of evidence</td>
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<td>7. Limitations in using these factors clinically</td>
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<td>g. Life expectancy: why is this important ?</td>
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<td>8. Methods to determine this metric</td>
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<td>9. Impact on glaucoma management decisions</td>
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<td>h. IOP</td>
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<tr>
<td>10. Forms of tonometry</td>
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<td>11. Tonometry accuracy and precision (how much can we trust individual readings?)</td>
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<tr>
<td>(repeatability/reproducibility)</td>
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<tr>
<td>12. Factors affecting tonometry accuracy/precision</td>
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<td>13. Peak/trough/fluctuation of IOP review</td>
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<tr>
<td>14. 24-hr variation of IOP/when does peak occur?</td>
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<td>15. Positional and patient behavior effects on IOP</td>
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<tr>
<td>16. Relative importance of IOP asymmetry</td>
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</tbody>
</table>
i. Gonioscopy
17. Techniques of gonioscopy
18. How does compression aid evaluation?
19. Indications/Frequency of testing
20. Important/critical findings
21. Adjunct role of UBM and AS-OCT

j. Visual field testing: every case needs detailed description of visual field testing for that case but extensive discussion on each topic below only need occur in one of the case reports
22. Types of VF testing/strategies
23. Strengths/limitations of VF testing
24. Interpretation of visual fields
25. Role of 10-2 VF testing in glaucoma
26. Identifying glaucomatous VF loss
   (vs. no loss vs other forms of VF loss)
27. Issues associated with frequency of testing
28. Identifying presence & rate of glaucomatous VF progression

k. Optic nerve evaluation: every case needs detailed description but only one case needs to go into extensive detail about the specific topics below
*Types/strengths/limitations of structural testing/strategies
i. Clinical optic nerve evaluation
29. Types of clinical optic nerve abnormalities
30. Methods to identify abnormalities
31. Intra- and inter-observer variability
32. Role of disc size in assessing optic nerve health
   a. Discrepancy between clinical estimates and SD-OCT microstructural estimates of disc size
   b. Disc hemorrhage: characteristics/relationship to disease
   c. Role of peripapillary atrophy
   d. Current knowledge of optic nerve biomechanics and evolution of glaucomatous optic neuropathy
   e. Changes in optic nerve morphology with progressive glaucoma

ii. High-tech imaging of the optic nerve: strengths/limitations

11/11/2017
33. High tech imaging of the retinal nerve fiber layer
   a. Artifacts: causes/remedies
   b. False positives/false negatives
   c. Strategies to measure RNFL
   d. Role of asymmetry
   e. How to evaluate/interpret longitudinal change in RNFL

34. High-tech imaging of the macula
   a. Strategies for using macular thickness for glaucoma
   b. Strengths/limitations of macular structure for glaucoma
      i. Diagnostic capability
      ii. Reproducibility
      iii. Effects of retinal/macular disease on scans

35. Correlation of structure/function and structure/structure
   a. Clinical confidence linked to correspondence
   b. Frequency of discordance
   c. Sources of discordance
   d. Implications of discordance

36. Issues associated with frequency of testing

37. Identifying presence and rate of glaucomatous structural progression

38. How does age affect structure over time

I. Treatment

39. When to treat

40. Considerations for observation vs. treatment

41. How to initiate or advance glaucoma treatment

42. Considerations regarding treatment choices

43. Medical agents
   a. Benefits/side effects/contraindications
   b. Mechanisms
   c. Indications
d. Issues related to adherence/persistence/ability to successfully instill drops into eyes

e. Comorbidities associated with treatment

f. Laser trabeculoplasty
   i. Types
   ii. Mechanisms
   iii. Indications

f. Laser trabeculoplasty
   i. Types
   ii. Mechanisms
   iii. Indications

  g. Invasive surgical options
     i. Trabeculecomy vs. tube shunt
     ii. MIGS options

m. Staging of disease: what methods are available to stage disease
   iii. Advantages and disadvantages of various systems
   iv. How does disease stage impact glaucoma decision-making
   v. Are there discrepancies between ICD-10 staging codes and clinical assessment of stage?

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN ANGLE CLOSURE CASE REPORTS

a. Epidemiology
b. Known mechanisms/course of disease/plateau iris status
c. Associated demographics
d. IOP-related characteristics
e. Anterior segment characteristics
f. Drainage angle characteristics
g. Structure/function relationships specific to angle closure
h. Specific treatment options
i. Follow-up care/prognosis

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN PSEUDOXFOLIATION GLAUCOMA CASE REPORTS

11/11/2017
ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN PIGMENTARY GLAUCOMA/DISPERSION CASE REPORTS

a. Epidemiology
b. Known mechanisms/course of disease/plateau iris
c. Associated demographics
d. IOP-related characteristics
e. Anterior segment characteristics
f. Drainage angle characteristics
g. Structure/function relationships specific to angle closure
h. Specific treatment options
i. Follow-up care/prognosis

ADDITIONAL FACTORS TO SPECIFICALLY ADDRESS WITHIN SECONDARY GLAUCOMA CASE REPORTS

a. Epidemiology
b. Known mechanisms/course of disease/plateau iris
c. Associated demographics
d. IOP-related characteristics
e. Anterior segment characteristics
f. Drainage angle characteristics
g. Structure/function relationships specific to angle closure
h. Specific treatment options
i. Follow-up care/prognosis