



CONSENSUS

Baseline STUDY EYE Status

BSES 07.3

11/17/08

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STUDY EYE: (studyeye) RIGHT₀ ☐ LEFT₁ ☐

I. GRADEABILITY OF IMAGES		Color Photographs (pqual_focus pqual_stereopsis)				Fluorescein Angiogram (faqual_focus faqual_stereopsis)			
		Good ₁	Fair ₂	Poor ₃	MP ₄	Good ₁	Fair ₂	Poor ₃	MF ₄
1. Focus/Clarity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stereopsis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. GATEKEEPER QUESTION (Determines need to complete form)									
1. CNV or SPED lesion present in the study eye (CNVSPED) Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀ ►►► STOP GO to IV									

III. LESION FEATURES at Baseline									
*Lesion = CNV plus contiguous SPED, scar (fibrotic or atrophic) hemorrhage, and/or blocked fluorescence. Does not include fluid.									
		(lesion_ _CNV)	(lesion_ _SPED)	(lesion_Fibscar)	(lesion_ _atrscar)	(lesion_ _hem)	(lesion_ _blfl)	(lesion_ _cg)	
1. Lesion Components, (check all that apply)		CNV <input type="checkbox"/> ₁	SPED <input type="checkbox"/> ₁	Fib. Scar <input type="checkbox"/> ₁	Atr. Scar <input type="checkbox"/> ₁	Hem. <input type="checkbox"/> ₁	Bl. Fl. <input type="checkbox"/> ₁	CG <input type="checkbox"/> ₁	
2. Pathology in Foveal Center (num_pathology)	Fluid only <input type="checkbox"/> ₁	CNV <input type="checkbox"/> ₂	SPED <input type="checkbox"/> ₃	Fib./ Atr. Scar <input type="checkbox"/> ₄	GA <input type="checkbox"/> ₅	Hem. <input type="checkbox"/> ₆	RPE Tear <input type="checkbox"/> ₇	Other <input type="checkbox"/> ₈	No Pathology <input type="checkbox"/> ₉
3. Location of Lesion (doesn't include fluid)(locationlesion)					Subf. <input type="checkbox"/> ₁	Not Subf. <input type="checkbox"/> ₂		CD <input type="checkbox"/> ₃	CG <input type="checkbox"/> ₄
4. Classic CNV (proportion of total CNV) (classic_CNV)					None <input type="checkbox"/> ₀	Ques. <input type="checkbox"/> ₁	<50% <input type="checkbox"/> ₂	≥ 50% <input type="checkbox"/> ₃	CD <input type="checkbox"/> ₄
5. Occult CNV (proportion of total CNV) (occult_CNV)					<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. CNV (proportion of total lesion*) (CNV_proportion)					<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Atrophic scar/fibrosis (proportion of total lesion*) (atrophic_proportion)					<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Hemorrhage Contiguous with Lesion* (hemorrhage_contiguous) Proportion of lesion (both colors and FA)					<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. SPED (proportion of total lesion) (SPED_proportion)					<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. SPED only (with no evidence of CNV) (SPED_only)					No <input type="checkbox"/> ₀		Yes <input type="checkbox"/> ₁		CD <input type="checkbox"/> ₂
11. Small rip at edge of SPED (rip_SPED)					No <input type="checkbox"/> ₀	Ques <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂		CD <input type="checkbox"/> ₃
12. Subretinal, intraretinal or subRPE fluid present (fluid_present)					None <input type="checkbox"/> ₀	Ques <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂		CG <input type="checkbox"/> ₃
13. Hemorrhage (associated with the lesion) (hemorrhage)					None <input type="checkbox"/> ₀	≤1 DA <input type="checkbox"/> ₁	≤2 DA <input type="checkbox"/> ₂	> 2 DA <input type="checkbox"/> ₃	CD <input type="checkbox"/> ₄

*Lesion includes contiguous hemorrhage and/or scar (fibrotic or atrophic) not fluid

**CNV includes fluorescein leakage from classic and/or occult CNV and staining from occult CNV.

Grader: Adjudication

Date: Date

Grader: Reviewer:

Date: Date:

Data Entry
Complete

ID# _ _ - _ _ _

Alpha Code: (alpha_code)

Week # 0 0 0



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STUDY EYE:

RIGHT₀ ☐LEFT₁ ☐

III. LESION FEATURES at Baseline continued					None	Ques.	Yes	CG			
14. RAP features present: (Features of RAP lesion include: intraretinal hemorrhage, fluorescein leakage, anastomosis, associated serous PED, lipid exudates) (RAP_features)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	If Yes, answer a-g		
a. ≥ 1 superficial intraretinal hem. Near center of macula (RAP_superficial)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
b. ≥ 1 areas of FL. leakage with hyperfluorescent hot spot (RAP_leakage)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
c. Associated S-PED (RAP_SPED)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
d. Associated lipid exudates (RAP_lipid)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
e. FV-PED present (RAP_fvped)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
f. RAP^ lesion (RAP_lesion)					<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3			
g. Associated retinal anastomosis (RAP_anastomosis)					None <input type="checkbox"/> _0	Ques. <input type="checkbox"/> _1	Retina-Retina <input type="checkbox"/> _2	Retina-Lesion <input type="checkbox"/> _3	Both <input type="checkbox"/> _4	CD <input type="checkbox"/> _5	CG <input type="checkbox"/> _6

(If Question 14. = None, Ques. Or CG, do not answer a-g and skip to Question 15.)

IV. OTHER FEATURES at Baseline						
15. Geographic atrophy in the study eye (geotropy_studyeye_recoded)	None <input type="checkbox"/> _0	Ques. <input type="checkbox"/> _1	Subf <input type="checkbox"/> _2	Not Subf. <input type="checkbox"/> _3	CD <input type="checkbox"/> _4	CG <input type="checkbox"/> _5
16. Geographic atrophy in the fellow eye (geographic_felloweye)	None <input type="checkbox"/> _0	Ques. <input type="checkbox"/> _1	Yes. <input type="checkbox"/> _2	No FE photos <input type="checkbox"/> _3		CG <input type="checkbox"/> _4
17. CNV in the fellow eye (CNV or Scar) (CNV_felloweye)	No <input type="checkbox"/> _0	Ques. <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2	No FE photos <input type="checkbox"/> _3		CG <input type="checkbox"/> _4
18. Comments						

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Alpha Code: _ _ _ _

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