



# Follow-up Study

## Measurement of Geographic Atrophy

GA 110.2  
11/25/2014  
Page 1 of 1

ID: «id» Alpha Code: «alpha\_code» Visit: 260 STUDY EYE: «studyeye» Reading List: «opread» Grading: «grading»

Color Photographs Date: «pdate» Fluorescein Angiogram Date: «fadate»

ID of image selected: «image\_id»

|                                                                                                                          |                                                     |                                                         |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|
| 1. Are the photographic materials (colors and/or FA) of sufficient quality to measure geographic atrophy?<br>(Check one) | Acceptable <sub>1</sub><br><input type="checkbox"/> | Not acceptable <sub>0</sub><br><input type="checkbox"/> | → 1.A. Explain: _____<br>↓<br>Skip measurements, complete grading date |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|

|                                                        |                                               |                                                    |                                                        |                                             |
|--------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| 2. Geographic Atrophy in Study Eye<br>(check one only) | None <sub>0</sub><br><input type="checkbox"/> | Subfoveal <sub>2</sub><br><input type="checkbox"/> | Not subfoveal <sub>3</sub><br><input type="checkbox"/> | CD <sub>4</sub><br><input type="checkbox"/> |
|--------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------------------------|---------------------------------------------|

3. Pixelated distance: \_\_\_\_\_ ■ \_\_\_\_\_

4. Distance from closest GA border to foveal center: \_\_\_\_\_ ■ \_\_\_\_\_ or CG<sub>1</sub> ☐

### 5. GA measurements

| No.<br>XXX | Area<br>XXX | GA clearly outside<br>TCNVL at this<br>visit or any<br>preceding visits? |                          | Visible<br>Choroidal<br>Vessels? |                          | Associated<br>with Fibrotic<br>Scar? |                          | GA corresponds to:<br>new GA: ordered letters<br>existing GA: match to previous |
|------------|-------------|--------------------------------------------------------------------------|--------------------------|----------------------------------|--------------------------|--------------------------------------|--------------------------|---------------------------------------------------------------------------------|
|            |             | Yes <sub>1</sub>                                                         | No <sub>0</sub>          | Yes <sub>1</sub>                 | No <sub>0</sub>          | Yes <sub>1</sub>                     | No <sub>0</sub>          |                                                                                 |
| 1          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 2          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 3          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 4          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 5          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 6          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 7          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 8          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 9          |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| 10         |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| >10        |             | <input type="checkbox"/>                                                 | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> |                                                                                 |
| Comments:  |             |                                                                          |                          |                                  |                          |                                      |                          |                                                                                 |

Grader: «grader» Grade Date: \_\_\_\_/\_\_\_\_/201\_\_\_\_

☐ Data Entry Complete \_\_\_\_\_