CONTROL ID: 2689491

SUBMISSION ROLE: Abstract Submission

AUTHORS

AUTHORS (LAST NAME, FIRST NAME): Lee, ByungKun¹; Moult, Eric M.¹; Ploner, Stefan B.²; alibhai, Yasin³; Rebhun, Carl B.³; Moreira, Carlos³; Husvogt, Lennart²; Maier, Andreas K.²; Wollstein, Gadi⁴; Schuman, Joel S.⁴; Waheed, Nadia³; Duker, Jay S.³; Fujimoto, James G.¹

INSTITUTIONS (ALL):

- 1. Department of Electrical Engineering and Computer Science/Research Laboratory of Electronics, Massachusetts Institute of Technology, Cambridge, MA, United States.
- 2. Pattern Recognition Lab, Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Bavaria, Germany.
- 3. New England Eye Center, Tufts Medical Center, Boston, MA, United States.
- 4. Department of Ophthalmology, New York University, New York, NY, United States.

Commercial Relationships Disclosure (Abstract): ByungKun Lee: Commercial Relationship: Code N (No Commercial Relationship) | Eric Moult: Commercial Relationship: Code N (No Commercial Relationship) | Stefan Ploner:

Commercial Relationship: Code N (No Commercial Relationship) | Yasin alibhai: Commercial Relationship: Code N (No Commercial Relationship: Code N (No Commercial Relationship) |

Carlos Moreira: Commercial Relationship: Code N (No Commercial Relationship) | Lennart Husvogt: Commercial Relationship: Code N (No Commercial Relationship) | Joel Schuman: Commercial Relationship(s);Carl Zeiss Meditec:Code P (Patent) | Nadia Waheed: Commercial Relationship(s);MVRF:Code F (Financial Support) ;Genentech:Code C (Consultant) ;Ocudyne:Code C (Consultant) ;Optovue:Code R (Recipient) ;Nidek:Code R (Recipient) ;Carl Zeiss Meditec:Code R (Recipient) ;Janssen:Code C (Consultant) ;Regeneron:Code C (Consultant) ;Topcon Medical Systems:Code F (Financial Support) ;Carl Zeiss Meditec:Code C (Consultant) ;Optovue:Code C (Consultant) ;O

Study Group: (none)

ABSTRACT

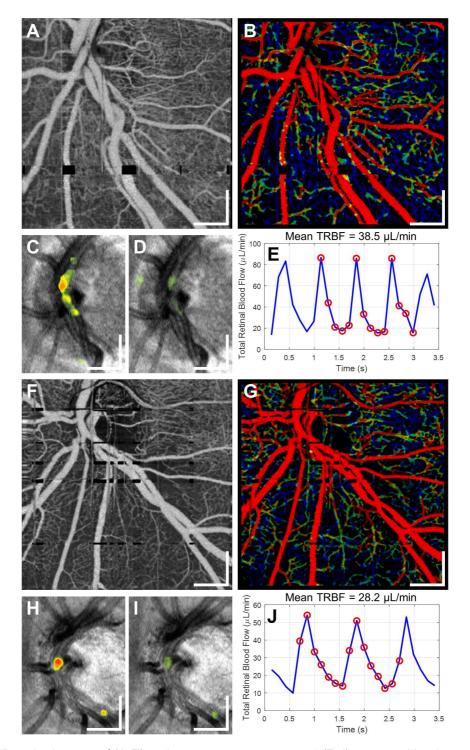
TITLE: Parallel OCTA Variable Interscan Time Analysis (VISTA) and *En Face* Doppler OCT of Optic Disc and Peripapillary Vasculature

ABSTRACT BODY:

Purpose: Variable interscan time analysis (VISTA) using high-speed optical coherence tomography (OCT) has improved quantitative interpretation of OCT angiography (OCTA). *En face* Doppler OCT allows direct quantitative measurement of total retinal blood flow (TRBF). Using VISTA-OCTA and en face Doppler OCT images of the optic disc, we aim to investigate the relationship between radial peripapillary capillary perfusion, optic disc perfusion, and TRBF.

Methods: OCTA and Doppler scans were acquired from eyes with age-related macular degeneration, glaucoma, diabetic retinopathy, and control subjects using a 1050-nm swept-source OCT prototype at a 400 kHz axial scan rate. VISTA-OCTA was performed by acquiring 5 repeated B-scans at each position and calculating the ratio of the OCTA signals in the OCTA images with 1.5 ms and 3 ms interscan times. OCTA volumes were flattened with respect to the vitreoretinal interface and a 190-µm depth slab was projected for visualization of the peripapillary radial capillary plexus. *En face* Doppler OCT volumes were acquired at a 7.1 volumes/sec scan rate to resolve blood flow pulsatility. Results: VISTA-OCTA images provided information on the blood flow speed in the large retinal vessels and peripapillary radial capillary plexus. *En face* Doppler OCT resolved the pulsatility of arterial TRBF and yielded accurate measurement of mean TRBF.

Conclusions: The combination of VISTA-OCTA and *en face* Doppler OCT may be useful for extracting information on retinal and optic disc blood flow. Different flattening references other than the vitreoretinal interface are desired in order to measure prelaminar and laminar perfusion.



VISTA and *en face* Doppler images of (A-E) a glaucoma suspect eye and (F-J) an eye with primary open-angle glaucoma. (A, F) 3-ms interscan time OCTA projection from the vitreoretinal interface to 190-µm depth. (B, G) corresponding VISTA images where blue represents slow flow speeds and red represents fast flow speeds. (C, D, H, I) *en face* Doppler axial flow velocity image at systole and diastole overlaid on the intensitiy projection. (E, J) plots of pulsatile total retinal blood flow. Scale bars 500 µm.

DETAILS

PRESENTATION TYPE: #1 Paper, #2 Poster

CURRENT REVIEWING CODE: 2540 imaging: optical coherence tomography - MOI **CURRENT SECTION:** Multidisciplinary Ophthalmic Imaging Cross-sectional Group

Clinical Trial Registration (Abstract): No Other Registry Site (Abstract): (none) Registration Number (Abstract): (none)

Date Trial was Registered (MM/DD/YYYY) (Abstract): (none)

Date Trial Began (MM/DD/YYYY) (Abstract): (none)

Grant Support (Abstract): Yes

Support Detail (Abstract): National Institutes of Health: 5-R01-EY011289-28, 5-R01-EY013178-17; Air Force Office of

Scientific Research: FA9550-15-1-0473, FA9550-10-1-0551

TRAVEL GRANTS and AWARDS APPLICATIONS

AWARDS:

AFFIRMATIONS

Affirmations: Affirmation that submission of this abstract has been approved by the Principal Investigator. **Affirmations:** Affirmation that abstract data/conclusions have not been published; not redundant with other submissions from same investigators.

Affirmations: Affirmation to reveal essential structure, novel compound elements, or identify new gene compounds. **Affirmations:** Affirmation of compliance with ARVO's Statement for Use of Human Subjects and/or Declaration of Helsinki.

Affirmations: Affirmation of compliance with ARVO policy on registering clinical trials.

Affirmations: Affirmation to pay Annual Meeting's full registration fee.

Affirmations: Affirmation to present same work as abstract submission.

Affirmations: Affirmation of copyright transfer from each author to ARVO, or certification of public domain abstract.

Affirmations: Affirmation of compliance with ARVO's Statement for Use of Animals.