



Visual Function Endpoints in Clinical Trials Clinical View

Eberhart Zrenner

Center for Ophthalmology
Institute for Ophthalmic Research
University of Tübingen
Germany

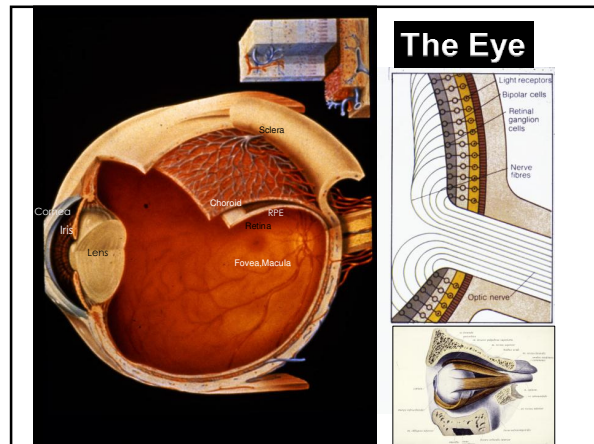
Content

Aim: Endpoints that assess Safety, Benefit, Reliability, and are feasible

- Basics: Structure and Function
- Function Testing: Psychophysics in Ophthalmology
- Function Testing Electrophysiology in Ophthalmology
- Retinal Imaging
- Assessing Activities of Daily Living
- Patient Reported Outcomes (PRO) of Visual Function
- Examples from Ongoing Studies

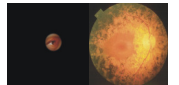
■ Financial Disclosure

- The author performs or performed advisory tasks during the 5 most recent years for Acucela, Allergan, Bayer, Boehringer Ingelheim, Merck, Neurotech, Pfizer, Retina Implant AG, Servier and QLT; he is shareholder of Retina Implant AG and inventor on patents concerning electronic subretinal implants.




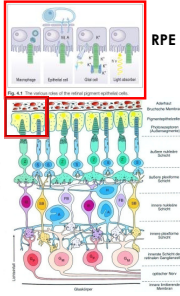
Retinal Structure and Function

Rod Photoreceptors
High sensitivity
Low spatial resolution
No colour discrimination



Cone Photoreceptors
Low sensitivity
High spatial resolution
Colour discrimination



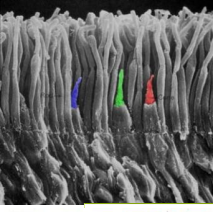


RPE

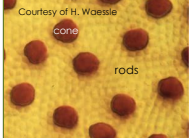
The Phototransduction process: many things can go wrong

Courtesy of W. Baehr

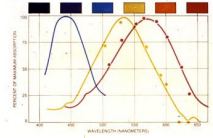
The Short, Middle and Long Wavelengths Sensitive Cones



Cone Mosaic in the Fovea



Cone
Rod



Courtesy of H. Wässle

Information Processing in the Retina

~ 120 million photoreceptors

↓

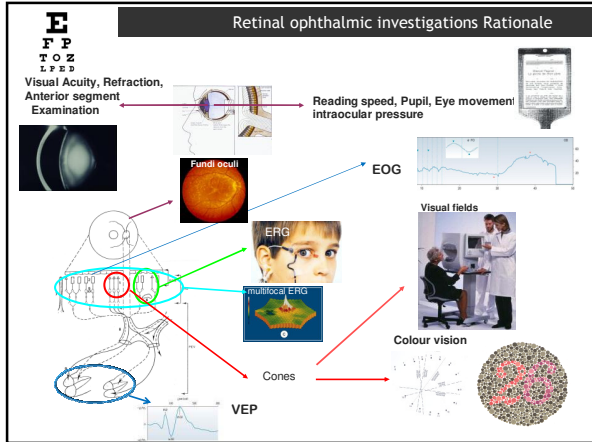
„The natural computer“

↓

~ 1 million ganglion cell fibres sending pulses to the brain

Neuroactive Substance	Cell Type
Dopamine	Photoreceptors, bipolar cells, rod bipolar cells, ganglion cells
Gamma-aminobutyric acid (GABA)	Horizontal cells, amacrine cells
Glycine	Amacrine cells, bipolar cells, ganglion cells
Glutamate	Photoreceptors, amacrine cells, bipolar cells
Dopamine	Amacrine cells (including near juxtafoveal cells)
Melatonin	Photoreceptors
Serotonin	Amacrine cells, bipolar cells (in non-mammalian vertebrates)
Acetylcholine	Amacrine cells, bipolar cells, ganglion cells
Substance P	Amacrine cells, ganglion cells
Angiogenin II	Amacrine cells
Neuro-cadherin	Amacrine cells
Inhibitory muscimol (3,4,5-MDA)	Amacrine cells
Somatostatin	Amacrine cells, ganglion cells
ATP	Amacrine cells, ganglion cells
Adenosine	Amacrine cells, ganglion cells
Brain-derived neurotrophic factor (BDNF)	Amacrine cells, ganglion cells
Kynurenic acid	Amacrine cells

(courtesy of Paul R. Martin, 1998)



Functional Diagnostics

Best Corrected Visual Acuity (BCVA)

- Snellen chart

E	1	20/200
F P	2	20/100
T O Z	3	20/70
L P E D	4	20/50
P E C F D	5	20/40
E D F C Z P	6	20/30
F E L O P Z D	7	20/25
D E F F O T E C	8	20/20
L E F O S P P T	9	
P S P L Y C E D	10	

Functional Diagnostics

Best Corrected Visual Acuity (BCVA)

- Snellen chart
- ETDRS chart (Standard)

Functional Diagnostics

Best Corrected Visual Acuity (BCVA)

- Snellen chart
- ETDRS chart (Standard)
- Freiburg Visual acuity Test (FRACT) with Landolt C-ring (Computer-Screen test)

mean CV = 15±11%

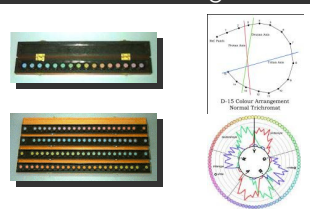

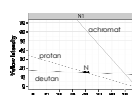
K. Schulze-Bonsel, et al., Visual Acuities "Hand Motion" and "Counting Fingers" Can Be Quantified with the Freiburg Visual Acuity test. IOVS (2006) 47:1236-1240.

Functional diagnostics Colour vision testing

- **Colour vision: arrangement test**
 - Lanthony Panel D-15 Test
 - Roth 28-hue Test
 - Farnsworth-Munsell 28 or 100 Test



WEB based evaluation tool: http://www.torok.info/colorvision/dir_for_use.htm (Dr. Bela Török)

- **Anomaloscopy**

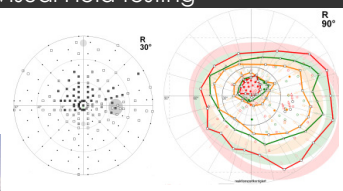


FunctionalDiagnostics Contrast Vision

- Pelli-Robson Chart
- Mesoptometer
 - With and without glare
- Hamilton Veale Test

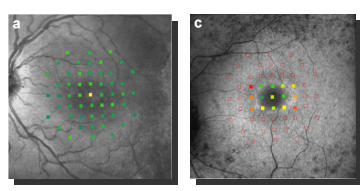
Functional diagnostics Visual Field testing

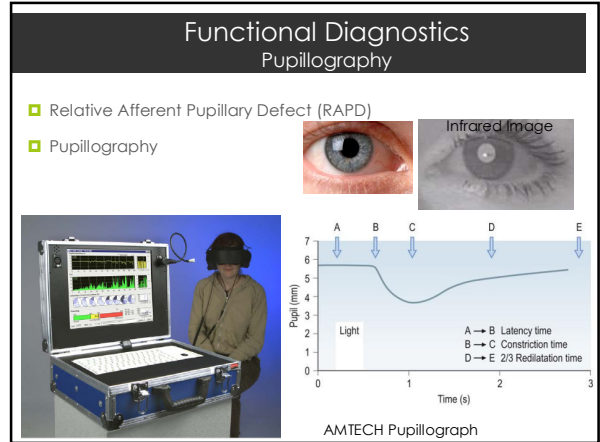
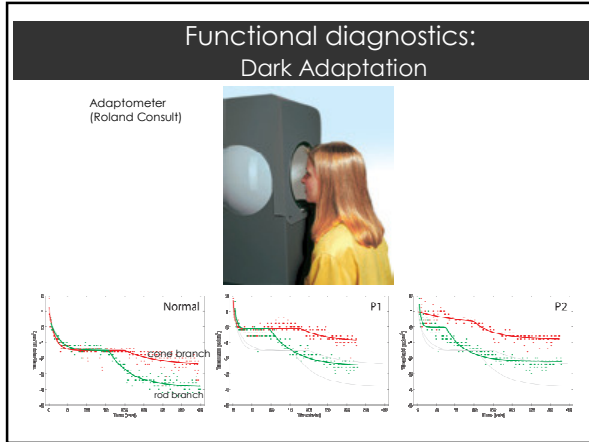
- Visual field testing
 - Static perimetry 30°
 - Kinetic perimetry 90°

Functional diagnostics Visual Field testing

- Visual field testing
 - Static perimetry 30°
 - Kinetic perimetry 90°
- Microperimetry
 - Central Vision
 - Eye Movement Compensated





Summary 1 Psychophysics

Table 4.30 - Functional "markers" of the various structures and cell populations of the visual system assessed by psychophysical tests, ordered according to peripheral retina (yellow), central retina (pink) and according visual pathways (that two rows).

Structure of the Visual System	Psychophysics							Clinical Examination
	Visual Acuity	Colour Vision	Glare Sensitivity	Perimetry (visual fields)	Dark Adaptation	Pupillo-graphy		
Retinal Eccentricity	ETDRS Chart	D 15/28 Dissemi-rated	Nyctometer Mesopre-meter	Kinetic Cone System	Static Cone System	Cone and Rod System	Infrared Pupillo-meter	
Center and periphery	Retinal pigment epithelium					X	X	
>30° sec. Peripheral retina: Rod dominated	Outer Photoreceptors Inner Bipolar cells Amacrine cells			Rod-cone interaction	Scotopic adaptation, field and 15'			Ophthalmoscopy Pigment changes Deposits Vessels etc.
<30° sec. Central retina: Cone dominated	Outer Photoreceptors Inner Bipolar cells Amacrine cells	Foveola X	Foveola X	Cone-cone interaction	Threshold method	Threshold method	X	Ophthalmoscopy Fovea reflexes Autofluorescence Optic nerve head Pigment changes Deposits Vessels etc.
Visual pathways	Ganglion cells	X	X	X	X	X	X	OCT, NFL
	Afferent visual pathway	X	X	X	X	X	X	
	Efferent visual systems, including autonomous nervous system						X	Eye mobility tests for strabismus, pupil investigation

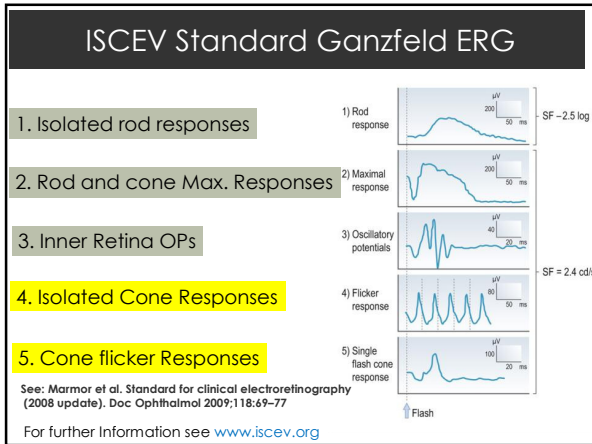
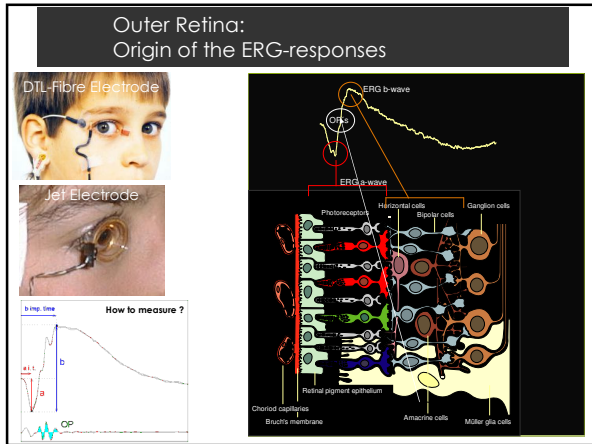
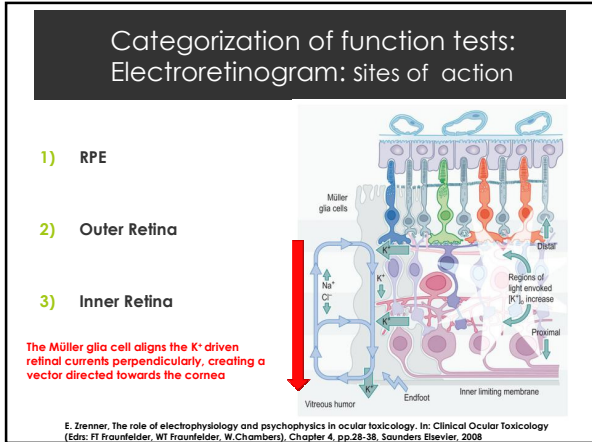
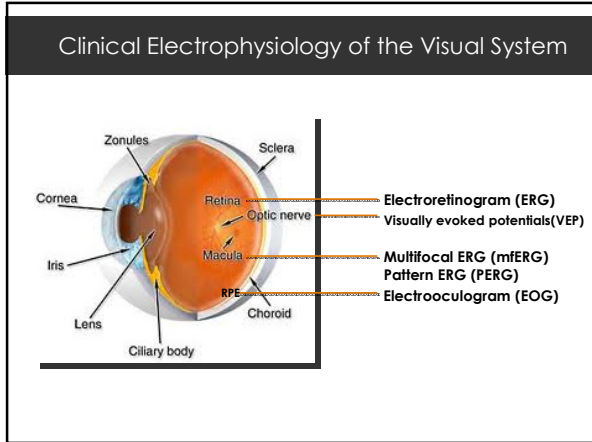
OCT: optical coherence tomography; NFL: nerve fiber layer

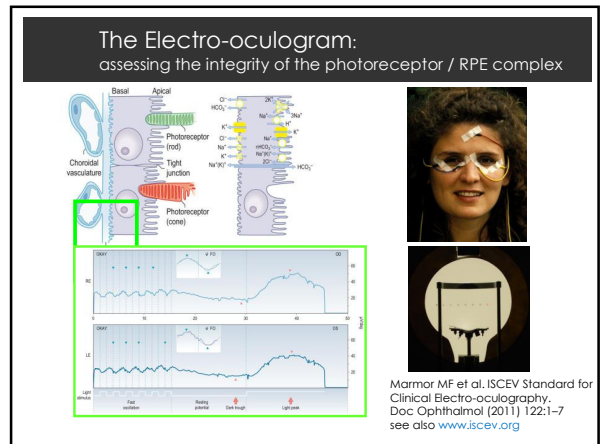
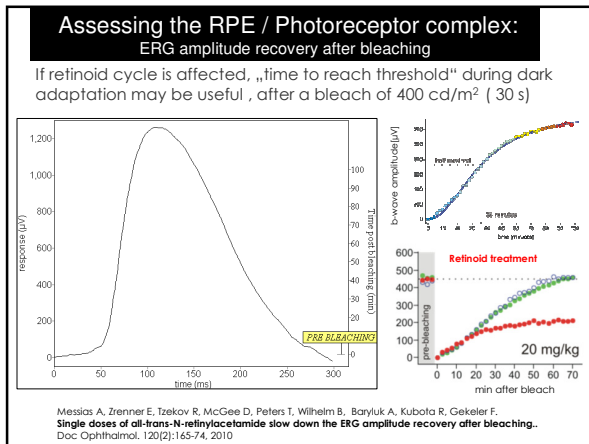
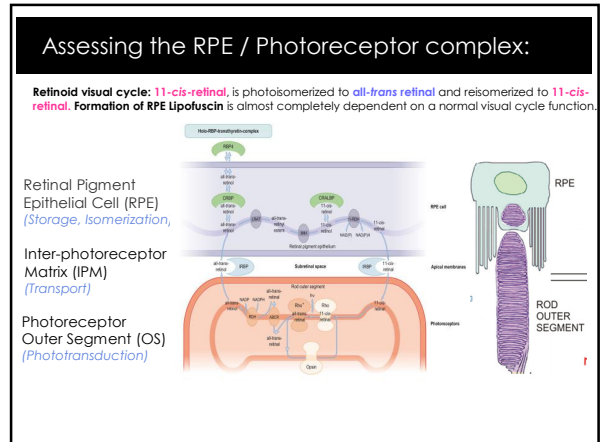
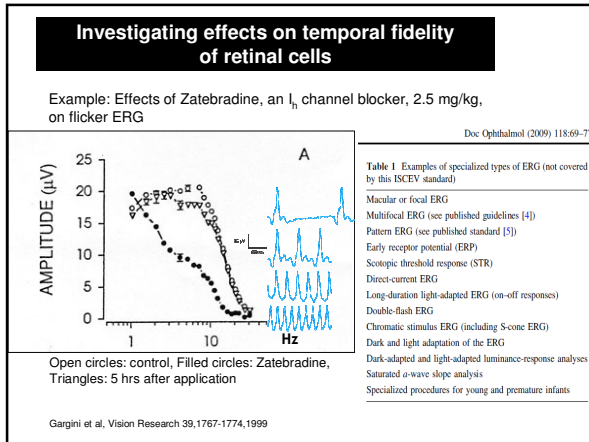
E. Zrenner, The role of electrophysiology and psychophysics in ocular toxicology, in: Clinical Ocular Toxicology (Eds: FT Fraunfelder, WT Fraunfelder, W Chambers), Chapter 4, pp.28-38, Saunders Elsevier, 2008

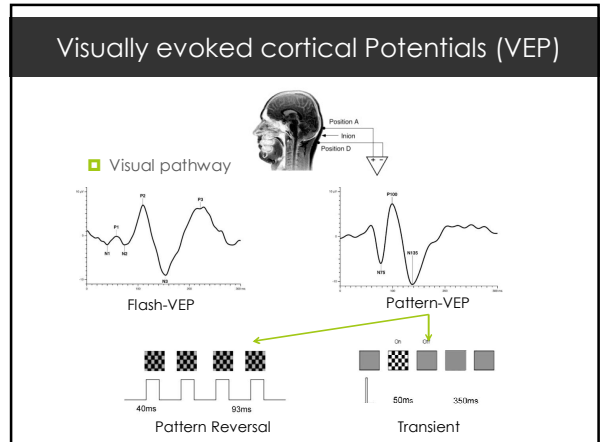
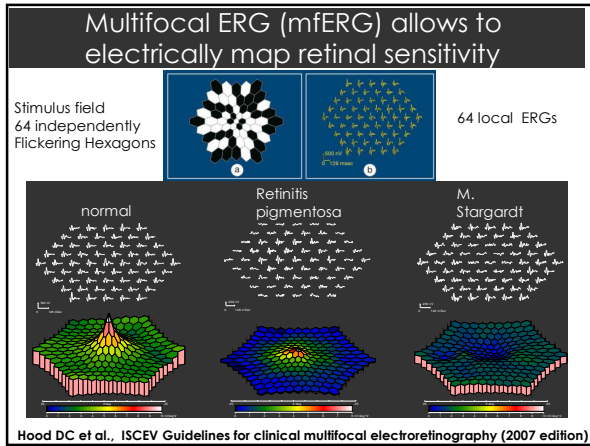
Surrogate Endpoints

- A **surrogate endpoint**, according to the FDA is a biomarker that is "reasonably likely, based on epidemiologic, therapeutic, pathophysiologic, or other evidence to predict clinical benefit." The best surrogate endpoint is a biomarker that changes along with clinical endpoints.

Csaky et al. IQVIA 2009







Retinal imaging

- Color photographs – posterior pole and periphery
- Fundus autofluorescence imaging (FAF)
- Fluorescence Angiography (FA)
- Optical coherence tomography (OCT)

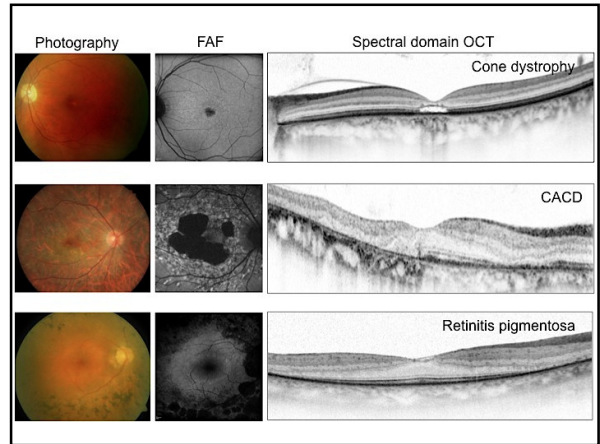
An Advanced View of the Eye

Normal Healthy Eye

Illuminating Retinal Diseases

Multi Modality Imaging

Spectralis HEIDELBERG ENGINEERING



Summary 2 Electrophysiology and Imaging

Table 4.3a – Functional 'marker' of the various structures and cell population of the visual system assessed by electrophysiological tests, ordered according to peripheral retina (yellow), central retina (pink) and secondary visual pathways (final two rows).

Retinal Ectectopy	Structure of the Visual System	Electrophysiology					Clinical Examination
		EOG	Goldfield ERG (ISCEV 2004, No Topographic Resolution)		ME ERG and PERG Topographical Map	VEP	
			Dark Adapted Rod ERG	Light Adapted Cone ERG	Light Adapted Cone ERG		
Center and Periphery	Retinal pigment epithelium	X					
30° ecc. Peripheral retina Rod dominated	Outer Photoreceptors	X	a-wave	Combined resp.			Ophthalmoscopy Pigment changes Diagnosis Vasculi etc.
	Inner Bipolar cells		b-wave	Full resp.			
30° ecc. Central retina Cone dominated	Outer Photoreceptors	X	a-wave	Single cone flash resp.	N1	X	Ophthalmoscopy Flourescence Autofluorescence Electroretinal test Pigment changes Diagnosis Vasculi etc.
	Inner Bipolar cells		b-wave	Single cone flash resp.	P1	X	
	Amacrine cells			Oscillatory potentials		X	
Visual pathways	Ganglion cells				N2	X	OCT/NFL
	Altered visual pathway				Macular papillar nerve fiber bundle	P100	Pupillary reflex
	Strand visual system including intracranial nerve system						Eye mobility, tests for saccades, pupil investigation

1 OCT/Optical coherence tomography; NFL, nerve fiber layer

E. Zrenner, The role of electrophysiology and psychophysics in ocular toxicology. In: Clinical Ocular Toxicology (Eds: F Fraunfelder, W Fraunfelder, W Chambers), Chapter 4, pp.28-38, Saunders Elsevier, 2008

Patient Reported Outcomes (PRO)

- A PRO is a measurement of any aspect of a patient's health status that is reported and or scored directly by the patient, free of interpretation by a physician, researcher or other person. It is an account of how the patient functions or feels relative to a health condition or therapy.
- Good measurements should have unidimensionality, hierarchical order, and equal interval spacing

Varma et al., IOVS 2010

Patient Reported Outcomes (PRO)

A PRO would measure any of the following:

- Symptoms
- Symptom impact and functioning
- Disability or handicap
- Adverse events
- Treatment tolerability
- Treatment satisfaction
- Health-related quality of life

Varma et al., IOVS 2010

PRO: Available instruments

- Activities of Daily Living Scale (ADVS)
Reading, orientation/mobility, finding objects, social participation, financial handling.....
- Daily Living Tasks Dependent on Vision (DLTV)
- Impact of Vision Impairment (IVI)
- Macular Disease Quality of Life Questionnaire
- NEI-VFQ 25 (most common, well-equipped)
- Visual Function Index (VF-14)
- Low-Luminance Questionnaire (LLQ)
- Miedziak's instrument
- Vision-specific sickness impact profile (SIPV)
- Turano's instrument
- Vision-Related Quality of Life Questionnaire
- Retinopathy-Dependent QOL

Varma et al., IOVS 2010

Ongoing Clinical trials in legally blind patients

Pathology	Gene	Phase	Sponsor	Vector	Dose	Route	Age	#	Start-end
Severe EORD	RPE65	I/II	U College, London	rAAV 2/2.HRPE65sp.HRPE65	Up to 3.0x10 ¹² vg	Subret	5 y - 30 y	12	01/2007 to 01/2013
UCA2	RPE65	I	Children hosp, Philadelphia	rAAV2-HRPE65v2	not given	Subret	8 y - older	12	09/2007 to 06/2009
UCA2	RPE65	III	Children hosp, Philadelphia	rAAV2-HRPE65v2	Up to 1.5x10 ¹¹ vg	Subret	8 y - older	12	11/2010 to -
UCA2	RPE65	III	Children hosp, Philadelphia	rAAV2-HRPE65v2	not given	Subret	3 y - older	12	09/2011 to 09/2017
UCA2	RPE65	I	U Pennsylvania	rAAV2-CB-HRPE65	not given	Subret	8 y - older	15	07/2007 to -
UCA2	RPE65	III	Applied Genetic Technologies	rAAV2-CB-HRPE65	Up to 6.0x10 ¹¹ vg	Subret	8 y - older	12	12/2008 to 12/2013
UCA2	RPE65	I	Hadassah-Hebrew U, Jerusalem	rAAV2-CB-HRPE65	1.19x10 ¹¹ vg	Subret		1	2010
UCA2	RPE65	I/II	University hospital, Nantes	rAAV 2/4.HRPE65sp.HRPE65	Up to 4.8x10 ¹⁰ vg	Subret	6 y - older	9	10/2011 to 01/2013
West AMD	VX2HR23	I	Genzyme USA	AAV2-e1101	Up to 2.0x10 ¹⁰ vg	Intravit	Not given	14	12/2009 to 01/2013
Stargardt	ABCA4	I/II	Oxford Biomedica	eqLV-hABCA4	not given	Subret	18 y - older	28	06/2011 to 10/2013
Wet AMD	EA	I	Oxford Biomedica	eqLV-hEA	not given	Intravit	50 y - older	18	02/2011 to 06/2012
Wet AMD	FECH	I	Genzyme	AAV2-VEPFL-110	not given	Intravit	50 - older		Closed

hEA : human endothelin-1 angiotensin fusion gene

Upcoming Clinical trials in legally blind patients

Pathology	Gene	Phase	Sponsor	Vector
Usher 1	MYO7A	I	Oxford Biomedica	eqLV-hMYO7A
Choroideremia	CHM	I/II	University of Oxford	AAV-hCHM
ACHM	CNGB3			AAV-hCNGB3
arRP	MERTK			

Courtesy of Dr. Christian Hamel

Relevant studies

Subretinal electronic implants

Safety and Efficacy of Subretinal Implants for Partial Restoration of Vision in Blind Patients (Zrenner)

- Primary Outcome Measures:**
 - Activities of daily living and mobility significantly improve with implant-ON shown via activities of daily living tasks, recognition tasks, mobility, or a combination thereof
- Secondary Outcome Measures:**
 - Visual acuity/light-perception and/or object-recognition measured with FRACI/BaLM/BaGA/VFQ-25
 - Patient long term safety and stability of implant function

Zrenner et al, Proc. R Soc. B 278: 1489ff, 2011



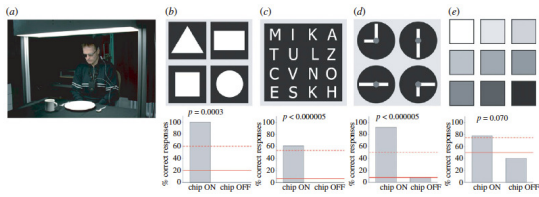
Functional diagnostics in subretinal electronic Implants

- BaLM (basic light and movement test)
- BaGA (recognition of stripe patterns)

Zrenner et al, Proc. R Soc. B 278: 1489-1497 (2011)

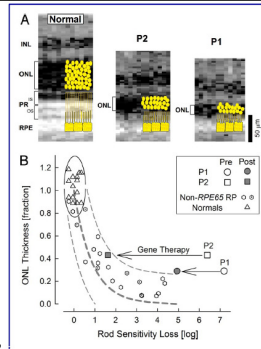
Functional diagnostics in subretinal electronic Implants

- Tasks of daily living (more naturalistic scenes)



Zrenner et al, Proc. R. Soc. B 278: 1489-1497 (2011)

Gene therapy dramatically improves rod light sensitivity



U. Penn US study
Cideciyan et al., PNAS2008;105:15112

Summary

- Monitoring of visual function for safety and efficacy in very low and ultra-low vision patients is difficult
- The tools are there, but have to be selected depending on the cellular target structure
 - Psychophysics
 - Electrophysiology as surrogate marker
 - Retinal Imaging as surrogate marker
 - Assessment of Activities of Daily Living (ADL)
 - Patient Reported Outcomes (PRO) of visual function
- Some of the ongoing studies have developed novel tests in order to monitor ultra-low vision changes which, however, are not yet validated

The author thanks Dr. Dillo Zabar, Prof. Christian Hamel, Dr. Tobias Peters, Prof. Hendrik Scholl and Prof. Barbara Wilhelm for valuable discussions and contributions