



Tracking diseases at cellular and microvascular levels

# **rtx1™ ADAPTIVE OPTICS RETINAL CAMERA**



# WORLD'S FIRST **IMAGING** MICROSCOPE FOR THE LIVING RETINA

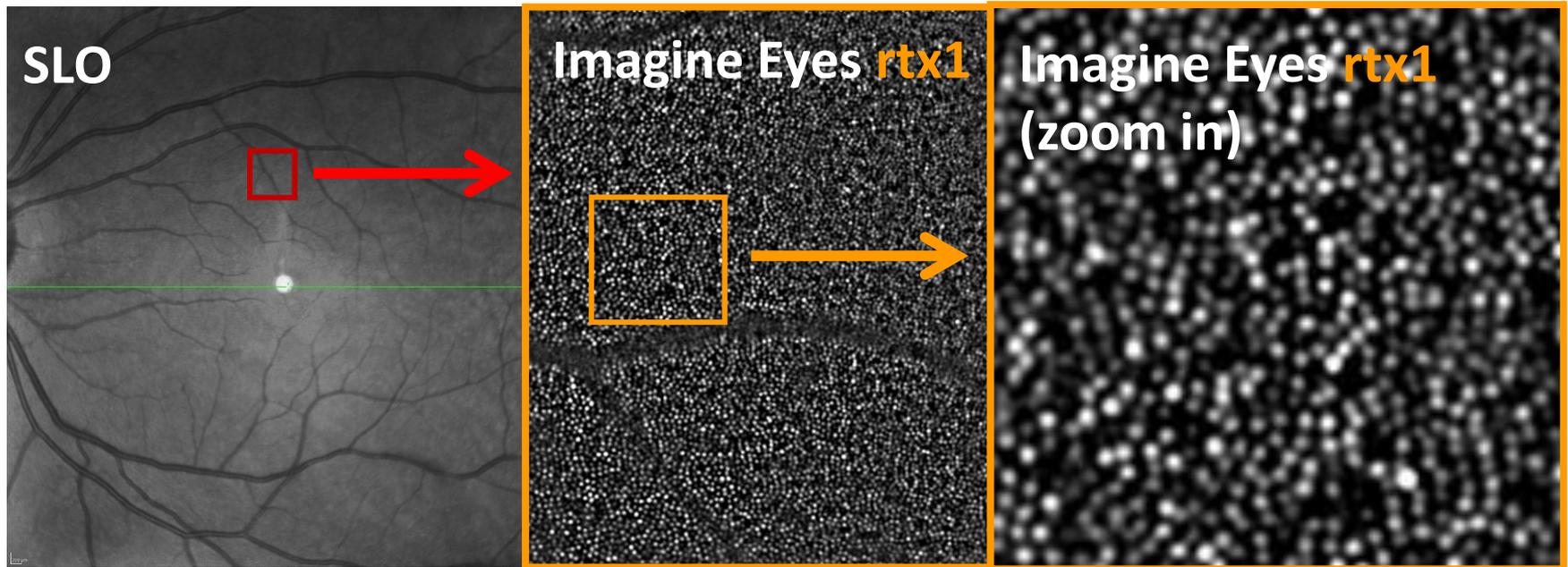
- Non-invasive **cellular** and **microvascular** retinal imaging
- Wide-ranging applications in **ophthalmic** and **systemic** diseases



# Cellular resolution

Comparison with a scanning laser ophthalmoscope (SLO)

50  $\mu\text{m}$

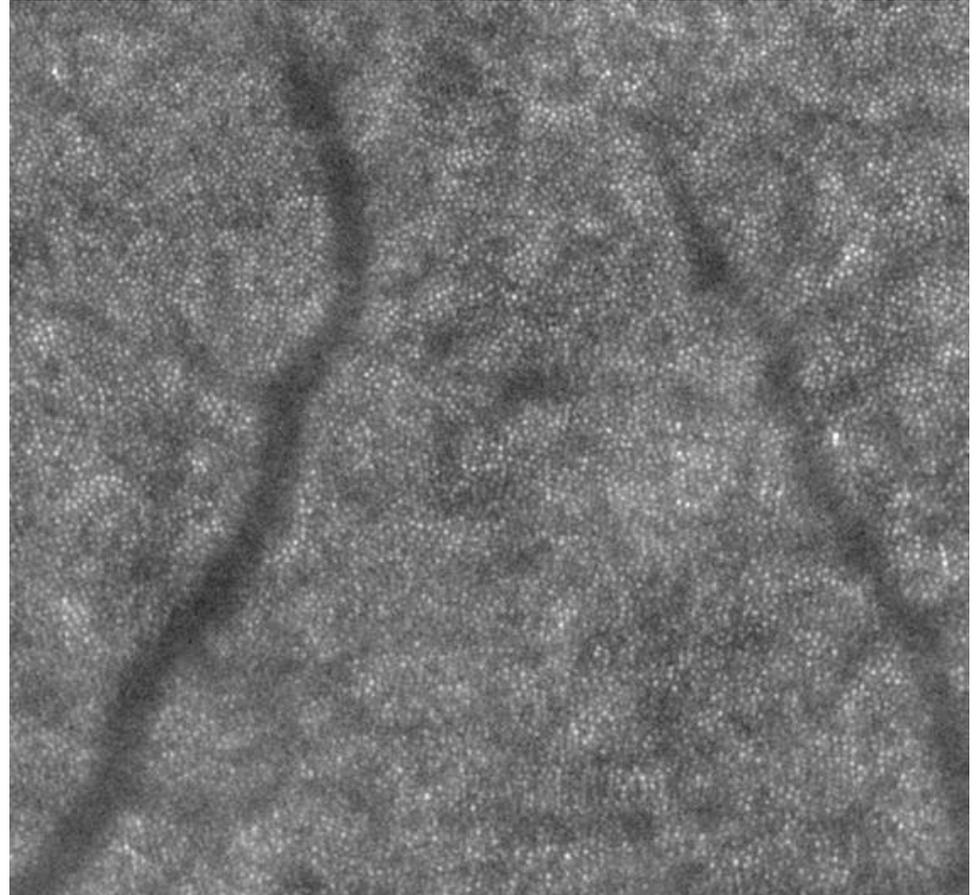
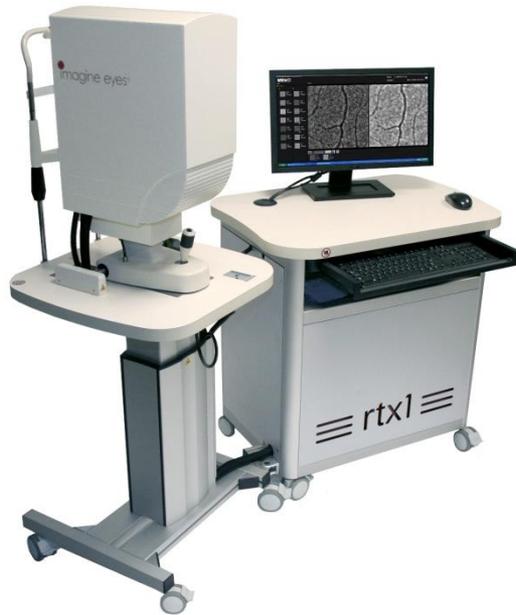


Resolution 15-20  $\mu\text{m}$

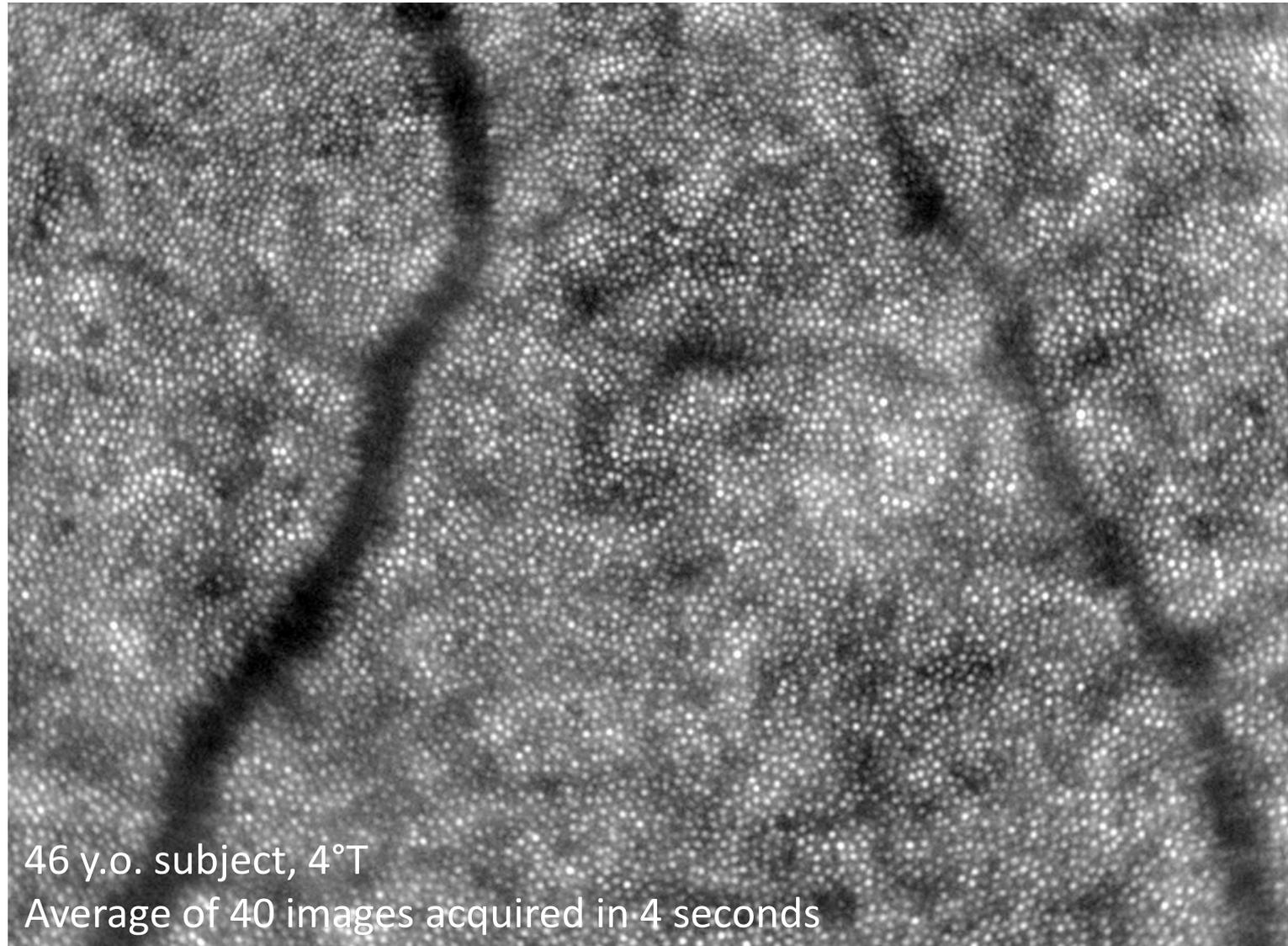
Resolution 3-4  $\mu\text{m}$

**Visual cells are visible**

# Cellular live image



# Cellular processed image

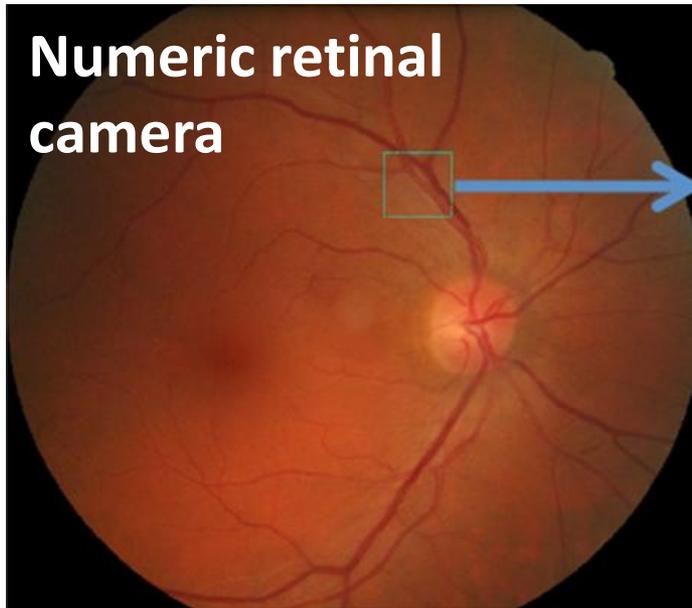


46 y.o. subject, 4°T

Average of 40 images acquired in 4 seconds

# Microvascular resolution

Comparison with a conventional numeric retinal camera



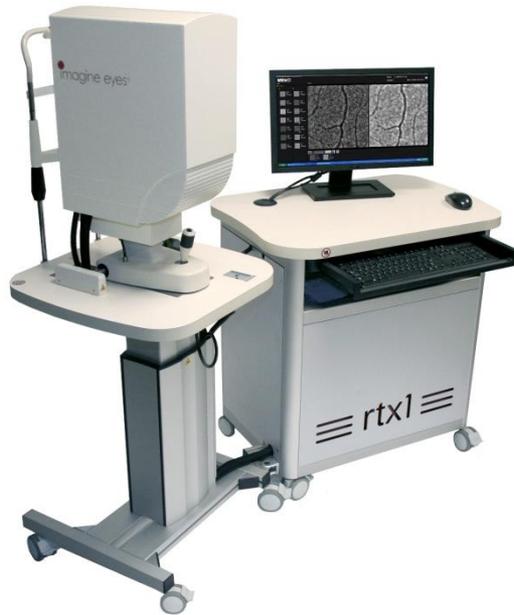
Resolution 15-20  $\mu\text{m}$



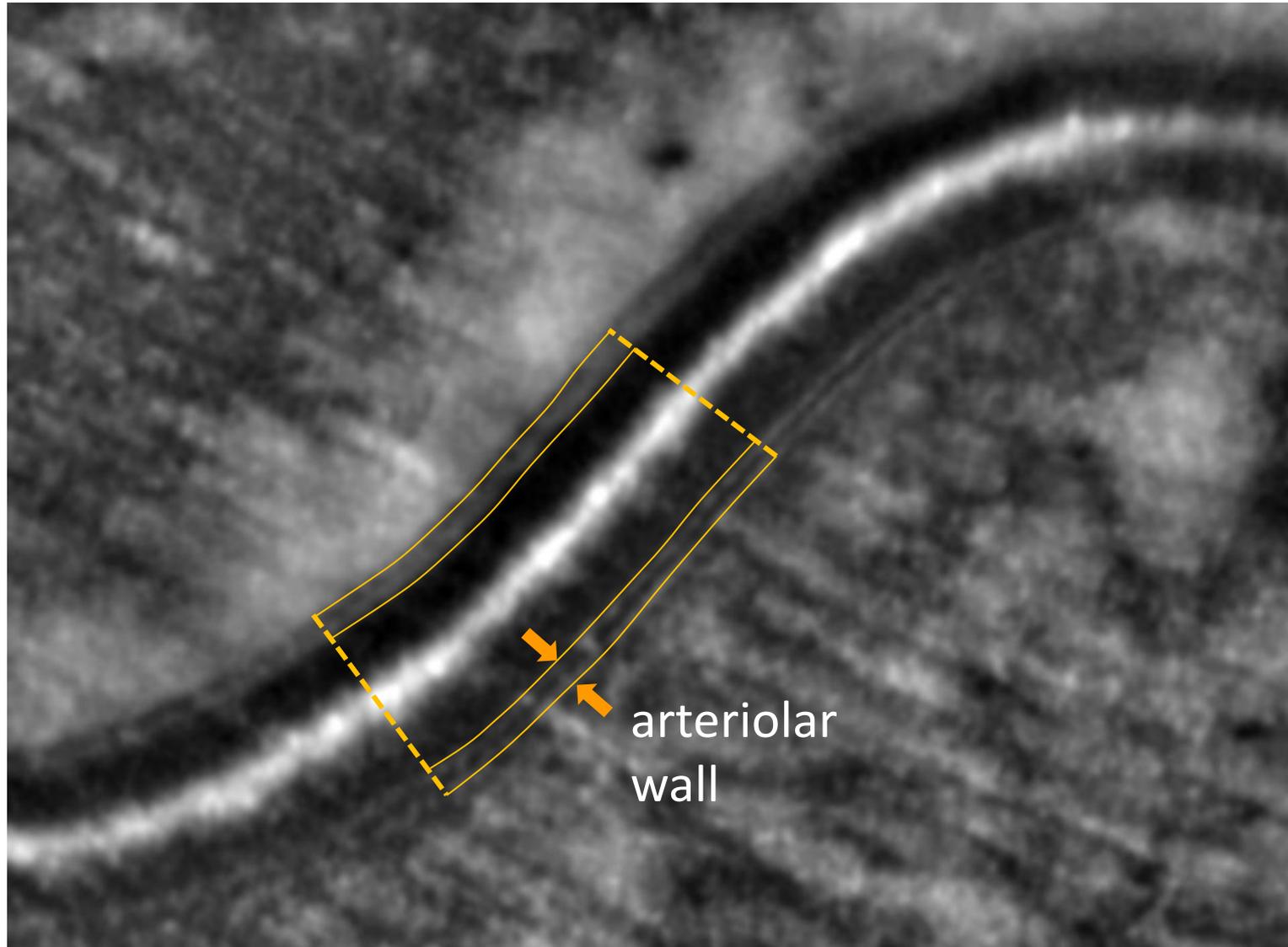
Resolution 3-4  $\mu\text{m}$

**Small artery structures  
and walls are visible**

# Microvascular live image



# Microvascular processed image

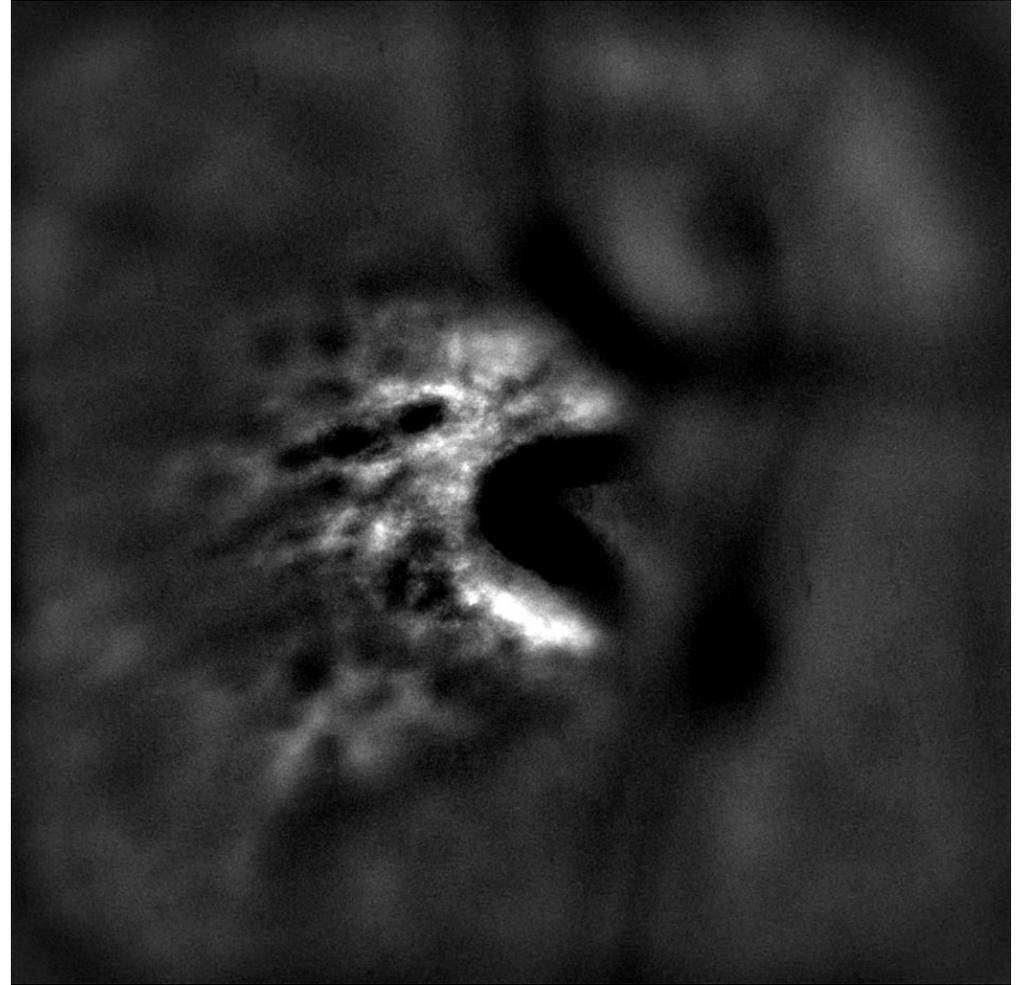
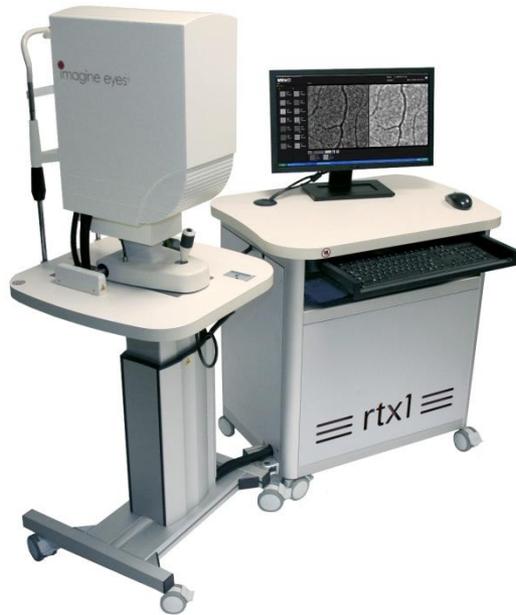


# Optic nerve imaging



**Pores in the lamina  
cribrosa are visible**

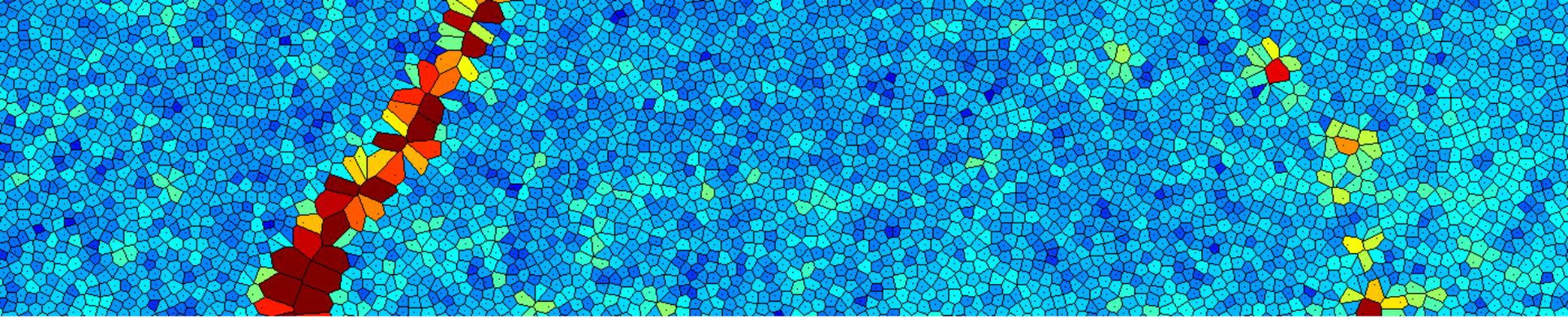
# Optic nerve live image



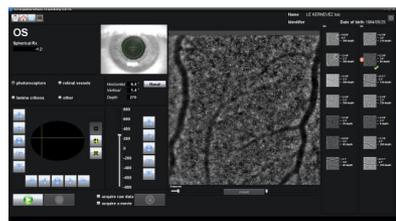
# Retinal microscopy achieved through **fast** and **comfortable** examinations

Resolving power	250 line pairs /mm
Illumination wavelength	850 nm
Image field	4 deg x 4 deg
Exposure time	< 10 ms
Total acquisition time	4 s

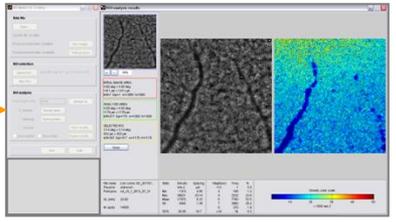
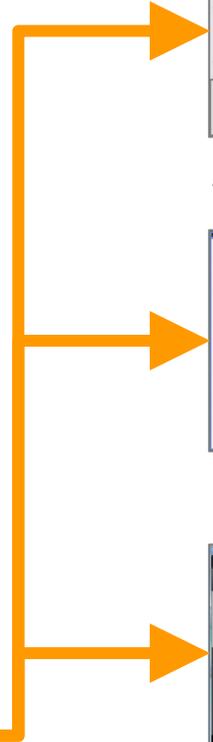
- The rtx1 is an approved medical device in the European Union (CE mark), in Japan (Shonin) and in Australia (ARTC approval).
- In the USA, the rtx1 has not received FDA clearance. It is an investigational device and requires Institutional Review Board (IRB) oversight for use in any research application



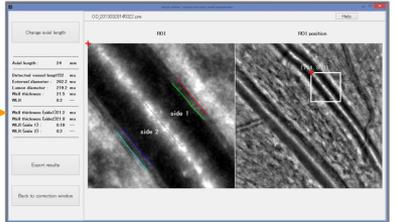
# SOFTWARE FOR THE **rtx1**



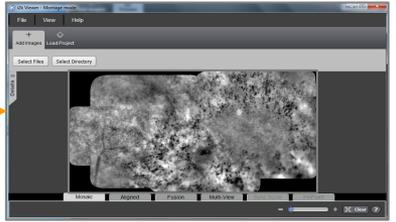
AOimage™



AOdetect™-mosaic



AOdetect™-artery

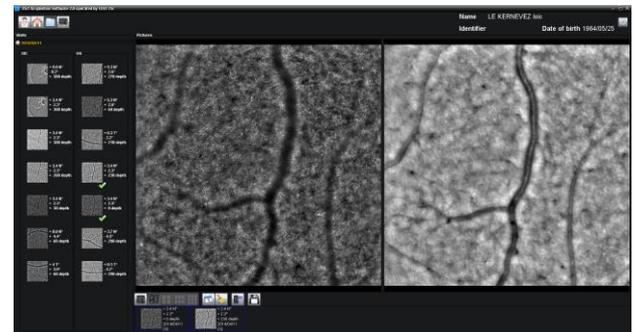
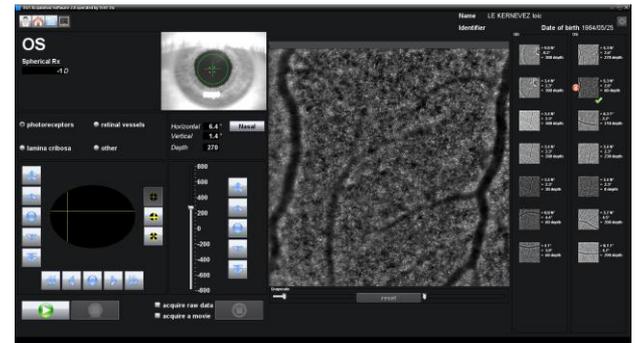
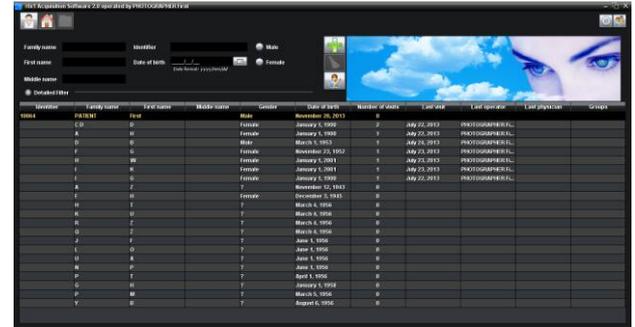


i2k Retina®

# AOimage™

## Adaptive optics imaging **made easy**

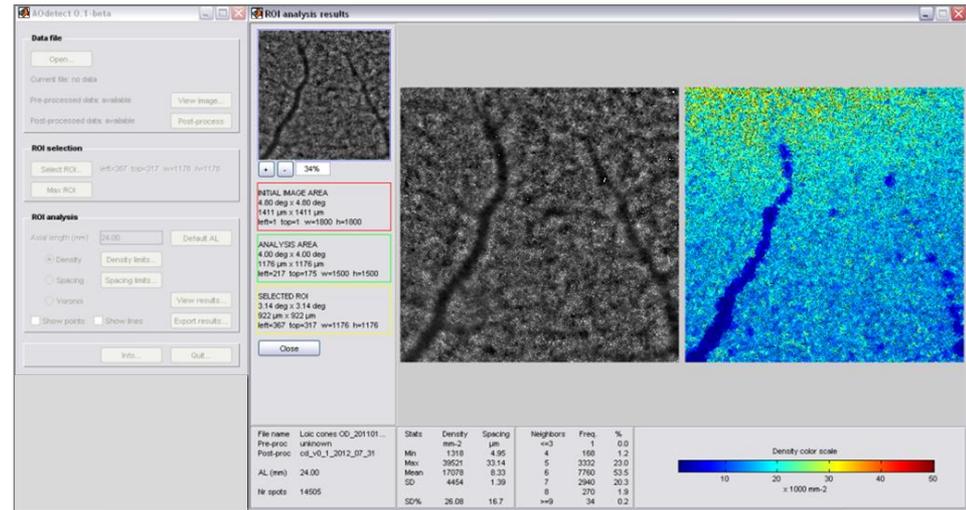
- User-friendly interface
- Network-compatible database
- Fully automated AO operation
- Easy localization, focussing and capture
- Selectable fixation target pattern
- Fast multithread image processing
- Export to multiple image formats including PNG and DICOM
- Interface compatible with dim light environment
- Remote access viewer



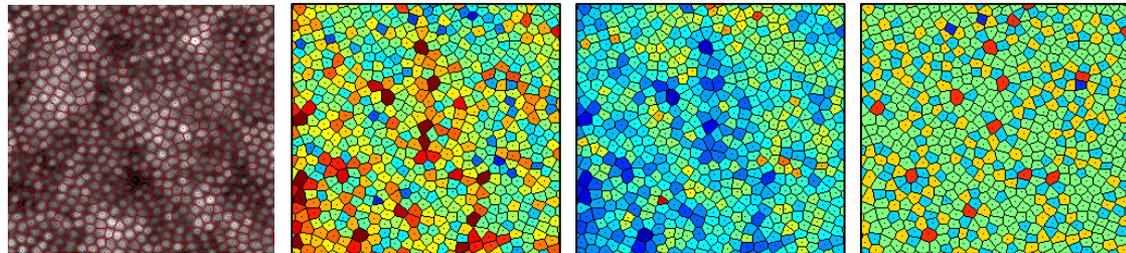
# AOdetect™-mosaic

## Cone photoreceptor mosaic analysis

- Region-of-interest selection
- Cone detection (extrafoveal)
- Cell density maps
- Inter-cell spacing maps
- Pleomorphism maps
- Descriptive cell statistics
- Export to text, excel and graphic files



Stats	Density	Spacing	Neighbors	Freq.	%
	mm-2	µm	<=3	0	0.0
Min	11058	6.55	4	3	0.5
Max	28010	10.91	5	144	23.0
Mean	18055	8.22	6	338	54.1
SD	2358	0.66	7	127	20.3
			8	13	2.1
SD%	13.06	8.0	>=9	0	0.0

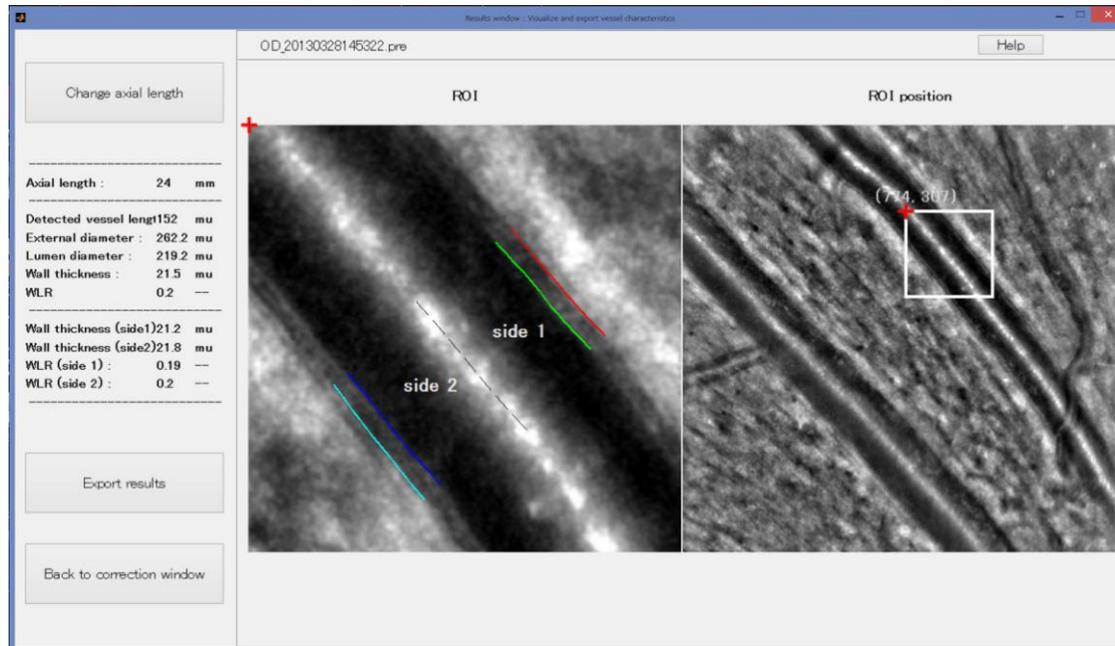


# AOdetect™- artery

## Arteriolar microstructure analysis

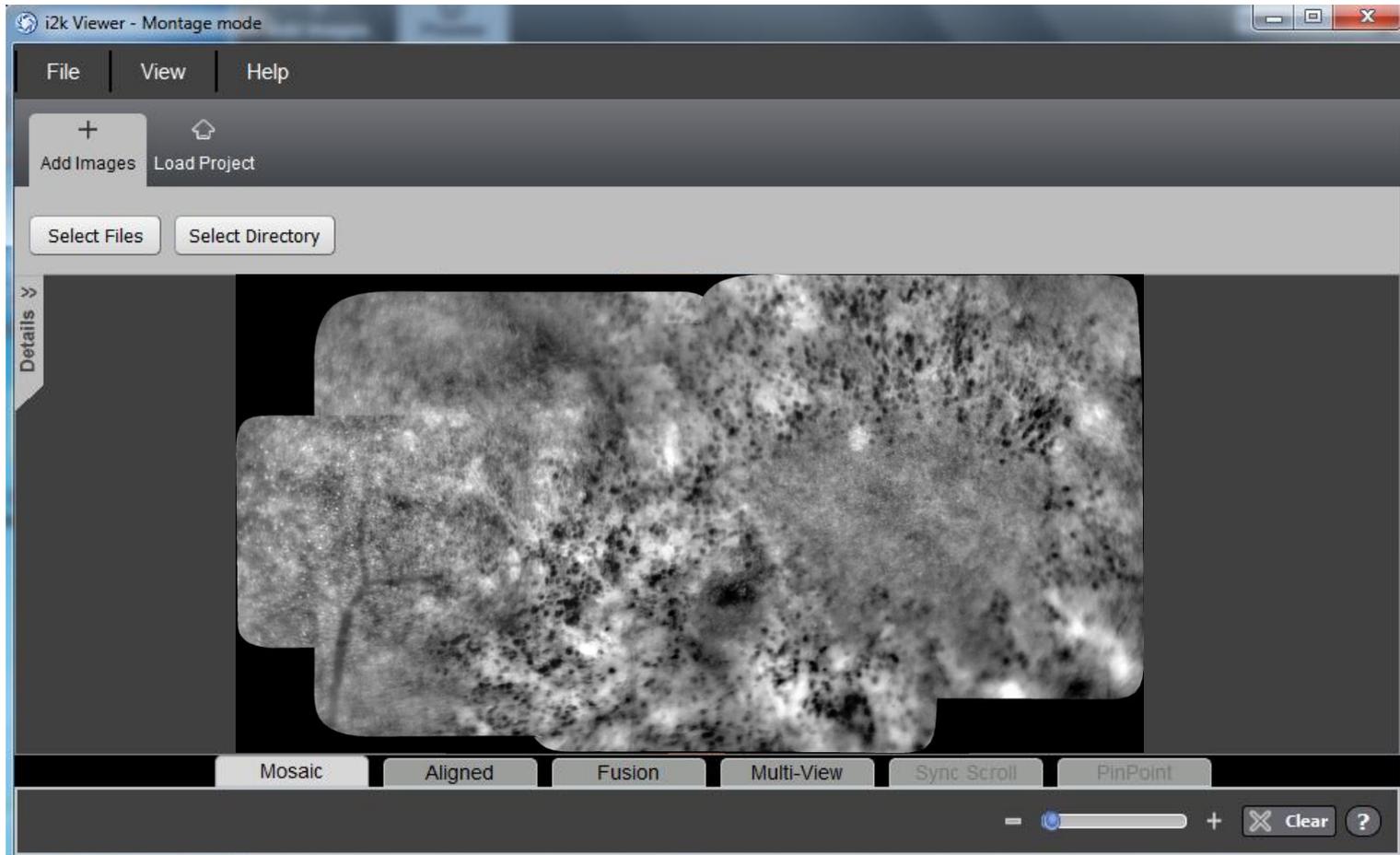
Software under development

- Arteriolar wall segmentation
- Internal (lumen) and external diameter measurements
- Wall thickness and wall-to-lumen ratio assessments



# i2k Retina<sup>®</sup>

## Automatic multi-image **stitching**



# rtx1 APPLICATIONS



Inherited retinal diseases

Dry AMD

Vitroretinal surgery

Drug toxicity

Glaucoma research

Diabetes

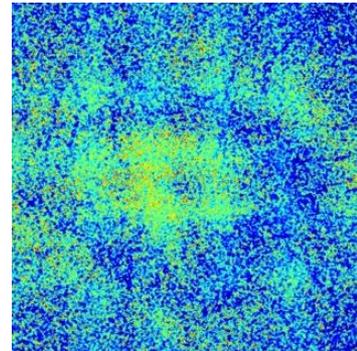
Vascular inflammation

Arterial hypertension

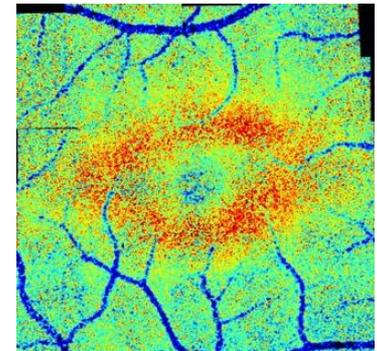
# Inherited retinal degenerative diseases

- The rtx1 reveals previously unseen microscopic structures including **cone photoreceptor cells**
- It provides highly-sensitive **biomarkers** for tracking cell loss:
  - Cone density
  - Inter-cone spacing
  - Cone pleomorphism

Usher syndrome

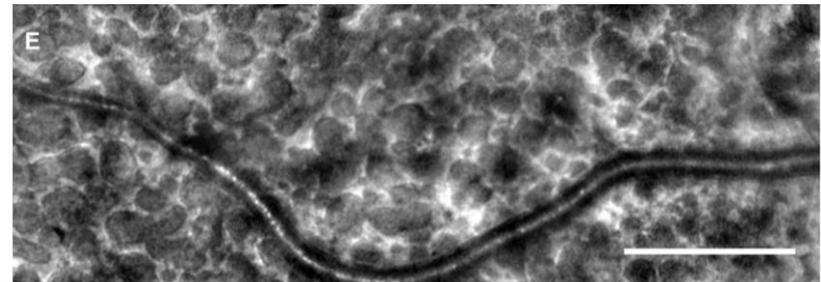


Healthy retina



Cone density

Autosomal dominant optic atrophy (ADOA)



Microcystic macular edema  
visible in the AO image

Clinical Study

High-Resolution *En Face* Images of Microcystic Macular Edema in Patients with Autosomal Dominant Optic Atrophy

Kiyoko Gocho,<sup>1</sup> Sachiko Kikuchi,<sup>1</sup> Takenori Kabuto,<sup>1</sup> Shuhei Kameya,<sup>1</sup> Kei Shinoda,<sup>2</sup> Atsushi Mizota,<sup>2</sup> Kunihiko Yamaki,<sup>1</sup> and Hiroshi Takahashi<sup>1</sup>

Analysis of macular cone photoreceptors in a case of occult macular dystrophy

CASE REPORT

Naoki Tojo  
Tomoko Nakamura  
Chiharu Fuchizawa  
Toshihiko Oiwake  
Atsushi Hayashi

CASE SERIES

Naoki Tojo  
Tomoko Nakamura  
Chiharu Fuchizawa  
Toshihiko Oiwake  
Atsushi Hayashi

photoreceptors in the macula of patients with retinitis pigmentosa

Usher images: courtesy of Pennesi et al., Oregon Health & Science University, Portland, USA

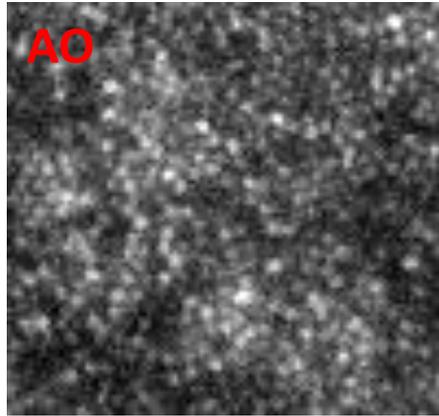
ADOA image: courtesy of Gocho, Kameya et al., Nippon Medical School Hokusoh Hospital, Chiba, Japan

Adaptive optics imaging in

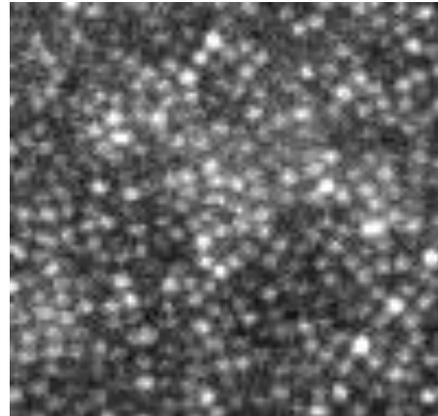
# **RETINITIS PIGMENTOSA**

# Retinitis pigmentosa (RP)

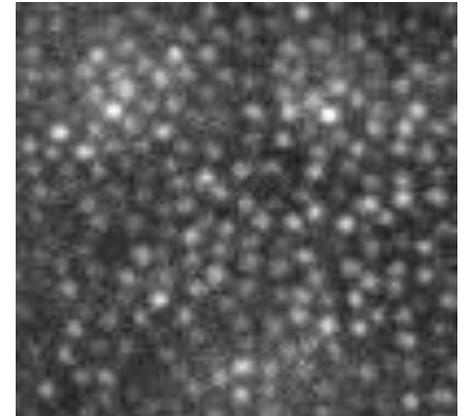
Healthy  
subject  
38 years



1°T

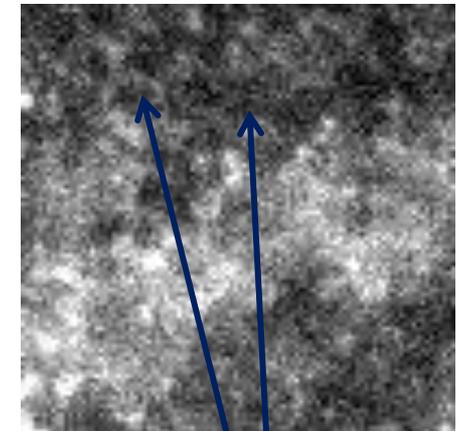
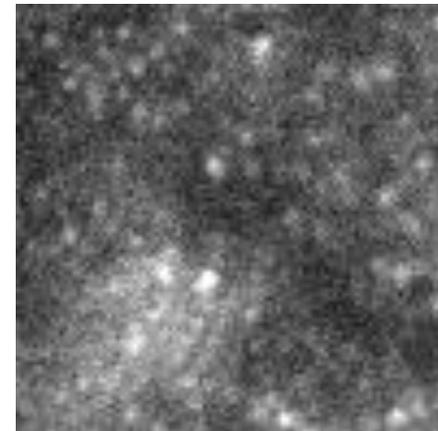
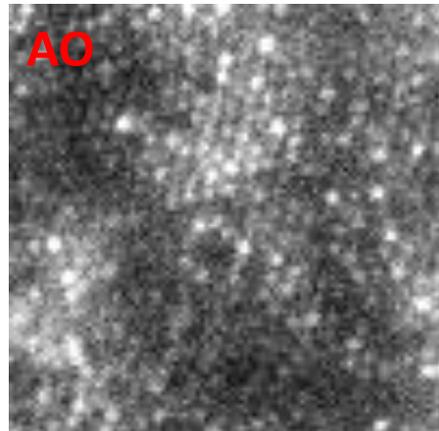


2°T



4,5°T

RP patient  
39 years  
VA : 20/20

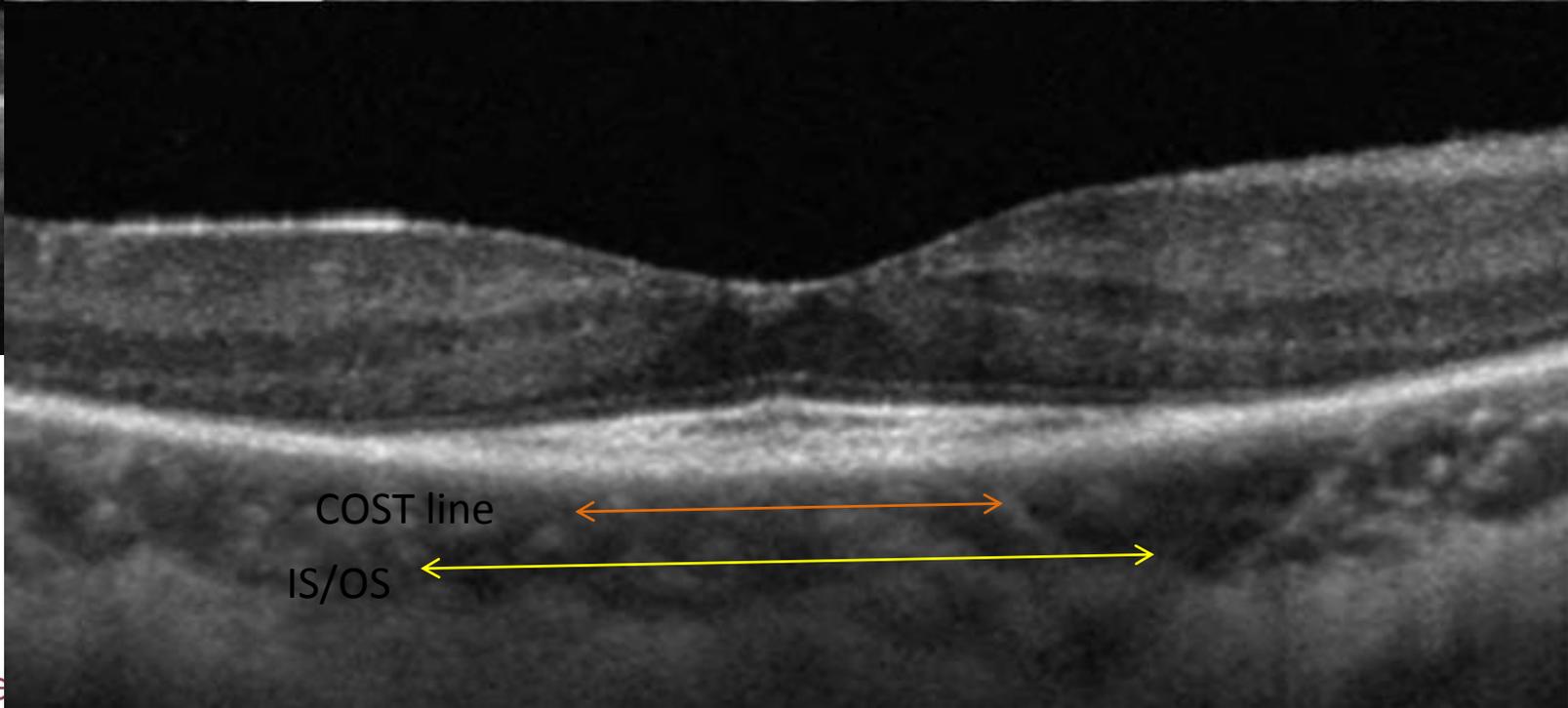
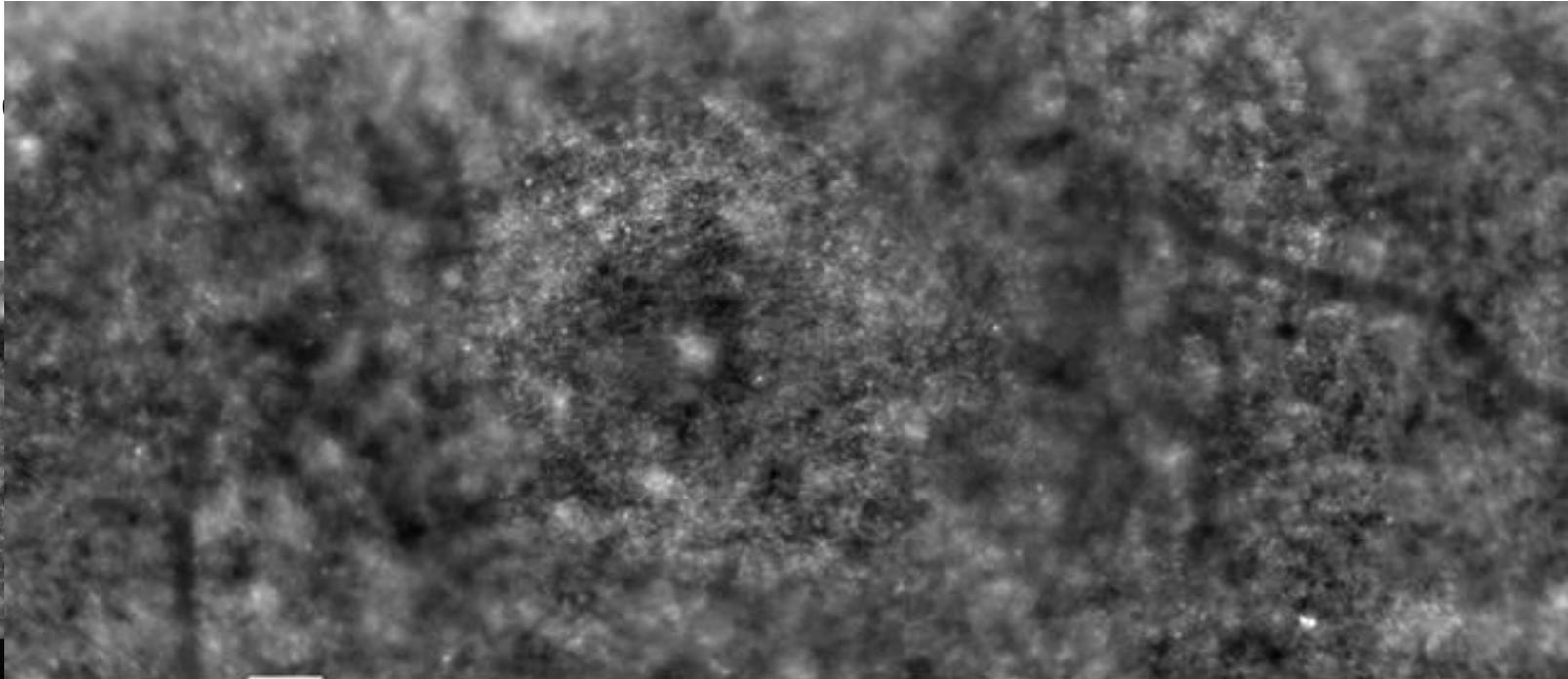
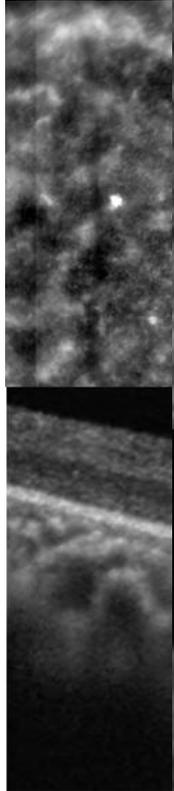


100 μm

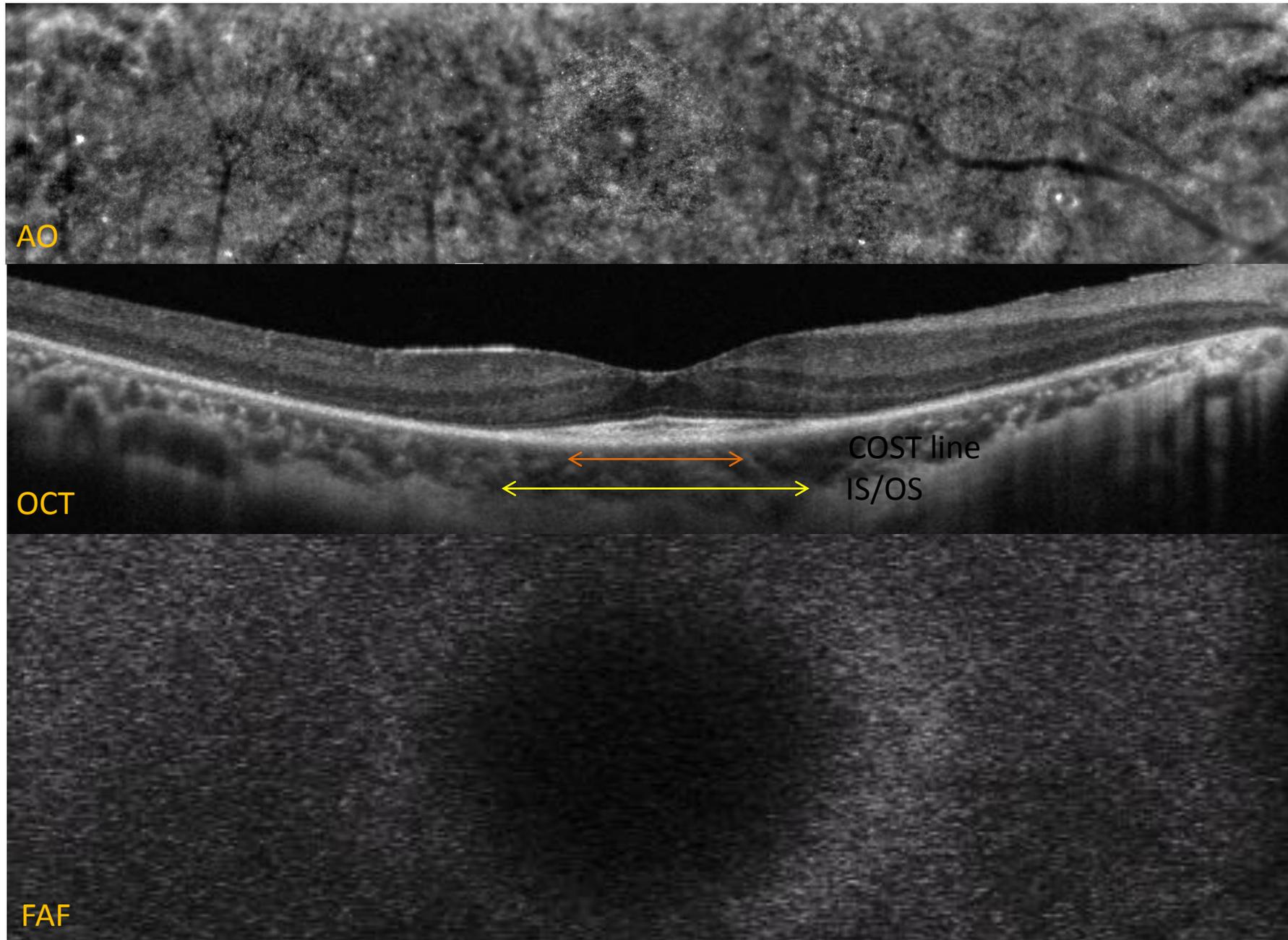
RPE cells

Images : courtesy K. Gocho-Nakashima & O. Roche, Necker Hospital, Paris

右眼



COST line ←————→  
IS/OS ←————→



Adaptive optics imaging in

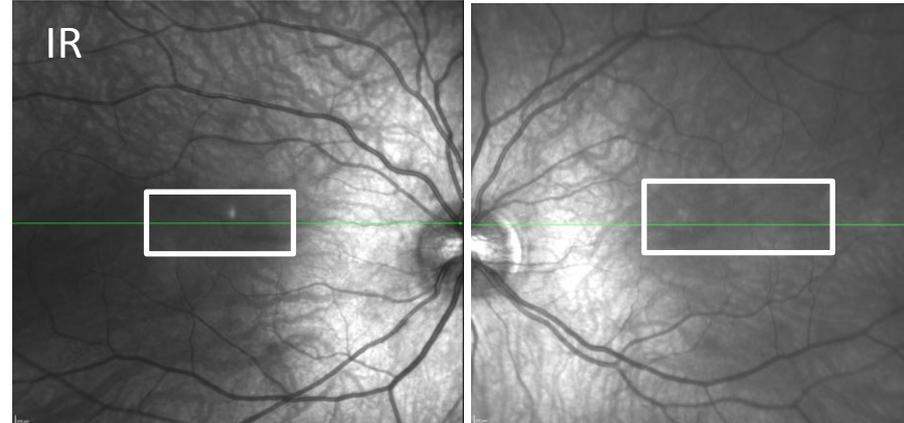
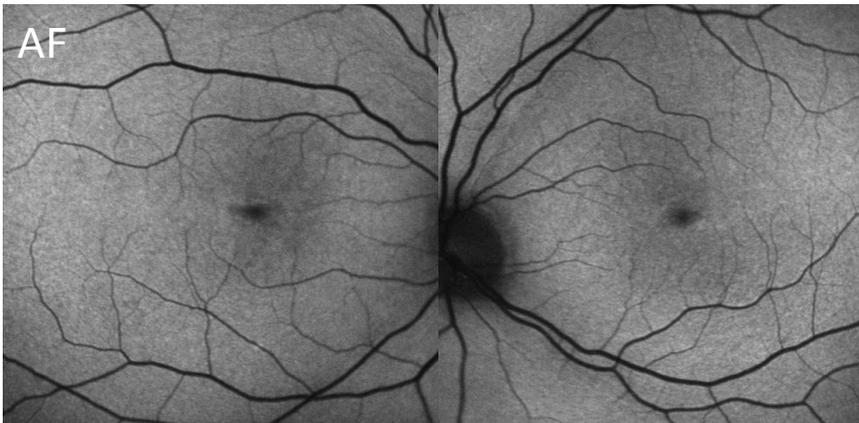
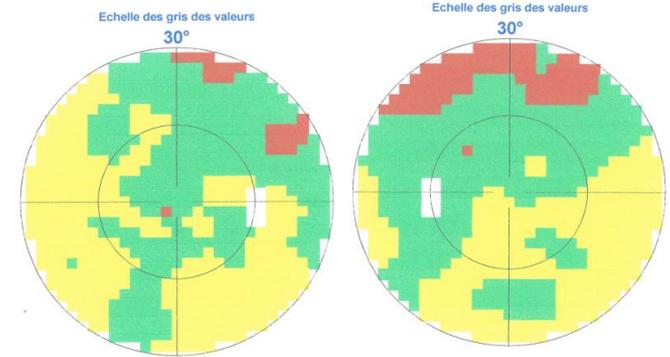
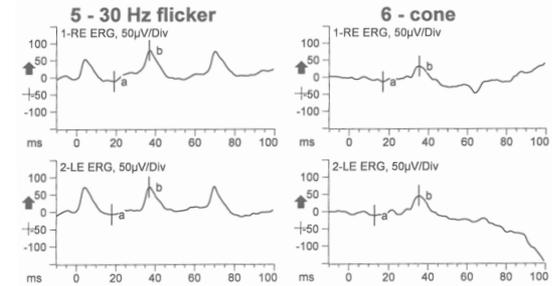
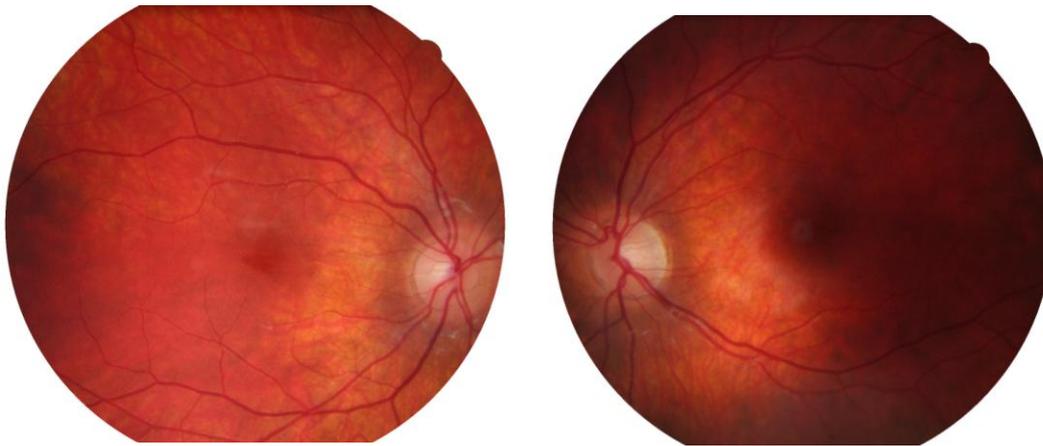
**STARGARDT**

# Stargardt #1

16 year old female

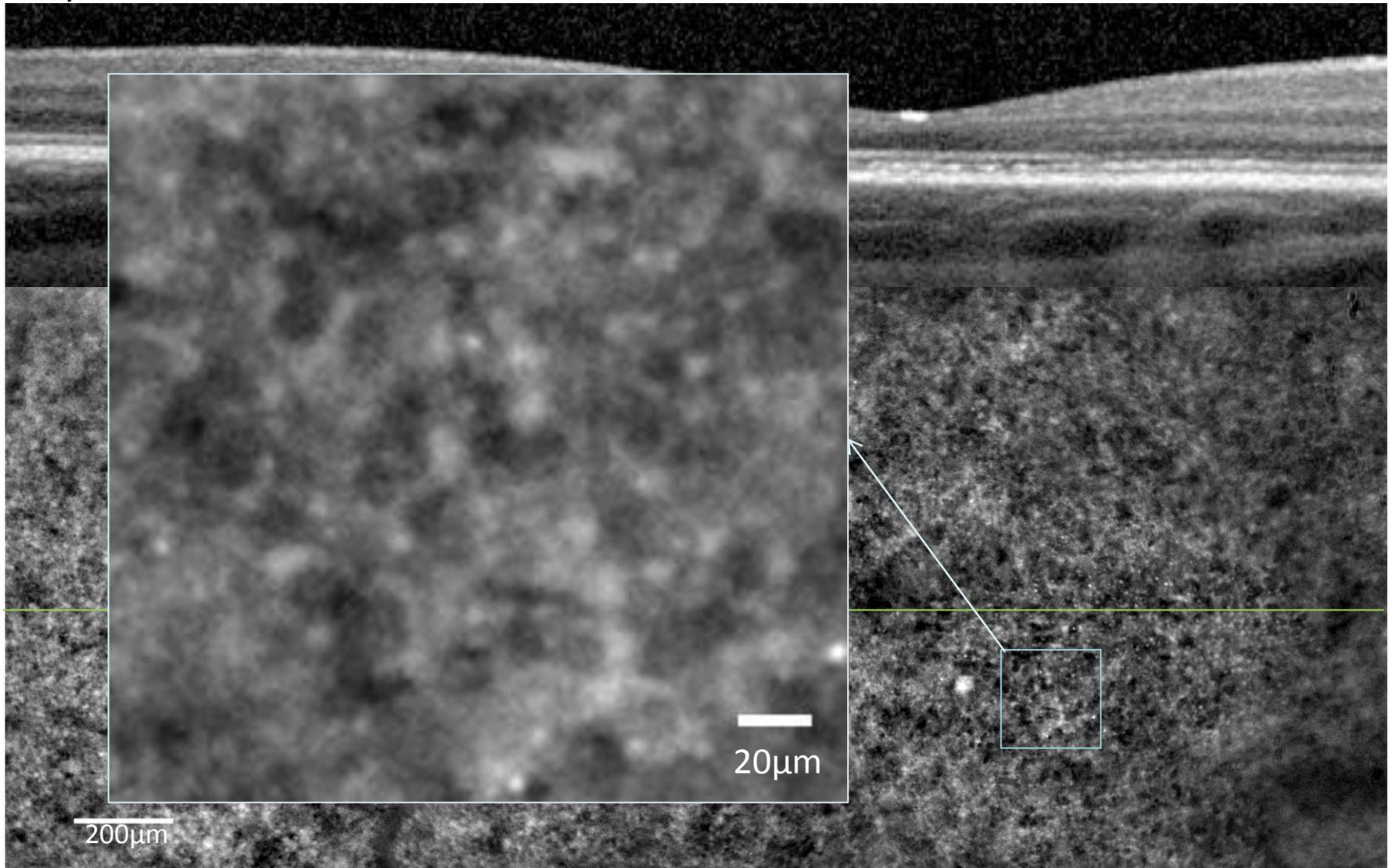
OD VA =20/100 OS VA =20/80

Visual Field : OD central scotoma <math>10^\circ</math>

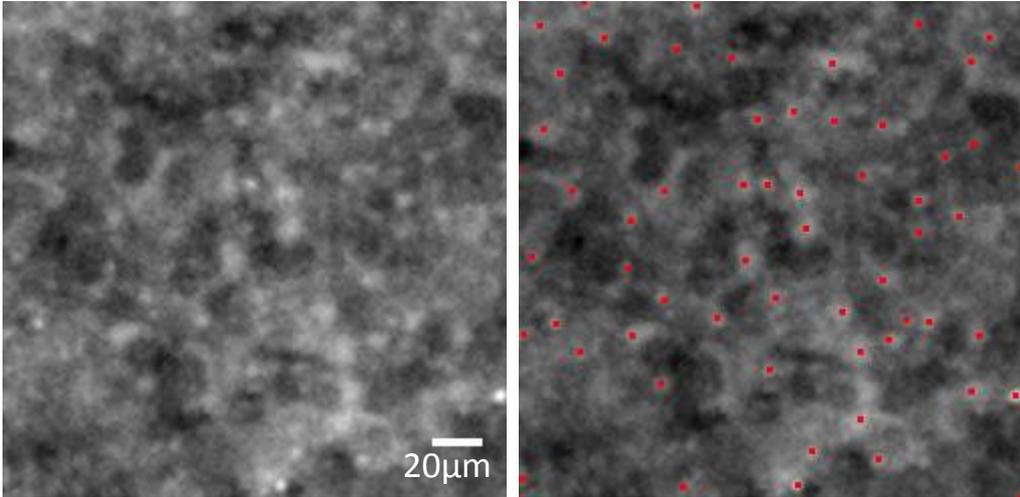
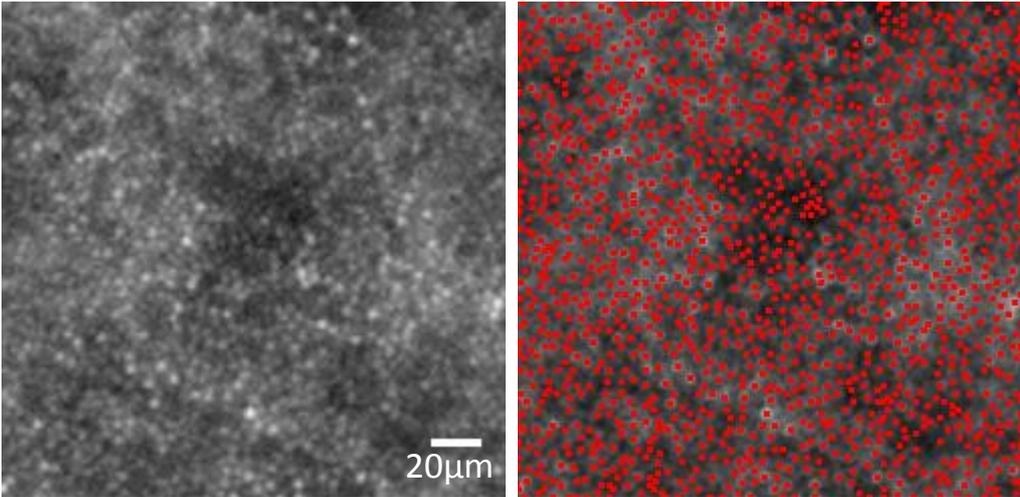


# Stargardt #1

16y F



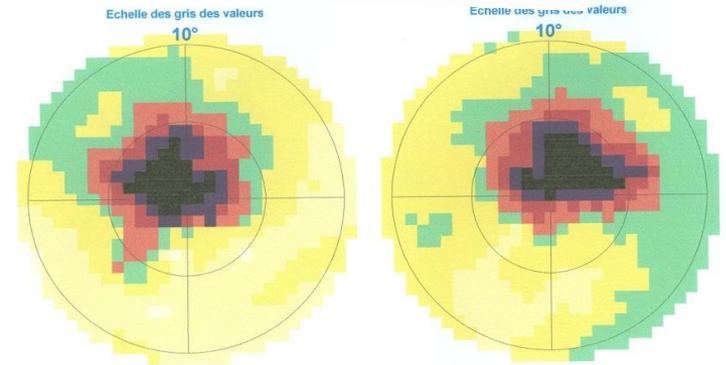
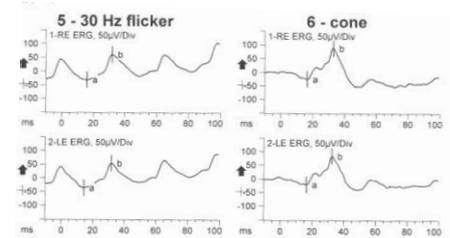
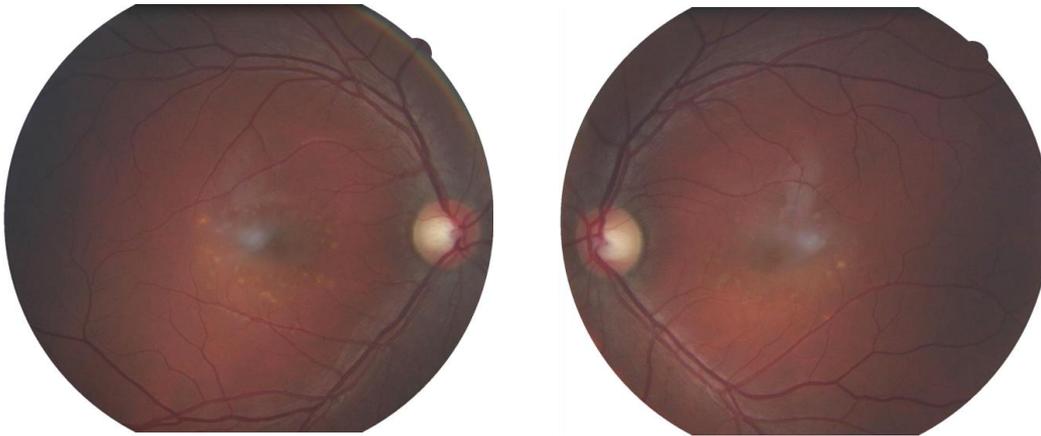
# Stargard #1 vs. healthy retina

		Nr of cones	Spacing ( $\mu\text{m}$ )
Stargardt 16y F		58	24.4
Healthy		1472	4.8

Analysis: courtesy K. Loquin & F. Rossant, ISEP, Paris, France

# Stargardt #2

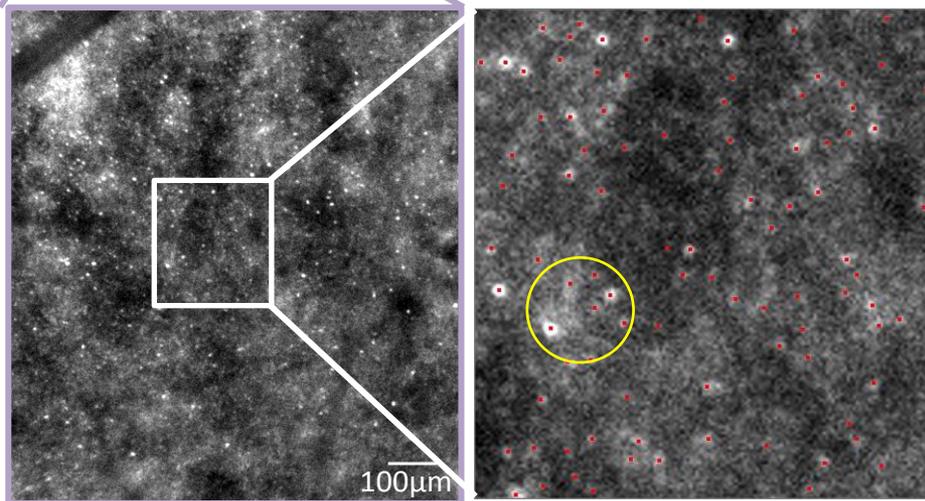
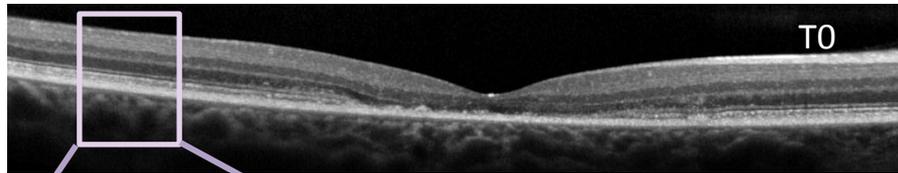
- 27 year old male
- OD VA = OS VA = 20/100
- Visual Field : central scotoma <10 deg



# Stargardt #2 12-month follow-up

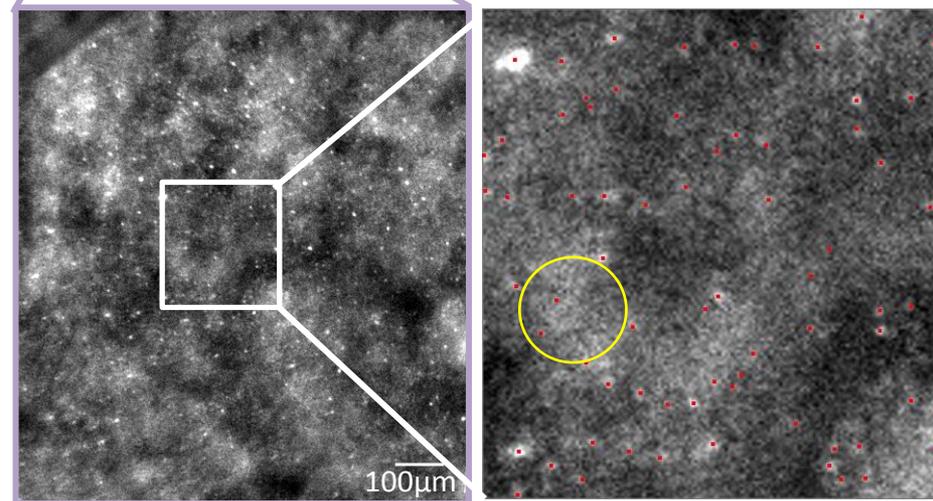
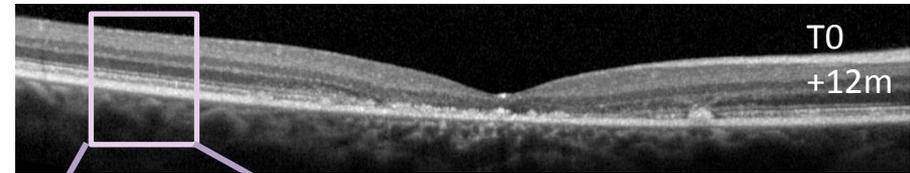
27y M

T0



94 cones  
Spacing 57µm

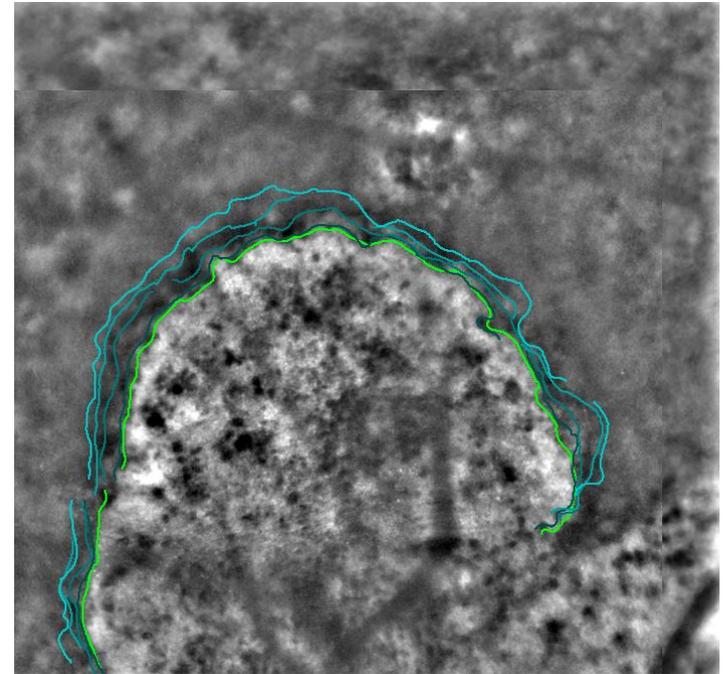
T0+12m



72 cones  
Spacing 65µm

# Geographic atrophy in **dry AMD**

- The rtx1 can detect atrophic progression **in very short times**
- It provides the **sharpest views** of atrophic area borders
- It reveals the **migration** of numerous pigmented cells, previously unseen



5-month follow-up of an atrophic area  
**Progression detected in 2 weeks**

Retina

Investigative Ophthalmology & Visual Science

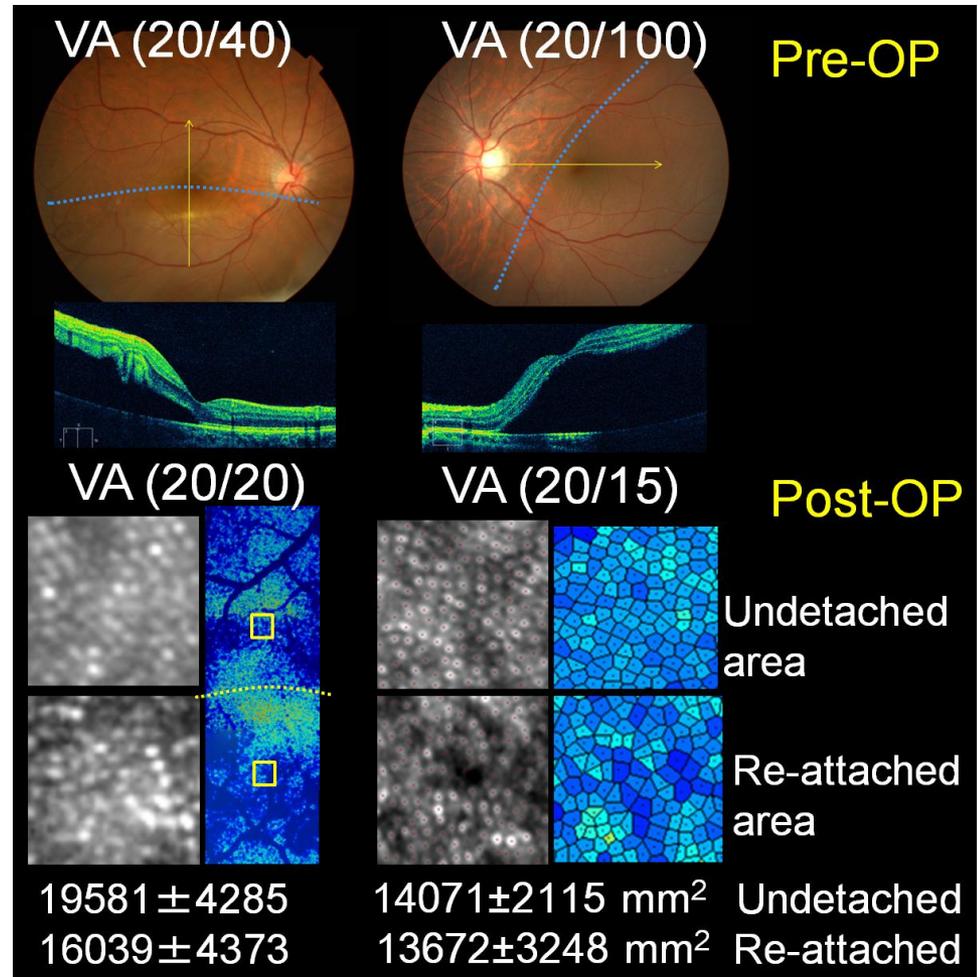
## Adaptive Optics Imaging of Geographic Atrophy

Kiyoko Gocho,<sup>1</sup> Valérie Sarda,<sup>1</sup> Sabrina Falah,<sup>1</sup> José-Alain Sahel,<sup>1</sup> Florian Sennlaub,<sup>2</sup> Mustapha Benchaboune,<sup>1</sup> Martine Ullern,<sup>1</sup> and Michel Paques<sup>1</sup>

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# Vitroretinal **surgery** outcome assessment

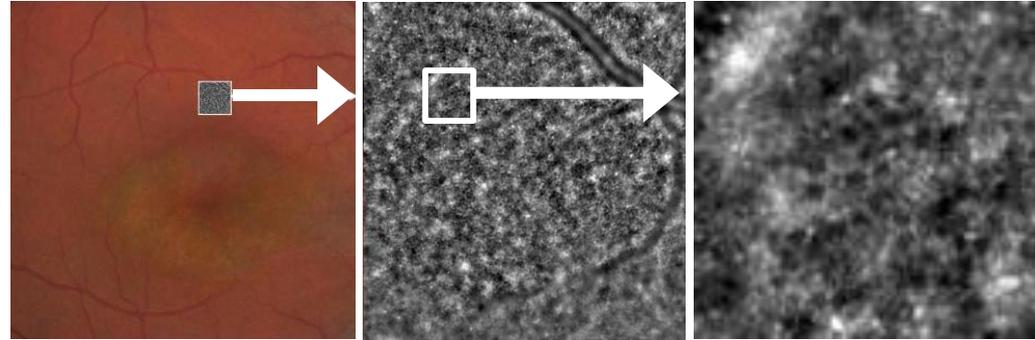
- The rtx1 enables assessing the **integrity of visual cells** following retinal surgery



Recovery of the cone cell mosaic in 2 cases of retinal detachment examined 1 year after surgery

# Drug toxicity

- Highly-sensitive detection of **microscopic alterations** in the retina caused by drug toxicity



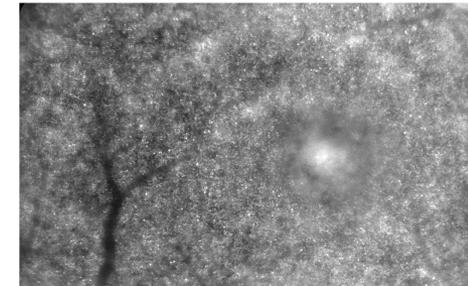
Abnormal cone photoreceptor pattern caused by chloroquine toxicity

## CLINICAL SCIENCES

ONLINE FIRST

### Foveal Damage in Habitual Poppers Users

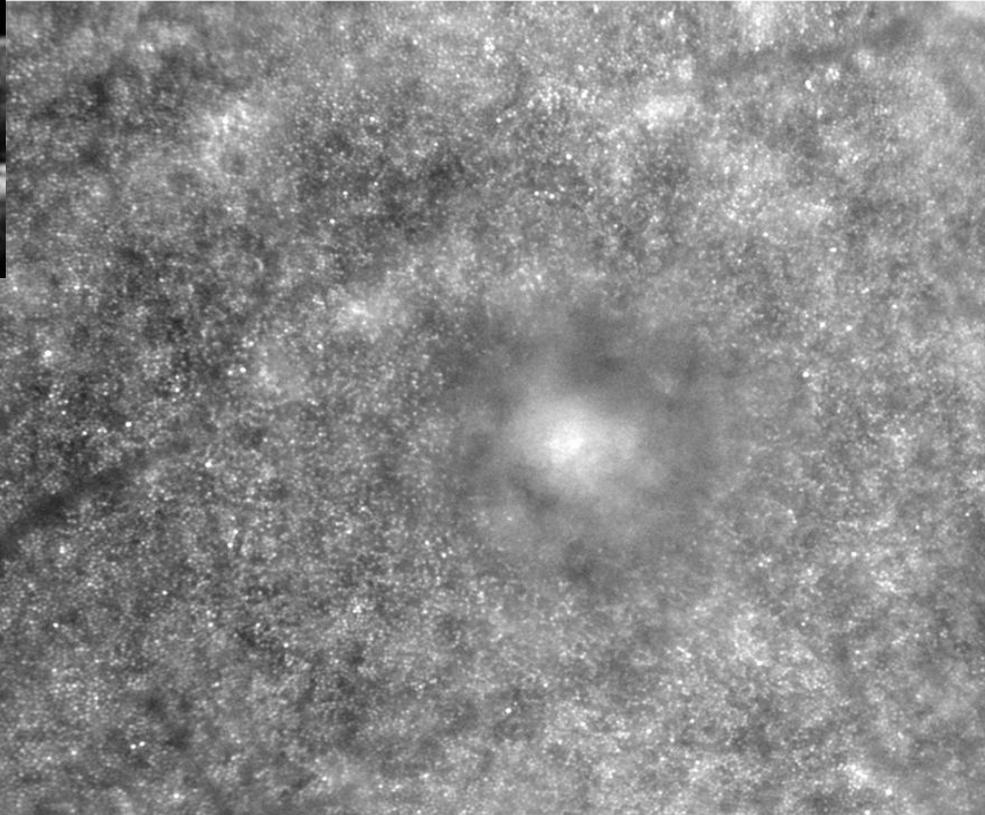
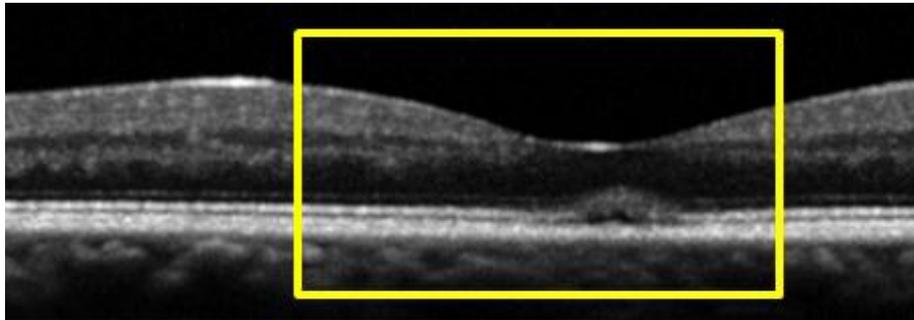
Isabelle Audo, MD, PhD; Mohamed El Sanharawi, MD; Catherine Vignal-Clermont, MD; Antoine Villa, MD; Annie Morin, BS; John Conrath, MD, PhD; Dominique Fompeydie, PharmD; José-Alain Sahel, MD; Kiyoko Gocho-Nakashima, MD, PhD; Olivier Goureau, PhD; Michel Paques, MD, PhD



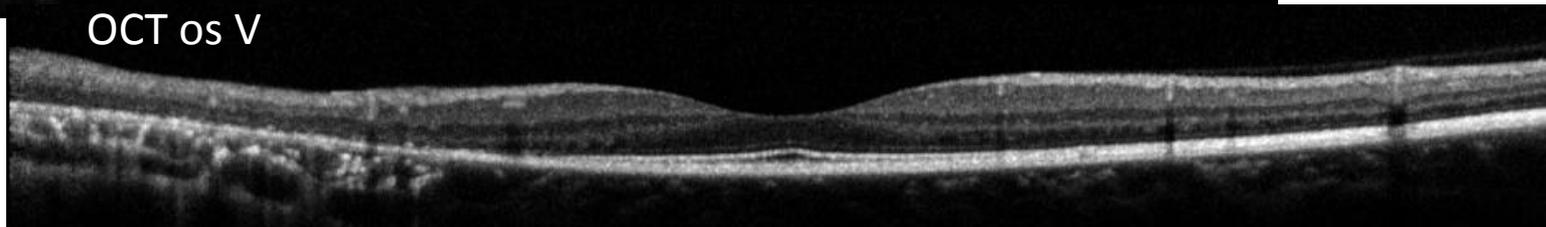
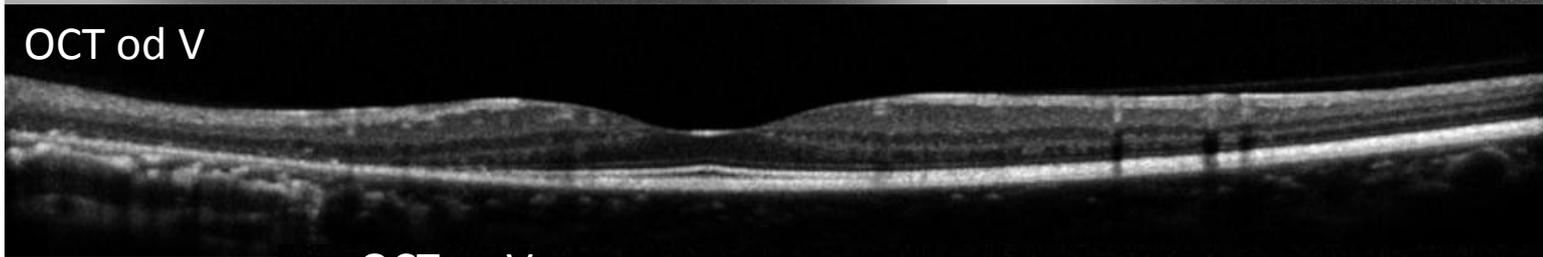
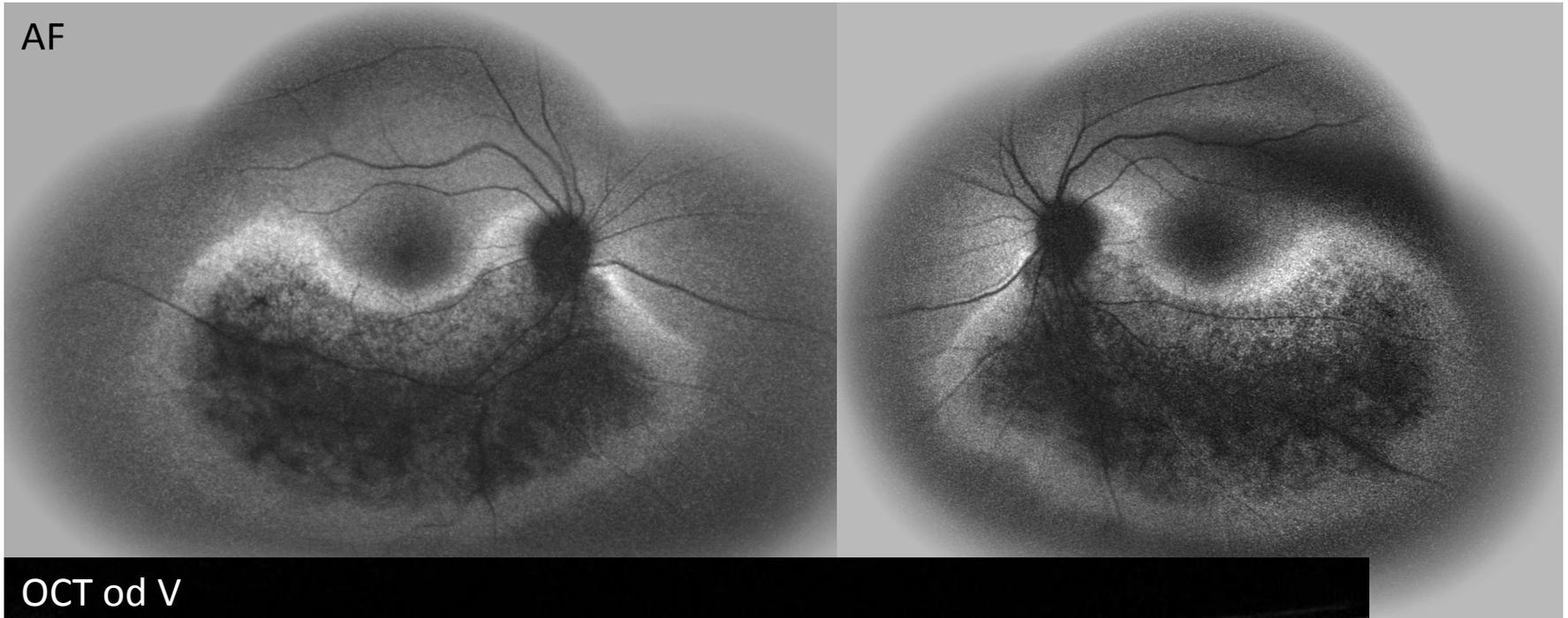
Microscopic retinal lesion caused by recreational 'popper' drugs

Chloroquine toxicity images: courtesy G. Michelson, Friedrich-Alexander Universität Erlangen, Germany,  
Popper toxicity images: courtesy of Audo, Gocho, Paques et al., Quinze-Vingts National Eye Hospital, Paris, France

# Foveal damage caused by recreational drugs (« poppers »)

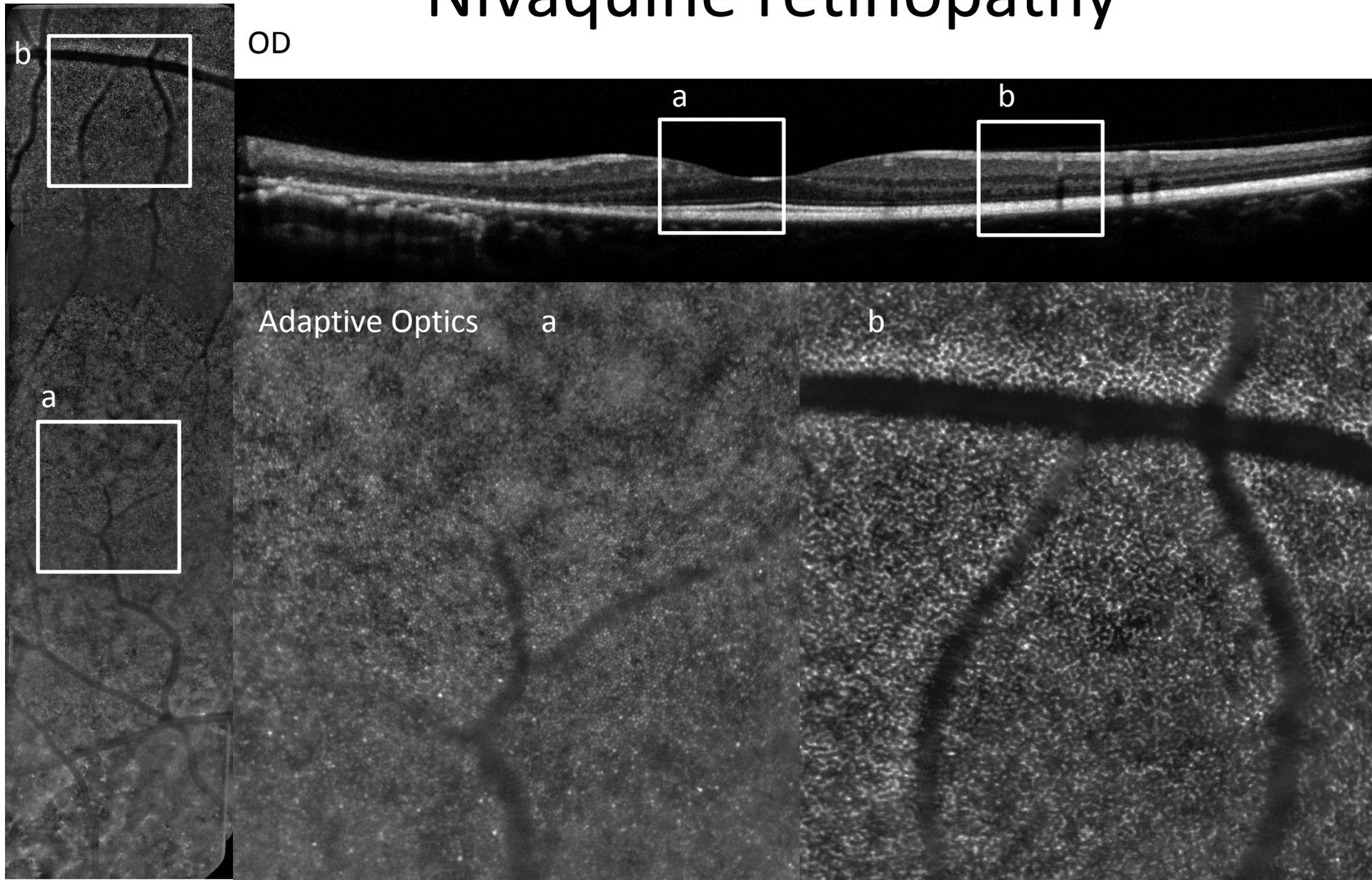


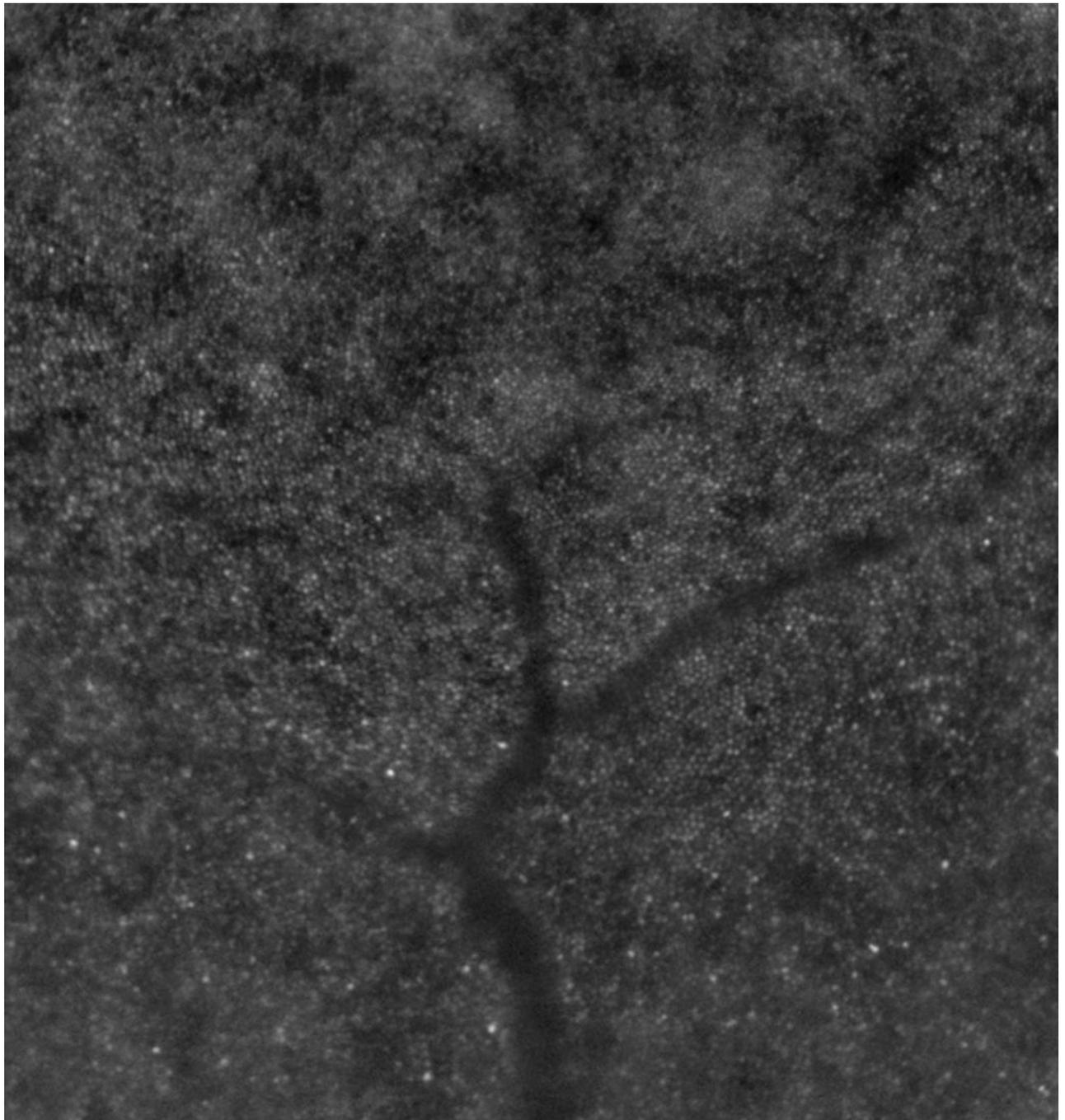
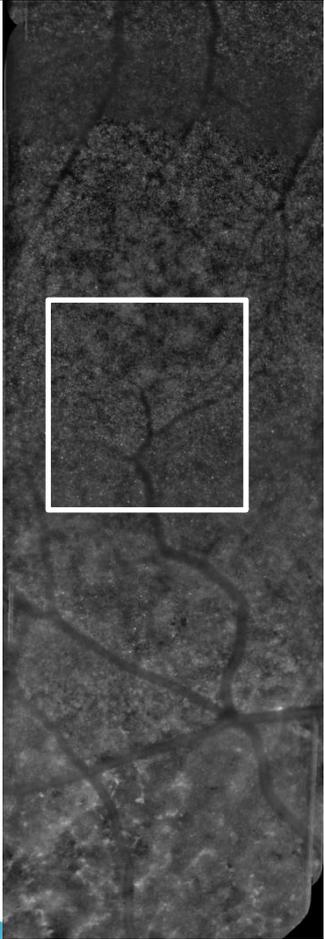
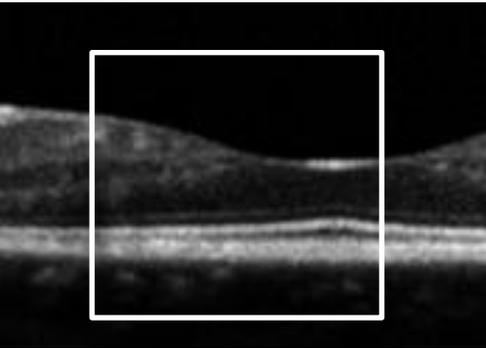
# Nivaquine retinopathy

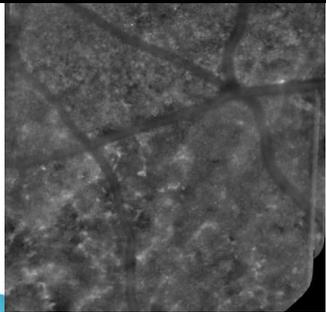
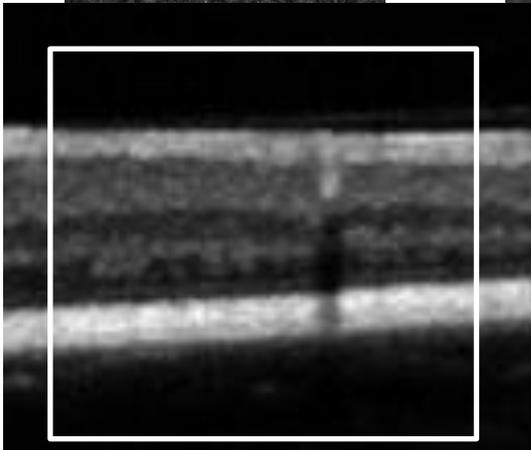
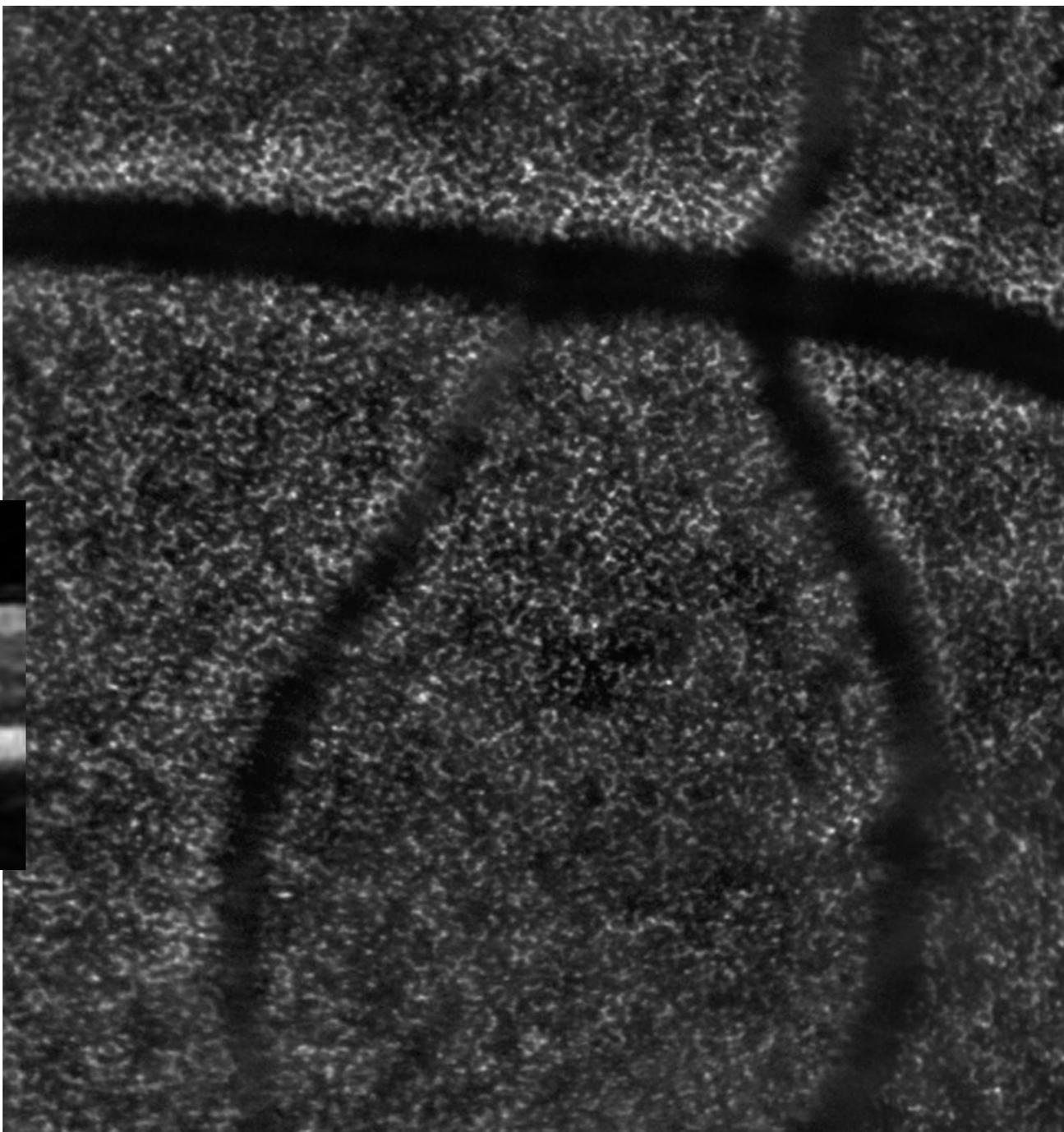
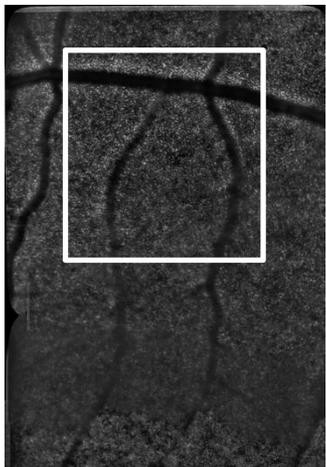


28 y.o. male

# Nivaquine retinopathy

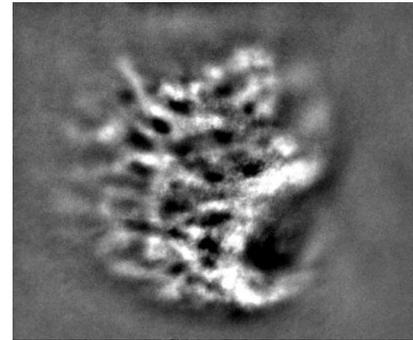




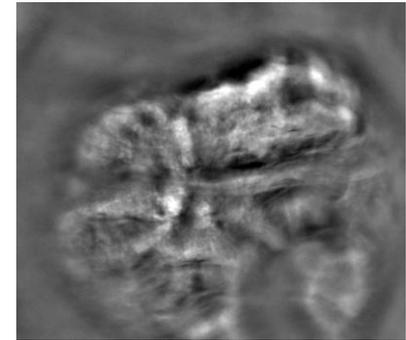


# Glaucoma research

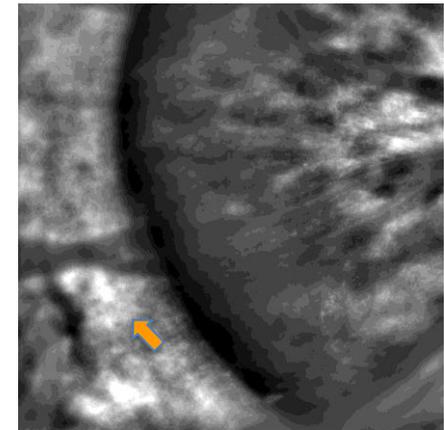
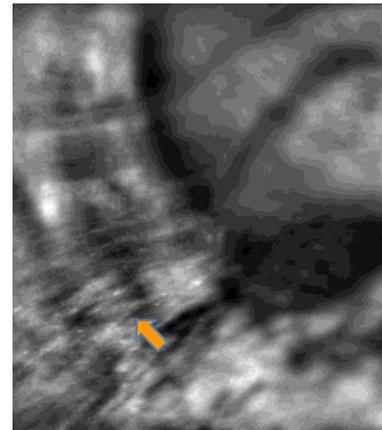
- Assessment of **pore elongation** in the lamina cribrosa
- Visualization of losses in **optic nerve fiber bundles** at the border of the papilla
- Observation of patchy losses in cone visibility in photoreceptor images



Healthy



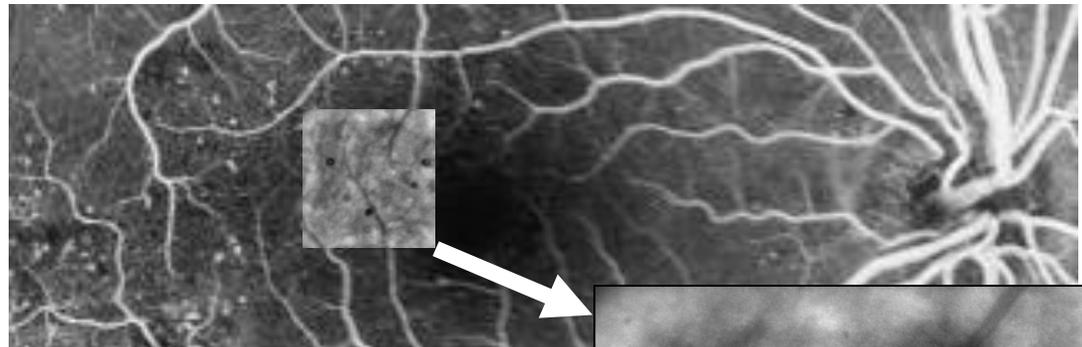
Glaucoma



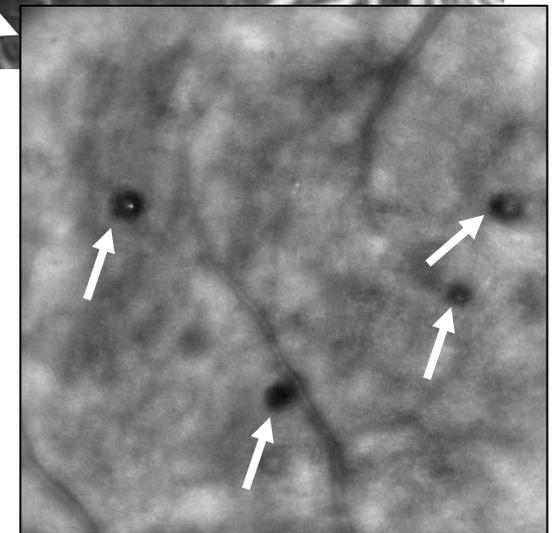
# Diabetes

**Non invasive** visualization of **early signs** of diabetic retinopathy:

- Micro-hemorrhage
- Microaneurism
- Capillary narrowing



Fluorescein angiography



rtx1 image: **microaneurisms**

RETINA, THE JOURNAL OF RETINAL AND VITREOUS DISEASES • 2013

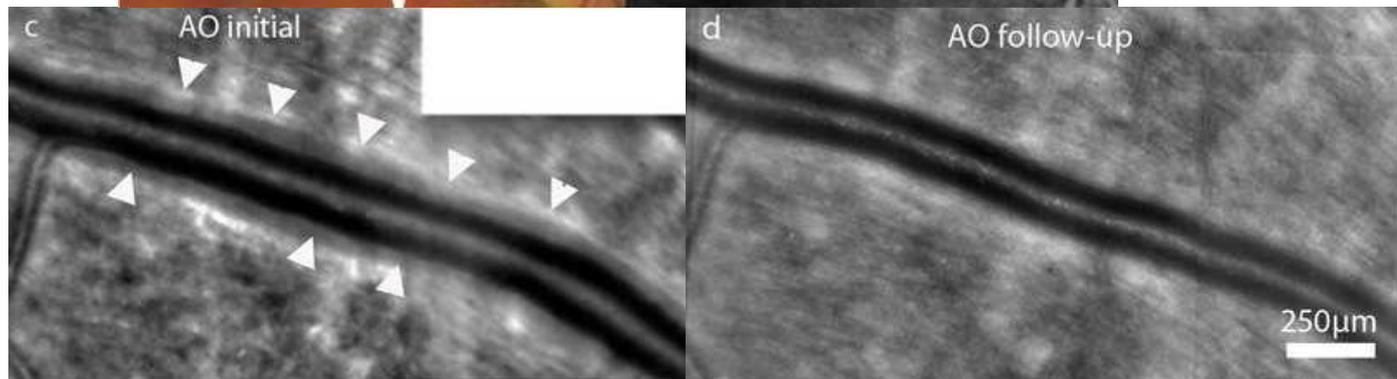
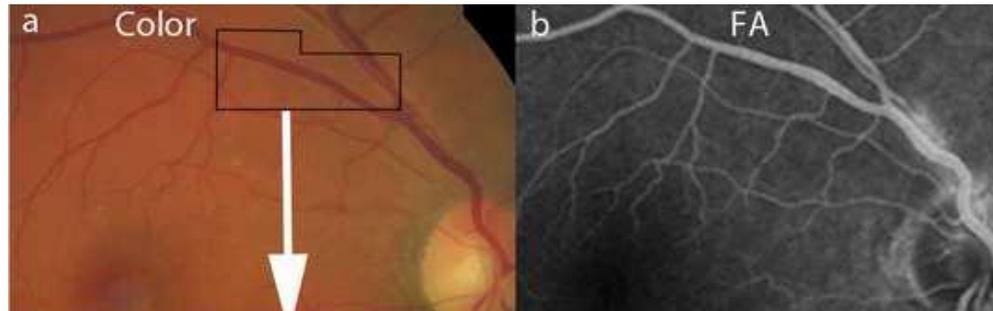
## ANALYSIS OF RETINAL CAPILLARIES IN PATIENTS WITH TYPE 1 DIABETES AND NONPROLIFERATIVE DIABETIC RETINOPATHY USING ADAPTIVE OPTICS IMAGING

MARCO LOMBARDO, MD, PhD,\* MARIACRISTINA PARRAVANO, MD,\*  
SEBASTIANO SERRAO, MD, PhD,\* PIETRO DUCOLI, MD,\* MARIO STIRPE, MD,\*  
GIUSEPPE LOMBARDO, MENG, PhD†‡

# Vascular inflammation

- The rtx1 reveals signs of inflammation that are invisible with conventional ophthalmoscopy and FFA:
  - Focal perivascular infiltrates (veinous wall opacifications)
  - Focal lumen narrowings

Retinal vasculitis in a tuberculosis case

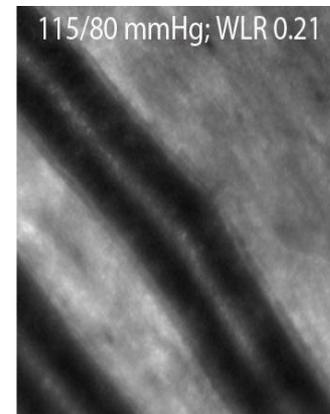
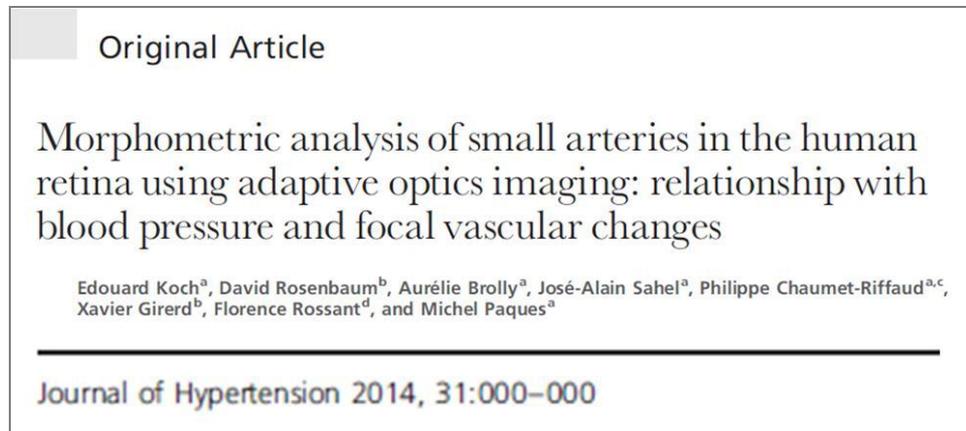


Initial visit: AO images show venous wall opacification

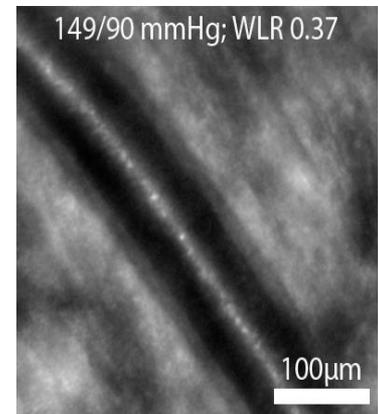
3 months after initiating treatment: disappearance of infiltrates

# Arterial **hypertension**

- The rtx1 enables non invasive and reproducible assessment of the arteriolar microscopic structure
- The **wall-to-lumen ratio** (WLR) is an exceptional biomarker for arterial hypertension:
  - Early sign of **damage** to small blood vessels
  - Strong **risk** predictor for cardiovascular events



Healthy control  
**WLR = 0.21**



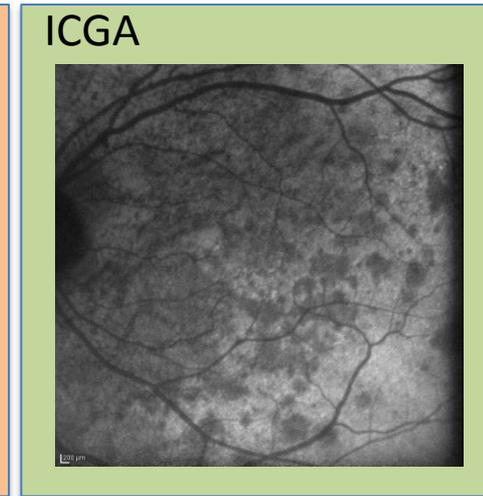
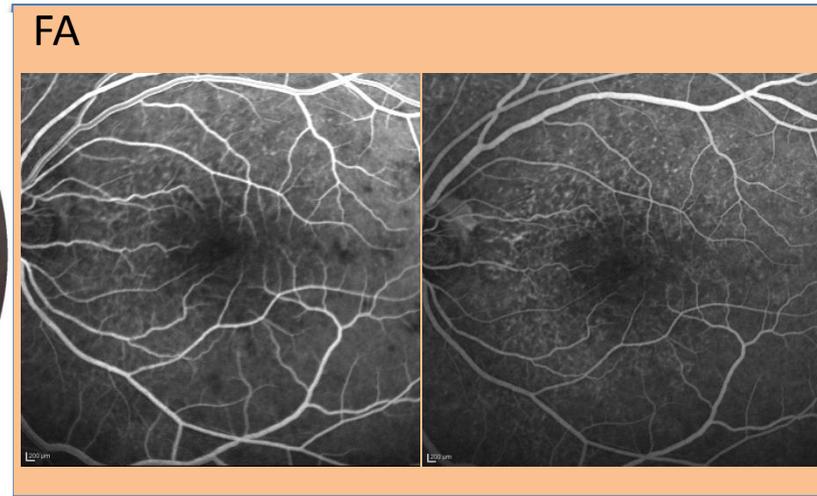
Untreated AHT  
**WLR = 0.37**

AO imaging of cone outer segment recovery in

# **MEWDS**

**(ZESPÓŁ LICZNYCH ZNIKAJĄCYCH BIAŁYCH PUNKTÓW)**

# Multiple evanescent white dot syndrome (MEWDS)

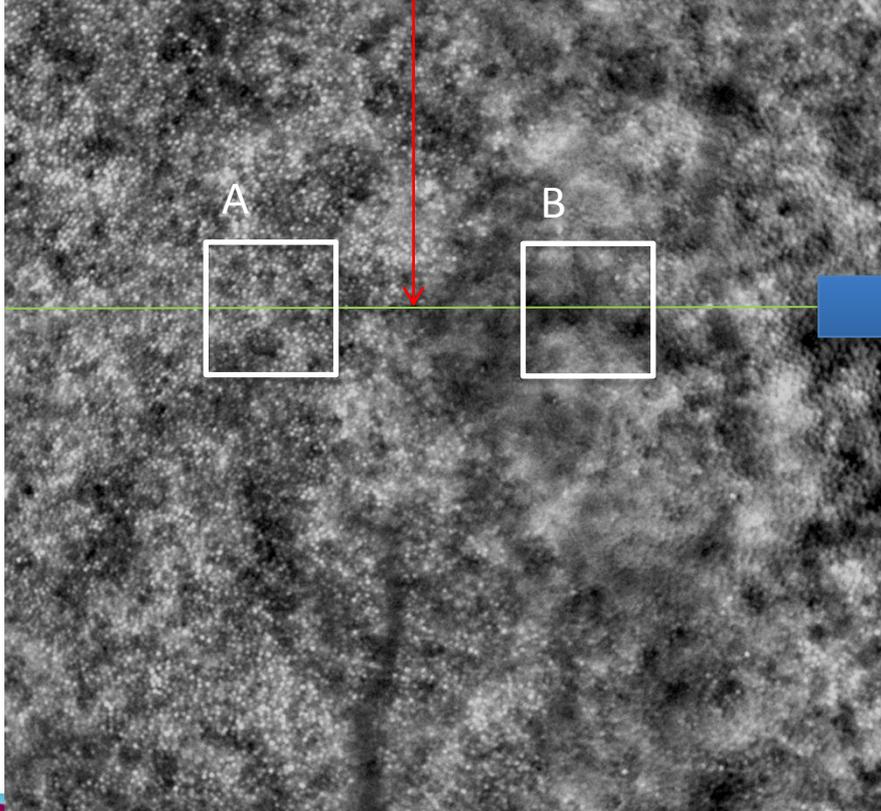
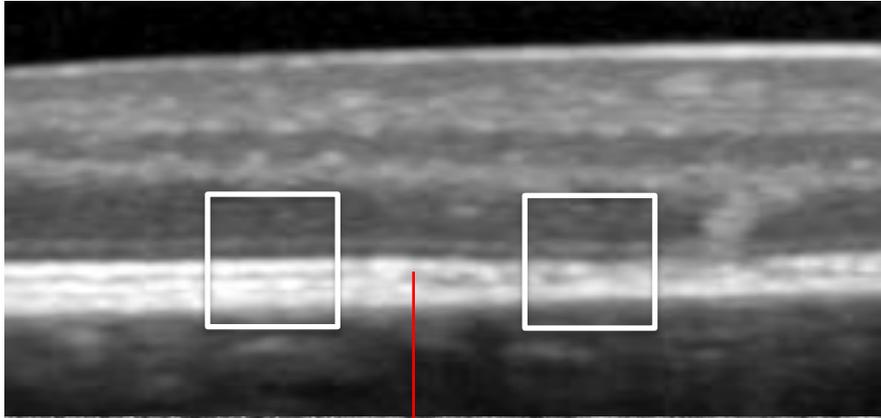


- Unilateral disturbance in visual acuity
- FA: early hyper fluorescence and late staining → damage to RPE
- Late-phase ICGA: hypofluorescent spot → Choroidopathy
- ERG and EOG → dysfunction of photoreceptors and RPE
- SD-OCT : recovering of photoreceptor IS and OS thickness
- MEWDS now understood as an outer retinal disease

MEWDS#2 OS 4 deg T

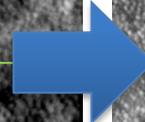
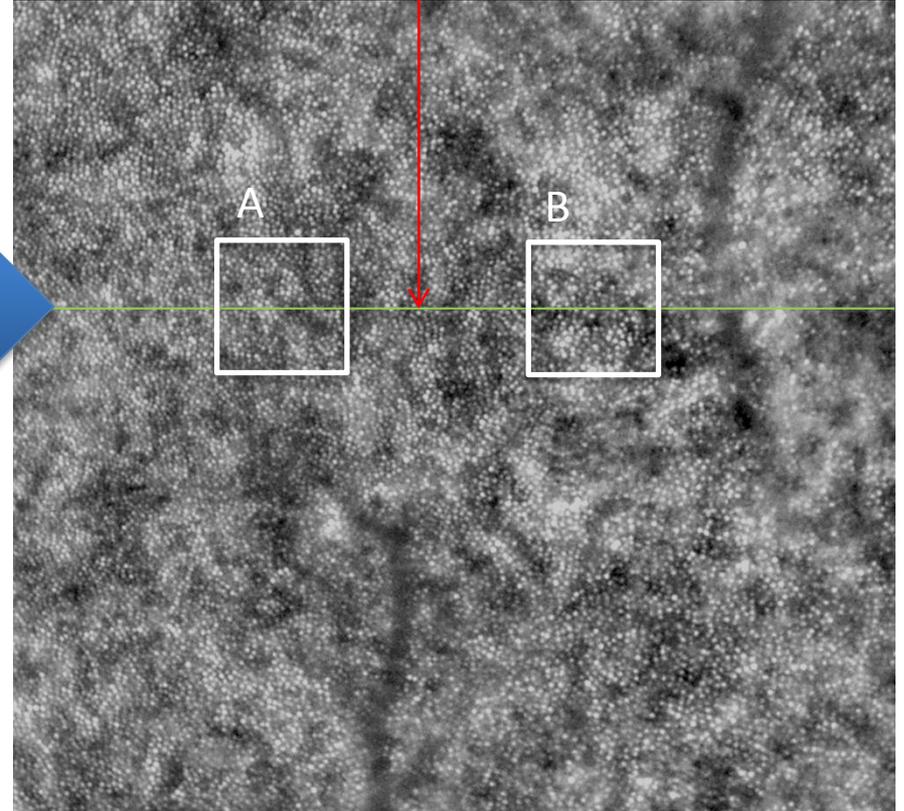
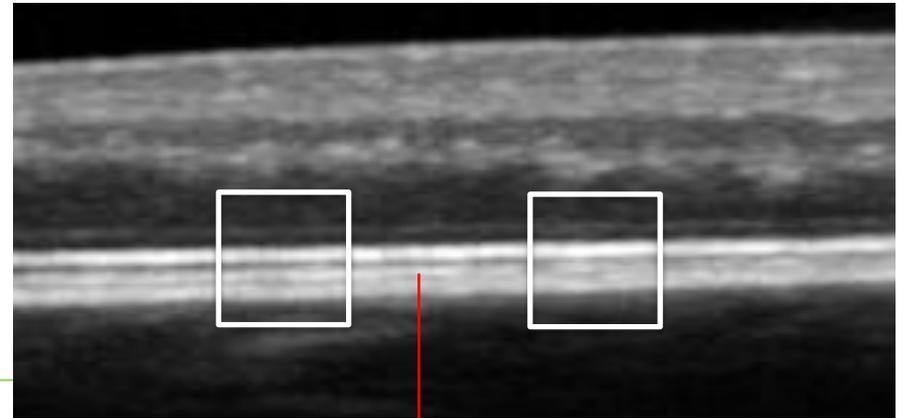
**T0**

VA =20/20 (ETDRS 83)



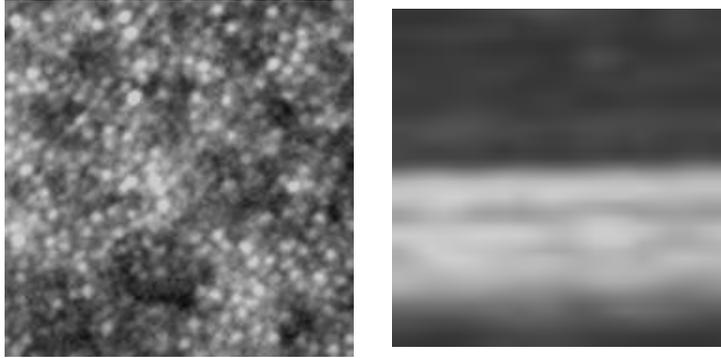
**T0 +1 month**

VA =20/20 (ETDRS 86)

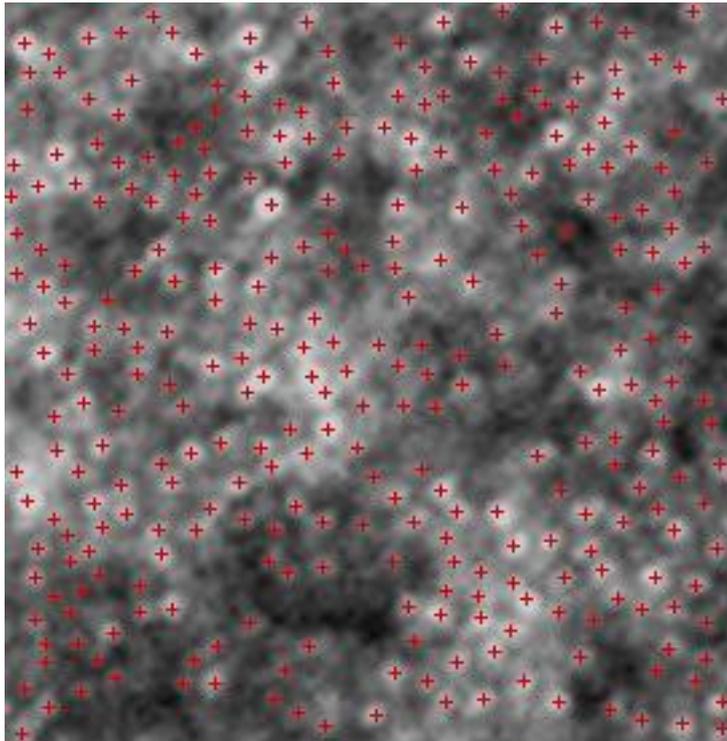
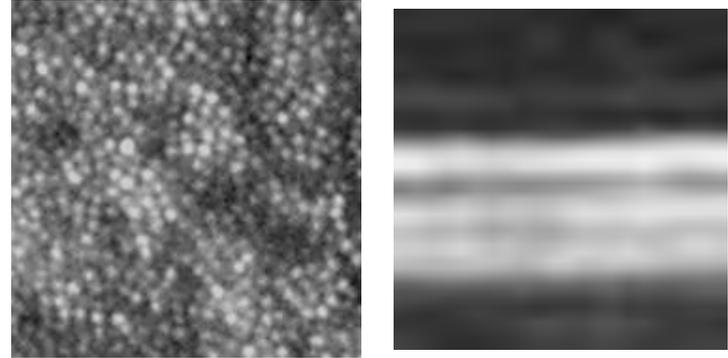


MEWDS#2 OS 4 deg T zone A

T0



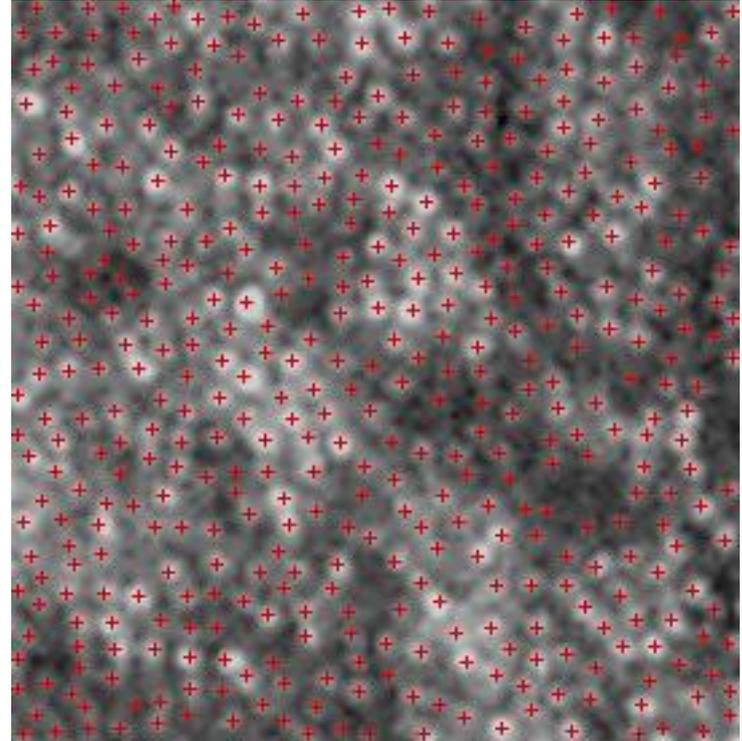
T0 + 1 month



316 cones

Density: 6507/mm<sup>2</sup>

Ratio  
1.5 up

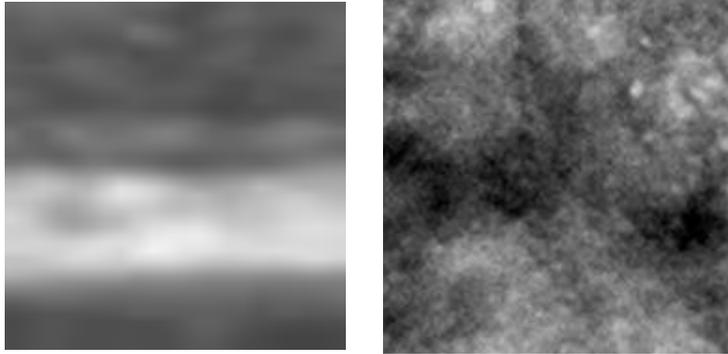


466 cones

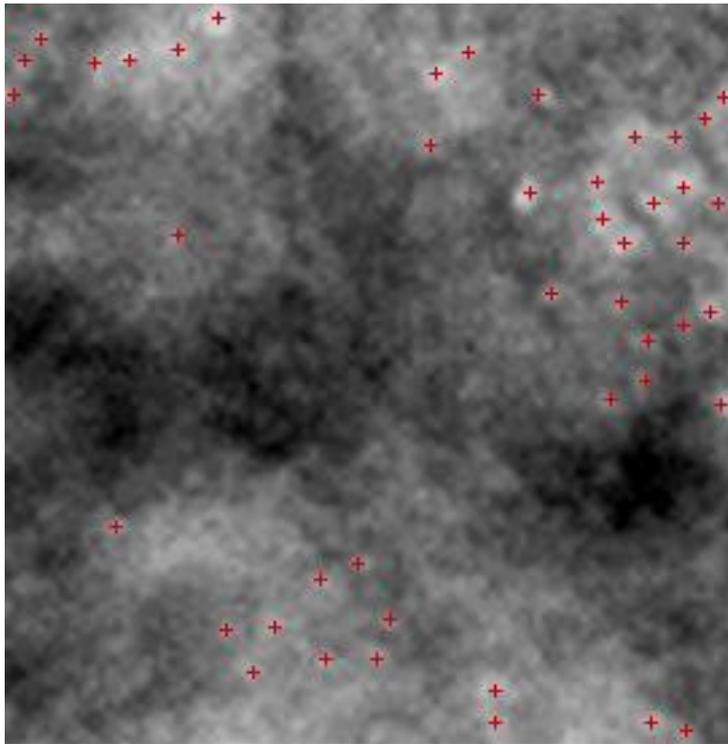
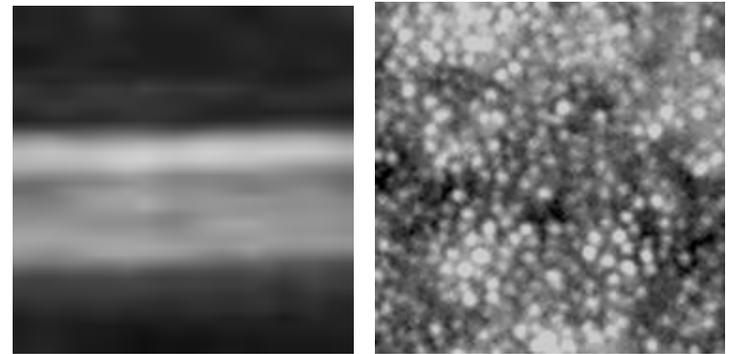
Density: 9596/mm<sup>2</sup>

# MEWDS#2 OS 4 deg T zone B

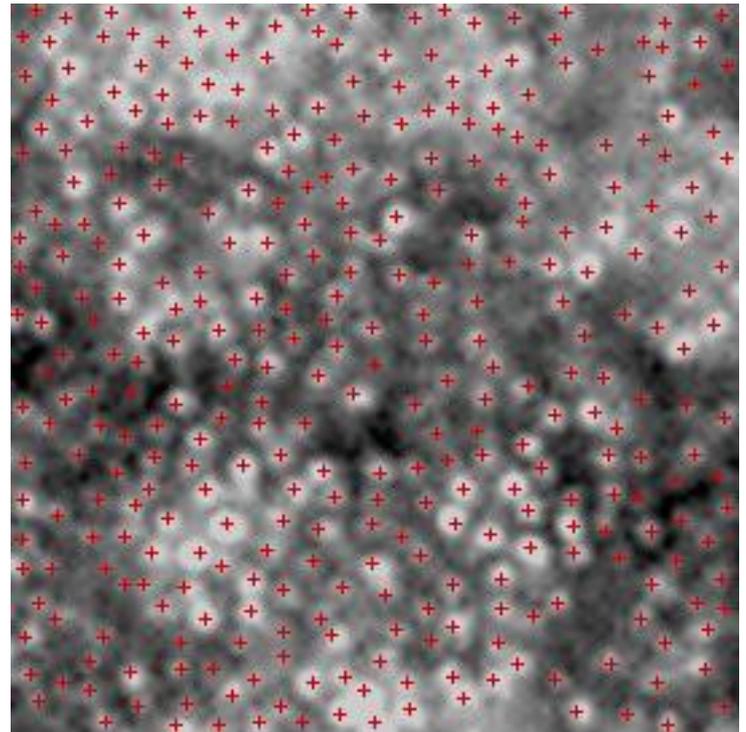
T0



T0 + 1 month



Ratio  
7.7 up



45 cones

Density: 927 /mm<sup>2</sup>

348 cones

Density: 7166 /mm<sup>2</sup>

# MEWDS case#1 10-month follow-up

BCVA

At presentation

20/40

ONL  
ELM  
IS/OS  
RPE

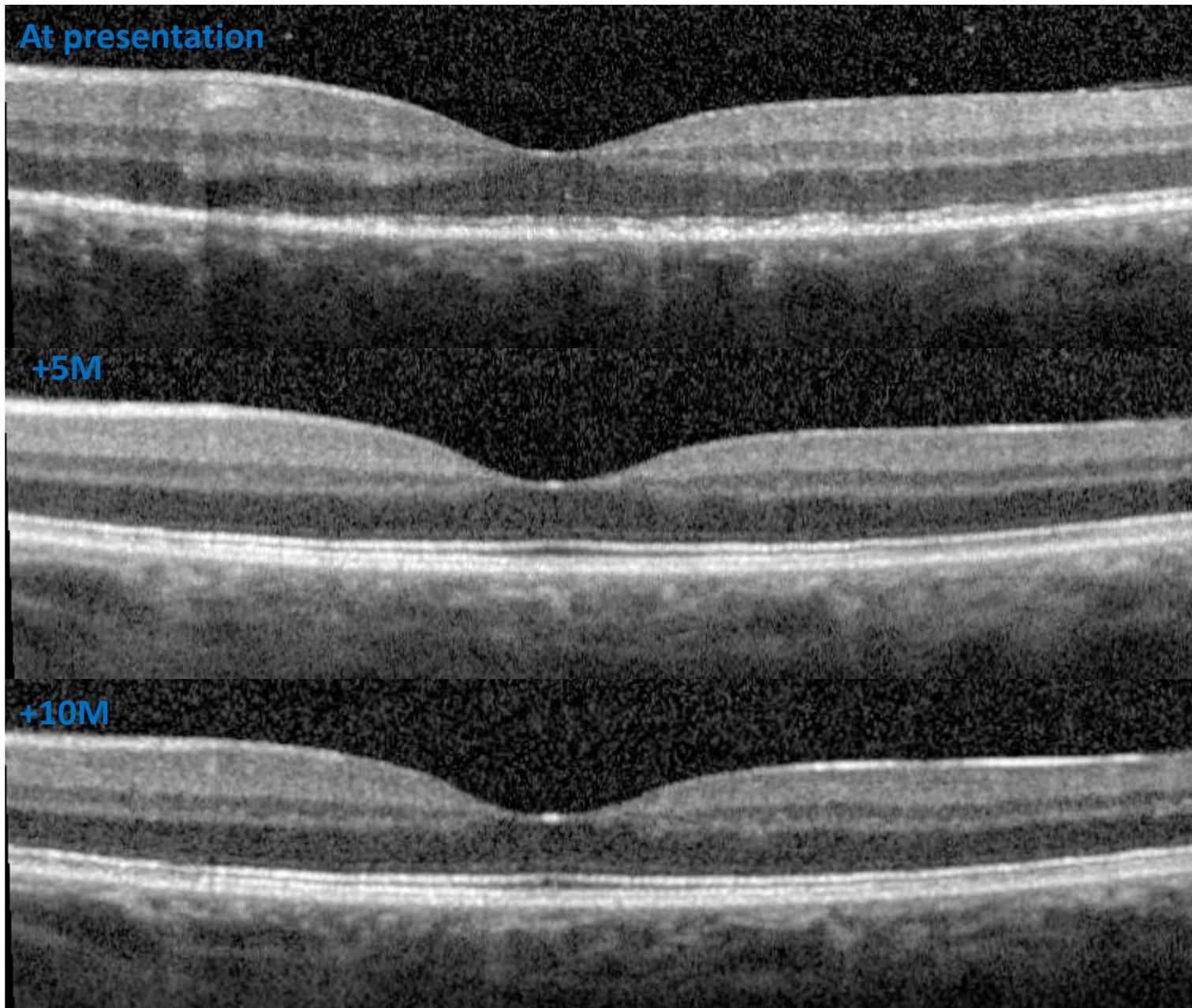
+5M

20/20

+10M

20/20

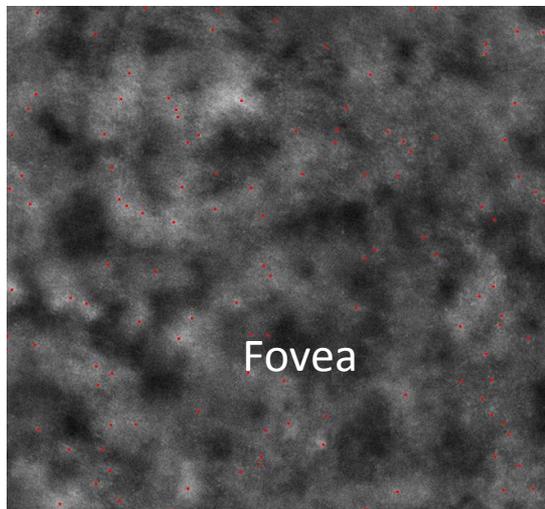
ONL  
ELM  
IS/OS  
RPE



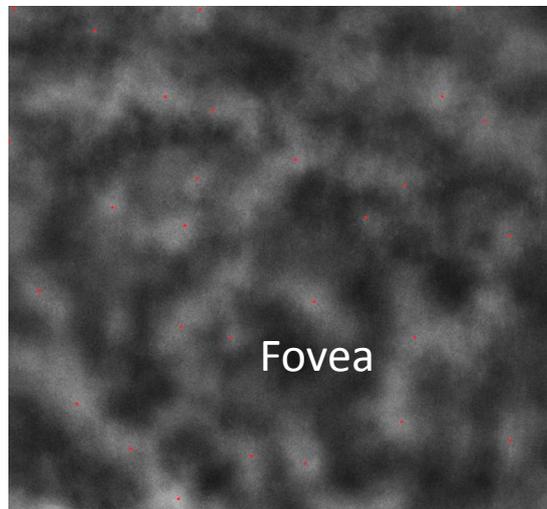
Courtesy I. Audo, K. Gocho-Nakashima & M. Paques, Quinze-Vingts National Eye Hospital, Paris

# MEWDS case#1 10-month follow-up

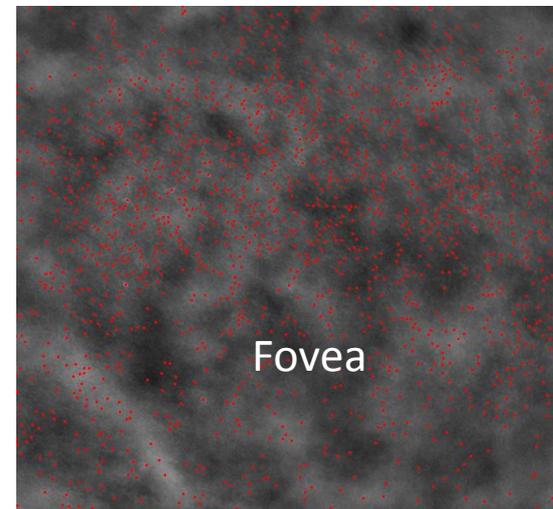
Presentation



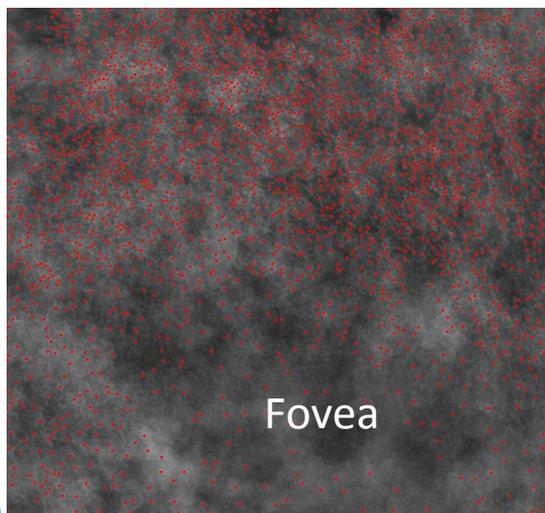
+3 weeks



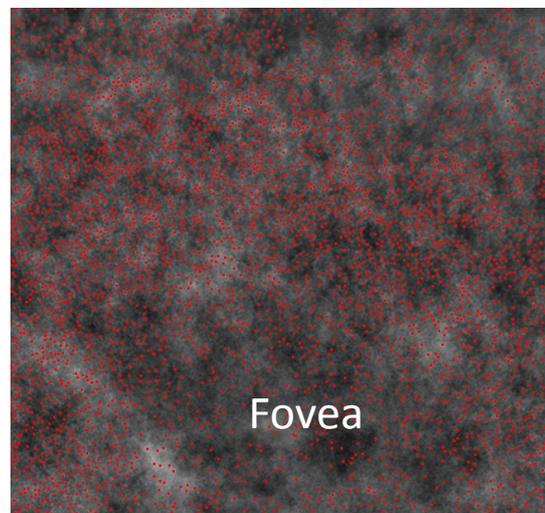
+2 months



+5 months



+10 months



Visite	Cone AO (cones/image)	VA OS
presentation	122	20/40
3 weeks	32	20/20
2 months	1472	20/20
5 months	2359	20/20
10 months	3440	20/20

Adaptive optics imaging in

**AMNR**

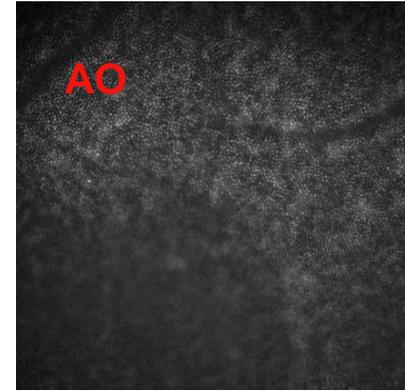
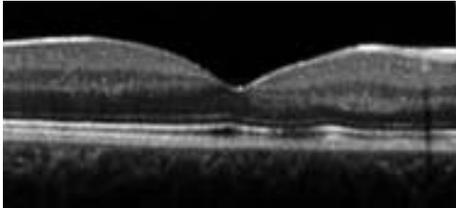
**ACUTE MACULAR NEURORETINOPATHY**

# Acute macular neuroretinopathy

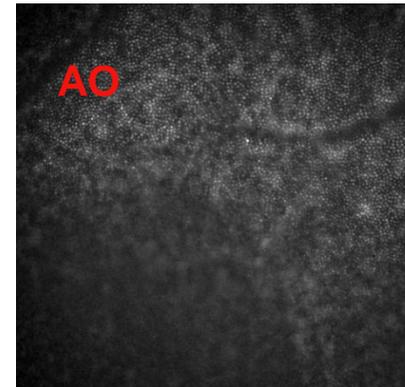
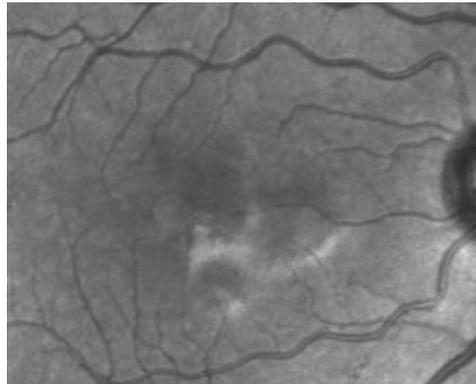
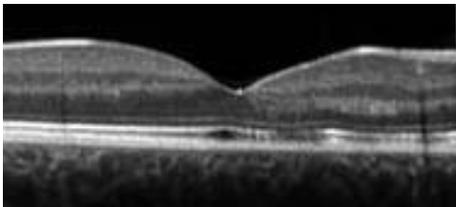
## One month follow-up

16 y.o., Female

Jan. 13, 2010



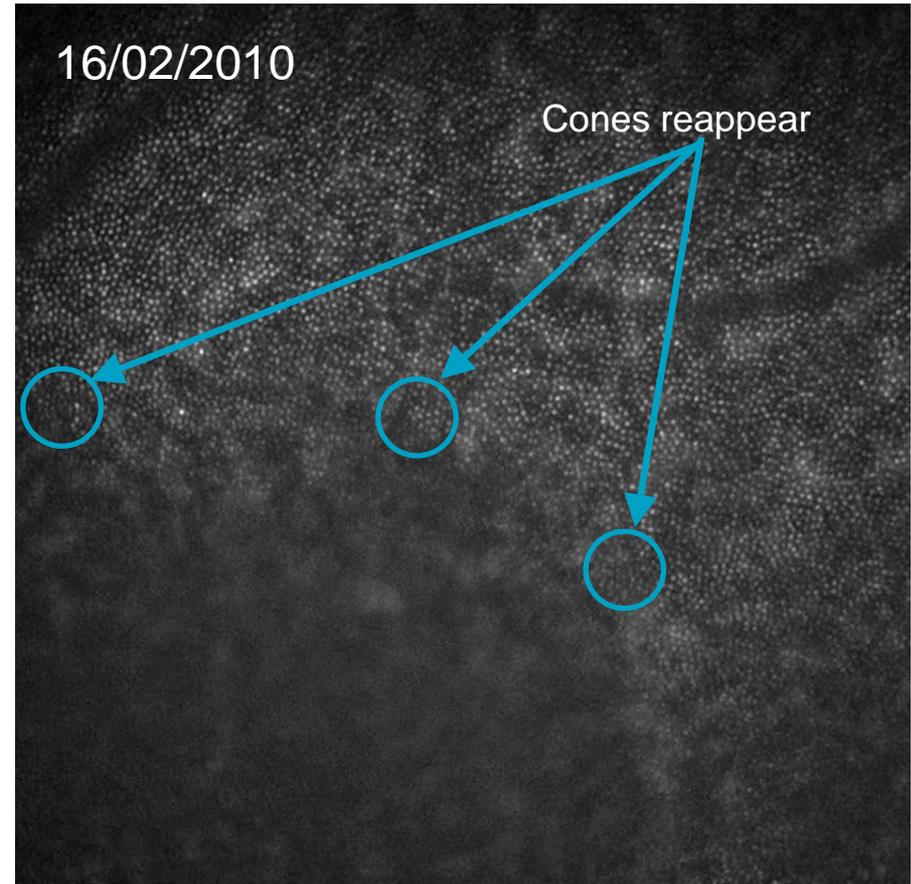
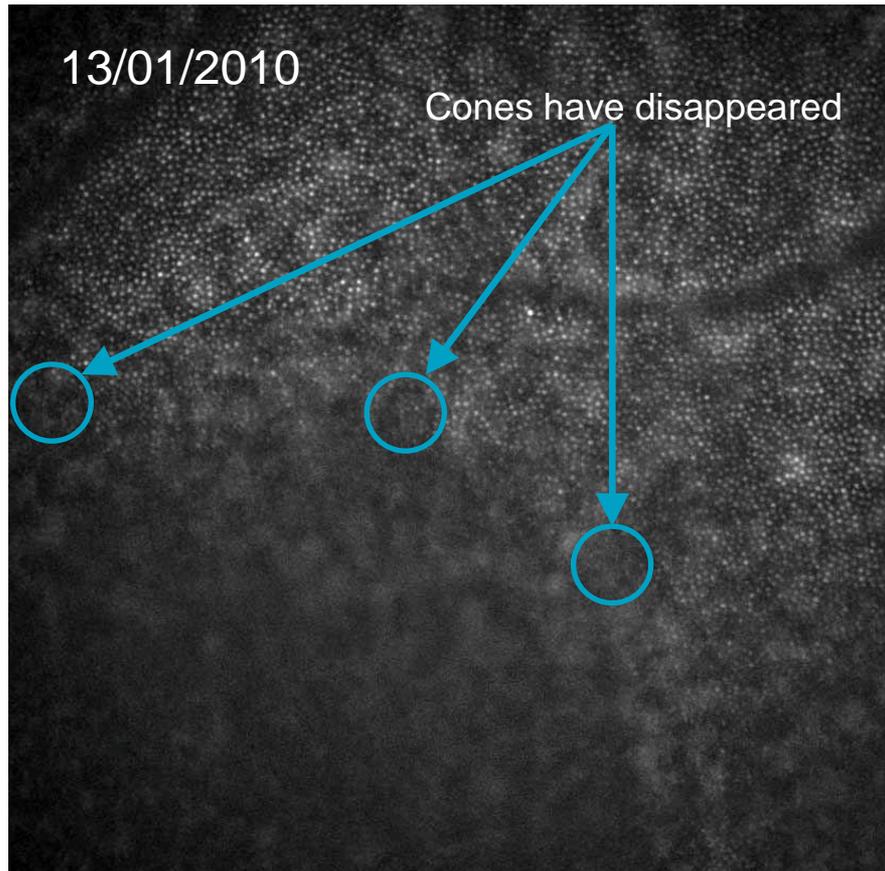
Feb. 16, 2010



# Acute macular neuroretinopathy

## One month follow-up

16 y.o., Female



Small changes, invisible using SLO or OCT, are visible using AO

# THE **rtx1**'S BREAKTHROUGH TECHNOLOGY



# What is **adaptive optics**?

- AO technology was invented by astrophysicists to enhance **image quality** in large ground-based telescopes

Galactic center imaged without AO



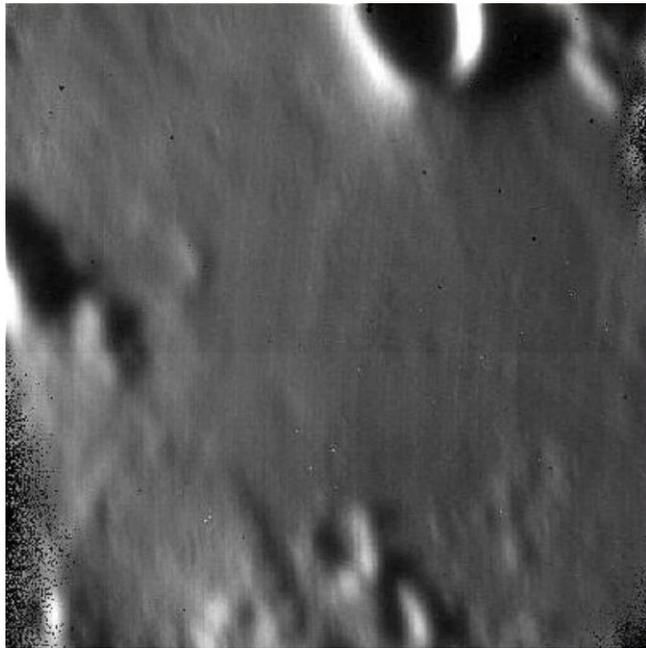
Same area imaged using AO



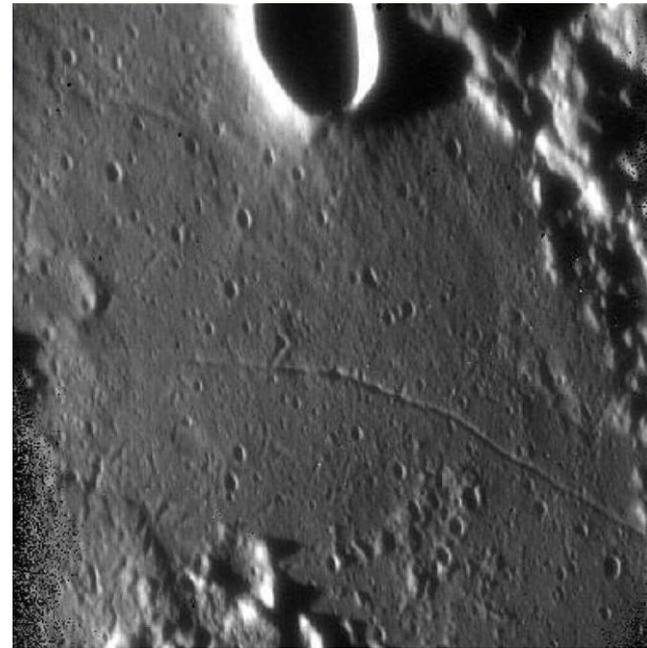
# How does adaptive optics work?

- AO uses **deformable mirrors** and **wavefront sensors** to correct distortions in light waves caused by atmospheric turbulence

Moon surface imaged without AO

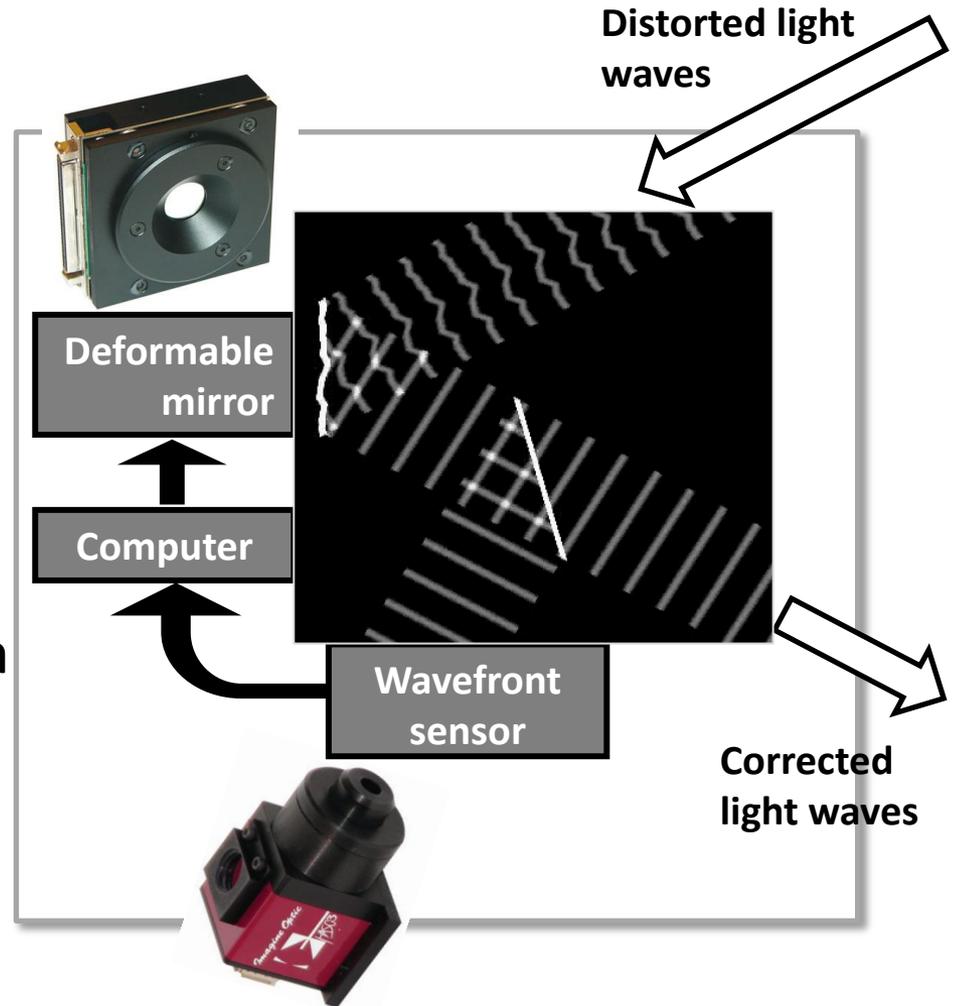


Same area imaged using AO



# How does the rtx1 achieve **superior** optical resolution ?

- In every other retinal imaging system, resolution is limited by **distortions in light waves** caused by irregular optical defects in the eye
- The rtx1's adaptive optics **eliminates** these distortions in real time while imaging the retina



# Thank you



Adaptive optics

Adapted to ophthalmology