24-Month Results of iTrack Global Data Registry to Support the Role of Canaloplasty for Treatment of Glaucoma

Paper

Authors: David M. Lubeck, MD; Nathan M Kerr, MD; Keith Barton, MD; Shamil Patel, MD; Nir Shoham-Hazon, MD; Karl Mercieca, MD; Justin Spaulding, DO

Purpose: The iTrack Global Data Registry (iTGDR) aims to collate efficacy and safety data for canaloplasty including: IOP reduction, number of medications, endothelial cell count, adverse events, and complications, in addition to canaloplasty-specific treatment parameters.

Method: Prospective multicenter in America, Australia, and Europe, cloud-based database, real-world study including patients with primary and secondary open angle glaucoma undergoing canaloplasty. The iTGDR is a surgeon-led initiative conducted in collaboration with the International Glaucoma Surgery Registry (IGSR). It collects longitudinal data of efficacy (IOP, number of medications, RNFL analysis, and HVF), and safety (endothelial cell loss, adverse events, and complications). The iTGDR started in January 2022 in the USA, Canada, Europe, Asia, and Australia. The outcomes will be followed for at least 12 months and a minimum of 300 patients will be enrolled.

Results: 424 eyes have been enrolled up to May 2024. Mean baseline IOP and number of medications were 18.1±6.10 and 2.04±1.18, respectively, and were reduced to 13.8±4.03 and 0.80±1.20, respectively, at 12 months (n=159; p<0.001) and to 12.7±3.09 and 1.26±1.43 at 24 months (n=43; p<0.001), respectively. Combined phaco-canaloplasty was performed in 89.9% and as a standalone procedure in 10.1% (baseline IOP was 17.8±5.99 and 20.9±6.39 vs 12.9±3.03 and 11.9±3.44 at 24 months postoperatively). 8.7% of the eyes were medication-free at baseline vs 51.2% at 24 months. Hyphema (>10% of the anterior chamber) occurred in 7 eyes (1.65%). No eye required further glaucoma surgery.

Conclusions: The iTGDR will make a major contribution to understanding the clinical effectiveness of canaloplasty to guide evidence-based decision making for surgeons to achieve improved outcomes in the treatment of their glaucoma patients.

Disclosures: The authors have no financial and proprietary interests to disclose about the product(s) mentioned in this abstract. They are consultants to Nova Eye Medical

Saturday, April 26
Minimally Invasive Glaucoma Surgery (MIGS) II
1:35 PM - 1:40 PM | LACC - Meeting Room Level 2, 512

ASCRS ANNUAL MEETING
APRIL 25–28, 2025 | LOS ANGELES, CA