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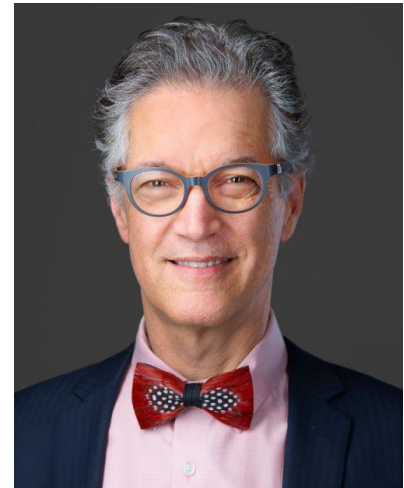
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## 24-Month Results of iTrack Global Data Registry to Support the Role of Canaloplasty for Treatment of Glaucoma

**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.

**Setting:** Cloud-based database in America, Australia, and Europe.

**Methods:** 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:** 395 eyes have been enrolled up to January 2024. Mean baseline IOP and number of medications were  $18.3 \pm 6.04$  and  $2.03 \pm 1.19$ , respectively, and were reduced to  $13.9 \pm 4.19$  and  $0.92 \pm 1.29$ , respectively, at 12 months ( $n=141$ ;  $p<0.001$ ) and to  $12.5 \pm 2.95$  and  $1.06 \pm 1.41$  at 24 months ( $n=31$ ;  $p<0.001$ ), respectively. Combined phaco-canaloplasty was performed in 89.6% and as a standalone procedure in 10.4% (baseline IOP was  $18.0 \pm 6.0$  and  $20.7 \pm 6.2$  vs  $12.7 \pm 2.8$  and  $11.9 \pm 3.4$  at 24 months postoperatively). 8.9% of the eyes were medication-free at baseline vs 58.1% at 24 months. Hyphema ( $>10\%$  of the anterior chamber) occurred in 7 eyes (1.77%). No eye required further glaucoma surgery.

**Conclusion:** Canaloplasty via an ab-interno technique was able to effectively reduce IOP and medication use up to 24 months postoperatively.

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