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

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Disclosure for Shamil Patel, David Lubeck, Keith Barton, Nathan Kerr, Nir Shoham-Hazon, Mary Qiu

In compliance with COI policy, ESCRS requires the following disclosures to the session audience:

Shareholder	No relevant conflicts of interest to declare.
Grant / Research Support	No relevant conflicts of interest to declare.
Consultant	Nova Eye Medical, Inc.
Employee	No relevant conflicts of interest to declare.
Paid Instructor	No relevant conflicts of interest to declare.
Speaker Bureau	No relevant conflicts of interest to declare.
Other	No relevant conflicts of interest to declare.

Presentation includes discussion of the following off-label use of a drug or medical device: **None.**



Results*



Demographics

The iTrack™ Global Data Registry comprises approx. 20 sites in the USA, Canada, Europe, Asia and Australia.

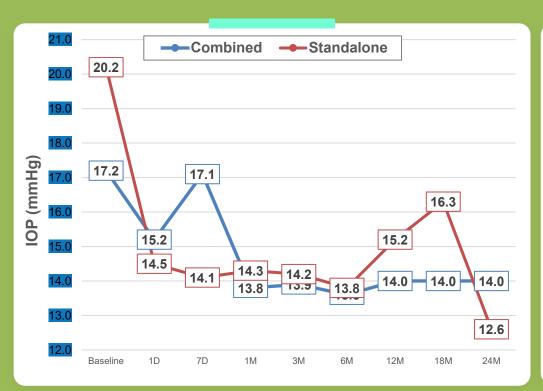
Patients	n (%)	
N	254	
Gender		
•	ale 121 (47.6%)	
Fema	ale 133 (52.4%)	
Ethnicity		
African/Caribbe	` ′	
	ian 5 (2.0%)	
Caucasi Hispa	()	
Māori or Pacific Island	` ′	
Middle Easte	, ,	
Mix	ked 1 (0.4%)	
Oth	her 10 (3.9%)	
Missi	ing 28 (11.0%)	
Age (years, mean±SD)	72.5±10.1	
With prior glaucoma laser or surgery		
Y	Yes 88 (25.6%)	
	No 256 (74.4%)	
Further glaucoma procedure	Yes 17 (4.9%)	
	No 327 (95.1%)	
Preoperative	Mean±SD	
measurements	IVIEdII±3D	
Cup-to-disc ratio	0.67±0.18 (n=322)	
Visual field	-5.85±6.68 (n=310)	

Eyes	n (%)
N	344
Laterality Left Right	170 (49.4%) 174 (50.6%)
Glaucoma stage** Mild Moderate Severe Missing	200 (58.1%) 66 (19.2%) 44 (12.8%) 34 (9.9%)
Primary open-angle glaucoma Primary angle-closure glaucoma Secondary open-angle glaucoma Normal tension glaucoma Ocular hypertension Juvenile open-angle glaucoma	291 (84.6%) 0 (0%) 21 (6.1%) 5 (1.5%) 25 (7.3%) 2 (0.6%)
Type of Secondary open-angle glaucoma Glaucoma caused by corticosteroid Pigmentary glaucoma Pseudoexfoliative glaucoma Uveitic glaucoma Undefined	1 (0.29%) 4 (1.16%) 13 (3.78%) 0 (0%) 3 (0.87%)
Concurrent cataract surgery Combined Standalone	318 (92.4%) 26 (7.6%)
Type of iTrack iTrack iTrack Advance	256 (74.4%) 88 (25.6%)

^{**}MD better than –6dB (mild), –6db to –12dB (moderate), and worse than –12dB (severe)



IOP Reduction, 24 Months (All Eyes)

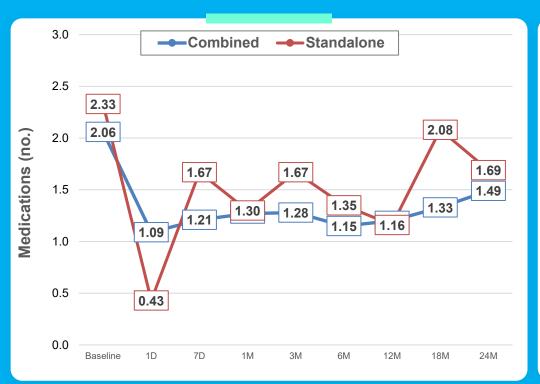


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Time point	Mean±SD	% reduction	n	p value vs baseline
Baseline	17.2.±5.3	-	313	-
Month 6	13.6±3.6	-20.8%	224	<0.001
Month 12	14.0±3.5	-18.3%	282	<0.001
Month 18	14.0±4.1	-18.6%	156	<0.001
Month 24	14.0±3.5	-18.6%	150	<0.001

Time point	Mean±SD	% reduction	n	p value vs baseline
Baseline	20.2±7.1	-	24	-
Month 6	13.8±3.4	-31.5%	17	0.002
Month 12	15.2±6.7	-24.9%	19	0.009
Month 18	16.3±7.0	-19.4%	12	0.143
Month 24	12.6±3.0	-37.5%	13	0.001



Meds Reduction, 24 Months (All Eyes)



Time point	Mean±SD	% reduction	n	p value vs baseline
Baseline	2.06±1.1	-	313	-
Month 6	1.15±1.3	-44.3%	224	<0.001
Month 12	1.20±1.3	-41.7%	282	<0.001
Month 18	1.33±1.4	-35.6%	156	<0.001
Month 24	1.49±1.5	-27.9%	150	<0.001

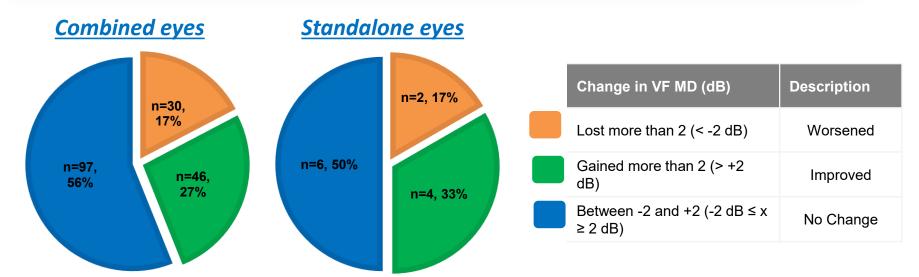
Time point	Mean±SD	% reduction	n	p value vs baseline
Baseline	2.33±0.9	-	24	-
Month 6	1.35±1.3	-42.0%	17	0.002
Month 12	1.16±1.4	-50.4%	19	<0.001
Month 18	2.08±1.4	-10.7%	12	0.043
Month 24	1.69±1.5	-27.5%	13	0.014



Visual Fields Outcomes

Group*	N	Mean follow-up (months)	Baseline (dB)	Last Follow-up (dB)	Change (p value)
Combined with phaco eyes	173	15.6±7.7	-5.58±6.10	-5.06±6.05	0.52±3.78 (p=0.104)
Standalone eyes	12	14.8±9.7	-8.58±10.0	-7.25±7.53	1.33±3.99 (p=0.273)

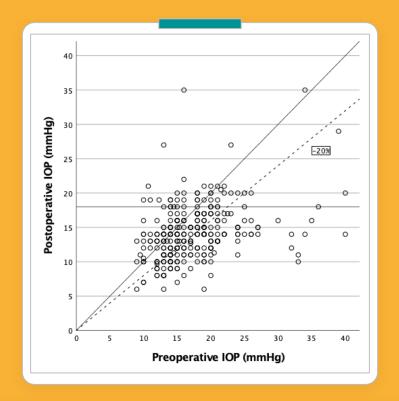
^{*}Only eyes with both baseline and LFU data available are included.

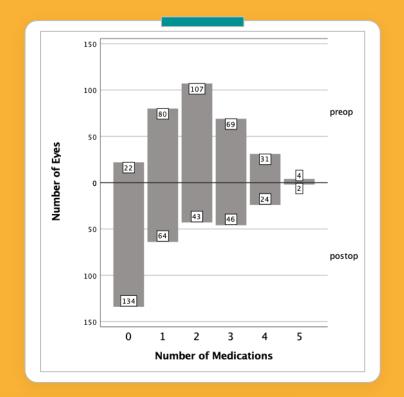




Combined group: IOP and Meds outcomes

Eyes with at least 12m data (n=313), baseline vs postop (last follow-up: mean 20.4±7.9 months)



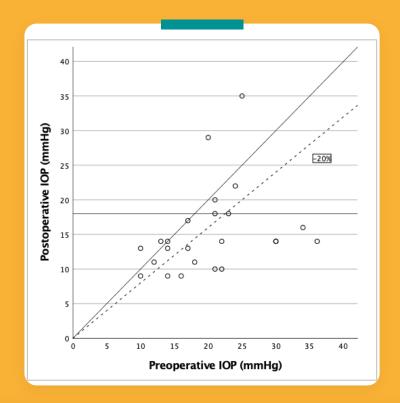


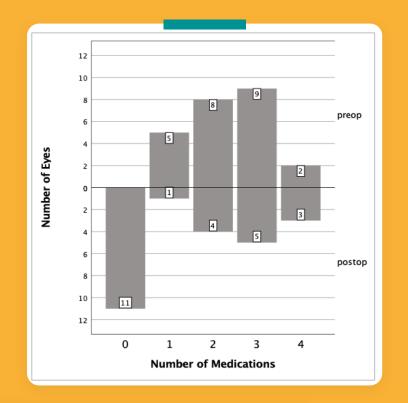
Note for scatterplot: Each point (eye) demonstrates preop and postop IOP outcomes. Points on or below the *dashed line* indicate eyes with ≥20% reduction in IOP from baseline. Horizontal line represents 18 mmHg. Graphs developed under the *Design & Reporting Glaucoma Trials - World Glaucoma Association*



Standalone group: IOP and Meds outcomes

Eyes with at least 12m data (n=24), baseline vs postop (last follow-up: mean 21.3±7.7 months)



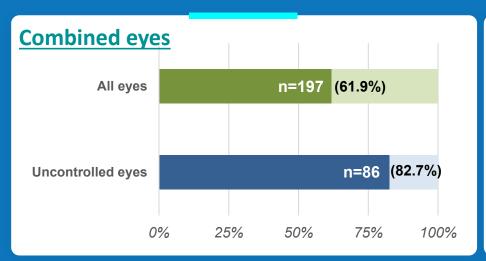


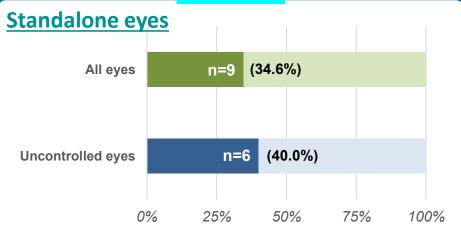
Note for scatterplot: Each point (eye) demonstrates preop and postop IOP outcomes. Points on or below the *dashed line* indicate eyes with ≥20% reduction in IOP from baseline. Horizontal line represents 18 mmHg. Graphs developed under the *Design & Reporting Glaucoma Trials - World Glaucoma Association*



Success Rates

Success defined by achieving criteria set by the American Academy of Ophthalmology





AAO Criteria

An eye was considered to have achieved *Success* if it met either of the following criteria:

Criterion 1) IOP no increase, and meds decrease by at least 1

Criterion 2) IOP ≤21 mmHg and reduced by at least 20%, no increase in meds

Note: Combined eyes are considered successful if they meet either Criterion 1 or 2, while Standalone eyes must meet only Criterion 2 to be considered successful.



Complications and Interventions*

Intraoperative complications	n (%)
No	343 (99.7%)
Yes	1 (0.3%)
Descemet membrane detachment	1 (0.29%)

Postoperative complications	n (%)
No	336 (97.7%)
Yes	8 (2.3%)
Aqueous misdirection	1 (0.29%)
Cystoid macular oedema	1 (0.29%)
Hyphaema (>10% anterior chamber)	4 (1.16%)
Prolonged intraocular inflammation/uveitis	1 (0.29%)
Retinal detachment (unrelated to canaloplasty)	1 (0.29%)

Secondary glaucoma procedures	n (%)
All Eyes	17 (4.9%)
Ab-externo canaloplasty	1 (0.29%)
EX-PRESS Glaucoma Filtration Device	1 (0.29%)
Glaucoma Drainage Device	3 (0.87%)
Preserflo MicroShunt	2 (0.58%)
Trabeculectomy	1 (0.29%)
XEN GEL stent	2 (0.58%)
Selective Laser Trabeculoplasty	4 (1.16%)
MicroPulse Transcleral Cycophotocoagulation	3 (0.87%)

Conclusion

This prospective multi-center observational study demonstrated that ab-interno canaloplasty performed with the *iTrack* and the *iTrack Advance* microcatheter resulted in a significant reduction of IOP and anti-glaucoma medications up to 18-24 months postoperatively.

Ongoing data collection through a dedicated registry is planned to further strengthen the statistical power of the findings and refine their clinical applicability.

