

17<sup>TH</sup> INTERNATIONAL CONFERENCE OF THE  
RESEARCH INSTITUTE OF OPHTHALMOLOGY

**RIO 2025**

*Anterior Segment Eye Diseases  
Current Status & Future Directions*

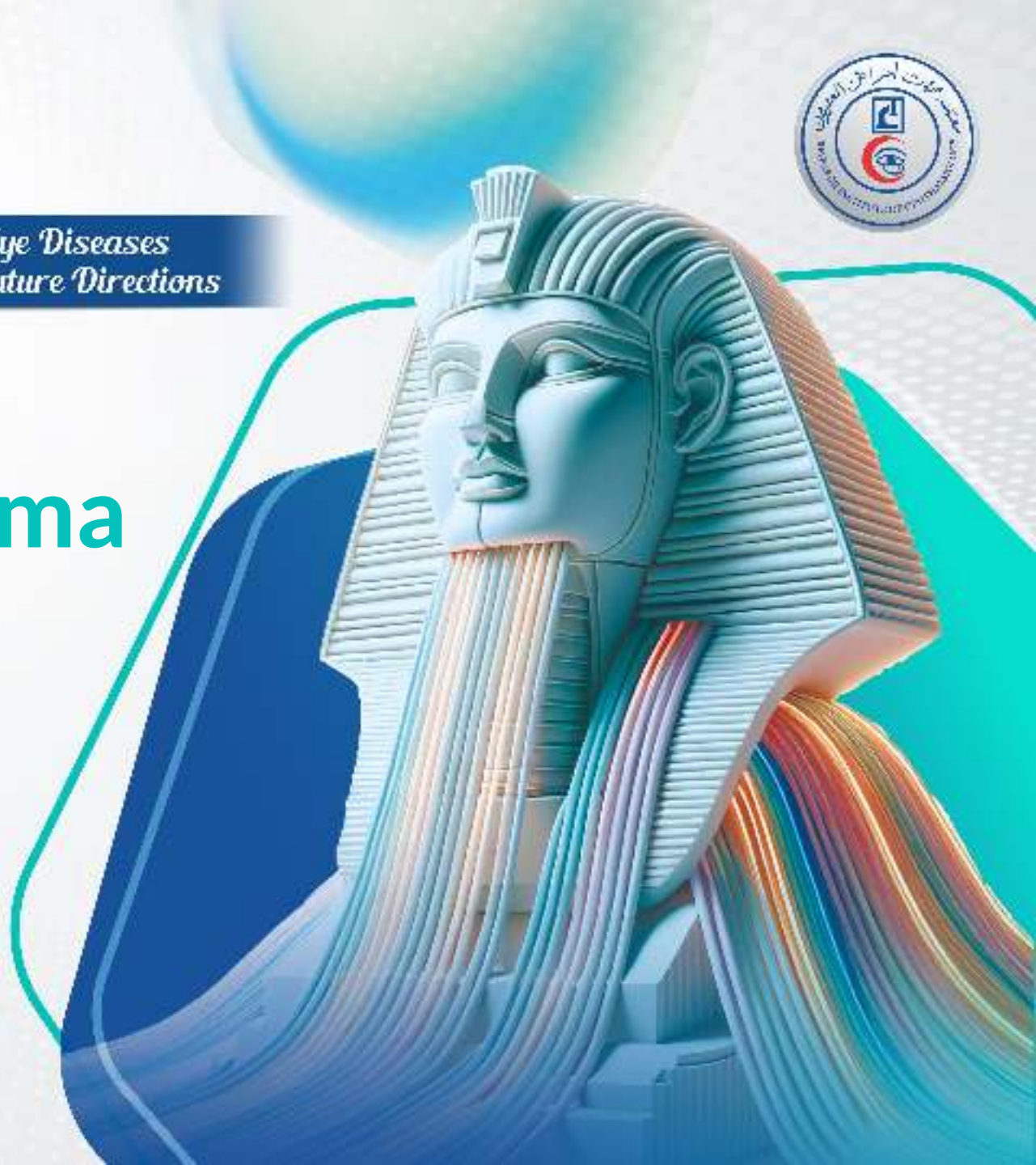


# Personalising glaucoma care using genomics

**Anthony Khawaja**

Moorfields Eye Hospital

UCL Institute of Ophthalmology



# Financial disclosures

- Consultant to Aerie, Allergan, Google Health, Novartis, Reichert, Santen, Thea
- Young Investigator Award from Alcon

# **Current management**

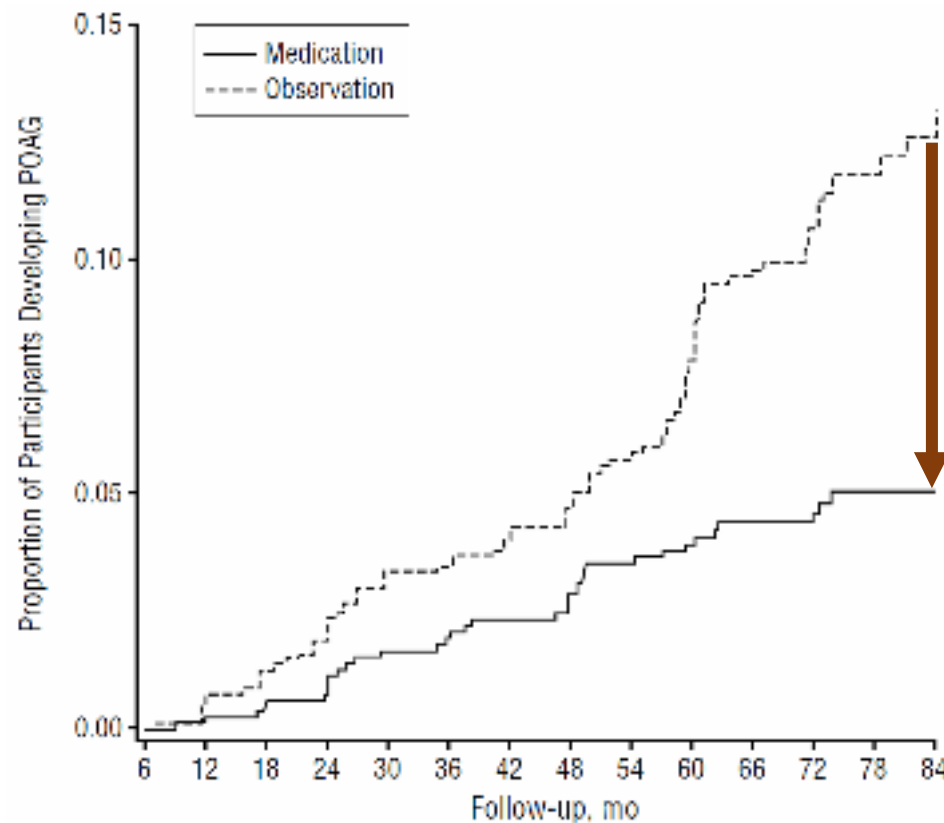
**Current evidence-based management**

# Current **evidence-based** management



# The Ocular Hypertension Treatment Study **ARCHIVES EXPRESS**

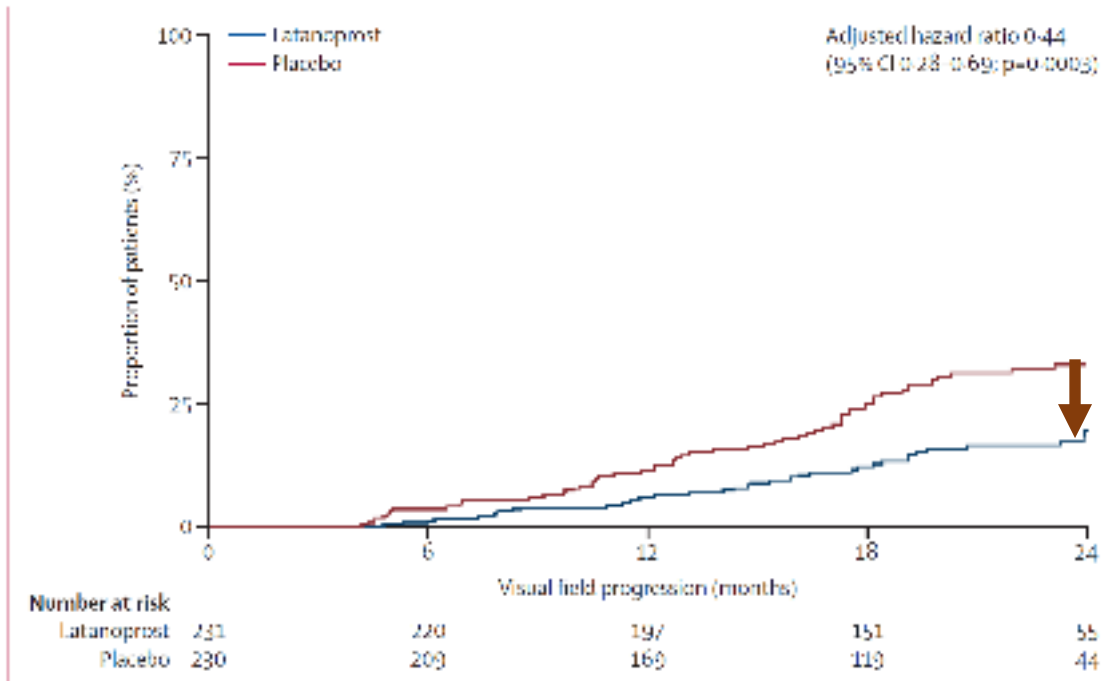
*A Randomized Trial Determines That Topical Ocular Hypotensive Medication Delays or Prevents the Onset of Primary Open-Angle Glaucoma*



Only 12% of untreated converted to POAG

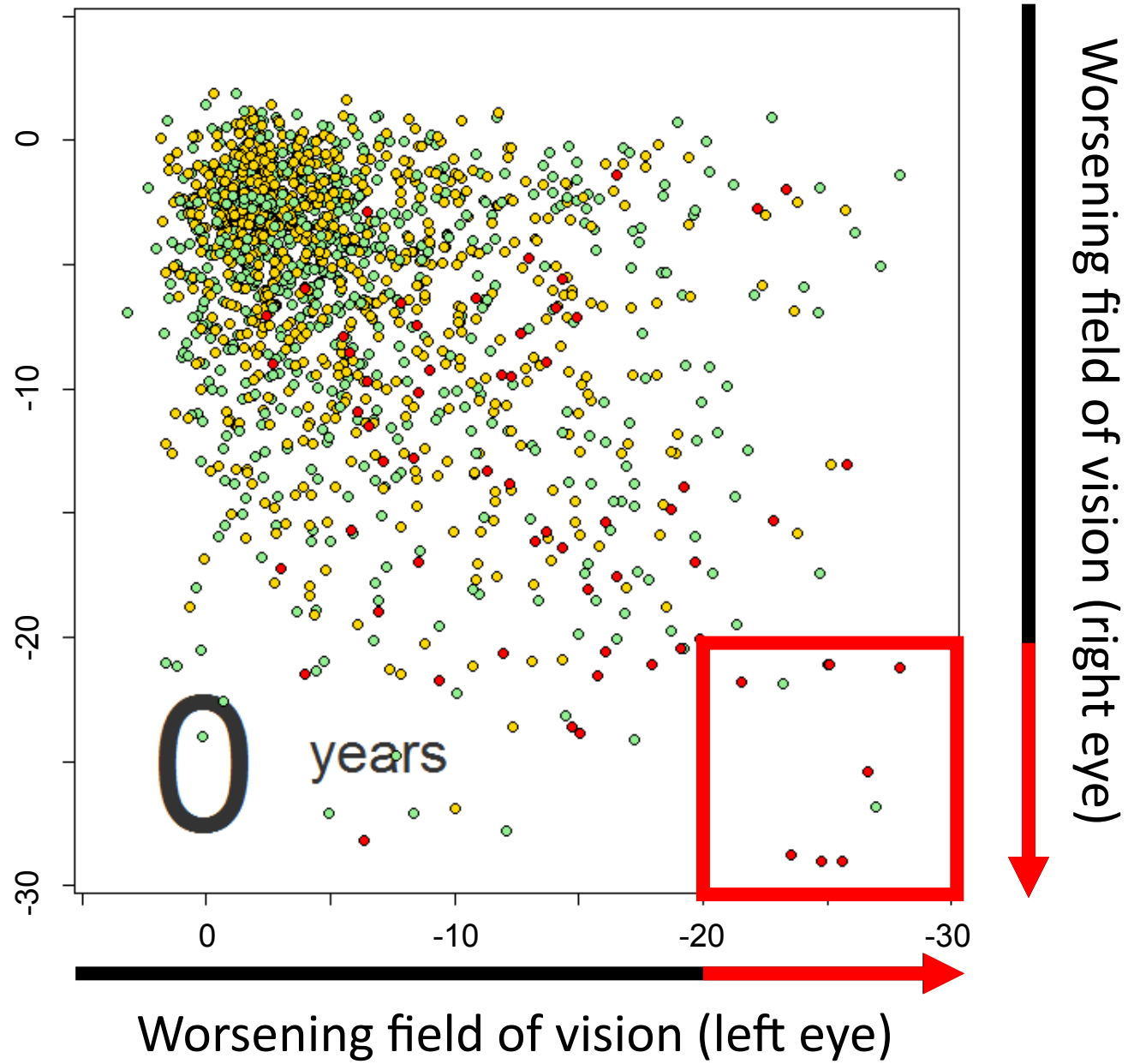
# Latanoprost for open-angle glaucoma (UKGTS): a randomised, multicentre, placebo-controlled trial

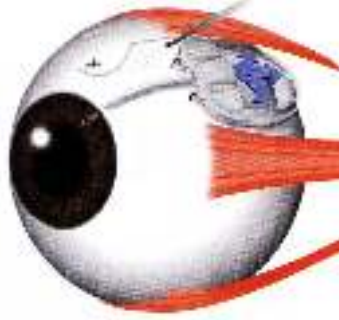
David F Garway-Heath, David P Crabb, Catey Bunce, Gerassimos Lascaratos, Francesca Amalfitano, Nitin Anand, Augusto Azuara-Blanco, Rupert R Bourne, David C Broadway, Ian A Cunliffe, Jeremy P Diamond, Scott G Fraser, Tuan A Ho, Keith R Martin, Andrew I McNaught, Anil Negi, Krishna Patel, Richard A Russell, Ameet Shah, Paul G Spry, Katsuyoshi Suzuki, Edward T White, Richard P Wormald, Wen Xing, Thierry G Zeyen



75% of placebo group  
did not progress

15% of treated group  
progressed





# Which treatment?



---

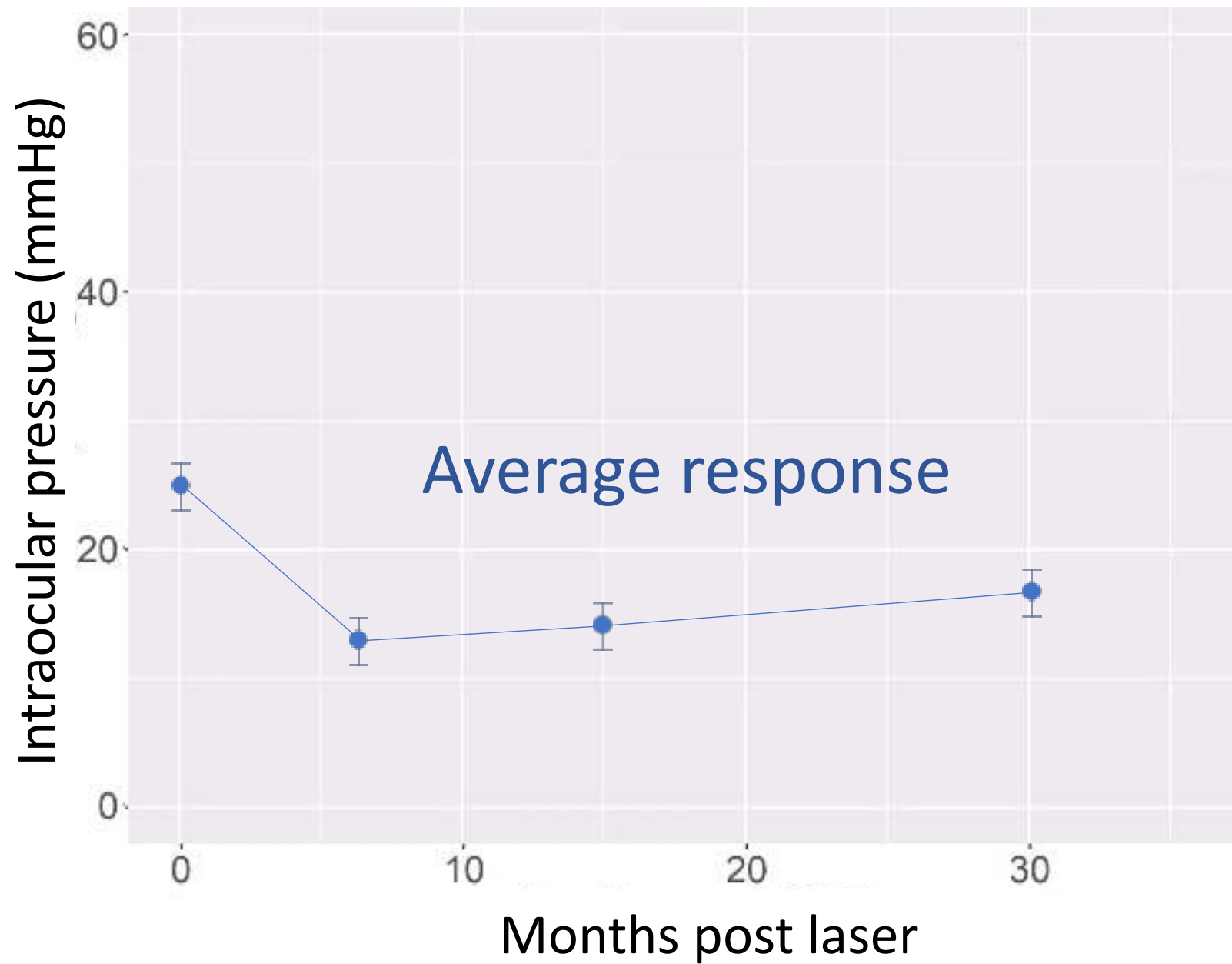
# Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LiGHT): a multicentre randomised controlled trial



Gus Gazzard, Evgenia Konstantakopoulou, David Garway-Heath, Anurag Garg, Victoria Vickerstaff, Rachael Hunter, Gareth Ambler, Catey Bunce, Richard Wormald, Neil Nathwani, Keith Barton, Gary Rubin, Marta Buszewicz; on behalf of the LiGHT Trial Study Group\*



**74% drop-free at 3 years**



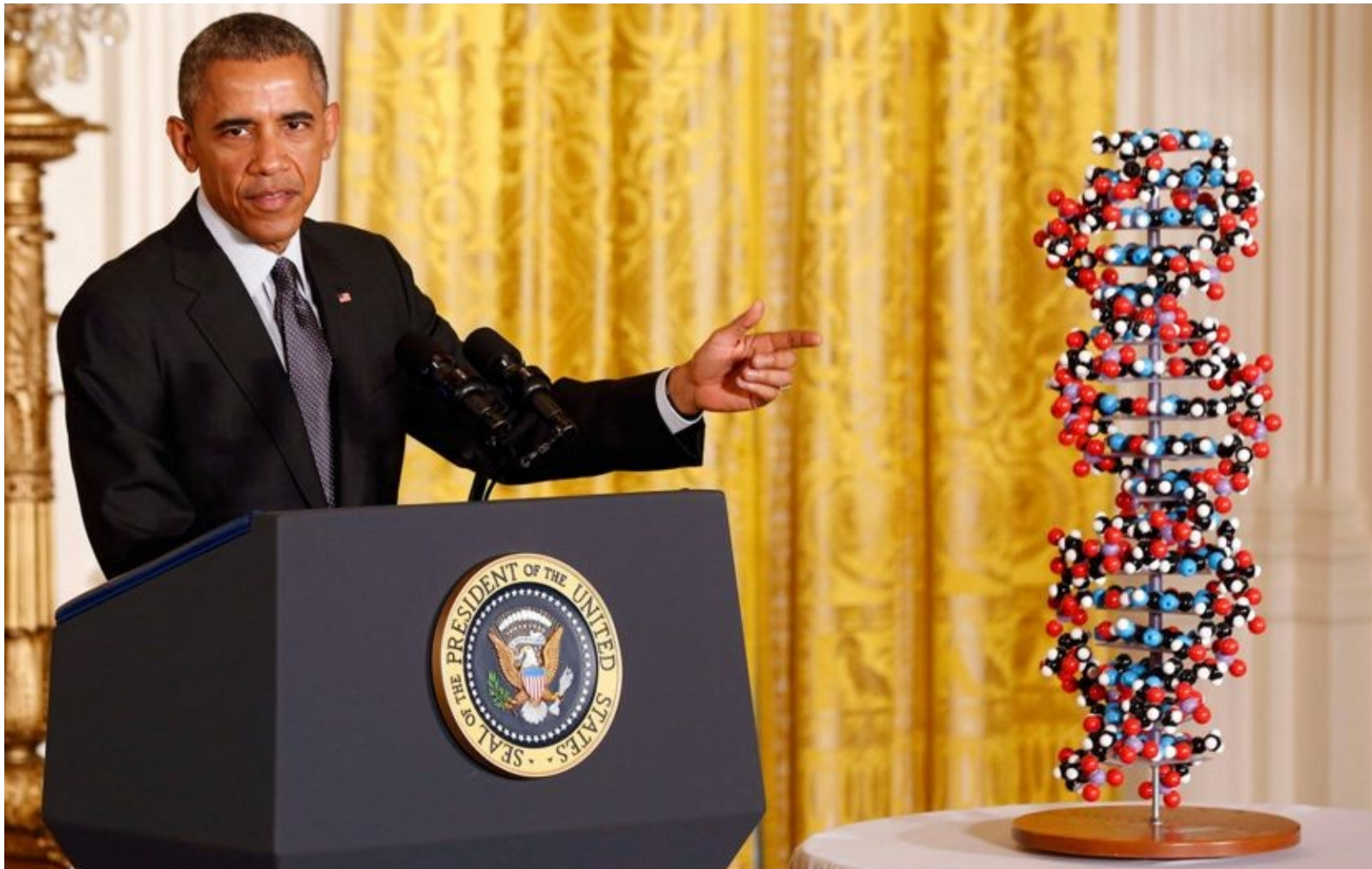
**One size  
doesn't fit all!**





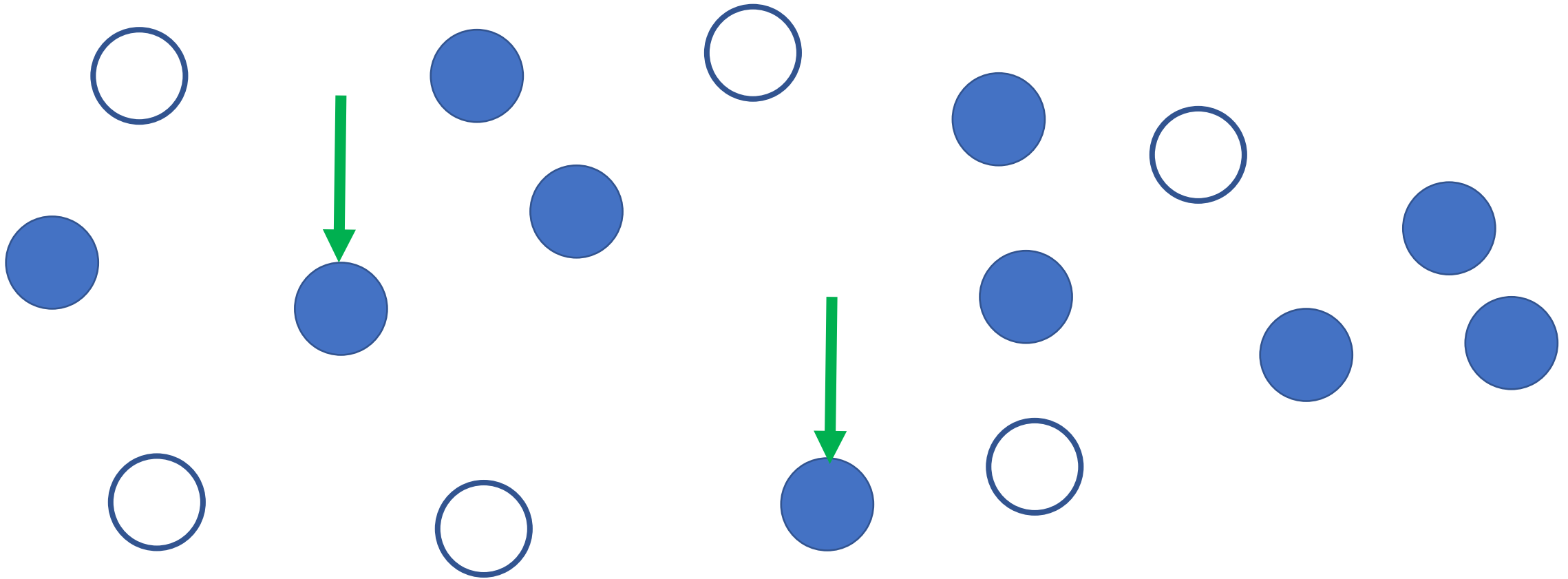
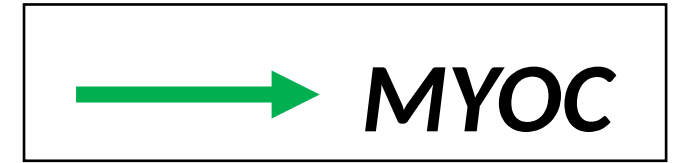
What's best *on average*?

# Precision Medicine Initiative (2015)



**‘Simple’ versus  
‘complex’ POAG**

# 'Simple' POAG

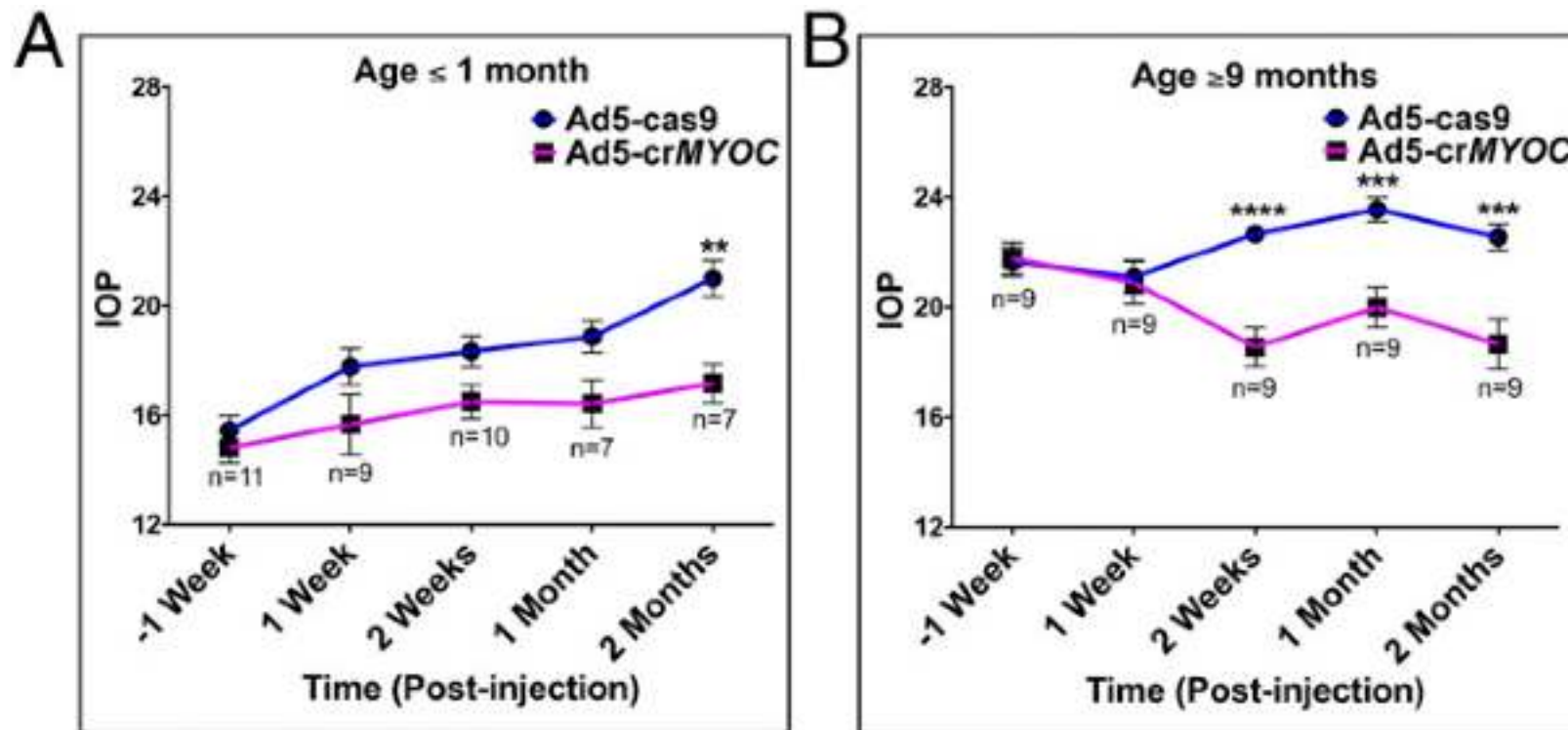


# CRISPR-Cas9–based treatment of myocilin-associated glaucoma

Ankur Jain<sup>a</sup>, Gulab Zode<sup>b,1</sup>, Ramesh B. Kasetti<sup>b</sup>, Fei A. Ran<sup>c</sup>, Winston Yan<sup>c</sup>, Tasneem P. Sharma<sup>d</sup>, Kevin Bugge<sup>a</sup>, Charles C. Searby<sup>a</sup>, John H. Fingert<sup>d</sup>, Feng Zhang<sup>c</sup>, Abbot F. Clark<sup>b</sup>, and Val C. Sheffield<sup>a,d,1</sup>

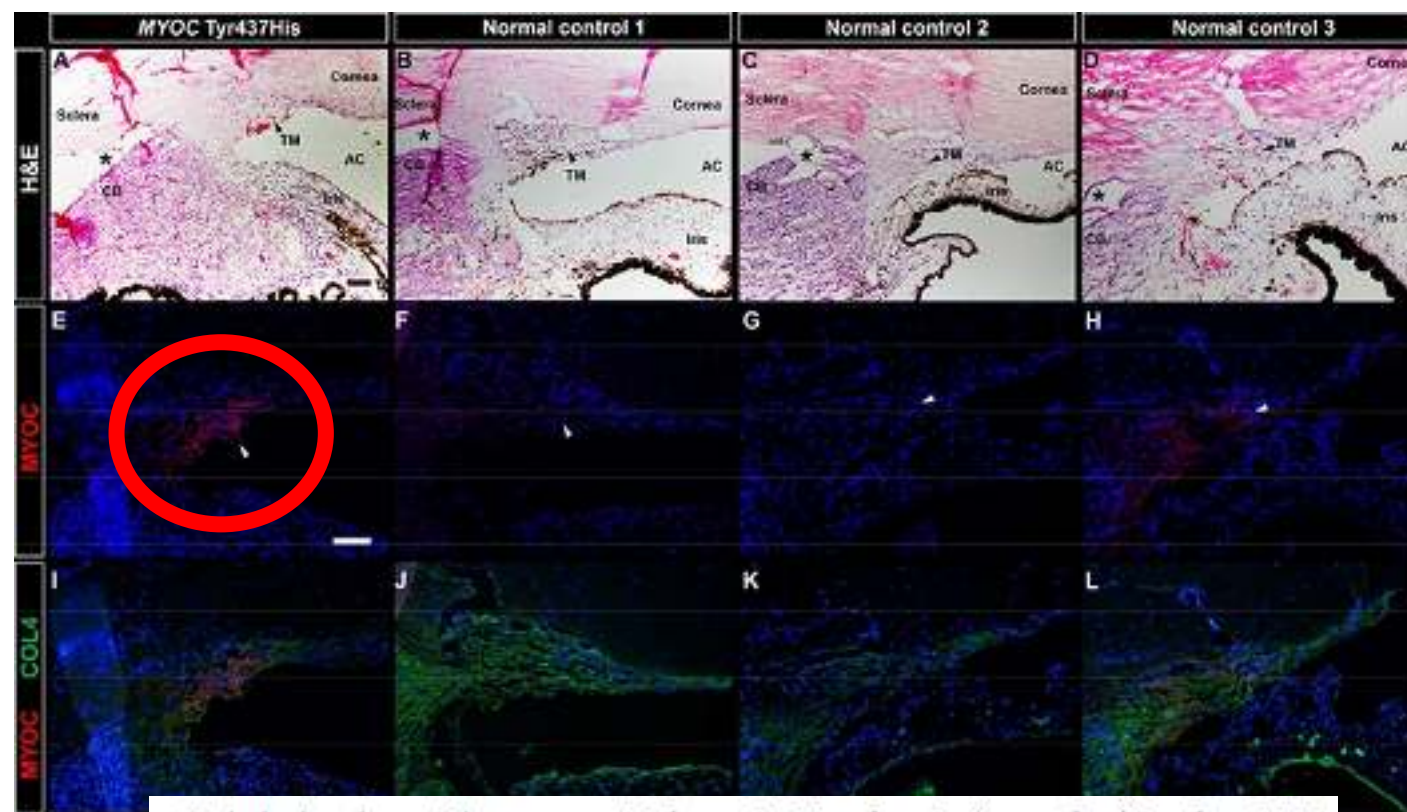
<sup>a</sup>Department of Pediatrics, Carver College of Medicine, University of Iowa, Iowa City, IA 52242; <sup>b</sup>North Texas Eye Research Institute, University of North Texas Health Science Center, Fort Worth, TX 76107; <sup>c</sup>McGovern Institute for Brain Research, Massachusetts Institute of Technology, Cambridge, MA 02142; and <sup>d</sup>Stephen A. Wynn Institute for Vision Research, Department of Ophthalmology, Carver College of Medicine, University of Iowa, Iowa City, IA 52242

PNAS | October 17, 2017 | vol. 114 | no. 42 | 11199–11204



# Histochemical Analysis of Glaucoma Caused by a Myocilin Mutation in a Human Donor Eye

Carly J. van der Heide, BS,<sup>1,2,3</sup> Wallace L.M. Alward, MD,<sup>1,2</sup> Miles Flamme-Wiese, BSE,<sup>1,2</sup> Megan Riker, BS,<sup>1,2</sup> Nasreen A. Syed, MD,<sup>1,4</sup> Michael G. Anderson, PhD,<sup>1,2,3,5</sup> Keith Carter, MD, FACS,<sup>1</sup> Markus H. Kuehn, PhD,<sup>1,2</sup> Edwin M. Stone, MD, PhD,<sup>1,2</sup> Robert F. Mullins, PhD,<sup>1,2</sup> John H. Fingert, MD, PhD<sup>1,2</sup>





AMERICAN ACADEMY  
OF OPHTHALMOLOGY®



## Gonioscopy-Assisted Transluminal Trabeculectomy for Myocilin Juvenile Glaucoma

Juvenile open-angle glaucoma (JOAG) is a form of glaucoma and occurs in patients with mutations in the myocilin (*MYOC*) gene. It is a simple genetic cause of both primary open-angle glaucoma (POAG) and JOAG.<sup>1,2</sup> *MYOC*-associated JOAG, which typically presents at a young age, produces markedly elevated intraocular pressures (IOPs), and is often resistant to medical treatment.

Myocilin encodes a glycoprotein that is transported into the trabecular meshwork (TM) into the aqueous humor. The *MYOC* protein encoded by a mutant gene accumulates within TM cells and ultimately causes obstruction of aqueous outflow, high IOP, and glaucoma.<sup>4</sup>

Boese EA, Alward WLM, Fingert DH, et al. Gonioscopy-assisted transillumination trabeculectomy for juvenile glaucoma. *Ophthalmol Glaucoma*. 2021; 12(7):740.

### BRIEF COMMUNICATION

## Genotype guided glaucoma surgery

Keith Brindley<sup>1</sup>\*, Sandeep Desai<sup>2</sup> and Andrew J. Nathan<sup>1</sup>

<sup>1</sup>The Authors, on behalf of the Royal College of Ophthalmologists 2022

<https://doi.org/10.1093/ophgl/kzab001>

Myocilin gene (*MYOC*) mutations contribute to 4% of primary open-angle glaucoma and >10% of juvenile open-angle glaucoma (JOAG). TM-associated myocilin protein accumulates in trabecular meshwork (TM) cell endoplasmic reticulum leading to cell death. It is the primary cause of juvenile glaucoma. It is a simple genetic cause of both primary open-angle glaucoma (POAG) and JOAG. *MYOC*-associated JOAG, which typically presents at a young age, produces markedly elevated intraocular pressures (IOPs), and is often resistant to medical treatment.

300-degree trabeculectomy using the OMNI system (Sight Sciences, Menlo Park, CA).

### CASE REPORT

Due to longstanding juvenile history of JOAG, a 2-month-old was found to be positive for *MYOC* mutation. Glaucoma treatment was first initiated at age 11 years and topical medical treatment

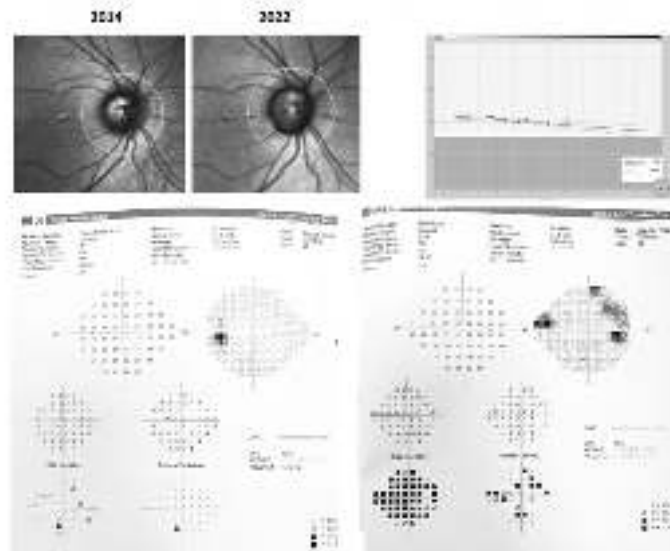


Fig. 1. Gonioscopy and visual field. (A) Gonioscopy of the right eye in 2014 and 2022. (B) 300-degree trabeculectomy using the OMNI system. (C) Visual field plots for the right eye in 2014 and 2022.

\*Correspondence: Dr Keith Brindley, Department of Ophthalmology, Royal College of Ophthalmologists, 11-12, Tavistock Square, London WC1H 9EF, UK. Email: kbrindley@rcophth.ac.uk

Received 25 November 2021; Revised 2 February 2022; Accepted 2 March 2022  
Published online 24 March 2022

In partnership with the



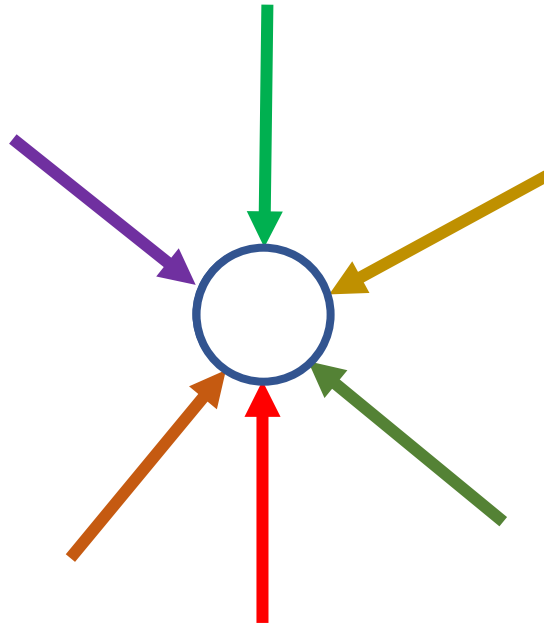
AMERICAN  
GLAUCOMA  
SOCIETY

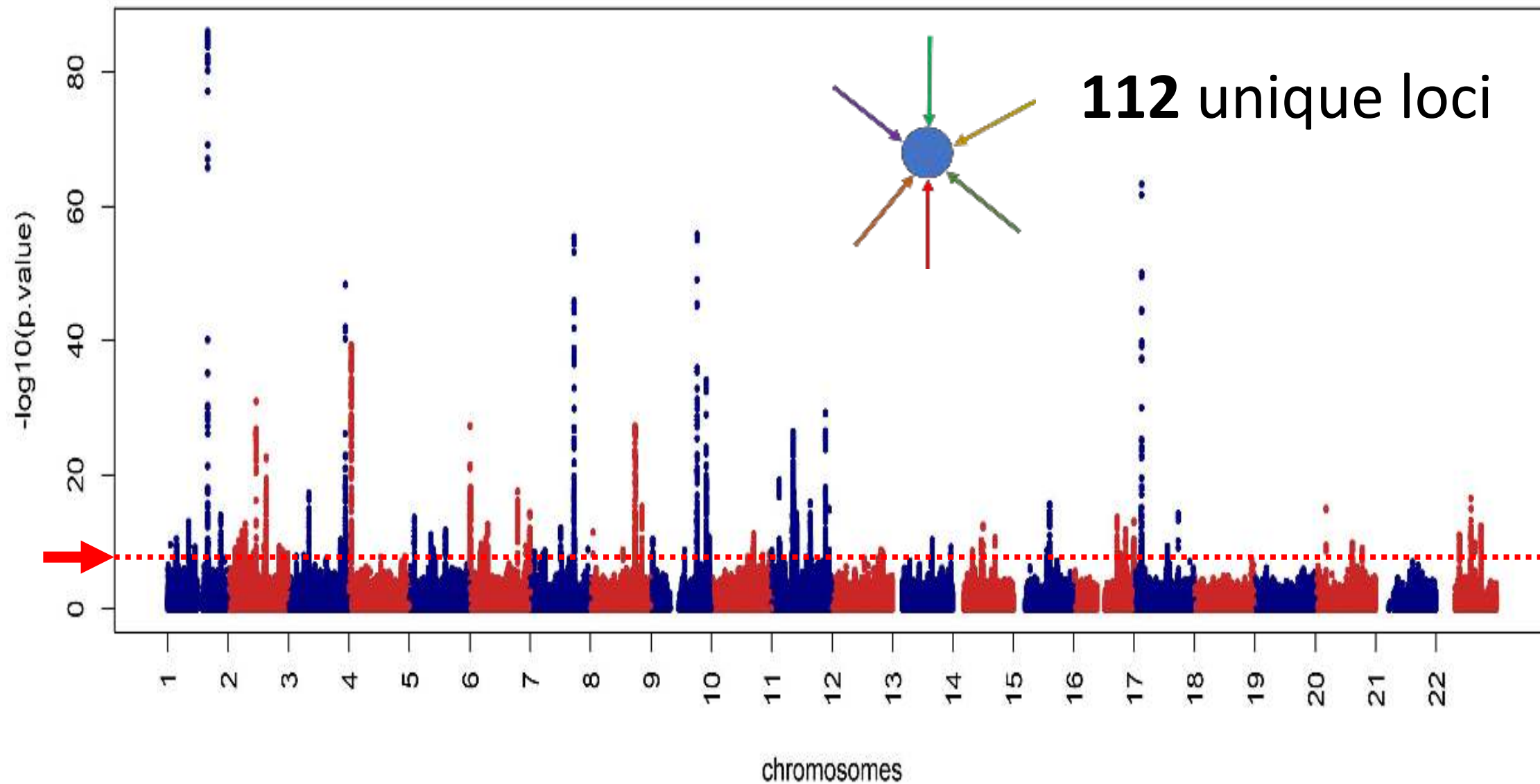
visual fields (Zeiss) (Fig 1B). IOPs were controlled with timolol, brimonidine, dorzolamide, and latanoprost. Her IOP to 14 mmHg. She was discontinued because of dropped to the low 20s (mmHg). At 1 to 34 mmHg in the right eye and brimonidine was added again for control. When she was 17 years old, IOP was 45 mmHg in the right eye and 45 mmHg in the left eye. In addition of oral acetazolamide was added because of fatigue. After 2 weeks, she and her family were happy with her eyes.

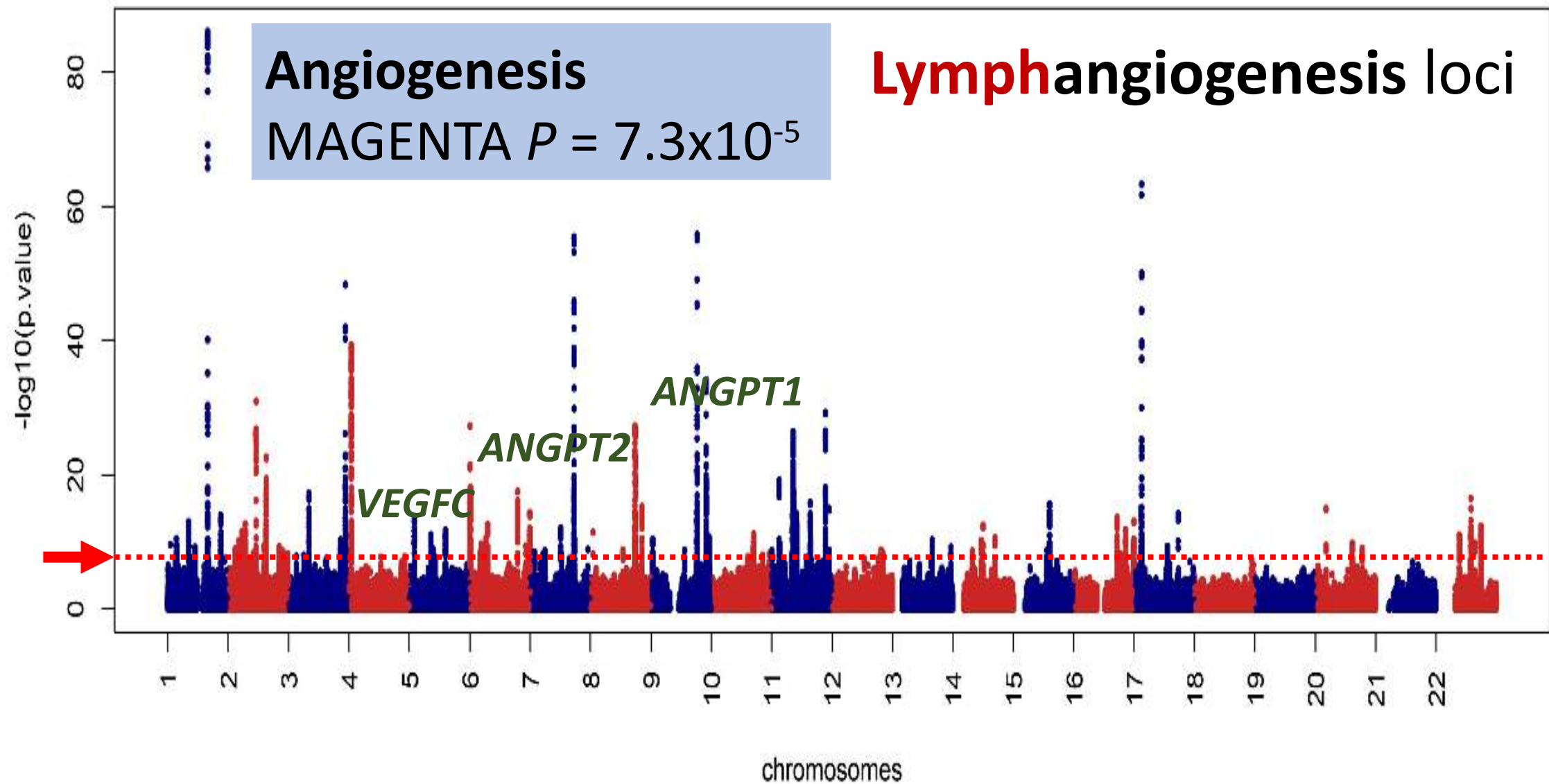
To reduce the risk of complications, we treated our patient's glaucoma with GATT. With the use of the iTrack system (iTrack, Inc.), she underwent an uncomplicated GATT in January 2020, followed

by GATT for myocilin

# 'Complex' POAG

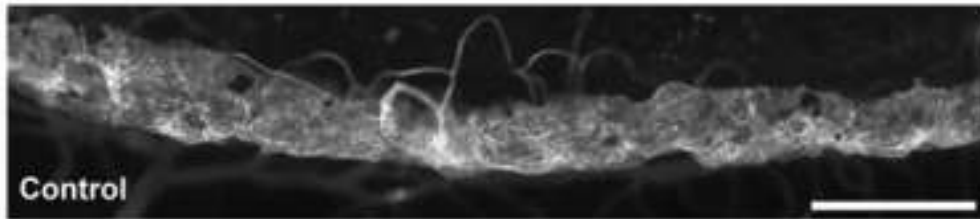






# Angiopoietin receptor TEK mutations underlie primary congenital glaucoma with variable expressivity

Tomokazu Souma,<sup>1,2</sup> Stuart W. Thompson,<sup>3</sup> Benjamin R. Thomson,<sup>1,2</sup> Owen M. Siggs,<sup>4</sup> Krishnakumar Kizhatil,<sup>5</sup> Shinji Yamaguchi,<sup>1,2</sup> Liang Feng,<sup>6</sup> Vachiranee Limvipuvadh,<sup>7</sup> Kristina N. Whisenhunt,<sup>3</sup> Sebastian Maurer-Stroh,<sup>2,8</sup> Tammy L. Yanovitch,<sup>3</sup> Luba Kalaydjieva,<sup>10</sup> Dimitar N. Azmanov,<sup>10,11</sup> Simone Finzi,<sup>12</sup> Lucia Mauri,<sup>13</sup> Shahrbanou Javadiyan,<sup>4</sup> Emmanuelle Souzeau,<sup>4</sup> Tiger Zhou,<sup>4</sup> Alex W. Hewitt,<sup>14,15,16</sup> Bethany Kloss,<sup>3</sup> Kathryn P. Burdon,<sup>4,16</sup> David A. Mackey,<sup>15,16</sup> Keri F. Allen,<sup>17</sup> Jonathan B. Ruddle,<sup>14</sup> Sing-Hui Lim,<sup>18</sup> Steve Rozen,<sup>18</sup> Khanh-Nhat Tran-Viet,<sup>19</sup> Xiaorong Liu,<sup>6</sup> Simon John,<sup>5,20</sup> Janey L. Wiggs,<sup>17</sup> Francesca Pasutto,<sup>21</sup> Jamie E. Craig,<sup>4</sup> Jing Jin,<sup>1,2</sup> Susan E. Quaggin,<sup>1,2</sup> and Terri L. Young<sup>3,18</sup>



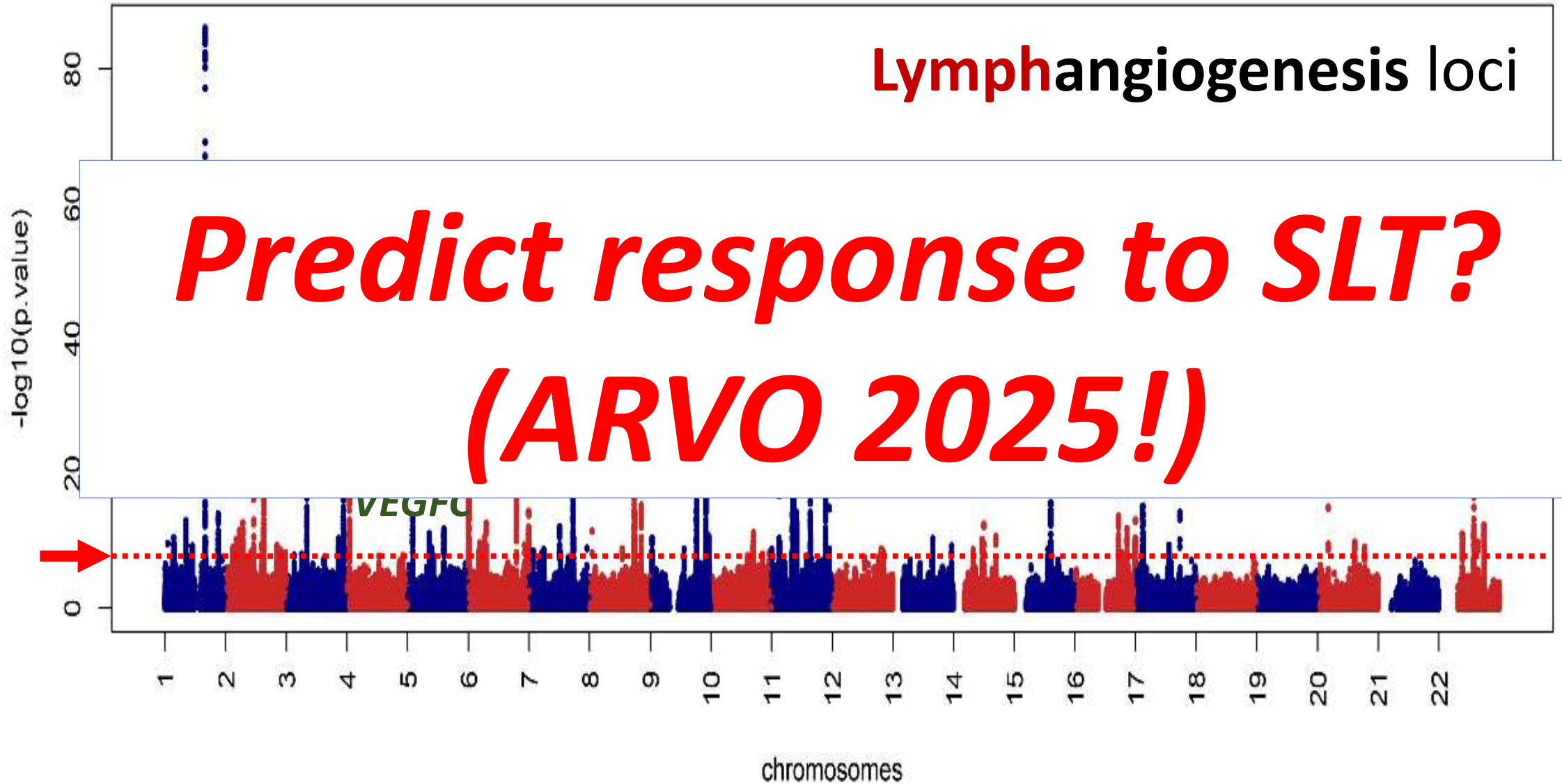
**Control**



**Absent Schlemm's canal,  
normal TM**

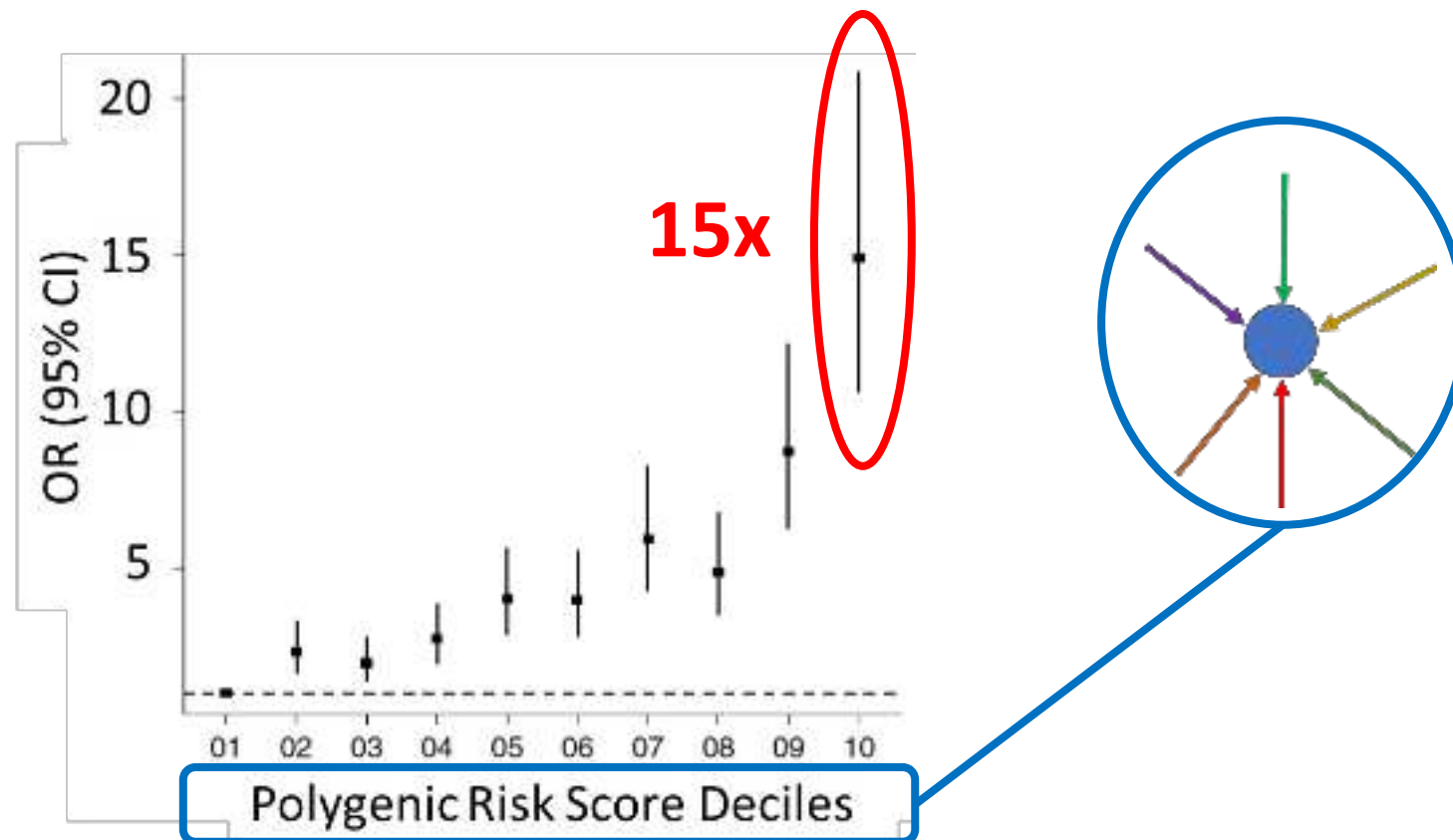
Lymphangiogenesis loci

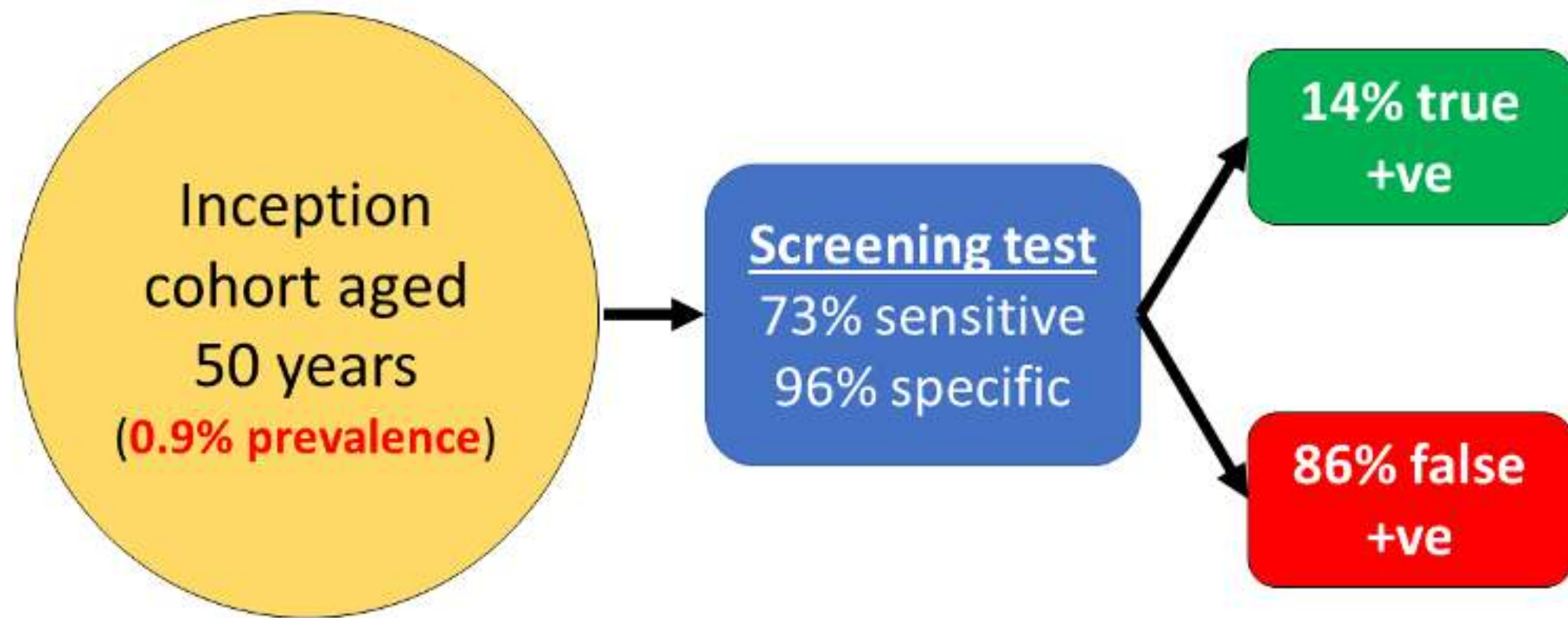
***Predict response to SLT?  
(ARVO 2025!)***

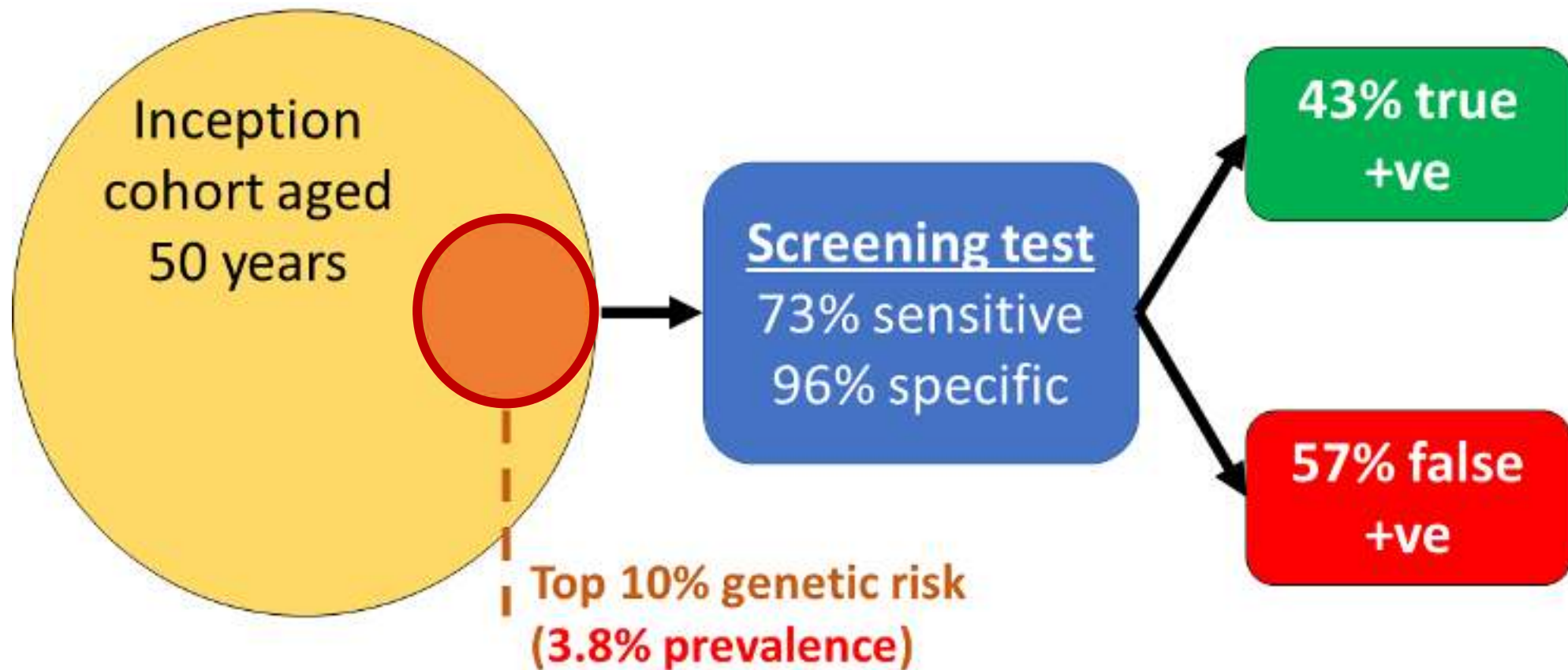


# Multitrait analysis of glaucoma identifies new risk loci and enables polygenic prediction of disease susceptibility and progression

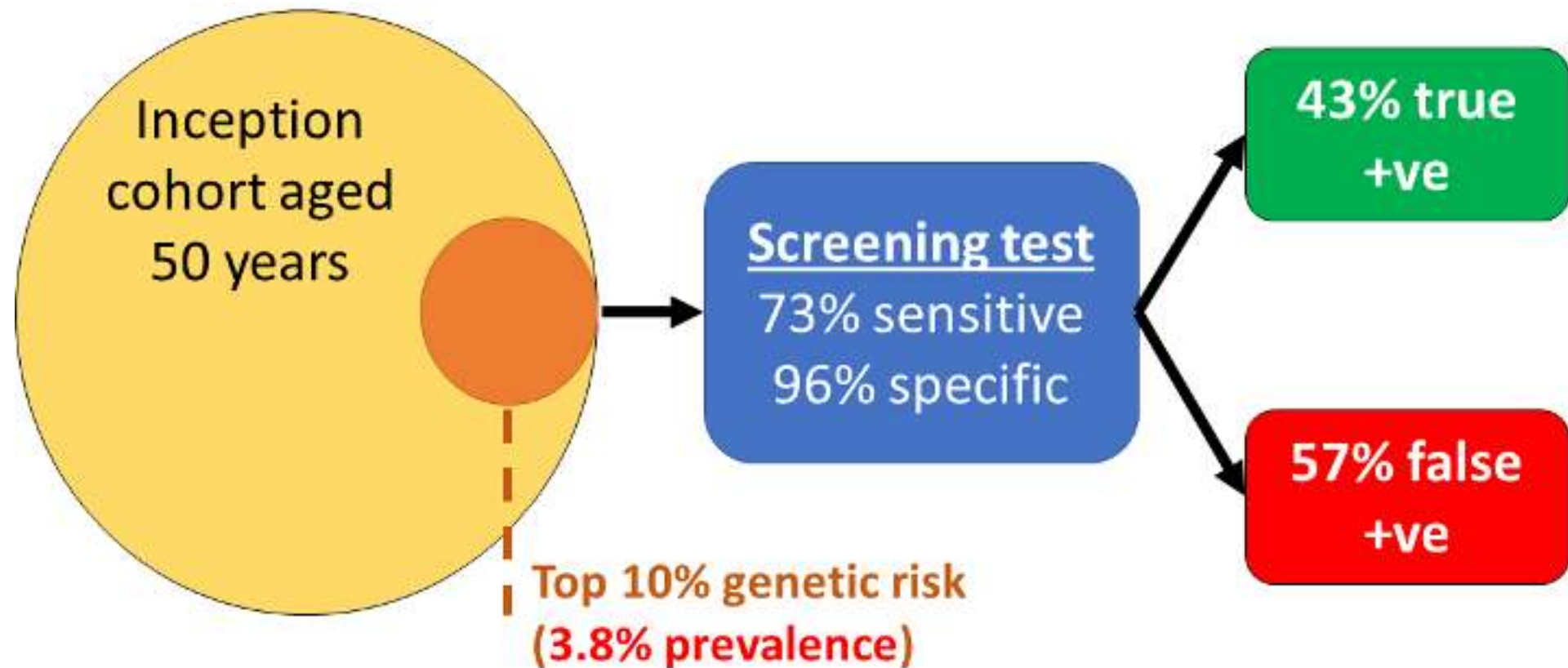
Jamie E. Craig<sup>1,40</sup>, Xikun Han<sup>2,3,40\*</sup>, Ayub Qassim<sup>1,40</sup>, Mark Hassall<sup>1</sup>, Jessica N. Cooke Bailey<sup>4</sup>, Tyler G. Kinzy<sup>4</sup>, Anthony P. Khawaja<sup>5</sup>, Jiyuan An<sup>2</sup>, Henry Marshall<sup>1</sup>, Puya Gharahkhani<sup>2</sup>,







# Personalised population screening





# EGS Screening Task Force

## WG1: GENOMICS ENABLING TARGETED SCREENING

Nomdo Jansonius, Anthony Khawaja



## WG2: AI-IMAGING TECHNOLOGIES FOR SCREENING

Luis Pinto, Alex Schuster, Ingeborg  
Stalmans, Marta Pazos, Hans Lemij



## WG3: GLAUCOMA NATURAL HISTORY (Clinic-based studies)

Frances Meier-Gibbons, Panayiota Founti,  
Esther Hoffman, Dimitris Giannoulis



## WG4: MODELLING OF POTENTIAL SCREENING PROGRAMMES

Ananth Viswanathan, Ted Garway-Heath,  
Bart-Jan Boverhof



## WG5: PUBLIC ACCEPTANCE AND ENGAGEMENT

Andrew Tatham, Andrew Scott, Sanna Leinonen,  
Anja Tuulonen, Gauti Johannesson

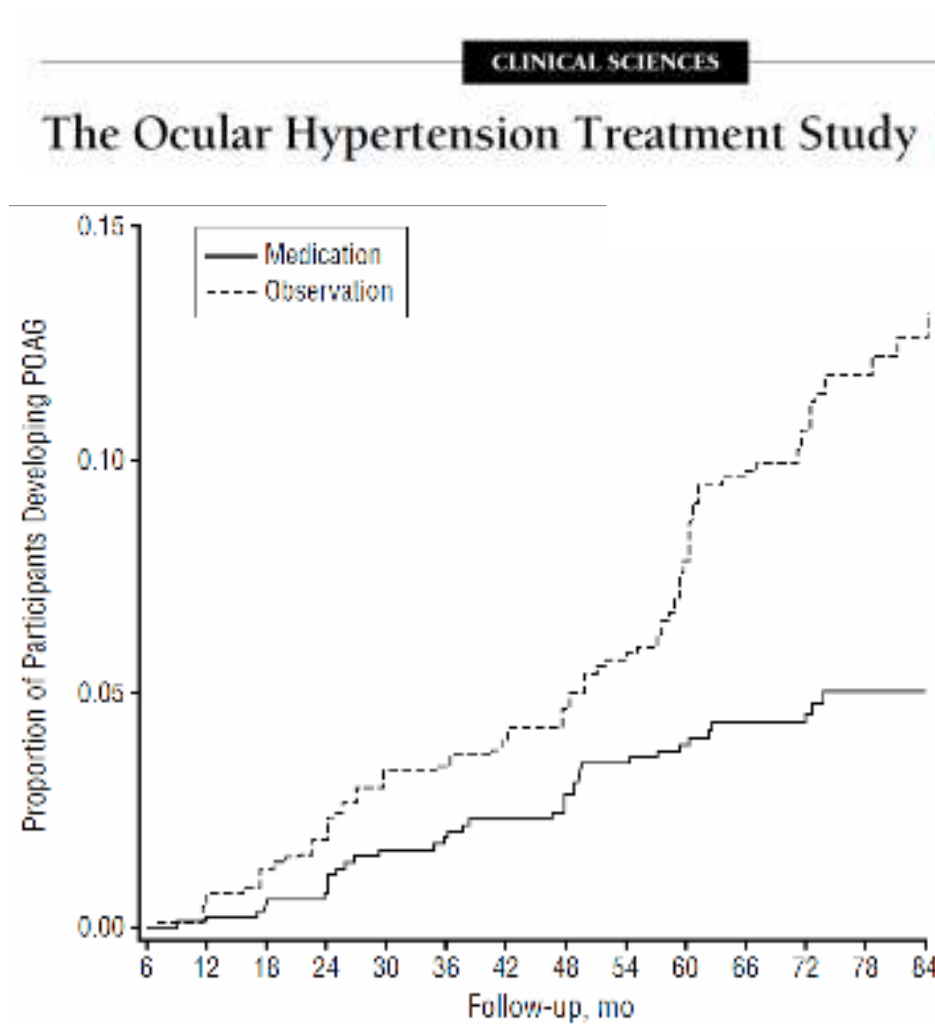
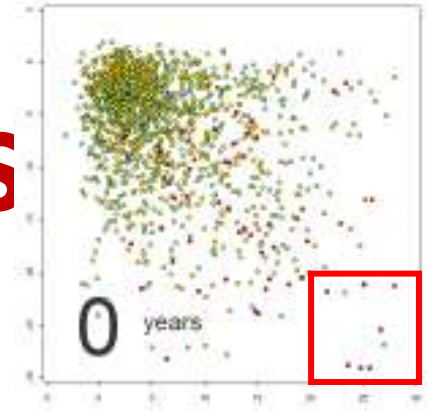


## WG6: PROSPECTIVE RCT PLANNING

Anthony Khawaja, Augusto Azuara-Blanco,  
Jen Burr, Dimitris Giannoulis



# Predicting disease prognosis



AT&T 3G 11:29 PM 70%

### Risk Calculator

**Patient Demographics**

Name None

Age None

Note: All demographic information is optional except age.

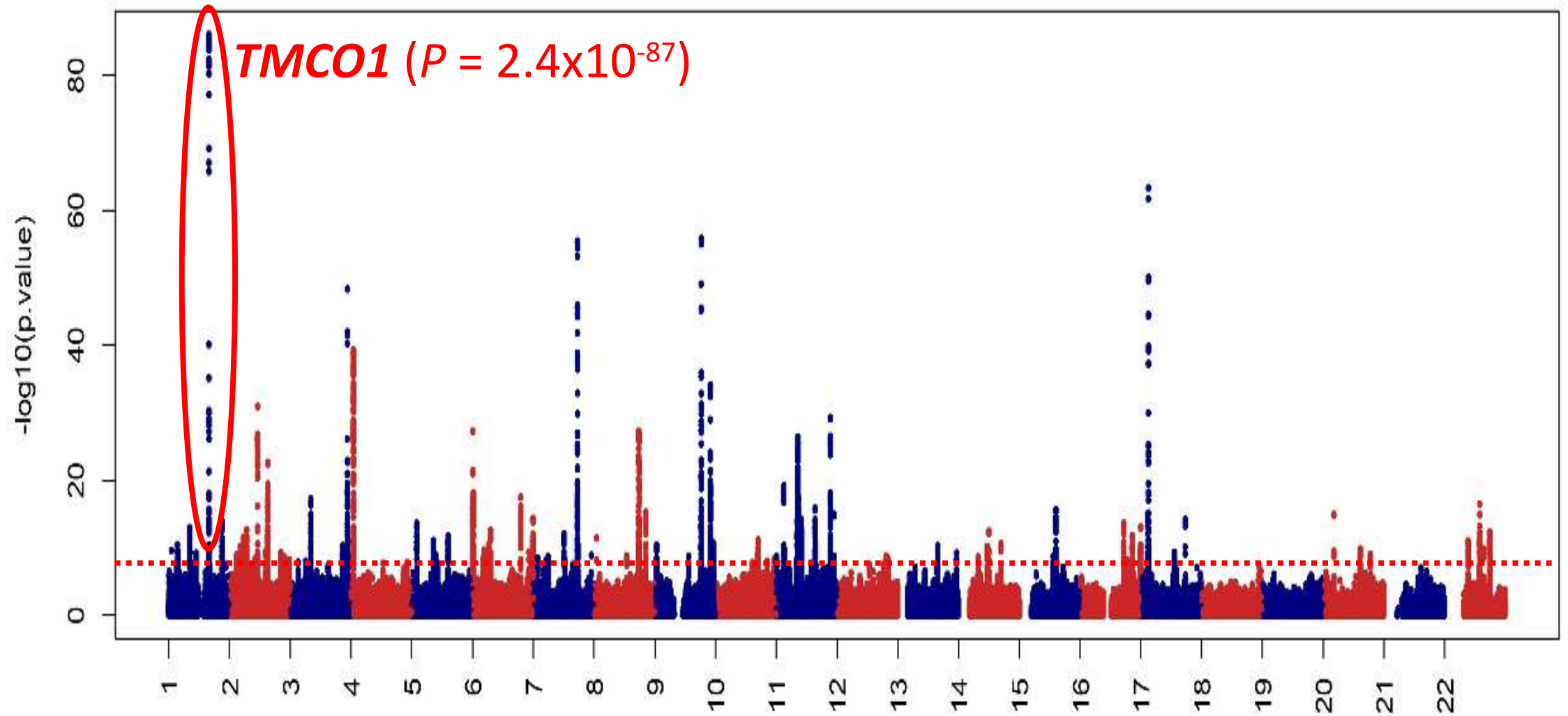
**Clinical Measurements**

IOP (mmHg) None >

CCT ( $\mu\text{m}$ ) None >

Vertical C:D Ratio None >

PSD (dB) None >



Khawaja *et al*, Nature Genetics, 2018



AMERICAN ACADEMY™  
OF OPHTHALMOLOGY



CrossMark

# Glaucoma Risk Alleles in the Ocular Hypertension Treatment Study

---

Todd E. Scheetz, PhD,<sup>1,2</sup> Ben Faga, BS,<sup>1,2</sup> Lizette Ortega, BS,<sup>3</sup> Ben R. Roos, BS,<sup>1,2</sup> Mae O. Gordon, PhD,<sup>4</sup>  
Michael A. Kass, MD,<sup>4</sup> Kai Wang, PhD,<sup>2,3</sup> John H. Fingert, MD, PhD<sup>1,2</sup>

Ophthalmology Volume 123, Number 12, December 2016

|                                            | Hazard Ratio | 95% Confidence Interval | P Value    |
|--------------------------------------------|--------------|-------------------------|------------|
| Age (decade)                               | 1.40         | 1.14–1.71               | 0.0011     |
| Gender (male)                              | 1.53         | 1.05–2.23               | 0.025      |
| IOP (per 2.7 mmHg [SE])                    | 1.28         | 1.03–1.46               | 0.021      |
| CCT (per 37 $\mu$ m [SE])                  | 1.57         | 1.30–1.89               | 0.0000028  |
| Vertical cup-to-disc ratio (per 0.19 [SE]) | 1.62         | 1.33–1.96               | 0.00000096 |
| Visual Field defect (PSD, per 0.25 [SE])   | 1.20         | 0.99–1.45               | 0.070      |
| TMCO1 (per risk allele)                    | 1.73         | 1.28–2.34               | 0.00036    |

**3-fold increased risk**  
(for 2 risk alleles)

Equivalent to 33 years  
older!

or 0.43 larger CDR!

or 12 mmHg higher IOP!

Research

*JAMA Ophthalmol.* doi:10.1001/jamaophthalmol.2024.4376  
Published online November 7, 2024.

JAMA Ophthalmology | **Original Investigation**

# Primary Open-Angle Glaucoma Polygenic Risk Score and Risk of Disease Onset

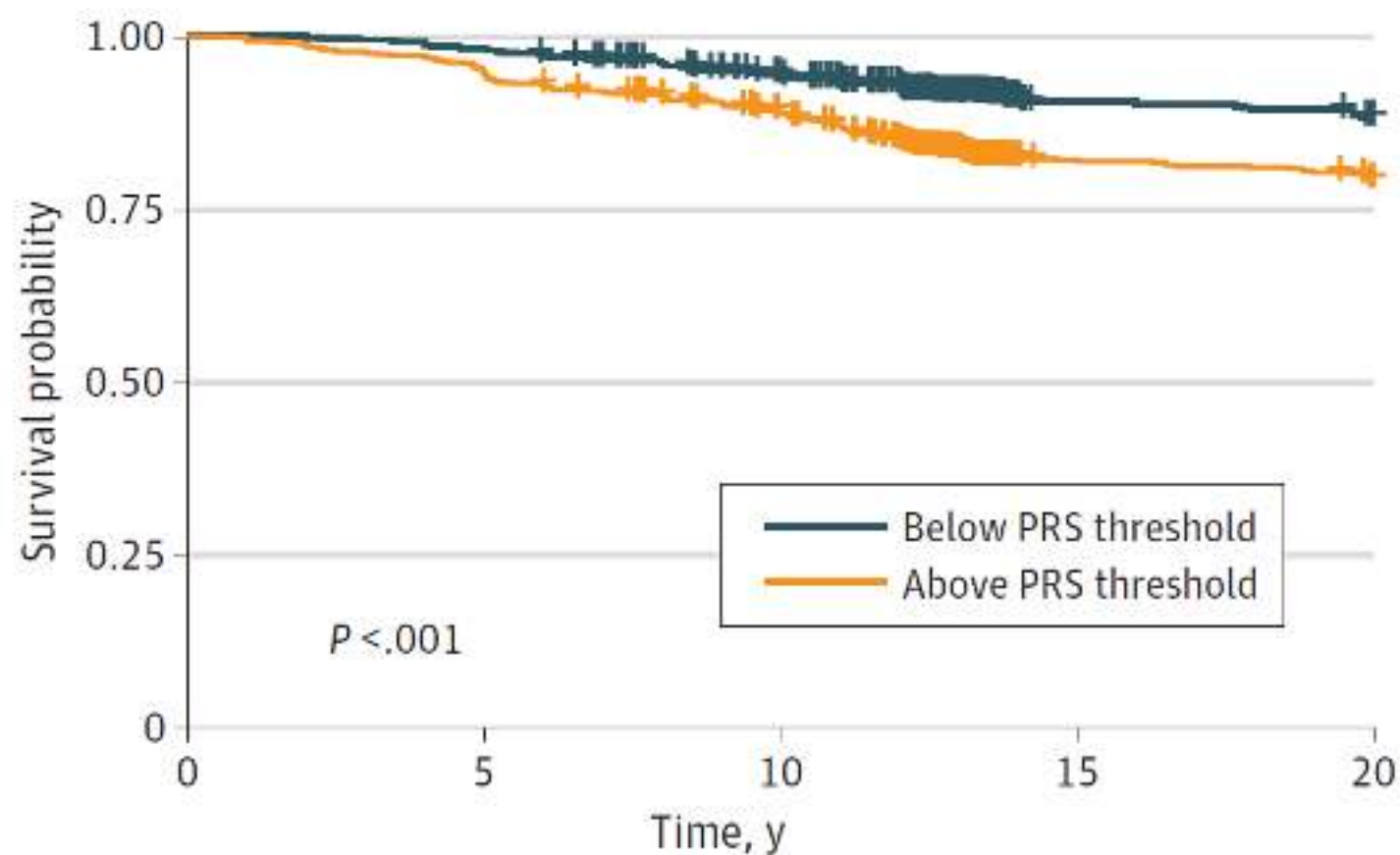
## A Post Hoc Analysis of a Randomized Clinical Trial

Sayuri Sekimitsu, MD; Nabil Ghazal, BS; Kanza Aziz, MB, BS; Yan Zhao, MS;  
Rishabh K. Singh, MD; John H. Fingert, MD, PhD; Mae O. Gordon, PhD; Michael A. Kass, MD;  
Todd Scheetz, MS, PhD; Ayellet V. Segrè, PhD; Louis R. Pasquale, MD; Janey L. Wiggs, MD, PhD;  
James D. Brandt, MD; Nazlee Zebardast, MD, MS

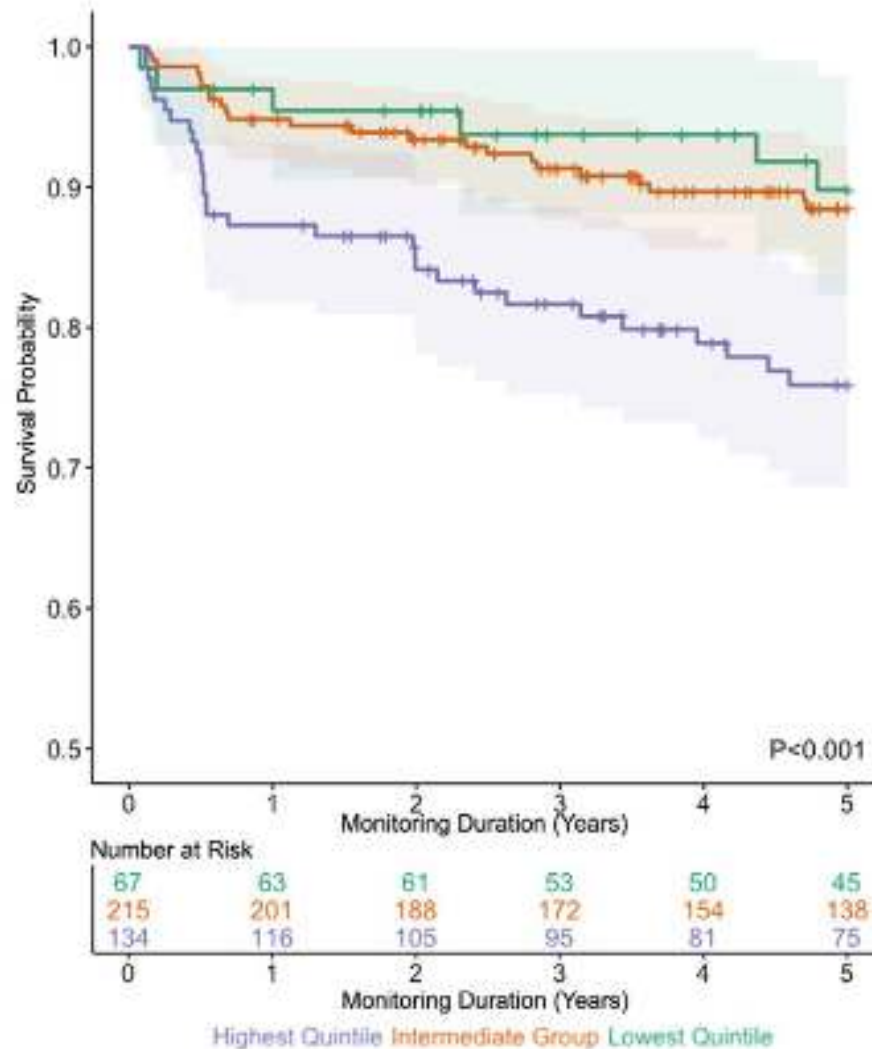
# Primary Open-Angle Glaucoma Polygenic Risk Score and Risk of Disease Onset

## A Post Hoc Analysis of a Randomized Clinical Trial

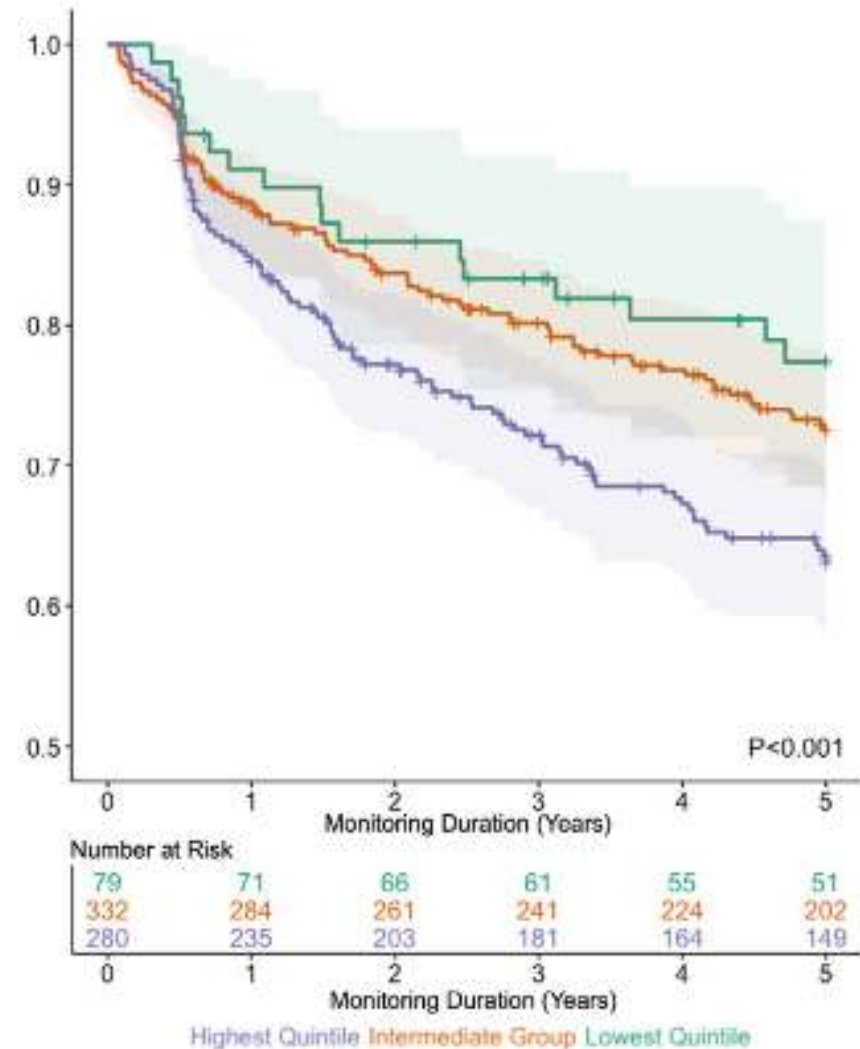
Seyuri Sekimitsu, MD; Nabih Ghazel, BS; Kanza Aziz, MB, BS; Yan Zhao, MS; Rishabh K. Singh, MD; John H. Fingert, MD, PhD; Mae O. Gordon, PhD; Michael A. Kass, MD; Todd Schreatz, MS, PhD; Ayellet V. Segre, PhD; Louis R. Pasquare, MD; Jancy L. Wiggs, MD, PhD; James D. Brandt, MD; Nazlee Zebardast, MD, MS



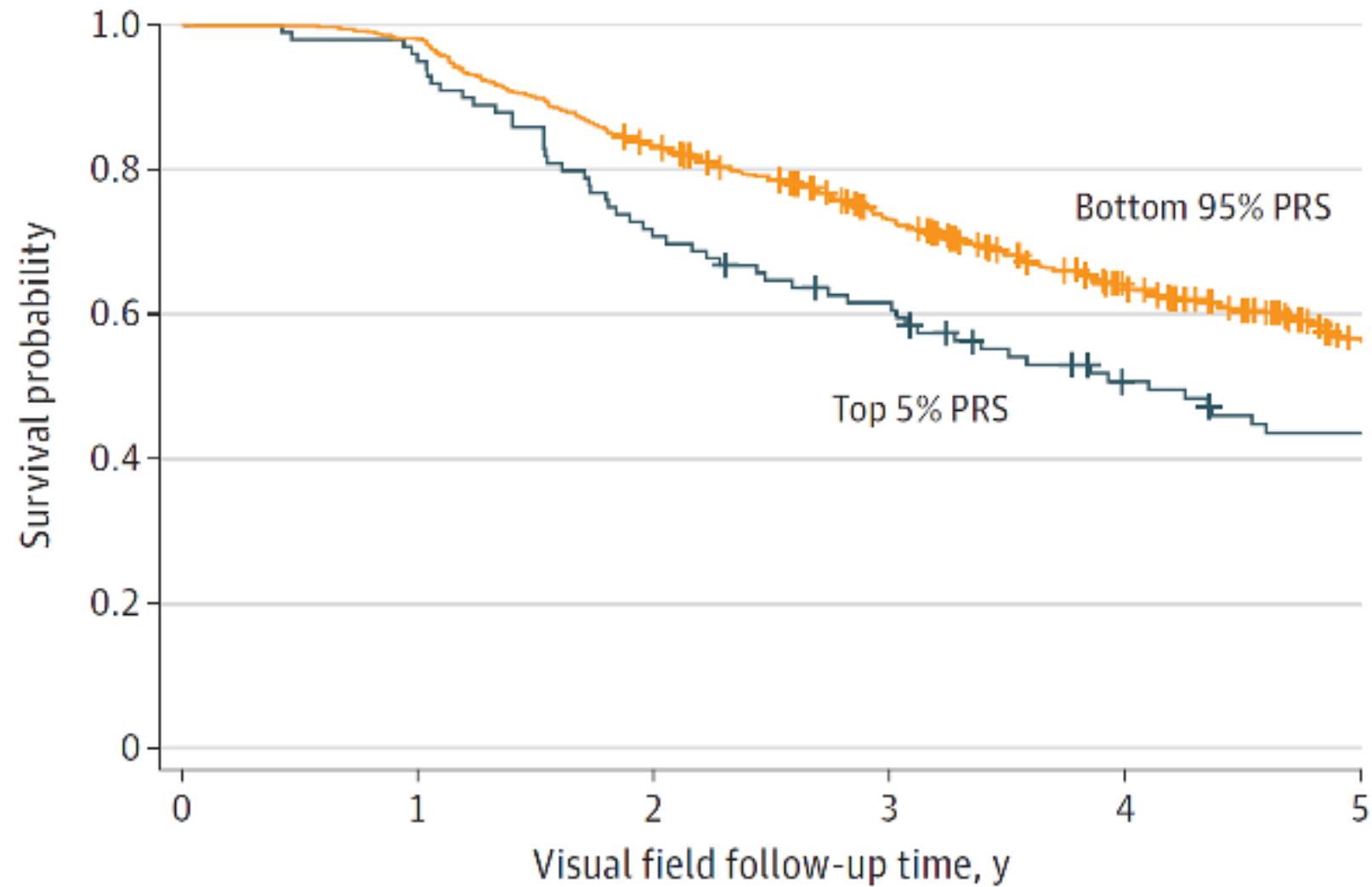
## Rx commencement

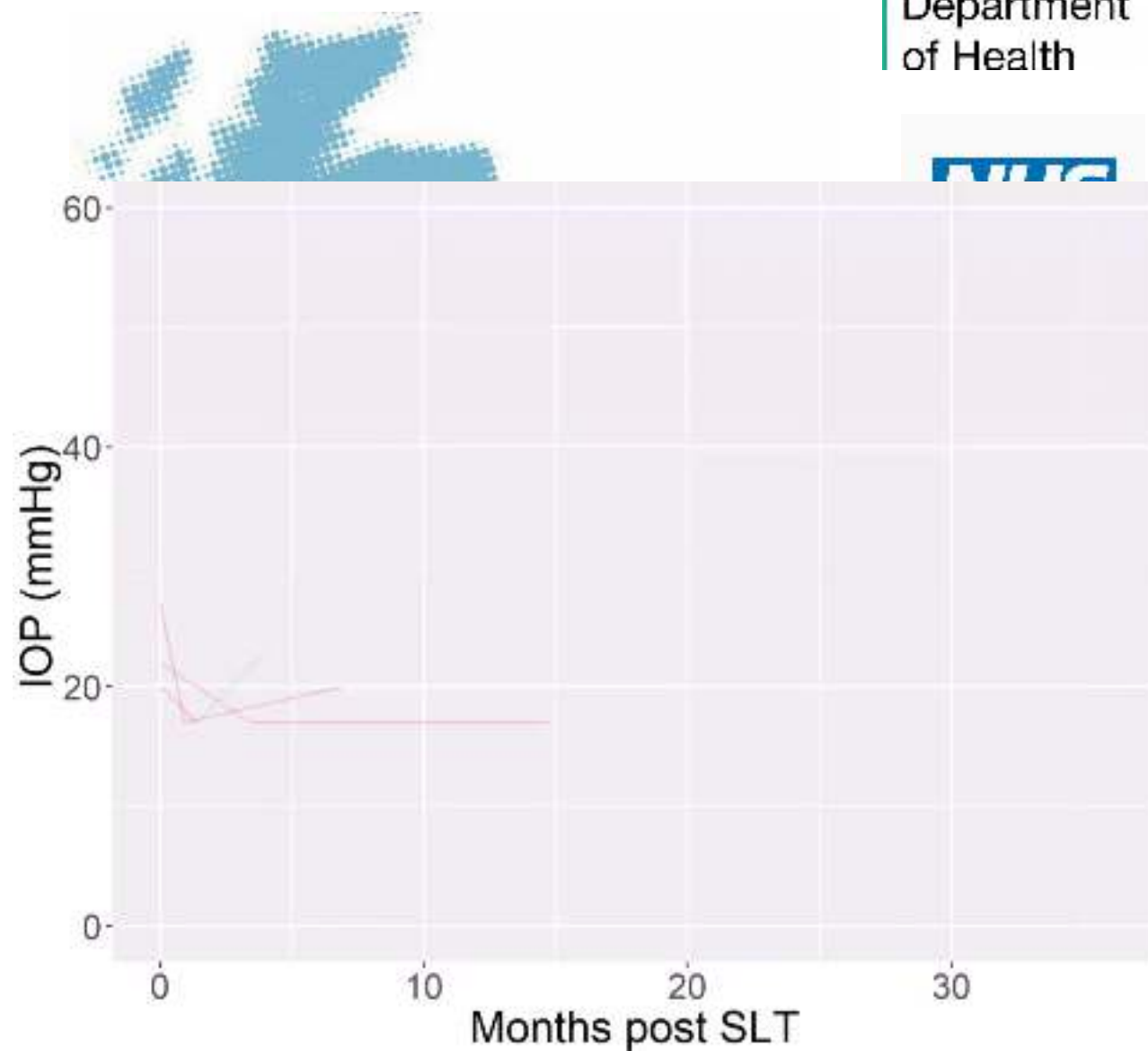
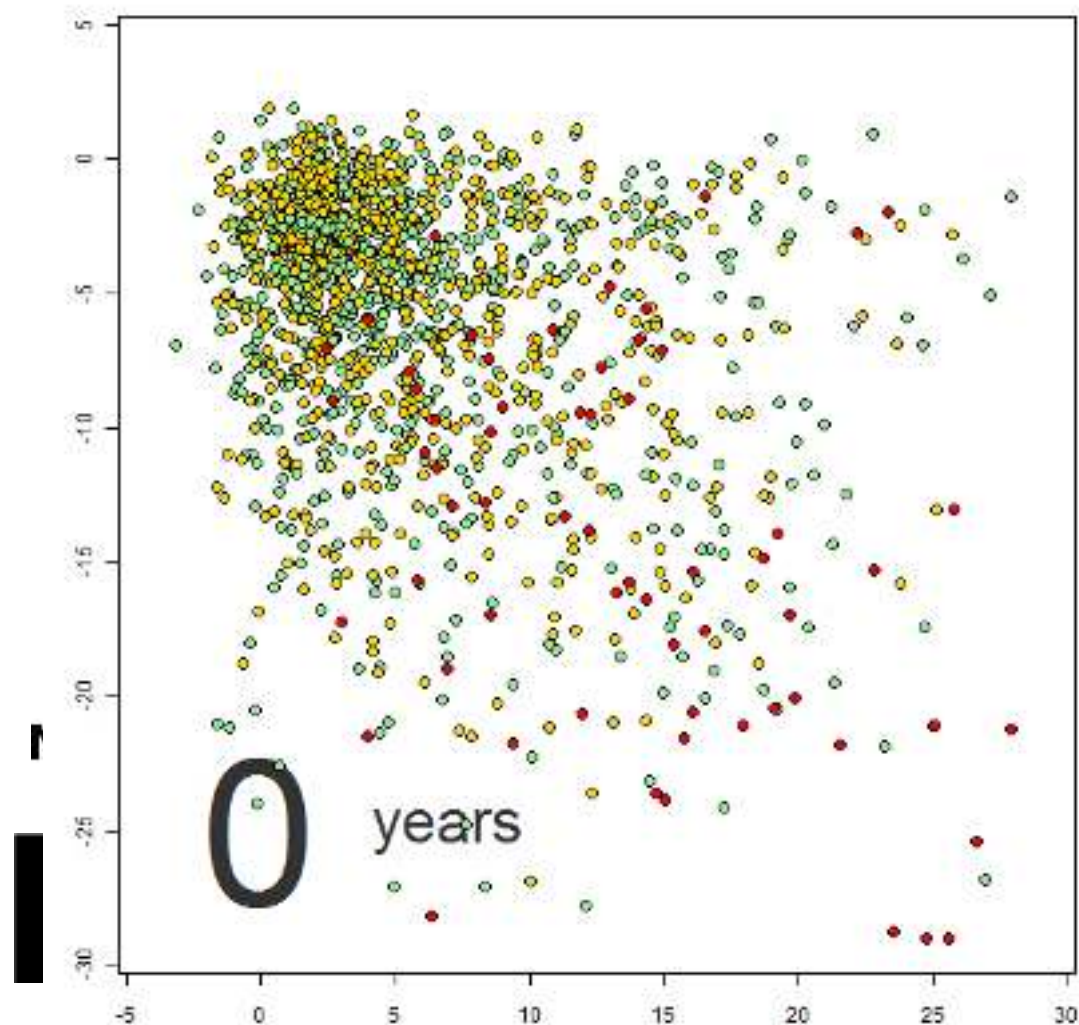


## Rx escalation



## Survival probability





activity food outdoors  
vegetables  
vegetarian tea  
sunlight fibre  
coffee drugs  
fruit smoking  
Mediterranean drink fat diet  
nutrition sedentary  
exercise alcohol  
medications  
modify meat



# Results: caffeine ~ IOPcc

Lowest intake • Q1 : Ref  
↓  
Highest intake • Q5 :

• Q2 :

• Q3 :

• Q4 :

• Q5 :

***P*-trend = 0.01**

**Adjusted for:** age, sex, ethnicity, smoking status, frequency of alcohol intake, physical activity, deprivation index, BMI, systolic blood pressure, diabetes

# Results: caffeine ~ glaucoma

Lowest intake



Highest intake

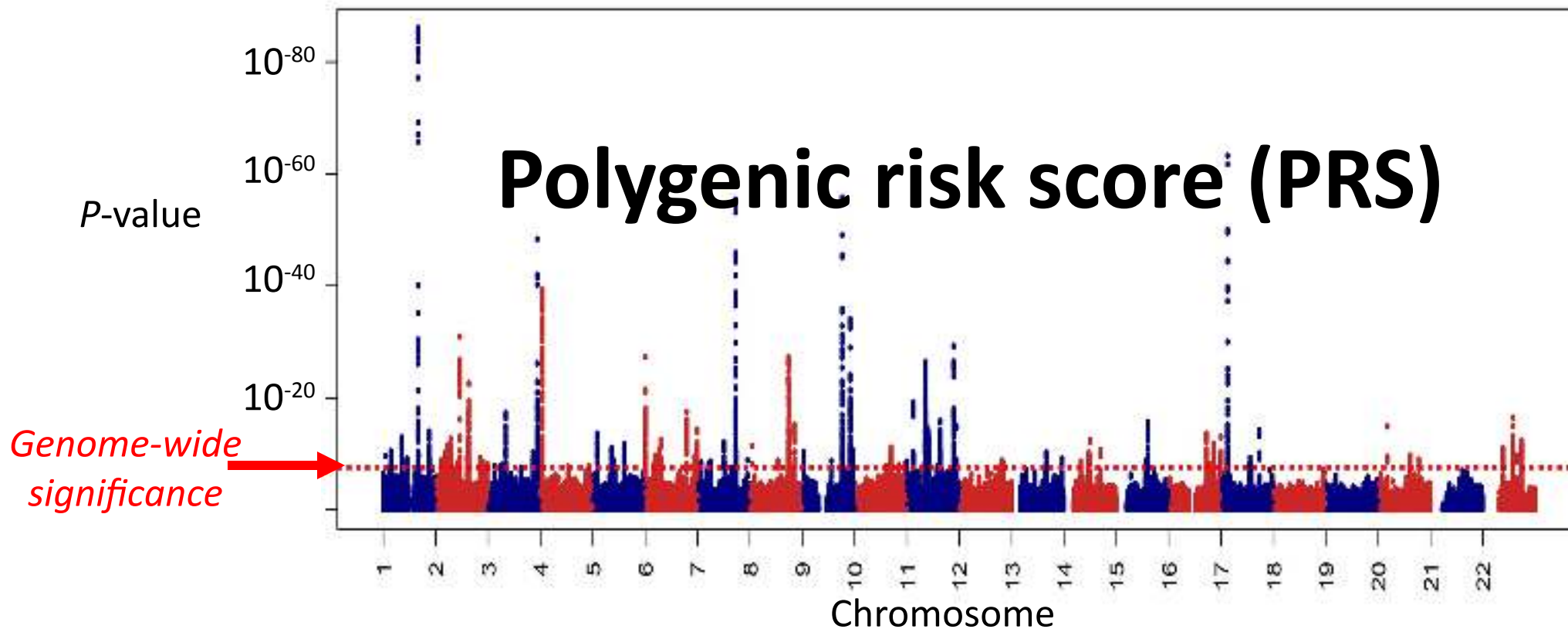
• Q1 : Ref  
• Q2 :  
• Q3 :  
• Q4 :  
• Q5 :

***P*-trend = 0.59**

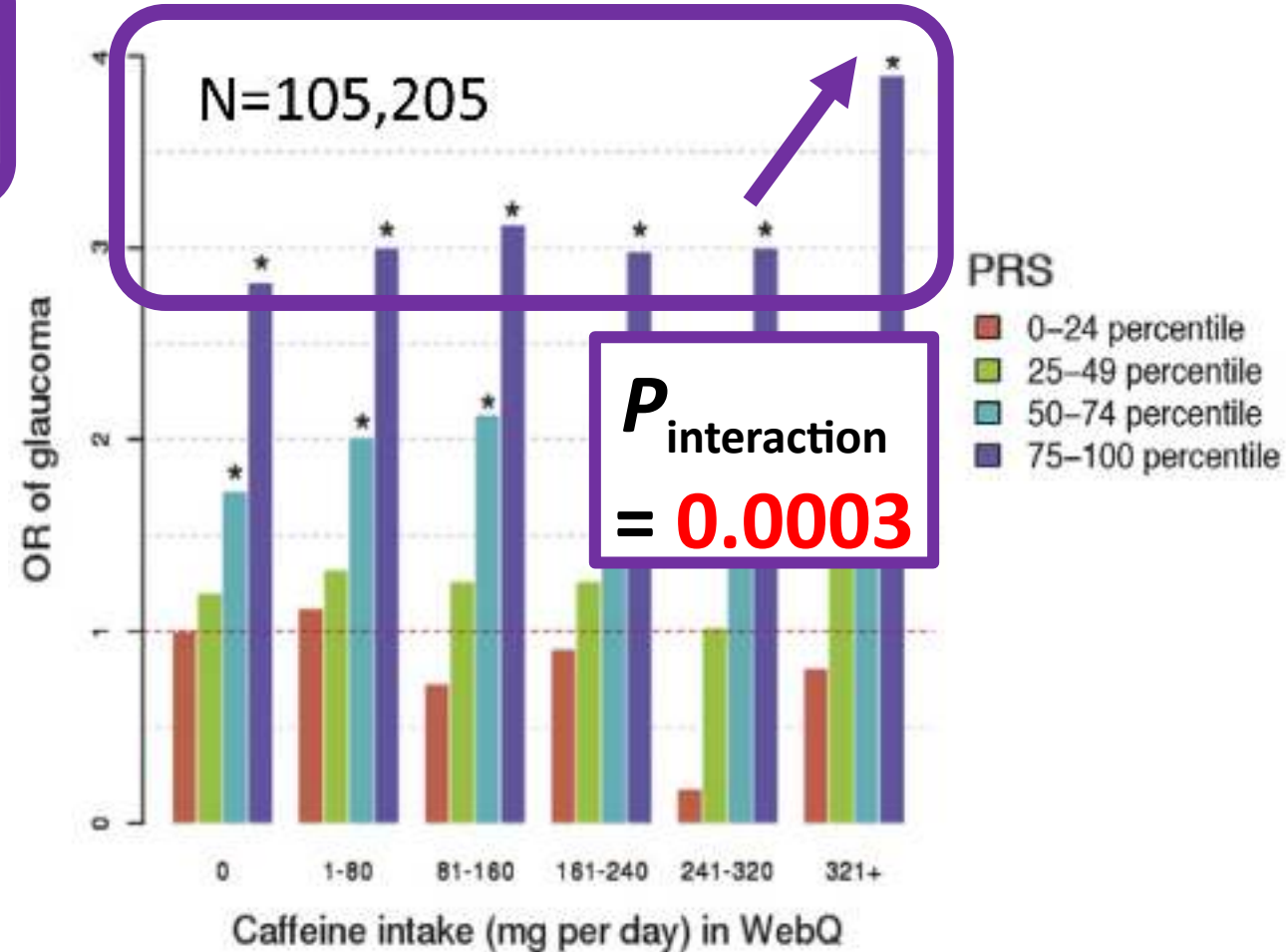
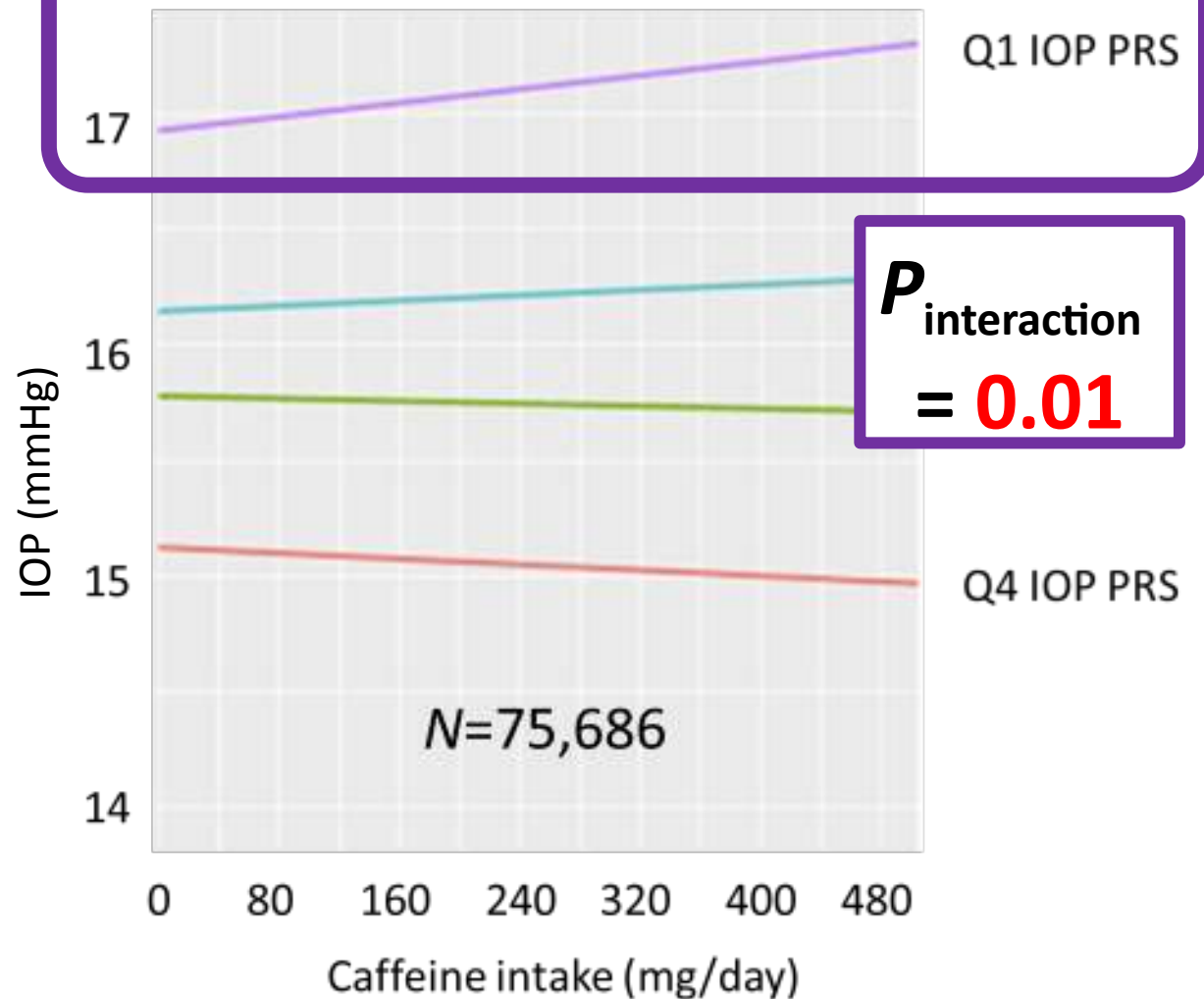
**Adjusted for:** age, sex, ethnicity, smoking status, frequency of alcohol intake, physical activity, deprivation index, BMI, systolic blood pressure, diabetes

# Genome-wide analyses identify 68 new loci associated with intraocular pressure and improve risk prediction for primary open-angle glaucoma

Anthony P. Khawaja<sup>1,2,15</sup>, Jessica N. Cooke Bailey<sup>3,15</sup>, Nicholas J. Wareham<sup>4</sup>, Robert A. Scott<sup>4</sup>,

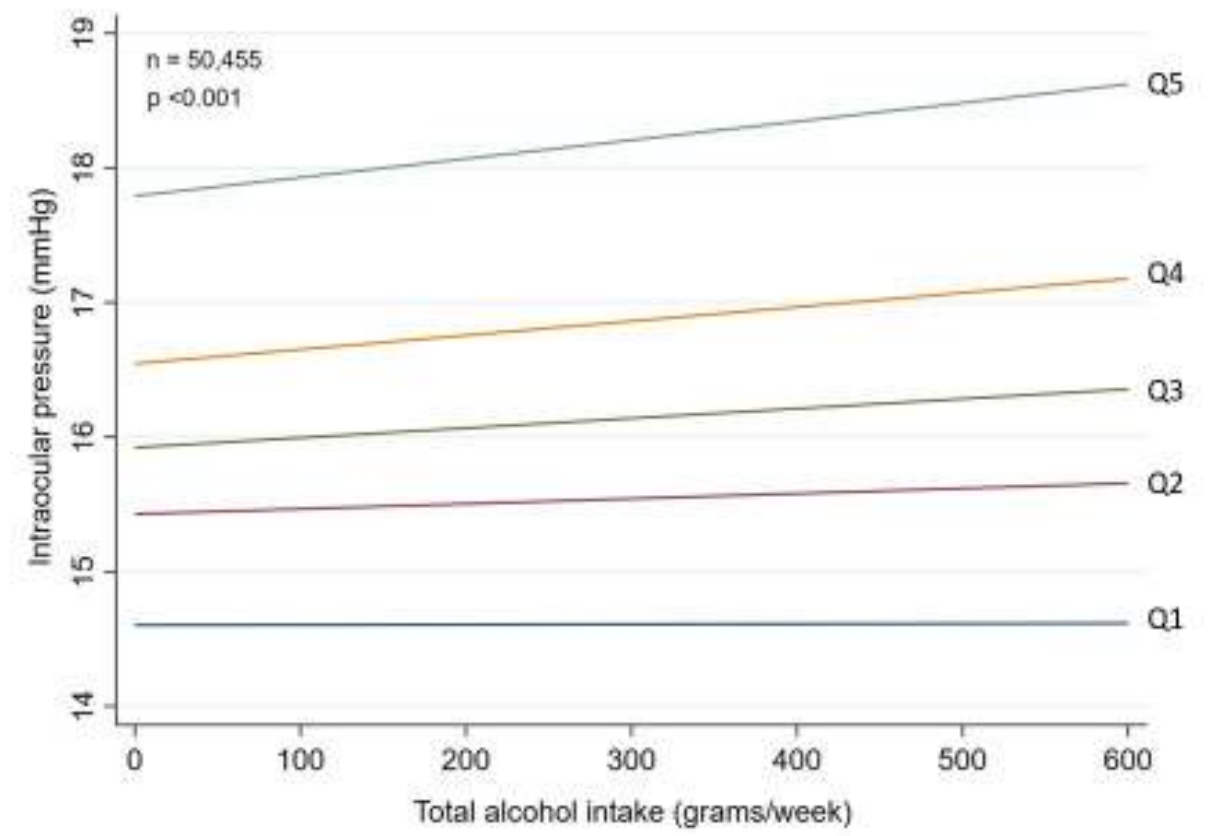
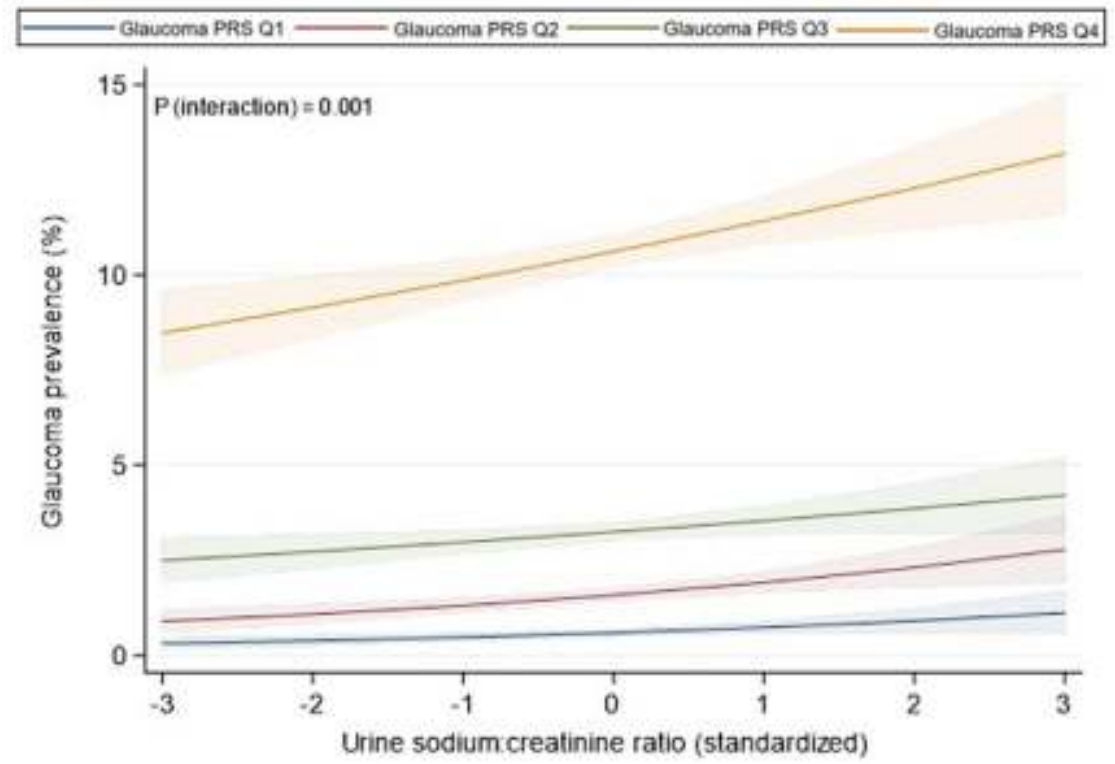


# Gene-environment interaction: caffeine





Ophthalmology Glaucoma Volume 7, Number 5, September/October 2024







## Glaucoma



POWERED BY 23ANDME RESEARCH

Glaucoma is a group of eye conditions that occurs when the nerve in the back of the eye (called the optic nerve) is damaged, most commonly due to high eye pressure. Optic nerve damage can cause gradual vision loss that may start as blind spots or loss of side (peripheral) vision and worsen over time.



Anthony, your genetic result is associated with a **typical likelihood** of developing glaucoma.

An estimated **15%** of people with genetics and other factors like yours develop glaucoma **by their 80s**. This is based on data from male 23andMe research participants of Northern African/Central & Western Asian descent.



This estimate is based on currently available data and may be updated over time.

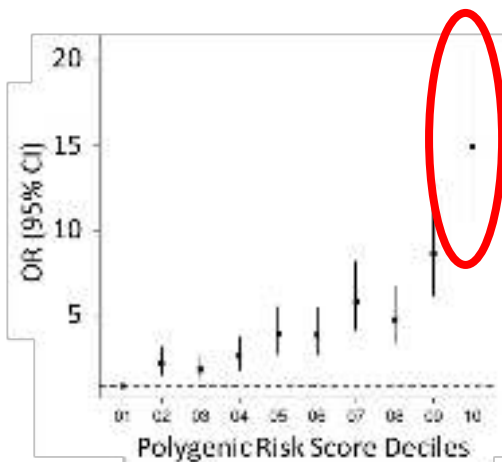
+  
Our  
Future  
Health



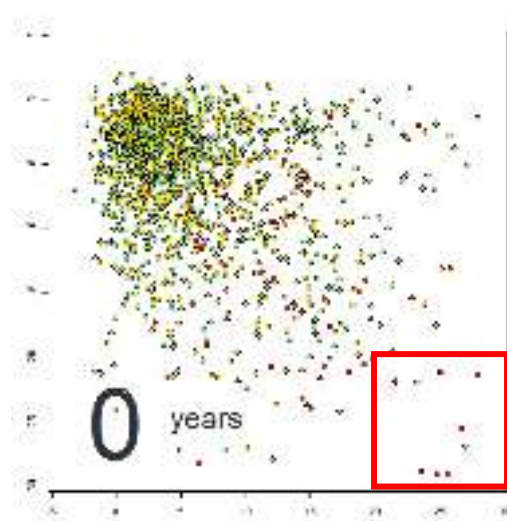
**£20/p**  
**5 million**  
**adults**

# Genomics enabling personalised care

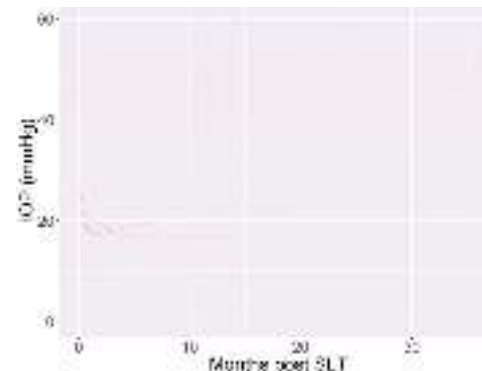
## Population screening



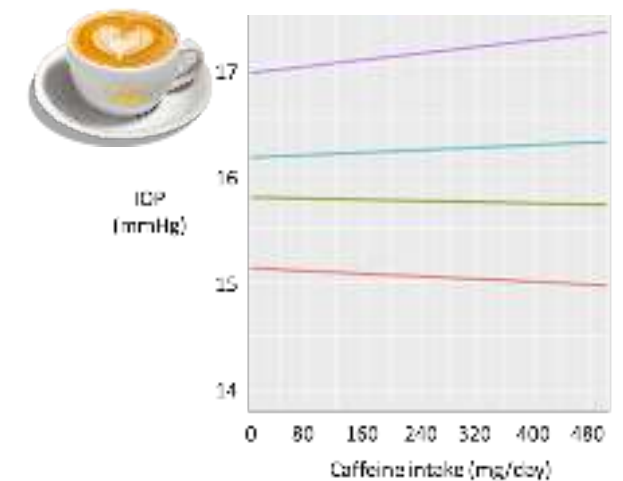
## Risk stratification



## Personalised treatment



## Personalised lifestyle advice





Moorfields  
Eye Hospital  
NHS Foundation Trust



# Thank you



UK Research  
and Innovation

**NIHR** | Moorfields Biomedical  
Research Centre



Moorfields  
Eye Charity



The Lister Institute  
of Preventive Medicine

RI@2025

312 loci

