

Incidence of newly registered blindness from age-related macular degeneration in Australia over a 21-year period: 1996-2016

Authors: Rachael C. Heath Jeffery, Syed Aqif Mukhtar, Derrick Lopez, David B. Preen, Ian L. McAllister, David A. Mackey, Nigel Morlet, William H. Morgan, Fred K. Chen

Supplementary Materials

- S1: Blindness registration forms used during the study period
- S2: Ranibizumab and Aflibercept Therapeutic Goods Administration (TGA) approval dates and Pharmaceutical Benefits Scheme (PBS) reimbursement dates
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- S4: Photodynamic therapy item number utilisation (1996-2016) for one eye (A) and both eyes (B)
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Supplementary Material S1

Figure S1. Blindness registration forms used during the study period 1996-2016

Cornea	Lens	Retina	Nerve	Glaucoma	Miscellaneous
		Age related macular degeneration			

1. Associated ocular and medical conditions

2. What is visual acuity? Right: 5/60 Left: 1/60

3. What percentage of sight remains? Right: 12 Left: 12

4. Is Vision Capable of improvement? NO

5. Date of last appointment: 10.12.97

PENSION CRITERIA (SEE OVER)

Ophthalmologist's Name (PRINT) _____

Signature _____ Date: 10.12.97

6. Sketch the visual fields if relevant

7. State remaining field in degrees

Right: _____ Left: _____

Cornea	Lens	Retina	Nerve	Glaucoma	Miscellaneous
		AMD			

1. Associated ocular and medical conditions

2. What is visual acuity? Right: 5/10 Left: 2/60

3. State remaining field in degrees Right: _____ Left: _____

4. Is vision capable of improvement? NO

5. Date of last appointment: 12.3.02

PENSION CRITERIA (SEE OVER)

Ophthalmologist's Name (Print): _____

DATE: 17.3.02

6. Sketch the visual fields if relevant

SIGNATURE _____



Low vision medical certificate

Please retain a copy for your own records

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____ Post Code: _____

Date of Birth: ____/____/____ Phone: _____ Male Female

Date of certificate: ____/____/____ Date last exam: ____/____/____ DVA Gold Card

Is this person legally blind? Yes / No

Is the vision capable of improvement? Yes / No

Is there any claim for insurance/compensation pending? Yes / No Please attach details

Please order and rank the eye condition contributing to vision loss for each eye: 1= primary cause, 2= second most contributory, 3= next most contributory.

	Right eye	Date of onset	Left eye	Date of onset
Age - related macular degeneration (wet/scar)		/ /		/ /
Age - related macular degeneration (dry/atrophy)		/ /		/ /
Diabetic retinopathy		/ /		/ /
Retinal vein occlusion (Branch)		/ /		/ /
Retinal vein occlusion (Central)		/ /		/ /
Retinal artery occlusion		/ /		/ /
Retinitis Pigmentosa		/ /		/ /
Glaucoma		/ /		/ /
Optic neuropathy		/ /		/ /
Corneal opacity		/ /		/ /
Cataract		/ /		/ /
Other		/ /		/ /

Best corrected distance visual acuity

Right eye	Left eye	Both eyes
/ /	/ /	/ /

Visual field in degrees diameter or describe field loss. Please provide a copy of the most recent field test.

Any other relevant information: _____

Related ocular or general medical conditions: Please tick boxes

<input type="checkbox"/> Ischaemic heart disease	<input type="checkbox"/> Liver disease
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Hemiparaplegia
<input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Dementia
<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Pulmonary disease
<input type="checkbox"/> Diabetes Type 1	<input type="checkbox"/> Renal disease
<input type="checkbox"/> Diabetes Type 2	<input type="checkbox"/> Other: _____

NAME (PRINT): _____ QUALIFICATIONS: _____

ADDRESS: _____

SIGNATURE: _____ PLEASE TURN OVER FOR FURTHER INFORMATION >>

Low Vision Medical Certificate

Ophthalmologist / Optometrist Medical Report



Personal Details

Surname: _____ First Name: _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____

Date of Birth: ____/____/____ Male Female DVA Gold Card: Yes No

Date of Certificate: _____ Date of Assessment: _____

Diagnosis	RE	LE	Date of Diagnosis
Age-related Macular Degeneration (wet/scar)			
Age-related Macular Degeneration (dry/atrophy)			
Diabetic Retinopathy			
Retinitis Pigmentosa			
Glaucoma			
Cataract			
Other:			

Visual Acuity	RE	LE	Both
Best corrected distance visual acuity	/ /	/ /	/ /
Is the corrected visual acuity less than 6/60 in each eye?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Visual Field	RE	LE
Peripheral field remaining in degrees from fixation OR Describe visual field loss (Please provide a copy of the most recent field test)	o	o
Is the field of vision constricted to 10° or less from fixation? (ie. Less than 20° diameter)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Combination of Visual Acuity and Visual Field Loss

If visual acuity is NOT less than 6/60 and field of vision is NOT constricted to less than 10° from fixation: Does the combined effect of reduced visual acuity and reduced field of vision result in the same degree of impairment as <6/60 or <10° from fixation? (ie. Less than 15% visual efficiency) Yes No

Is the level of vision listed above permanent? Yes No

Relevant Medical Conditions

Description: _____

Referrer Details

Name: _____ Ophthalmologist Optometrist

Address: _____

Phone: _____ Signature: _____

VisAbility 61 Kitchener Avenue, Victoria Park WA 6100
 Post: PO Box 101, WA 6979
 Phone: 1800 847 466 Fax: (08) 9361 8696
 Email: info@visability.com.au Web: visability.com.au
 ACN: 604 293 209 ABN: 11 157 291 960

Supplementary Material S2

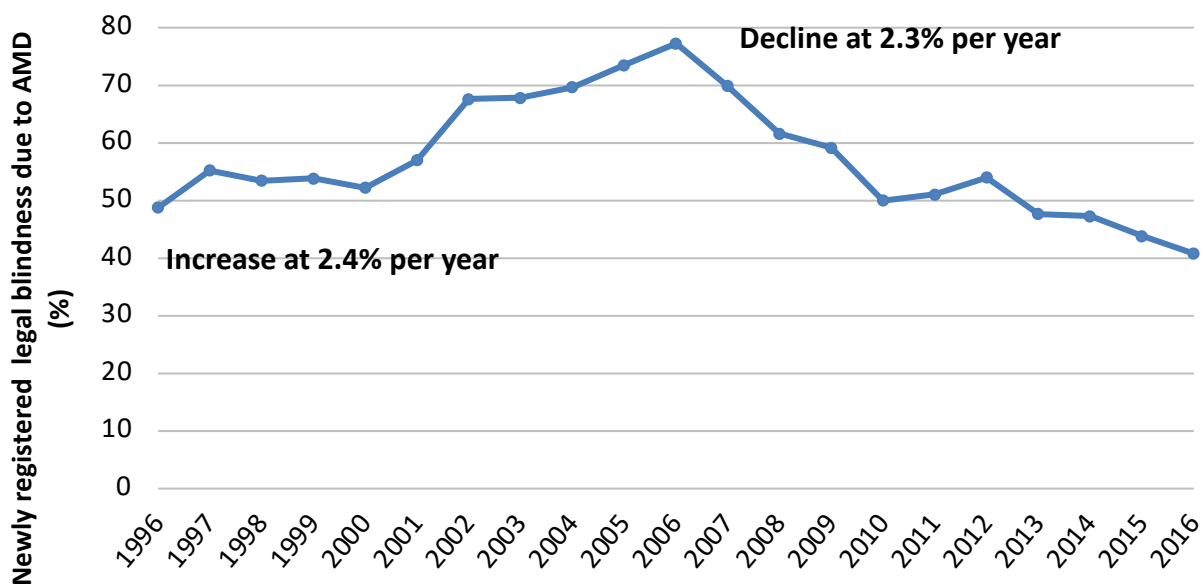
Table S1. Dates for Therapeutic Goods Administration (TGA) approval and Pharmaceutical Benefits Scheme (PBS) reimbursement for various indications

Ranibizumab	TGA Approval Date	PBS Reimbursement Date
CNV due to AMD	19 February 2007	1 August 2007
Visual Impairment due to DMO	11 October 2011	1 July 2015
Visual Impairment due to macular oedema secondary to CRVO	25 October 2011	1 July 2015
Visual Impairment due to macular oedema secondary to BRVO	25 October 2011	1 July 2015
Myopic CNV	28 April 2014	1 November 2018

Aflibercept	TGA Approval Date	PBS Reimbursement Date
CNV due to AMD	23 Feb 2012	1 Dec 2012
Visual Impairment due to DMO	2 Feb 2015	1 Oct 2015
Visual Impairment due to macular oedema secondary to CRVO	7 Nov 2013	1 Oct 2015
Visual Impairment due to macular oedema secondary to BRVO	11 Sept 2015	1 Dec 2016
Myopic CNV	24 Feb 2016	1 Dec 2020

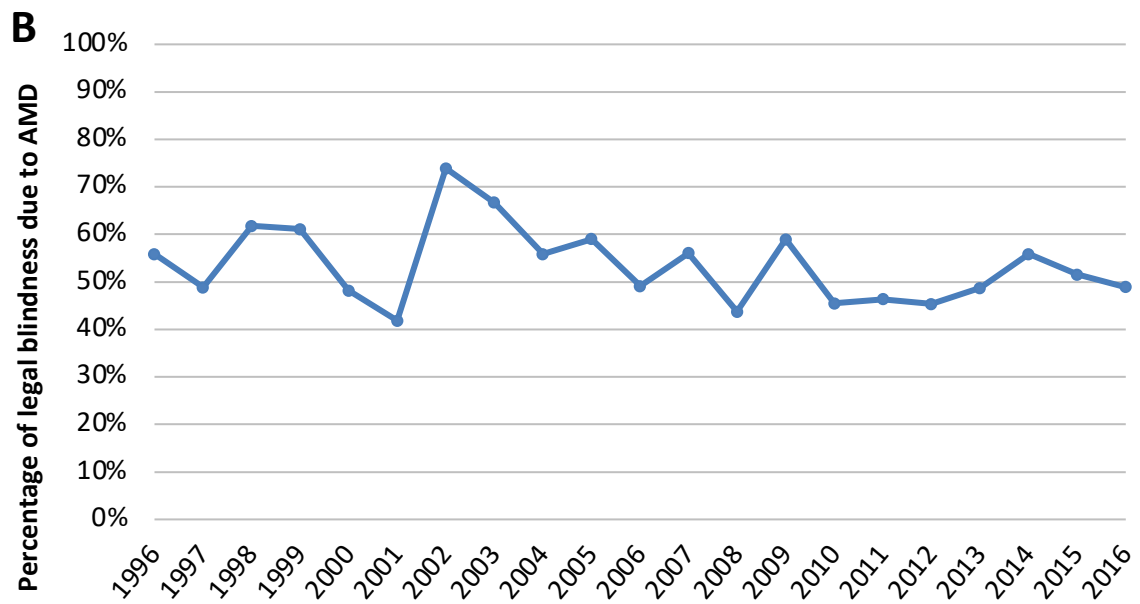
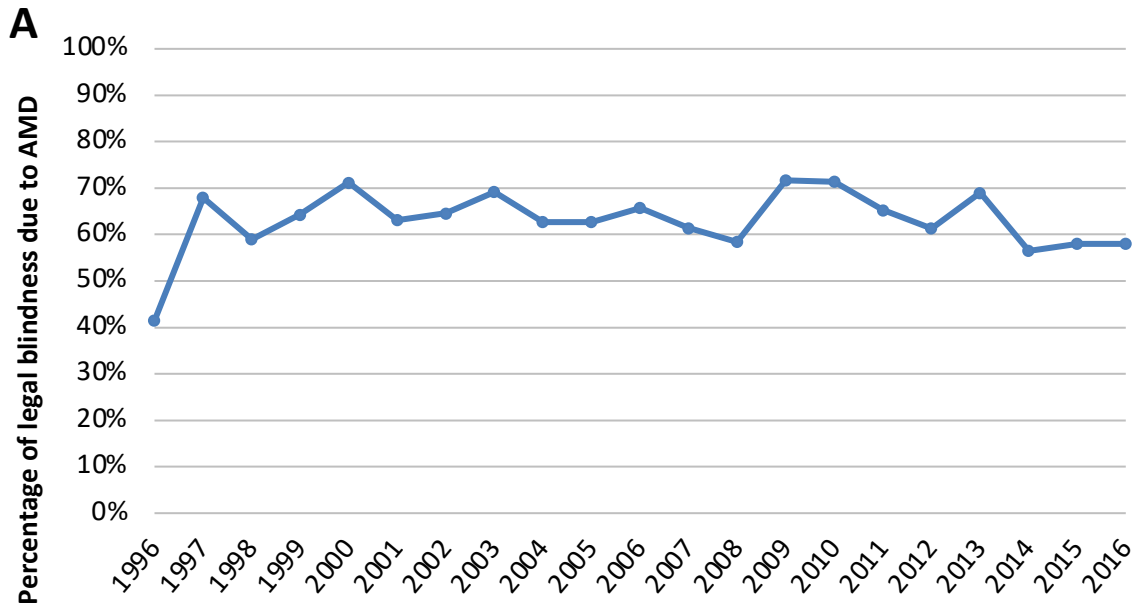
Supplementary Material S3

Figure S2. Percentage of all causes of blindness attributable to AMD (1996-2016)



Supplementary Material S4

Figure S3. Proportion of female blindness attributable to age-related macular degeneration (AMD) (A) and other causes (1996-2016) (B).



Supplementary Material S5

Table S2. Photodynamic therapy item number utilisation (1996-2016) for one eye (A) and both eyes (B)

A	Year	43005	43008	42875	42881	42884	42887	42990	42991	43021	Total
	1996	0	0	0	0	0	0	0	0	0	0
	1997	0	0	0	0	0	0	0	0	0	0
	1998	0	0	0	0	0	0	0	0	0	0
	1999	0	0	0	0	0	0	0	0	0	0
	2000	0	0	0	0	0	0	0	0	0	0
	2001	0	0	0	0	0	0	0	0	0	0
	2002	0	0	35	80	51	5	1	0	0	172
	2003	13	17	3	159	306	25	15	0	0	538
	2004	2	14	3	170	368	36	64	0	0	657
	2005	0	1	2	218	388	35	52	0	0	696
	2006	1	1	1	120	212	19	35	2	0	391
	2007	0	0	4	9	8	2	4	2	8	37
	2008	0	0	0	1	0	0	0	4	6	11
	2009	0	0	0	0	0	0	0	0	0	0
	2010	0	0	0	0	0	0	0	0	0	0
	2011	0	0	0	0	0	0	0	0	2	2
	2012	0	0	0	0	0	0	0	0	5	5
	2013	0	0	0	0	0	0	0	0	5	5
	2014	0	0	0	0	0	0	0	0	6	6
	2015	0	0	0	0	0	0	0	0	13	13
	2016	0	0	0	0	0	0	0	0	11	11

B	Year	43011	43014	42878	42993	42996	42999	43000	43022	Total
	1996	0	0	0	0	0	0	0	0	0
	1997	0	0	0	0	0	0	0	0	0
	1998	0	0	0	0	0	0	0	0	0
	1999	0	0	0	0	0	0	0	0	0
	2000	0	0	0	0	0	0	0	0	0
	2001	0	0	0	0	0	0	0	0	0
	2002	0	0	5	3	0	0	0	0	8
	2003	1	0	0	11	1	0	0	0	13
	2004	0	3	0	8	1	0	0	0	12
	2005	0	1	0	12	0	6	0	0	19
	2006	0	0	0	2	0	3	0	0	5
	2007	0	0	0	0	0	0	0	0	0
	2008	0	0	0	0	0	0	0	1	1
	2009	0	0	0	0	0	0	0	0	0
	2010	0	0	0	0	0	0	0	0	0
	2011	0	0	0	0	0	0	0	0	0
	2012	0	0	0	0	0	0	0	1	1
	2013	0	0	0	0	0	0	0	2	2
	2014	0	0	0	0	0	0	0	1	1
	2015	0	0	0	0	0	0	0	1	1
	2016	0	0	0	0	0	0	0	0	0

Reference

Australian Government Services Australia. Medicare Statistics: Medicare Item Reports. Canberra: Last updated: 24 July 2020. Available at <http://medicarestatistics.humanservices.gov.au/statistics/mbsitem.jsp> [Accessed 25 October 2020].

Supplementary Material S6

Table S3. Intravitreal injection Medicare Services Australia item number utilisation (1996-2016)

Year	42740	42738	Total
1996	54	0	54
1997	70	0	70
1998	69	0	69
1999	124	0	124
2000	195	0	195
2001	238	0	238
2002	347	0	347
2003	465	0	465
2004	474	0	474
2005	700	0	700
2006	1764	0	1764
2007	6414	0	6414
2008	11874	0	11874
2009	6849	0	6849
2010	10103	0	10103
2011	14332	0	14332
2012	3830	13934	17764
2013	673	21357	22030
2014	864	23895	24759
2015	838	26675	27513
2016	865	30175	31040

Reference

Australian Government Services Australia. Medicare Statistics: Medicare Item Reports. Canberra: Last updated: 24 July 2020. Available at <http://medicarestatistics.humanservices.gov.au/statistics/mbsitem.jsp> [Accessed 25 October 2020].