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## Dry Eye Workshop Puerto Rico 2004

Tear Film Committee Diagnostics Group 25<sup>th</sup> November 2004

Dear Colleague,

I am writing on behalf of the Tear Film Diagnostics Group to solicit your help in preparation for the forthcoming Dry Eye Workshop.

We have prepared a list of tests used in dry eye diagnosis and would like you to provide information about a small number of these, acting as a rapporteur. In order to spread the load and widen the expertise base, we have cut across the DEW committee boundaries. Please accept our apologies.

You will find your name in the list of rapporteurs on page 2, together with the suggested test or tests.

A full list of tests is given on pages 3-5 indicating the names of all rapporteurs. If you notice that we have omitted tests of obvious importance please e-mail me and we will take this on board.

Page 6 provides a template/proforma into which you can enter details about each test, with sections in which to record: the test name; version of test; reference citations; diagnostic use; brief description; conduct of the test; materials required; aspects of standardisation and statistics supporting its value, etc. Page 7-8 shows a mock example of the template, filled in for meibometry.

I would appreciate it if you would complete several templates, using as many as required to cover the topic. Please call your preferred version of the test "version 1", providing the most details and the relevant references. Other versions may be cited in less detail, on further templates. Where information is lacking, please leave the relevant section empty.

Please regard your submission as a draft, which can be updated later. The purpose of the exercise, in the first instance, is to obtain a broad overview of each topic.

Thanks for your help. I look forward to receiving your submission.

With Kind Regards,

Professor A. J Bron Professor Emeritus

## **Invited Rapporteurs**

Rapporteurs	Diagnostic test area	
Abelson- Mark and	Standardizing test conditions for dry eye tests	
Ousler	Break-up tests (Fluorescein and non-invasive)	
	Ocular Protection Index	
Baudouin- Christoph	Flow cytometry	
Begley -Carolyn	Tear dynamics tests	
Beuerman- Roger	Inflammatory mediators	
	Tear Proteomics	
Bron- Tony	Grading ocular surface staining	
	Schirmer Tests I and II and reflex Schirmer's	
Caffery- Barbara	Symptom questionnaires	
Dogru- Murat	Hamano thread	
	Non-invasive Tear Stability Analysis. TSAS	
Foulks- Gary	Grading meibomian morphology; expressed oil,	
	Meibography	
Goto-Eiki	Tear film interferometry	
Grus - Franz	Tear Proteomics (additional version)	
Korb-Donald	Blink measurements in relation to dry eye	
Lemp-Mike	Tear Osmometry	
	Confocal microscopy	
Mathers-Bill	Meibomian morphology and grading expressed	
	oil.	
McCulley-Jim	Standardizing Meibomian oil collection.	
	Diagnostic value of lipid chemistry findings	
Murube-Juan	Sjogren's Syndrome	
	Serological tests	
	Salivary function tests	
Nelson-Dan	Impression cytology	
Pflugfelder-Steve	Tear turnover: simple clinic test.	
	Visual function in dry eye: Wavefront analysis	
	Dysfunctional Tear Syndrome: key tests.	
Rolando-Maurizio	Ferning test	
Shimazaki-Jun	Tests which differentiate dry eye from eye allergy	
Sullivan-David	Systemic endocrine features of dry eye	
Tiffany-John	Meibometry	
Toda- Ikuko	Tear function Index	
	Minor salivary gland biopsy.	
Tomlinson-Alan	Fluorimetry: Tear flow, volume; turnover	
Tsubota-Kazuo	Evaporimetry in tear film deficiency/MGD	
	diagnosis; in dry eye diagnosis	
Watanabe-Ni	Mucins in dry eye diagnosis	
Willcox-Mark	Tear proteins: eg Lactoferrin; lysozyme.	
	Meniscus height, cross-sectional area	
Wilson-Steve	Diagnosis of post-LASIK 'dry eye' / 'neuro-	
	epitheliopathy'	
Yokoi-Norihiko	MeniscometryL radius of curvature.	
	Conjunctivochalasis	

Provisional list of diagnostic tests for dry eye and related disorders including invited rapporteurs.

Please inform Tony Bron of tests which you think should be included, so that they can be added to the list. (anthony.bron@eye.ox.ac.uk).

COMPONENT	TEST	RAPPORTEUR	REFERENCE
COMPONENT STANDADDISATION	General	Abelson	KEFENENCE
TANDARDISATION	General	Abcisoli	
VMPTOMS	Questionnaires	Caffery	
	NFL VO 25	Callery	
	McMonnies		
	Schein		
	Mc Carty		
	OSDI		
	DEO		
OUEOUS TEARS			
ear Volume			
cui volume	Fluorimetry	Tomlinson	
	Hamano thread	Dogru	
	Meniscus	20510	
	Radius of Curvature	Yokoj	
	Height	Willcox	
	Area of cross-section	Willcox	
	Volume	meen	
	Tear film thickness		
lear flow			
	Fluorimetry	Tomlinson	
	Schirmer I	Lemp	
	Dynamic Schirmer	Lemp	
	Schirmer II	Lemp	
		Lemp	
	Reflex Schirmer	Lemp	
		Lomp	
	Electronic Schirmer		
	Learning Equilibration		
	Tear turnover		
	Practical aliginatest	Dflugfelder	
	Fluorimetric	Tomlinson	
	Dve dilution	TOHIHISOH	
Coor Evonoration			
cal Evaporation	Evanorimetry	Tsubota	
	Evapormetry	1500018	
	1		
	Interaction with blink		
<u> </u>			
Coor Stability and	1		
ical Stability allu Visual Function			
isual Function	Eluorescein BUT	Abelson	
	Non-invesive RUT	Abelson	
	Tear thinning time		
<u> </u>			
	Topographic analysis		
		Dogru	
	Wavefront analysis	Pflugfelder	
	Tear dynamics teststs	Regley	
	i cai uynannus teststs	Degley	

Tear Composition	Standard aqueous		
I I	collection technique		
Biological fluids	Aqueous Tears		
0	Lactoferrin	Willcox	
	Lysozyme	Willcox	
	peroxidase		
_	IgA		
	ceruloplasmin		
	cerutopiusiiiii		
	Inflammatory	Beuerman	
	mediators	Deuerman	
	IL-1		
	MIMIPS		
	Other proteins	_	
	For proteomics	Beuerman	
		Grus	
	Mucins	Watanabe	
	Lipids	See below	
Cells in biofluids			
	Inflammatory cells		
	Epithelial cells		
	Tear debris	Nichols	
Surface cells			
	Impression cytology	Nelson	
	Flow cytometry	Bauduoin	
		Duuduom	
	Brush cytology	Tsubota	
	Confocal microscopy	Lemp	
	confocul interoscopy	Lemp	
MEIROMIAN	Standard lipid collection	McCulley	
FUNCTION	technique	wiecuney	
Fencinon	Evaporimetry	Tsubota	
	Interferometry	Goto	
	Interferometry	6010	
	Maihamatry	Tiffeny	
	angual	Tillally	
	- Casual		
	Maileannachai	Ell	
	Meibography	Foulks	
	MGD morphology	Mathers	
	Expressed on	Mathers	
	Lipid Chemistry	McCulley	
Tears: Physical			
behaviour			
Osmolality		Mathers	
	depression of freeze		
 	yanour pressure		
	osmometry		
	conductivity		
	conductivity		
	electrolyte composition		
Toor Forning		Rolando	
real renning		ixulaliuu	
		i i i i i i i i i i i i i i i i i i i	1

Surface Damage			
Grading staining	Fluorescein	Bron	
	Rose Bengal		
	Lissamine green		
	Double staining		
OTHER CRITERIA			
	Tear Function Index -	Toda	
	TFI		
	conjunctivochalasis	Yokoi	
	Blink characteristics	Korb	
	Distinction from allergy	Shimazaki	
SJOGREN'S			
SYNDROME	~		
	Serological tests	Murube	
	Anti-Ro		
	Anti-La		
	Anti-M3 receptor		
	Anti fodrin		
	other		
	Minor Salivary gland	Toda	
	Lacrimal gland bionsy		
	Lacimai giand biopsy		
	Systemic endocrine	Sullivan	
	findings	Sunivan	
	gs		
	Tests of Salivary	Murube	
	function		
	Biscuit		
	Other		
	Sialography		
Tests for assorted			
disorders			
Wegener's	Positive ANCA-		
Rheumatoid	Positive Rh F – Rh		
Arthritis.	Arthr.		
SLE			
		0. W71	
LASIK 'dry eye'		Steve Wilson	
Neuro-epitheliopathy			
Ductional Tran		Dfluafaldar	
Systunctional Tear		Filugielder	
Synurome			
	1	1	

Here is a proforma into which you can enter the details of your test: This can be copied for all tests or versions of a test.

DEW		
	DRY EYE: DIAGNOSTIC TEST	
	Please insert your name.	Date:DDNov 2004
RAPPORTEUR		
TEST	Name of test: eg Schirmer I	
	<i>Test used to diagnose – eg. aqueous tear deficiency (ATD).</i>	REFERENCES
TO DIAGNOSE		
VERSION of	[V] Please call your preferred version, version 1. Other	Please reference
TEST	versions should be submitted on separate templates and	the source of this
	numbered, not necessarily in priority order.	version.
DESCRIPTION	This should be a one or two line statement saying what the	
	test is for.	
NATURE OF	If you wish to refer to a specific study in detail, enter the details here	
CONDUCT of	Please describe all steps of the test in sufficient detail to	
TEST	provide a template for a trainer	
RESULTS of	If you have described a specific study in detail, place the	
STUDY	results here	
Video needed	Yes: [ ] No: [ ]	
	If instruction would be aided by a video of the technique,	
	please tick this video box.	
Materials:	•	
	Please list the nature and sources of materials used for the	
	test as described.	
Variations of		
tecnnique Standardisation	Time of day [] Temperature [] Ilymidity [] Air	
Stanuaruisation	speed [] Illumination []	
	Other: [ ]	
	Tick the boxes if you think that such standardization would	
	improve the repeatability of the test.	
Diagnostic	This version : [] Please state if these stats relate to	Please cite
value	Other version: [] this version or another cited version	reference to stats
	Please cite statistics indicating the diagnostic value of the	used
	test.	
Repeatability	Intra-observer agreement.	
	Inter-observer agreement.	
Sensitivity	(true nositives)	
Specificity	(100 – false positives) [ ]	
Other Stats	If you have other stats for this, or related versions of the test.	
	please add as many rows as necessary and cite the reference.	
Test problems	Is there a problem with this test?	
Test solutions	Can you suggest an improvement?	
FORWARD	What future developments do you foersee?	
LIDDK		

References

Here is a mock example of the completed proforma, showing the assessment of a test for MGD, using Meibometry.

DEW	DRY EYE: DIAGNOSTIC TEST TEMPLATE	
RAPPORTEUR	John Doe or Richard Roe	Date: 01/Oct/04
TEST	MEIBOMETRY: Casual, or Steady State Level	
TO DIAGNOSE	Meibomian Gland Dysfunction - (MGD)	REFERENCES
VERSION of TEST	[V]]	Komuro et al. 2002
DESCRIPTION	Lipid on the lower central lid margin is blotted onto a plastic tape and the amount taken up read by optical densitometry. This provides an indirect measure of the steady state leve of meibomian lipid.	
CONDUCT of TEST Video need Materials:	<ul> <li>1.The subject is seated, with the head resting comfortably at the slit-lamp.</li> <li>2.With the eyes in upgaze, the right lower lid is drawn down lightly without pressure on the tarsal plate.</li> <li>3. A standard loop of plastic tape, held in an applanation or ultrasonography probe holder, is applied to the central third of the everted lid margin for 3 seconds, at 0 mmHg.</li> <li>4.The tape is air dried for 3 minutes to allow tear evaporation if necessary.</li> <li>5.The increase in transparency induced by the lipid blot, is read in the laser meibometer.</li> <li>6. The Casual Lipid level (expressed as arbitrary optical density units) is calculated as (C-B/A), where C is the casual reading, B is the reading from the untouched tape and A is the reading in the absence of the tape.</li> <li>Yes: [x] No: [].</li> <li>Plastic tape: 8 mm wide (Courage and Khazaka, Köln)</li> <li>Tape Holder:(eg. NIDEK ultrasonographic probe holder.</li> <li>Laser Meibometer. Window size (2.5 x 5.0 mm<sup>2</sup>)</li> </ul>	Komuro et al. 2002
Standardisation	Time of day [x] Temperature [] Humidity []         Air speed [] Illumination []         Other:[       ]         The level is highest in the first hour after waking.	
Variations of technique	In the original version, [V2] optical density was read using an adaptation of the Courage and Khazaka sebumeter. A point reading was taken at the center of the blot. Other methods exist in which the blot is scanned and the increase in transparency is integrated over the length of the blot.	Chew et al. 1993 Yokoi et al 1999
Diagnostic value	This version : [] Other version: [2] Please cite statistics indicating the diagnostic value of the test.	Yokoi et al 1999
Repeatability	Intra-observer agreement. [ - ] Inter-observer agreement. [ - ]	

Specificity (100 – false positives) [ - ]	
Other StatsIf you have stats for related versions of the test, please add as many rows as necessary and cite the reference.	
Test problemsa. In normal subjects the lipid blot is uniform and results can be extrapolated to the total lid length.In MGD, focal gland obstruction may vary along the lid length so that central readings may not truly reflect the overall picture.b. Calibrations and assumptions are required to convert raw densitometry readings into meibomian lipid equivalent values.	
Test solutionsa. Measurement should be made along the whole of the lower lid length in order to reflect variation in MGD.	
FORWARD       a. Develop a system to integrate lipid along full lid length.         LOOK       b. Identify cut-off for MGD diagnosis.         c. Incorporate MGD diagnosis into diagnosis of evaporative dry eye.	

## **References:** *Please list any references cited. Do not use a reference manager. eg:*

Chew CKS, Hykin PG, Jansweijer C et al. The casual level of meibomian lipids in humans. *Current Eye Research* 1993c; **12**: 255-9.

Komuro A, Yokoi N, Kinoshita S et al. Assessment of meibomian gland function by a newly developed laser meibometer. *Adv Exp Med Biol.* 2002; **506**: 517-20.

Yokoi N, Mossa F, Tiffany JM et al. Assessment of meibomian gland function in dry eye using meibometry. *Ophthalmol.* 1999; **117**: 723-9.