The Australian Corneal Graft Registry

Dr Miriam C Keane PhD

The ACGR is funded by the Commonwealth Government of Australia via the Organ and Tissue Authority (DonateLife)

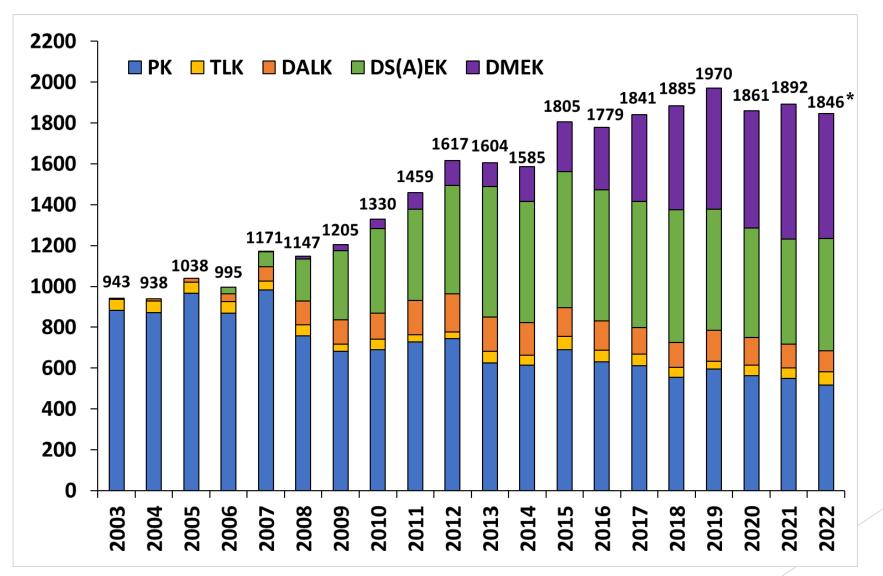
The ACGR Database - 16th Feb 2023

| | | Registered | Followed | Failed | EGF* | PNF* |
|---------------------------------------|-----------|------------|-------------|--------|------------|------------|
| | Total | 44173 | 79 % | 24% | 7% | 2% |
| | | | | | | |
| 1985 onwards | РК | 27875 | 83% | 26% | 6% | <1% |
| | Patch/TLK | 1770 | 74% | 21% | 12% | 1% |
| | Limbal | 92 | 74% | 34% | 15% | 1% |
| | | | | | | |
| 2000 Introduced in 2006 2007 | DALK | 2222 | 63% | 8% | 3% | <1% |
| | DS(A)EK | 7877 | 77% | 24% | 9 % | 5% |
| | DMEK | 4337 | 64% | 17% | 12% | 9 % |

EGF = Early graft failure, failed within 12 months of graft

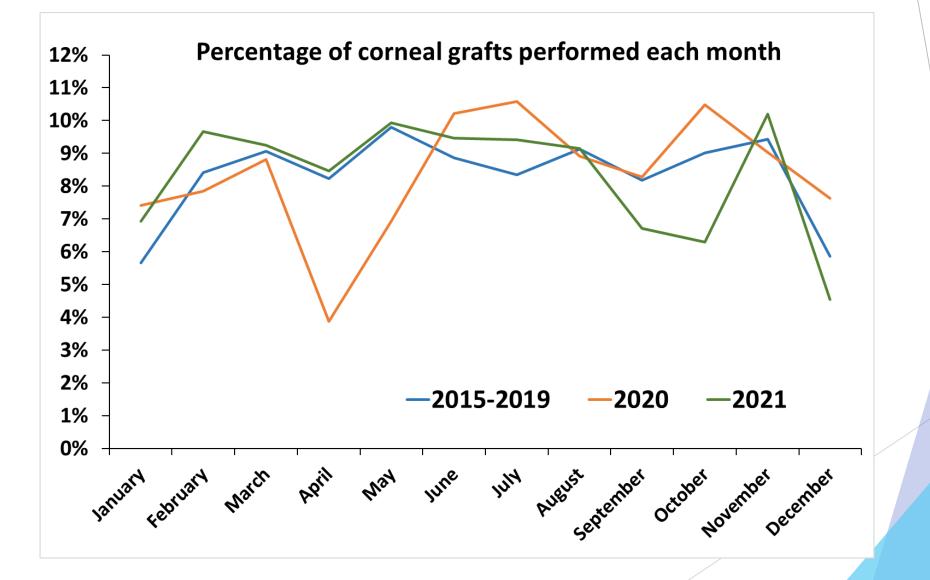
PNF = Primary non-functioning graft, surgeon specified that graft never cleared/attached

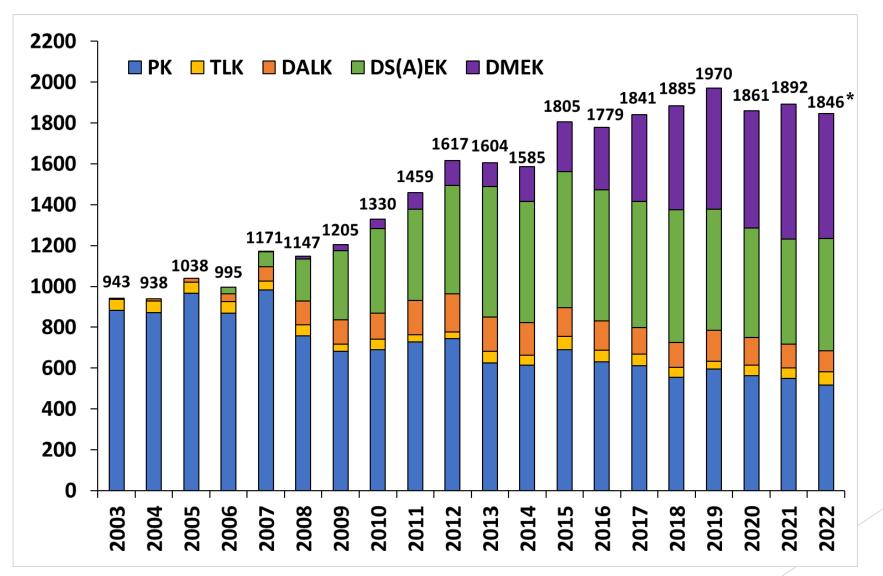
*Both likely to be underreported for grafts from 2021 and 2022



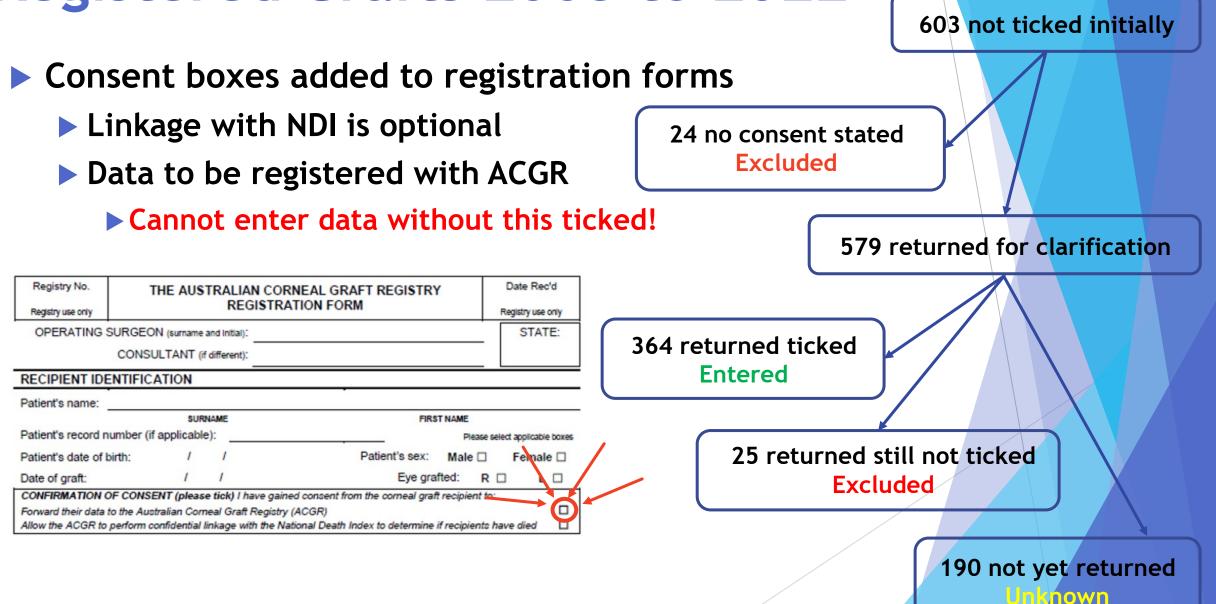
*Registrations for grafts performed in 2022 are still being received and entered

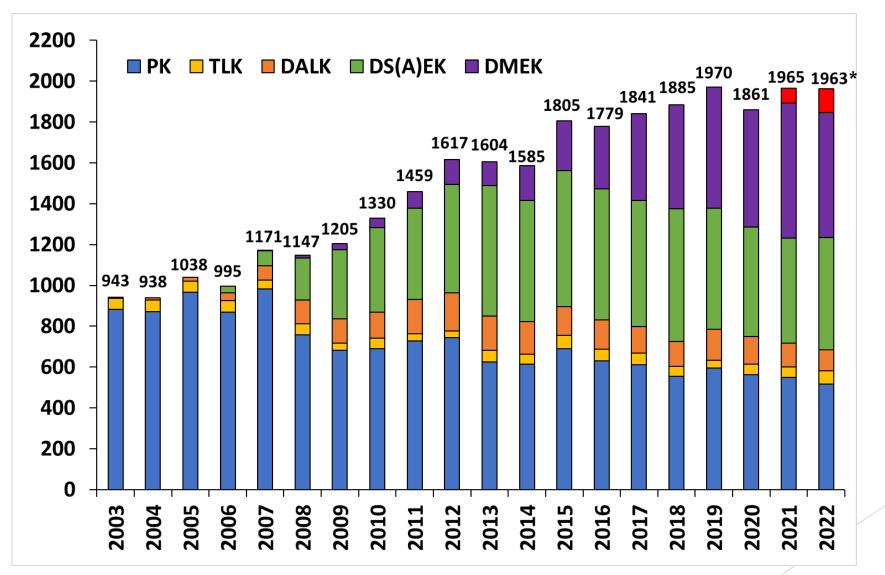
The effect of COVID-19 on Corneal Grafting in Australia 2020-2021





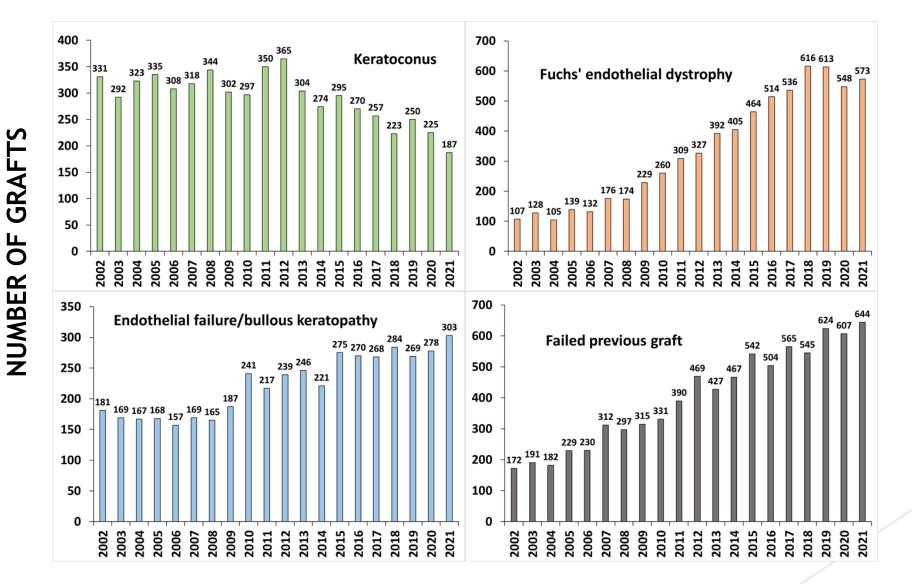
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Indication for Graft 2002 to 2021



YEAR GRAFT PERFORMED

Indication for Graft 2002 to 2021

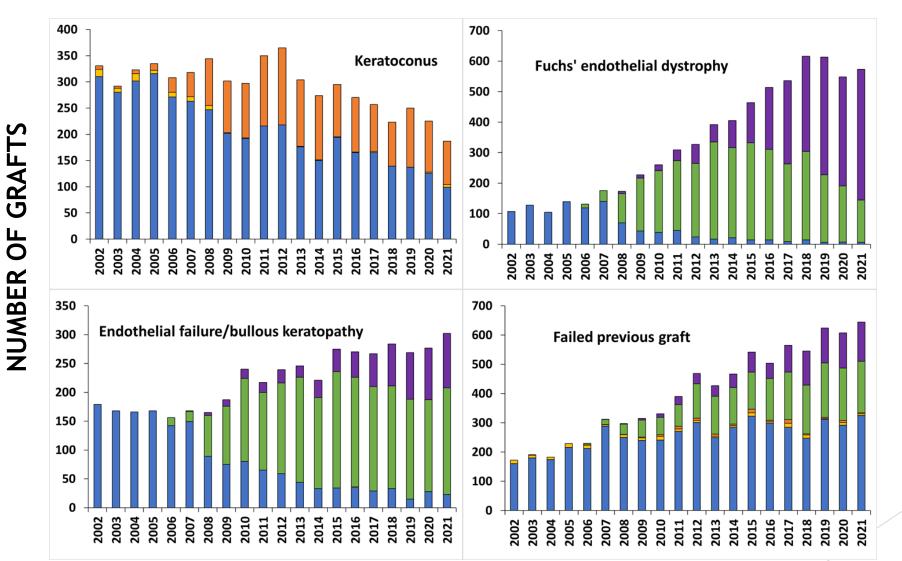
DMEK

DS(A)EK

DALK

TLK

🗖 PK

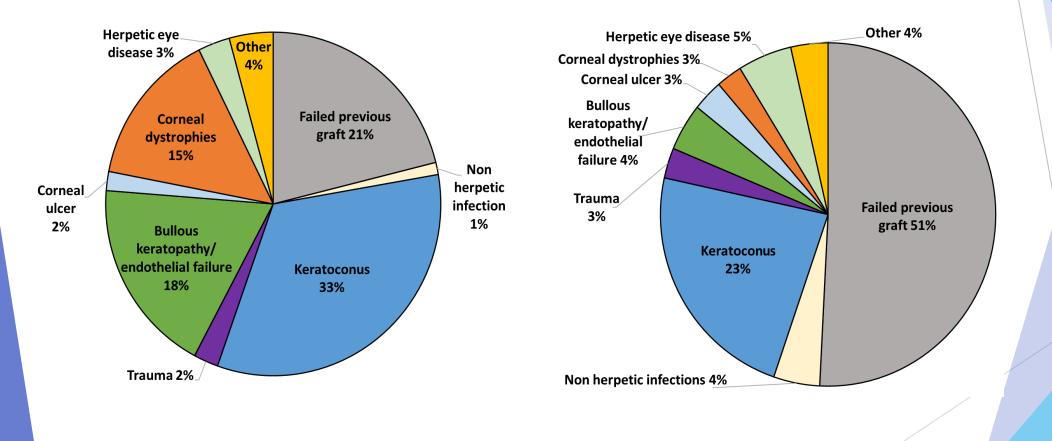


YEAR GRAFT PERFORMED

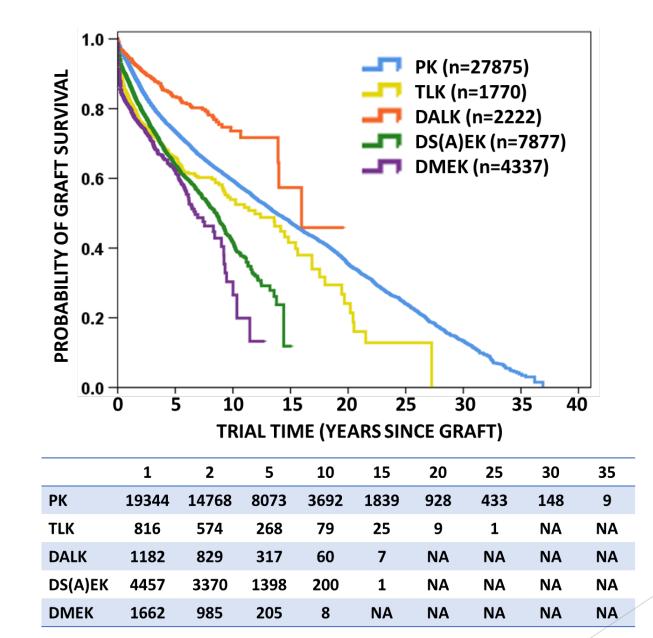
Shift in Indication for PK

2002 to 2006

2017 to 2021



Overall survival of registered grafts



Reasons for Graft Failure

Of registered grafts

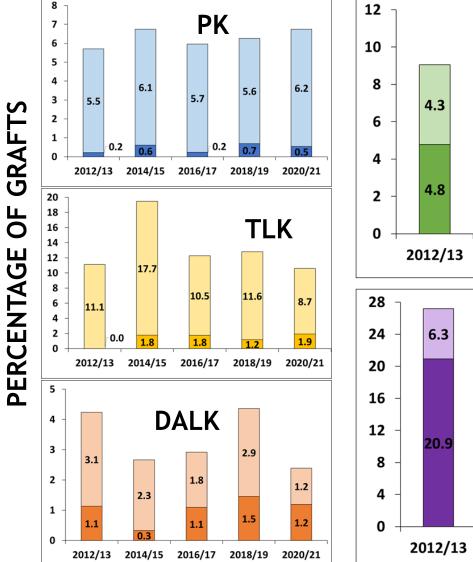
| | PK | DS(A)EK | DMEK | All grafts |
|----------------------|-----|------------|------|------------|
| Endothelial failure | 6% | 9 % | 5% | 6% |
| Rejection | 7% | 3% | 1% | 5% |
| Primary non-function | <1% | 5% | 8% | 2% |

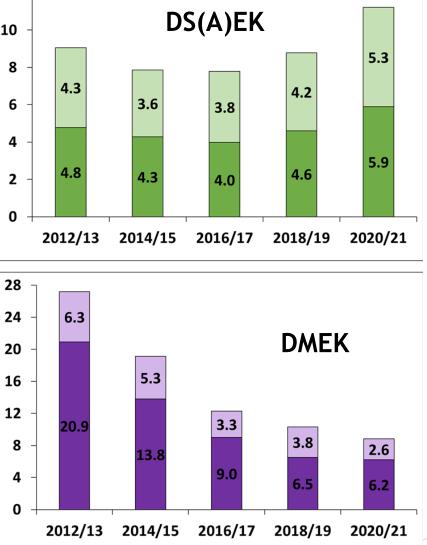
Of failed grafts

| | PK | DS(A)EK | DMEK | All grafts |
|----------------------|-----|---------|-------------|------------|
| Endothelial failure | 23% | 40% | 28% | 25% |
| Rejection | 26% | 12% | 8% | 21% |
| Primary non-function | 3% | 22% | 49 % | 10% |

Note: Reasons for failure of TLK and DALK not shown but included in overall figures

EGF and PNFG rates over time



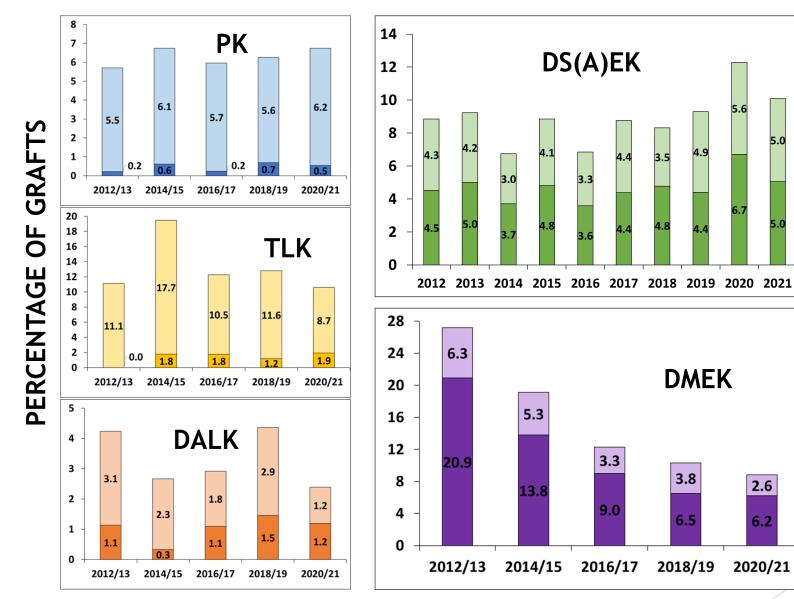


Darker portion = PNFG

Lighter portion = EGF (1 year)

YEAR GRAFT PERFORMED

EGF and PNFG rates over time



Darker portion = PNFG

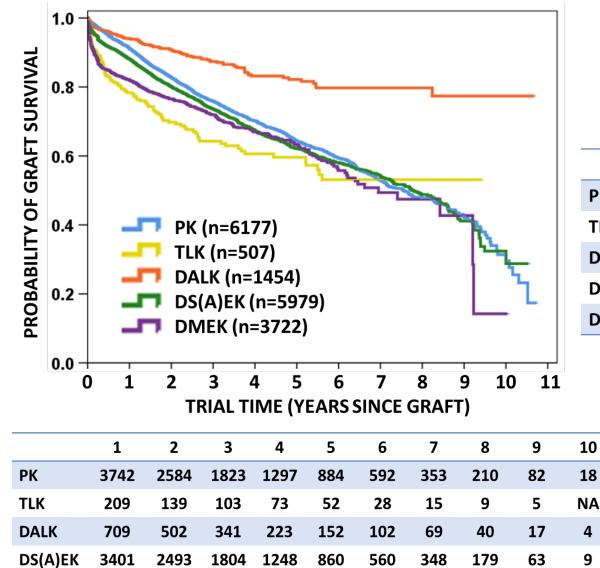
5.0

5.0

Lighter portion = EGF (1 year)

YEAR GRAFT PERFORMED

Survival of registered grafts 2012-2021



DMEK

Survival probability

| | 3m | 6m | 1y | 2y | 5y |
|---------|------|------|------|------|------|
| РК | 0.97 | 0.95 | 0.91 | 0.83 | 0.64 |
| TLK | 0.89 | 0.83 | 0.78 | 0.70 | 0.60 |
| DALK | 0.97 | 0.96 | 0.94 | 0.91 | 0.82 |
| DS(A)EK | 0.94 | 0.92 | 0.88 | 0.80 | 0.62 |
| DMEK | 0.87 | 0.85 | 0.82 | 0.77 | 0.63 |

2021/22 Major Report

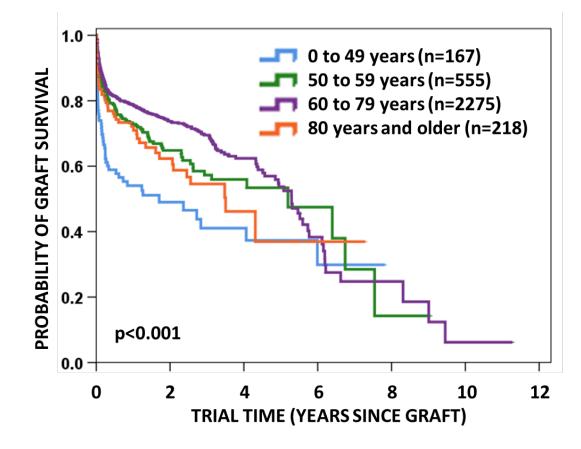
Latest major report released May 2022

- Census date 31st December 2020
- Individual chapters per graft type
 - Univariate Kaplan-Meier survival curves
 - Cox proportional hazard regression
 - Best corrected visual acuity in surviving grafts
- Comparisons across graft types
- Available: <u>https://doi.org/10.25957/9vyp-0j93</u>

2021/22 Major Report - DMEK

- 3215 grafts, 1756 followed
 - > 2018 report: 1250 graft, 600 followed
- Significant results
 - Donor age
 - Donor and recipient sex
 - Graft era
 - Graft size
 - Use of Geuder injector
 - Surgeon caseload and follow-up

DMEK - Donor Age

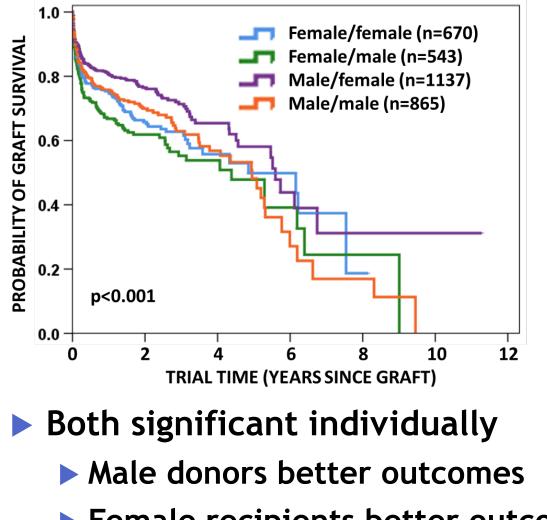


Under 50 years significantly poorer than 60 to 79 years

Hazard ratio: 1.62

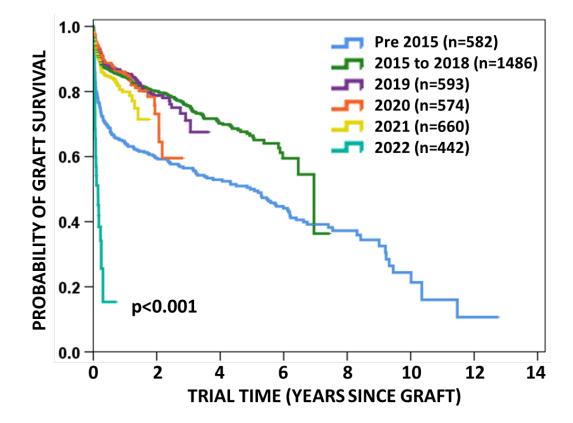
No significant differences 50+ years

DMEK - Donor and Recipient Sex



- Female recipients better outcomes
- M>F better than F>M and F>F

DMEK - Graft Era - Current Data

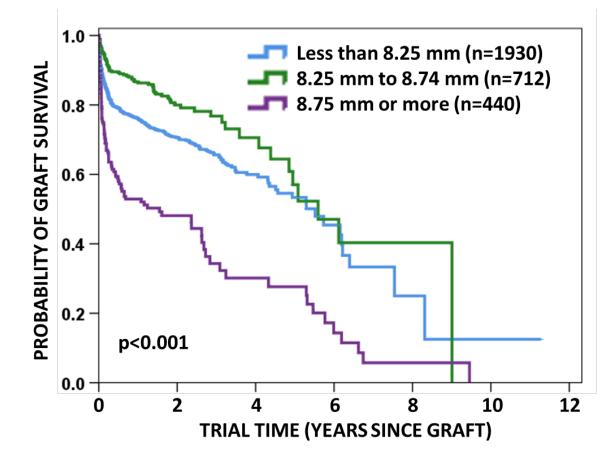


- 2015 to 2018 better than pre 2015
- Lag time to follow-up for 2019 and 2020

Results similar to 2015 to 2018

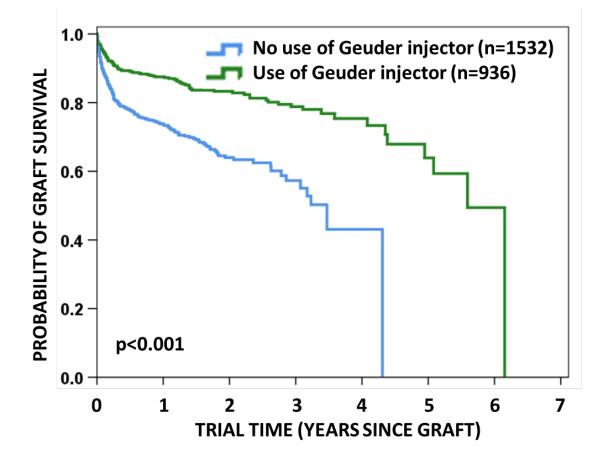
Helps to account for effect of lack of FU in Cox model

DMEK - Graft Size



8.25 mm to 8.74 mm significantly better
 HR 1.50 vs <8.25 mm; HR 1.91 vs 8.75+ mm

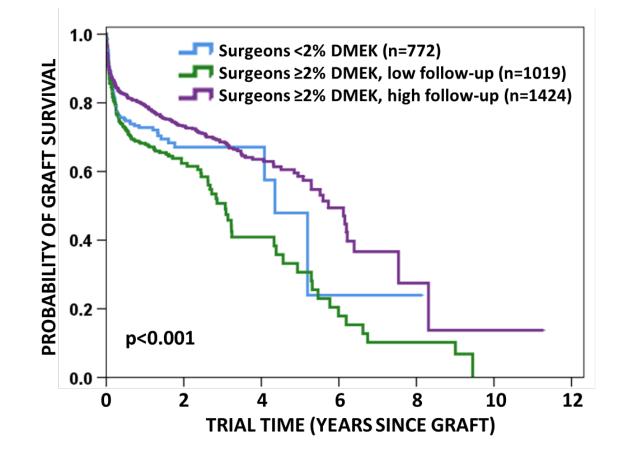
DMEK - Geuder Injector



Not included in 2018 due to lack of data

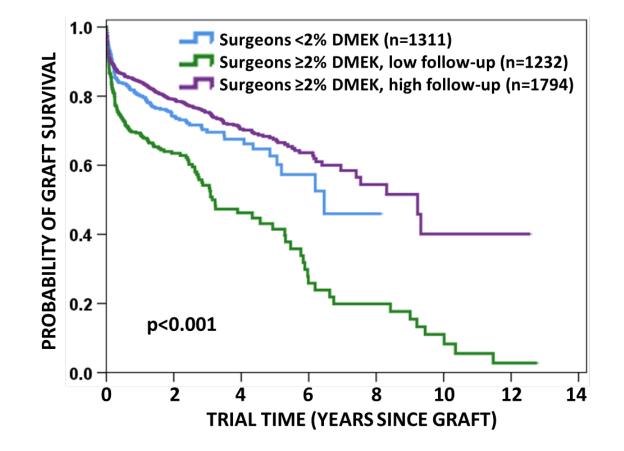
HR 1.97 vs not used

DMEK - Caseload and Follow-up



- Surgeons with high follow-up significantly better
 HR 1.70 low volume, HR 1.73 low follow-up
- Helps to account for effect of lack of FU in Cox model

DMEK - Caseload and Follow-up - Current Data

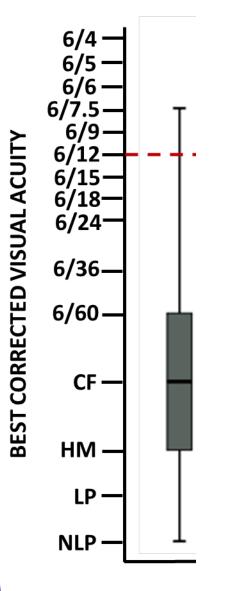


Low caseload surgeons getting closer
 Improved 5 year survival

Reporting of Visual Acuity Outcomes

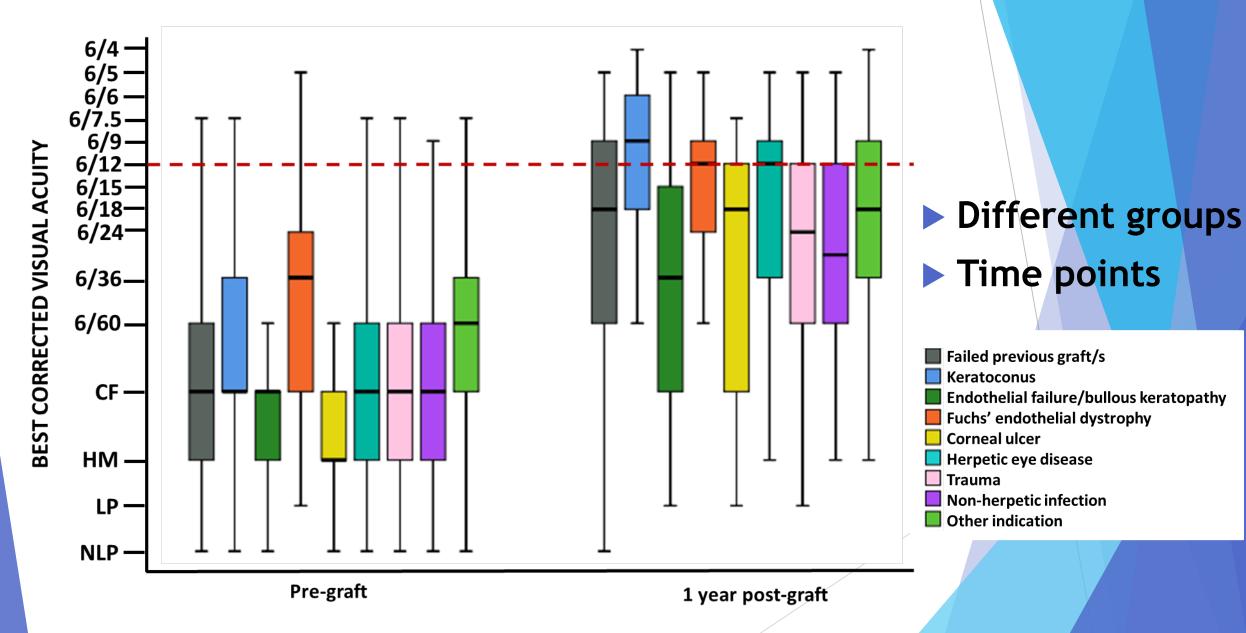
- Clearer way to display data
- Multiple time points
- Allow easy comparison between groups
- Achievement of 6/12
- Focus on surviving grafts

Reporting of Visual Acuity Outcomes

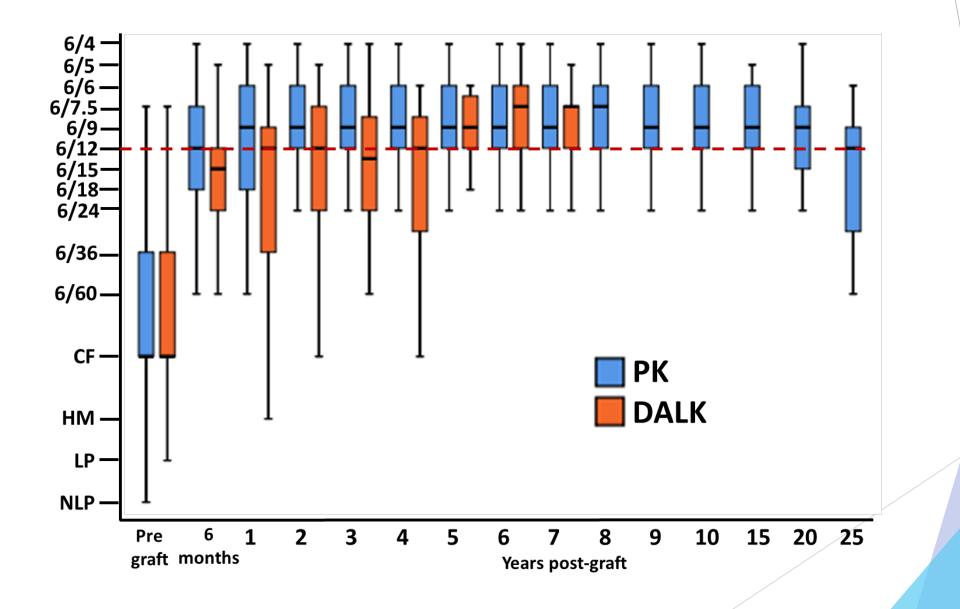


- Box and whisker plots
 - BCVA on y-axis (improving)
 - Dashed line shows 6/12 level
 - Line: Median BCVA achieved
 - Box: Inter-quartile range (50% of cases)
 - Whisker: Range (excluding outliers)

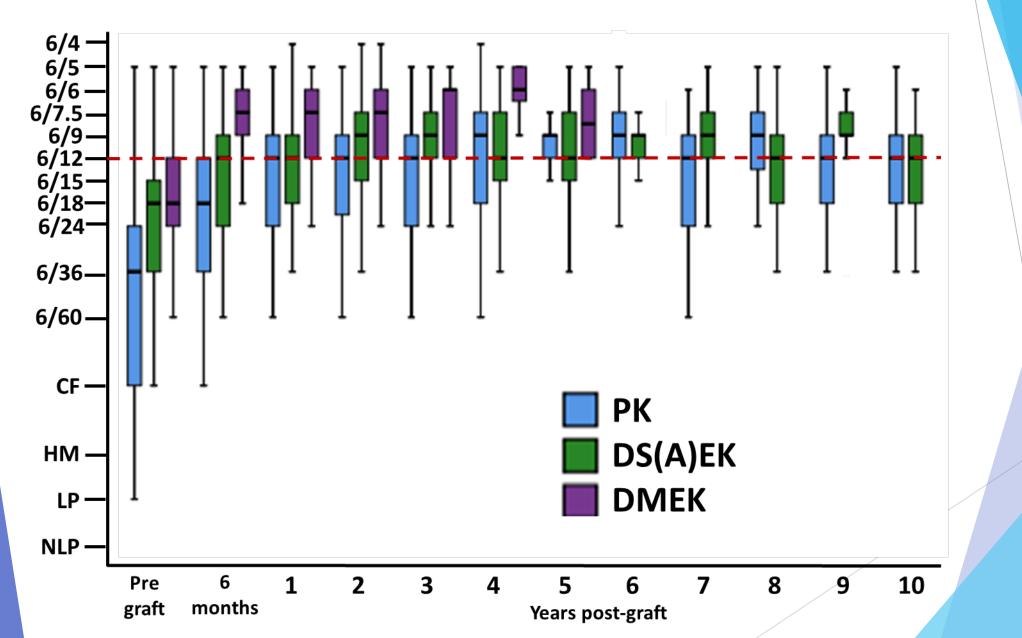
Visual Acuity Outcomes - PK



Visual Acuity Outcomes - Keratoconus



Visual Acuity Outcomes - Fuchs' Endothelial Dystrophy



Summary

- Continued shift in graft type
- Some impact of COVID,
 - Previous levels maintained
- Ongoing changes in indications for graft
 - Increase in repeat grafts (PK)
- Reasons for failure
 - PNFG rates reducing for DMEK
 - Endothelial failure for DSEK
- 2021/22 Major report
 - Factors affecting DMEK survival
 - Analyses of BCVA outcomes

Acknowledgments

- Contributing surgeons and eye banks
- The Australian Government Organ and Tissue Authority
- The ACGR is a declared quality assurance activity under the Commonwealth Qualified Privilege Scheme.
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2021/22 report: https://doi.org/10.25957/9vyp-0j93









