Correction of Refractive Error for Amblyopia Protocol
Version 1.0 (4-19-06)

1.0 Introduction

The Pediatric Eye Disease Investigator Group (PEDIG) is conducting a series of clinical trials of children with amblyopia. Prior to enrollment into one of the trials, it is necessary for the child's refractive error to be corrected with spectacles. The purpose of this protocol is to provide the requisite spectacles when refractive error has not already been appropriately corrected and then to follow the child according to the investigator's usual routine until visual acuity is stable. At that time, if amblyopia is still present, the child's eligibility for an amblyopia treatment protocol will be assessed. If the child is eligible, the study will be discussed with the parent who will have the option for the child to participate or not participate. A separate informed consent form will be signed for the children entering a randomized trial.

2.0 Eligibility Criteria and Enrollment

Children to be enrolled in this protocol will be between 3 and <18 years old and must have amblyopia that meets the eligibility criteria for one of the current protocols being conducted by PEDIG, except for the criterion related to correction of refractive error.

As per usual care, a cycloplegic refraction will be performed to determine the refractive error in each eye (this may include a manifest refraction depending on the age of the child and the investigator's usual routine). The cycloplegic refraction must have been done within 2 months prior to enrollment.

Visual acuity eligibility will be based on measurement of best corrected visual acuity using either the ATS HOTV visual acuity testing protocol (for age <7 years) or the E-ETDRS testing protocol (for age >=7 years) on the Electronic Visual Acuity Tester.

- The acuity measurement can be performed either with or without cycloplegia, depending on whether the child has received cycloplegic drops on the day of the visit.

For patients who appear eligible for the study following a "standard-care" or preliminary examination, the study will be discussed with the child's parent(s) or guardian(s). Parent(s) or guardian(s) who express an interest in the study will be given a copy of the informed consent form to read. Written informed consent must be obtained from the parent or guardian prior to performing any study-specific procedures that are not part of the patient's routine care. Assent will be obtained from the child when appropriate for the child's age, per local Institutional Review Board requirements.

3.0 Prescribing Spectacles

Before prescribing spectacles, the spectacle correction eligibility criteria will be reviewed for the protocol(s) for which the patient will be considered. Spectacles will be prescribed accordingly. In general, unless a specific protocol has different critieria, spectacles will be prescribed according to the following guidelines which are consistent with standard care:

- Hypermetropia >3.00 D must be corrected, and not undercorrected by more than +1.50 D spherical equivalent. Reduction in plus sphere must be symmetric in the two eyes.
- Anisometropia and cylinder must be fully corrected.
- Myopia $\geq$0.50D must be fully corrected in both eyes.

4.0 Follow-up Visits

The patient will have follow-up visits scheduled according to the investigator's usual routine.

At each visit, visual acuity will be measured using either the ATS HOTV visual acuity testing protocol (for age <7 years) or the E-ETDRS testing protocol (for age >=7 years) on the Electronic Visual Acuity Tester. Parents may be asked to complete a quality of life questionnaire related to spectacle wear.

Follow up as part of this study will continue until one of the following occurs:

- Visual acuity in the amblyopic eye is 'stable', defined as no improvement (<1 line or 5 letters depending on testing method) on an initial test and a repeat test at the same visit, between two visits at least 4 weeks apart.
- Optimal spectacle correction has been worn for at least 16 weeks and subject is entering another PEDIG protocol.

5.0 Miscellaneous Considerations in Follow Up

The Jaeb Center serves as the PEDIG Coordinating Center. The Jaeb Center will be provided with the parent/guardian's contact information and will maintain direct contact with the parents or guardian of each patient. Permission for such contacts will be included in the Informed Consent Form. The principal purpose of the contacts will be to develop and maintain rapport with the family and to help coordinate scheduling of visits.

A patient (and in this case the parents or guardian) may withdraw from the study at any time. This is expected to be a very infrequent occurrence in view of the study design's similarity to routine clinical practice.

The procedures in this study are part of daily pediatric eye care practice in the United States and pose no known risks. As part of a routine usual-care exam, the patient may receive cycloplegic/dilating eye drops. There will be no adverse event reporting in this protocol

Standard care for a patient with amblyopia includes prescribing only spectacle correction initially and to continue this as long as the acuity in the amblyopic eye is improving. There is no known risk of withholding active treatment.

6.0 Statistical Analyses

There are no analyses planned for this protocol.