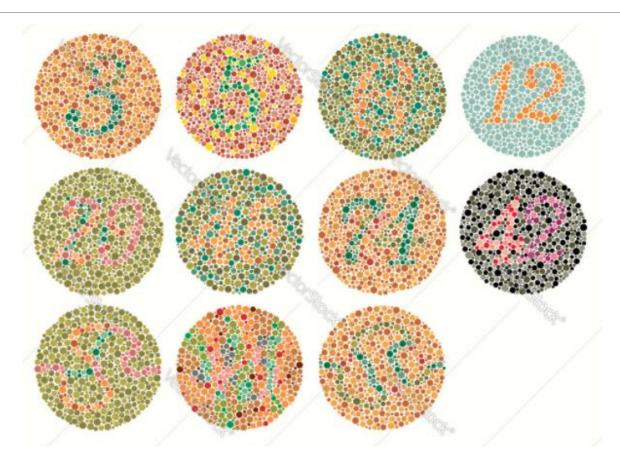
# Cone-Isolation Contrast Sensitivity The future of color vision testing

PAUL HARRIS

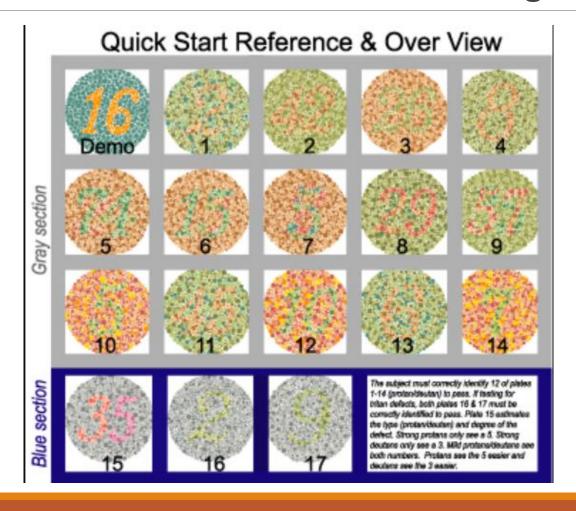
# Nothing to disclose

# **Ishihara**Original Pseudo-Isochromatic "PIP" Plates



# Waggoner PIP-24

### Pseudo-Isochromatic in Print and Digitized



# D15 Standard and Desaturated

Color ordering strategy (abbreviated)



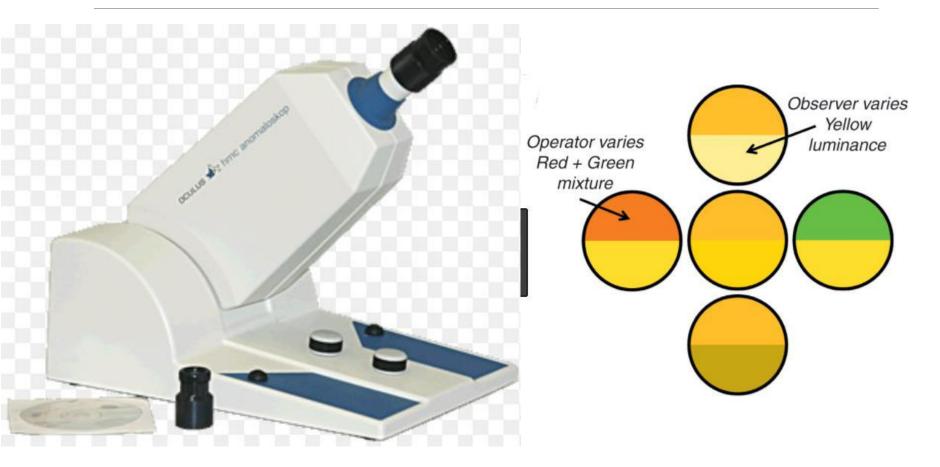
# FM-100 (Farnsworth-Munsell)

Color ordering strategy - extended



# Oculus Anomaloscope

Rayleigh color mixing



# Cone-Isolation (CCT-HD)

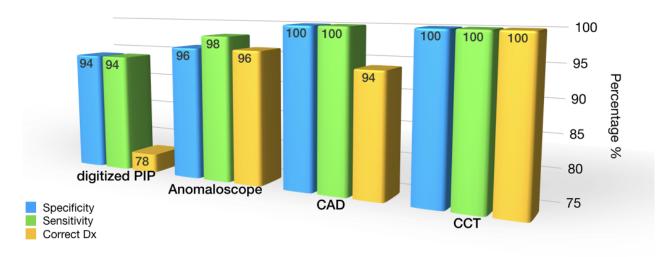
Digital contrast sensitivity tuned to the specific cone populations



# **USAF** Comparative Precision

### **Color Vision Diagnostic Precision**

the foundations for a new gold standard: CCT cone-isolation contrast sensitivity



USAF clinical comparison of four color vision diagnostic devices from 50 color normal and 50 color abnormal subjects: digitized PIP (pseudo-isochromatic), Anomaloscope (Rayleigh color-mixing), CAD (color-camouflage), and CCT (cone-isolation contrast sensitivity).

Illustration adapted from: Gaska, J, Winterbottom M, van Atta A. Operational Based Vision Assessment Cone Contrast Test: Description and Operation.

USAF School of Aerospace Medicine, Aeromedical Research Dept. Wright-Patterson AFB; 2016 1.













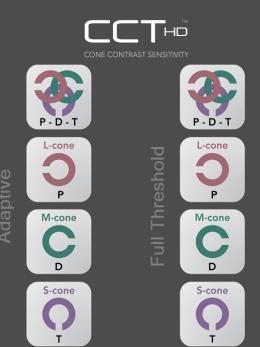




























L-M-S | OD - OS

### Instructions

Paul Harris | 63 M

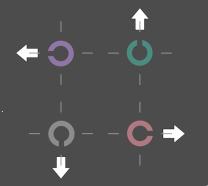
A **letter "C"** shape is shown briefly in one of four **directions** and may be one or more colors.

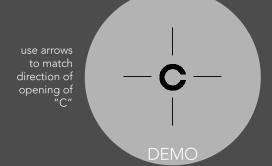
Use the arrows to match the direction of the opening of the "C". A high tone indicates "correct" a low tone indicates "wrong", then the next shape is displayed.

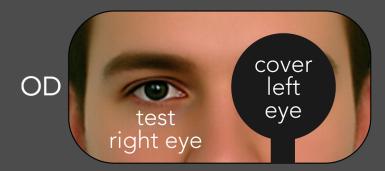
The test calculates the limit of what you can see. When the shape fades to be difficult and then purposely impossible to see, make your best guess.

The test ends after several wrong answers and the times to answer are recorded ...try to answer as quickly as practical.

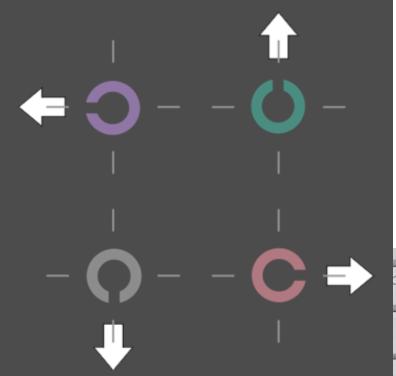
Start the test by selecting 
or with long press of any arrow button









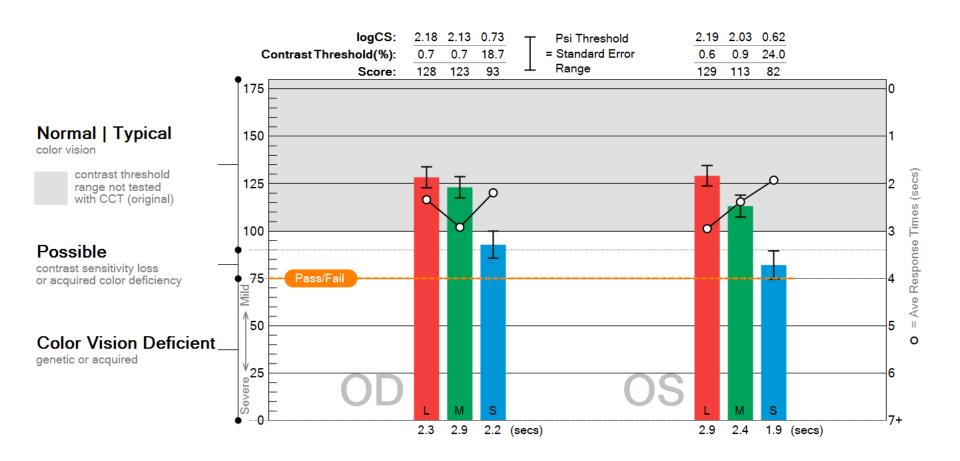




# Video of Cone Isolation Contrast Sensitivity Stimuli



## Data from video



### Some Cases

# Train engineer's vision problems led to deadly Oklahoma wreck, NTSB rules

BY CHRIS CASTEEL ccasteel@opubco.com • Published: June 18, 2013 12:00 AM CDT • Updated: June 18, 2013 8:07 PM CDT



WASHINGTON — Two years before his failing vision likely contributed to a fatal crash in the Oklahoma Panhandle, freight train engineer Dan Hall told one of his eye doctors that he was having trouble distinguishing the color of train signals.



Hall and his conductor, Brian Stone, were killed, as was John Hall, the engineer on the other train; the two engineers were not related. Juan Zurita, the conductor on the westbound train, leapt off just before impact.

The National Transportation Safety Board investigated the crash for nearly a year and determined Tuesday that the probable causes were Dan Hall's vision problems and Stone's failure to provide the backup assistance required of a conductor.

# Subject: TB

5<sup>th</sup> generation working for U.P. in family – 18 months from retirement.

DVA uncorrected: OD 20/12 OS 20/12

NVA uncorrected: OD 20/16 OS 20/16

Binocular Balance: +0.50 OU to 20/20

BVA (Manifest): plan OU to 20/12

Peli-Robson CS: OD 3.2% OS 2.5% OU 3.2%

Linear Sine Wave Grating CS:

- 6 cycles per degree OD 0.8% OS 0.8% OU 0.5%
- 12 cycles per degree OD 1.0% OS 0.6% OU 0.6%
- 18 cycles per degree OD 1.6% OS 1.6% OU 1.6%

# Subject: TB

### **Bulls Eye CS**

- Mesopic:18 cpd 12.5% 12 cpd 3.2% 6 cpd 1.8% 3 cpd 0.63% 1.5 cpd 0.63%
- Photopic: 18 cpd 2% 12 cpd 0.63% 6 cpd 0.63% 3 cpd 0.5% 1.5 cpd 0.63%

### Stereo

- Randot Stereo: 20 seconds of arc
- Random Dot 3: 12.5 seconds of arc
- Distance Stereo Chart 2020: 20 seconds of arc

### Visual Fields

- 24-2 all normal
- 30-2 all normal
- Goldmann all normal

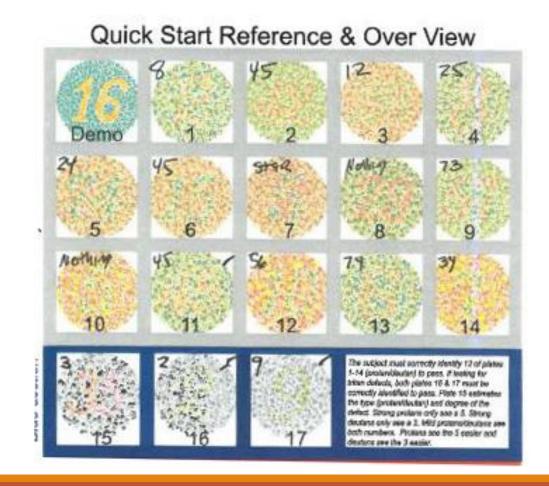
# Color Testing

Waggoner PIP-24: 7 of 9 errors

D15 regular and desaturated OD and OS separately, all 4 trials perfectly in order.

D-15 is notoriously insensitive to low to moderate deficiencies

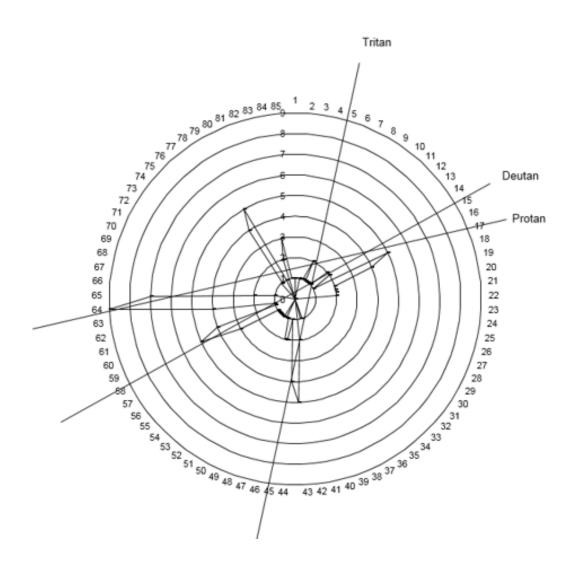
Looks right



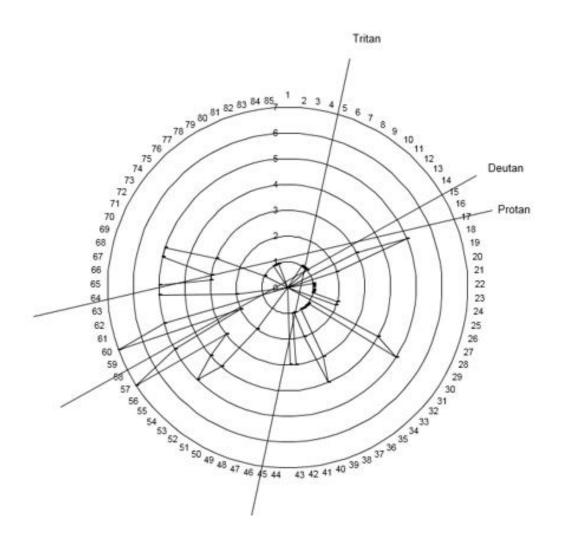
0	COLOR				
	Response	Subject's	ate	ance	
	Fail	Pass	Number on Plate	Plate sequence	
à	ation Plate	Demonstr	Ż	F	
		V	48	1	
		V	67	2	
	33		38	Ś	
	95		92	4	
	75		70	5	
		V	95	6	
		V	26	7	
		V	2	8	
	46		74	9	
	19		62	10	
	2		4	11	
	23		28	12	
ı		V	46	13	
		V	7	14	
	35		39	15	

	Number of Plate	Normal Person	1 3		with R	
	1	12	The same of	-	12	-
	2	(8)			3	-
	3	6		-	5)	-
65	4	29			70	
65	5	57	"	-	35	
	6	5		-	7	-
	7	3	(5)			
	8	15	8			-
	9	74	1 20 -			-
1	10	2	1			_
1	11	6	2			
7	12	97	×			_
1	13	(45)	×			
-	14 !	5	<u> </u>			-
8	15	7	-	_ (	2	
77	16	16	-	- 7	2	-
î	17	73	-	- 5	-	
	18	×		->	-	
1	19	- X	-	->	2	-
	20	×		- 5	-	
	21 1	×	-	- 52	\$X	
			Prot	- 0	3)	
4	1		Strong	-	Deu	_
T	22	(56)	6	Mild	Strong	Mild
1	23	(12)	2	(2)6	2	2(6)
1	24	(85)	5	(4)2	4	4(2)
1	25	(96)	6	(3)5	3	3(5)
-	670	(00)	0	(9)6	9	9(6)

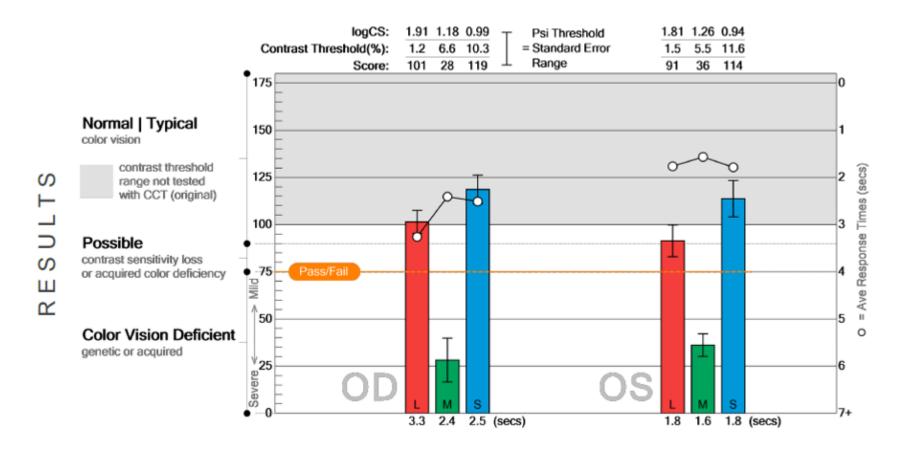
### Farnsworth-Munsell $100~\mathrm{Hue}$ Test



### Farnsworth-Munsell 100 Hue Test

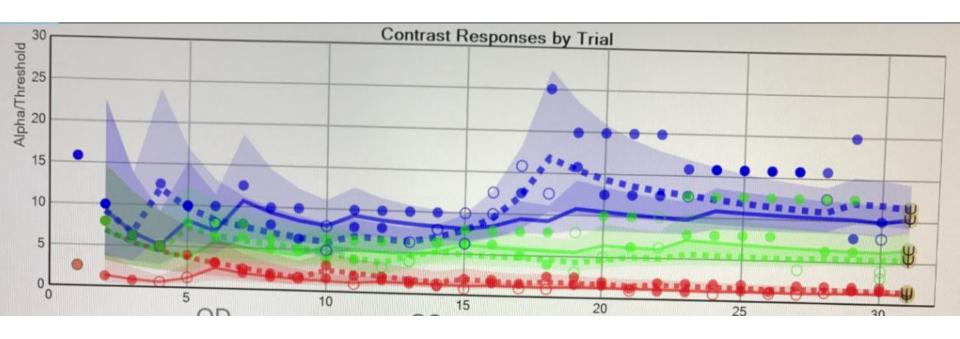


## Severe Deutan

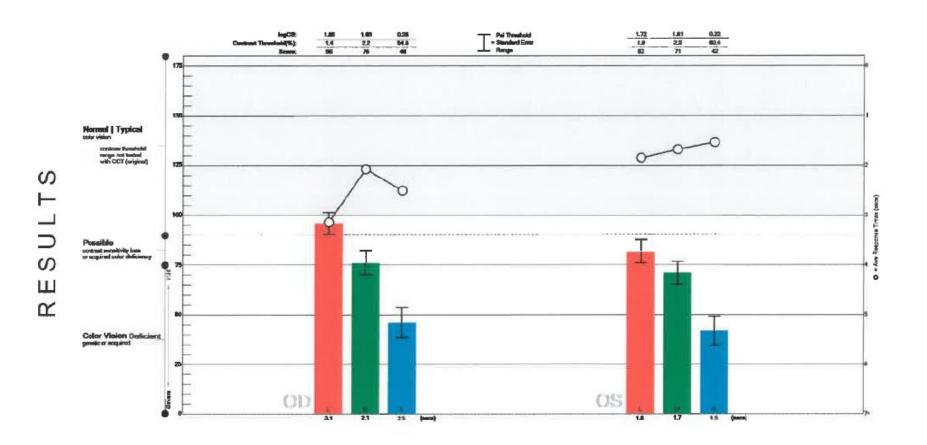


Estimated Psi

	Cone	Threshold	Error	Trials	Ave Time	Score	Category <sup>1</sup>
	Red L	1.2%	4.1%	30	3.3	101	Normal
OD	Green M	6.6%	1.7%	30	2.4	28	Severe (Deutan)
	Blue S	10.3%	2.4%	30	2.5	119	Normal
	Red L	1.5%	3.7%	30	1.8	91	Normal
OS	Green M	5.5%	4.0%	30	1.6	36	Severe (Deutan)
	Blue S	11.6%	1.8%	30	1.8	114	Normal



# A Dental Professor Research in: color for reconstruction



# E.P. 29-yo female

Experiencing loss of vision in OS with pain which lasts for several hours.

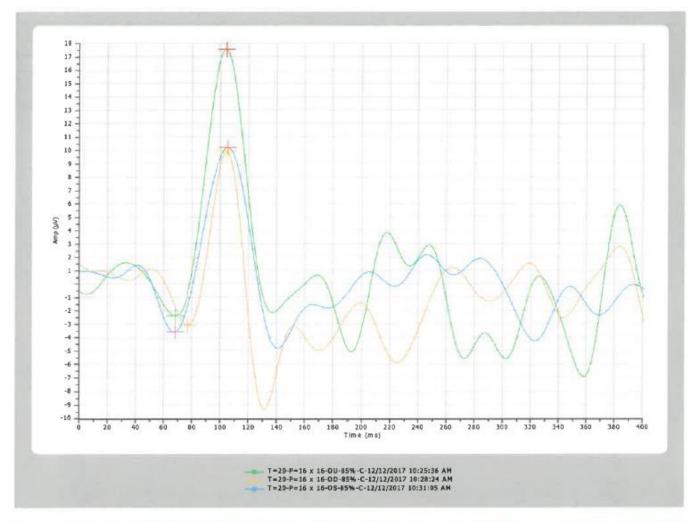
DVA OD 20/25 OS 20/25 OU 20/20

NVA OD 20/40 OS 20/30 OU 20/25

Binocular Balance: OD +0.50 -0.25 165 OS +0.50 20/20 OD, OS, OU

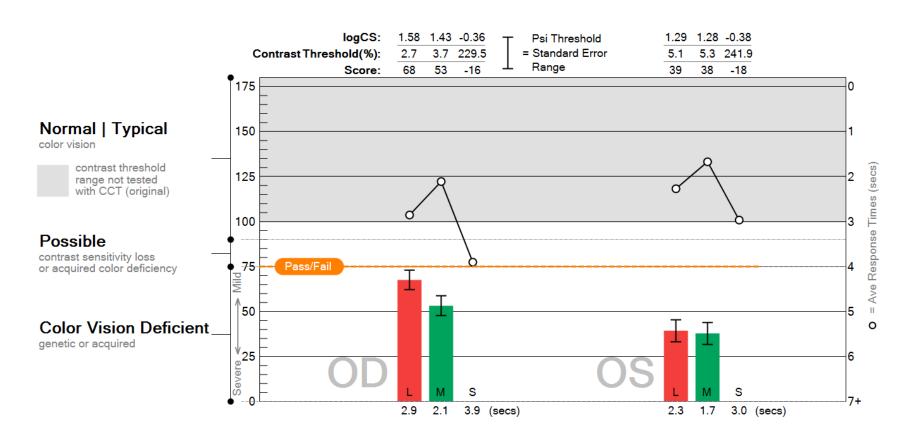
PRA: -3.50 NRA: +2.50

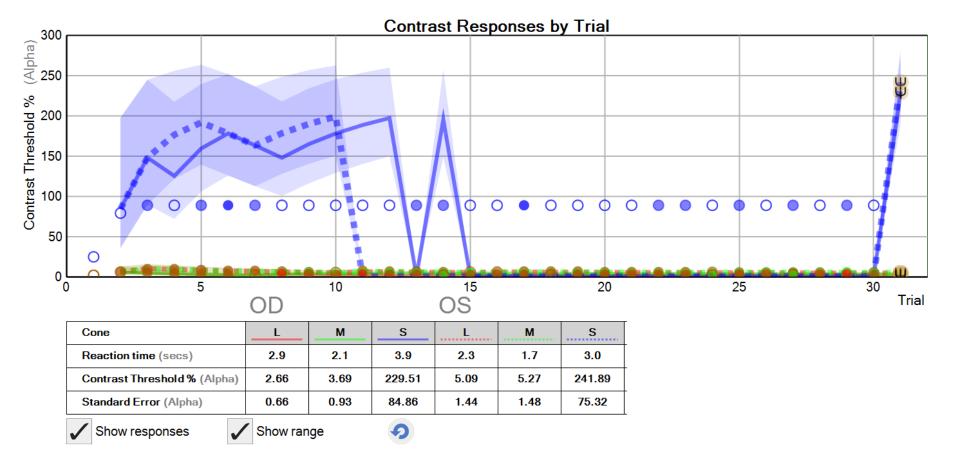
VEP's: 5 check sizes, OD, OS, OU all normal with binocular summation and no latency differences and no overall delay.

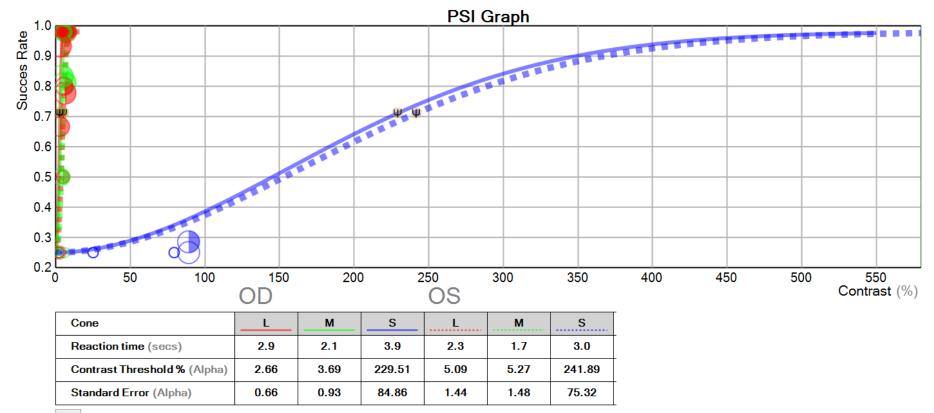


		T=20-P=16 x 16-0U-85%- C-12/12/2017 10:25:36 AM	T=20-P=16 x 16-0D-85%- C-12/12/2017 10:28:24 AM	T=20-P=16 x 16-OS-85%- C-12/12/2017 10:31:05 AM
Left Cursor	Lat	68.4 ms	77.1 ms	68.4 ms
	Amp	-2.37 uV	-3.10 uV	-3.59 uV
Right Cursor	Lat	104.5 ms	104.5 ms	105.5 ms
	Amp	17.58 uV	9.94 uV	10.22 uV
Delta	Lat	36.1 ms	27.3 ms	37.1 ms
	Anp	19.95 uV	13.05 uV	13.81 uV

# Houston we have a problem!







✓ Show responses

# B.C. 61-yo female

HTN since 1985, high cholesterol

1<sup>st</sup> exam at SCO: 10/27/17

DVA with Rx: OD 20/15 OS 20/15 OU 20/15

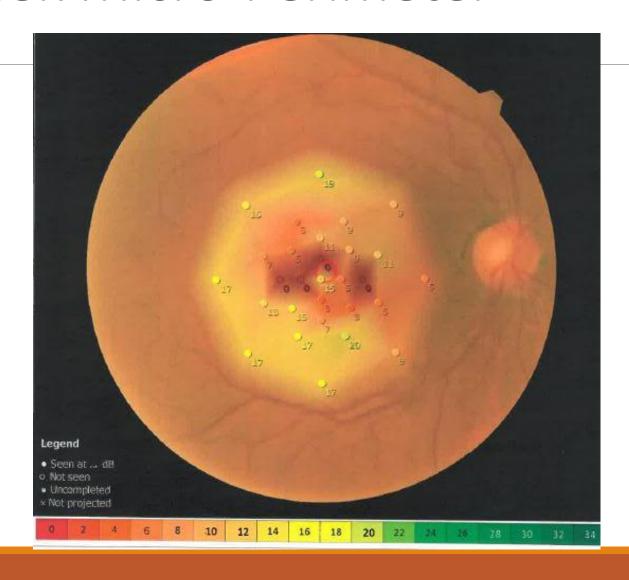
NVA with Rx: OD 20/20 OS 20/25 OU 20/25

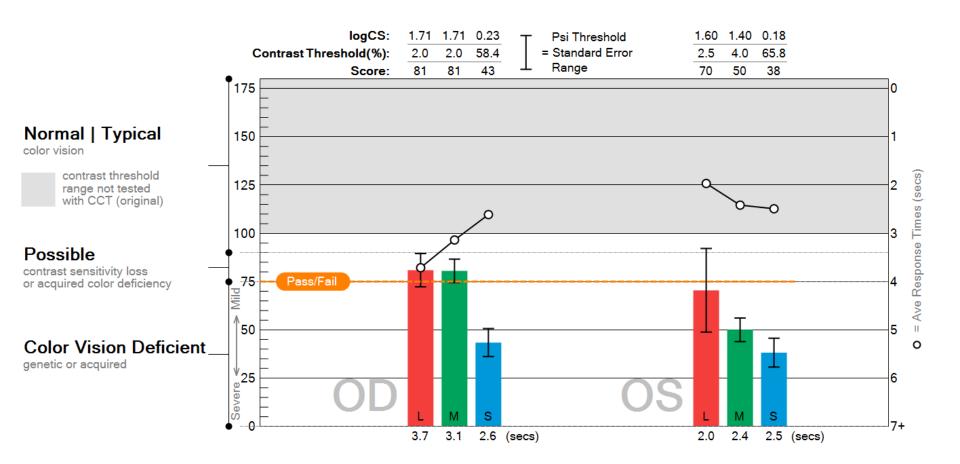
Binocular Balance: OD +0.25 -0.50 x 59 OS +0.25 20/20 all

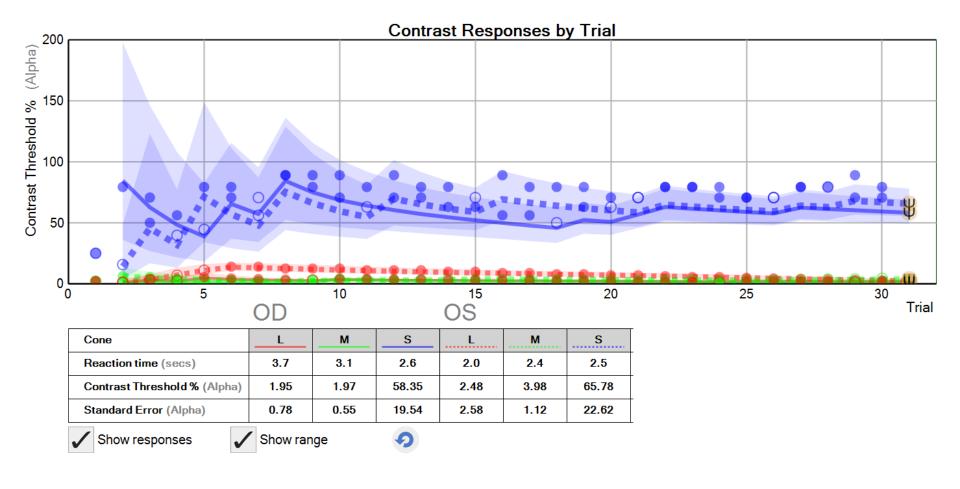
Brought back for DFE 11/16/17

- Scattered punched out lesions OU
- Pigmentary changes throughout
- CD OD .35/.35 OS .65/.65
- 24-2 OD ok possible arcuate superior OS

# Nidek Micro-Perimeter







# 58-yo male

9/7/17 sent in by outside OD

Type 2 diabetic – elevated A1C in June 7.3% - on steroid for pneumonia – BP 140/88

DVA with Rx: OD 20/15-3 OS 20/15-1 OU 20/15-2

NVA with Rx: 20/25+ all

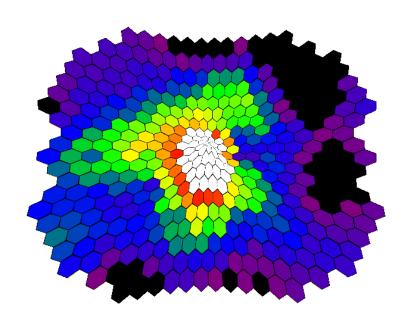
ASEG – nothing interesting

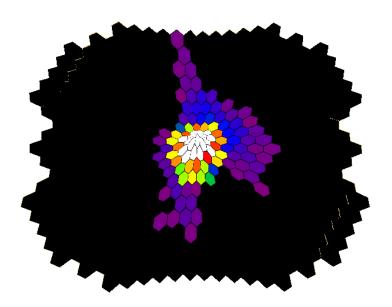
PSEG OD shows Drusen scattered but not in OS.

NOTES: OD appears like intermediate AMD. 2<sup>nd</sup> opinion by another doctor: Could be CACD but very asymmetric. Spectralis shows choroidal irregularity and Drusen affecting the RPE layer.

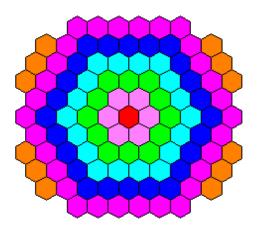
# Multi focal ERG OD OS

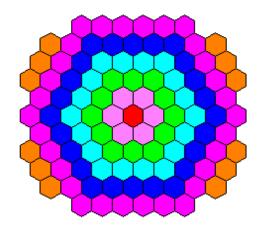
R(40)



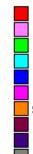


# mfERG Ring Analysis



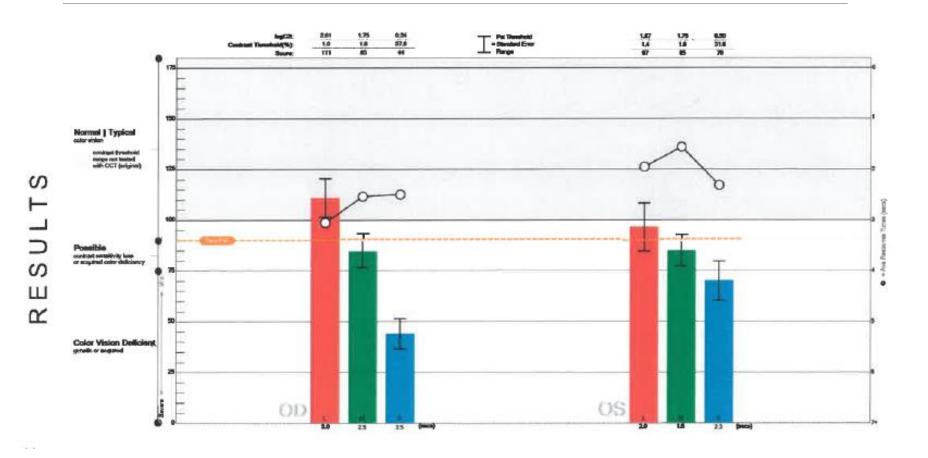


N1(nV/deg2)	Pl(nV/deg2)	Diff(nV/deg2)
-36.76	52.04	88.81
4.57	10.65	6.08
-3.03	6.34	9.37
-1.89	3.35	5.24
-1.37	2.56	3.93
-0.22	2.45	2.67
-1.88	2.57	4.46



N1(nV/deg2)	Pl(nV/deg2)	Diff(nV/deg2
-20.42	28.00	48.42
-6.37	4.82	11.18
-2.14	4.00	6.14
-0.14	4.11	4.25
-2.42	2.10	4.52
-1.23	1.36	2.59
-2.61	2.40	5.01

# ColorDx CCT-HD Results



# CCT-HD Data

# CCTHD

		Psi		Ave		9
	Cone	Threshold	Trials	Time	Score	Category <sup>1</sup>
	Red L	1.0%	30	3.0	111	Normal
OD	Green M	1.8%	30	2.5	85	Possible (Deutan)
	Blue S	57.6%	30	2.5	44	Color Deficient (Tritan)
	Red L	1.4%	30	2.0	97	Normal
OS	Green M	1.8%	30	1.6	85	Possible (Deutan)
	Blue S	31.6%	30	2.3	70	Color Deficient (Tritan)

 $A \perp A \subset$ 

# Historical Methods: Lower Sensitivity and Specificity

The opportunity is to augment clinical data with a new test of vision function assessing cone function.

### 100s of Substances and Pharmaceutical Agents Can Cause Color Vision Defects

acetohexamide

adrenal cortex injection

#### alcohol amobarbital

### aspirin

atropine beclomethasone

betamethasonebroxyquinolone

carbamazepine carbon dioxide

#### cataracts

chloramphenicol chloroquine chlorpromazine chlorpropamide cimetidine cisplatin

### cortisone

deferoxamine denileukin diftitox dexamethasone

### diabetes

dicyclomine diiodohydroxyquinoline dimethyl sulfoxide disulfiram dronabinol

### epinephrine

ergometrine ergotamine tartrate erythromycin estradiol

### estrogen &

progestogen combo products

ethambutol ethionamide famotidine fludrocortisone fluorometholone uphenazine

### glaucoma

glibenclamide glimepiride glipizide glycopyrrolate griseofulvin

### herbal medicines

homatropine

### hydrocortisone hydroxychloroquine ibuprofen

indometacin influenza virus vaccine

iodide and iodine solutions & compounds

isoniazid isotretinoin lidocaine

isocarboxazid

### idlorazepam LSD marijuana

linezol

medrysone mepacrine mepenzolate mercaptopurine

### mescaline

methazolamide methohexital methylergometrine maleate methylphenobarbital metlylprednisolone metoclopramide metronidazole

### multiple sclerosis

nalidixic acid naproxen nitrofurantoin nizatidine

### norepinephrine

organophosphates oxazepam pamidronate penicillamine pentobarbital perphenazine phenobarbital phenytoin physostigmine pilocarpine piograzine

### prednisolone prednisone

primidone prochlorperazine promethazine propantheline psilocybin

### pyridostigmine quinidine

quinine quinine radioactive iodides rrantidine
escinnamine
reserpine
quinine
radioactive iodides
rantidine
rescinnamine
reserpine
rifampicin
rimexolone
rosiglitazone

secbutalbarbital

secobarbital

### sildenafil (Viagra) sulfacetamide

sulfafurazole sulfamethizole sulfametl1oxazole sulfanilamide sulfasalazine sulfathiazole tadalafil tamoxifen thiabendazole thietllylperazine thioacetazone tllioridazine tioquanine tobramycin tolazamide tolbutamide tolterodine tranexamic acid tranylcypromine triamcinolone vardenafil vigabatrin vincristine voriconazole waliarin

zidovudine

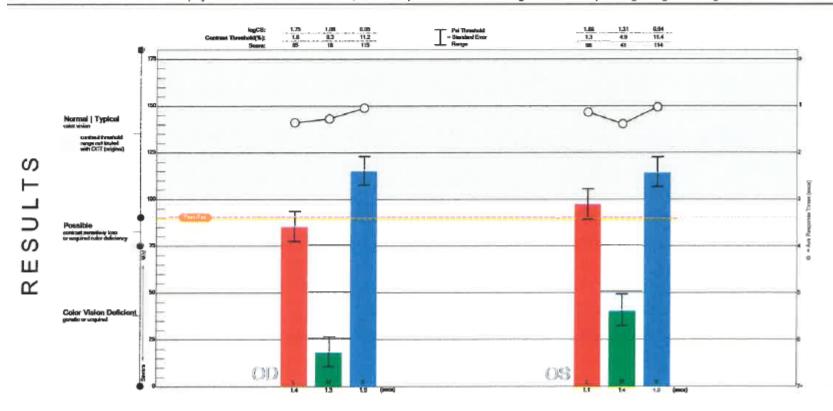
Source: Fraunfelder, Fraunfelder, Chambers. Clinical Ocular Toxicology. Sanders Elsevier, 2008: 320. Available for purchase at: <u>Elsevier</u> and <u>Amazon</u>. Please reference Clinical Ocular Toxicology for categorization of color vision defects by certain, probable, possible, or conditional/unclassified.

Emphasis above added to highlight common substances often neglected in relationship to acquired color vision defects.

# How about some vanilla color deficiencies?

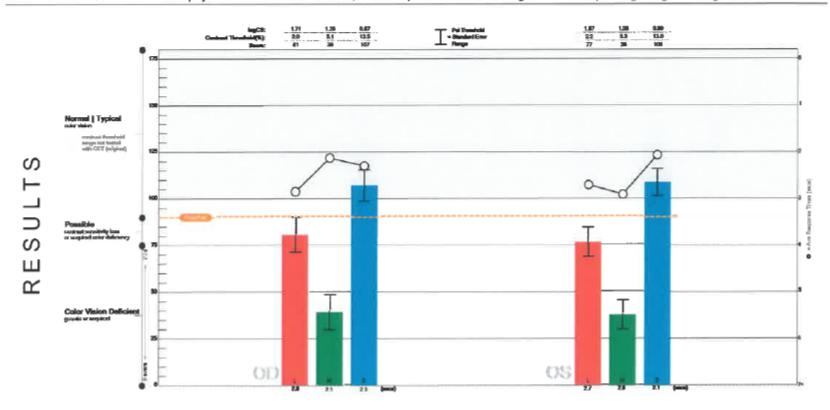
			Psi		Ave		
		Cone	Threshold	Trials	Time	Score	Category <sup>1</sup>
		Red L	1.8%	30	1.4	85	Possible
⋖	OD	Green M	8.3%	30	1.3	18	Color Deficient
$\vdash$		Blue S	11.2%	30	1.0	115	Normal
A .	os	Red L	1.3%	30	1.1	98	Normal
Ω		Green M	4.9%	30	1.4	41	Color Deficient
		Blue S	11.4%	30	1.0	114	Normal

¹Cut-off criteria are physician-selected from custom, or user input score method ranges and corresponding assigned categories.



			Psi		Ave		
		Cone	Threshold	Trials	Time	Score	Category <sup>1</sup>
		Red L	2.0%	30	2.8	81	Possible
DATA	OD	Green M	5.1%	30	2.1	39	Color Deficient
		Blue S	13.5%	30	2.3	107	Normal
		Red L	2.2%	30	2.7	77	Possible
	OS	Green M	5.3%	30	2.9	38	Color Deficient
		Blue S	13.0%	30	2.1	109	Normal

'Cut-off criteria are physician-selected from custom, or user input score method ranges and corresponding assigned categories.



# Billing and Diagnosis Codes

Extended Color Testing: 92283 approximately \$65

- Deutan H53.53
- Protan H53.54
- Tritan H53.55

# Questions & Answers

Paul Harris, OD Professor, Southern College of Optometry 1245 Madison Avenue Memphis, TN 38104 901-722-3273