HFA3 with SITA Faster

Frequently Asked Questions

1) What is SITA Faster?

a. SITA™ Faster is the newest addition to the SITA family of testing strategies for the Humphrey® Field Analyzer 3 (HFA3) perimeter.
b. SITA Faster testing takes about two-thirds of the time required by SITA Fast and about half the time required by SITA Standard. Test time reductions are largest in eyes with severe field loss.
c. Many patients are able to complete SITA Faster 24-2 testing in about 2 minutes (SITA Faster is only available for 24-2).
d. SITA Faster is available to all owners of Humphrey HFA3 perimeters.

2) Why SITA Faster now?

a. Published glaucoma guidelines[1] have suggested that many glaucoma patients may benefit from more frequent visual field testing in order to facilitate earlier detection of those patients who are progressing rapidly on their current therapeutic regimens. More frequent testing will also help determine rate of progression sooner in order to tailor therapy to individual patient needs.
b. A significantly faster testing strategy may facilitate more frequent visual field testing, thus bringing clinical practice more in line with current recommendations.

3) Does SITA Faster perform as well as SITA Fast?

a. Clinical testing has shown that SITA Faster produces results that are clinically equivalent to SITA Fast with no loss of repeatability.

4) Will I have to re-baseline patients in order to switch over to SITA Faster?

a. No, you will not have to re-baseline patients when you switch over because the HFA3 Guided Progression Analysis™ (GPA™) has been updated to allow free intermixing of all three SITA testing algorithms in the same analysis.

5) What are the details on the clinical development & testing?

a. Clinical development began in 2011. Clinical testing has shown that SITA Faster tests produce the same results as SITA Fast, with no loss of reproducibility.
b. Further testing results will be available in the near future. Clinical studies are taking place in China, Japan, Finland, Sweden, and the USA.

6) I am currently using SITA Standard, and am not sure about switching over to SITA Faster since I have never used SITA Fast.

a. SITA Faster cuts testing time in half as compared to SITA Standard.
b. SITA Faster detects visual field defects just as well as SITA Fast.
c. SITA Standard does in fact detect visual field progression slightly sooner than either SITA Fast or SITA Faster. However, in one recent study, differences in reproducibility between SITA Standard and SITA Fast were found to be "negligible", suggesting minimal effects on time to detect progression.[2]
d. We compared the results and the reproducibility of SITA Fast and SITA Faster. They are clinically equivalent. Reproducibility of SITA Faster and SITA Standard are very similar.
e. We believe that in many clinical settings, SITA Faster's improved clinic flow and improved patient acceptance will strongly outweigh SITA Standard's small advantage in progression detection. Increased frequency of testing is much more important for early detection of progression and for measuring rate of progression than the small differences between the three SITA algorithms.

7) I am concerned about the fact that SITA Faster does not routinely do false negative catch trials.

a. FN catch trials have been found to be so strongly affected by the amount of visual field damage that their value in measuring test reliability is small in most patients.[3,4,5]
b. Many useful fields are falsely discarded because of high FN rates.
c. Therefore, we chose to turn FN catch trials off in SITA Faster.
d. Nevertheless, the software has been designed so that you can turn FN testing back on, if you wish.

8) How do I assess the patient's fixation during the test?

a. We recommend using Gaze Monitoring to assess the patient's fixation during the test because it is a real-time feedback system that records the patient's fixation at every stimulus presentation. This is more comprehensive than the Blind Spot test, and we feel is a better overall record of the patient's fixation. For this reason, the Blind Spot check is turned off by default, and the Gaze monitor is on by default, in the SITA Faster test. The Gaze graph is present on the screen during the test for the technician to monitor, and is printed on the Single Field Analysis report for the doctor to review. Blind Spot monitoring can be turned back on by adding it to a new Test Profile with SITA Faster if you prefer to keep using the Fixation Loss metric.

9) I am concerned about my patient legacy data with SITA Standard and/or SITA Fast.

a. HFA3's Guided Progression Analysis (GPA) has been improved to allow mixing of SITA test strategies: SITA Standard, SITA Fast and SITA Faster can be freely intermixed in the HFA3's GPA.
b. Thus, you will be able to introduce SITA Faster testing without having to re-baseline your patients.

10) SITA Faster in summary

a. SITA Faster reduces testing time by about half, compared to SITA Standard and by about one-third compared to SITA Fast.
b. SITA Fast and SITA Faster produce interchangeable test results.
c. Many patients are able to complete SITA Faster 24-2 testing in about 2 minutes.

d. All three SITA testing strategies – SITA Faster, Fast and Standard – may now be freely intermixed in a new version of HFA3's Guided Progression Analysis allowing clinics to switch over to SITA Faster without having to re-baseline patients.
e. If time savings achieved by switching from SITA Standard, or SITA Fast, to SITA Faster are used to increase the frequency of visual field testing, progression can be detected and rate of progression assessed sooner than before.

Citations:

[1] Terminology and Guidelines for Glaucoma, 4th Edition, page 63. European Glaucoma Society. www.eugs.org

[2] JAMA Ophthalmol. 2015;133(1):74-80. doi:10.1001/jamaophthalmol.2014.4237 http://jamanetwork.com/journals/jamaophthalmology/fullarticle/1913630

[3] Investigative Ophthalmology & Visual Science, July 2000, Vol. 41, No. 8

[4] Ophthalmology. 1991 Jan;98(1):70-5

[5] Acta Ophthalmol Scand. 2000 Oct;78(5):519-22