



ASS. PROF. ZHICHAO WU

# Wave 2026

# D2-S1

## MCQS

**MCQS – Advance Access Only for WAVE. Please submit answers **online** before 11.59pm AWST 23<sup>rd</sup> March OR if you want a 7 Day Extension to complete ALL MCQS – opt in online for the extra time.**  
**The following 10 MCQS are from the presentation on Day 2 - Session 1 @ WAVE 2026.**

### **Geographic Atrophy – Updates on Clinical Management in a New Era**

**Q.1) What is the most appropriate terminology for classifying a person with bilateral large drusen?**

- a) Dry AMD
- b) Early AMD
- c) Intermediate AMD
- d) Late Atrophic AMD

**Q.2) Which of the following is not a distinctive characteristic of a geographic atrophy (GA) lesion on colour fundus photographs?**

- a) Sharply delineated margins
- b) Perilesional hyperpigmentation
- c) Roughly round or oval shape
- d) Increased visibility of the choroidal vessels (compared to surrounding regions)

**Q.3) Which of the following is not a distinctive feature of GA on OCT B-scans?.**

- a) Thinning of the inner nuclear layer (INL)
- b) Loss of the photoreceptor ellipsoid zone (EZ)
- c) Attenuation and disruption of the retinal pigment epithelium (RPE)
- d) Choroidal signal hypertransmission

**Q.4) What did the OAKS and DERBY trials of pegcetacoplan for GA show?**

- a) No significant treatment effect on GA progression
- b) Significant slowing of GA growth only
- c) Significant slowing of GA growth and VA loss only
- d) Significant slowing of GA growth, VA loss, and reading speed decline

**Q.5) What type of ocular-related adverse event(s) were seen at least twice as often with pegcetacoplan than sham treatment in the OAKS and DERBY trials?**

- a) None
- b) Retinal vasculitis only
- c) Exudative neovascular AMD only
- d) Retinal vasculitis and exudative neovascular AMD

**Q.6) What did post hoc analyses of the OAKS trial show with pegcetacoplan for slowing the onset of absolute scotomas on all four points (central 1x1mm region) on microperimetry?**

- a) Slowing by <10%
- b) Slowing by 10-20%
- c) Slowing by 20-30%
- d) Slowing by  $\geq 30$

**Q.7) How much was GA growth slowed with avacincaptad pegol in the GATHER2 trial?**

- a) <10%
- b) 10 to 20%
- c) 20 to 30%
- d)  $\geq 30\%$

**Q.8) What type of ocular-related adverse event(s) were seen at least twice as often with avacincaptad pegol than sham treatment in the GATHER2 trial?**

- a) None
- b) Retinal vasculitis only
- c) Exudative neovascular AMD only
- d) Retinal vasculitis and exudative neovascular AMD

**Q.9) Which drugs for GA are approved by the Therapeutics Goods Administration in Australia?**

- a) None
- b) Syfovre (pegcetacoplan) only
- c) Izervay (avacincaptad pegol) only
- d) Syfovre (pegcetacoplan) and Izervay (avacincaptad pegol)

**Q.10) Which of the following are recommendations for the care of those with GA by the Optometry Australia Clinical Practice Guide for AMD?**

- a) Optometrists should refer patients with GA interested in further advice or considering treatment to an ophthalmologist
- b) Colour fundus photography, OCT and/or fundus autofluorescence imaging is recommended for all patients with GA. If not available, patients should be offered a referral to an appropriate practitioner for imaging
- c) Patients with GA should be reviewed at least every 6 months
- d) All the above

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