THE APOSTEL RECOMMENDATIONS FOR REPORTING QUANTITATIVE OPTICAL COHERENCE TOMOGRAPHY STUDIES

James R. Cameron, Edinburgh: I read the review by Cruz-Herranz et al., which emphasized the importance of a clear protocol for optical coherence tomography (OCT) imaging and reporting in clinical studies relating to neurology. I agree with much of the reported checklist, but was surprised to see that the nomenclature for the outer retinal layers of the OCT image did not reflect recent agreements on standardization of naming.

An international consensus for nomenclature was recently published with comprehensive explanations for the naming choices, demonstrating a clear understanding of the reflective mechanism of OCT technology and how that relates to the cellular anatomy of the retina. In particular, the renaming of the layers related to the photoreceptor inner segments as zones (i.e., the myoid and ellipsoid zones).

The authors may wish to update their recommended nomenclature to reflect the international consensus.

Author Response: Philipp Albrecht, Düsseldorf, Germany; Andrés Cruz-Herranz, San Francisco; Axel Petzold, London; Wolf A. Lagreze, Freiburg, Germany; Alexander U. Brandt, Berlin: We thank Dr. Cameron for the comment on our review and agree that additional structures can be differentiated below the external limiting membrane (ELM) in comparison to what is illustrated in table 2 and the figure. A myoid zone can be defined between the inner segment/outer segment junction (IS/OS) and the ELM, an ellipsoid zone between the IS/OS and the outer photoreceptor tips (OPT), and an interdigitation zone between the OPT and the retinal pigment epithelium. These structures were detailed in the International Nomenclature for OCT (IN-OCT) consensus article, and are relevant for research conducted on the outer retina.

The APOSTEL recommendations are a first step towards consensus-based reporting guidelines for quantitative OCT studies, primarily focused on the inner retinal layers. However, it is essential to reach consensus on nomenclature and reporting between researchers from different disciplines and backgrounds, and with different retinal areas of interest. We are in the process of preparing a formalized consensus-building approach, which involves a larger public, including ophthalmologists, neurologists, and basic scientists to further refine, evaluate, and revise the recommendations. We intend to include the more detailed nomenclature of the structures below the ELM and reference the IN-OCT consensus article in future versions of the recommendations.

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EMERGING SUBSPECIALTIES IN NEUROLOGY: NEURO-OPHTHALMOLOGY

Stacy V. Smith, Andrew G. Lee, Houston: We read with interest the article by Desai et al. on neuro-ophthalmology as a specialty. While the authors provided information of interest to residents and medical students considering neuro-ophthalmology as a specialty, a minor update and revision is needed to the listing of Association of University Professors in Ophthalmology (AUPO) Fellowship Compliance Committee (FCC)–compliant programs.
The APOSTEL recommendations for reporting quantitative optical coherence tomography studies
James R. Cameron, Philipp Albrecht, Andrés Cruz-Herranz, et al.
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