

# Vision in Retinoblastoma: Practical Outcomes and Predictors of Visual Prognosis

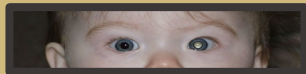
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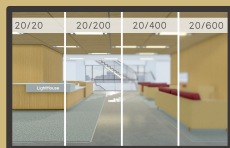
## Statement of Problem and Aims

- **Retinoblastoma (RB)** is the most common primary malignant ocular tumor of childhood, and although modern therapies often preserve the eye, visual outcomes remain unpredictable.
- **The problem** is that parents and clinicians lack clear, real-world data on functional visual outcomes and the factors that shape them.
- **This study aims** to characterize whole-child visual outcomes after RB treatment and identify clinical predictors of functional vision and blindness risk.

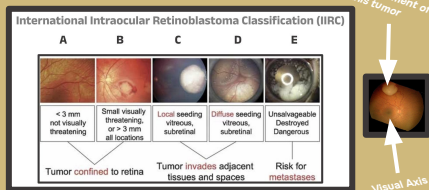


## Disclosures

- **Financial Support:** Research to Prevent Blindness, Dolores Schlessman
- **Clinical Trial Support:** Castle Bioscience, Roche/Genentech, Regeneron, Aura Bioscience



## Visual References

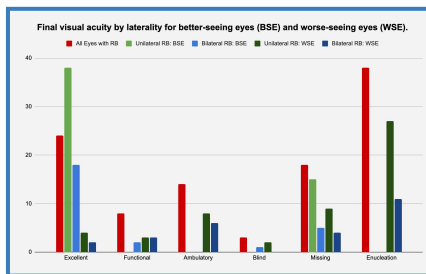


## Methods

- **Retrospective chart review** of children treated for retinoblastoma from 2008–2024, collecting demographics, laterality, tumor features, treatment details, and visual rehabilitation data.
- Each eye was staged using the International Classification of Retinoblastoma (ICRB A–E) and assessed for macular involvement.
- Best-corrected visual acuity (BCVA) was categorized using study-specific groups: **Excellent** ( $\geq 20/40$ ), **Functional** (20/50–20/150), **Ambulatory** (20/200–counting fingers), and **Blind** (hand motion to no light perception).
- Timing of amblyopia therapy and use of visual rehabilitation services were recorded after tumor control.
- **Visual outcomes** were analyzed by laterality, ICRB stage, macular involvement, and treatment type (including enucleation).

## Results and Trends

- Among 79 children (67% unilateral, 33% bilateral), 78/79 (99%) did not meet WHO criteria for bilateral blindness.
- **Unilateral RB:** all retained normal or functional vision in the fellow eye; 72% of affected eyes maintained  $\geq 20/200$  vision.
- **Bilateral RB:** better-seeing eye had excellent or functional vision in 77%; only 1 child (4%) met WHO blindness criteria.
- Across 105 eyes, **23% achieved excellent vision** ( $\geq 20/40$ ), 8% functional (20/50–20/150), and 13% ambulatory (20/200–CF).
- **Enucleation** occurred in 42% of children with bilateral disease and 51% of ICRB Group D/E eyes, mostly in worse-seeing or advanced eyes.
- **Visual prognosis** declined with ICRB stage: excellent vision in 100% Group A, 67% B, 25% C, 8% D, and 5% E eyes.
- **Macular involvement** strongly predicted poor vision: eyes without macular disease achieved 83% excellent vision versus 24% with macular involvement; none of the macula-sparing eyes were blind.
- **Amblyopia** therapy began within one month of tumor control in most patients.



## Conclusions

- Most children with RB achieve functional or better vision, even in bilateral disease, with **true bilateral blindness being rare**.
- Macular involvement and advanced ICRB stage are the strongest **predictors** of poor outcomes.
- **Early amblyopia therapy** and timely rehabilitation support help maximize functional vision after tumor control.

## Future Work

- **Develop predictive models** or algorithms to better forecast visual outcomes and guide individualized RB treatment.
- **Conduct multi-center studies** to increase cohort size and validate prognostic factors, including genetics and tumor characteristics.
- **Explore treatment refinements** and early interventions that minimize vision-threatening complications, such as macular involvement or retinal detachment.

## References

