

*First 68 sample
to 180 sample*

IVERMECTIN (MK-933)
VS PLACEBO IN ONCHOCERCIASIS
OPHTHALMOLOGIC EXAMINATION

Hautshäute

OE₁

IIN	STUDY NO.	PROTOCOL NO. 519	ALLOCATION NO. B3
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PRE RETREAT. (MO.18)
 DAY 3
 MONTH 24
 DATE EXAMINED 12/11/89
(day/mo/yr)

MONTH 30
 MONTH 36
 MONTH 42
 MONTH 48
 MONTH 54

VISUAL ACUITY (6 metres; 20 feet; test with distance spectacle correction if normally used)

		RE	LE
<input checked="" type="checkbox"/> Snellen/Illiterate E	Uncorrected	<u>574</u>	<u>574</u>
<input type="checkbox"/> Other _____	Corrected/Pinhole	_____	_____

PERIPHERAL VISUAL FIELDS (Confrontation method)

Normal	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>
20° - 10°	<input type="checkbox"/>	2	<input type="checkbox"/>
Less than 10°	<input type="checkbox"/>	3	<input type="checkbox"/>
Absent	<input type="checkbox"/>	4	<input type="checkbox"/>

Other Abnormality None, or describe below: _____

PUPILLARY REFLEX (Circle N = normal or A = abnormal)

	(1)	(2)	(1)	(2)
	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>

If abnormal, describe below:
Slightly slow

EXTERNAL EXAMINATION (Circle N = normal or A = abnormal)

Eyelids	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>
Conjunctiva	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>
Eyelid eversion	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>
Iris, Pupil	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>
Ocular Movement	<u>N</u>	<u>A</u>	<u>N</u>	<u>A</u>

Other Abnormality None, or describe, draw, photograph below or on Form OE5.
mild pupillary conjunctivitis

**IVERMECTIN (MK-933)
VS PLACEBO IN ONCHOCERCIASIS
OPHTHALMOLOGIC EXAMINATION**

OE₂

IIN	STUDY NO.	PROTOCOL NO. 519-19		ALLOCATION NO. #3
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PRE RETREAT. (MO.18)
 DAY 3
 MONTH 24
 DATE EXAMINED 11/89
 (day/mo/yr)

MONTH 30
 MONTH 36
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MONTH 54

SLIT LAMP EXAMINATION

ANTERIOR CHAMBER (after head dependent for 5 minutes)

	RE	LE
Microfilariae (count)	0	0
Flare —————	0	0
Cells —————	0	0

Grade as:	0 = Absent
	1 = Mild
	2 = Moderate
	3 = Severe

Other Abnormality None, or describe below:

CORNEA

Microfilariae counts

a) live	0	0
b) dead	0	0

c) locations .

Punctate Opacities

a) counts	3	0
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b) locations

Limbitis

	RE		LE	
	YES	NO	YES	NO
Limbal vessel dilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Limbal edema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White globular opacities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Grade as:	0 = Absent
	1 = Mild
	2 = Moderate
	3 = Severe



**IVERMECTIN (MK-933)
VS PLACEBO IN ONCHOCERCIASIS
OPHTHALMOLOGIC EXAMINATION**

OE₃

IIN	STUDY NO.	PROTOCOL NO. 519-19		ALLOCATION NO. H3
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PRE RETREAT. (MO.18)
 DAY 3
 MONTH 24
 DATE EXAMINED 11/88
 (day/mo/yr)

MONTH 30
 MONTH 36
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SLIT LAMP EXAMINATION (cont'd)

CORNEA (cont'd)

	RE	LE
Sclerosing Keratitis		
Absent.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Limbal Haze	<input type="checkbox"/>	<input type="checkbox"/>
Nasal or Temporal	<input type="checkbox"/>	<input type="checkbox"/>
Confluent Inferiorly.	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Covered.	<input type="checkbox"/>	<input type="checkbox"/>
Other Abnormality <input type="checkbox"/> None, or describe below:		

LENS

	YES (1)	NO (2)	YES (1)	NO (2)
Opacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Describe abnormality and/or location of opacity:				

ANTERIOR VITREUM

	YES	NO	YES	NO
Syneresis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opacities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Abnormality <input type="checkbox"/> None, or describe below:				

IRIS (Circle N = normal or A = abnormal) N A N A

If abnormal, describe below:

INTRAOCULAR PRESSURE (mmHg)

(Goldman Applanation Tonometer)

First Reading	<u>15.6</u>	<u>15.6</u>
Second Reading	_____	_____
Third Reading	_____	_____

IVERMECTIN (MK-933)
VS PLACEBO IN ONCHOCERCIASIS
OPHTHALMOLOGIC EXAMINATION

OE₄

IIN	STUDY NO.	PROTOCOL NO. 51949	ALLOCATION NO. 43
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PRE RETREAT. (MO. 18)
 DAY 3
 MONTH 24
 DATE EXAMINED 11/18/89
 (day/mo/yr)

MONTH 30
 MONTH 36
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MONTH 54

OPHTHALMOSCOPY

DILATED FUNDUS EXAMINATION*

Optic Disc (circle N = normal or A = abnormal)

	RE		LE
	(1)	(2)	(1)
	N	A	N
			(2)
			A

If abnormal, describe below:

Cup/Disc Ratio

	YES	NO	YES	NO
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Posterior Vitreous Detachment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Macula (circle N = normal or A = abnormal)

	N	A	N	A
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If abnormal, describe below:

Peripheral Retina

Retinitis

Grade as: 0 = None
1 = Mild
2 = Severe
3 = Active

	YES	NO	YES	NO
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Hemorrhage

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Retinal Holes

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Lattice Degeneration

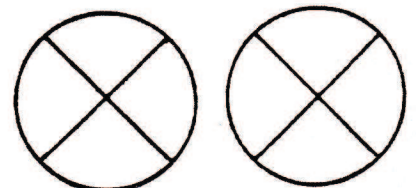
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Paving Stone Degeneration

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Other Abnormality None, or describe:

*Note: All abnormal signs must be located on the accompanying diagrams:



**IVERMECTIN (MK-933)
VS PLACEBO IN ONCHOCERCIASIS
OPHTHALMOLOGIC EXAMINATION**

OE₅

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PRE RETREAT. (MO.18)
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(day/mo/yr)

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FUNDUS PHOTOGRAPHY (Optional)

	RE		LE
(Circle N = normal or A = abnormal)	N	A	N A
If abnormal, describe below:			

FLUORESCEIN ANGIOGRAPHY (Optional)

	N	A	N A
(Circle N = normal or A = abnormal)			
If abnormal, describe below:			

WORK SHEET <small>CLINICAL RESEARCH INTERNATIONAL MERCK SHARP & DOHME RESEARCH LABORATORIES</small>	<small>Investigator's Name</small> SHEET
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IVERMECTIN (MIR-500)
VS PLACEBO IN ONCHOCERIASIS
POST TREATMENT OPHTHALMOLOGIC EXAMINATION

OE 6

3

STUDY NO. 519

OPHTHALMOLOGIC EXAMINATIONS — CHANGES POST TREATMENT

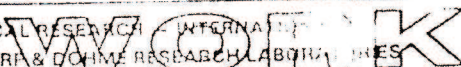
11/11/89

DAY 3 — 4 MONTH 3 MONTH 6

NOTE TO THE INVESTIGATOR: Please review the data you have provided on Forms OE1 — OE 5. Was there a significant change from the Previous Examination? Check 'NO' or 'YES' below, and if 'YES', describe change.

OPHTHALMOLOGIC EXAMINATION	SIGNIFICANT CHANGE?	
	NO	YES (and describe)
VISUAL ACUITY		5/5 5/5
PERIPHERAL VISUAL FIELDS	✓	
PUPILLARY REFLEX	✓	
EXTERNAL EXAMINATION	✓	
SLIT LAMP:		
ANTERIOR CHAMBER	✓	
CORNEA	✓	
LENS		
ANTERIOR VITREUM		
IRIS	✓	
INTRAOCULAR PRESSURE		
OPHTHALMOSCOPE:		
OPTIC DISC		
CUP/DISC RATIO		
POSTERIOR VITREOUS DETACHMENT		
MACULA		
PERIPHERAL RETINA		
FUNDUS PHOTOGRAPHY		
FLUORESCEIN ANGIOGRAPHY		

COMMENTS:


Investigator's Name
SHEET