



Professor Tunde Peto: the role of new imaging modalities in the screening of diabetics retinopathy

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Expert introduction

Dr. Tunde Peto (*Figure 1*) is Head of the Ophthalmic Image Reading Centre at Moorfields Eye Hospital and the Professor of Clinical Ophthalmology at Queen's University Belfast. The Reading Centre is involved in screening, epidemiological studies and in clinical trials. It is also involved in mapping out new imaging possibilities where none existed before. Dr. Tunde Peto is an ophthalmologist with special research interest in chronic blinding diseases. She trained as an ophthalmologist and then completed her PhD in epidemiology and statistics on the field of diabetes care.

Professor Peto has been working on the field of ophthalmic epidemiology with special emphasis on chronic eye diseases that potentially lead to blindness, such as glaucoma, diabetic eye disease, aged related and other macular degenerations. She has also been working with both developing retinopathy screening programs in wide variety of settings. Professor Peto is also the Head of the European Vision Institute's Reading Center Committee, Board member of the Royal Society of Medicine, and the European Coalition for Vision and the EU-EYE.

Editor's note

We were honored to have an interview with Dr. Tunde Peto, the Professor of Clinical Ophthalmology at Queen's University Belfast to share her viewpoints about the role of new imaging modalities in the screening of diabetic retinopathy.

As an ophthalmologist with special research interest in chronic blinding diseases, Prof. Tunde Peto also shared her opinions about how to prevent diabetic retinopathy, one of the most common diseases that lead to blindness. "I think one of the main issues is raising awareness. A lot of people may have diabetes for a very long time,



Figure 1 Tunde Peto, MD, PhD, the Professor of Clinical Ophthalmology at Queen's University Belfast, Head of the Ophthalmic Image Reading Centre at Moorfields Eye Hospital.

however, they are not aware that they are likely to have eye complications and diabetic retinopathy. Several general physicians and even some young ophthalmologists are not aware that they have to do regular check for patients and diabetic blindness can come without much of warning sign," she said in the interview, "Diabetic retinopathy, even diabetic maculopathy which affects the center, these diseases can be silent for a very long time, and even some severe diseases might not cause visual complications until the very last minutes when vision finally lost. Therefore, it's critical to raise public awareness and educate doctors to be able to take action in time."

When mentioned the changes that the new imaging modalities bring to the screening of diabetic retinopathy, Professor Peto said: "I think we need to make sure that several factors are taken into consideration such as what people decide to use, which cameras to buy and which imaging modalities to use. One of the main important things will be how quickly you want the screening to



Figure 2 Professor Tunde Peto: the role of new imaging modalities in the screening of diabetics retinopathy (1).

Available online: <http://www.asvide.com/articles/1635>

be taking place, how much detail you want to get from the images. Some patients will require more high-level imaging, and then you could also check the methods how appropriately you have done. But you don't have to apply the most expensive camera for every single patient." For more detail of the interview, please refer to the following video (*Figure 2*).

Interview questions

- (I) Diabetic retinopathy is still one of the most common diseases that lead to blindness, how should the doctors and patients to prevent?
- (II) What change does new imaging modalities brings to the screening of diabetic retinopathy?
- (III) What are the advantages and limitations of fundus photography compared to other screening method?
- (IV) Do you have any advice for the young surgeon?

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