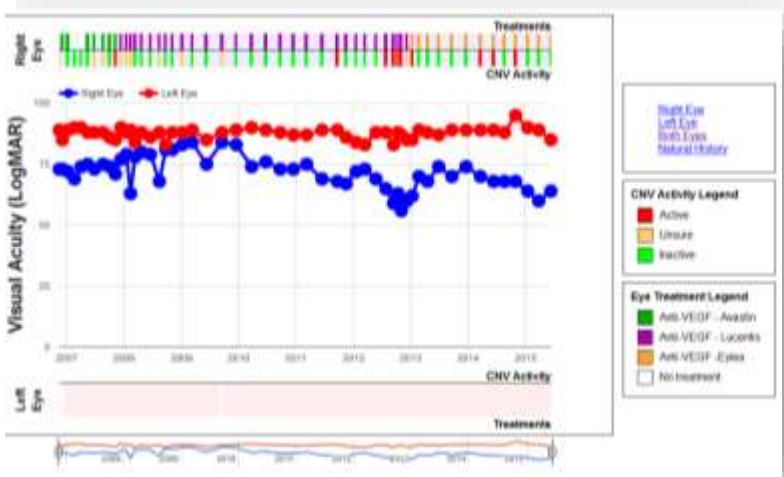


Graphical representation of visits over eight years  
Right and Left eyes view



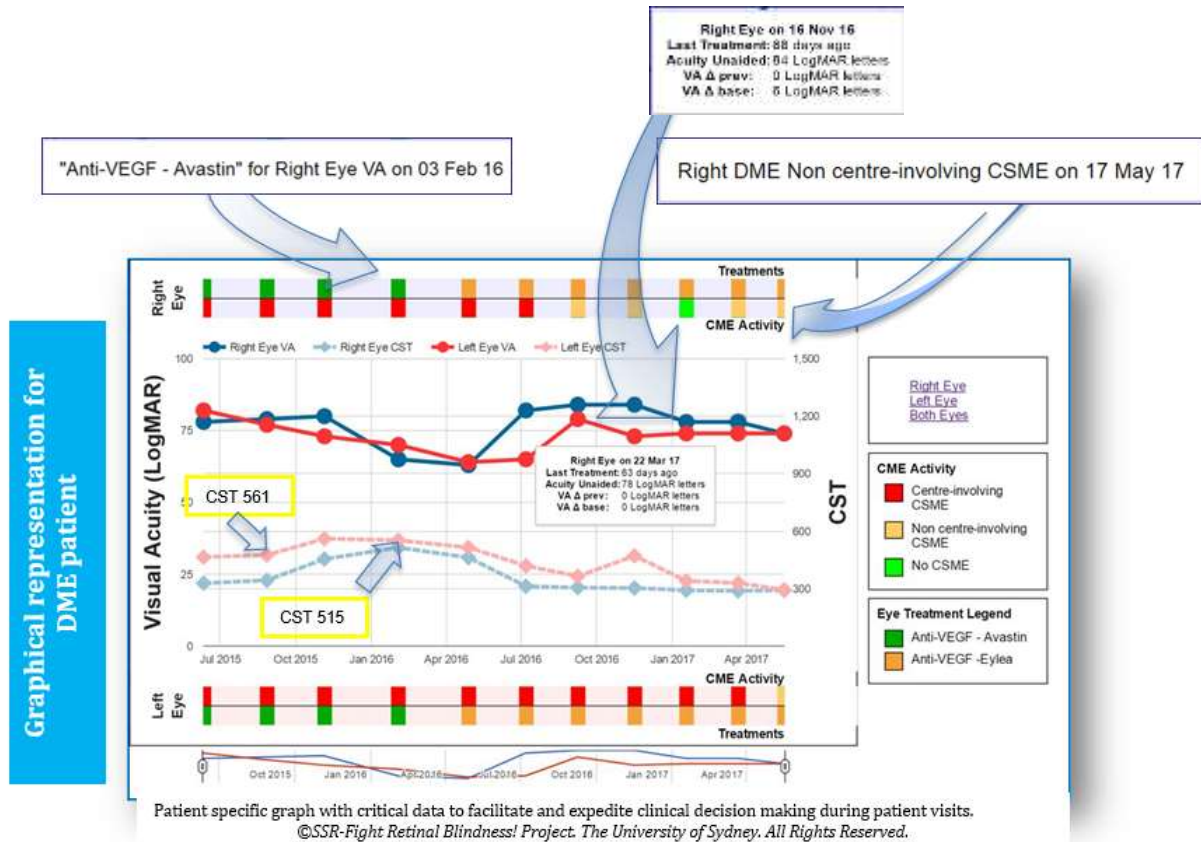
**TO JOIN CONTACT:**  
**SSR Research Officer**  
 E: [ssi.ssr@sydney.edu.au](mailto:ssi.ssr@sydney.edu.au)  
 T: +61 2 9382 7304

SSR Chief Investigator  
**Professor Mark Gillies**  
 E: [mark.gillies@sydney.edu.au](mailto:mark.gillies@sydney.edu.au)

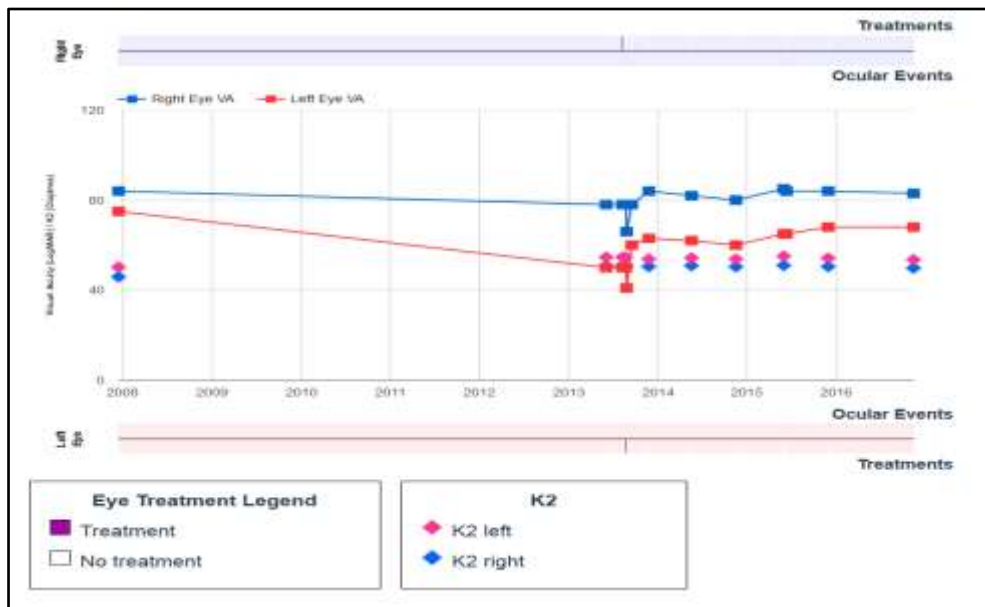
Keratoconus Chief Investigator  
**Professor Stephanie Watson**  
 E: [stephanie.watson@sydney.edu.au](mailto:stephanie.watson@sydney.edu.au)

Glaucoma Chief Investigator  
**Dr Mitchell Lawlor**  
 E: [mitchell.lawlor@sydney.edu.au](mailto:mitchell.lawlor@sydney.edu.au)





The figure shows the course of a patient who was being treated for DME in both eyes with bevacizumab. When visual acuity declined in association with increasing macular thickness, the patient was switched to aflibercept. This resulted in improved vision, and reduced swelling with drying of the fovea although he still required 2 monthly injections.



This graph shows the journey of a patient with keratoconus. Over time their vision declined in each eye and keratometry increased. Corneal cross-linking was performed (treatment) which stabilized keratometry and vision.

SSR is a scientific collaboration nationally and internationally which aims to develop benchmarks and drive improved patient outcomes. The Registries provide evidence for real world effectiveness of existing and new treatments, highlighting treatment patterns that lead to the best outcomes for patients.