Table 41: Effect of MIGS + Cataract Surgery Versus Comparators on Visual Field in Adults With Glaucoma

	Quality Assessment						Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: iStent + Phaco Vs. Phaco Alone											
1	RCT[a]	Very serious risk of bias[b]	No serious inconsistency	No serious indirectness	Serious imprecision[c]	None	117	123	**iStent + Phaco = Phaco Alone:** **Visual field** (mean deviation and pattern standard deviation) was not significantly different between groups at baseline or 24 mo follow-up; within-group comparison from baseline to follow-up not tested statistically.[34,68]	⊕◯◯◯ VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: ECP + Phaco Vs. Trabectome + Phaco											
1	Retrospective cohort[d]	Serious risk of bias[e]	No serious inconsistency	No serious indirectness	Serious imprecision[f]	None	ECP + Phaco, 35 Trabectome + Phaco, 26	NA[g]	**ECP + Phaco = Trabectome + Phaco:** The mean change in **visual field** from baseline to 12 mo follow-up was not significantly different between groups.[89]	⊕◯◯◯ VERY LOW	CRITICAL

= = not significantly different between groups; MIGS = minimally invasive glaucoma surgery; mo = months; no. = number; Phaco = phacoemulsification; RCT = randomized controlled trial; vs. = versus.

Note: Data were collected by RCT, with up to 24 months of follow-up. Visual field was measured by Humphrey 30-2 or 24-2 Swedish Interactive Threshold Algorithm standard.

[a] One RCT in two publications.[34,68]

[b] Very serious risk of bias.[34,68] Selection bias: no indication of allocation concealment. Detection bias: no blinding of outcome assessors. Attrition bias: large amount of missing data (~9% per group at 12 months and 16% to 18% per group at 24 months), and reasons for missing data may be related to the true outcome (e.g., those with failed Phaco due to adverse event were excluded post-randomization). Reporting bias: results not reported comprehensively and rationale for analysis choice not reported (i.e., some results reported with the intention-to-treat population and others reported with the "consistent cohort" population); visual field results reported only at baseline and 24-month follow-up time points.

[c] Serious imprecision.[34,68] Only a single study, and the variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).

[d] One retrospective cohort study.[89]

[e] Serious risk of bias.[89] Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups; some baseline characteristics (e.g., age) different between groups; potential confounding variables not controlled for in analyses. Bias in selection of participants: only those with 12-month follow-up were included and it is possible that those with 12-month follow-up were systematically different from those with shorter follow-up (i.e., different from those in routine clinical practice); at least one patient who did not meet inclusion criteria was included (the inclusion criteria specified age > 40 years, but the range of ages in one group was reported as 30 to 85 years). Bias in selection of the reported result: visual field was not included in the methods as an outcome measure but was included as such in the results.

[f] Serious imprecision.[89] Only a single study, and the variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).

[g] In this study, one MIGS performed in combination with cataract surgery was compared with another MIGS combined with cataract surgery.[89]