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Our findings are among the first to identify a molecular basis for gender differences in the retinal microvasculature. In this cohort, female sex was associated with decreased vascular density, suggesting that increased circulating estrogen levels are associated with decreased vascular density in the retinal tissue. This is consistent with prior work implicating circulating estrogen in vascular pathologies. However, we did not find any link between hormone-related fertility disorders (Ovarian Insufficiency, Endometriosis, Polycystic Ovary Syndrome, Oligo-/Anovulation and Endometrial Hormone Disorders, Uterine Fibroids) and vascularization in this study. These data suggest that estrogen may act directly on the retina. Future studies should elucidate the molecular underpinnings for the decreased retinal vascularization in women. Such knowledge would not only help in determining the mechanisms of vascular density change in the retina, but would also provide the biological basis for evaluating the effects of estrogen in treating vascular retinal diseases, such as diabetic retinopathy and neovascular macular degeneration. We estimated glucose levels using a digital colorimetric test on the Micro XP Pro device. In the following analyses, we only included results when both the subjects and the Micro XP Pro device were well calibrated (validated). First, we determined the calibration relationship between serum glucose level and the digital colorimetric measurement, to generate an estimate of serum glucose levels from test results. Second, we derived an estimate of the relationship between serum glucose and colorimetric results, to generate an estimate of serum glucose levels from digital colorimetric results. We trained the ROC model and assessed model performance using the held-out dataset (n=68) in the validation set. The estimates of serum glucose from digital colorimetric results had a very high correlation with measured serum glucose (Pearson correlation coefficient [PCC]=0.96, p

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The final dataset consisted of 559 patients (mean age: 56.5 ± 16.0 , 88.4% female) and 538 healthy control subjects (mean age: 52.4 ± 18.1 , 88.6% female) (SI Appendix, Table S1). Deep learning-based automated removal of low-quality images (i.e., images with motion-related artifacts, gradients, and non-vessel objects such as lesions or exudates) led to fewer images to exclude with high probability of belonging to the control group (183 [33%] vs. 80 [14.2%], p 5ec8ef588b

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