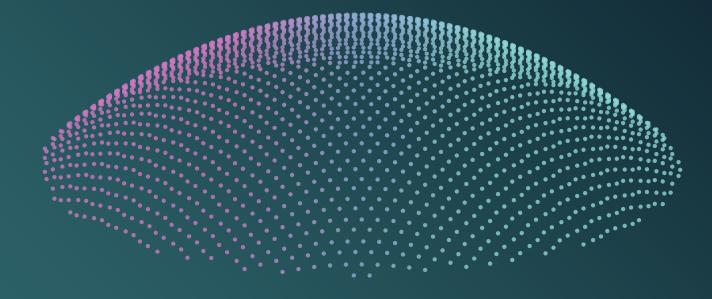
Optimize Visual Outcomes After Cataract Surgery







Gregory D. Searcy, M.D. Erdey Searcy Eye Group Columbus, Ohio

The World's First Adjustable Intraocular Lens

LASIK Level Refractive Outcomes

Patient driven outcomes 90% achieving 20/20 & J2¹ Light ??? Adjustable Lens™

Test Drive Your Vision

High quality vision No reduction in contrast No increase in glare or halo

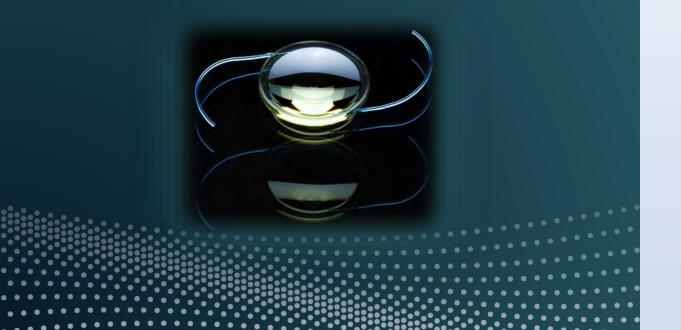
Empowers a wide group of patients and doctors

1. RxSight Combined PMCS-001 & PMCS-002 Clinical Outcomes of Patients Bilaterally Implanted with LAL

The World's First Adjustable Intraocular Lens

Light Adjustable Lens (LAL)

- 3-piece silicone optic, 6.0 mm
- Photoreactive UV absorbing material
 - LAL molded with free-chain silicone macromers and photo initiators

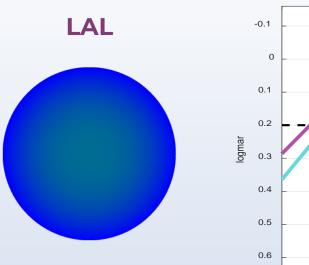


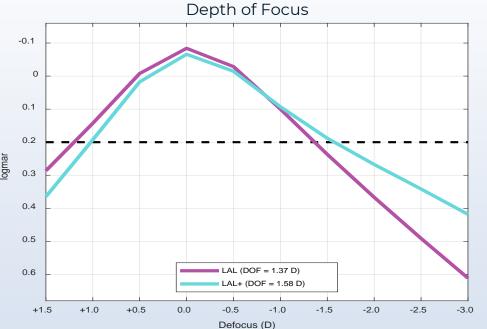
Light Delivery Device (LDD)

Adjusts the LAL post-operatively
Up to 3 adjustments in 0.25 D increments
Corrects up to 3.0 D of astigmatism





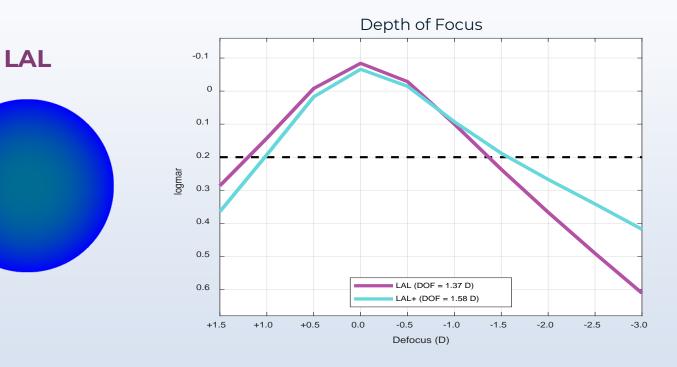






Small continuous increase in central lens power is molded to the anterior surface providing patients with earlier visual benefit before light treatments



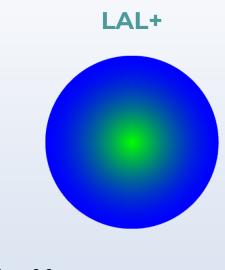


LAL

LAL+

1.37 D

1.58 D

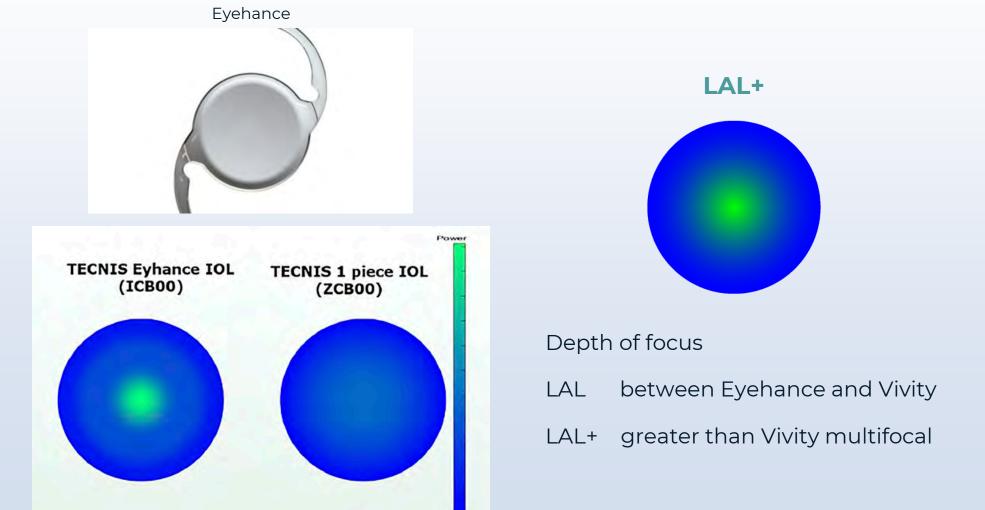


Depth of focus

- LAL between Eyehance and Vivity
- LAL+ slightly greater than Vivity

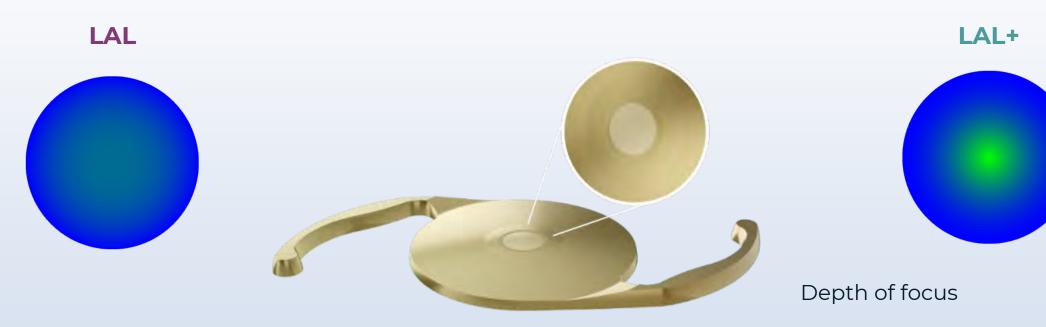
LAL







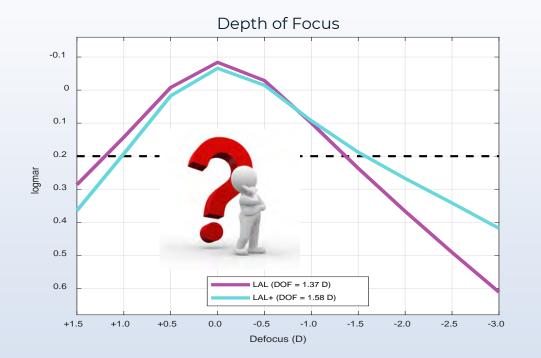
Vivity



- LAL between Eyehance and Vivity
- LAL+ greater than Vivity multifocal







LAL

1.37 D

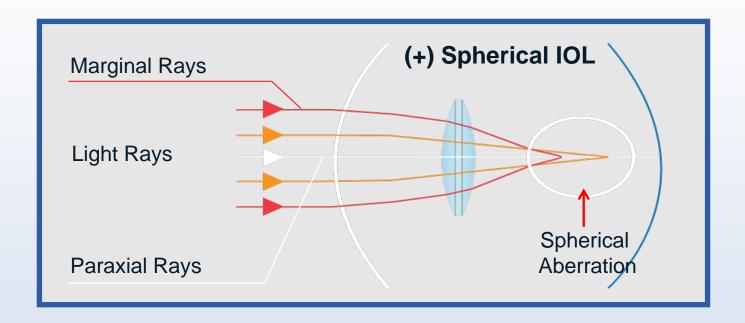
LAL+ 1.58 D



Depth of focus

- LAL between Eyehance and Vivity
- LAL+ slightly greater than Vivity

Spherical Aberration

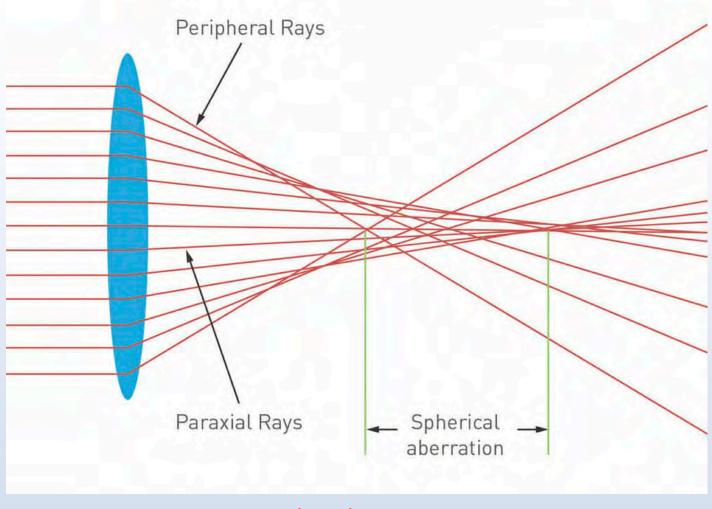


Light rays are slightly over-refracted at the periphery of a lens system

Benefit = increased depth of focus

*Smith, G., Atchinson D.A., (1997) The Eye and Visual Optical Instruments. Cambridge University Press, Cambridge, United Kingdom, pp. 667.

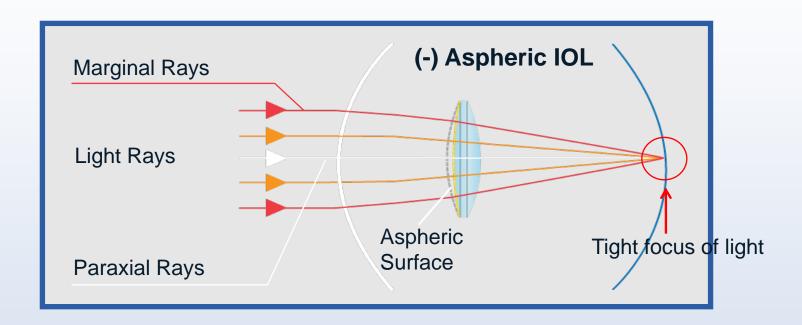
Spherical Aberration



Benefit = increased depth of focus

*Smith, G., Atchinson D.A., (1997) The Eye and Visual Optical Instruments. Cambridge University Press, Cambridge, United Kingdom, pp. 667.

Aspheric IOLs



Flatter central aspheric optic = tight focus of light

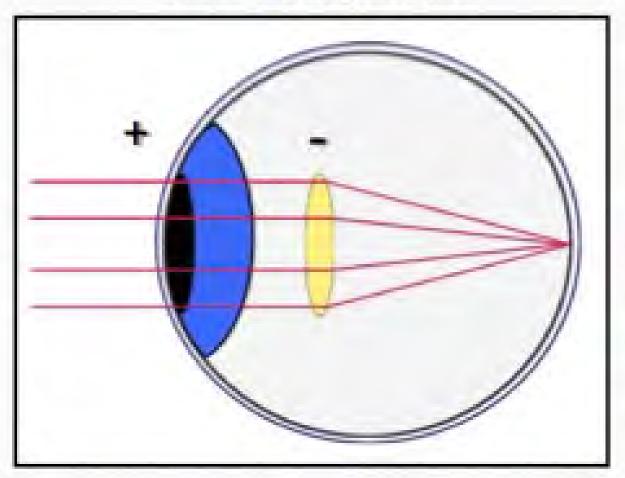
Cost = decreased depth of focus

*Smith, G., Atchinson D.A., (1997) The Eye and Visual Optical Instruments. Cambridge University Press, Cambridge, United Kingdom, pp. 667.

Asphericity of the Young Lens

The Young Lens



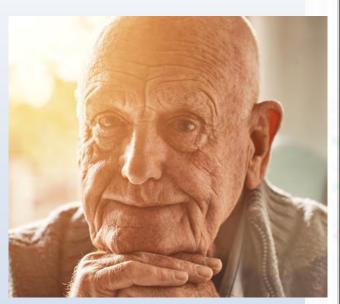


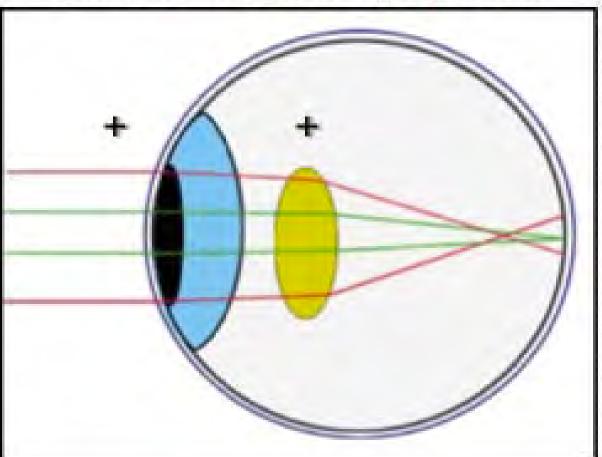
zero net sphericity = pinpoint focus

accommodation

Asphericity of the Aging Lens

Aberration in the Aging Lens





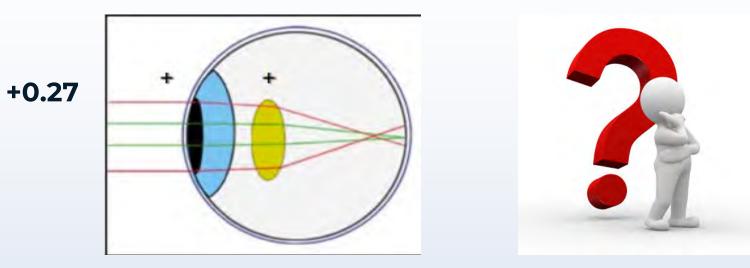
(+) net asphericity= no pinpoint focus

accommodation



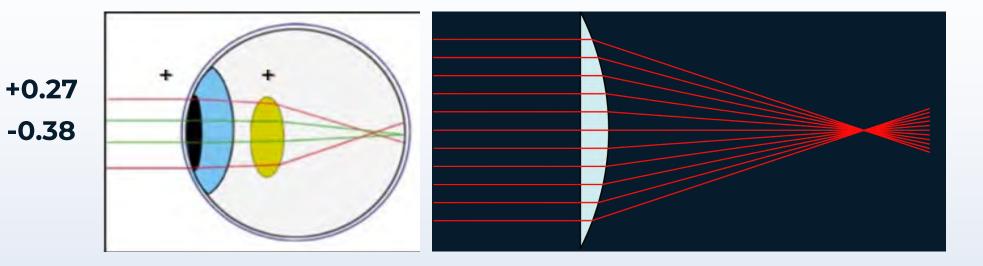
LAL = Increased Depth of Focus

Cornea

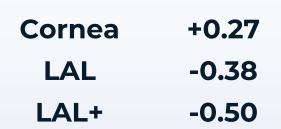


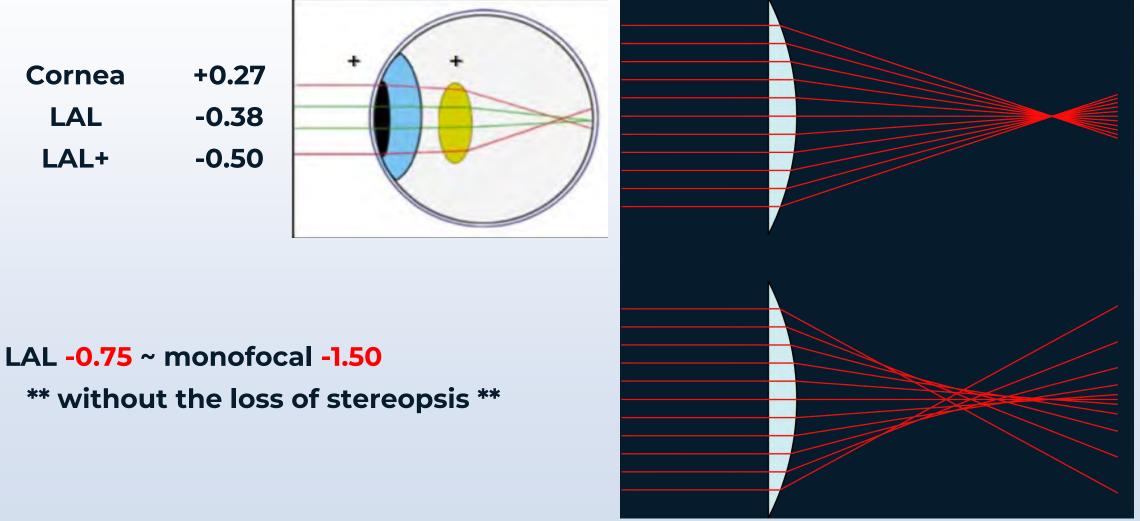
LAL = Increased Depth of Focus

Cornea + LAL -

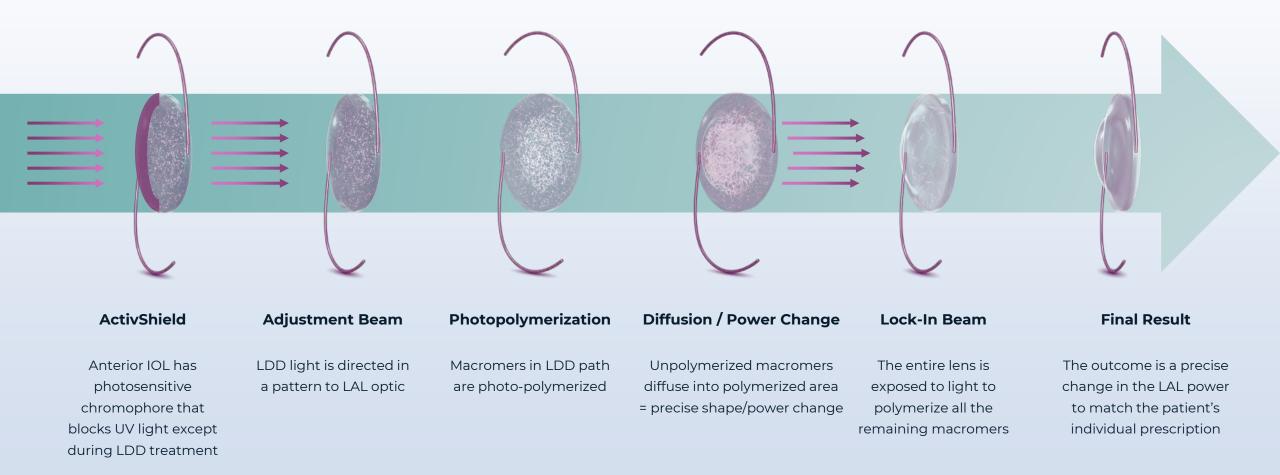


LAL = Increased Depth of Focus

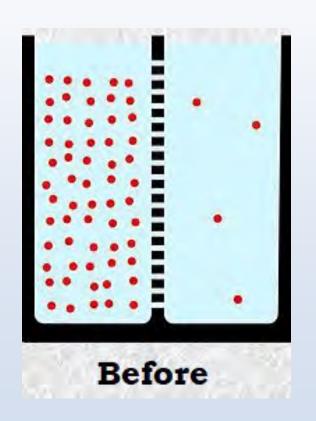


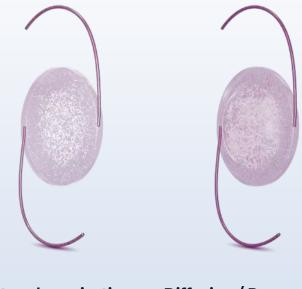


Light Treatment After LAL Implantation



Light Treatment After LAL Implantation



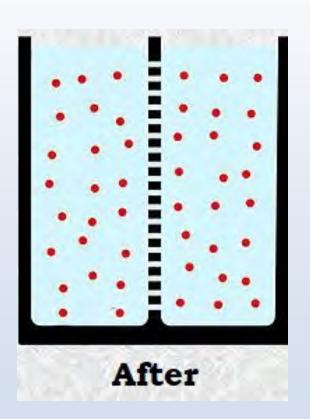


Photopolymerization

Macromers in LDD path are photo-polymerized

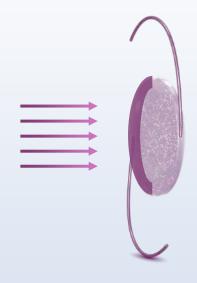
Diffusion / Power Change

Unpolymerized macromers diffuse into polymerized area = precise shape/power change



Digital correction of vision





ActivShield

Anterior IOL has photosensitive chromophore that blocks UV light except during LDD treatment

Digital correction of vision

68 year old teacher (theater hobby)

ActivShield

Ocular I	Ocular History:							
Date		Side	Ocular Disease	Sx Procedure	Proc Surgeon			
09/20/	2023	OS	Cataract	Dropless Cataract Surgery (Light Adjstable Lens 20.5)	Searcy, Gregory			
08/23/	2023	OD	Opacified Capsule	YAG posterior capsulotomy	Searcy, Gregory			
10/18/	2017	OD	Cataract	Dropless Cataract Surgery (Symfony 21.0)	Searcy, Gregory			

Noting no follow-up ... called him 03/15/2024 ... no UV protective glasses

ActivShield

Anterior IOL has photosensitive chromophore that blocks UV light except during LDD treatment

Digital correction of vision

ActivShield

68 year old teacher (theater hobby)

Ocular History: Side Ocular Disease Date Sx Procedure Proc Surgeon Dropless Cataract Surgery (Light Adjstable Lens 20.5) 09/20/2023 OS Cataract Searcy, Gregory **Opacified Capsule** YAG posterior capsulotomy Searcy, Gregory 08/23/2023 OD Dropless Cataract Surgery (Symfony 21.0) 10/18/2017 OD Cataract Searcy, Gregory

Noting no follow-up ... called him 03/15/2024 ... no UV protective glasses

03/22/2024 Not using any glasses at all

Visual acuity:	
OD Dva sc: 20/30 cc: ph: ph: OS Dva sc: 20/20 cc: ph: ph: ph: OU Dva sc: 20/20 cc: ph: ph: ph:	Int sc: 20/20 Nva sc: J2 Int sc: 20/27 Nva sc: J3 Int sc: 20/20 Nva sc: J1
SPH: CYL: Axis: ADD: Prism: B: Prism: OD: -0.50 +1.00 176	B: SPH: CYL: Axis: OS: Plano +0.50 158
OD: 20/20 J1	Dva: Nva: OS: 20/20 J3

Have to do 1 LDD before locking = LDD #1 (target plano) OS on 03/22/2024

ActivShield

Anterior IOL has photosensitive chromophore that blocks UV light except during LDD treatment

All Fixed, Non-Adjustable Competitive IOLs Share a Common Limitation

High-stakes decisions that must be made before surgery

Patient is asked to describe priorities for post-operative vision

Doctor recommends specific IOL type



Doctor selects IOL sphere and astigmatism power

Patient's eyes undergo pre-operative

measurements

IOL power predictions are never perfect due to several factors



Perform surgery Deal with consequences

Fixed IOLs limit options for those with sub-optimal outcome



LAL = Only IOL Adjustable After Surgery

Patient drives optimization of their own vision

Streamlined patient discussions pre-operative measurements

Choose LAL and approximate power

Perform surgery Office-based LDD light treatments customize the LAL to each patient's desired refraction

Patients test drive each LDD light treatment

Lock-in

Patients experience their vision at home after light treatment, return to clinic for additional adjustments or final lock-in



LDD: painless, non-invasive, approximately 90 seconds



Initial Light Treatment

At least 17 days after surgery

Secondary Light Treatment

At least 3 days after initial light treatment

Additional Light Treatments

If required. At least 3 days after each prior light treatment

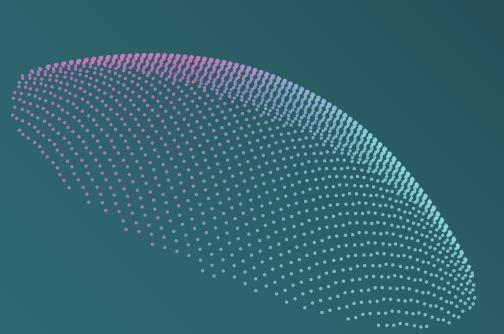
Nearly Every Patient Can Be Upgraded to the LAL

Patients who want high quality vision

Patients who want customized range of vision

Using both eyes, ~90% able to see:

- 20/20 at distance
- Read 5-point font using both eyes



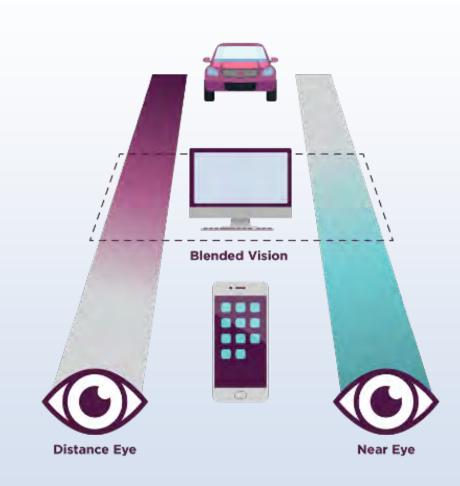
High Quality Customized Vision for Cataract Patients

Accuracy: measure refraction post-op rather than predict pre-op

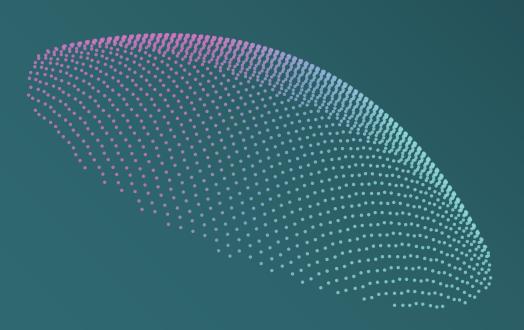
Quality: no loss of contrast or increased visual symptoms versus monofocal IOL

Customization: optimization of blended vision between two eyes in ~80% of cases





LAL Commercial Outcomes and Usage Registry



819 subjects received bilateral LAL implants at a total of 84 clinical practices

Patients and doctors customized refractive targets in each eye concurrently during adjustment period

Refractive results collected approximately 1-3 months after final lock-in treatment

How Are Doctors Customizing Their Patients' Vision?

Bi

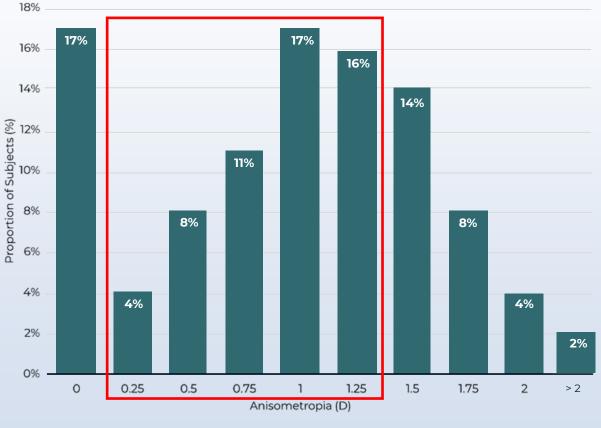
Refractive Final Target					
lateral Emmetropia	16.7%				
Blended Vision	79.6 %*				

*Of those with blended vision, **65.3%** had anisometropia of 1.25 (D) or less

Bilateral Myopia**

**Myopia is defined as -0.25 or more (D) in both eyes

3.7%



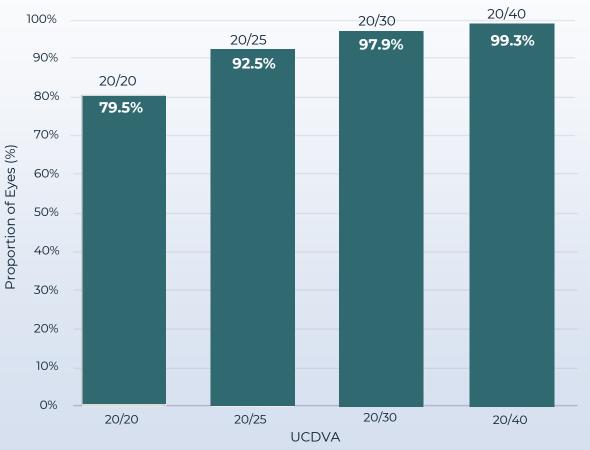
Final Target (mean = 0.98 D)

All Subjects (N = 819)

. RxSight Combined PMCS-001 & PMCS-002 Clinical Outcomes of Patients Bilaterally Implanted with LAL

Monocular Uncorrected Acuity in "Distance" Eyes

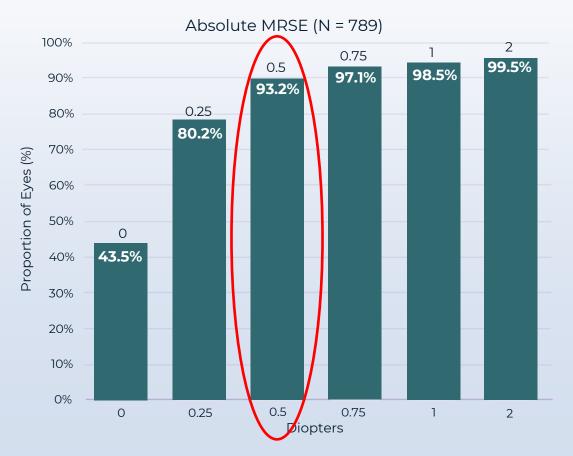
Uncorrected Visual Acuity (N = 789)

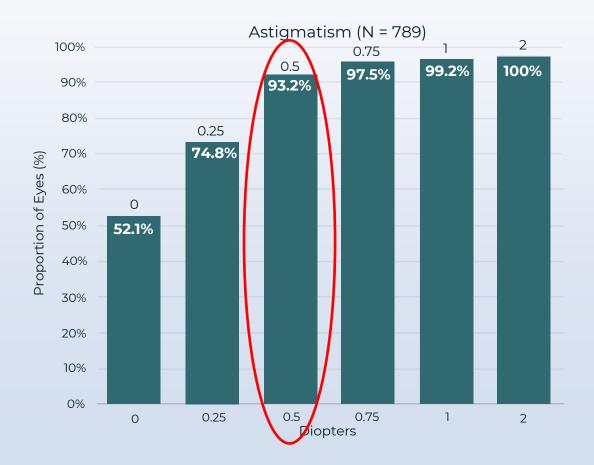


Note: Monocular outcomes in 789 "distance eyes" (since 30 subjects selected bilateral myopia)

Refractive Results

Absolute MRSE and astigmatism were within 0.50 D of emmetropia in **93.2%** of eyes targeted for emmetropia





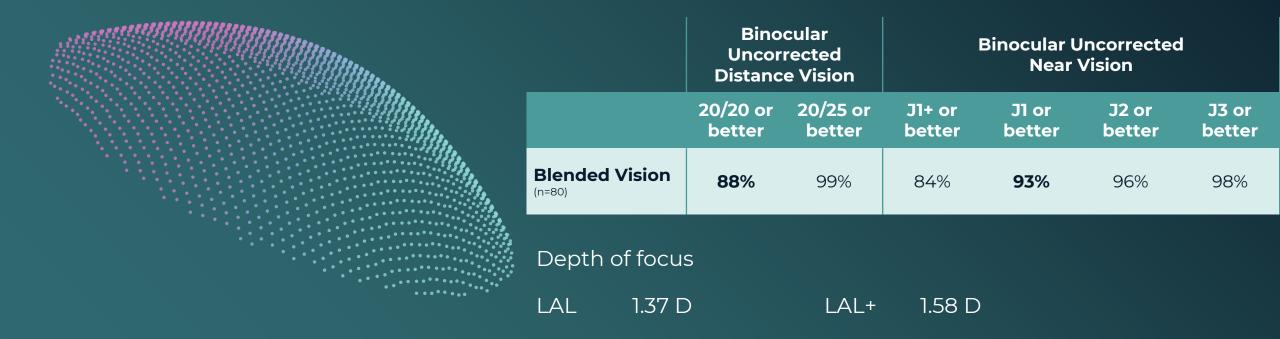
Note: Monocular outcomes in 789 "distance eyes" (since 30 subjects selected bilateral myopia)

	Uncor Bino Distanc	cular				
	20/20 or better	20/25 or better	J1+ or better	J1 or better	J2 or better	J3 or better
Bilateral Emmetropia (n=137)	90%	97%	29%	55%	76%	88%
Blended Vision (n=652)	86%	97%	54%	84%	95%	99%

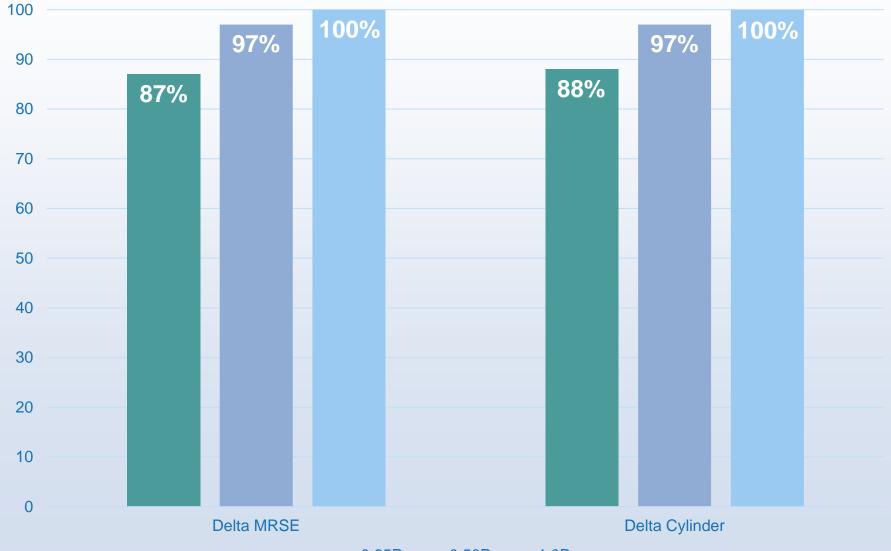
LAL+ Data Preview¹

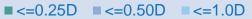
After all treatments with the LDD

Binocular uncorrected visual acuity

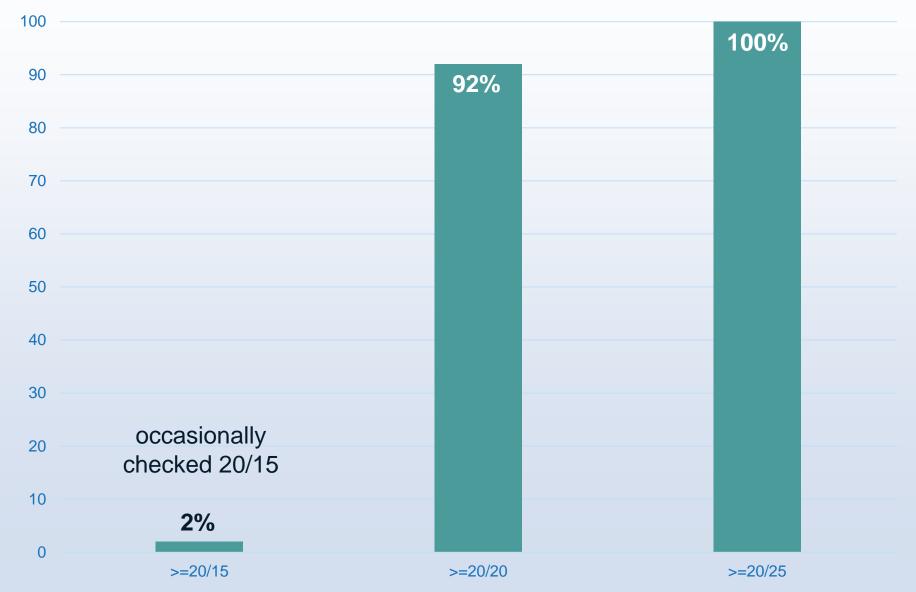


All Eyes (119) Accuracy to Target

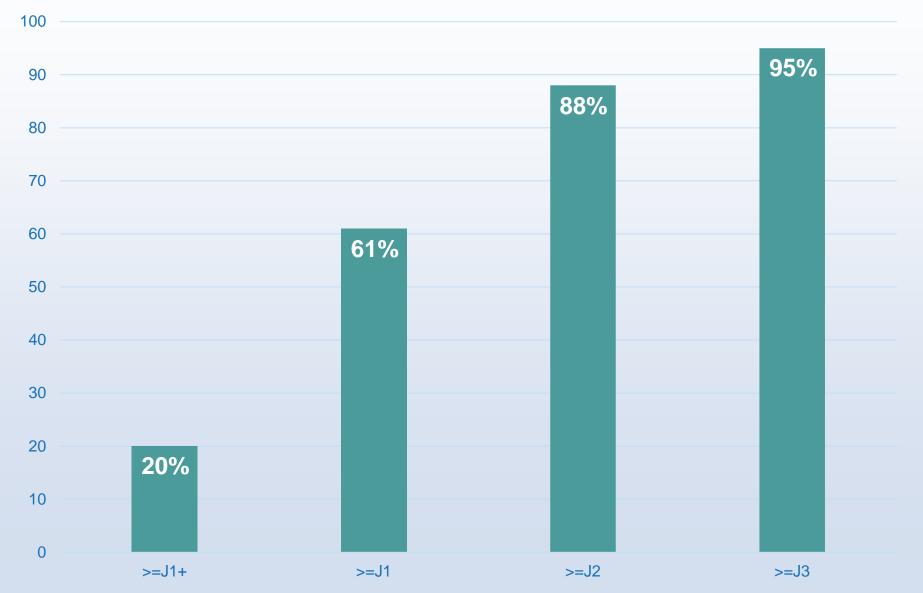




All Eyes (50) UCDVA

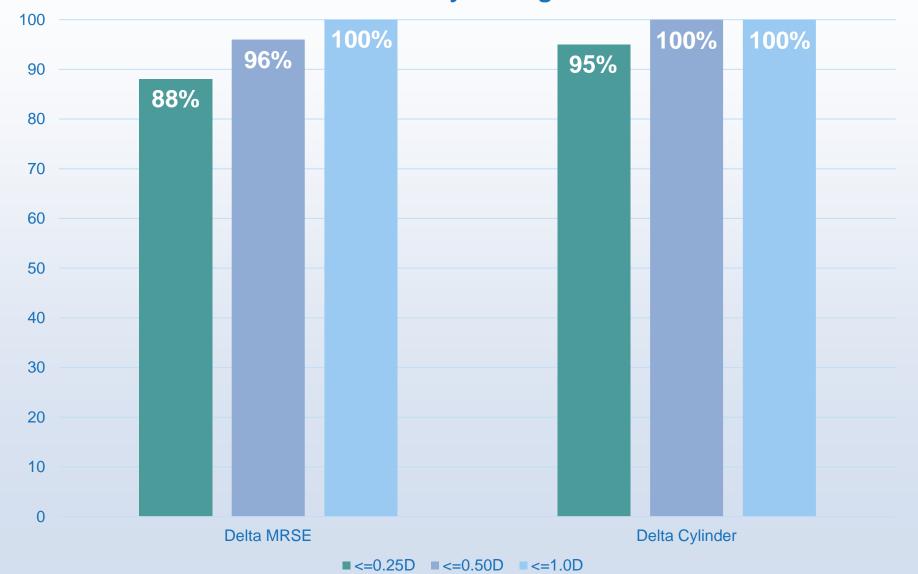


All Eyes (56) UCNVA

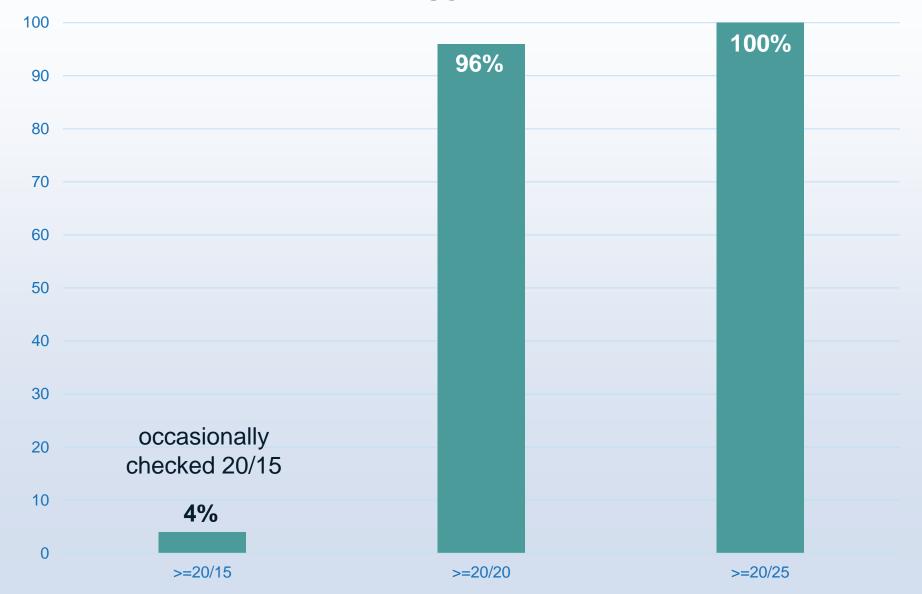


GDS Eyes (56) Accuracy to Target

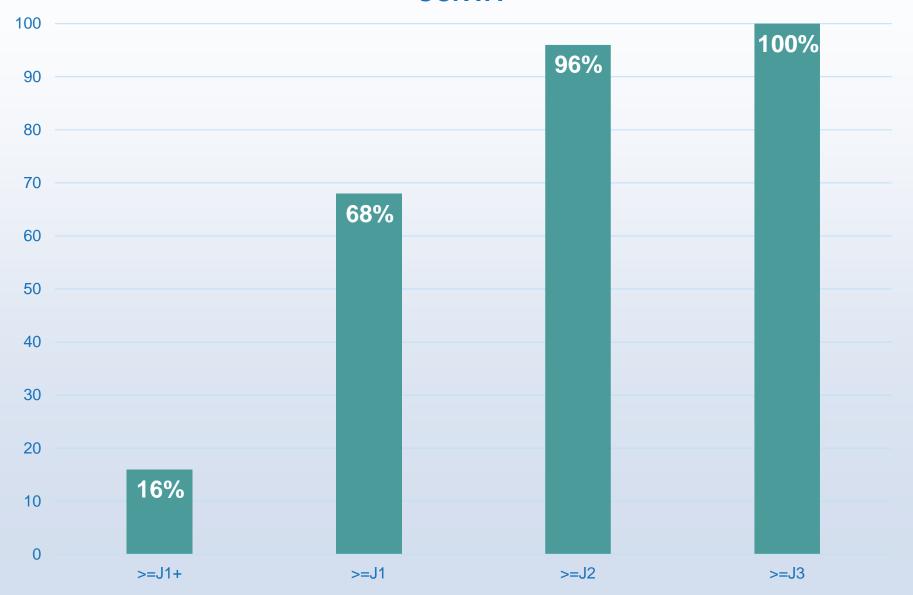
36



GDS Eyes (25) UCDVA



GDS Eyes (25) UCNVA



ly <mark>only</mark> gla	asses F	Rx so	far af	fter LA	L									
l acuity:														
Dva sc:	20/70	c	:c _					Int sc Int sc Int sc	20/2	20		Nva	sc:	J5 J1
ifest RX:														
SPH: C Plano Dva: 20/20	Sph		ADD:	Pris	m:	B	Prism:	B:			Dva:	.50	/L: Sah Nv	
re-op														
					1		1							
	I acuity: Dva sc: 2 Dva sc: 2 ifest RX: SPH: C Plano Dva: 20/20 re-op	I acuity: Dva sc: 20/20 Dva sc: 20/70 Dva sc: 20/20 ifest RX: SPH: CYL: Plano Sph Dva: Nva 20/20 re-op prrected Vision and Manife	I acuity: Dva sc: 20/20 c Dva sc: 20/70 c Dva sc: 20/20 c ifest RX: SPH: CYL: Axis: Plano Sph Dva: Nva: 20/20 J5 re-op prrected Vision and Manifest Refra	I acuity: Dva sc: 20/20 Dva sc: 20/70 Dva sc: 20/20 ifest RX: SPH: CYL: Axis: ADD: Plano Sph Dva: Nva: 20/20 J5 orrected Vision and Manifest Refraction:	I acuity: Dva sc: 20/20 cc: Dva sc: 20/70 cc: Dva sc: 20/20 cc: ifest RX: SPH: CYL: Axis: ADD: Pris Plano Sph Dva: Dva: Nva: 20/20 J5 re-op	Dva sc: 20/20 cc: p Dva sc: 20/70 cc: p Dva sc: 20/20 cc: p ifest RX: SPH: CYL: Axis: ADD: Plano Sph p Dva: Nva: 20/20 J5 reced Vision and Manifest Refraction:	I acuity: Dva sc: 20/20 cc: ph: Dva sc: 20/70 cc: ph: Dva sc: 20/20 cc: ph: ifest RX: SPH: CYL: Axis: ADD: Prism: B: Plano Sph	I acuity: Dva sc: 20/20 cc: ph: Dva sc: 20/20 cc: ifest RX: SPH: CYL: Axis: ADD: Prism: B: Prism: Plano Sph Dva: Nva: 20/20 J5 orrected Vision and Manifest Refraction:	I acuity: Dva sc: 20/20 cc: ph: Int sc: Dva sc: 20/70 cc: ph: Int sc: Dva sc: 20/20 cc: ph: Int sc: Dva sc: 20/20 cc: Int sc: Int sc: Ifest RX: Int sc: Int sc: Int sc: Int sc: SPH: CYL: Axis: ADD: Prism: B: Prism: B: Plano Sph Int sc: Int sc: Int sc: Int sc: Int sc: Dva: Nva: Int sc: Int sc: Int sc: Int sc: Int sc: Plano Sph Int sc: Int sc: Int sc: Int sc: Int sc: Dva: Nva: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int sc: Int	I acuity: Int sc: 20/20 cc: ph: Int sc: 20/2 Dva sc: 20/70 cc: ph: Int sc: 20/2 Dva sc: 20/20 cc: ph: Int sc: 20/2 Dva sc: 20/20 cc: Int sc: 20/2 ifest RX: Int sc: 20/2 Int sc: 20/2 SPH: CYL: Axis: ADD: Prism: B: Plano Sph Int sc: 20/2 Int sc: 20/2 Dva: Nva: Int sc: 20/2 Int sc: 20/2 Prism: B: Prism: B: Plano Sph Int sc: 20/2 Int sc: 20/2 Dva: Nva: Int sc: 20/2 Int sc: 20/2 SPH: CYL: Axis: ADD: Prism: B: Plano Sph Int sc: 20/2 Int sc: 20/2 Dva: Nva: Int sc: 20/2 Int sc: 20/2 SPH: O'S Sest Corrected Vision a	I acuity: Dva sc: 20/20 cc: ph: Int sc: 20/33 Dva sc: 20/70 cc: ph: int sc: 20/20 Dva sc: 20/20 cc: ph: int sc: 20/20 Dva sc: 20/20 cc: int sc: 20/20 ifest RX: SPH: CYL: Axis: ADD: Prism: B: Prism: B: Plano Sph Sph OS: OS: OS: prected Vision and Manifest Refraction: OS Best Corrected Vision and Manifest Refraction:	I acuity: Int sc: 20/20 cc: ph: Int sc: 20/33 Dva sc: 20/70 cc: ph: int sc: 20/20 Dva sc: 20/20 cc: int sc: 20/20 ifest RX: sph: sph: sph: SPH: CYL: Axis: ADD: Prism: B: Sph: SPH: CYL: Axis: ADD: Prism: B: Sph: Sph: SPH: CYL: Axis: ADD: Prism: B: Sph: Sph: Int sc: 20/20 cs: -1 Os: -1 Dva: Nva: Os: 20 20/20 J5 Os: 20 re-op os Best Corrected Vision and Manifest Refraction: Best Corrected Vision and Manifest Ref	I acuity: Dva sc: 20/20 cc: ph: Int sc: 20/33 Nva Dva sc: 20/70 cc: ph: Int sc: 20/20 Nva Dva sc: 20/20 cc: ph: Int sc: 20/20 Nva Dva sc: 20/20 cc: int sc: 20/20 Nva ifest RX: SPH: CYL: Axis: ADD: Prism: B: Prism: B: SPH: CY Plano Sph OS: -1.50 Dva: Dva:	I acuity: Dva sc: 20/20 cc: ph: Int sc: 20/33 Nva sc: Dva sc: 20/70 cc: ph: Int sc: 20/20 Nva sc: Dva sc: 20/20 cc: ph: Int sc: 20/20 Nva sc: Dva sc: 20/20 cc: Int sc: 20/20 Nva sc: J1 ifest RX: SPH: CYL: Axis: ADD: Prism: B: SPH: CYL: Plano Sph Sph Sph OS: -1.50 Sph Dva: Nva: Dva: Nva: Dva: Nv 20/20 J5 OS: 20/20 Z0/20 Z0/20 re-op OS Best Corrected Vision and Manifest Refraction Set Corrected Vision and Manifest Refraction

Date	SPH	CYL	AXIS	ADD	D VA	N VA	PRISM	BASE	*
	-10.25	+0.25	85	+2.50	20/40	J5			
10:10 AM									•

No Difference Between Eyes With or Without History of Prior Refractive Surgery

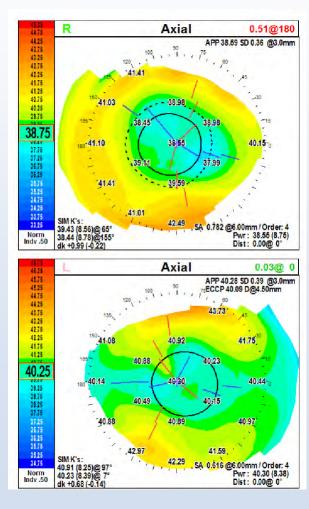
Outcome	No Prior Surgery (73%)	Prior Corneal Surgery (27%)
Ν	576	213
Median Monocular UCDVA	20/20	20/20
Mean Absolute MRSE	0.21 D	0.23 D
Mean Astigmatism	0.20 D	0.23 D
Median Monocular BCDVA	20/20	20/20

No Difference Between Eyes With or Without History of Prior Refractive Surgery

58 year old

Ocular History:

Date	Side	Ocular Disease	Sx Procedure	Proc Surgeon		
02/07/2024	OD	Cataract	Dropless Cataract Surgery (Light Adjustable Lens 20.5) ** wait at least 3 weeks for first LDD (s/p RK) **	Searcy, Gregory		
01/01/1994	OU	Refractive error	RK	Hilliard OH		



No Difference Between Eyes With or Without History of **Prior Refractive Surgery**

Axial 0.51@180 10.7 58 year old 44.25 APP 38.59 SD 0.36 @3.0mm 43.76 43.25 42.75 Ocular History: 42.25 41.75 41.25 Ocular Disease Date Side Sx Procedure Proc Surgeon 40.76 40.25 Dropless Cataract Surgery (Light Adjustable Lens 20.5) 02/07/2024 OD Cataract Searcy, Gregory 39.75 ** wait at least 3 weeks for first LDD (s/p RK) ** 38.75 RK Hilliard OH 01/01/1994 OU Refractive error -41.10 40.15-37.76 37.25 36.75 36.25 34.25 03/14/2024 41.01 SIM K's 42,49 39.43 (8.56)@ 65° 38.44 (8.78)@155° dk +0.99 (-0.22) SA 0.782 @6.00mm / Order: 4 Pwr : 38.55 (8.75) Manifest RX: Norm Indv.50 Dist: 0.00@ 0° Visual acuity: Axial SPH: CYL: Axis: 0.03@ 46.25 APP 40.28 SD 0.39 @3.0mm rcECCP 40.09 D@4.50mm +0.75 047 45.75 ph: Int sc: 20/53 Nva sc: OD Dva sc: J16 OD: +0.25 CC: 45.25 44.75 OS Dva: Nva: Dva sc: CC: ph: Int sc: Nva sc: 44.25 20/20 43.75 43.25 OD: 20/20 J7 42.75 42.25 40.92 41.75 41.75 41.25 40.88 40.25 40.44 LDD #1 performed 03/14/2024 (target plano) 39.25 38.75 08.25 (wait at least 3 weeks after RK) 41.59 42.97 42.29

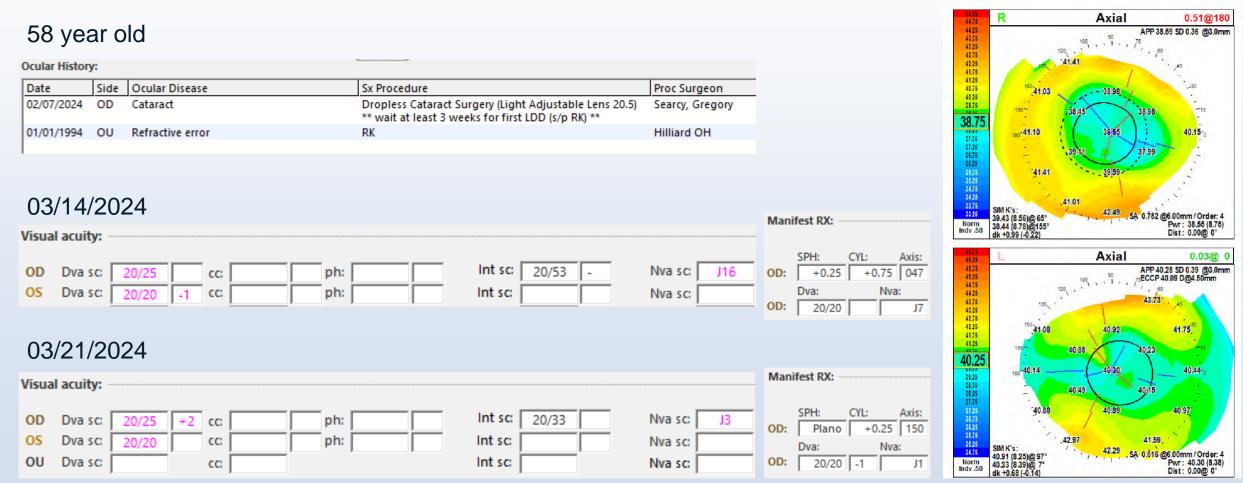
SA 0.616 @6.00mm / Order: 4

Pwr: 40.30 (8.38) Dist: 0.00@ 0°

40.91 (8.25)@97 40.23 (8.39)@ 7

Norm

No Difference Between Eyes With or Without History of Prior Refractive Surgery



Lock-in #1 performed 03/21/2024

No Difference Between Eyes With or Without History of Prior Refractive Surgery

58 year old

Ocular History:

ocular instory.						
Date	Side	Ocular Disease	Sx Procedure	Proc Surgeon		
02/07/2024	OD	Cataract	Dropless Cataract Surgery (Light Adjustable Lens 20.5) ** wait at least 3 weeks for first LDD (s/p RK) **	Searcy, Gregory		
01/01/1994	OU	Refractive error	RK	Hilliard OH		

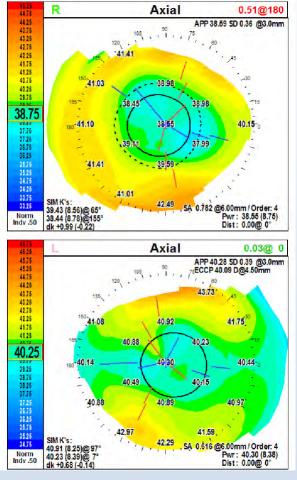
"Light-Adjustable Lenses Are Applicable to Eyes With Prior RK" Ophthalmology Advisor. November 9, 2023.

44 eyes of 34 patients with prior RK 64% 20/20 or better, 73% 20/25 or better, 93% 20/30 or better

Lock-in #1 performed 03/21/2024

03/21/2024

Visual acuity:				Manifest RX:
OD Dva sc: 20/25 OS Dva sc: 20/20 OU Dva sc: 20/20	+2 cc: ph:	Int sc: 20/33 Int sc: Int sc:	Nva sc: J3 Nva sc: Nva sc: Nva sc:	SPH: CYL: Axis: OD: Plano +0.25 150 Dva: Nva: 000000000000000000000000000000000000



Summary LAL Delivers Customized Vision for Every Patient

Adjustability offers better refractive outcomes for every patient

Outstanding binocular range and quality of vision

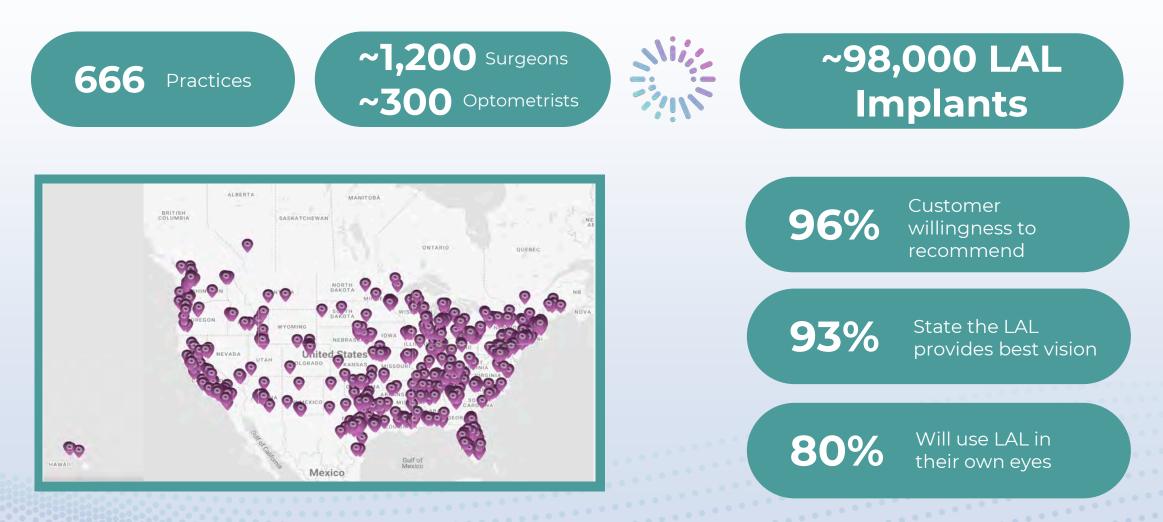
Dysphotopsias

 No increase in glare or halo versus monofocal

Low Light Conditions

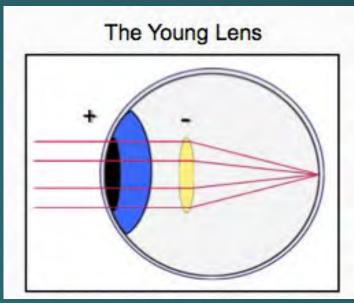
• No reduction in contrast versus a monofocal lens

Momentum Driven by Quality of Vision and Satisfaction



RxSight 2023 Customer Survey (n=223)

Adjustability is Here to Stay !



20/20 and J2	90%
20/25 or better	99%
J2 or better	96%



Thank You !!!