



Data summary

EyeMax Mono™

An IOL tailored for patients with dry AMD



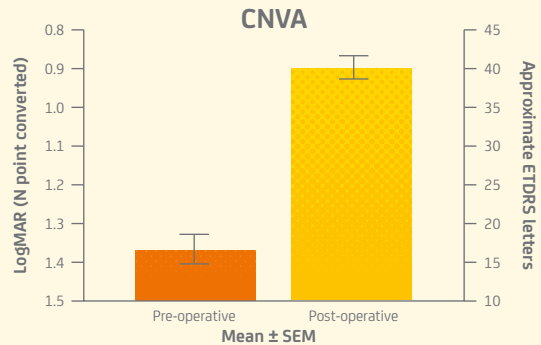
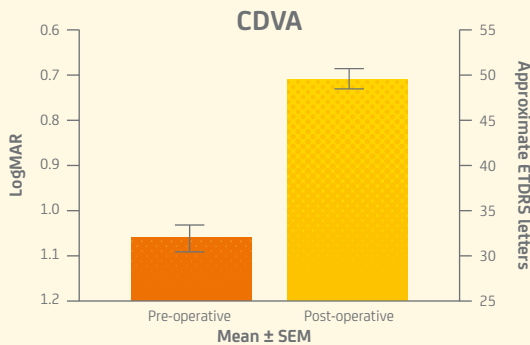
EyeMax Mono significantly improves visual acuity and reading function in patients with dry AMD¹⁻⁴

Cataract removal and implantation of a standard monofocal IOL offers limited benefit to patients with dry AMD⁶⁻¹⁰

Mean ETDRS improvement with a standard monofocal IOL in patients with centre-involving AMD
~7 letters

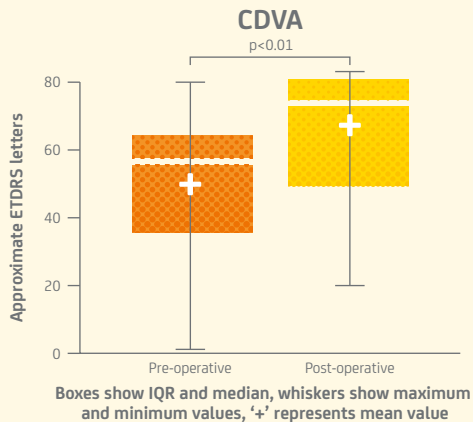
Mean ETDRS improvement with EyeMax Mono
+18 letters

- In a consecutive case series, 244 eyes with dry or stable wet AMD were implanted with EyeMax Mono and followed up for a mean duration of 3 months (range 1–16)¹





- In a subsequent prospective case series, 96 eyes in 78 patients with cataract and AMD were implanted with EyeMax Mono, and followed up for a median duration of 8 months (IQR 5–13)²



Mean ETDRS
improvement with
EyeMax Mono

+14 letters
(distance)

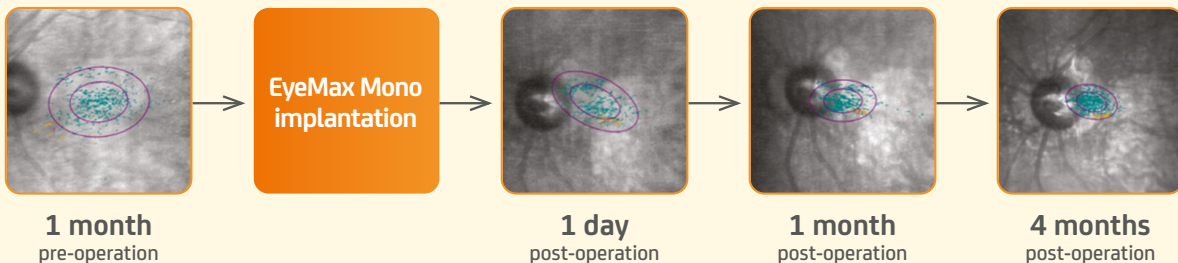
+18 letters
(near)

- In a pilot study in eight eyes of seven patients with bilateral AMD, an improvement in reading function (reading speed, reading acuity and critical print size) was found across all measures³

Microperimetric testing suggests vision adaptation occurs without the need for visual rehabilitation³

- Dry AMD patients naturally use a preferred retinal locus (PRL), also known as eccentric fixation, which shifts away from areas of geographic atrophy affecting the fovea¹¹
- After implantation of EyeMax Mono, microperimetric testing showed improvements in threshold sensitivity and fixation stability, which suggests a neuroadaptive component. Fixation stability is correlated with good visual function^{3,12}

Microperimetric images obtained from a patient's left eye at baseline and after implantation of EyeMax Mono



Improved fixation stability is indicated by a cluster of fixation points (blue dots) that become progressively more tightly focused, as indicated by the purple ellipses. The inner ellipse contains 95% of the fixation points, while the outer ellipse contains 63% of the fixation points.³

Minimal complications have been reported during and after EyeMax Mono implantation¹⁻³

- Complications were resolved with no sequelae and were consistent with standard monofocal lens implantation¹⁻³
- Mean post-operative endothelial cell counts were slightly reduced by 7%, as expected with standard cataract surgery and IOL implantation¹
- Post-operative intraocular pressure was reduced or remained stable¹⁻³

- EyeMax Mono is a foldable, injectable, single-piece, soft, hydrophobic, UV-absorbing, yellow acrylic IOL¹⁻⁴
- EyeMax Mono optimises image quality and reduces blur across the macula, up to 10° from the fovea¹⁻⁴
- Data indicate EyeMax Mono significantly improves visual acuity and reading function in patients with dry AMD¹⁻⁴
- EyeMax Mono has been implanted in 3,000 patients with dry AMD across 25 countries⁵



Implantation follows well-established techniques, as used in standard cataract surgery¹⁻⁴

- Implantation of EyeMax Mono requires a small 2.2–2.6 mm corneal incision, and follows the same surgical principles as insertion of a standard monofocal lens following cataract removal¹⁻³
- As with standard monofocal lenses, EyeMax Mono can be implanted in both eyes²
- Post-operative care should be completed as for standard cataract surgery¹⁻³
- Following EyeMax Mono implantation, the majority of patients achieved a post-operative refractive outcome within 1 dioptre of the targeted refraction^{1,2}

For further information on the clinical benefits of EyeMax Mono and how it can help your patients with dry AMD, please contact your local EyeMax Mono representative

AMD, age-related macular degeneration; CDVA, corrected distance visual acuity; CNVA, corrected near visual acuity; ETDRS, early treatment diabetic retinopathy scale; IOL, intraocular lens; IQR, interquartile range; LogMAR, logarithm of the minimum angle of resolution; PRL, preferred retinal locus; SEM, standard error of the mean; UV, ultraviolet. **References:** 1. Qureshi MA, et al. Eur J Ophthalmol 2018;28:198–203; 2. Badala F, et al. Poster P0013 presented at AAO 2018, Chicago, USA; 3. Robbie SJ, et al. J Refract Surg 2018;34:718–25; 4. Grzybowski A, et al. Ann Transl Med. 2020;8(22):1549; 5. EyeMax Mono, data on file; 6. Kessel L, et al. Acta Ophthalmol 2015;93:593–600; 7. Huynh N, et al. Ophthalmology 2014;121:1229–36; 8. Jaeken B, et al. Invest Ophthalmol Vis Sci 2013;54:3594–9; 9. Casparis H, et al. Cochrane Database Syst Rev 2017;2:CD006757; 10. Venkataraman AP, et al. Biomed Opt Express. 2021;12(6):3082-3090; 11. Ramírez Estudillo, JA, et al. Int J Retin Vit. 2017;3(21):1-8; 12. Csaky KG, et al. Surv Ophthalmol. 2019;64(3):353–364.



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Job Bag number: SHV/EMM/002/a | Date of preparation: September 2021

EyeMax Mono is designed to optimise visual outcomes in patients with dry AMD. Please refer to the Instructions For Use. Adverse events should be reported as soon as possible to eventreporting@sharpviewophthalmology.com