

# A NEW ERA IN CATARACT AND REFRACTIVE SURGICAL MANAGEMENT

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OEC NASHVILLE TN

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## DISCLOSURES

- |                      |                |
|----------------------|----------------|
| • Ocular Therapeutix | • RVL          |
| • Glaukos            | • Oyster Point |
| • Horizon            | • Allergan     |
| • Quidel             | • Alcon        |
| • Eyevance           | • Visus        |
| • Ivantis            | • Thea         |
| • Orasis             | • Bruder       |
| • Claris Bio         | • Glaukos      |
| • Aldeyra            |                |

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## GIFTS OF AGING

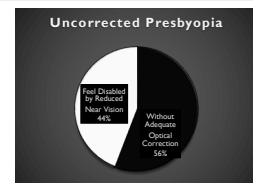
- Dryness
- Presbyopia
- Cataracts
- Acquired ptosis/dermatochalasis

"We wrinkle, we grey, we dry up"  
-Walt Whitely

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## AGING TRENDS

- 2010, 89% adults  $\geq 45$  years old in US had presbyopia
- Global prevalence of presbyopia 1.1 billion people in 2015
  - 1.8 billion people by 2050
- Uncorrected presbyopia leads difficulty performing near tasks by 2 to 8 fold
  - Potential productivity loss estimated to be \$11 billion in those <50YOA

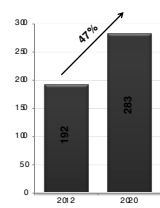


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## PRESBYOPIA PATIENT POPULATION IS LARGE & GROWING

- **Global market opportunity exceeds \$5 billion<sup>1</sup>**
  - 40% of procedures are performed in the US
- **70+ million US baby boomer population is at least 50 years old<sup>2</sup>**
- **Presbyopia-correcting procedures are elective**
  - Pricing determined by market forces, not reimbursement rates; patients expect superior results
- **Other surgical options exist but require significant compromise**
  - Sacrifice intermediate and/or distance acuity
  - Loss of effect over time; glare and halo complaints
  - Irreversible

Global Presbyopic Population With Means to Pursue Surgical Option<sup>3</sup>  
(in millions)



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## WHAT IS PRESBYOPIA?

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## AOA CLINICAL PRACTICE GUIDELINE

- Age related visual impairment resultant from gradual decrease in accommodation expected with age
  - Can have multiple effects on quality of vision and life
  - Accommodative amplitude reduces from 15D in childhood to 1D before age of 60

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## COMPLAINTS

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- Blurred near vision
- Delays in focusing at near or distance
- Ocular discomfort
- Headache
- Asthenopia
- Squinting
- Fatigue
- Drowsiness from near work
- Increased working distance
- Need for brighter light for reading
- Diplopia at near

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## STAGES OF PRESBYOPIA

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## AOA STAGING

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- Incipient Presbyopia
  - Earliest stage, reading small print requires extra effort but may not have clinical findings
- Functional Presbyopia
  - Declining accommodative amplitude and near task demands with visual difficulties that are confirmed in clinic
- Absolute Presbyopia
  - When virtually no accommodative ability remains

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## CRST STAGES OF PRESBYOPIA

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- Stage 1
  - 42-50 YOA
  - Crystalline lens starts to stiffen and loses focusing power; loss of near VA
  - Develop HOA
- Stage 2
  - >50 YOA
  - Loss of accommodation, light scatter formation and degrading VA
  - Decreased contrast and night vision
- Stage 3
  - >65 YOA
  - Full cataract, nucleus of lens yellows and color vision changes
  - Poor VA quality, decreased VA

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## ALTERNATIVE STAGES

- Early 42-46 YOA
  - +0.75 to 1.25D
  - Need help in low light with near; few intermediate problems
  - May or may not need readers
- Transition and Adaptation 47-52 YOA
  - +1.75 to 2.00D
  - Many move to full time wear
- Total loss of Accommodation >53 YOA
  - +2.25 D or greater
  - More intermediate problems

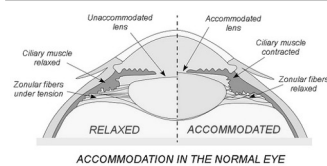
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## BUT REALLY, WHAT IS PRESBYOPIA?

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## ACCOMMODATION

- Contraction of the anterior radial muscle segment of the ciliary muscle
  - Moves toward sclera
- Causes
  - 1. a visible cavity
  - 2. forward rotation of the ciliary process
  - 3. increased tension in equatorial zonules
- Equatorial zonules determine the optical power changes



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## ACCOMMODATION CHANGES

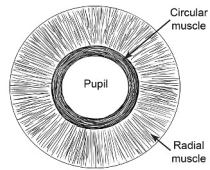
- Changes in the crystalline lens
  - Hardening
  - Yellowing
  - Thickening
  - Decreased elasticity of capsule lens material
  - Sclerosis causes anterior shift of equatorial fibers
- Zonules
  - Increased tension in the equatorial zonules
  - Change in angle of zonule insertion

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## PUPIL CHANGES

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- Decrease in pupil size secondary to atrophy of iris dilator muscle
  - Increased constriction
  - Causes decrease in dim vs bright pupil size
    - Decrease in light to retina



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## PUPIL

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- Can be helpful
  - Decreased peripheral optical aberrations
  - Increased depth of focus
  - Decreased need for focusing
- Resultant improved vision at distance and near
- Down side
  - Decreased contrast sensitivity
  - Poor vision in low illumination
  - Increased visual distortion

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HOW DO YOU DISCUSS PRESBYOPIA?

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HOW DO YOU TREAT PRESBYOPIA?

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## OPTIONS TRIED AND TRUE

- OTC readers
  - One size fits no one
- Prescription glasses
  - Single vision near or computer glasses
  - Bifocal
  - Progressives
- Contact lenses
  - Monovision
  - Multifocal

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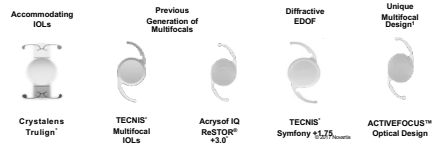
## THINKING OUTSIDE THE BOX

- Refractive lens exchange or cataract surgery
  - Monovision
  - Single vision distance with glasses for near
  - Single vision near with glasses for distance
  - Premium IOLs
- CXL
  - PXL
- PEARL
- LASIK/PRK
  - Monovision

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## ATIOLs PROVIDE THE OPPORTUNITY TO TREAT MORE THAN JUST THE CATARACT

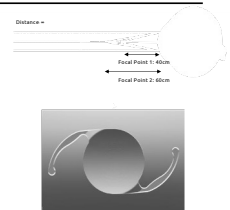
What are your patient's post-op visual goals?



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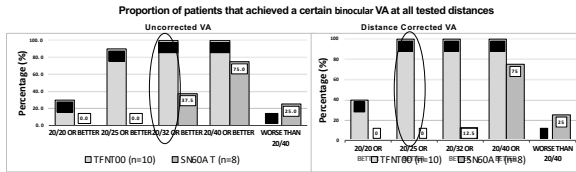
## PANOPTIX -TRIFOCAL IOL

- **SUPERPOSITION OF FOCAL POINTS**
- **LIGHT REDIRECTION** - 120 cm intermediate focal point redirected to distance
- **3 FOCI** - Trifocal with 40cm, 60 cm and distance
- **88% LIGHT UTILIZATION** - at 3.0 mm pupil
- **LIGHT ALLOCATION** - 50% of available light to distance, 25% to intermediate and 25% to near



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### COMPOSITE BINOCULAR VA AT ALL THREE DISTANCES (DISTANCE, INTERMEDIATE AND NEAR) AT 6 MONTH



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### VIVITY (ALCON) -EDOF



- Non-diffractive IOL
- Novel wave shaping technology creates an extended focal range by stretching and shifting the wavefront
- Low incidence of visual disturbances
- Possible for AMD?? Glaucoma??

Visual Quality Metrics	Comparison of Visual Quality Metrics				
	TFNT00	SNGOAT	VIVITY	TFNT00	SNGOAT
Contrast Sensitivity	1.00	1.00	1.00	1.00	1.00
Visual Acuity	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00
Visual Quality	1.00	1.00	1.00	1.00	1.00

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### TECNIS SYNERGY AND TORIC (J&J)-HYBRID MULTIFOCAL/EDOF IOL

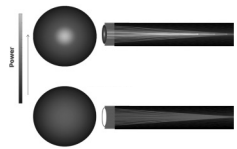
- Combines diffractive multifocal and EDOF technologies (echelette surface to improve light scatter and halo intensity)
  - Continuous vision from distance to 33 cm
  - Eliminates the visual gaps present in trifocal and other multifocal technology.
- Good performance in low-light conditions
  - Achromatic technology for image contrast
- Violet-filtering technology
  - reduction in halo intensity for tasks like night driving,<sup>7</sup> as demonstrated in clinical simulations



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### TECNIS EYHANCE AND EYHANCE TORIC(J&J)-ENHANCED MONOFOCAL IOL

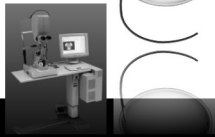
- Monofocal IOL category in improved intermediate vision and 20/20 distance vision
- TECNIS Eyhance IOL offers the same well-established low incidence of halo, glare, or starburst as TECNIS® 1-piece IOLs
- Option for patients with known retinal or corneal irregularities



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## LIGHT ADJUSTABLE LENS (LAL)

- FDA Approved for pts with pre-existing astigmatism of  $\geq 0.75D$  undergoing cat sx
  - Spherical and cylindrical errors up to 2D
- First and only lens designed to be **adjusted after** implantation by UV light
- 3 piece IOL design
- 6.0mm biconvex optic; 13.0mm overall length
- UV absorbing back layer: 50-100  $\mu m$



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## FDA CLINICAL RESULTS

- Randomized, pivotal study comparing the Light Adjustable Lens to a commercially available monofocal lens in 600 patients with pre-existing astigmatism at 17 investigational sites.
- 91.8% of Light Adjustable Lens patients also achieved a result that was within 0.50 D of target manifest refraction spherical equivalent, which is similar to the refractive accuracy seen in recent LASIK studies.
- Study safety parameters were based on a comparison to the safety and performance endpoints for intraocular lenses (ISO 11979-7), and results showed that 100% of study eyes had a best corrected visual acuity of 20/40 or better at the 6 month po visit.

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## WHAT'S COMING NEXT IN IOL TECHNOLOGY?

- Modular IOL Systems
- Accommodating
- Multifocal / trifocal
- Extended Depth of Focus



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## ACCOMMODATING IOL - JUVENE



\*\*Not FDA Approved

- Modular, curvature-changing, fluid-optic IOL
- Two-part IOL - Base and Modular
- Advantages
  - Doesn't split light
  - Up to 3D of continuous range vision
  - No change in ELP
  - No PCO up to 4 years
- Astigmatism?? Drug Delivery??

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### ACCOMMODATING IOL - FLUIDVISION LENS



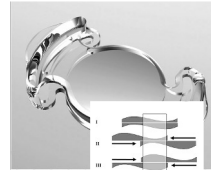
- Entire lens is hollow and filled with liquid silicone
- Fluid changes changes in optic
- Avg. accommodation range 2D
- Dr. Nichamin ESCRS 2018
  - 29 eyes
  - Distance 20/20
  - Intermediate 20/20-20/25
  - Near 20/22-20/27



\*\*Not FDA Approved

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### ACCOMMODATIVE IOL - LUMINA



- Two piece sulcus IOL
  - Fixed and variable
  - Hydrophilic acrylate
- Shifting optics
  - Can provide 3-4 D focal range when shifted
- Dr. Alio -59 eyes of 43 pts
  - Accommodative range of 3.1D

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### TRIFOCAL IOL - PHYSIOL

- Aspheric diffractive trifocal
- 2 diffractive structures that give +3.5D add for N and +1.75D for intermediate
- Less glare and halos
- Designed to reduce the loss of light energy resulting from any diffractive system
- Diffractive anterior surface entirely convoluted
- Height of the diffractive step varied
- Distributes light to near, intermediate and distant foci adjusted according to the pupil aperture

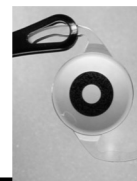


\*\*Not FDA Approved

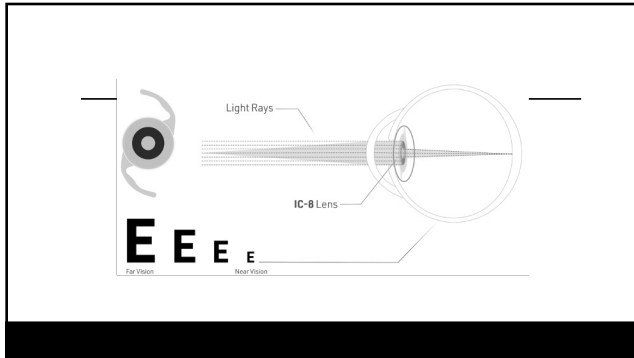
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### SMALL APERTURE IOL DESIGN: IC-8 IOL

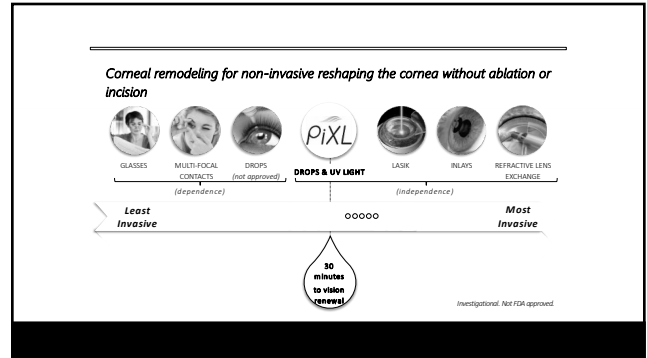
- Filter out unfocused and aberrated peripheral light and allow central light rays to focus on the retina
- Single-piece hydrophobic acrylic
- Pinhole creating mask
  - PVDF & nano-particles of carbon
  - 1.36mm aperture
  - 3.23mm total diameter
  - 3200 microperforations



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**PIXL FOR PRESBYOPIA**  
SPATIALLY TARGETED, EPITHELIUM-ON ACCELERATED CROSS-LINKING

More than 200 eyes treated internationally with PIXL to date

- Mid-peripheral cross-linking, no UVA applied to central cornea
- Image above: High resolution OCT image showing mid peripheral corneal stromal demarcation line after epi-ON PIXL with oxygen

Investigational. Not FDA approved.

55 year old male  
+1.25 D correction

Augmentation Date: 7/25/2016 10:58:20 (-2)

Pre-PIXL

Post-PIXL

Augmentation Date: 10/20/2016 10:15:40 (-2)

Clinical case example from Jeff Michal, MD

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**MICRO-INSERT SYSTEM**  
REFOCUS VISION GROUP

- Currently in US Clinical Trials
- Scleral-based approach
- Only binocular accommodating restorative procedure
- 12 months / 40 eyes / 20 pts
  - 100% J3 or better
  - 95% J2 or better
  - 90% J1 or better
  - No change to distance

<http://refocusgroup.com/for-eye-care-professionals/>

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## RELEX SMILE: SMALL INCISION LENTICULE EXTRACTION

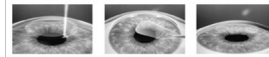
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## SMILE

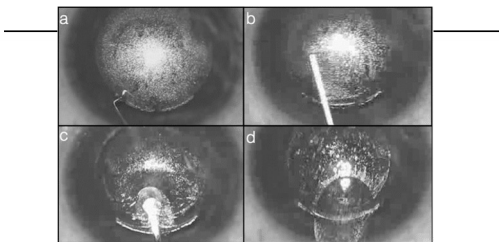
- Procedure: femtosecond laser make a small pocket from which a small disc of tissue is removed
- FDA approved September 2016

### ReLEx smile

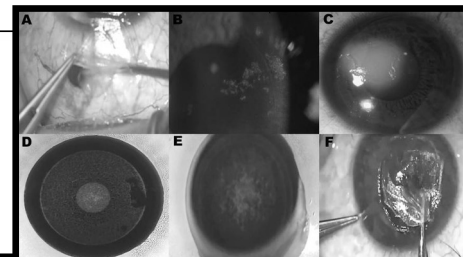
Small Incision Lenticule Extraction



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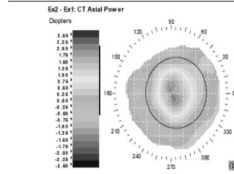
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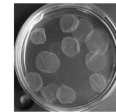
## ALLOGENIC CORNEAL INLAY PEARL: PRESBYOPIC ALLOGENIC REFRACTIVE LENTICULE

- Increasing central corneal power to improve near vision

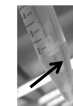


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## EXCIMER LASER SHAPED CORNEAL INLAYS

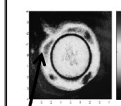


### Scaling



Valuable use of gifted human tissue!

### Predictability



Human tissue shaped with excimer laser precision.



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## Laser Induced Refractive Index Change for Refractive Error Correction

LIRIC: a *disruptive technology*

Poised to revolutionize:

- refractive surgery
- cataract surgery
- contact lenses

A revolutionary way to refine the optics of the eye

Cornea



- Minimally invasive
- No flap, epi on, no doping
- No nerve damage

IOL



- Post-implantation optical touch-up
- Monofocal to multifocal & vice-versa
- Correct residual refractive error

Contacts



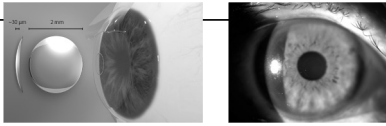
- Enables diffractive multifocals for better presbyopia correction
- Thin lenses for all prescriptions
- Better oxygen transmissibility

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## A SWING AND A MISS

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### RAINDROP® NEAR VISION INLAY

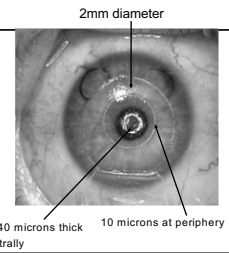


- Physiologically transparent, biocompatible hydrogel space occupying lenticule corneal inlay
  - Reshape cornea, increases central anterior corneal curvature
  - Pupil constriction and hyperopiate cornea creates a pseudo-accommodative state
- Placed in the non-dominant eye

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### Raindrop® NearVision Inlay

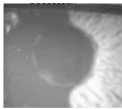
- Size: 2 mm diameter, 30 microns thickness
- Implanted under a femtosecond laser corneal flap (30% of the corneal thickness) and centered over light-constricted pupil
- Implanted at 150 micron depth
  - Needs a corneal thickness allowing for stromal bed of minimum 300 microns below flap



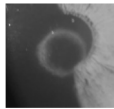
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### POSTOP MANAGEMENT: SLIT LAMP EXAMINATION

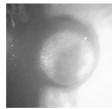
- Haze Development
  - Faint peripheral circle occurs in almost every case and does not require treatment
  - If you see any activation and progression, topical steroid treatment is



Normal ring,  
no treatment recommended



Peripheral edge progression

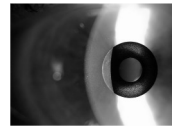


Central haze,  
treatment recommended

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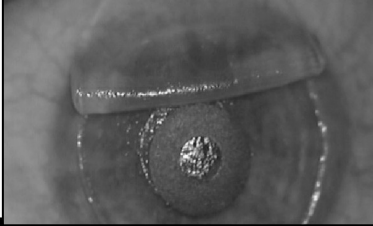
### KAMRA SMALL APERTURE INLAY

- KAMRA (AcuFocus) is a small aperture inlay
  - 3.8mm outer diameter
  - 5 microns thin
  - 1.6mm inner diameter
- Made from polyvinylidene fluoride
- Over 20,000 inlays implanted worldwide
- US IDE enrollment complete (507 patients)



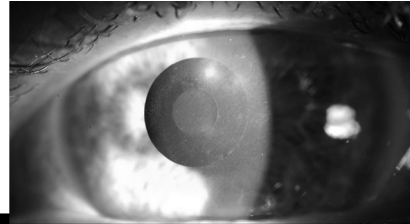
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- Requires a minimum depth of 200  $\mu\text{m}$  for the lamellar pocket and a minimum of 250  $\mu\text{m}$  of residual posterior stromal bed thickness



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## INFECTIOUS KERATITIS



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## A WHOLE NEW BOX

Ocular pharmaceuticals ~~\*\*\*\*COMING\*\*\*\*\*~~

ITS HERE!

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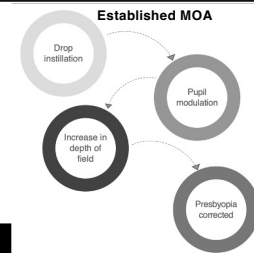
Trial	API	Company	Primary EP (3 Line Gain)	Safety	Completion Date
VISION-1 PII	Pilocarpine MAP™ Technology	ayunova	Gain of 3 lines or more in mesopic, high contrast, binocular (CDVA) at Hour 2 versus the vehicle (placebo)	Not yet reported	Fully Enrolled Top-Line Results Q2 2021
VISION-2 PII	Pilocarpine MAP™ Technology	ayunova	Gain of 3 lines or more in mesopic, high contrast, binocular (CDVA) at Hour 2 versus the vehicle (placebo)	Not yet reported	Target completion Q2 2022
GEMINI-1 PII	Pilocarpine 1.25% formulation	abbvie	Gain of 3 lines or more in mesopic, high contrast, binocular (CDVA) at Day 30, Hour 3 versus the vehicle (placebo)	~20% Headache No Serious AEs	Completed Q3 2020 PDUPA H2 2021
GEMINI-2 PII	Pilocarpine 1.25% formulation	abbvie	Gain of 3 lines or more in mesopic, high contrast, binocular (CDVA) without loss of greater than first letters in (CDVA) with the same refraction at Day 30, Hour 3 versus the vehicle	~20% Headache No Serious AEs	Completed Q3 2020 PDUPA H2 2021
PRX-100	Acetate + Trispartate	Presbyopia Therapies	Proportion of subjects with at least a 3-line (15 letter) improvement in the study eye [Time Frame: up to 7 hours post-treatment]	Not yet reported	Phase IIB Completed May 2018
NEAR-1 PII	Pilocarpine 0.2% + NSAID	OXASIS	≥ 3-line gain in BCVA at 40cm and no loss in BCVA ≥ 5 letters at 4m [Time Frame: Day 8]	Not yet reported	Actively Recruiting Q2 2021
NEAR-2 PII	Pilocarpine 0.2% + NSAID	OXASIS	≥ 3-line gain in BCVA at 40cm and no loss in BCVA ≥ 5 letters at 4m [Time Frame: Day 8]	Not yet reported	Actively Recruiting Q2 2021
UNR344-CI	Lipoic acid choline ester 1.5%	NOVARTIS	Change in Binocular DNCVA From Baseline [Baseline to Month 3]	Not yet reported	Not Yet Recruiting
NYXOL+PILO	Phenylephrine 0.75% + Pilocarpine	Ocuphne	Percent of subjects with ≥ 15 letters of improvement in photopic binocular (CDVA) [Time Frame: up to 6 hours]	Not yet reported	
Not Available	Alpha-crystallin stabilizing molecule	VIEWPOINT		N/A	
BRIMOCHOL	Bimochol Carbachol/Bimocholine	VISUS	Change from baseline in near VA [Time Frame: Baseline]	Not yet reported	Actively Recruiting Topline data expected mid 2021

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NOT PICTURED: EYEFOCUS FROM OSRX COMPOUNDING

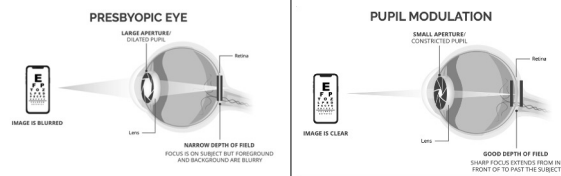
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## PUPIL MODULATION CORRECTS PRESBYOPIA



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## PUPIL MODULATION



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## PHARMACEUTICAL CATEGORIES

- Pilocarpine
  - Different percentages in multiple formulations
  - Causes Miosis
- Carbachol
  - Cholinergic agent to decrease pupil size
- Aceclidine
  - Targets iris sphincter and avoid ciliary stimulation for pinhole effect
- Brimonidine tartrate which is a sympatholytic alpha-2 agonist.
  - It inhibits the iris dilator muscle contraction and may also inhibit contraction of ciliary muscle by activating alpha-2 receptors.
  - Brimonidine also helps with increasing bioavailability and duration of action of other ingredients by altering aqueous dynamics.

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## HOW QUICKLY DO THEY WORK?

- Studies show variance of onset within 15-30 minutes and duration of 3-7 hours depending on the drop.

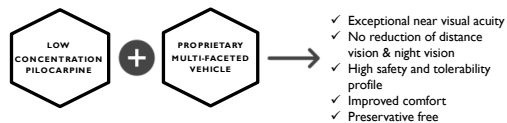
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## VUITY (ALLERGAN)

- Currently the only FDA approved presbyopic drop
- Pilocarpine based
- The pH-Hast technology allows the Pilocarpine HCL to rapidly adjust to the pH of the tear film and increased corneal penetration.<sup>1</sup>
- Phase 3 GEMINI 1 and 2 studies
  - showed that 31% and 26% of patients, respectively, gained 3 lines or more in mesopic, high contrast, binocular distance corrected near visual acuity
  - without losing more than 1 line of BCDVA.
  - The vehicle arm only noted 8% and 11%, respectively, meeting the same endpoints.

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## ORASIS CSF-I OPTIMAL BALANCE



- ✓ Exceptional near visual acuity
- ✓ No reduction of distance vision & night vision
- ✓ High safety and tolerability profile
- ✓ Improved comfort
- ✓ Preservative free

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## ORASIS CSF-I

- Preservative free formulation with proprietary vehicle to allow for optimal balance between efficacy, safety and comfort.
  - pH similar to that of cornea
  - Up to twice a day dosing, second dose between 2-3 hours after first
- Phase 3 Study
  - successfully met its primary endpoint of 3 lines of improvement in near vision with no reduction in distance or night vision.
    - Almost 70% 2 lines of improvement
  - CSF-I is currently compiling data from Phase 3b study, showing similar to first

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## VISUS THERAPEUTICS

- Brimochol
  - Carbachol 2.25% (cholinergic agent) + brimonidine tartrate 0.2% (alpha-2 agonist)
  - Carbachol is a parasympathomimetic that mimics effect of acetylcholine on both muscarinic and nicotinic receptors in the iris sphincter muscle, activating it to decrease the pupil size for the "pinhole effect".<sup>6</sup>
- Previous studies of Brimochol showed an average improvement in near vision of more than 5 lines with no complaints of brow ache or loss in distance vision.<sup>3</sup>

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## LENZ THERAPEUTICS

- LNZ100
  - Aceclidine
    - Targets iris sphincter and avoids ciliary stimulation
  - Phase 2B trials
    - LNZ100 exhibited 81% of patients gaining at least 2-line improvement and 53% gaining at least 3-line improvement at 30 minutes
    - with no change to BCDVA.<sup>4</sup>
- LNZ101
  - LNZ101 is a mix of aceclidine and brimonidine, for a combined effect.

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## OCUPHIRE PHARMA

- Nyxol with low dose pilocarpine
- Nyxol® is 0.75% phenolamine, a nonselective alpha adrenergic antagonist that inhibits the contraction of smooth muscle of the iris, while Pilocarpine activates the sphincter<sup>4</sup>
- met primary endpoints of 3 lines or more binocular NV in 63% of patients vs 28% in placebo.

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## WHAT MAKES THEM DIFFERENT: THE LONG SHORT

- **Nyxol (Allergan)**: The pHast technology allows the Pilocarpine HCL to rapidly adjust to the pH of the tear film and increased corneal penetration.<sup>1</sup>
- **CSF-1 (Orasis)**: Preservative free formulation with proprietary vehicle to allow for optimal balance between efficacy, safety and comfort.<sup>2</sup>
- **Microlens (Bausch + Lomb)**: Project with MAP technology uniquely administers the medication as a spray into the eye versus a drop.<sup>3</sup>
- **GLE-102 (Glaukos)**: Utilizing iLution, a cream-based delivery of pilocarpine applied to the outer surface of the eyelid. Allows for transdermal delivery applied topically to the skin.<sup>7</sup>
- **Nyxol + Low-dose Pilo (Ocuphire)**: Nyxol® is 0.75% phenolamine, a nonselective alpha adrenergic antagonist that inhibits the contraction of smooth muscle of the iris, while Pilocarpine activates the sphincter.<sup>4</sup>
- **LNZ100/LNZ101 (Lenz Therapeutics)**: LNZ100 utilizes aceclidine only which has shown to target the iris sphincter only and avoid ciliary muscle activation.<sup>5</sup> LNZ101 is a mix of aceclidine and brimonidine, for a combined effect.<sup>5</sup>
- **Brimochol (Visus)**: Brimochol is combination of carbachol and brimonidine tartrate. Carbachol is a parasympathomimetic that mimics effect of acetylcholine on both muscarinic and nicotinic receptors in the iris sphincter muscle, activating it to decrease the pupil size for the "pinhole effect".<sup>6</sup>

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## OSRX PHARMACEUTICALS

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- **EyeFocus**
  - Is a compounded combination of medications including pilocarpine, but there are currently no ongoing studies.
  - The initial proof of concept study had great promise with 66% of patients having NV of 20/40 or better at 1 hour and 78% of patients maintaining this for 8 hours.<sup>6</sup>

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## COMPLETELY OUTSIDE THE BOX.....

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- **Dioplin (Novartis)**
  - Lipoic acid-based drop is metabolized by the crystalline lens to help reduce disulfide bonds between proteins that develop with age and restore elasticity and accommodative ability.
- FDA trials are underway for UNR844 (Novartis Pharmaceuticals), which is comprised of lipoic acid choline ester chloride 1.5% and works to restore the accommodative ability of the crystalline lens. Lipoic acid helps to hydrolyze the disulfide bonds within the crystalline lens proteins to soften the lens.<sup>5</sup> Phase 2 studies found an increase in DCNVA of 6.1 letters in the treatment group versus 4.5 letters in the placebo group.<sup>5</sup>

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QUESTIONS?

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THANK YOU!  
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