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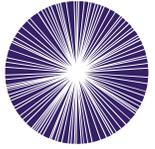
PO547 Real World Effect of Digital, Dual- Mechanism Treatment for Amblyopia in Older Patients: PUPiL Registry Results

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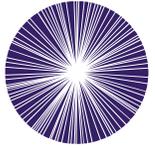
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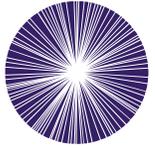
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Older kids need more amblyopia treatment options

- **Diminished gains in patients >7 years** using monocular amblyopia treatments¹
- Many children have **lifelong residual amblyopia** after completing their treatment regimen¹
- Real world data from the IRIS[®] Registry: Amblyopic children diagnosed aged 7-12 years improved by **0.8 lines over 2.6 years** with monocular treatments²

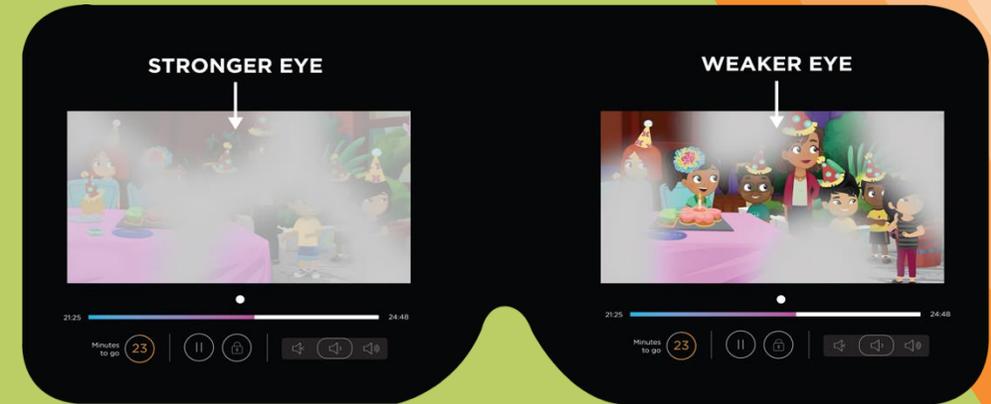
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Digital, dual-mechanism treatment for amblyopia (Luminopia)

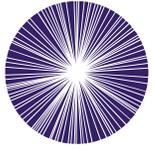
- Open-label and pivotal trials conducted in patients age 4 – 12^{1, 2}
- Substantial equivalence granted in 8 to <13 year olds based on PUPiL registry data³

Indicated for improvement in visual acuity in patients age 4 - <13 years with amblyopia associated with anisometropia / mild strabismus¹



*Luminopia software modifies TV shows within a VR-headset with
(1) fellow-eye contrast reduction and
(2) complimentary dichoptic masking across both eyes*

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PUPiL¹ Cohort Evaluated

Any and all patients in the PUPiL Registry that satisfied the following requirements:

- Age 8 – 12 years at time of prescription
- Unilateral* anisometropic/strabismic amblyopia

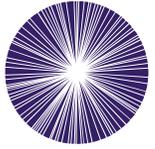
Outcomes Evaluated

- Change in lines BCVA from Baseline to most recent observation, by amblyopic severity
- Outcomes by subgroups of prior treatment duration, adjusted for starting acuity
- Total treatment usage for those who have completed Luminopia

**2 or more lines interocular differences*

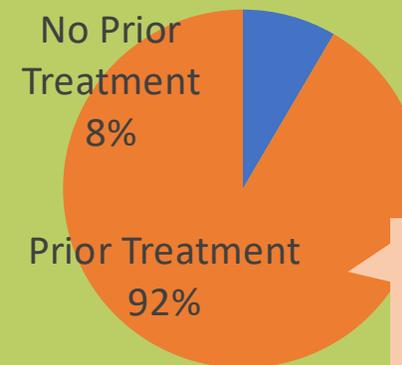
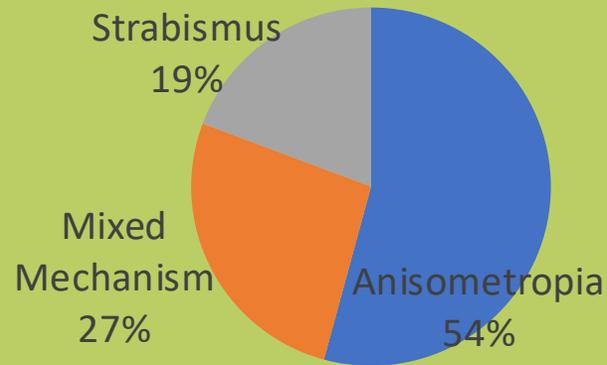
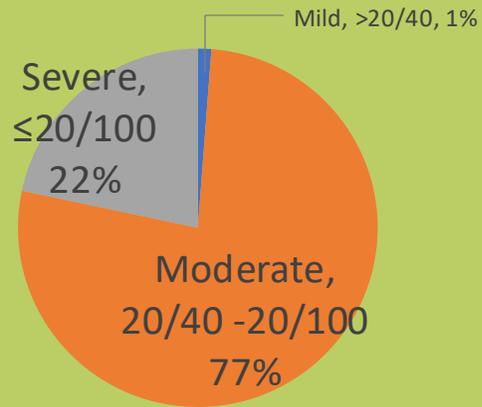
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1. NCT06429280, retrospective multi-center registry enrolling patients with amblyopia undergoing 12+ week of Luminopia. All aspects of care, including dosage and follow-up, at physician discretion.

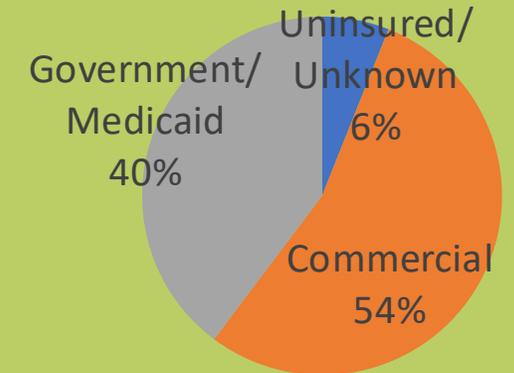


Registry cohort is diverse with extensive prior treatment for amblyopia

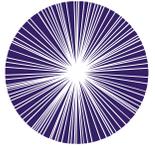
N=83 children
Mean Age: 9.3 ± 1.2 years



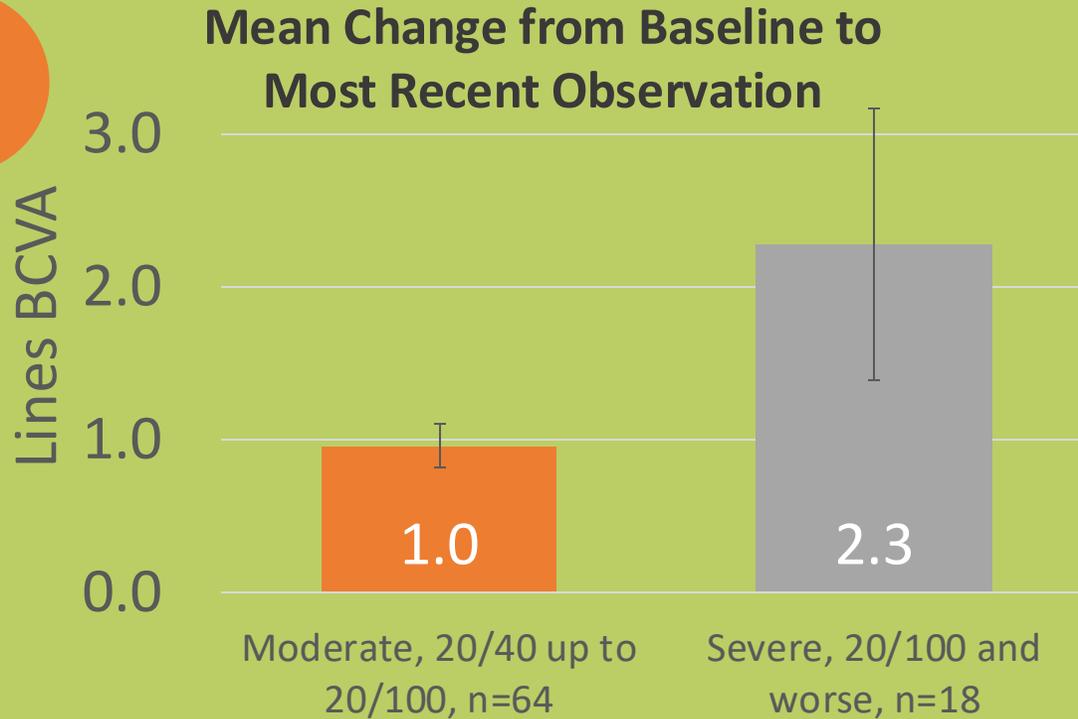
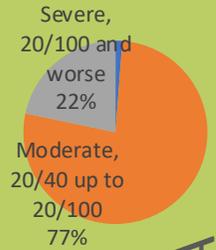
Avg 2.8 years of prior treatment before starting Luminopia



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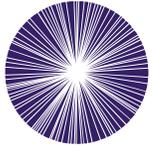


Starting acuity is the strongest predictor of treatment response

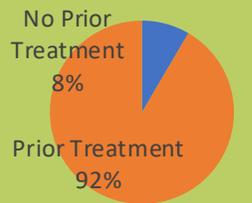


- Children with worse initial BCVA experienced more improvement ($r=-0.53$, $p < .0001$, $R^2=0.286$)

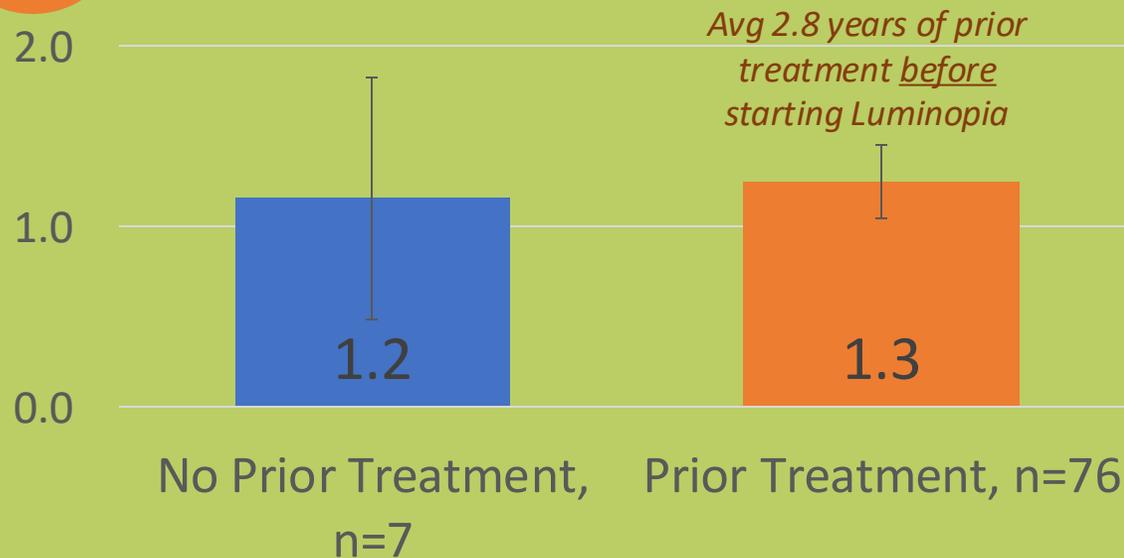
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Consistent treatment response in treatment-naïve and prior-treated children

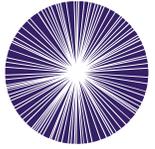


Mean Change from Baseline,
Adjusted for starting visual acuity



- Exposure to prior amblyopia treatment was not a significant predictor for Luminopia treatment response (p=0.8894)
- Both subgroups showed comparable improvement

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Software-measured treatment usage shows mean duration under a year, among those who have completed treatment

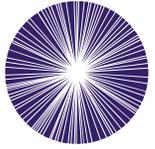
73% of children in this cohort have completed their treatment

- Mean 9.2 ± 5.1 months on treatment
- Mean 127 ± 92 hours of treatment completed

- Average of 3.3 ± 1.7 hours per week of treatment completed

Top Viewed Shows in this cohort



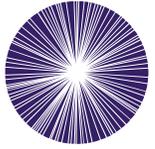


Limitations

- Real – world data has more variability
 - No standardized method of BCVA collection
 - No predetermined follow-up schedule
- No control group
- Patients undergoing <12 W of treatment not included in Registry

Prospective trial in 8-12 year olds will address these limitations
PEDIG's ATS-24: Luminopia vs glasses vs Vivid Vision, currently enrolling

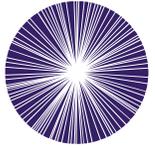
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Conclusions

- Amblyopia treatment is a critical unmet need for patients aged 8 – 12
- Among this 8-12 year old cohort in the PUPiL Registry:
 - A majority patched for years for before starting Luminopia, and still improved in BCVA on Luminopia
 - Clinically significant treatment effect observed in subgroups of amblyopia severity and prior treatment

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