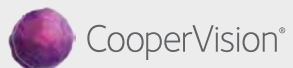




A clear look at your child's vision:  
**today and in the future**



BRILLIANT  FUTURES™  
MYOPIA MANAGEMENT PROGRAM

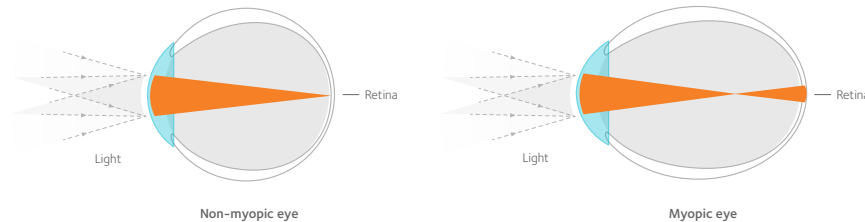


# What is myopia?

## What is myopia?

Myopia is more **commonly referred to as nearsightedness**, or the inability to see objects clearly at a distance.

The myopic eye is longer than the non-myopic eye. Generally, the longer the eye, the worse the person's vision.



- Myopia is the common eye condition often referred to as nearsightedness. It causes distance vision to become blurry.
- Myopia typically occurs during childhood when eyeballs are growing, meaning the distance between the front of the eye and the light-sensitive part at the back of the eye called the retina becomes longer.
- Blurry vision due to myopia is the result of light rays focusing at a point in front of the retina rather than directly on the surface.<sup>1</sup>
- Myopia can worsen over time and/or worsen if appropriate interventions are delayed.<sup>2</sup>




**Research on reducing the progression of myopia has been promising in recent years.<sup>3</sup>**

# Causes of myopia

## Causes of myopia




### Genetics

Myopia in children **increases when parents are myopic**.<sup>1</sup> The likelihood of children developing myopia increases:

	<b>1 in 2</b> when <b>both</b> parents are myopic		<b>1 in 3</b> when <b>one</b> parent is myopic		<b>1 in 4</b> when <b>neither</b> parent is myopic
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### Lifestyle

Research shows that **modern lifestyles** may influence the development of myopia.

	Insufficient time spent outdoors. <sup>2,3</sup>		Prolonged time spent reading and playing or working with digital devices, like smartphones or tablets. <sup>2,4</sup>		Poor lighting levels. <sup>2,4</sup>
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REFERENCES: 1. Morgan P. Is Myopia Control the Next Contact Lens Revolution? *OPTICIAN* 2016 2. Gifford P, Gifford, K L. The Future of Myopia Control Contact Lenses. *Opt Vis Sci*. 2016;93(4):336-343. 3. Rose KA, Morgan IG, Ip J, et al. Outdoor Activity Reduces the Prevalence of Myopia in Children. *Ophthalmology* 2008;115(8):1279-1285. 4. Wolffsohn JS, Calossi A, Cho P, et al. Global Trends in Myopia Management Attitudes and Strategies in ClinicalPractice. *Cont Lens Anterior Eye*. 2016;39(2):106-16.

Myopia is becoming more common and can be attributed to genetic and/or lifestyle factors.<sup>1</sup>

### Genetics

- Family history affects a child's risk of myopia.
- If neither parent is myopic, the chance the child will develop myopia is about 1 out of 4.<sup>2</sup>
- If one parent is myopic, it increases the child's chance of developing myopia by 3x.<sup>2</sup>
- If both parents are myopic, the risk doubles to 6x.<sup>2</sup>

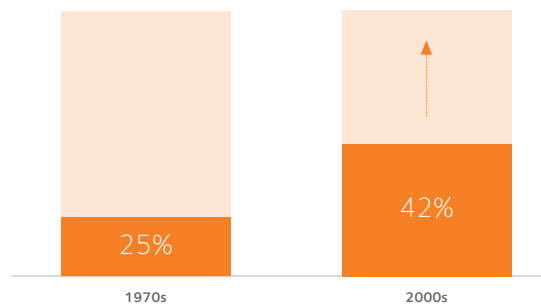
### Lifestyle

- Reduced time spent outdoors, vitamin D intake, and dopamine levels increase the likelihood of being myopic.<sup>2,3</sup>
- Increased amount of time spent on computer screens, phones, video games, and other electronic devices may also increase the risk of myopia.<sup>2,4</sup>
- Time spent in poor lighting can also increase the risk of developing myopia.<sup>2,4</sup>

# Myopia is becoming more widespread and more severe than ever<sup>1,2</sup>

## Myopia is becoming more widespread and more severe than ever<sup>1,2</sup>

In the early 1970s, only 25% of Americans were nearsighted.<sup>3</sup> Today, more than 40% of Americans are myopic, and that number is **increasing at an alarming rate**, especially among school-age children.<sup>3</sup>



**REFERENCES:** 1. Cooper, Y. (2019, May 1). With Childhood Myopia Rates on the Rise, the American Optometric Association Highlights the Importance of Early Intervention through Annual Eye Exams. Retrieved from <https://www.aoa.org/newsroom/myopia-rates-on-the-rise-syvm>. 2. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, *Ophthalmology*, 2016;123(5):1036-1042. 3. What You Should Know if Your Child is Nearsighted (Infographic). Retrieved October 29, 2019 from: <https://www.allaboutvision.com/parents/myopia-facts-infographic.htm>.

- In the early 1970s, only 25% of Americans were nearsighted.<sup>3</sup>
- Today, more than 40% of Americans are myopic, and that number is increasing at an alarming rate, especially among school-age children.<sup>1,3</sup>
- By 2050, 58% of the North American population is predicted to be myopic.<sup>2</sup>
- The prevalence of high myopia is also on the rise, indicating that myopia is becoming more severe.<sup>2</sup>
- One in four parents have a child with myopia, and about three-quarters of children with myopia were diagnosed between the ages of 3 and 12.<sup>4</sup>
- As children grow, their myopia may progress, resulting in a stronger prescription to see distant objects clearly. Myopic progression generally stabilizes when the child reaches early adulthood.
- Among some populations, such as Asian and Indian children, the incidence is likely to be even higher, in line with the incidence in those countries.<sup>2</sup>

**REFERENCES:** 1. Cooper, Y. (2019, May 1). With Childhood Myopia Rates on the Rise, the American Optometric Association Highlights the Importance of Early Intervention through Annual Eye Exams. Retrieved from <https://www.aoa.org/newsroom/myopia-rates-on-the-rise-syvm>. 2. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, *Ophthalmology*, 2016;123(5):1036-1042. 3. What You Should Know if Your Child is Nearsighted (Infographic). Retrieved October 29, 2019 from: <https://www.allaboutvision.com/parents/myopia-facts-infographic.htm>. 4. Myopia: 2018 American Eye-Q Research. (2018, December 20). Retrieved October 2, 2019, from <https://www.aoa.org/patients-and-public/eye-and-vision-problems/glossary-of-eye-and-vision-conditions/myopia/myopia-research>.

01

# Introduction to myopia management



# Long-term implications of myopia

## Long-term implications of myopia

Leaving myopia unmanaged may contribute to more severe eye health complications and sight-threatening conditions later in life, including<sup>1-4</sup>:

Retinal detachment | Myopic maculopathy | Glaucoma | Cataracts



Myopia is commonly diagnosed in childhood. Myopia can progress and worsen over time, **leading to more severe sight conditions later in life.**

REFERENCES: 1. Xu L, Wang Y, Wang S, Wang Y, Jonas JB. High Myopia and Glaucoma Susceptibility: The Beijing Eye Study. *Ophthalmology*. 2007;114(2):216-220. 2. Flitcroft DJ. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res*. 2012;31(6):622-660. 3. Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci*. 2012;53(8):4868-73. 4. What You Should Know if Your Child is Nearsighted (Infographic). Retrieved October 29, 2019 from: <https://www.allaboutvision.com/parents/myopia-facts-infographic.htm>.

Leaving myopia unaddressed may contribute to more severe sight-threatening complications later in life, including<sup>1</sup>:

- **Retinal detachment** – The risk of retinal detachment is anywhere from 3–20x greater compared to people without myopia, depending on the level of myopia.<sup>2</sup>
- **Myopic maculopathy** – Myopic maculopathy can result in vision loss earlier in life than glaucoma or retinopathies.<sup>3</sup>
- **Glaucoma** – Studies show myopic people have a 2–3x greater risk of developing glaucoma than non-myopics.<sup>4</sup> Glaucoma can lead to permanent loss of vision in the affected eye(s).<sup>4</sup>
- **Cataracts** – Though cataracts can affect anyone as they age, they often develop sooner in those who are myopic.<sup>4</sup>

# Myopia management today

## Additional benefits of choosing a myopia management approach

### Myopia management today

Additional benefits of choosing a myopia management approach

In the short term, benefits of a myopia management approach look very similar to correcting vision with traditional soft contact lenses.

#### Short-term benefits include:

**Corrected vision<sup>1</sup>**  
for effective daily activities,  
such as schoolwork

**A more  
comfortable  
experience<sup>2</sup>**  
vs. wearing glasses

**No glasses**  
to lose or break

**Accommodates  
a more active lifestyle<sup>2</sup>**  
vs. wearing glasses

REFERENCES: 1. Rah MJ, et al. Vision specific quality of life of pediatric contact lens wearers. *Optom Vis Sci*. 2010;87(8):560-6. 2. Wallace JJ, et al. Benefits of contact lens wear for children and teens. *Eye Contact Lens*. 2007;33(6 Pt 1):317-21.

- Myopia management with contact lenses provides the opportunity for clear vision and the potential to slow progression of the axial length of the eye.<sup>1</sup>
- This method is easy to adopt and has been clinically proven to slow the progression of myopia\* and improve quality of life.<sup>1,2</sup>
- We have a small window of opportunity to help minimize some of these changes.
- Starting myopia management early is important to help keep prescription strength (and importantly, axial length) more steady, which helps to reduce future risks.<sup>1</sup>
- In the short term, the benefits are much the same as with traditional contact lenses, such as:
  - Immediate vision correction
  - A more comfortable appearance vs. wearing glasses
  - No glasses to lose or break
  - No peripheral vision impediment (from frames) vs. wearing glasses

\*Children aged 8-12 at the initiation of treatment.

**REFERENCES:** 1. Chamberlain P, et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci*. 2019;96(8):556-567. 2. Rah MJ, et al. Vision specific quality of life of pediatric contact lens wearers. *Optom Vis Sci*. 2010;87(8):560-6.



# Myopia management today – for the future

## Long-term benefits of choosing a myopia management approach

### Myopia management today – for the future

Long-term benefits of choosing a myopia management approach

For children who begin a myopia management program between 8 and 12 years of age, their vision will not only be corrected today, but **the progression of myopia over the child's growing years may be slowed, potentially minimizing the long-term impact of myopia.**

Benefits include all of the short-term advantages, plus:

#### Impact

over eyeball development and elongation<sup>1</sup>

#### Slowing

of worsening nearsightedness<sup>1</sup>

#### Potential reduction

in the complications that are more frequent in nearsighted patients, like retinal detachment, glaucoma, and cataracts<sup>2-5</sup>

**REFERENCES:** 1. Chamberlain P, et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci*. 2019;96(8):556–567. 2. Xu L, Wang Y, Wang S, Wang Y, Jonas JB. High Myopia and Glaucoma Susceptibility: The Beijing Eye Study. *Ophthalmology*. 2007;114(2):216–220. 3. Macular Society. Myopia, Pathological Myopia and Myopic Macular Degeneration. Retrieved October 29, 2019 from: <https://www.macularsociety.org/sites/default/files/resource/Macular%20Society%20FactSheet%20-%20Myopic%20Macular%20Degeneration%202017%20-%20ACCESS.pdf>. 4. Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res*. 2012;31(6):622–660. 5. Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci*. 2012;53(8):4868–73.

- While the short-term benefits of a myopia management program are similar to correcting vision with a traditional contact lens, the long-term benefits are where the program really shines.
- It is important to begin a myopia management program early to see maximum long-term benefits.<sup>1</sup>
- For those who begin during this window and follow the protocol, the program may help to influence the way the eye develops.<sup>1</sup> We have more control over how the length of the eye changes – and that can mean lower prescriptions than the patient would otherwise have later in life.
- This could even mean that the risk of some of the long-term implications such as retinal detachment, glaucoma, and cataracts are reduced, since these risks are higher when myopia is more severe.<sup>2-5</sup>

**REFERENCES:** 1. Chamberlain P, et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci*. 2019;96(8):556–567. 2. Xu L, Wang Y, Wang S, Wang Y, Jonas JB. High Myopia and Glaucoma Susceptibility: The Beijing Eye Study. *Ophthalmology*. 2007;114(2):216–220. 3. Macular Society. Myopia, Pathological Myopia and Myopic Macular Degeneration. Retrieved October 29, 2019 from: <https://www.macularsociety.org/sites/default/files/resource/Macular%20Society%20FactSheet%20-%20Myopic%20Macular%20Degeneration%202017%20-%20ACCESS.pdf>. 4. Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res*. 2012;31(6):622–660. 5. Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci*. 2012;53(8):4868–73.

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## Myopia assessment chart



# Myopia assessment

How do I know if my child needs a myopia management program?

**Myopia assessment**  
How do I know if my child needs a myopia management program?

Risk Levels

Low	Medium	High
>+0.75DS at age 6 or younger <sup>1</sup>	≤+0.75DS at age 6 or younger <sup>1</sup>	Myopia confirmed at ages 8-12
<b>Recommendation:</b>	<b>Recommendation:</b>	<b>Recommendation:</b>
<ul style="list-style-type: none"><li>Limit hours spent on close work outside of school</li><li>Encourage at least two hours of outdoor time per day<sup>2</sup></li></ul>	<ul style="list-style-type: none"><li>Watch for large changes in prescription over a short period of time</li><li>Limit hours spent on close work outside of school</li><li>Encourage at least two hours of outdoor time per day<sup>2</sup></li></ul>	<ul style="list-style-type: none"><li>Schedule a follow-up appointment</li><li>Consider enrolling in a myopia management program</li><li>Limit hours spent on close work outside of school</li><li>Encourage at least two hours of outdoor time per day<sup>2</sup></li></ul>

REFERENCES: 1. CLEERE Study Group. Early Childhood Refractive Error and Parental History of Myopia as Predictors of Myopia. *Invest Ophthalmol Vis Sci.* 2010;51(1):115-121. 2. Rose KA, Morgan IG, Ip J, et al. Outdoor Activity Reduces the Prevalence of Myopia in Children. *Ophthalmology* 2008;115(8):1279-1285.

## Low

- Monitor as required

## Medium

- Monitor frequently
- Watch out for large myopic changes over a short span of time (e.g., +1.25DS to +0.50DS in 6 months)<sup>2</sup>

## High

- Provide supporting information
- Prescribe glasses with full correction<sup>2</sup>
- Discuss all myopia management options
- Follow up and book myopia management consultation

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# Brilliant Futures™ Myopia Management Program

BRILLIANT FUTURES™  
MYOPIA MANAGEMENT PROGRAM



# More than vision correction



**More than vision correction**

**Brilliant Futures™ Myopia Management Program** is a comprehensive approach to myopia management built around MiSight® 1 day contact lenses, the first and only contact lens FDA-approved for slowing the progression\* of myopia in children who begin wearing the lens between the ages of 8 and 12.\*\*

**Program details:**

- An annual supply of MiSight® 1 day daily disposable lenses
- Free shipping and free returns whether the prescription changes or not
- Program transparency; office visits outlined for the entire year
- Access to online support tools
- A helpful app with reminders and a way to track program progress

**\*Indications for use:** MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal.

**\*\*Compared to a single vision 1 day lens over a 3 year period.** Based on a clinical study in which participants were between the ages of 8 and 12 at initial fit.

- MiSight® 1 day is the first and only FDA-approved\* contact lens to slow the progression of myopia in children age 8-12 at the initiation of treatment.<sup>1\*\*</sup>
- Children who have used MiSight® 1 day have shown that they were able to achieve full-time wear, were able to handle the lenses confidently, and had a positive response to contact lens wear.<sup>1,2</sup>
- With the right support, the Brilliant Futures™ Myopia Management Program is easy for children to adopt and comply with. Parents and children found MiSight® 1 day to be child-friendly.<sup>1-3</sup>
- Program is priced as a comprehensive annual fee.

**\*Indications for use:** MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal.

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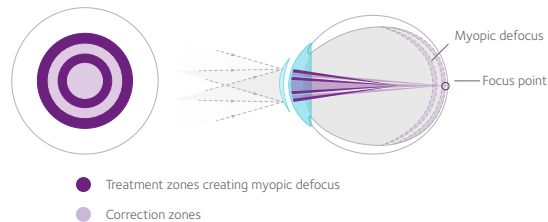
**REFERENCES:** **1.** Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567. **2.** Chamberlain P et al. Parental perspectives on their child wearing daily disposable soft contact lenses in a multicentre clinical study. AAO 2016 Poster Presentation. **3.** Sulley A et al, Wearer experience and subjective responses with dual focus compared to spherical, single vision soft contact lenses in children during a 3-year clinical trial. AAO 2019 Poster Presentation.

# How MiSight® 1 day works

## How MiSight® 1 day works

The **ActivControl™ technology** in MiSight® 1 day uses vision correction zones and treatment zones within the lenses to slow the elongation of the eyeball.<sup>1-3</sup>

By including both types of zones in the lens, it simultaneously corrects the child's vision today, while training the eye to resist changing shape, with the goal of preserving vision for the future.



**REFERENCES:** 1. British Contact Lens Association (BCLA) (2019, May 17). Retrieved October 2, 2019, from [https://www.bcla.org.uk/Public/News/Press\\_Release/Finalists-unveiled-for-2019-BCLA-Awards.aspx](https://www.bcla.org.uk/Public/News/Press_Release/Finalists-unveiled-for-2019-BCLA-Awards.aspx). 2. La liste des nominés aux 26e SILMO d'Or. (2019, September 25). Retrieved October 2, 2019, from <https://en.silmoparis.com/Silmo-d-Or-Awards/Nominees-2019>. 3. Optician. (2018, April 4). Optician Awards 2018: Black ties and glittering prizes. Retrieved October 2, 2019, from <https://www.opticianonline.net/news/optician-awards-2018-black-ties-and-glittering-prizes>.

- MiSight® 1 day is an award-winning dual-focus soft contact lens that uses ActivControl™ technology to slow the elongation of the eyeball.<sup>1-3</sup>
- The ActivControl™ technology in MiSight® 1 day uses alternating vision correction zones and treatment zones, represented by the two different shades of purple in the diagram.
- The lighter purple vision correction zones contain the power of the contact lens to correct the vision and the darker purple treatment zones are the defocus areas to slow the progression of myopia.
- This design allows the child to see clearly, with potential long-term benefits.

# Effectiveness of MiSight® 1 day

## Effectiveness of MiSight® 1 day

In clinical trials, there were two ways<sup>\*</sup> MiSight® 1 day contact lenses were shown to slow the progression of myopia in children 8–12 at the initiation of treatment:<sup>†</sup>



<sup>\*</sup>Compared to children in the control group wearing a single-vision 1-day lens.

<sup>\*\*</sup>vs. standard soft contact lenses at 3 years.

REFERENCE: 1. Chamberlain P et al A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci* 2019;96:556–567.

A three-year clinical study was conducted in kids 8–12 years of age at initiation of treatment. Half of the kids wore MiSight® 1 day therapeutic soft contact lenses and the other half of the kids wore the same type of soft contact lenses with regular correction rather than the therapeutic rings.

\*Compared to a single vision 1 day lens over a 3-year period.

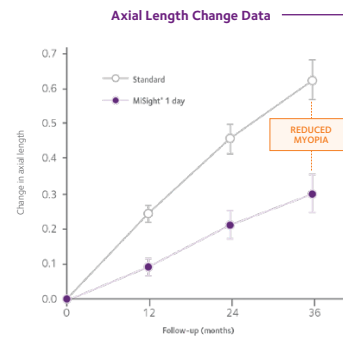
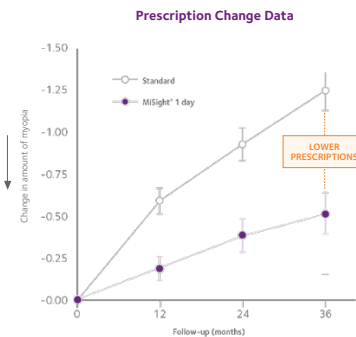
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REFERENCE: 1. Chamberlain P, et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci.* 2019;96(8):556-567.

A three-year clinical study was conducted in kids 8-12 years of age at the initiation of treatment. Half of the kids wore MiSight® 1 day therapeutic soft contact lenses and the other half of the kids wore the same type of soft contact lenses with regular correction rather than the therapeutic rings.

For children aged 8-12 at the initiation of treatment, MiSight® 1 day contact lenses reduced eyeball elongation by 52% on average over 3 years.†\*

For children aged 8-12 at the initiation of treatment, MiSight® 1 day contact lenses reduced the rate of myopia progression by 59% on average over 3 years.†\*

\*Compared to a single vision 1 day lens.

REFERENCE: 1. Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567.



# Children who tried MiSight® 1 day loved their lenses

Children who began treatment between the ages of 8 and 12 participated.

## Children who tried MiSight® 1 day loved their lenses

Children who began treatment between the ages of 8 and 12 participated.

### Easy for Children to Handle

90% of children preferred wearing MiSight® 1 day lenses to their glasses.<sup>1\*</sup>

90% of children could apply and remove their MiSight® 1 day lenses on their own.<sup>1\*\*</sup>

90% of parents reported that their children were happy wearing MiSight® 1 day lenses. They noted comfort, vision, ease of use, and freedom from glasses as benefits.<sup>2†</sup>

### Made to Help Them Focus on What Matters

9 out of 10 wearing MiSight® 1 day lenses report seeing well while doing schoolwork.<sup>1†</sup>

9 out of 10 wearing MiSight® 1 day lenses report seeing really well while playing outdoors.<sup>1†</sup>

9 out of 10 wearing MiSight® 1 day lenses report seeing well while looking at computer/playing video games.<sup>1‡</sup>

\*95% - 100% of children expressed a preference for contact lenses over glasses at each visit over 36 months

\*\*After 1 month of wear

† Overall experience as defined as children's comfort, vision, lens handling, and freedom from spectacles. Children aged 8-15 years. 3-year study report.

‡ From 1 month through 3 year visits

‡ From 1 week through 3 year visits

REFERENCES: 1. Sulley A et al, Wearer experience and subjective responses with dual focus compared to spherical, single vision soft contact lenses in children during a 3-year clinical trial. AAO 2019 Poster Presentation.

2. CooperVision data on file 2018. 3-year study report.

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### Easy for children to handle

- Children preferred wearing their MiSight® 1 day lenses to their glasses.<sup>1,2\*</sup>
- Children could apply and remove the lenses on their own.<sup>1\*\*</sup>
- Parents reported that their children were happy wearing contact lenses, noting comfort, vision, ease of use, and freedom from glasses.<sup>2†</sup>

### Made to help them focus on what matters

- Children report excellent vision performance with MiSight® 1 day lenses while playing outside, watching TV, doing schoolwork, reading, looking at the computer, and playing video games.<sup>1‡</sup>

\*95% - 100% of children expressed a preference for contact lenses over glasses at each visit over 36 months.

\*\*Children new to contact lens wear aged 8-12; 97% found lens removal easy at 1 week improving to 100% by 1 month.

† Overall experience as defined as children's comfort, vision, lens handling, and freedom from spectacles. Children aged 8-15 years. 3-year study report.

‡ From 1 week through 3 year visits.

REFERENCES: 1. Sulley A et al, Wearer experience and subjective responses with dual focus compared to spherical, single vision soft contact lenses in children during a 3-year clinical trial. AAO 2019 Poster Presentation.  
2. CooperVision data on file 2019. Children aged 8-12. BCLA paper presentation, NCC March 2020.