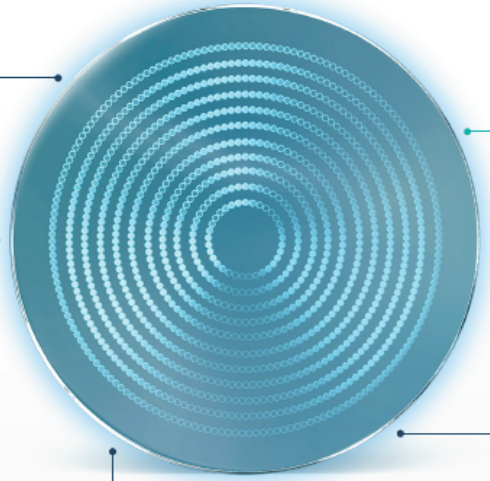
SEVEN KEY FACTS, ELEVEN RINGS AND 80+ PAPERS ON ESSILOR® STELLEST® LENSES

Empowering clinical excellence through robust scientific evidence



01 SLOW MYOPIA PROGRESSION

The first and only U.S. FDA-market authorized spectacle lens to slow myopia progression in children[1]

Efficacy demonstrated across a range of ages and populations[2-5]

GLOBAL EFFICACY AFTER 2 YEARS

	Myopia progression slowed by	Axial elongation reduced by
	71% (0.64D)[42]	53% (0.24MM)[42]
	67% (0.99D)[43]	60% (0.35MM)[43]

LONG-TERM RESULTS FROM CHINA

75% retention over **5 years**[6]

5 year data in children **aged 8-18**[6]

02 ESSILOR® STELLEST® PLANO PAIR LENSES CAN POTENTIALLY DELAY MYOPIA ONSET[7-9]

First published study on optical treatment for pre-myopia[7]

pre-myopic children aged **6 to 9 years**[7]

wearing time **>30 hours/week**[7]

Research has shown that a 1 year delay in myopia onset may be equivalent to 2-3 years of intervention **after onset.**[10]

03 MAINTAINS VISUAL PERFORMANCE WHILE CONTROLLING MYOPIA PROGRESSION

Distance and near acuity, stereoacuity, accommodation and binocular vision are all equivalent to single vision lens wear

100% of children adapted within **1 week**[11]

No significant impact on astigmatism[12,14]

Distance and **near high-contrast acuity** unaffected[11]

No evidence of rebound on cessation[4]

Accommodation, heterophoria and **stereoacuity** at near unaffected[12]

90% of full time wearers showed **non-myopic eye growth** rates after 1 and 2 years[15]

04 EVIDENCE OF ADDITIONAL BENEFIT WITH LOW-DOSE ATROPINE

Data from Europe:

1. Greater efficacy with Essilor® Stellest® lenses + **atropine 0.01%** vs. monotherapy[16]

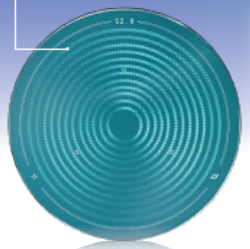
Data from Asia:

1. Adding Essilor® Stellest® lenses to **atropine 0.01% or 0.025%** monotherapy improved outcomes[17]
2. Combination use of Essilor® Stellest® lenses with **atropine 0.01%** demonstrated greater efficacy compared with monotherapy[18,19]

Low-dose Atropine + Essilor® Stellest® Lenses = Greater Efficacy[16,20]

07 CONTINUOUS DEVELOPMENT: ESSILOR® STELLEST® 2.0 LENSES

Further innovations in Essilor® Stellest® lens design aim to slow myopia progression even more.



Essilor® Stellest® 2.0 Lenses

- ✓ Powered by **H.A.L.T.*** **MAX technology**
- ✓ Lenslets with **increased power and asphericity**[28]
- ✓ **Almost halves eye growth in myopic children** compared to Essilor® Stellest® lenses,[†28] with **no negative visual impact**[29,30]

06 OPTIONS FOR SPECIAL CASES

Consider Essilor® Stellest® lenses for special cases in myopia, with awareness of the evidence-base

Anisometropia

Unilateral myopia slowed with corresponding slowing in the non-myopic eye[25]

Intermittent Exotropia

Myopia slowed without impact on fusion and binocularity[26]

Myopia of Prematurity (MOP)

Progression slowed **in children born prematurely**[27]

05 VISUAL FUNCTIONS UNAFFECTED AND MECHANISMS EXPLORED

Visual Function Preserved

- ✓ Better **visual acuity** through the treatment zone (lenslet area) compared to other lenslet designs[20]
- ✓ **Perimetry**[21] **useful field of view,**[22] **peripheral motion perception,**[22] and **peripheral vision**[22] unaffected
- ✓ Reading **speed** maintained[22]

Potential Mechanisms Supporting Myopia Control

- ✓ **Choroidal thinning** inhibited[23]
- ✓ Central and peripheral eye **elongation slowed**[24]

*H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a "halt" or "stop" of myopia progression.
†On average compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6-12 years at initiation of treatment.
‡On average compared to single vision lenses in Chinese children when worn 12 hours per day every day for two consecutive years.
§One-year results from the two-year prospective, controlled, randomized, double-masked clinical trial in Wenzhou China on 54 myopic children wearing Essilor® Stellest® lenses compared to 50 myopic children wearing single vision lenses.
¶Based on 12-month results from a prospective, randomized, double-masked contralateral crossover clinical trial conducted in Singapore on 50 myopic children. The estimated cumulative 1-year axial length change (eye growth) was 0.220 mm with Essilor® Stellest® lenses and 0.121 mm with Essilor® Stellest® 2.0 lenses, corresponding to a 45% relative reduction.

MyopiaProfile

"I'm delighted to collaborate with EssilorLuxottica to present you with this Essilor® Stellest® Clinical Summary, which translates the wealth of research evidence on this groundbreaking myopia treatment into clinical reality. Since 2020, Myopia Profile and EssilorLuxottica have worked together to change the landscape of myopia education worldwide, making myopia management information and resources more accessible than ever for both practitioners and patients alike. From the foundations of myopia through to the latest technological innovations and treatment strategies, the landscape of myopia management continues to grow. Our mission is to support you to deliver the best possible outcomes for your young patients with progressive myopia. Together, we can ensure the children of today have the best possible vision and eye health for tomorrow."

Dr Kate Gifford Director and Co-Founder of Myopia Profile, the world's leading platform for eye care profession education and public awareness in myopia management
PhD, BAppSc(Optom)(Hons), GCOT, FIACLE, FBCLA, FCCLSA, FAAO