

MiSight® 1 day*

is the **FIRST** and **ONLY** one for myopia control in age-appropriate children.*†

Setting a clinical standard with the **longest continuous** soft contact lens **study for myopia control**^{1,2}



A 7-year clinical trial separated into three parts:^{1,3}

	Part 1 (Years 1-3) ¹	Part 2 (Years 4-6) ³	Part 3 (Year 7) ⁶
Objective	<p>Assess the difference in myopia progression over a 3-year period between children wearing MiSight® 1 day and children wearing a single-vision 1-day lens†</p> <ul style="list-style-type: none"> • Randomized + double-masked • Ages 8-12 • 144 children 	<p>Compare the rate of myopia progression between children new to MiSight® 1 day and those who had worn MiSight® 1 day for the previous 3 years</p> <ul style="list-style-type: none"> • All children wearing MiSight® 1 day • Ages 11-15 • 108 children from Part 1 continued in the study 	<p>Assess the impact of cessation on the prior accumulated treatment effect following 3 or 6 years of treatment with MiSight® 1 day</p> <ul style="list-style-type: none"> • All children wearing Proclear® 1 day • Ages 14-18 • 83 children from Part 2 continued in the study
Prospective	✓	✓	✓
Double-masked	✓	N/A	N/A
Randomized	✓	N/A	N/A
Multicenter (Singapore, Canada, England, Portugal)	✓	✓	✓
	Participants:		
Test group (MiSight® 1 day)	70 children aged 8-12 years	108 children aged 11-15 years All wearing MiSight® 1 day	83 children aged 14-18 years All wearing Proclear® 1 day
Control group (Proclear® 1 day)	74 children aged 8-12 years		

*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 ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

† Only FDA approved soft contact lens designed for myopia control in the U.S.

*Proclear 1 day.

MiSight® 1 day contact lenses are FDA approved* to slow the progression of myopia in children aged 8–12 at the initiation of treatment¹≠

MiSight® 1 day clinical trial — Overall Findings

- Over a 3 year period, MiSight® 1 day slowed the progression of myopia in age-appropriate children by 59% on average, and 41% of eyes had no progression^{1*}
- Among MiSight® 1 day wearers, 23% percent of eyes had no progression at 6 years^{3†}
- On average, age-appropriate children wearing MiSight® 1 day progressed less than -1.00D over 6 years^{3‡}
- MiSight® 1 day treatment period of 6 years vs 3 years did not alter the rate of slowing refractive error or axial length³
- Age-appropriate children wearing MiSight® 1 day achieved excellent visual acuity across all visits throughout 6 years of clinical study^{1,3‡‡}
- Age-appropriate children can successfully wear MiSight® 1 day contact lenses with minimal impact on ocular physiology^{1,3§+}
- Evidence indicates that there is no rebound effect with MiSight® 1 day contact lenses^{5,6||}

MiSight® 1 day clinical trial — Part 1

- 41% of the MiSight® group showed no meaningful progression in refractive error[†] after 3 years, compared with 4% in the control group^{1††}
- Children as young as 8 can be successfully fit with soft, daily disposable contact lenses^{1*}
- Children as young as 8 are able to handle their lenses soon after initial fitting^{1**}

MiSight® 1 day clinical trial — Part 2

- New and established MiSight® 1 day wearers have comparable rates of myopic progression and axial length growth³
- Children adapted to spherical contact lenses achieved excellent visual acuity when they switched to MiSight® 1 day^{3‡}

MiSight® 1 day clinical trial — Part 3

- Evidence indicates that there is no rebound effect with MiSight® 1 day contact lenses – myopia control treatment gains were retained over 12 months after treatment ceased^{5,6||}

***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 ≤ 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.

+ Fitted at 8–12 years of age at initiation of treatment.

† No clinically meaningful change in refractive error -0.25D or less from baseline.

‡ VA (LogMAR) > 6/6 (20/20) at all visits from dispensing to 6-year visit.

§ No slit-lamp observations recorded above grade 2 at any visits apart from 1 observation of grade 3 GPC attributed to a foreign body at the 1-month visit.

|| Preliminary international study data shows that, on average, for children that discontinued treatment at age 14–19 following 3 or 6 years of MiSight® 1 day wear, the eye growth reverted to age-expected average myopic progression rates. Disclaimer: The stability of the myopia reduction effect 1-year post-treatment is being further evaluated in a post-approval study in the U.S. as a condition of FDA approval for MiSight 1 day.

138/144 children aged 8–12 were successfully fitted with either MiSight® 1 day or Proclear® 1 day daily disposable soft contact lenses.

** At initial dispense, 66/67 children successfully fit with MiSight® 1 day aged 8–12 were able to handle their lenses.

MiSight® 1 day clinical study outcomes

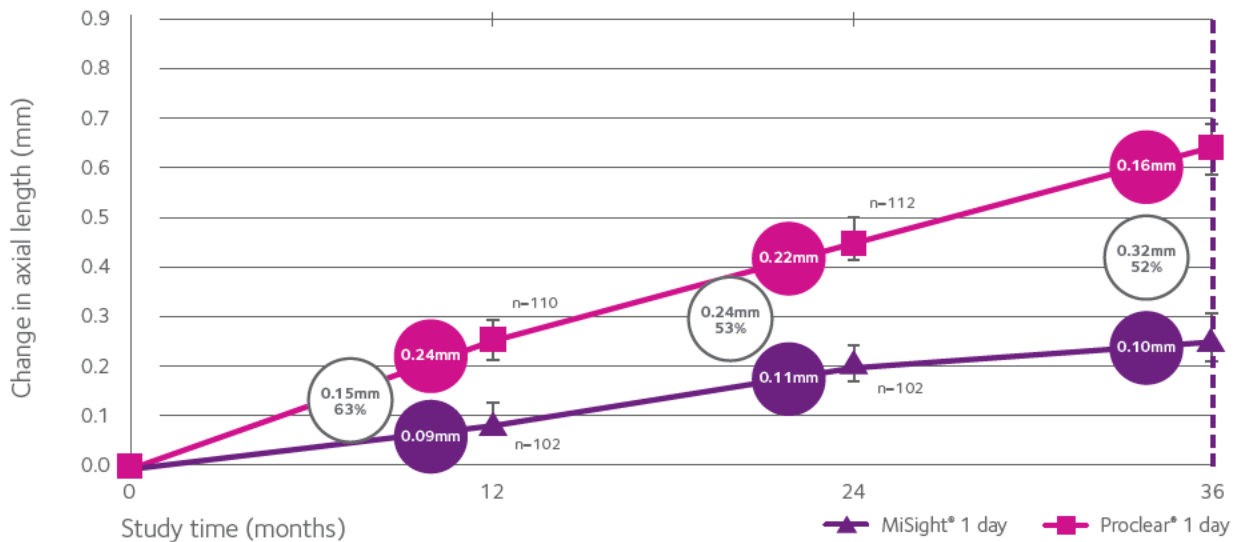
Part 1 (Years 1-3)

Objective: Quantify the effectiveness of MiSight® 1 day in **slowing the rate of myopia progression** compared to a single vision 1-day lens over a 3-year period

Result: 52% average reduction in axial elongation with **MiSight® 1 day**^{1*}

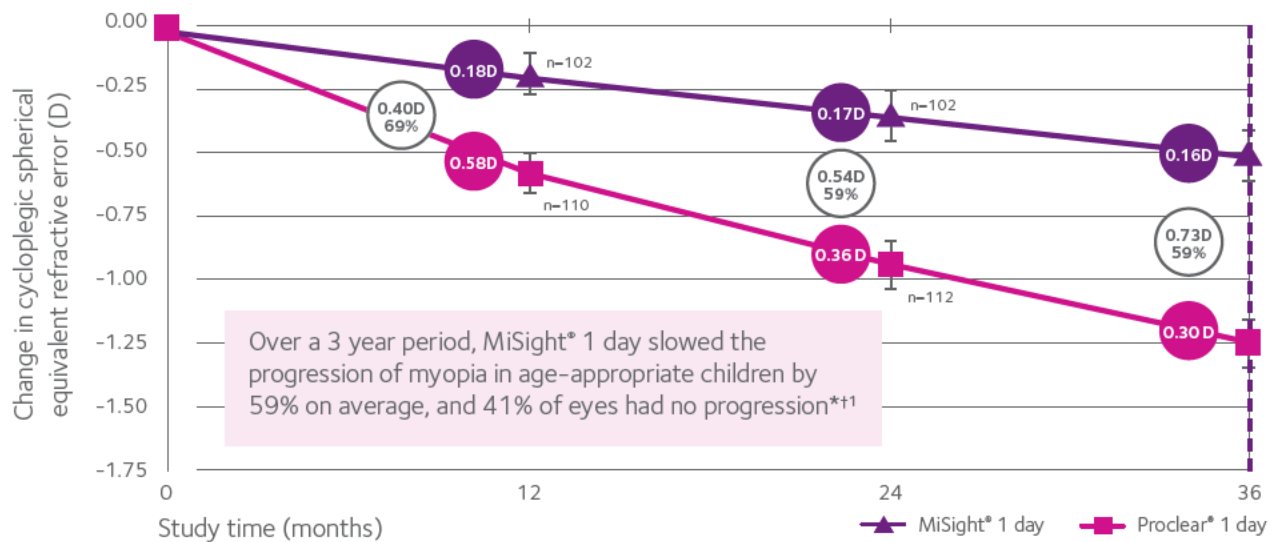
Changes in axial length^{1,3}

- Increased axial length is associated with a higher likelihood of visual impairment⁴



Result: 59% on average reduction in myopia progression with **MiSight® 1 day**^{1*}

Changes in refractive error^{1,3}



Over a 3 year period, MiSight® 1 day slowed the progression of myopia in age-appropriate children by 59% on average, and 41% of eyes had no progression**†

n= 70

0 YR

n= 74

3 YRS

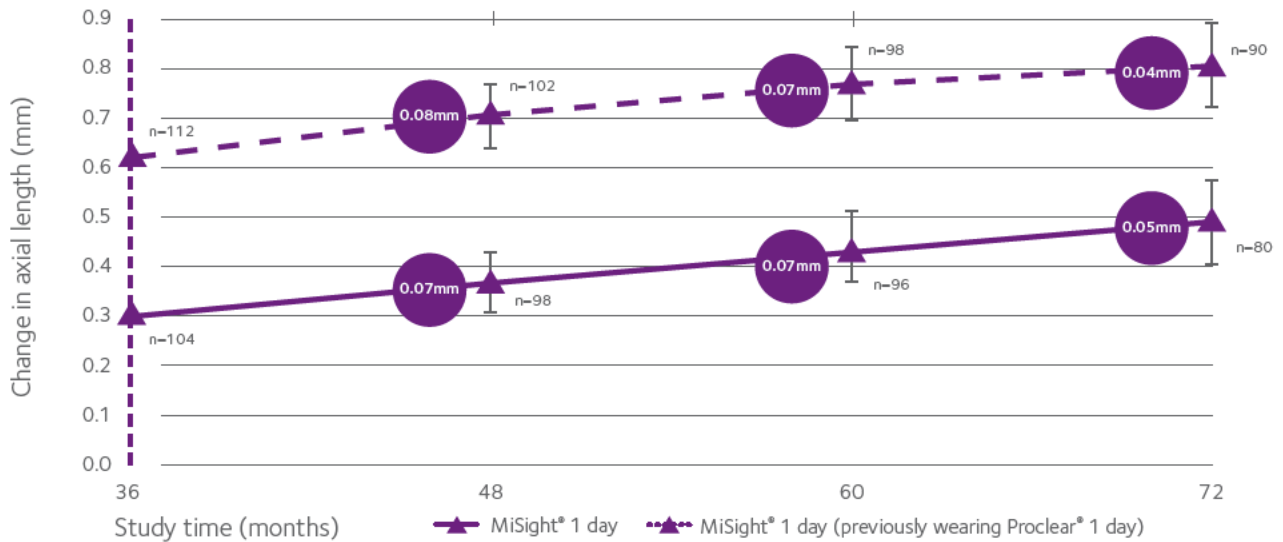
* Compared to a single vision 1-day lens over a 3 year period.

† -0.25D or less of change. Fitted at 8-12 years of age at initiation of treatment.

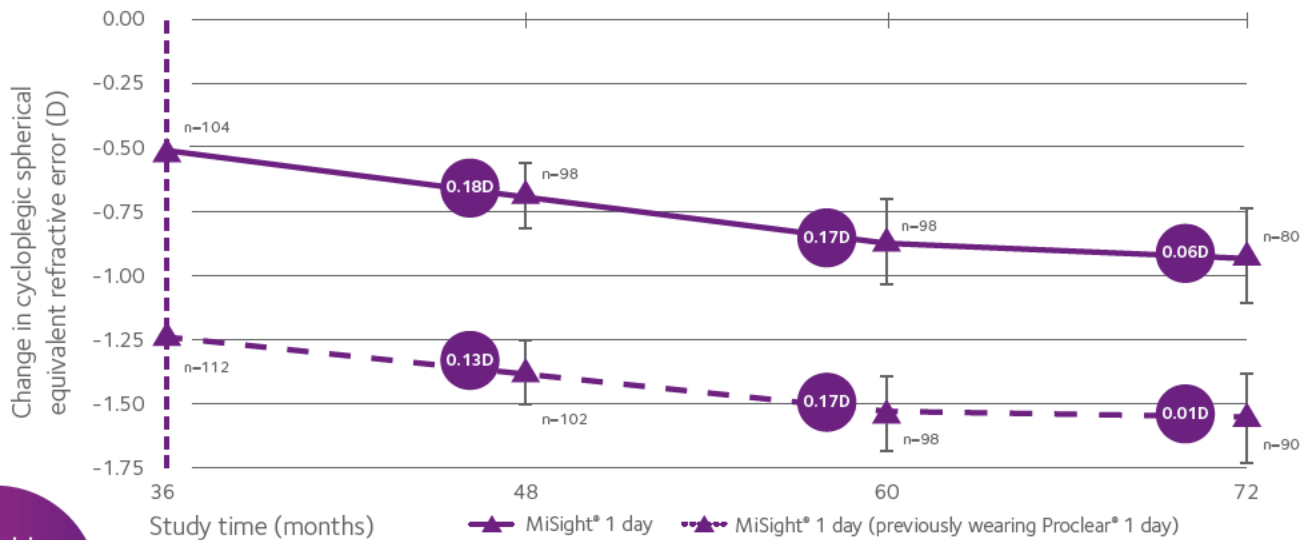
Part 2 (Years 4-6)

Objective: Compare the rate of myopia progression between children new to MiSight® 1 day and those who had worn MiSight® 1 day for the previous 3 years

Result: New and established MiSight® 1 day wearers had comparable rates of axial length growth³



Result: New and established MiSight® 1 day wearers had comparable rates of myopic progression³



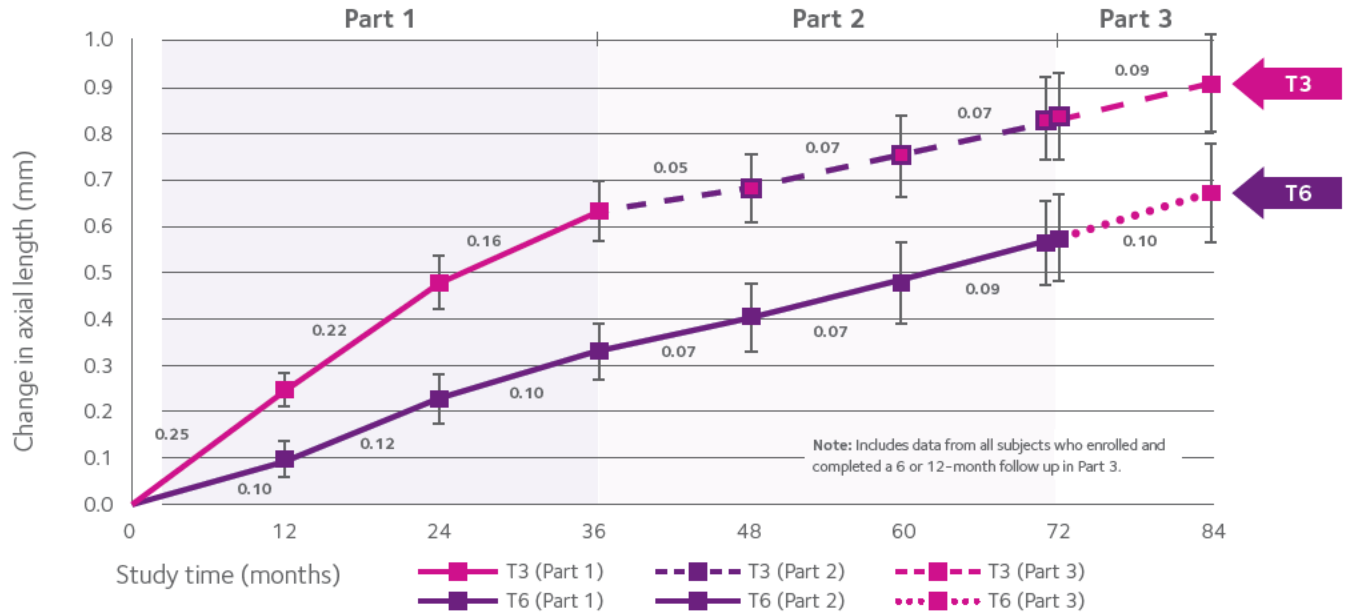
Single-vision 1-day wearers were switched to MiSight® 1 day at 3 years



Part 3 (Year 7)

Objective: Assess the impact of cessation on the prior accumulated treatment effect following 3 or 6 years of treatment with MiSight® 1 day (T3 and T6, respectively)

Result: Evidence indicates that there is no rebound effect with MiSight® 1 day contact lenses^{5,6*}



Result: After MiSight 1 day treatment ceased, myopia control treatment gains were retained over 12 months^{5,6*}

Axial length growth control modeling and measured values (mm)

Year	Control group model†	T3 group (measured)	T6 group (measured)
1	0.247	0.253	0.103
2	0.207	0.216	0.115
3	0.178	0.159	0.109
4	0.153	0.049	0.074
5	0.131	0.065	0.074
6	0.115	0.072	0.089
7	0.100	0.091	0.109

† Using the age and ethnicity of the control cohort, a virtual control group was developed to extend estimates of untreated axial elongation through to the 7th year of the study.

■ Proclear® 1 day

■ MiSight® 1 day

All children were switched to Proclear® 1 day for the final year.

38

7 YRS

40



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MAKE CHILDREN'S SIGHT



YOUR FIGHT™.



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For further details, please contact your local CooperVision sales representative or visit [coopervision.com](https://www.coopervision.com)

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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. CONSORT 2010 Explanation and Elaboration: Updated guidelines for reporting parallel group randomized trials *BMJ.* 2010;340:c869 doi: 10.1136/bmj.c869. 3. Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci* 2020;97(E-abstract): 200038. 4. Tideman J, et al. Association of axial length with risk of uncorrectable visual impairment for Europeans with myopia. *JAMA Ophthalmol.* 2016;134:1355-1363. 5. Chamberlain P, Arumugam B, et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7 year findings. *Optom Vis Sci* 2021;98:E-abstract 210049. 6. Hammond D, Arumugam B, et al. Myopia Control Treatment Gains are Retained after Termination of Dual-focus Contact Lens Wear with no Evidence of a Rebound Effect. *Optom Vis Sci* 2021;98:E-abstract 215130.

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