

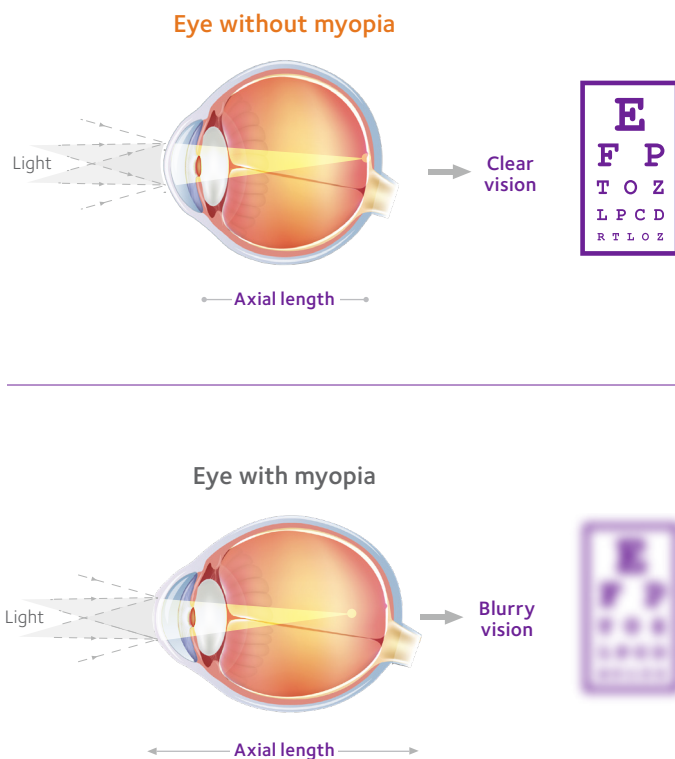
IS YOUR CHILD STRUGGLING TO SEE THE WORLD CLEARLY?

What parents need to know about myopia.



DEFINING MYOPIA:

Myopia, also known as nearsightedness, is when the eye grows too long and too fast, making far-away things blurry.



THE INCREASING PREVALENCE AND SEVERITY OF MYOPIA IN CHILDREN:

- About three-quarters of children with myopia were diagnosed between ages 3 and 12.¹
- 42% of children age 5 to 19 have myopia, and it's happening at a younger and younger age.²
- By 2030, nearly half of North America will have myopia.³

CAUSES OF MYOPIA:

Genetics are a smaller contribution than previously thought, with **lifestyle** and **environment** being larger players.^{4,5} Spending at least 1 to 2 hours outdoors per day reduces the risk of developing myopia.⁶

MYOPIA LEVELS

There is no safe level of myopia. But if we can graduate children from high school no worse than -3.00 D, their risk of sight-threatening eye health conditions is significantly lower. The younger they are, the faster their myopia gets worse.⁷



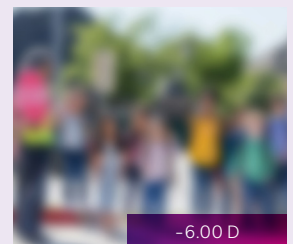
Clear Vision



- 1.00 D



-3.00 D



-6.00 D

LONG-TERM EYE HEALTH IMPACTS:

Ocular tissues change in response to this accelerated eye growth, in many cases stretching and weakening. There is an exponential increase in risk with every unit of myopia.⁸

Leaving myopia untreated may contribute to more severe eye health complications later in life, including:⁸⁻¹¹

- **Cataracts**—a clouding of the lens of the eye that can cause changes in vision. Though cataracts can affect everyone as they age, they often develop sooner in those who have myopia.
- **Glaucoma**—when the nerve fibers of the eye die sooner due to stress, potentially causing irreversible loss of vision.
- **Retinal detachment**—occurs when the retina, a thin layer of tissue that surrounds the entire inside of the eye, pulls away and often needs urgent repair.
- **Myopic maculopathy**—caused by deterioration of the central portion of the retina and is a leading cause of severe, irreversible vision loss.



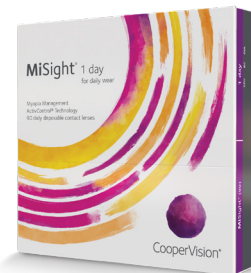
Myopia Control with MiSight® 1 day*

MYOPIA CONTROL VS. MYOPIA MANAGEMENT:

While traditional myopia management products like single-vision glasses or contact lenses help children see clearly, myopia control gives clear vision AND slows the progression of myopia.^{†12}

MiSight® 1 day isn't just a contact lens—it's an FDA-approved* myopia control treatment that can change your child's life by empowering them to thrive with clear vision, while actively protecting their blurry vision from getting worse.^{*†12-16}

Hear from real-life patients and their parents at MiSight.com



*INDICATIONS AND BRIEF SAFETY INFORMATION for MiSight® 1 day soft contact lenses:

INDICATIONS:

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 D to -4.00 D (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal. **BRIEF SAFETY INFORMATION:** Rx only; results may vary. **ATTENTION:** Reference MiSight.com/safety for a complete listing of Indications and Important Safety Information. **WARNINGS:** Problems with contact lenses could result in serious injury to the eye. Do not expose contact lenses to water while wearing them. Under certain circumstances MiSight® lenses optical design can cause reduced image contrast/ghosting/halo/glare in some patients that may cause difficulty with certain visually demanding tasks. **PRECAUTIONS:** Daily wear single use only. Patient should always dispose of lenses after use. No overnight wear. Patients should exercise extra care if performing potentially hazardous activities.

ADVERSE EVENTS: Including but not limited to infection/inflammation/ulceration/abrasion of the cornea, other parts of the eye or eyelids. Some of these adverse reactions can cause permanent or temporary loss of vision. If you notice any of the stated in your child, immediately have your child remove the lenses and contact your eye care professional.

†Compared to a single-vision 1-day lens.

‡MiSight® 1 day, designed for myopia control, shows sustained slowing of eye growth over time on average. While eyes are still growing; children fit ages 8–12 and followed for 6-years. n=40.

1. 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>. 2. 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-sym>. 3. Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 to 2050. 4. Mew-May Wu M, Edwards MH. The Effect of Having Myopic Parents: An Analysis of Myopia in Three Generations. Optometry and Vision Science. 1999 Jun 1;76(6):387–92. 5. Huang HM, Chang DS, Wu PC. The Association between Near Work Activities and Myopia in Children—A Systematic Review and Meta-Analysis. PLoS One. 2015;10(10):e0140419. Published 2015 Oct 20. doi:10.1371/journal.pone.0140419. 6. Donovan L, Sankaridurg P, Ho A, Naduvilath T, Smith EL 3rd, Holden BA. Myopia progression rates in urban children wearing single-vision spectacles. Optom Vis Sci. 2012 Jan;89(1):27–32. 7. Xiong S, Sankaridurg P, Naduvilath T, Zang J, Zou H, Zhu J, Lv M, He X, Xu X. Time spent in outdoor activities in relation to myopia prevention and control: a meta-analysis and systematic review. Acta Ophthalmol. 2017 Sep;95(6):551–566. 8. Flitcroft DL. The complex interactions of retinal, optical and environmental factors in myopia aetiology. Prog Retin Eye Res. 2012 Nov;31(6):622–60. doi: 10.1016/j.preteyeres.2012.06.004. Epub 2012 Jul 4. PMID:22772022. 9. Xu L, Wang Y, Wang S, Jonas JB. High myopia and glaucoma susceptibility, the Beijing Eye Study. Ophthalmology. 2007;114(2):216–20. 10. Younan C, et al. Myopia and incident cataract and cataract surgery: the blue mountains eye study. Invest Ophthalmol Vis Sci. 2002;43(12):3625–3632. 11. 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. 12. Chamberlain P, et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. OVS 2019;96:556–567. 13. Walline J, et al. Randomized trial of the effect of contact lens wear on self-perception in children. Optom Vis Sci. 2009 Mar;86(3):222–32. 14. 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. 15. Chamberlain P et al. Further comparison of myopia progression in new and established myopia control treatment (MiSight® 1 day) groups. BCLA paper presentation 2019. 16. Chamberlain P, et al. Long-term Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. OVS 2022 Mar 1;99(3):204–212.