EYETRONIC[®] - Restoring Vision in Glaucoma

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Standard-of-Care is treating Visual Field (VF) loss by focussing on elevated IOP

- Treating elevated IOP is necessary but not sufficient when loss of VF progresses.
- In addition, 40% of all patients are Normal Tension Glaucoma (NTG) patients who do not present with elevated IOP.

Therapies



Possible side effects

- Itching and inflammation
- Need for several types of eye drops



- Risk of bleeding and infection
- Possible follow-on surgery



New treatments of VF loss need to focus on the neuropathy of the optic nerve

- Retinal ganglion cells and nerve fibers are damaged by factors that terminate cellular metabolism.
- This leads to inactivity of the nerve cells so that their function and VF are lost.
- Subsequently, nerve cells die causing deterioration of the optic nerve.



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Preclinical results of electrical optic nerve stimulation

- Reactivation of nerve cells prevents further deterioration: neuroprotection.
- Function is restored: functional neurorestoration.
- Degenerated nerve fibers sprout and restore: structural neurorestoration.

Optic nerve stimulation	Mechanism-of-Action (MoA)		Effects	
	Neurotrophic Factors IGF-1 \uparrow BDNF \uparrow CNTF \uparrow FGF-2 \uparrow TNF- $\alpha \downarrow$ Glutamine synthease \uparrow Caspase 3 \uparrow	Immunomodulation IL-10 \uparrow IL-6 \downarrow COX-2 \downarrow NF-kB \downarrow Intracellular Ca ²⁺ \uparrow Perfusion \uparrow		 Neuroprotection Functional neurorestoration Structural neurorestoration



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External electrical stimulation triggers neuronal activity in the optic nerve

- Both eyes are treated non-invasively via stimulation goggles with four embedded electrodes.
- Neuronal signals are again transmitted from the retina along the optic nerve to the visual cortex causing phosphenes.



Results at 12-month follow-up of 70 patients in 5 centers

- Patients had continued VF loss despite being treated with SoC for elevated IOP.
- Halt in disease progression observed in 64 of 101 eyes treated (63.4%).
- Improved Mean Defect (MD) and partial visual field restoration in 60 eyes treated (59%).



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One year PMCF trial with NTG patients in Germany

- Normal Tension Glaucoma (NTG) patients.
- Perimetry before optic nerve stimulation (baseline).
- At least one perimetry follow-up about 1 year after optic nerve stimulation.
- Assessment by same perimetry method at baseline and follow-up (30-2 static threshold perimetry).
- Reliability factor max. 20%.
- Only one optic nerve stimulation treatment cycle.
- IOP of max. 18 mmHg before ONS.

- Patients
 - n=7
 - 4 😨, 3 🗗
 - 62±13.8 y (Mean±SD), Range: 46 to 80 y
- 13 eyes.
- 3 centers.



Results at 12-month follow-up of 7 NTG patients in 3 centers

- Halt in loss of VF progression observed in 9 of 13 eyes treated (69.2%).
- Even small sample size shows significant improvement in VF.



MD all patients @ 12 months



MD improved by -1.8 dB





MD responders improved by up to -8.2 dB



VF examples from one NTG patient

• Perimetries of both eyes at base-line; at 2 weeks; and at 3, 6, 9 and 12 months.



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Fund raising for US market entry



Use of proceeds for US market access RCT

• Adding international glaucoma RCT to three existing RCTs and two PMCF trials.

SafEty and Efficacy of OptIc Nerve Stimulation in Glaucoma "SEEING" Trial

- 300 patient multi-center study in Europe and the US.
- Double blind, randomized trial.
- Primary endpoint VF progression after 12 months.
- Visual field measurement with SoC perimetry.





Thank You for Your attention!



Sources



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