

Contoura™ Vision

TOPOGRAPHY-GUIDED LASIK



The next summit in refractive performance

Contoura™ Vision sets the next standard in LASIK outcomes



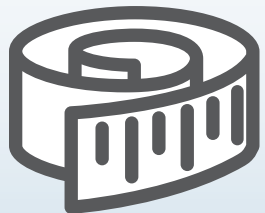
More than **98%** of patients would choose it again.¹

It even **outperformed** glasses and contacts (baseline BSCVA) in over 30% of eyes.^{*1}



When compared to baseline it **improved** many common symptoms associated with LASIK.^{**2}

It **redefined** visual acuity outcomes.¹

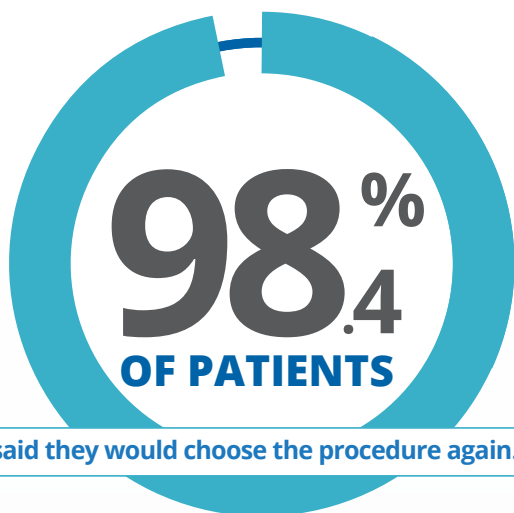


It **delivered** a high level of personalization.

*Post hoc analysis of postoperative UCVA compared to preoperative BSCVA of 230 eyes contained in the FDA T-CAT pivotal trial at 12 months. The primary end point evaluated changes in BSCVA.

**Light sensitivity, difficulty driving at night, reading difficulty, complaints of glare, halos, starbursts.

Topography-guided LASIK: A great leap forward



said they would choose the procedure again.¹



Achieved an extremely high rate of **patient satisfaction**¹

A large, light gray thumbs-up icon is positioned behind the text, symbolizing patient satisfaction.



Outperformed **even glasses and contacts**^{*1}

A pair of glasses is shown in a light gray tone, with a large 'X' drawn over it, indicating that the procedure outperforms traditional vision correction.

In the FDA study, UCVA improved over baseline BSCVA in over

30%
OF EYES¹

A circular gauge with a blue border and a white center. The number '30%' is prominently displayed in the center, with 'OF EYES¹' written below it. The gauge is partially filled with orange, representing the percentage.

*Post hoc analysis of postoperative UCVA compared to preoperative BSCVA of 230 eyes contained in the FDA T-CAT pivotal trial at 12 months. The primary end point evaluated changes in BSCVA.

Topography-guided LASIK: A great leap forward

When compared to baseline, Contoura™ Vision improved **symptoms typically associated with LASIK**^{**2}

Post-op symptoms at 12 months^{**2}





Light sensitivity	5.2% decrease
Difficulty driving at night	8.0% decrease
Reading difficulty	8.7% decrease
Complaints of glare	4.8% reduction
Halos	3.2% reduction
Starbursts	2.8% reduction

*Post hoc analysis of visual symptoms compared to preoperative visual symptoms of 230 eyes contained in the FDA T-CAT pivotal trial at 12 months.

** Compared to pre-op.

Topography-guided LASIK: A great leap forward

It redefined
**visual acuity
outcomes**^{*1}

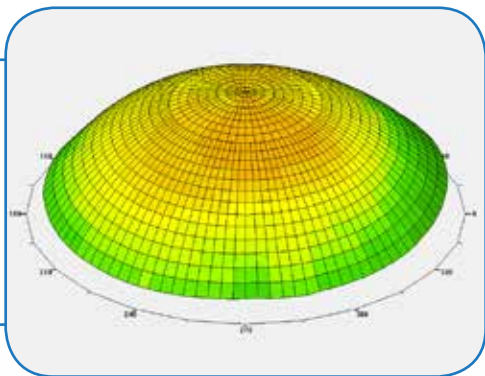
20/12.5	UCVA		34.4%
20/16	UCVA		64.8%
20/20	UCVA		92.6%
≥1 line ^{**}	BSCVA		40.4%

of all eyes
in a study¹

* Analysis of 230 eyes at 12 months.

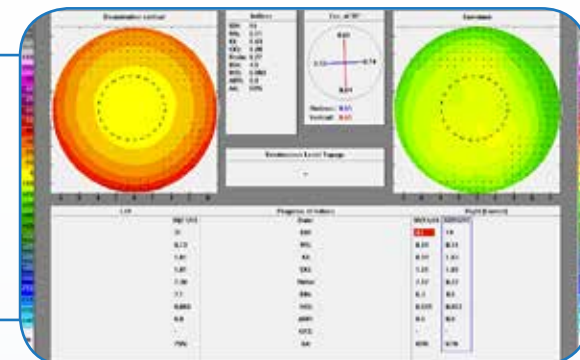
** Versus baseline.

Truly personalize your procedure with **Contoura™** Vision

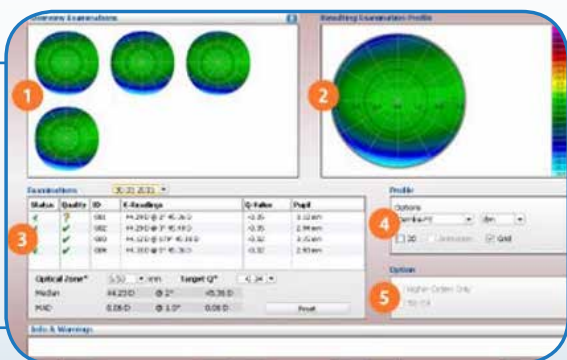


The patient's eye is imaged and analyzed using **22,000 unique elevation points** on the cornea.

This data is sent to your surgical planning computer to create an **individualized ablation profile**.



A WaveLight® EX500 or ALLEGRETTO WAVE® Eye-Q Excimer Laser **automatically adjusts laser pulse placement** to match the topography-guided treatment.



WaveLight® offers a broad range of treatment options

Sphere Treatments

-14.0 D	 Contoura™ Vision*	+6.0 D
-14.0 D	 WaveLight® Wavefront Optimized®	+6.0 D
-14.0 D	 Custom Q™	+6.0 D
-12.0 D	 WaveLight® Wavefront-Guided	+6.0 D

Cylinder Treatments

-6.0 D	 Contoura™ Vision*	+6.0 D
-6.0 D	 WaveLight® Wavefront Optimized®	+6.0 D
-6.0 D	 Custom Q™	+6.0 D
-3.0 D	 WaveLight® Wavefront-Guided	+3.0 D

*Treatment range for topography-guided procedures on primary eyes outside of the U.S.

Local approvals may vary from country to country

STUDY DESIGN^{1,2}

- Prospective, observational, non randomized, unmasked study conducted at nine (9) US sites.
- A total of 249 eyes with myopia, with or without astigmatism were treated with Topography-guided Custom Ablation Treatment (T-CAT) LASIK with the ALLEGRETTO WAVE EYE-Q Excimer Laser System.
- Subjects provided informed consent and had a preoperative refractive error within the specified range for myopia (MRSE up to - 9.0 D; sphere 0 to - 9.0 D, cylinder 0 to 6.0 D) while meeting all study eligibility criteria could be included in the study.
- Manifest refraction, measurements of uncorrected visual acuity (UCVA), and measurements of best spectacle-corrected visual acuity (BSCVA) were obtained to evaluate the effectiveness of the Topo-guided (T-CAT) LASIK treatment.
- Safety monitoring throughout the study included complications, and adverse events, as well as, clinically significant findings from ophthalmic measurements, dilated fundus examination and slit lamp examination.
- Patient reported outcome questionnaires were used to evaluate subjective visual complaints, quality of vision, and quality of life

Primary endpoints (at 3 months)	Targets	Results
Percentage of eyes that achieved UCVA of 20/40 or better (if BCVA was 20/20 or better pre-op)	85%	99.2%
Percentage of eyes that achieved MRSE of \pm 0.50 D	50%	91.9%
Percentage of eyes that achieve MRSE of \pm 1.00 D	75%	98.8%
Percentage of eyes that achieve refractive stability at 3 months	95%	99.6%
Percentage of eyes that lost more than 2 lines of BCVA	<5%	0%
Percentage of eyes with a specific adverse event (per type of event)	<1%	0%
Percentage of eyes with BCVA worse than 20/40 (for eyes with BCVA of 20/20 or better pre-op)	<1%	0%
Percentage of eyes that have an increase in manifest refractive astigmatism of > 2D of absolute cylinder compared to the preoperative refraction (eyes treated for spherical correction only)	<1%	0%

For additional information or to schedule a demonstration, contact your Alcon representative.

Please refer to the User Manual for complete features and directions

1. At 12 months. Summary of Safety and Effectiveness Data, WaveLight® ALLEGRETTO® WAVE Eye-Q Excimer Laser System and the ALLEGRO Topolyzer®, September 27, 2013. Available at: http://www.accessdata.fda.gov/cdrh_docs/pdf2/P020050S012b.pdf
2. Stulting RD, Fant BS, The T-CAT Study Group. Results of topography-guided laser in situ keratomileusis custom ablation treatment with a refractive excimer laser. J Cataract Refract Surg 2016; 42:11-18