



## Nova Eye Medical's iTrack™ MIGS Procedure to Feature at the American Glaucoma Society (AGS) 2021 Virtual Meeting

**Fremont, California, 4 March 2021** – Nova Eye Medical Limited, a medical technology company committed to advanced ophthalmic treatment technologies and devices, is pleased to report that its proprietary iTrack™ minimally invasive glaucoma surgery (MIGS) procedure, known as ab-interno canaloplasty, will feature as part of the official scientific program of the American Glaucoma Society (AGS) 2021 Virtual Conference, 4-7 March 2021, via two scientific poster presentations.

### Poster Presentation 1: iTrack Efficacy Across the Disease Spectrum

Mark Gallardo, MD (El Paso Eye Surgeons, Texas), will present retrospective 36-month data for iTrack™ ab-interno canaloplasty in a cohort of mild-moderate and severe patients. Overall, 87% of patients in the mild-moderate group and 81% of patients in the severe group achieved IOP  $\leq$  15 mmHg. Mean IOP at the 36-month follow-up was 13.1 (2.1) mmHg and 13.7 (1.9) mmHg in the mild-moderate and severe groups respectively. The reduction in the mean number of medications was also significant in both groups, falling from 2.7 (1.0) at baseline in the mild-moderate group to 1.2 (1.3) at 36 months. In the severe group, the mean number of medications fell from 3.0 (0.8) at baseline to 1.6 (1.3).

Minimally invasive glaucoma surgery or MIGS were introduced in the last decade to address the treatment gap for mild-moderate glaucoma patients. There is growing evidence to support the deployment of MIGS later in the disease process, however.

According to Dr. Gallardo, the ability to utilize MIGS in cases of severe glaucoma offers significant utility in potentially deferring or eliminating the need for invasive surgical options. Moreover, in the case of iTrack™ ab-interno canaloplasty, the fact that the procedure addresses multiple sites of outflow resistance<sup>1,2</sup> may also support its deployment across all glaucoma severities. The majority of MIGS are focal in their approach and target the proximal portion of the outflow system only, whereas iTrack™ ab-interno canaloplasty has the advantage of addressing all points of



resistance<sup>1,2</sup>. As an added benefit, the procedure does not remove or damage tissue, keeping the eye intact for future surgical intervention, if required.

### Poster Presentation 2: iTrack™ Efficacy in Cases of Steroid-Induced Glaucoma and Avastin-Induced Glaucoma

Logan Vincent, MD (El Paso Eye Surgeons, Texas) will present interim 24-month data which supports the combination of 360-degree viscodilation and 360-degree Gonioscopy-Assisted Transluminal Trabeculotomy (GATT), performed with the iTrack™ canaloplasty microcatheter, in patients with both steroid-induced glaucoma and Avastin-induced glaucoma.

Steroid-induced glaucoma has been prevalent in clinical practice for more than 60 years. In contrast, Avastin-induced glaucoma is a more recent phenomenon and follows the introduction of anti-VEGF as a treatment pathway late-stage macular degeneration. An increasing number of patients undergoing intravitreal anti-VEGF treatment showing a sustained elevated IOP – thus suggesting that there may be a possible association between the risk of elevated IOP and the use of intravitreal anti-VEGF treatment.<sup>1</sup>

A total of 34 patients were included in the retrospective 24-month case series, with mean baseline IOP and mean baseline medications of 28.1 (6.0) mmHg and 2.8 (0.9). In the Avastin-induced group (n=16), mean IOP and mean medications decreased to 13.0 (1.9) mmHg and 2.6 (1.1) and 10.3 (1.7) mmHg and 2.2 (1.5) at 12 months (n=5) and 24 months (n=4) respectively. In the steroid-induced group (n=18), mean IOP and mean medications decreased to 13.1 (3.9) mmHg and 1.6 (1.6) and 13.6 (2.1) mmHg and 1.6 (1.8) at 12 months (n=10) and 24 months (n=5) respectively. No serious adverse events were recorded.

The AGS meeting convenes 1500 fellowship trained glaucoma specialists, glaucoma fellows in training and scientists involved in glaucoma research to discuss clinical and scientific advancements in glaucoma diagnosis and treatment.

For more information on the AGS 2021 Virtual Meeting please visit:

<https://www.americanglaucomasociety.net/ags-events/annual-meeting>

1. Travis J Good, Alan E Kimura, Naresh Mandava, Malik Y Kahook. Sustained elevation of intraocular pressure after intravitreal injections of anti-VEGF agents. Volume 95, Issue 8



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## **ABOUT AB-INTERNO CANALOPLASTY**

Canaloplasty was first introduced in 2005 as an alternative to trabeculectomy in the treatment of severe glaucoma, performed via an ab-externo approach. Over time, refinement of the procedure by physicians has seen canaloplasty performed via an ab-interno approach to preserve the conjunctiva and sclera. Today, canaloplasty is commonly deployed in clinical practice via an ab-interno approach in the treatment of mild and moderate glaucoma. Unlike other minimally invasive glaucoma surgery (MIGS) procedures, which bypass the natural drainage system or remove tissue, ab-interno canaloplasty is a tissue-sparing, implant-free procedure that acts to re-establish the function of the eye's natural drainage system – achieving an average reduction in IOP of 30%<sup>1</sup> while also preserving the viability of future treatment options. As a result, an increasing number of surgeons are turning to ab-interno canaloplasty to manage their mild-moderate glaucoma patients.

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## **ABOUT NOVA EYE MEDICAL**

Nova Eye Medical Limited is a medical technology company that develops, manufactures and sells a portfolio of proprietary ophthalmic treatment technologies and devices. Used by eye surgeons in more than 100 countries globally, these technologies include iTrack™ minimally invasive glaucoma surgery (MIGS), a consumable surgical device that restores the eye's natural outflow pathway to lower pressure inside the eye and to eliminate patient reliance on anti-glaucoma medications for mild-moderate glaucoma. The Molteno3® glaucoma drainage device is designed to enhance surgical utility and optimize clinical outcomes for long-term IOP control in cases of severe or complex glaucoma. It also offers the benefit of a simplified surgical procedure. With its sales headquarters based in Fremont, California, Nova Eye Medical is supported by sales offices in Adelaide, Australia and Berlin, Germany, and a network of more than 50 distribution partners. Manufacturing facilities are located in Fremont, California and Dunedin, New Zealand.

For additional information about Nova Eye Medical and its technologies, please visit:

[www.nova-eye.com](http://www.nova-eye.com)



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