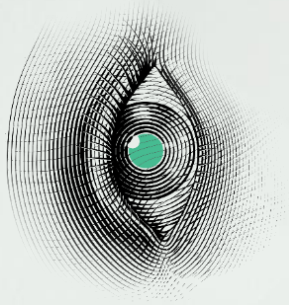
An Eye Tracking Based Binocular Amblyopia Home Treatment is Comparable to Standard Occlusion for Amblyopia: A Multicenter Randomized Clinical Trial



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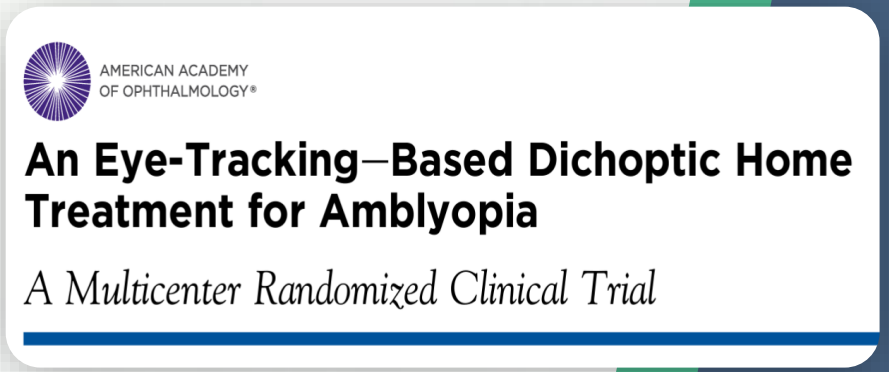
Relevant financial disclosures

Burton Kushner MD.
NovaSight Advisor

Michael Belkin MD.
NovaSight- Advisor, Equity Owner, Patents, Shareholder

Oren Yehezkel PhD., Avital Moshkovitz
NovaSight -Employee

Tamara Wygnanski-Jaffe MD.
NovaSight -Advisor-nonpaid





Patching works
Still the biggest issue with patching is...

The treatment is worse than the disease



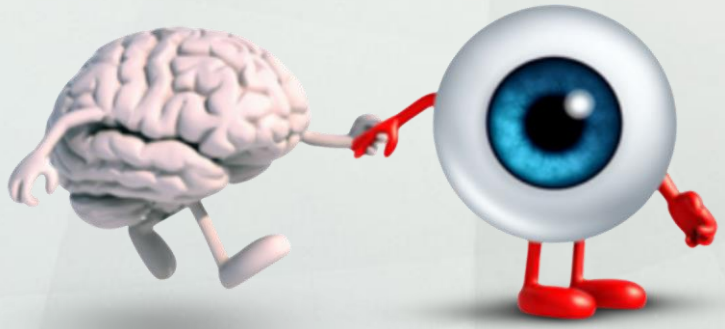






We know from many studies on many levels that amblyopia is a

- Binocular problem and not a monocular one
- The binocular system is suppressed but functionally intact in amblyopia
- Key aim of innovations in treatment include dichoptic games & videos with rebalanced stimuli to overcome suppression & increase adherence





The CureSight™ Device | Treatment

New, now FDA approved device for home treatment of amblyopia

Uses eye tracking to ensure the blur remains on the fovea of the dominant eye

Regardless of where it looks



Ensures the subject is looking at the screen

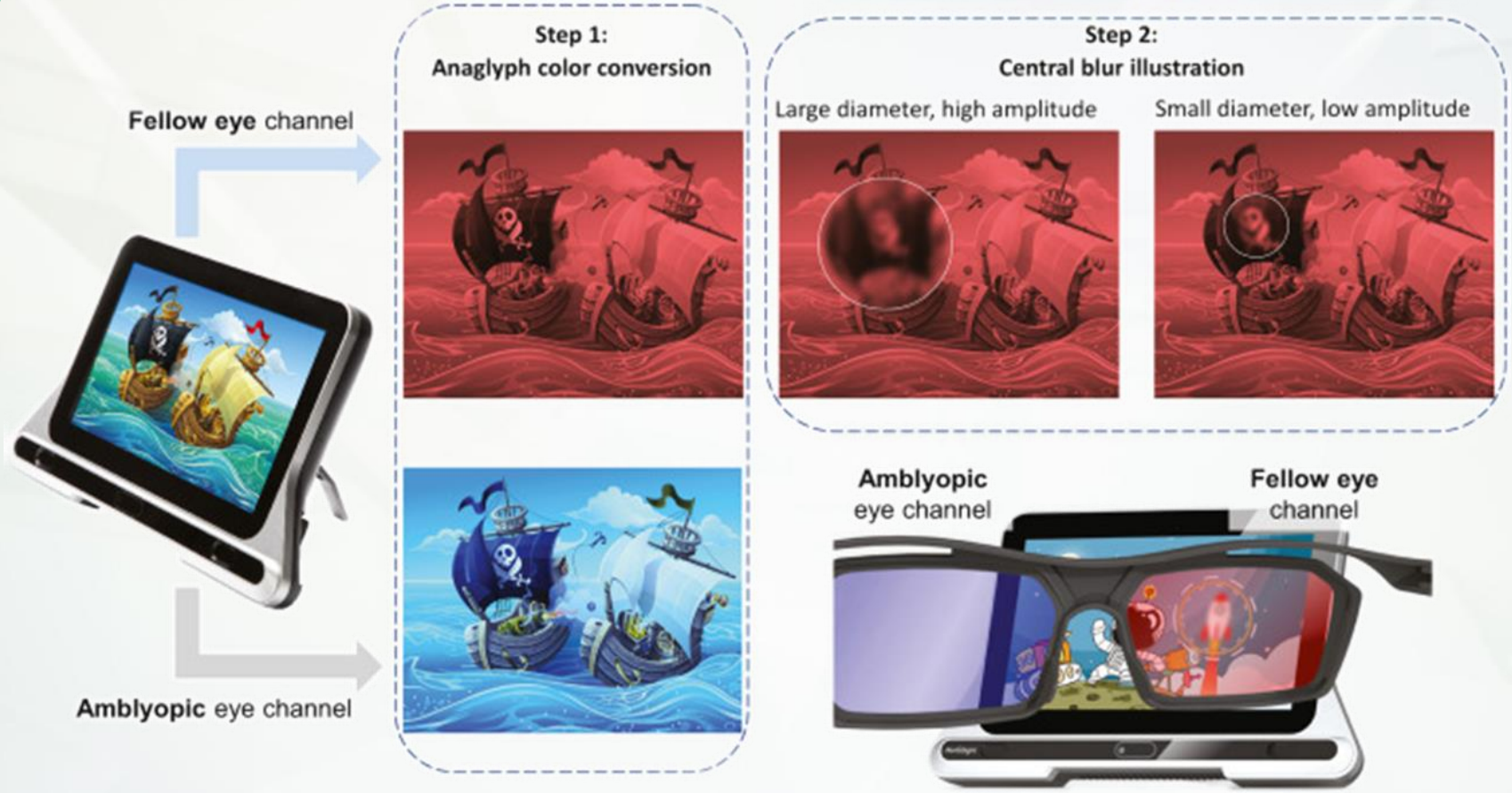
Modifies any streamed content available on the internet in real time (unlimited)

Using a screen and anaglyphic red blue glasses



CureSight Amblyopia Treatment





Step 1: Streamed visual stimuli is converted into 2 separate anaglyph channels, blue for the amblyopic eye and red for the fellow eye, and are presented in a superimposed fashion.

Step 2: Illustration of the blurred dominant eye channel (red) central visual area, a high-diameter blur area with a high amplitude blur (left) and a small-diameter blur area with a low blur amplitude (right). The amblyopic eye channel is not affected by the blur.

Purpose/Methods To present the pivotal trial RCT results

- To evaluate the safety and efficacy of a binocular digital therapeutic-Curesight for 16 weeks of treatment and compare it to patching in 103 patients age 4<9 with unilateral amblyopia associated with anisometropia
- Conducted at 6 academic and community practice sites in Israel
- Comparing VA & stereoacuity performances with patients randomized 1:1 to either 1.5 hours of Curesight treatment or 2 hours of patching





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Results

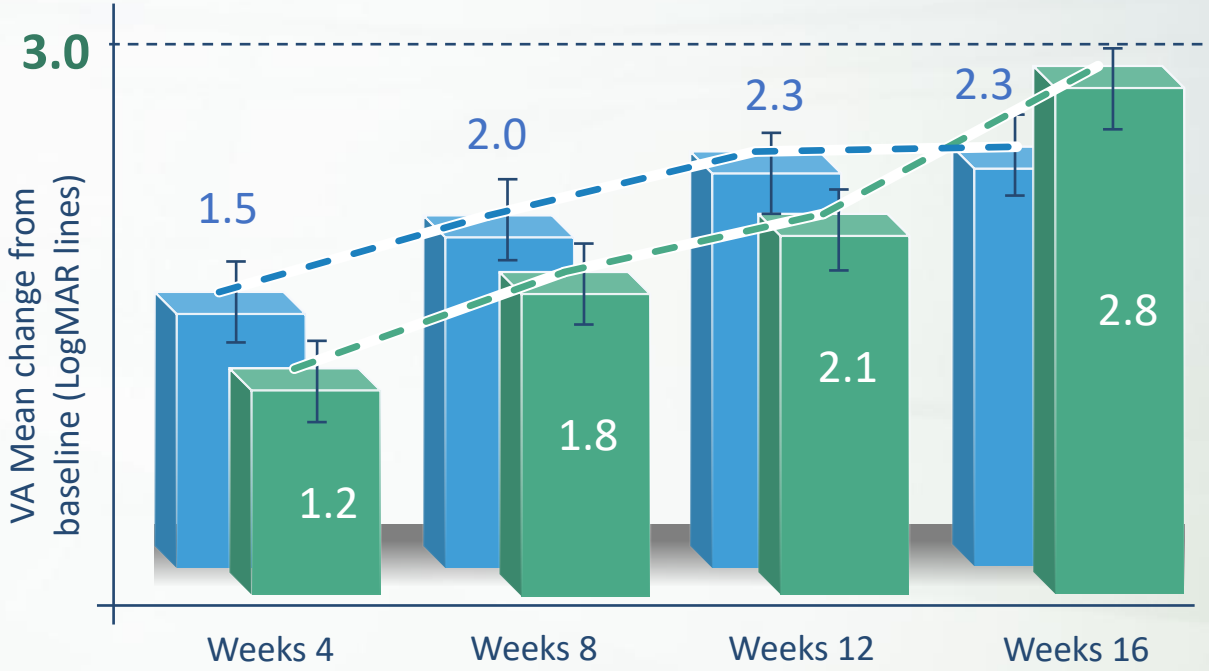
Primary end point: Improvement in amblyopic eye BCVA at 16 weeks



CureSight: at 16 weeks VA improved by 2.8 lines (±1.3 p<0.0001)



Patching: at 16 weeks VA improved by 2.3 lines (±1.4 p<0.0001)



The difference between groups was not significant at each visit-and no significant difference was found between the groups in the magnitude of change (P < 0.0001)

Results

Secondary Endpoints: Improvement in median stereo acuity at 16 weeks



CureSight: at 16 weeks stereo acuity median improved from 2.3 to 1.78 log arcsec



Patching: at 16 weeks stereo acuity median improved from 2.3 to 2.0 log arcsec



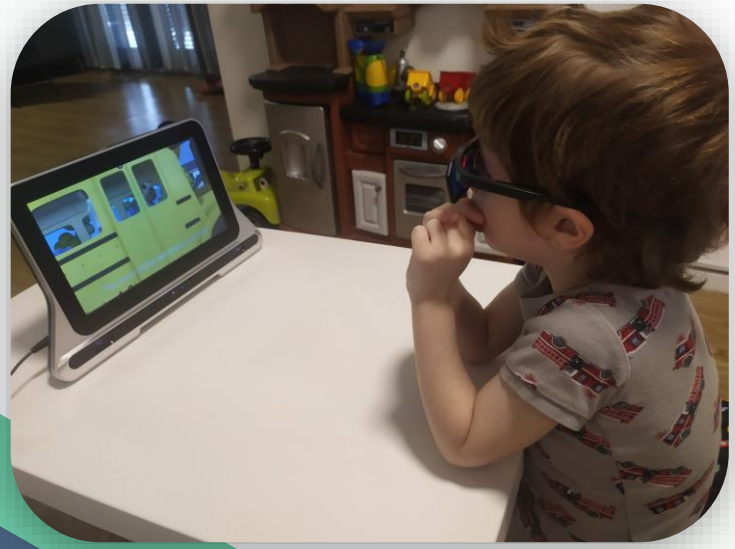
The difference between the groups was not significant at each visit-and no significant difference between the groups in the magnitude of change (difference 0 95% CI (-0.27-0.27) p=0.76

Results

Mean adherence with treatment-16 weeks

Adverse events

- **CureSight group:** automatically recorded: **93%**
- **Patching group**: recorded by diary **78%**
- No serious adverse events were reported





Conclusions

The CureSight is non inferior to patching in treating amblyopia in children aged 4<9 in improving:

- Visual acuity
- Stereo acuity
- High compliance and satisfaction
- High safety profile

The data support the use of this device as an alternative to patching



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