



**Act early** to help slow the  
worsening of childhood myopia<sup>1</sup>

**MiSight® 1 day - The world's only  
myopia management lens supported  
by a 7 year clinical trial<sup>2,3,4</sup>**



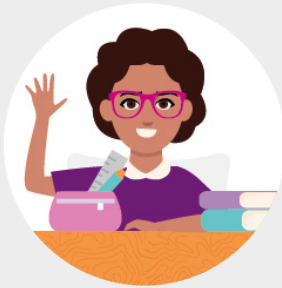
**MiSight® 1 day**

# Time to see myopia

Myopia and high myopia are increasing globally at an alarming rate, with significant increases in the risks for vision impairment from pathologic conditions associated with high myopia<sup>5</sup>

-World Health Organisation

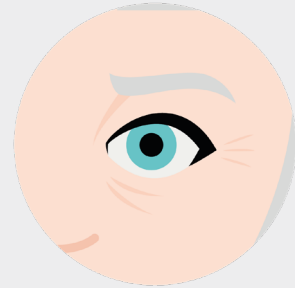
Myopia is a **chronic, progressive disease growing in both prevalence and severity**<sup>6</sup>, which can



Interfere with  
**children's quality  
of life**<sup>7,8</sup>



**Worsen rapidly**  
particularly in  
younger children<sup>9</sup>



Lead to **severe ocular  
health problems**  
later in life<sup>10</sup>



WORLD COUNCIL  
OF OPTOMETRY

In their 2021 resolution, the World Council of Optometry declared support for myopia management as a standard of care<sup>11</sup>

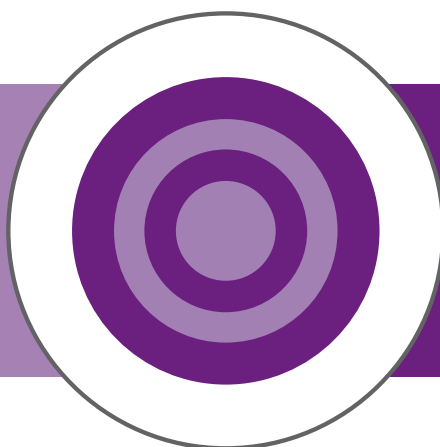
To protect children's vision and future eye health, it is important to start treatment as soon as possible<sup>9,12-15</sup>



# Managing myopia with MiSight® 1 day

MiSight® 1 day contact lenses with ActivControl® Technology are dual-purpose: they provide clear vision and help to control the worsening of myopia<sup>2</sup>

Two correction zones  
to correct myopia so  
children enjoy clear,  
spectacle-free vision



Two treatment zones  
(2.00D myopic defocus)  
to place the treatment  
zone image in front  
of the retina

● Correction zones

● Treatment zones creating  
myopic defocus

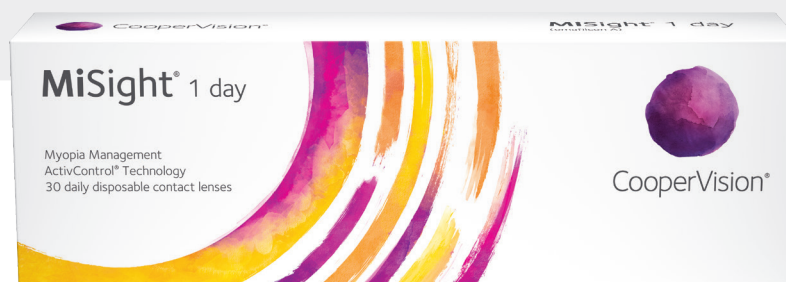
MiSight® 1 day covers nearly 100% of spherical  
prescriptions for children with myopia.<sup>16†</sup>

**NEW**

UP TO  
**-10.00D**

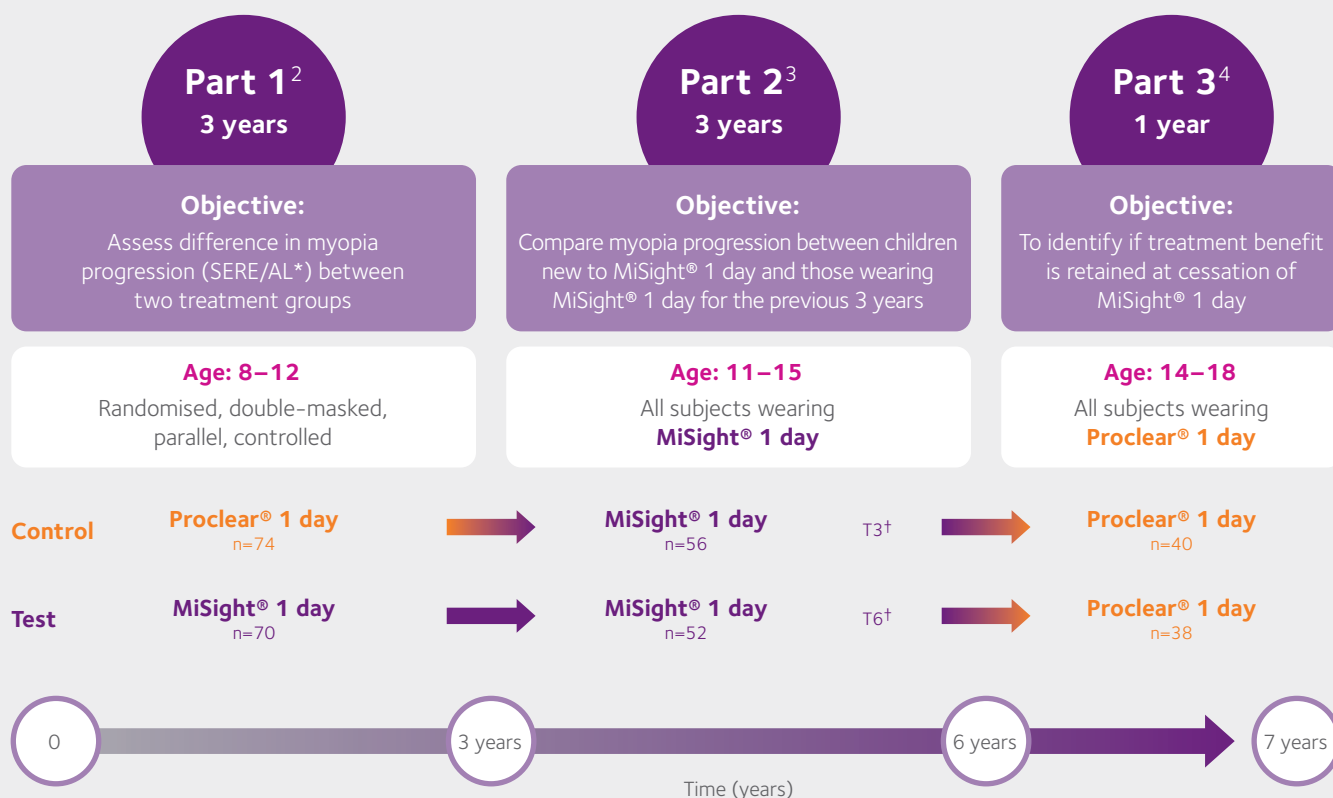
## Sphere powers

-0.25 to -6.00 (0.25 steps)  
-6.50 to -10.00 (0.50 steps)



<sup>†</sup> Includes prescriptions up to 0.75DC.

# The MiSight® 1 day 7-year clinical trial is the longest-running soft contact lens study among children <sup>2,3,4</sup>



**Sites:** UK; Portugal; Singapore; Canada

\*Spherical equivalent refractive error/Axial length.

<sup>†</sup>T3 and T6 had worn MiSight® 1 day for 3 and 6 years respectively at the end of Part 2.

## The MiSight® 1 day clinical trial helps to answer key questions in myopia management





Will MiSight® 1 day work for all myopic children?

## MiSight® 1 day works for nearly all children with myopia<sup>3\*</sup>

90%

of myopic eyes respond to MiSight® 1 day treatment<sup>3\*</sup>

The majority of children fit with MiSight® 1 day do not need a stronger prescription by their next annual eye exam<sup>2†</sup>

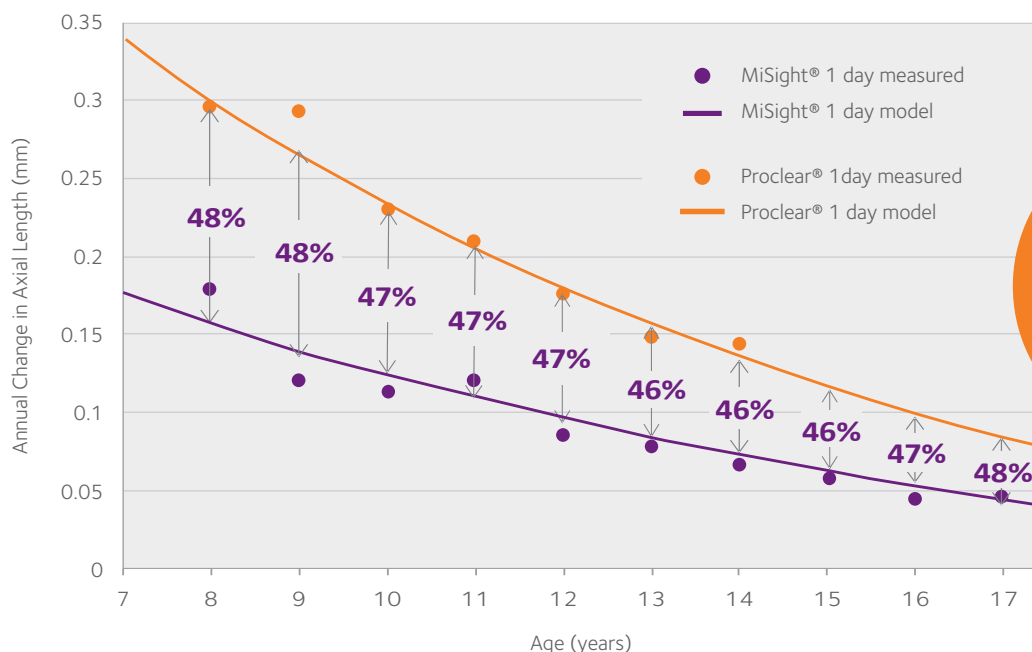
\*90% of myopic eyes respond to MiSight® 1 day treatment; ages 11-15 at start of wear, n=90.

†No clinically meaningful change in refractive error (<0.25D from baseline) in years 1-3 of the MiSight® 1 day clinical study.

How effective is MiSight® 1 day?

## MiSight® 1 day cuts the worsening of myopia by approximately 50%<sup>1‡</sup>

Annualised changes in axial length (AL) as a function of subject age at the start of the year over which growth was measured



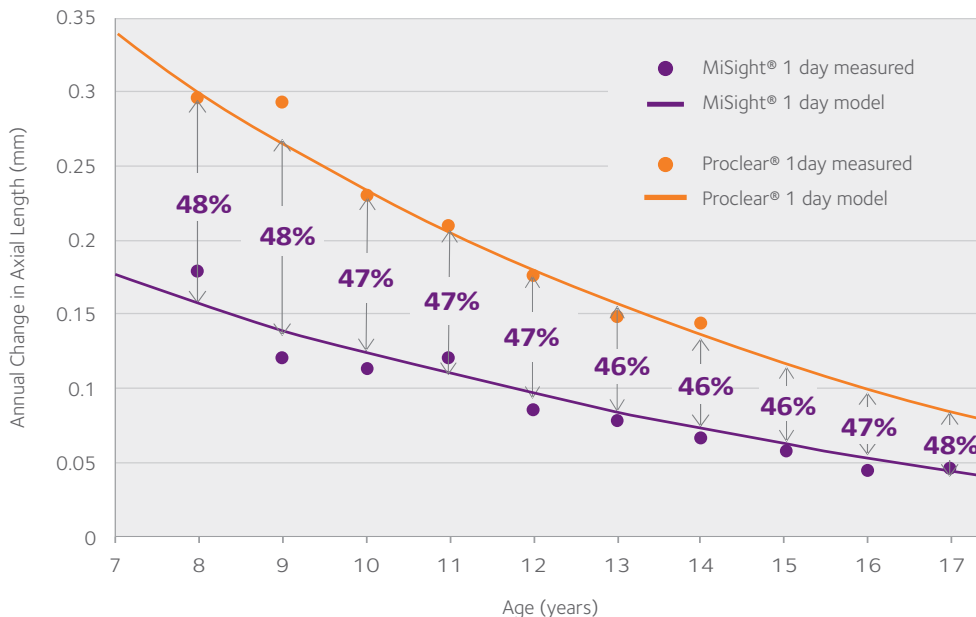
Efficacy shown at all observed ages (8-17)<sup>1‡</sup>

‡Using measured and modeled data, pooled across ages (8-17), MiSight® 1 day slowed myopia progression by an average of approximately 50%

## When should you start treatment with MiSight® 1 day?

# While early intervention is best, it's never too late to start<sup>1\*</sup>

Annualised changes in axial length (AL) as a function of subject age at the start of the year over which growth was measured



Even older children starting with MiSight® 1 day can cut their worsening myopia by half<sup>1†</sup>

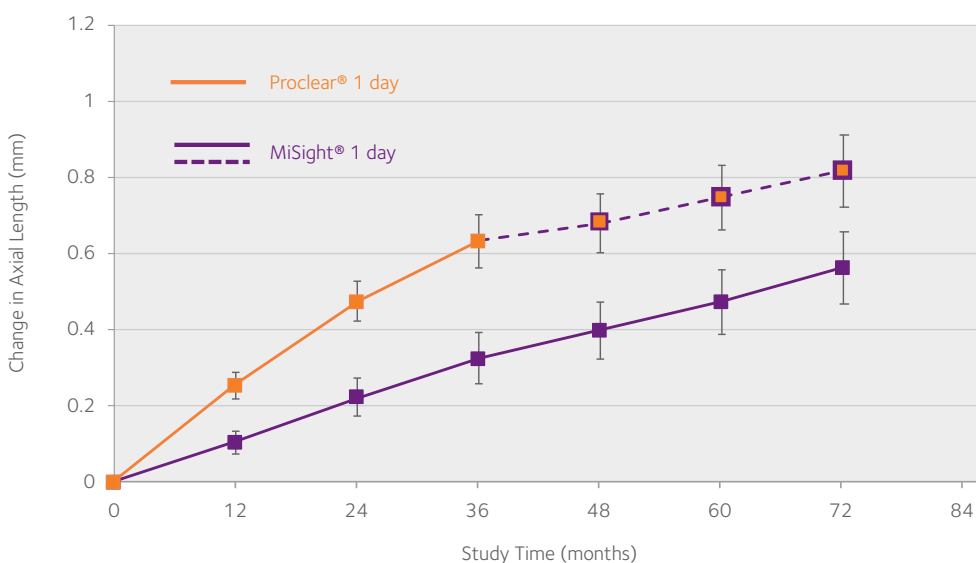
\*Children ages 8 to 15 when starting MiSight® 1 day treatment experienced a slowing of myopia progression.

†Using measured and modelled data, pooled across ages (8-17), MiSight® 1 day slowed myopia progression by an average of approximately 50%.

## When should you stop treatment with MiSight® 1 day?

# MiSight® 1 day works for as long as the child wears them<sup>1‡</sup>

Change in axial length throughout the MiSight® 1 day clinical trial



MiSight® 1 day shows sustained slowing of eye growth over time<sup>3§</sup>

Treatment benefits from MiSight® 1 day continue to accumulate as long as eyes are growing<sup>17‡</sup>

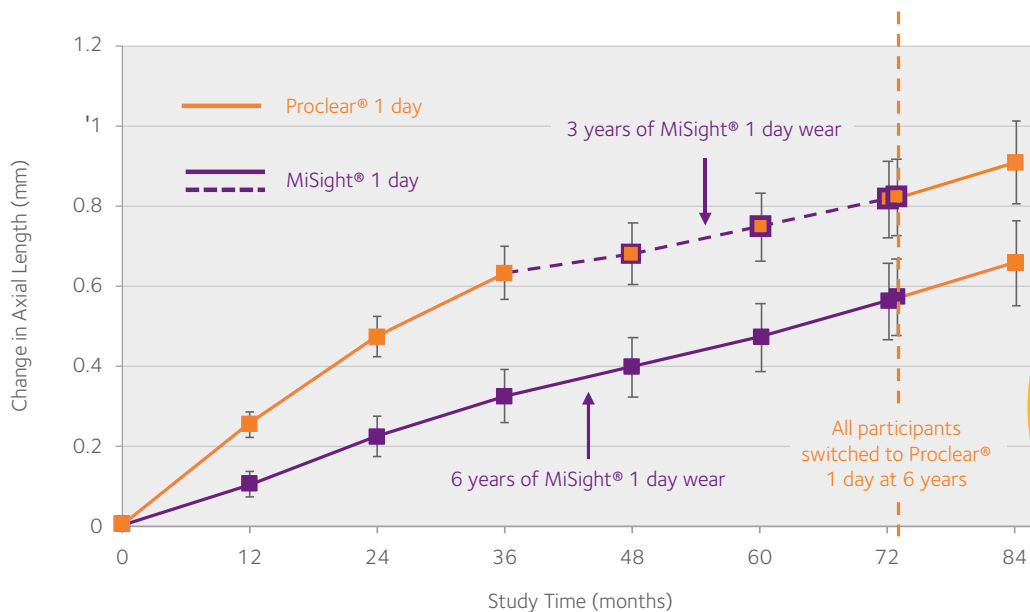
\*Children with myopia fit with MiSight® 1 day contact lenses ages 8-15 continued to experience slowed myopia progression as long as they remained wearing the lens as prescribed.

§While eyes are still growing; children fit ages 8-12 and followed for 6-years. n=40

## What happens when children stop wearing MiSight® 1 day?

# MiSight® 1 day benefits are retained after treatment<sup>4,18\*</sup>

Change in axial length throughout the MiSight® 1 day clinical trial



MiSight® 1 day is the only soft contact lens studied post-treatment. Other interventions, such as atropine, have been shown to produce a rebound effect<sup>4,18\*†</sup>

\*12 months post-treatment, evidence indicates that no accumulated myopia control benefits were lost following 3 or 6-years of MiSight® 1 day wear (on average, for children aged 8–15 at start of wear). Instead, eye growth reverted to expected, age average myopic progression rates.

†Atropine and orthokeratology studies have shown post-treatment rebound effect, and there's currently no post-treatment evidence for spectacles or other soft contact lenses.

## Are myopia management contact lenses suitable for children?

# MiSight® 1 day contact lenses are child-friendly and easy-to-use<sup>2</sup>



Children wearing MiSight® 1 day achieved **better than 20/20 vision** across all visits over a 6-year period<sup>2,19</sup>



MiSight® 1 day has a **strong safety profile** as it's a 1-day lens<sup>20</sup>



**90% of children prefer** MiSight® 1 day contact lenses over their glasses<sup>21</sup>



Children as **young as 8 years old** can confidently apply and remove MiSight® 1 day contact lenses on their own<sup>21</sup>



Register for accreditation now!

[https://coopervision.co.uk/  
misight-interest-registration](https://coopervision.co.uk/misight-interest-registration)

#### References

1. Arumugam B et al. Modelling Age Effects of Myopia Progression for the MiSight 1 day Clinical Trial. *Invest. Ophthalmol. Vis. Sci.* 2021; 62(8): 2333. 2. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight Lenses for Myopia Control. *Optom Vis Sci.* 2019; 96(8): 556-567. 3. Chamberlain P et al. Long-term Effect of Dual-focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. *Optom Vis Sci.* 2022; 99(3): 204-212. 4. Chamberlain P et al. Myopia progression on cessation of Dual-Focus contact lens wear: MiSight 1 day 7-year findings. *Optom Vis Sci.* 2021; 98(E-abstract): 210049. 5. The impact of myopia and high myopia: report of the Joint World Health Organization-Brien Holden Vision Institute Global Scientific Meeting on Myopia, University of New South Wales, Sydney, Australia, 16-18 March 2015: 1-40. 6. Holden B A et al. Global prevalence of myopia and high myopia and temporal trends from 2000 through 2050. *Ophthalmology.* 2016; 123(5): 1036-1042. 7. Lamoureux E L et al. Myopia and Quality of Life: The Singapore Malay Eye Study (SiMES). *Invest. Ophthalmol. Vis. Sci.* 2008; 49(13): 4469. 8. Chua S Y L et al. The Economic and Societal Impact of Myopia and High Myopia. *Ang M et al. Updates on Myopia. Springer.* 2020; 53-63. 9. Zadnik K et al. Factors Associated with Rapid Myopia Progression in School-aged Children. *Invest. Ophthalmol. Vis. Sci.* 2004; 45(13): 2306. 10. Tideman J W et al. Association of axial length with risk of uncorrectable visual impairment for Europeans with myopia. *JAMA Ophthalmol.* 2016; 134(12): 1355-1363. 11. World Council of Optometry. Resolution: The standard of care for Myopia Management by Optometrists. <https://worldcouncilofoptometry.info/resolutionthe-standard-of-care-for-myopia-management-by-optometrists>. Accessed 2nd March 2022. 12. Xu L et al. High myopia and glaucoma susceptibility, the Beijing Eye Study. *Ophthalmology.* 2007; 114(2): 216-20. 13. Flitcroft DI. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res.* 2013; 31(6): 622-60. 14. 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. 15. 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. 16. CVI data on file, 2022. SERE coverage of childhood myopia prescriptions with MiSight® 1 day for 104,810 eyes in Asia (China, Korea) and 116,336 eyes in Europe and USA aged 8-18 years. 17. Arumugam B et al. The Effects of Age on Myopia Progression with DualFocus and Single Vision Daily Disposable Contact Lenses. *Optom Vis Sci.* 2020; 97(E-abstract): 205340. 18. Hammond D et al. Myopia Control Treatment Gains are Retained after Termination of Dual-focus Contact Lens Wear with no Evidence of a Rebound Effect. *Optom Vis Sci.* 2021; 98(E-abstract): 215130. 19. Chamberlain P et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci.* 2020; 97(E-abstract): 200038. 20. Woods J et al. Ocular health of children wearing daily disposable contact lenses over a 6-year period. *Cont Lens Anterior Eye.* 2021; 44(4): 101391. 21. Sulley A et al. Wearer experience and subjective responses with dual focus compared to spherical, single vision soft contact lenses in children. *Optom Vis Sci.* 2019; 96(E-abstract): 195252.

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