

Starting with Essilor® Stellest® lenses (plano pair)*

*available by prescription

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Essilor® Stellest® lenses are currently not available in all countries



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Introduction

IMPORTANCE OF EARLY INTERVENTION



Myopia is on the rise, especially in children.^{1,2}



Early intervention during the critical phase of rapid eye growth can potentially improve long-term outcomes.⁴



Onset is occurring earlier,³ highlighting the need for early intervention.



1 year

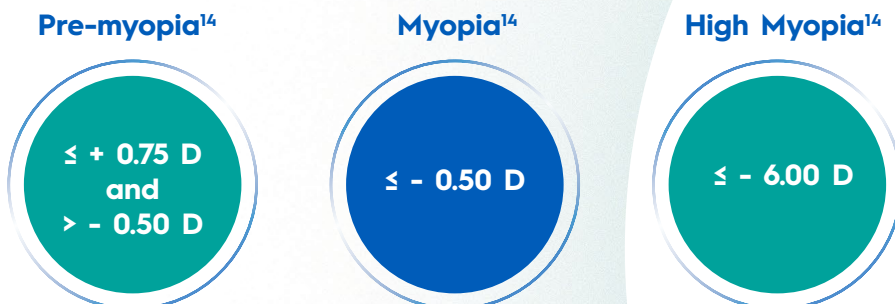
Delaying myopia onset by 1 year could lower the final myopia level by 0.75D or more—equivalent to 2–3 years of myopia control.⁴

IDENTIFICATION OF MYOPIA RISK FACTORS

	HIGH	MEDIUM	LOW
Child's current age ⁵⁻⁸ Parental myopia ^{5,9}	≤ 9 Y.O. Two myopic parents	10 to <16 Y.O. One myopic parent	>16 Y.O. No myopic parent
Outdoor time ^{5, 9-11}	0 to 1.5 hrs	1.5 to 2.5 hrs	>2.5 hrs
Time spent on near work ^{5,10,12}	>3 hrs/day	2 to 3 hrs/day	0 to 2 hrs/day
Progression over the last year (for risk of further myopia progression) ⁷	> 1.25 D	0.50 D to 1.25 D	< 0.50 D
Refractive error in pre-myopes: Risk of myopia onset ¹³	6-7 Y.O. : < +0.75 D		

Myopia risk factor categorization is utilized under license from Myopia Profile Pty Ltd

INTERNATIONAL MYOPIA INSTITUTE DEFINITION AND CLASSIFICATION OF MYOPIA





MYOPIA ONSET

Accelerated eye elongation

- Axial elongation may accelerate during the year before myopia onset.^{15, 16, 17}
- Research shows an annual increase from 0.2mm (4 years pre-onset) to 0.43mm (1 year pre-onset).¹⁶
- Recognizing early indicators is key.

Pre-Myopia

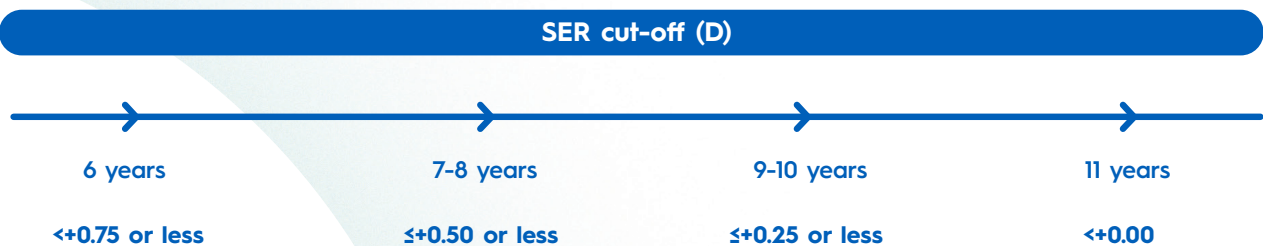
- SER between $\leq +0.75$ D and > -0.50 D indicates risk of myopia onset.¹⁴
- Can be a **critical window for intervention**.

AXIAL LENGTH (AL) THRESHOLD

- Annual AL changes of 0.2-0.43mm can indicate potential myopia risk.^{16,17}

SPHERICAL EQUIVALENT REFRACTION (SER) THRESHOLD

- Intervention should be tailored based on age and SER under cycloplegia.
- A SER cut-off of $< +0.75$ D in 6-year-olds indicates increased myopia risk.¹³



Age-related normal cut-offs based on an ethnically diverse US study of > 4,500 children

Introducing Essilor® Stellest® lenses (plano pair)

MANAGEMENT OF MYOPIC AXIAL GROWTH

To reduce the risk of myopia, two primary strategies have been proven effective:

- **Increased Outdoor Time**



Approximately 2-3 hours outdoors daily to reduce myopia risk.^{18,19}

- **Reduced Near Work**



Limit near work tasks, especially outside school hours.^{20,21}

Essilor® Stellest® lenses (plano pair), when worn for more than 30 hours per week, slow down axial elongation in pre-myopic children, potentially helping to delay myopia onset.²²



CLINICAL EVIDENCE²²

- Randomized controlled trial with 108 children aged 6.0-9.9 years
- Low-risk intervention
- One of the first published studies exploring optical interventions for pre-myopic children



Spectacle Lenses With Highly Aspherical Lenslets for Slowing Axial Elongation and Refractive Change in Low-Hyperopic Chinese Children: A Randomized Controlled Trial

KEY FINDINGS



REAL-WORLD EFFECTIVENESS

- 1 Effectiveness in slowing down axial elongation is also demonstrated in a real-world study.²³
- 2 **88%** of children at risk of developing myopia* had axial length growth slower than emmetropic children²⁴ after wearing Essilor® Stellest® lenses (plano pair) over a 1-year period.²³

TECHNOLOGY	MATERIAL	DIAMETER	COATING	UV CUT OFF
H.A.L.T.	AIRWEAR® 1.59	Ø55MM Ø60MM Ø65MM Ø70MM	Crizal® Easy Pro, Crizal® Rock™, Crizal® Sapphire™ HR	100% UV PROTECTION [§]

H.A.L.T.; Highly Aspherical Lenslet Target

*On average, compared to single vision lenses, when worn at least 30 hours per week.

²³The results from one-year retrospective real-world study on 105 non-myopic children aged 4-9 years with a non-cycloplegic SER between >-0.50 D and +0.75 D initiated in 2021 conducted by the Eye Clinic of the Wellem Medical Group. Effectiveness is calculated based on the difference in annualized rate of AL change after treatment and annualized rate of AL change before treatment (pre-treatment AL growth rates serve as control). Data on file, Oct. 2024

²⁴Children at risk of developing myopia defined as non-myopic (non-cycloplegic SER between >-0.50 D and ≤ +0.75 D) children aged 4 to 9 years ("Participants"). Comparison is made between annualized rate of AL change of Participants aged 6 to 9 years and that of emmetropic children[§] (SE >-0.50 D to <+0.50 D) of the same age range from the study by Naduvilath and associates. Data source: The results from one-year retrospective real-world study on 105 non-myopic children aged 4-9 years with a non-cycloplegic SER between >-0.50 D and ≤ +0.75 D initiated in 2021 conducted by the Eye Clinic of the Wellem Medical Group. Data on file, Oct. 2024

[§]By absorption. Additional UV back side reflection reduction when combined with Crizal® coating

Prescribing and Dispensing Essilor® Stellest® lenses (plano pair)

PRESCRIBING AND DISPENSING ESSILOR® STELLEST® LENSES (PLANO PAIR)

- **Available by prescription:** From a prescribing eye care professional (ECP), as cycloplegic refraction is required to identify pre-myopia.
- **Risk Factor Identification:** Assess myopia risk factors to determine overall risk.
- **Utilize Cycloplegic Refraction:** Essential for identifying at-risk children.
- **Axial Length Monitoring:** Plot AL against region-specific growth charts; track centile position & annual growth for early intervention.
- **Follow-Up Visits:** Schedule evaluations every 6 months, including cycloplegic refraction and AL measurements to adjust strategies.

Recommended wearing time

For optimal results, Essilor® Stellest® lenses (plano pair) should be worn consistently throughout the day, more than 30 hours per week.²²

Visit
01

Myopia risk factor assessment
Examination
Cycloplegic refraction
Axial length measurement

Visit
02

Dispensing
Advising

Visit
03

+ 6 months

Follow up in six months: cycloplegic refraction and axial length measurement & checkup of compliance

Visit
04

+ 6 months

Follow up every 6 months: cycloplegic refraction and axial length measurement & checkup of compliance



THE FRAME SIZE MATTERS

- 1 Should not be wider than the widest part of the child's face.
- 2 Choose a frame with a boxed centre distance similar to the patient's PD. This reduces the amount of decentration required when glazing and thus reduces edge thickness, giving a lighter, more comfortable pair of glasses with the best cosmetics.
- 3 Eyes should be centered in the frame.
- 4 No narrow frames.

CENTRATION & FITTING

The position of the reference point is the centre of the rings of the lenslets. It is the point where the prescription is measured and controlled.

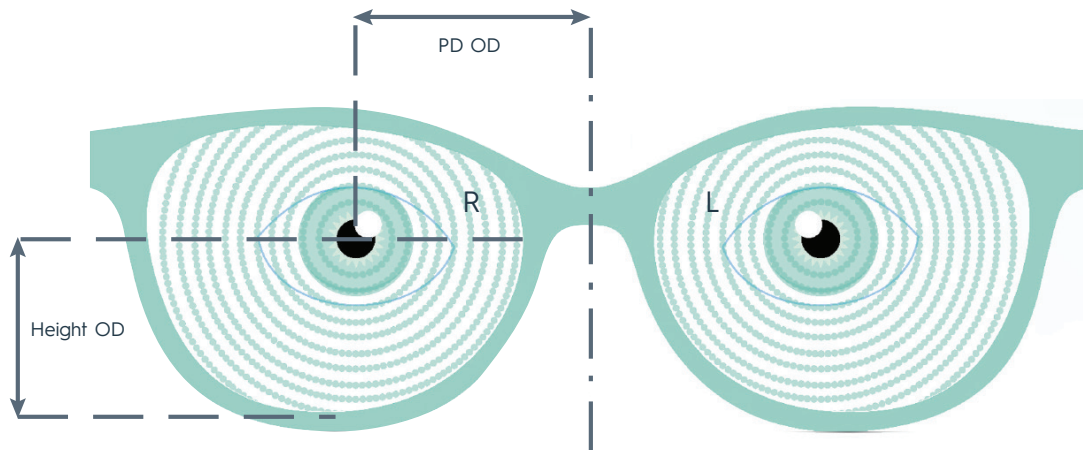
This marking (dot) is to be used by the ECP as the reference point for the centering of the lens.

HORIZONTALLY

monocular pupillary
distances OD and OS

VERTICALLY

monocular heights OD and OS:
mark the monocular pupil centres
in horizontal gaze direction



ADDITIONAL READING



The 'hyperopic reserve' and
treatment in pre-myopia
- Q&A with Dr Peter Chen



Spectacles with highly
aspherical lenslets for
pre-myopia



KEY RECOMMENDATIONS

- 1 Annual Eye Exam:** Identify children at risk of myopia.
- 2 At-risk children:** Recommend Essilor® Stellest® lenses (plano pair) in combination with lifestyle modifications.
- 3 Lifestyle Recommendations:**
 - Increase outdoor time to approximately 2-3 hours daily.^{18,19}
 - Limit near-vision activities, especially outside school hours.^{20,21}
- 4 Follow-Up:** Schedule regular appointments every 6 months, including cycloplegic refraction and axial length measurements.

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