Alcon Expands Its Cataract Surgery Portfolio

Alcon introduced three additions to its cataract surgery portfolio at the European Society of Cataract and Refractive Surgeons (ESCRS) Annual Meeting in Barcelona, Spain. These additions included the AcrySof IQ PanOptix presbyopia-correcting IOL, the UltraSert Preloaded IOL Delivery System (preloaded with the AcrySof IQ Aspheric IOL), and the diagnostic ORA System with VerifEye+ Technology.

The AcrySof IQ PanOptix presbyopia-correcting IOL is a trifocal IOL addressing near, intermediate, and distance vision for patients with cataracts and presbyopia. With an intermediate focal point at 60 cm and 88% light transmission, this lens is designed to provide crisp quality of vision and comfortable intermediate vision, reducing dependence on reading glasses, an Alcon news release said.

The AcrySof IQ Aspheric IOL with UltraSert Preloaded IOL Delivery System is a single-use injector designed to facilitate smooth, consistent delivery of the AcrySof IQ Aspheric IOL, Alcon's leading monofocal IOL, and to maintain the integrity of the incision to limit wound stretch.

The ORA System with VerifEye+ Technology enables surgeons to evaluate refractive findings, refine IOL power, cylinder power, and IOL alignment in real time for improved refractive outcomes in cataract surgery, the news release said.

The new technologies will subsequently be launched across several countries in Europe.

Carl Zeiss Meditec Adds to Product Range

Carl Zeiss Meditec introduced several products at the ESCRS meeting, expanding on its diagnostic and data management portfolio. The additions include the SL 220 slit lamp, the OPMI Lumera 300, the Primus 200, and the VisuConnect 500.

The SL 220 slit lamp features LED illumination and optomechanical properties designed to assist physicians in the diagnosis of eye diseases, a company news release said.

The OPMI Lumera 300 operating microscope employs lower light intensity, making treatments in cataract and retina surgery less stressful for patients. The microscope features the BrightFlex electronic LED illumination technology and delivers an improved red reflex, the brightness of which can be adjusted to the surgeon’s needs.

Zeiss extended its OCT portfolio to include a compact solution, the Primus 200, which has already been introduced to the Indian market and is now approved for sale in Europe. The main applications of the Primus 200 are for imaging of the anterior and posterior segment of the eye. Its smaller footprint, simple design, and short learning curve make it easy to integrate into smaller practices, the news release said.

The VisuConnect 500 software provides network connectivity for the company’s diagnostic devices for improved data management. Patient data recorded with preoperative diagnostic instruments for objective refraction and IOP measurements can be automatically transmitted to electronic patient files or practice management systems, such as the Zeiss Forum, the company said.

Oculus Launches Pentacam AXL

At the ESCRS meeting, Oculus Optikgeräte launched the Pentacam AXL, which measures anterior segment parameters and axial length, according to a company news release.

The Pentacam AXL is equipped with Pentacam HR basic software modules including the Fast Screening Report and Cataract Pre-Op Display. All data acquired, such as axial length, keratometry values, anterior chamber depth, and
The axial length and 3D scan are performed during the same measurement routine and on the same measurement axis, eliminating the need to relocate the patient, the news release said.

### Schwind Launches Peramis Diagnostic System

Schwind eye-tech-solutions launched the Schwind Peramis diagnostic system, which combines topography and aberrometry in one device, at the ESCRS meeting.

The Schwind Peramis features a high-resolution pyramid wavefront sensor and evaluates ocular wavefront aberrations with 45,000 measuring points without any overlap and with clear assignment of each point in real time. The topographer identifies even the smallest corneal irregularities with a resolution of 1 μm, according to a company news release. The Schwind Peramis records 33 images per second and automatically selects the image with the best measurement for precise diagnosis of corneal and ocular aberrations.

The Schwind Peramis can also be used to compare a patient’s corneal and ocular wavefront data. The direct comparison provides information about whether a visual defect is located on the surface of the cornea or within the eye itself, allowing the surgeon to identify and evaluate internal aberrations, the news release said.

### Heidelberg Unveils Cataract and Refractive Imaging Platform

Heidelberg Engineering previewed a new cataract and refractive imaging platform during the ESCRS meeting. The platform is based on an upgradable, modular design that allows the user to configure each product to the specific diagnostic workflow in a practice or clinic, a company news release said. Main options include IOL biometry, corneal topography and tomography, anterior segment biometry, and anterior segment imaging.

The imaging platform is based on swept-source OCT technology. All measurements and analyses are based on high-resolution diagnostic images, mitigating the effects of confounding factors such as coexisting abnormalities, which often cannot be identified clearly without diagnostic imaging.

The cataract and refractive imaging platform fully integrates with the Heidelberg Eye Explorer picture archiving and communication system, according to the news release. It is still under development and not yet for sale.

### Allergan to Acquire AqueSys

Allergan plans to acquire the medical device company AqueSys for a US$300 million upfront payment, with regulatory approval and commercialization milestone payments related to AqueSys’ lead development programs, including Xen45, according to a news release from the two companies.

Xen45 is a soft glaucoma shunt that is implanted in the subconjunctival space through a minimally invasive procedure with a single-use, preloaded proprietary injector. The proprietary Xen45 technology facilitates aqueous fluid flow to lower IOP and protect against the potential for hypotony that is associated with current subconjunctival procedures.

Xen45 received the CE Mark and is indicated for the reduction of IOP in patients with primary open-angle glaucoma where previous medical treatments have failed. The CE Mark allows treatment in conjunction with a cataract procedure or as a standalone procedure. Xen45 is also approved for use in Turkey, Canada, and Switzerland. AqueSys is pursuing reimbursement in these countries. Pending regulatory approvals,
Allergan anticipates closing the transaction in the fourth quarter of 2015.

**InSite Vision and Sun Pharma Enter Into Merger Agreement**

A wholly owned subsidiary of Sun Pharma will acquire InSite Vision in an all-cash transaction for approximately US$48 million, according to a news release. The transaction has been approved by the boards of directors of InSite and Sun Pharma.

InSite announced that it has terminated its previously announced merger agreement with QLT. Following discussion with Sun Pharma and QLT, and in consultation with outside legal and financial advisors, the InSite board of directors determined that the Sun Pharma transaction represented a superior proposal under the QLT merger agreement, the news release said. InSite was required to pay a termination fee of US$2,667,000 to QLT, which the Sun Pharma subsidiary has paid on InSite’s behalf. The acquisition is expected to close in the fourth quarter of 2015, the news release said.

**Spending Time Outside May Slow Myopia Progression in Children**

Increasing the amount of time spent outdoors may reduce the progression of myopia in children, a study in *JAMA* suggests.\(^1\)

Mingguang He, MD, PhD, of Zhongshan Ophthalmic Center in Guangzhou, China, and colleagues conducted a randomized, controlled trial of children in the first grade at 12 primary schools in Guangzhou between October 2010 and October 2013. For 952 students across six schools, one additional 40-minute class of outdoor activities was added to each school day, and parents were encouraged to engage their children in outdoor activities after school hours. The 951 children enrolled in six control schools continued their usual activity.

The cumulative incidence of myopia was 30.4% and 39.5% in the intervention and control groups, respectively (difference: -9.1% [95% CI, -14.1% to -4.1%]; \(P<.001\)). There was a significant difference in the 3-year change in spherical equivalent refraction for the intervention group (-1.42 D) compared with the control group (-1.59 D; difference: 0.17 D [95% CI, 0.01 to 0.33 D]; \(P=.04\)).

Elongation of axial length was not significantly different between the intervention and control groups (0.95 mm vs 0.98 mm; difference: -0.03 mm [95% CI, -0.07 to 0.003 mm]; \(P=.07\)).

“The addition of 40 minutes of outdoor activity at school compared with usual activity resulted in a reduced incidence rate of myopia over the next 3 years,” the study authors concluded. “Further studies are needed to assess long-term follow-up of these children and the generalizability of these findings.”

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—Compiled by Steve Daily, Executive Editor, News; and Callan Navitsky, Senior Editor
The September 2015 issue of CRST Europe featured a comprehensive look at the varying status of copayments for cataract surgery with premium IOLs on a global scale. The letters below were submitted in response to that article and offer additional insights into the copayment landscape in several countries around the world.

In Hong Kong, public hospitals provide a heavily subsidized cataract service. Patients who go for cataract surgery only have to pay a consultation fee of HK$11, and additional tests cost an extra HK$6.60 each. The surgical fee is free. Patients have to pay for the IOL by themselves for whatever type of lens they choose (around HK$156 for monofocal and HK$500 for multifocal). Postoperative follow-ups cost HK$6.60 every time.

There has been additional funding from a public-private partnership program since 2008, called the Cataract Surgeries Programme (CSP). The government encourages patients to undergo cataract surgery in the private sector to reduce the long waiting list in public hospitals. Patients on the hospital waiting list are invited to join the CSP on a voluntary basis. They will receive a fixed subsidy of HK$556 and pay no more than HK$889 for cataract surgery, including the preoperative exam, the surgery, the IOL (monofocal), and two postoperative follow-ups. This HK$1,445 in total normally covers monofocal cataract surgery; an additional cost is applied for premium IOLs.

Cataract surgery performed in the private sector is covered by private insurance, which is limited to monofocal lenses. Patients have to pay the difference for a premium lens.

John S.M. Chang, MD
Hong Kong

Regarding copayment in Norway, surgeons are allowed to charge patients for the extra cost of a premium IOL; however, generally speaking, it is not possible to charge extra for costs related to preoperative examination. The result is that a lot of surgeons hesitate to implant premium IOLs. My own percentage (mostly toric IOLs) is 14%, which is probably far more than average in Norway.

Kjell U. Sandvig, MD, PhD
Oslo, Norway

This past year in France, strong debates on copayments occurred between IOL companies and the French government. In the end, it was decided that the patient must pay the difference between a monofocal and a premium lens. In 2015, it is possible to charge an additional fee for the surgical act (€271.70 for cataract surgery and an extra €150 for presbyopia and astigmatism correction) and for the lens, directly paid to the private hospital (€100 to €600).

Gilles Lesieur, MD
Albi, France

1. Straub L. What’s the deal with copayments for premium lenses? CRST Europe. 2015;8:46-52.