

WOW

Get ready to
discover the power

Why is the EVO ICL family of lenses* (EVO) a **Game Changer**?



High rate of **patient satisfaction**¹



Outstanding safety and effectiveness^{1,2}



Preserves the cornea and crystalline lens³



No preoperative peripheral iridotomies (PIs)



Low rate of adverse events¹



Outstanding postoperative **uncorrected visual acuity**¹

EVO offers patients an exciting new chapter in refractive surgery



Does not induce dry eye syndrome⁴



Excellent **night vision**⁵



Rapid visual **recovery**^{3,6}



No risk of ectasia⁶



Superb **quality of vision**¹

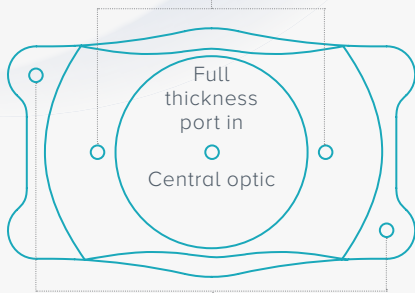


Improved **quality of life**⁵

*The EVO family of lenses includes EVO ICL, EVO Toric ICL, EVO+ ICL and EVO+ Toric ICL.

EVO uses advanced technology to provide outstanding safety

2 Full thickness peri-optic ports



2 Full thickness ports in footplates

The U.S. FDA clinical trial 6 month data confirmed the novel 0.36 mm diameter central port design:⁷

- **Functions effectively to allow physiologic aqueous flow resulting in**
 - Zero pupillary block
 - Zero anterior subcapsular cataract
- **Eliminates** the requirement for preoperative **PIs**

LET YOUR PATIENTS EXPERIENCE THE POWER OF VISUAL FREEDOM WITHOUT THE HASSLE OF PREOPERATIVE PIs

EVO Models Available

Models	Spherical Power [D]	Cylindrical Power [D] (for EVO/EVO+ Toric)	Overall Diameters [mm]
EVO+	-0.5 to -14.0	0.5 to 6.0	12.1
EVO	-0.5 to -18.0		12.6
			13.2
			13.7

Spherical models available in 0.25 D increments from -0.5 D to -3.0 D and 0.50 D increments from -3.0 D to -18.0 D
Toric models are only available in 0.5 D increments

EVO uses STAAR's exclusive, premium Collamer[®] material



Collamer is derived from two words that describe the composition of the material: "Collagen" and "Copolymer".

2M+

Collamer has a proven history of over 20 years with more than 2 million ICL lenses distributed worldwide.



Collamer is a copolymer of poly-HEMA and collagen, that offers UV protection.



Collamer minimizes inflammation, flare and cellular reaction.^{8,9}

Great for you, great for your patients

Effectiveness

The effectiveness of EVO is demonstrated by the **high levels** of postoperative uncorrected **visual acuity, refractive predictability and stability**¹ enjoyed by patients.

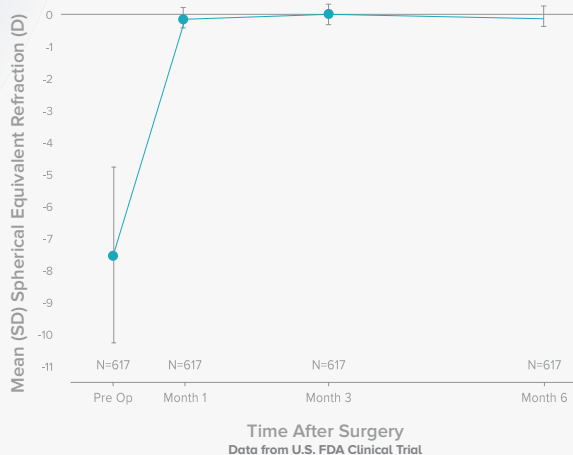
Efficacy Index is defined as UCVA (Uncorrected Visual Acuity) after treatment divided by CDVA (Corrected Distance Visual Acuity) before treatment (UCVA post/CDVA pre).

	Eyes (n)	Follow Up	Efficacy Index	UDVA	Accuracy within ± 0.50 D	Accuracy within ± 1.0 D
Published Literature ¹	n = 1,905	Up to 5 years	1.04	-0.02 logMAR	90.8%	98.7%
FDA Clinical Trial ^{7*}	n = 629	6 months	1.06	-0.059 logMAR	90.5%	98.9%

*619 eyes (98.4%) were available for analysis at the 6-month visit.

Refractive Stability

Excellent refractive stability.



Note: Consistent cohort of subjects with all visits are used.

Figure adapted from Packer, 2022.⁷

IOP Stability

Intraocular pressure (IOP) is well controlled.

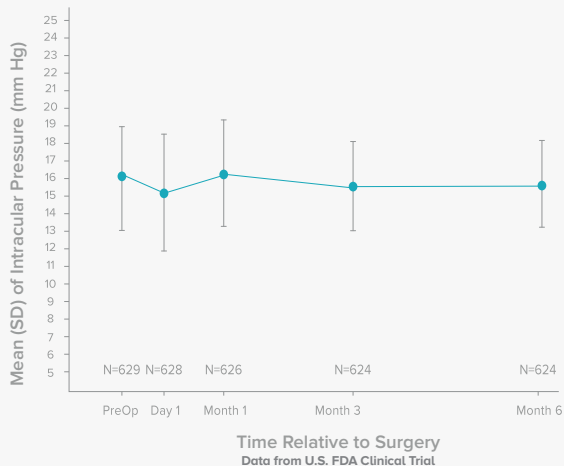
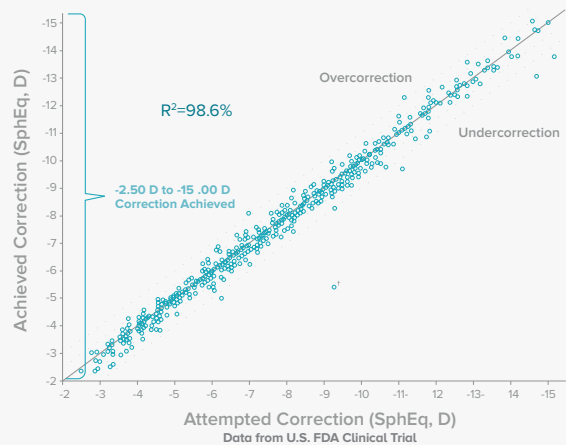


Figure adapted from Packer, 2022.⁷

Predictability

High predictability across a large diopter range.



¹In the U.S. FDA clinical trial, one eye experienced myopic shift due to nuclear sclerosis

Figure adapted from Packer, 2022.⁷

Rotational Stability

Of 629 eyes implanted with EVO, **only one eye** with a toric lens required surgical repositioning for residual astigmatism.⁷

Data from U.S. FDA Clinical Trial

Excellent Night Vision

EVO provides **postoperative improvement** in mesopic contrast sensitivity (CS) with and without glare.⁵

EVO Performance in Mesopic (Twilight) Conditions with Halogen and Xenon Glare

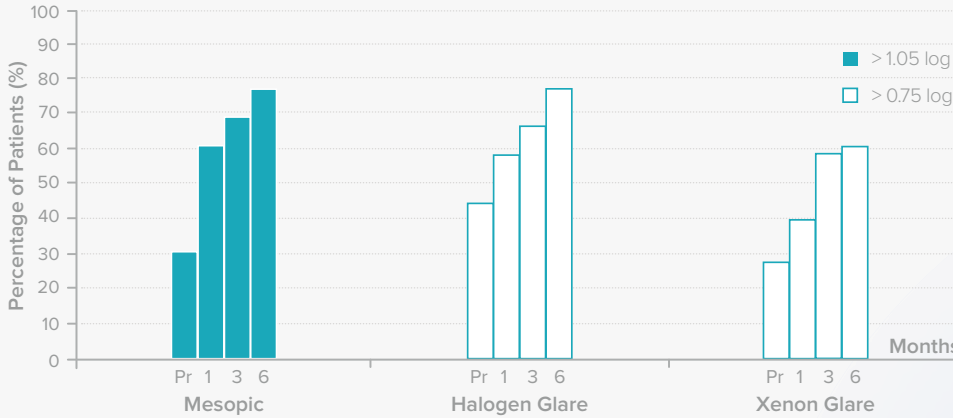


Figure adapted from Martinez-Plaza et al. 2021.⁵

Low Higher-Order Aberrations

Low induction of coma-like, spherical-like and total higher-order aberrations (HOA).¹⁰

Higher-Order Aberrations

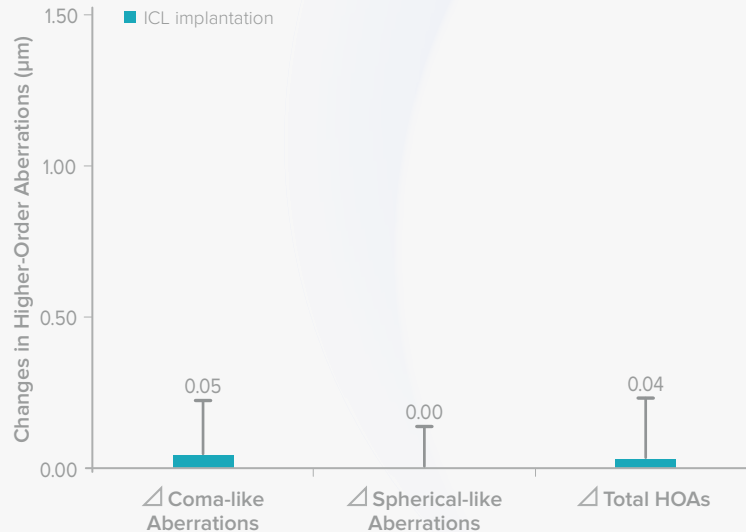


Figure adapted from Igarashi. 2019.¹⁰

Safety

Safety data suggest **reduced rates** of **anterior subcapsular cataract** and **pupillary block** relative to earlier models.¹⁷

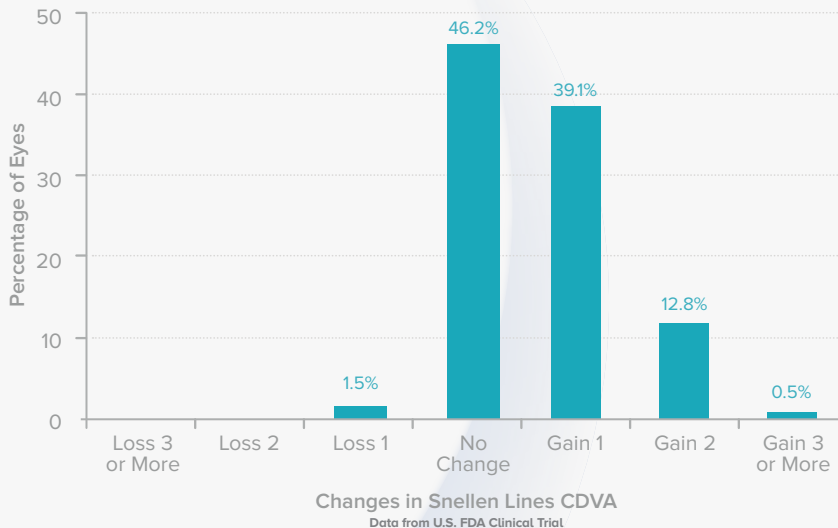
Safety Index is defined as CDVA after treatment divided by CDVA before treatment (CDVA post/CDVA pre).

	Eyes (n)	Follow Up	Safety Index	ASC Cataract	Pupillary Block	Pigment Dispersion
Published Literature¹	n = 4,196	Up to 5 years	1.15	0.00% (n = 0)	0.02% (n = 1)**	0.00% (n = 0)
FDA Clinical Trial^{7*}	n = 629	6 months	1.24	0.00% (n = 0)	0.00% (n = 0)	0.00% (n = 0)

*619 eyes (98.4%) were available for analysis at the 6-month visit.

**Due to retained viscoelastic.¹

Change in Corrected Distance Visual Acuity



98.5%

of eyes were the same or better.⁷

52.3%

of eyes gained **one or more lines of CDVA.**⁷

Figure adapted from Packer, 2022.⁷

JOIN THE REFRACTIVE SURGERY REVOLUTION

Offer safe procedures that give excellent results, and let your patients enjoy life with visual freedom. Discover the difference of EVO ICL.

IMPORTANT SAFETY INFORMATION FOR THE EVO/EVO+ ICL:

All physicians must complete the STAAR Surgical Vision ICL Physician Training Certification Program prior to using the EVO/EVO+ ICL in a clinical setting. Please review the EVO/EVO+ ICL Directions For Use (DFU) completely before performing a clinical procedure. INDICATIONS: The EVO/EVO+ ICL is indicated for phakic patients 21-60 years of with an anterior chamber depth (ACD) 2.8 mm or greater to correct/reduce myopia ranging from -0.5 diopters to -20.0 diopters with up to 6.0 D of astigmatism. The EVO/EVO+ ICL is intended for placement in the posterior chamber of the eye. WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/ benefit ratio before implanting a lens in a patient with any of the conditions described in the DFU. Prior to surgery, physicians should inform prospective patients of possible risks and benefits associated with the EVO/EVO+ ICL. ATTENTION: Reference the EVO/EVO+ ICL DFU available at edfu.staar.com for a complete listing of indications, contraindications, warnings and precautions.

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1. Packer M. The Implantable Collamer Lens with a central port: review of the literature. *Clinical ophthalmology* (Auckland, NZ). 2018;12:2427-38. **2.** Kamiya K, Shimizu K, Igarashi A, Kitazawa Y, Kojima T, Nakamura T, *et al.* Posterior chamber phakic intraocular lens implantation: comparative, multicentre study in 351 eyes with low-to-moderate or high myopia. *Br J Ophthalmol.* 2018;102(2):177-81. **3.** Kohnen T. Phakic intraocular lenses: Where are we now? *J Cataract Refract Surg.* 2018;44(2):121-3. **4.** Ganesh S, Brar S, Pawar A. Matched population comparison of visual outcomes and patient satisfaction between 3 modalities for the correction of low to moderate myopic astigmatism. *Clin Ophthalmol.* (Auckland, NZ). 2017;11:1253-63. **5.** Martínez-Plaza E, López-Miguel A, López-de la Rosa A, *et al.* Effect of the evo+ vision phakic implantable collamer lens on visual performance and quality of vision and life. *Am J Ophthalmol.* 2021;226:117-25. **6.** Wei R, Li M, Zhang H, Aruma A, Miao H, Wang X, *et al.* Comparison of objective and subjective visual quality early after implantable collamer lens V4c (ICL V4c) and small incision lenticule extraction (SMILE) for high myopia correction. *Acta Ophthalmol.* 2020;98(8):e943-e50. **7.** Packer M. Evaluation of the EVO/EVO+ Sphere and Toric Vision ICL: Six month results from the United States Food and Drug Administration clinical trial. *Clinical Ophthalmology.* 2022;16:1541-53. **8.** Schild G, Amón M, Abela-Formanek C, Schauersberger J, Bartl G, Kruger A. Uveal and capsular biocompatibility of a single-piece, sharp-edged hydrophilic acrylic intraocular lens with collagen (Collamer®): 1-year results. *J Cataract Refract Surg* 2004;30(6):1254-8. **9.** Brown DC, Ziembra SL. Collamer® intraocular lens: clinical results from the US FDA core study. *J Cataract Refract Surg.* 2001;27(6):833-40. **10.** Igarashi A. Posterior chamber phakic iols vs. Lasik: Benefits and complications. *Expert Review of Ophthalmology.* 2019;14(1):43-52.

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