



The Center of Their World, Back Into View

Late-stage AMD patients are robbed of their ability to visually connect with their world¹. The SING IMT™ brings them hope, as it is the only implantable miniature telescope proven to safely restore central vision and independence for these individuals with limited treatment options.²

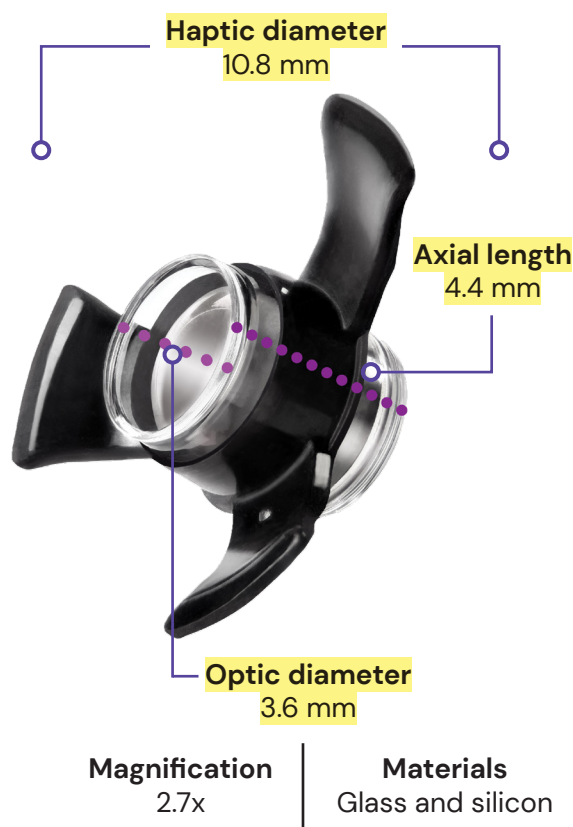
SING IMT™ Brings Back the Hope of Better Vision for Your Patients With Late-Stage AMD

Introducing SING IMT™

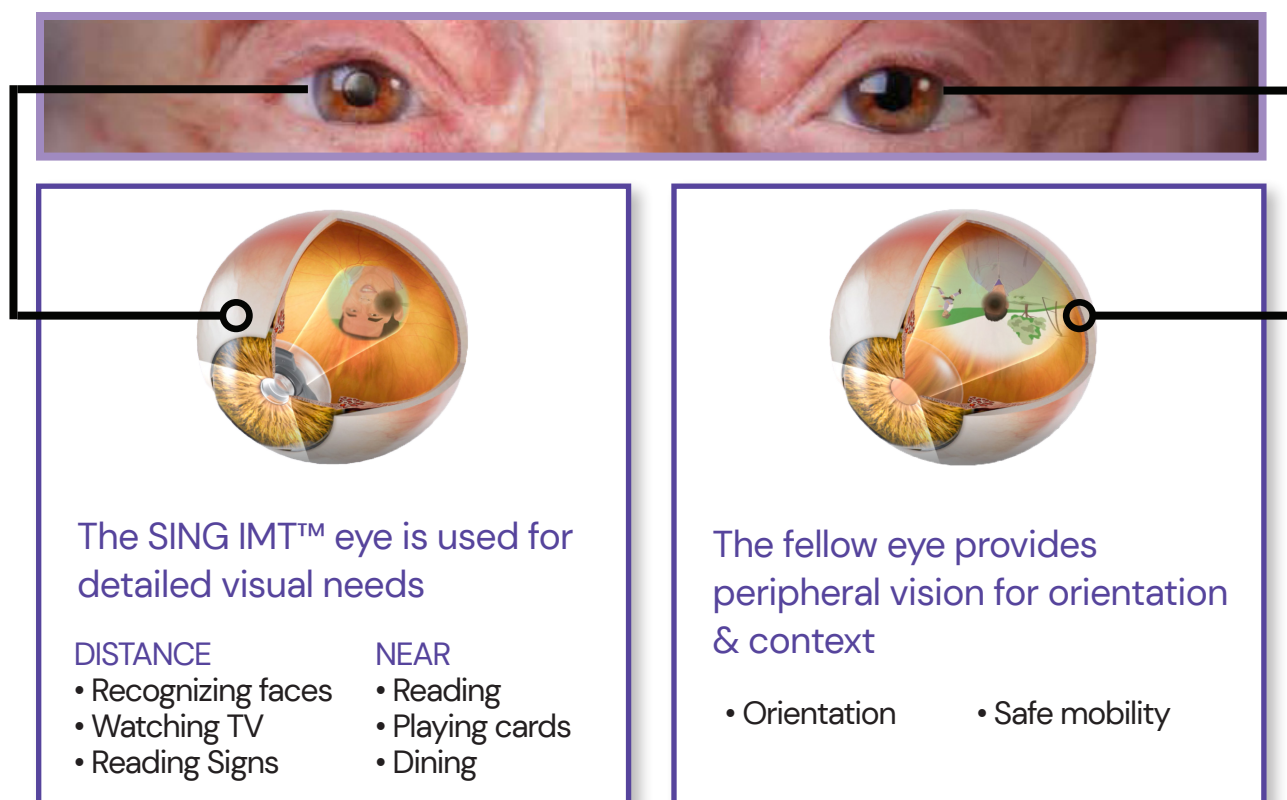
The **S**maller-**I**ncision **N**ew-**G**eneration
Implantable **M**iniature **T**elescope

- The only Galilean style telescopic implant designed to improve visual acuity and quality of life for patients with late-stage AMD.
- Implanted in one eye, high-resolution images are projected and magnified onto healthy photoreceptors surrounding the macula, improving central vision.

Images are magnified 2.7x, reducing the apparent impact of the scotoma, allowing objects to be seen that may have been unrecognizable before.



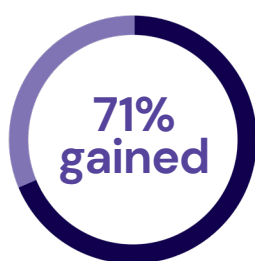
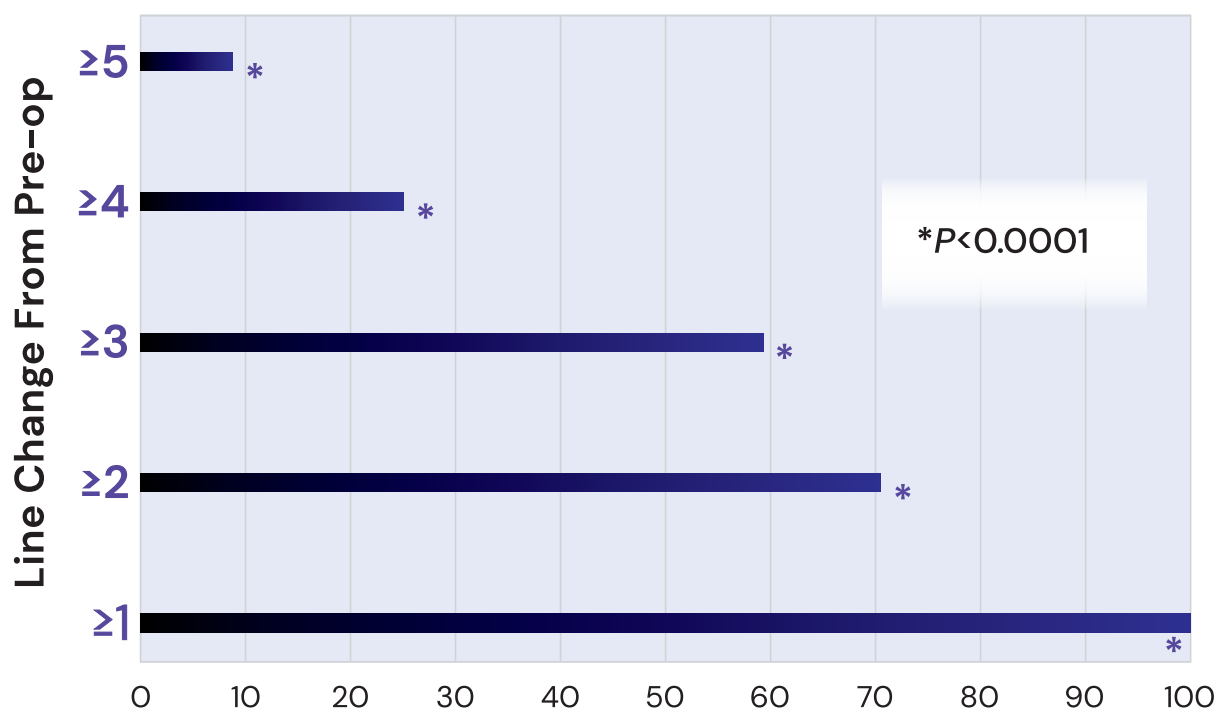
SING IMT™ Reduces the Impact of the Scotoma on the Patient's Vision



Images are for illustrative purposes only and are not meant to represent the visual acuity or results achieved with the SING IMT™ device.

SING IMT™ Has Been Shown to Improve Central Vision and Is Designed to Improve Visual Function

BCVA Change at 3 Months (n=24)²



≥2 lines



≥3 lines



≥4 lines

Mean BCVA Improvements at 3 Months² Post-implant with SING IMT™ Is Comparable to WA IMT Results (n=217) at 12 months³

1-Year Mean NEI-VFQ-25 scores (n=217) significantly increased in 7 of 8 relevant categories (WA IMT), with patients reporting they were³:

- Less dependent on others
- Less limited in activities
- Better able to recognize faces

Appropriate Patient Selection Is Critical to Success With SING IMT™

Candidate criteria for the SING IMT™ procedure include:

- 55 years or older
- Bilaterally:
 - Irreversible, late-stage AMD (inactive CNV or dry AMD)
 - Geographic atrophy or disciform scar
 - Distance BCVA 20/80 to 20/800
- In the eye receiving the implant:
 - Have evidence of cataract
 - Anterior chamber depth of ≥ 2.5 mm
 - ECD > 1600 cells per square mm
- Adequate peripheral vision in the eye not receiving the implant

Pre-op Visual Examinations Will Help Determine a Patient's Eligibility for the SING IMT™ Procedure

Patient eligibility assessments typically require:

- Retinal evaluation
- Refraction and BCVA evaluation
- Surgical evaluation

During the assessment, an external telescope simulator will be used to simulate potential outcomes with the SING IMT™



Setting realistic patient expectations can help avoid dissatisfaction



Realistic goals

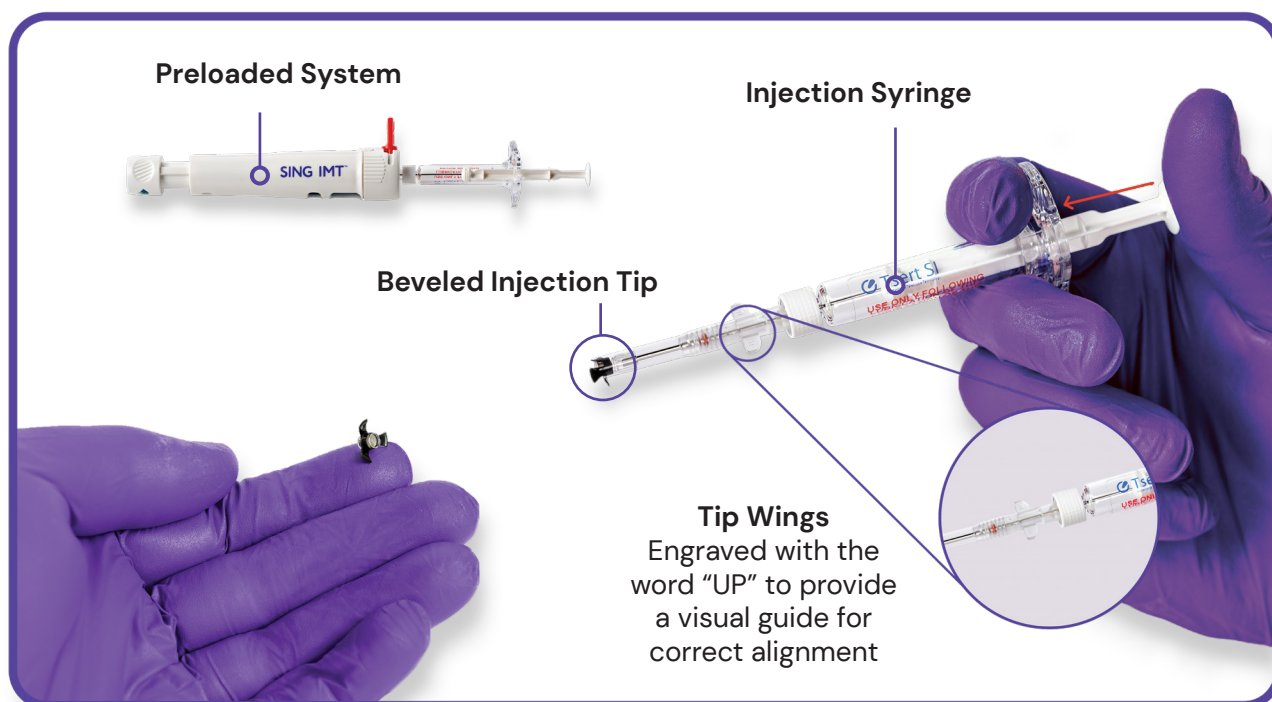
- Seeing the faces of family and friends
- Reading up close
- Watching television or movies
- Hobbies like painting, knitting, or gardening



Unrealistic goals

- Driving
- Seeing a golf ball in flight
- Playing tennis
- Never having to use a magnifying glass again

The SING IMT™ Procedure Is Performed During Cataract Surgery, Using a Pre-loaded Injection System, Designed to Ensure Consistent and Predictable Delivery



Capsulorhexis:

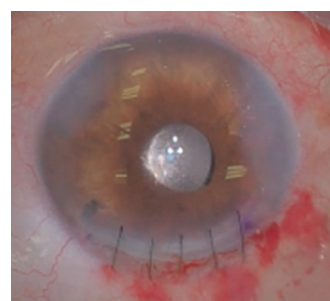
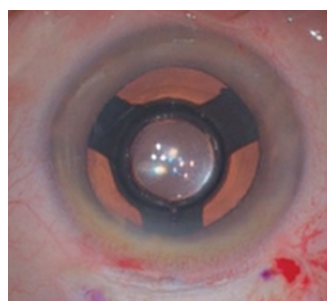
5.5
mm

Clear cut or
limbal incision:

6.5 to 7.5
mm

Sutures
required:

3 to 5



ECD loss ranges from 7.9%–10.4% in clinical studies^{4,2}

Post-op Rehabilitation Is an Essential Part of the Overall SING IMT™ Procedure

6 to 8 sessions bi-weekly are recommended to help patients maximize their new vision

Goals of rehabilitation:

- **Assess** visual function and limitations
- **Improve** patients' ability to use their vision
- **Educate** patients on new visual techniques (eg, eccentric viewing)
- **Motivate** patients to continue making progress



Samsara Vision will provide virtual training opportunities and support for you and your team throughout the entire patient journey

SING IMT™ Training Sessions (60 minutes each):

- SING IMT™ introduction and Patient Selection Criteria: to identify the best candidates for treatment
- Surgical Training Pearls and Recommendations: for an optimal surgical outcome
- Post-operative Low-Vision Rehabilitation: to maximize the patient's new vision.

Help Reconnect Your Patients With Their Visual World

Important next steps for bringing the SING IMT™ procedure to your patients:



Identify:

Potential SING IMT™ candidates within your practice and members of your team who will support the patient journey



SING IMT™ Training:

Surgeon and low vision team members complete SING IMT™ training sessions



Schedule:

Your first patients for the SING IMT™ procedure

**Actual
Size**



Talk with your SING IMT™ representative for additional information about training opportunities or email us at singimt@samsaravision.com.

It's Time to Bring Hope Back for Patients With Late-Stage AMD

Enhance quality of life³

Improve vision by an average of 3 lines²

Foldable haptics and custom injector system streamline the surgical procedure

Majority of the benefit with IMT technology sustained after 5 years⁵

Now you can begin identifying, educating, and qualifying your current patients who may benefit from SING IMT™.

Two ways to get started:

- Speak to your **SING IMT™ Representative** regarding training opportunities
- Email us at singimt@samsaravision.com

For more information, visit:
singimt.samsaravision.com



REFERENCES:

1. Singer MA, Amir N, Herro A, Porbandarwalla SS, Pollard J. Improving quality of life in patients with end-stage age-related macular degeneration: focus on miniature ocular implants. *Clin Ophthalmol*. 2011;6:33-39. 2. Toro, M, Vidal-Aroca, F, Montemagni, M, Xompero, C, Fioretto, G, & Costagliola, C (2023). Three-Month Safety and Efficacy Outcomes for the Smaller-Incision New-Generation Implantable Miniature Telescope (SING IMT™). *J. Clin. Med.* 2023, 12(2), 518: Jan,8(23) 3. Hudson HL, Lane SS, Heier JS, et al; IMT-002 Study Group. Implantable miniature telescope for the treatment of visual acuity loss resulting from end-stage age-related macular degeneration: 1-year results. *Ophthalmology*. 2006;113(11):1987-2001. 4. Data on file. 5. Boyer D, Freund KB, Regillo C, Levy MH, Garg S. Long-term (60-month) results for the implantable miniature telescope: efficacy and safety outcomes stratified by age in patients with end-stage age-related macular degeneration. *Clin Ophthalmol*. 2015;9:1099-1107.

IMPORTANT SAFETY AND PERFORMANCE INFORMATION:

The Implantable Miniature Telescope (by Dr. Isaac Lipshitz) is indicated for a monocular implant to improve vision in patients with stable severe to profound vision impairment caused by bilateral central scotomas (blind areas) associated with end-stage age-related macular degeneration.

Patients must meet age, vision, cornea health, and other requirements noted in the Patient Information Booklet.

The most common risks of the telescope implantation surgery include inflammatory deposits or precipitates on the device and increased intraocular pressure. Significant adverse events include corneal edema, vision-impairing corneal edema, corneal transplant, and decrease in visual acuity. There is a risk that having the telescope implantation surgery could worsen your vision rather than improve it. Individual results may vary.

