

Essilor®

#1

IN SPECTACLE LENSES  
WORLDWIDE<sup>(2)</sup>

# STELLEST™ LENSES: ESSILOR'S BEST SOLUTION TO SLOW DOWN MYOPIA PROGRESSION IN CHILDREN

Essilor® Stellest™ lenses slow down myopia progression by 67% on average<sup>(1)</sup>, compared to single vision lenses, when worn 12 hours a day.

(1) Compared to single vision lenses, when worn 12 hours a day. Two-year prospective, controlled, randomised, double-masked clinical trial results on 54 myopic children wearing Stellest™ lenses compared to 50 myopic children wearing single vision lenses. Efficacy results based on 32 children who declared wearing Stellest™ lenses at least 12 hours per day every day. Bao J, et al. (2021). Myopia control with spectacle lenses with aspherical lenslets: a 2-year randomised clinical trial. Invest. Ophthalmol. Vis. Sci.; 62(8):2888.  
(2) Essilor, #1 in spectacle lenses worldwide - Euromonitor, Eyewear 2021 edition; Essilor International company; worldwide retail value sales at RSP.



Stellest™

# OUR CIVILISATION IS FACING A GROWING HEALTH PROBLEM: MYOPIA

## MORE AND MORE YOUNG PATIENTS ARE DEVELOPING MYOPIA

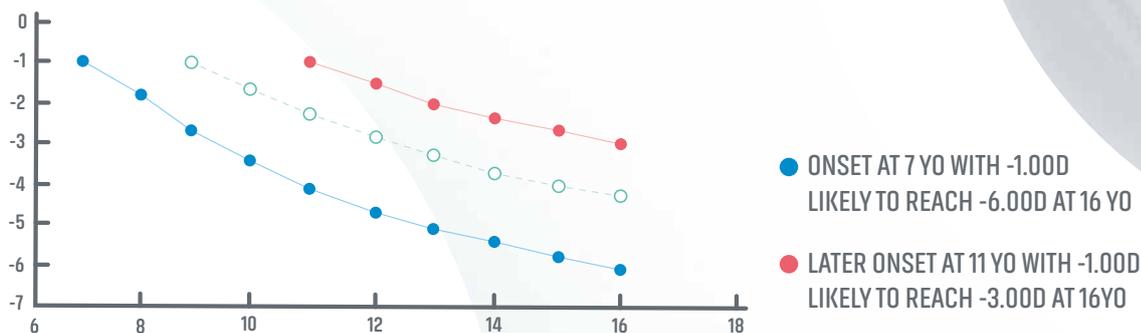
While genetics imply that myopia or short-sightedness is often handed down from generation to generation, lifestyle, increased time spent indoors and on screen are now making it increasingly prevalent.

Prevalence of myopia is growing at an alarming rate.

By 2050, half the population of the world, five billion of people, will be myopic and nearly a billion people will be highly myopic<sup>(1)</sup>.

## MYOPIA CAN PROGRESS RAPIDLY IN CHILDREN, WHICH MAY LEAD TO HIGH MYOPIA

The younger a child becomes myopic the faster it will progress<sup>(4)</sup>.



(4) A less myopic future: what are the prospects? *Clin Exp Optom*, 98 (6), 494-6

## EACH ADDITIONAL DIOPTRIC OF MYOPIA IS ASSOCIATED WITH AN INCREASED RISK OF MANY OCULAR CONDITIONS AND VISUAL IMPAIRMENT LATER IN LIFE

**10x** more risk of developing vision impairment for a -8.00D myope than a -4.00D myope<sup>(2)</sup>

(1) Brien A. Holden, et al. (2016). "Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050". *Ophthalmology*, 123(5); p 1036-1042.  
(2) Prevalence and progression of myopic retinopathy in Chinese adults: the Beijing Eye Study. *Ophthalmology* 117, 1763-1768.

# ESSILOR UNVEILS THE STELLEST™ LENS : A GAME CHANGING INNOVATION THAT SLOWS DOWN MYOPIA PROGRESSION BY 67% ON AVERAGE<sup>(1)</sup>



## A SMART COMBINATION WITH DUAL BENEFIT

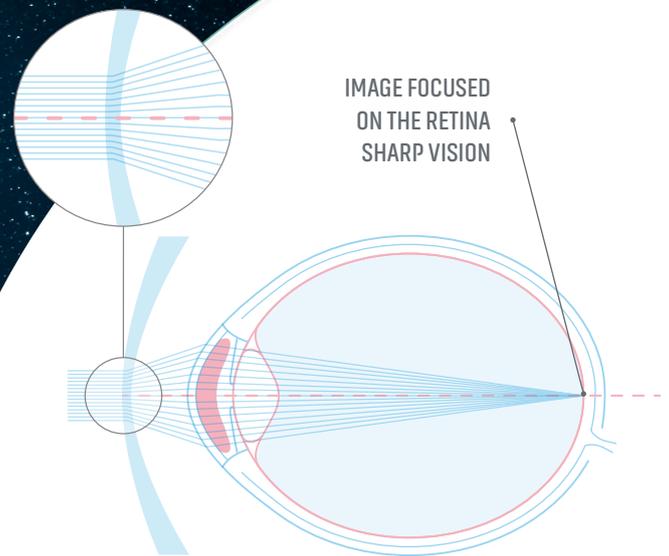
Stellest™ lenses are designed with two ingeniously complementary parts that, combined together, have a powerful effect.



# HOW DOES IT WORK?

## 1. CORRECT WITH THE SINGLE VISION ZONE

The Single Vision Zone, carrying the prescription of the wearer, brings **sharp vision** by perfectly focusing light on the retina. The lens design ensures a large prescription zone. This guarantees a **good visual acuity** and **comfort** for the wearer.



## 2. CONTROL WITH THE H.A.L.T.<sup>(1)</sup> TECHNOLOGY

Essilor went a step further to help control myopia by creating a unique technology tailored to the myopic eye: the H.A.L.T.<sup>(1)</sup> technology (Highly Aspherical Lenslet Target).

The constellation of 1021 lenslets spread on 11 rings is designed to create for the first time a **volume of signal** that slows down the elongation of the eye.

In children, whose eyes are still developing, this volume of signal allows to keep the eye elongation process in check.

- Light rays crossing the constellation create a volume of non focused light in front of the retina and following its shape. This signal allows to slow down the eye elongation.

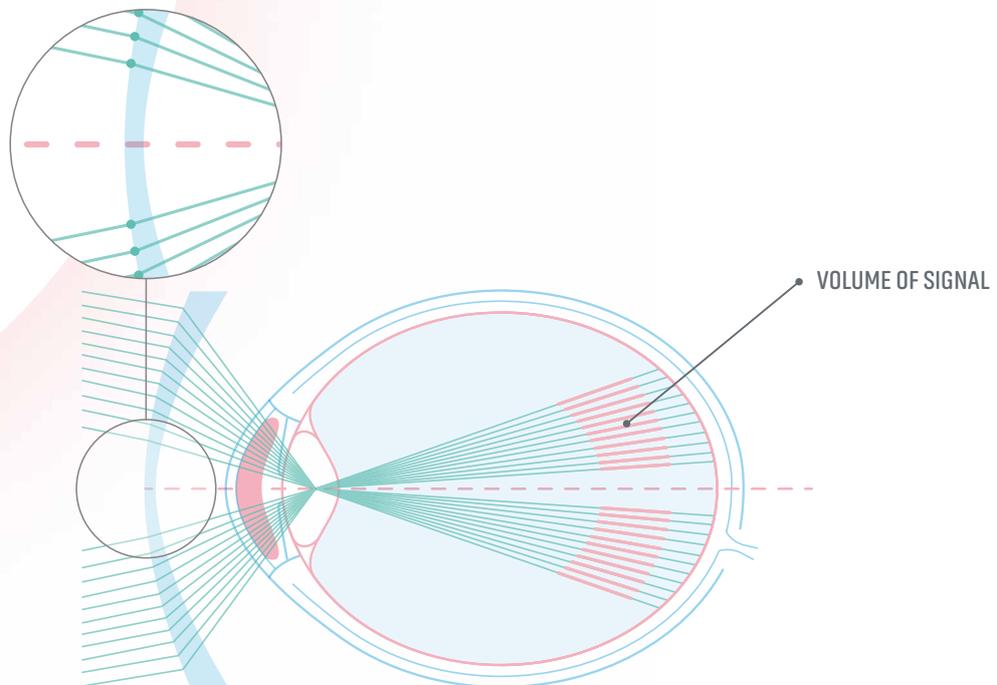
<sup>(1)</sup> Highly Aspherical Lenslet Target.

# A STATE-OF-THE-ART TWO-YEAR CLINICAL TRIAL DEMONSTRATED STRONG EVIDENCE ON STELLEST™ LENSES EFFICACY

- Two-year prospective, controlled, randomised, double-masked clinical trial
- 104 myopic children split in two groups : single vision lenses (50) and Stellest™ lenses (54)
- Wenzhou Medical University Essilor International Research Centre (China)

Essilor® Stellest™ lenses slow down myopia progression by **67%** on average<sup>(2)</sup>.

After the first year, the eye growth of **9/10** children wearing Stellest™ lenses was similar or slower than non myopic children<sup>(3)</sup>.



(2) Compared to single vision lenses, when worn 12 hours a day. Two-year prospective, controlled, randomised, double-masked clinical trial results on 54 myopic children wearing Stellest™ lenses compared to 50 myopic children wearing single vision lenses. Efficacy results based on 32 children who declared wearing Stellest™ lenses at least 12 hours per day every day. Bao J, et al. (2021). Myopia control with spectacle lenses with aspherical lenslets: a 2-year randomised clinical trial. Invest. Ophthalmol. Vis. Sci.; 62(8):2888.

(3) Two-year prospective, controlled, randomised, double-masked clinical trial results on 54 myopic children wearing Stellest™ lenses compared to 50 myopic children wearing single vision lenses. Results based on 32 children who declared wearing Stellest™ lenses at least 12 hours per day every day. Eye growth of non-myopic children based on 700 datapoints of schoolchildren enrolled in the Wenzhou Medical University-Essilor Progression and Onset of Myopia (WEPrOM) prospective cohort study. Stable correction need defined as a spherical equivalent refraction change on both eyes strictly lower than 0.50D.

# HOW TO PRESCRIBE AND DISPENSE STELLEST™ LENSES

## STELLEST™ LENSES RECOMMENDATION

Stellest™ lenses should be recommended to all myopic children:

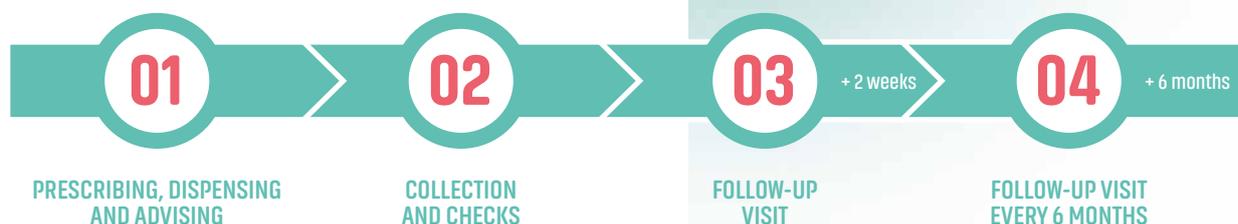
- starting to get myopia
- already myopic

Stellest™ lenses can be prescribed for myopic children up to -10D.

*After an eye exam performed by an Eye Care Practitioner.*



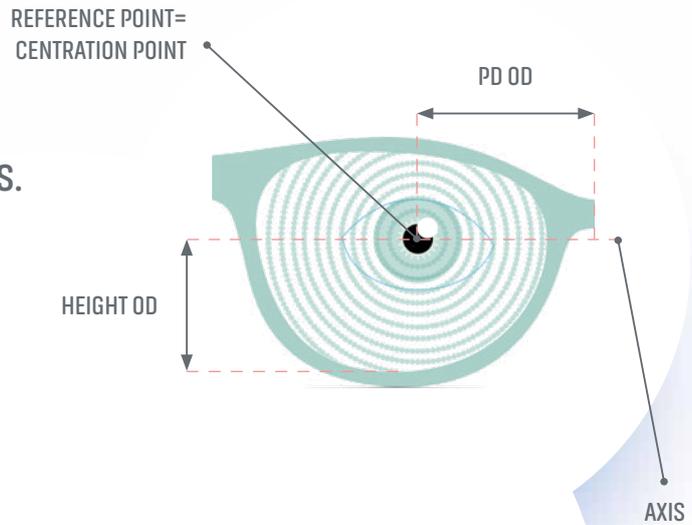
## MYOPIA MANAGEMENT WITH ESSILOR® STELLEST™ LENS-SUMMARY





## FITTING & MOUNTING

- Position of the reference point = centre of the rings of the lenslets.
- Marking (dot) to be used as a reference point as for a single vision lens.
- Fitting: Monocular PDs and monocular fitting heights.



## STELLEST™ LENS TAKES ADVANTAGE OF AIRWEAR® LENS MATERIAL

Children can feel safe with Airwear® lenses. They are comfortable, protective and the most shock-resistant lens material<sup>(1)</sup> fitting their active lifestyle.



Up to 40 times more impact resistant<sup>(1)</sup>



Up to 16% lighter<sup>(2)</sup>



Up to 21% thinner<sup>(2)</sup>



Blocks 100% transmission of UV<sup>(3)</sup>



## RANGE AVAILABILITY

Technology	H.A.L.T. <sup>(4)</sup>
Diameter (mm)	Ø65 mm, Ø70mm
Sphere/Cylinder power	Sph [Plano; -10.00] Cyl [0.00; 4.00]
Coating	Crizal® Kids
Material	Airwear® 1.59

<sup>(1)</sup> Test realised on multiple materials 1.50, 1.53, 1.56, 1.60, 1.67 and 1.74 in comparison with 1.59 by an accredited external laboratory using method defined in the safety US standard ANSI/ISEA Z87.1-2020 clause(s) 7.1.4.3 on High Velocity Impact and 9.14 on Prescription Lenses Material Qualification Test using plano lenses with the same hard coat and 2.0mm+/-0.2mm center thickness.

<sup>(2)</sup> compared to 1.50 lenses

<sup>(3)</sup> ISO 8980-3 Standard defines UV upper limit at 380nm.

<sup>(4)</sup> Highly Aspherical Lenslet Target.

# STELLEST™ LENSES IN A NUTSHELL



## CORRECT

- Sharp vision in all gaze directions.



For children, a vision as clear as with single vision lenses<sup>(1)</sup>.



## CONTROL

- H.ALT.<sup>(3)</sup> technology constellation of invisible<sup>(4)</sup> lenslets.



67% of myopia progression slowdown on average, compared to single vision lenses, when worn 12 hours a day<sup>(2)</sup>.



## NO COMPROMISES

- Aesthetic, safe and simple.



90% of children fully adapt within 3 days<sup>(1)</sup> and 100% within one week.

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(3) Highly Aspherical Lenslet Target. (4) Aesthetic finish.

