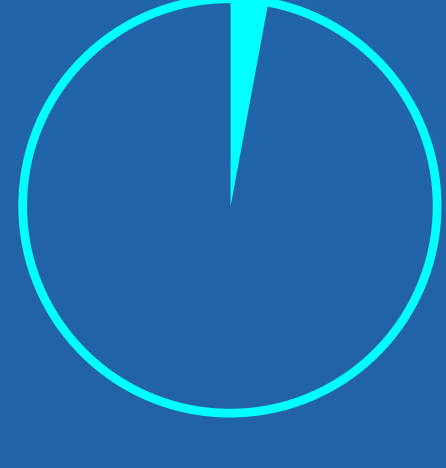


AMD is a disease of the central portion of the retina (**the macula**) which is responsible for high visual acuity that allows for color vision, reading and facial recognition



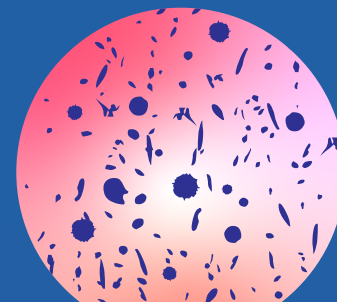
**2% OF ALL PEOPLE AGED 50-59 HAVE AMD<sup>1</sup>**

THIS FIGURE RISES TO NEARLY

**↑30%** IN THOSE AGED OVER 75<sup>1</sup>

LATE-STAGE AMD CAN LEAD TO

**LEGAL BLINDNESS<sup>2</sup>**



**EARLY / INTERMEDIATE AMD** (PREVIOUSLY KNOWN AS DRY AMD)  
Thinning of the **macula**<sup>3</sup>

CURRENTLY ACCOUNTS FOR **80-90%** AMD CASES<sup>1</sup>

**LATE-STAGE AMD**

As the population ages, the prevalence of late-stage AMD is expected to rise from:

**196m** IN 2020 **TO** **288m** IN 2040<sup>4</sup>

CURRENTLY ACCOUNTS FOR **10-20%** AMD CASES<sup>11,14</sup>

There are two forms of late-stage AMD:<sup>3</sup>

- 1. GEOGRAPHIC ATROPHY (GA)**  
Degeneration of cells within the macula  
Affects 1.3-6.7% of the population<sup>5</sup>
- 2. WET/NEOVASCULAR AMD**  
Growth of leaky blood vessels into the retina (neovascularization)  
Affects 1.2-6.3% of the population<sup>5</sup>

**GA IS A SLOWLY PROGRESSING, YET DAMAGING FORM OF AMD**



**GA IS A LATE STAGE OF AMD AND PROGRESSES FROM EARLY/ INTERMEDIATE AMD**



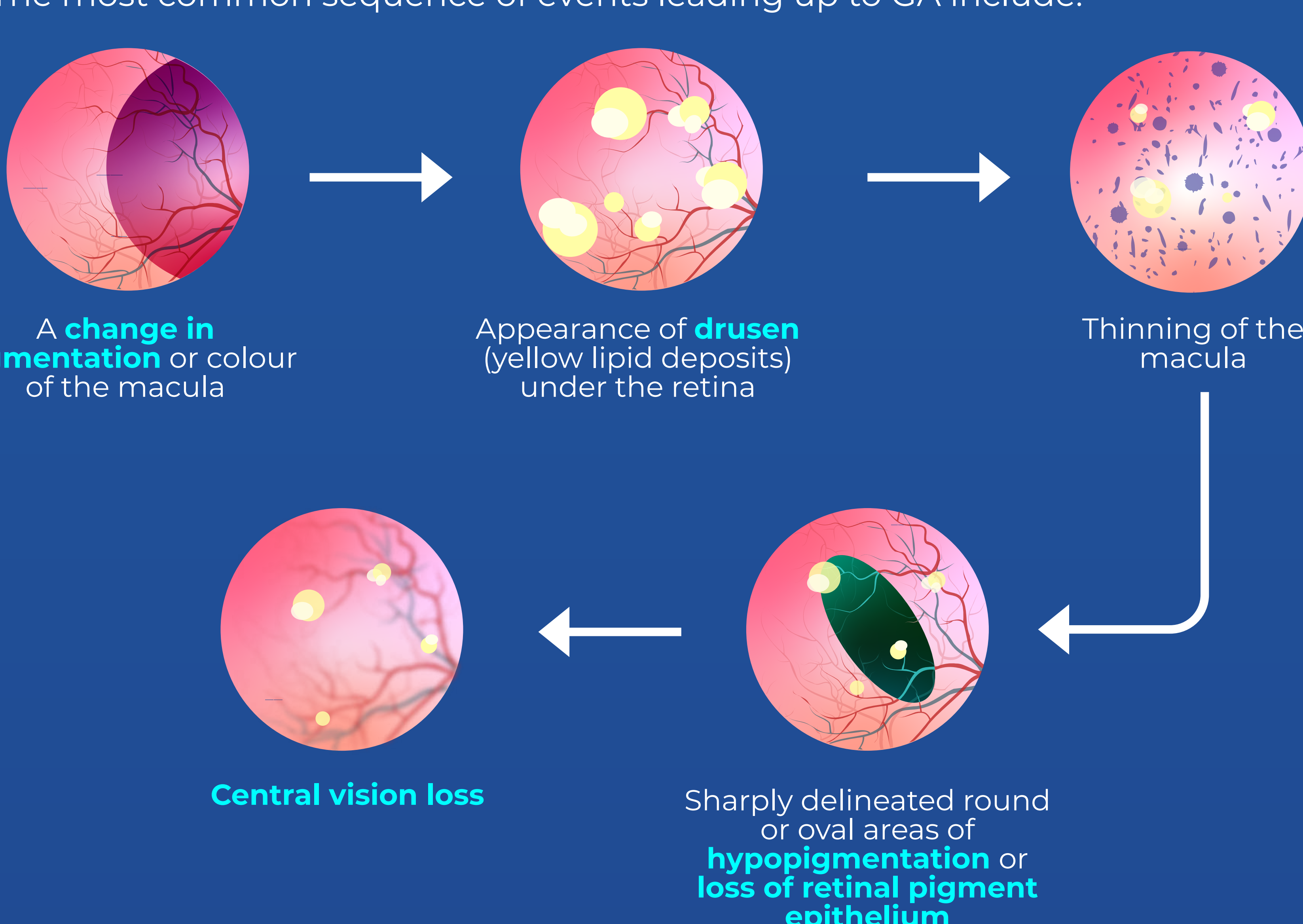
APPROXIMATELY **5 MILLION PEOPLE** HAVE GA WORLDWIDE, WITH **DISEASE PREVALENCE INCREASING WITH AGE<sup>6</sup>**



IT IS CHARACTERIZED BY **REGIONS OF CELL DEATH IN THE RETINA<sup>1</sup>**

**HOW GA AFFECTS THE EYE**

The most common sequence of events leading up to GA include:<sup>3,7</sup>



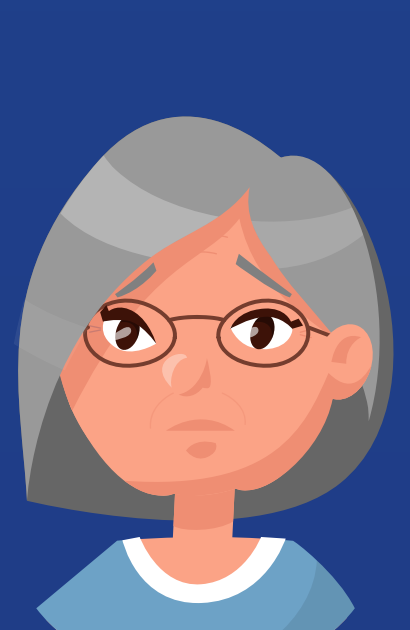
**DISEASE BURDEN**

**PATIENT IMPACT**



SYMPTOMS OF GEOGRAPHIC ATROPHY INCLUDE:<sup>8,9</sup>

- ⚠️ A dark spot in the visual field
- ⚠️ Faded appearance of colors
- ⚠️ Vision is less sharp or detailed
- ⚠️ Difficulty adapting to low light
- ⚠️ Loss of contrast sensitivity
- ⚠️ Ability to see only parts of words while reading
- ⚠️ Visual distortion, where straight lines may appear distorted or bent
- ⚠️ Visual hallucinations



ADVANCED AMD CAN CAUSE A **63% DECREASE IN QUALITY OF LIFE<sup>10</sup>** AS WELL AS A HIGHER SUSCEPTIBILITY TO **DEPRESSION, ANXIETY, SOCIAL ISOLATION, FALLS AND SUBSEQUENT HOSPITALIZATIONS DUE TO BROKEN BONES, CAUSED BY POOR VISION.<sup>8</sup>**

**IMPAIRED VISION CAN IMPACT THE ABILITY TO:<sup>11</sup>**

- CARRY OUT EVERYDAY TASKS
- WORK
- DRIVE
- LEAD ACTIVE SOCIAL LIFE
- READ
- RECOGNIZE FACES
- LIVE INDEPENDENTLY

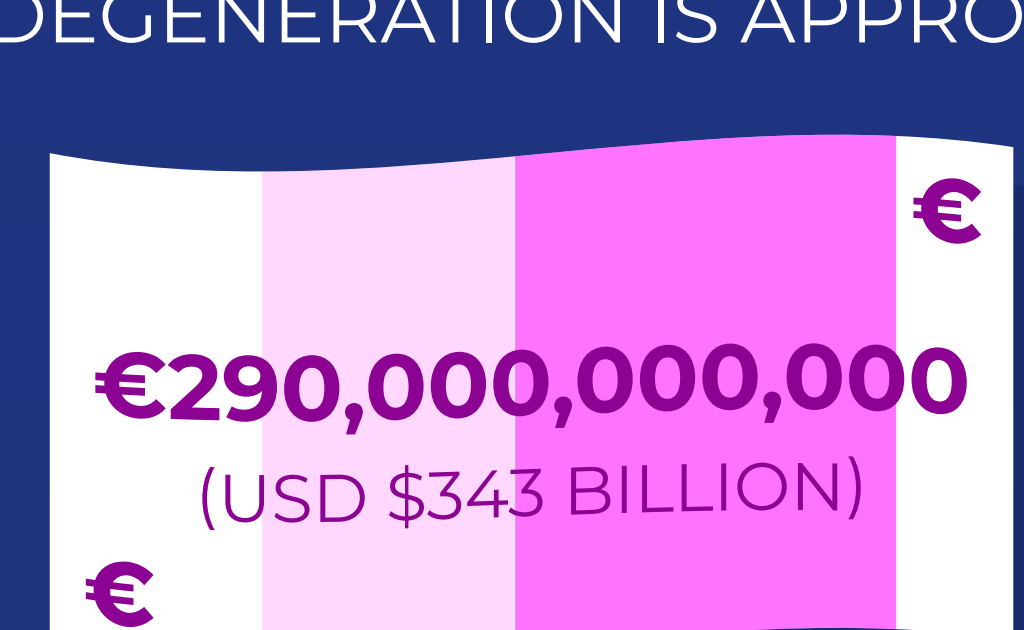
**ECONOMIC IMPACT**

THE ANNUAL AVERAGE TOTAL COST PER PATIENT WITH GA IS



WITH DIRECT HEALTH CARE COSTS ACCOUNTING FOR MOST OF THESE COSTS.<sup>12</sup>

THE GLOBAL COST OF VISUAL IMPAIRMENT DUE TO AGE-RELATED MACULAR DEGENERATION IS APPROX.<sup>1</sup>



INCLUDING



IN DIRECT HEALTH CARE COSTS.<sup>1</sup>

**RISK FACTORS AND TREATMENT**

**RISK FACTORS**



AGE



GENETICS<sup>13</sup>



SMOKING TOBACCO<sup>13,14</sup>



HIGH BODY MASS INDEX AND ABDOMINAL OBESITY<sup>13</sup>



CARDIOVASCULAR DISEASE<sup>15</sup>



EUROPEAN HERITAGE<sup>16</sup>

**DIAGNOSIS AND TREATMENT**

- GA can be diagnosed during a dilated eye exam and/or retinal imaging.
- Imaging techniques include:<sup>17</sup>
  - **Fundus autofluorescence angiography imaging<sup>18</sup>** – The 'gold-standard' technique which is non-invasive and allows delineation of GA borders and determining the lesion growth at follow-up.
  - **Optical coherence tomography (OCT)<sup>19,20</sup>** Non-invasive 3D imaging of the retina
- There is **no approved or effective treatment** to stop the progression of GA,<sup>21</sup> however, a healthy lifestyle and dietary pattern play an important role in GA prevention and disease onset delay<sup>8</sup>
- Several treatments are currently under evaluation for GA<sup>8</sup>
  - These include **neuroprotective** and **anti-inflammatory agents**, and **vasodilators**.
  - The value of nutritional supplementation as treatment is also being evaluated.



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