



CLINICIAN'S UPDATE



Transformation



A corporate transformation took place at the end of February. Advanced Medical Optics became Abbott Medical Optics. We're now part of one of the world's leading health-care companies.

I assure you that although our name has changed, our focus and commitment to you and the patients you serve remains steadfast. In fact, as Abbott Medical Optics, we're now an even stronger organization, better positioned to demonstrate our commitment to delivering life-enhancing vision care products and services to opticians, optometrists and ophthalmologists.

With this strategic union, AMO will continue producing our full product line and developing our pipeline products. Moreover, we expect the partnership to help us accelerate our growth plans and heighten our exploration of new innovations that will address unmet needs.

This transaction marks Abbott's entry into the growing vision care arena. Abbott has a presence in 130 countries. Abbott Vascular, for example, is one of the world's leading vascular care businesses, focused on transforming the treatment of vascular disease. Abbott's comprehensive line of products encircles life itself, addressing health needs from infancy to the golden years. On behalf of the 3,700 employees who make up the AMO global family, I can say that we're honored to be an integral part of Abbott's broad-based healthcare company. We're devoted to discovering new technologies and helping people live healthier lives.

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Abbott Medical Optics

Jim Mazzo
President, Abbott Medical Optics



On February 26, 2009, AMO became Abbott Medical Optics.

When we first announced the planned acquisition in January, one of the first questions I heard was, "How will this change the relationship between AMO and its customers?" I want to emphasize that our principles haven't changed. The customer is still our most critical asset at AMO. We're continuing in the vision care arena, which means that optometrists, opticians, ophthalmologists and their support teams continue to be our customer base.

AMO's fundamental strategy is to provide the practitioner with a range of products that span the vision life cycle.

**— Jim Mazzo, President,
Abbott Medical Optics**

Abbott brings to AMO the strength, reach and resources of one of the leading healthcare companies in the world. Under Abbott, we remain as focused as ever on developing innovative new products and meeting the needs of our customers and the patients they serve.

Additionally, we'll continue to provide our full range of corneal, refractive and cataract products while exploring new innovations that advance the science of vision care.

Our focus and business model at AMO

can be summed up in three words: Vision. For Life. Virtually everyone requires some form of vision care at some period in life. AMO's fundamental strategy is to provide the practitioner with a range of products that span the vision life cycle. We have contact lens cleaning solutions, lubricating eye drops, custom all-laser LASIK, aspheric and refractive intraocular lenses, and phacoemulsification products and viscoelastic agents for cataract surgery.

Today, AMO is the world's largest player in laser vision correction (LASIK) procedures. AMO ranks No. 2 in the cataract surgical device market and No. 3 in contact lens care products. We'll continue to serve our customers in the vision care arena.

Abbott is one of the top healthcare companies in the world with products that span the continuum of care, from nutritional products and laboratory diagnostics through medical devices and pharmaceutical therapies. And now, of course, vision care.

For more than 30 years, AMO has distinguished itself as an innovator and pioneer in the ophthalmic medical device arena. Abbott has thrived for more than 120 years by remaining at the forefront of evolving medical practice and technology. Together, we look forward to combining these rich traditions as we embark on a new chapter in our history.



Patient Expectations

Christina Sorenson, OD, FAAO, Consultant, Mayo Clinic, Scottsdale, Ariz.



As eyecare providers, communication with our patients is the single most important piece of expertise we have to offer.

Patients need to understand their conditions, what their treatment choices include, which option is in their best interest, and most importantly, that they have a responsibility to partner in the ultimate success of any treatment decision.

The optometrist is responsible for many levels of patient education, including everything from how to choose contact lenses and cleaning solutions to surgical consultation and intraocular lens selection. It's the

optometrists' responsibility to fully understand all of the technologies involved and have the ultimate insight into how to achieve the best outcomes.

As primary eyecare providers, we know our patients well. Optometry has a rich history of building patient relationships and maintaining them through generations. This intimate knowledge of our patients'

lifestyles is invaluable in patient education and encouraging compliance. We can deliver the information tailored to the needs of our patients.

A clear description of possible outcomes certainly will include a discussion of realistic expectations. This is our opportunity to clearly lay out the options and give our opinion on which alternatives would best suit our patient. The concept of realistic expectations is complex. Is there a day in

your office when you don't hear the request for perfect vision with unlimited wearing time and contact lenses that require no care?

Managing our contact lens patients' expectations starts with identifying patient goals. Our presbyopic patient may want to

read paperwork at the desk and hit a golf ball over 275 yards.

Once our lenses are chosen, we can begin establishing realistic expectations of the performance of the optics. Can the stated goals be met? Do limitations need to be identified? Should we consider multiple lens designs?

Inform your patient of all options and

allow them to participate in the final decision. Clearly identify how this design meets their stated goals. Most importantly, determine where the compromise may exist. It's important that all patients understand nothing is perfect and some compromise must occur — even if that something is as simple as the statement, “there's no such thing as a no-rub solution.” Practice the concept of patient responsibility. It's surely the patient's responsibility to be compliant with the regimen outlined to achieve the best success with their contact lenses. Instruct them on lens type, parameters, compatible solutions, rewetting drops, wear time, lens life, proper care of the lenses and follow-up care. As eyecare specialists, we should be experts in closing the communication gap with our patients. We can help assure the ultimate in successful outcomes.

As primary eyecare providers, we know our patients well. Optometry has a rich history of building patient relationships and maintaining them through generations.

— Christina Sorenson, OD FAAO

Dr. Sorenson is a consultant at the Mayo Clinic in Arizona. She graduated from the University of Missouri, St. Louis School of Optometry and completed her residency at the Kansas City Veterans Administration, affiliated with the University of California at Berkeley. She serves on the board of directors for the Association of Regulatory Boards of Optometry, the National Board of Examiners in Optometry, the Arizona State Board of Optometry and the Arizona Optometric Charitable Foundation.

Sample Rx From Dr. Sorenson

Contact lens Rx:

Sally Smith

1/27/2009 expires 1/27/2010

123 East Main Street, Phoenix, Ariz. 85254

Contact Lens Rx

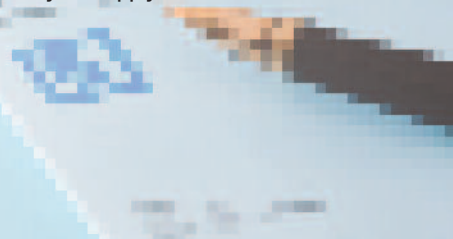
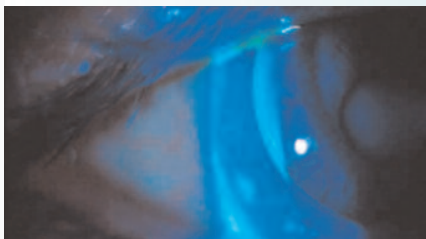
Vistakon® Acuvue® 2, 8.7, 14.0,
+1.50/+1.50

Daily wear for 2 weeks then dispose, maximum wear time 16 hours daily.

Care system COMPLETE® MPS Easy Rub® Formula with cleaning upon removal. Perform a digital rub on each side of the lens for 10-15 seconds with adequate solution to cover the lens surface.

Rewetting drops: AMO Blink® Tears to be used before instillation of your contact lenses and as needed throughout the day.

Dispense four boxes for each eye for a 1-year supply.



PRODUCT SPOTLIGHT:

Tecnis® Multifocal IOL Approved

The U.S. Food and Drug Administration (FDA) granted approval for AMO to market the TECNIS® Multifocal intraocular lens (IOL) for cataract patients. The TECNIS® Multifocal IOL gives patients superior near vision and reading speed compared to other presbyopia-correcting IOLs, as well as exceptionally high spectacle independence, with nearly 9 out of 10 patients reporting that they never wear eyeglasses after surgery.

The lens provides high-quality vision for near, far and intermediate distances, day or night. It's the first and only pupil-independent, nonapodized fully diffractive aspheric lens designed to correct the two highest-order aberrations, spherical and chromatic, to restore youthful vision. The lens has 95% patient satisfaction, the highest of any presbyopia-correcting IOL.

Ralph Chu, MD, founder and director of the Chu Vision Institute in Bloomington,

Minn., says, "The TECNIS® Multifocal IOL delivers a predictable and consistent full range of vision. The U.S. clinical study shows that more than 94% of patients function comfortably without eyeglasses for all distances, including intermediate. More importantly, my own patients are highly satisfied with the results."

Manfred Tetz, MD, professor of ophthalmology and director of Eye-Center-Spreebogen, Berlin, Germany says, "The full diffractive surface of the TECNIS® Multifocal IOL provides high-quality vision, largely independent of pupil size and reduces chromatic aberration for better image quality. I have been implanting the TECNIS® Multifocal IOL since 2003, because of the high-quality visual results that I can provide for my patients, who report being extremely satisfied with their vision."

Jim Mazzo, AMO president, adds "The

introduction of the TECNIS® Multifocal IOL in the United States rounds out AMO's portfolio of market-leading, refractive technologies. U.S. surgeons will soon be able to share the benefits of this technology with their patients."



Did You Know?

Blink® Tears comes to you from the company that brings you Healon® viscoelastic in three unique viscoadaptive formulas that improve tear film stability.

Blink® Tears were preferred over Systane® drops?

In a study of 40 patients (80 eyes), Blink® Tears was statistically significantly superior to Systane® drops for the reduction in signs and relief of dry eye symptoms, and it was preferred by more patients to reduce dry eye symptoms.

Reference

1. Kislak T, Bucci F. Randomized crossover evaluation of PEG-400 based artificial tear Blink® Tears vs. Systane® Drops for signs and symptoms of dry eye. Poster: American Academy of Optometry, Oct. 22–25, 2008, Anaheim, Calif. Poster: European Society of Cataract and Refractive Surgeons, Sept. 13–17, 2008, Berlin, Germany.

Blink® Tears with Restasis® had less blur and less ocular burning than Systane® Drops with Restasis®?

Blink® Tears was used concomitantly with Restasis® Drops in a study of 40 patients (80 eyes) and compared with Systane® Drops used concomitantly with Restasis® Drops. The Blink® Tears combination had better control of dry eye symptoms, with significantly less blur upon instillation and less ocular burning.

Reference

1. Karpecki P. Evaluation of Blink Tears and Systane used concomitantly with Restasis for the treatment of dry eye symptoms. Poster: American Academy of Optometry, Oct. 22–25, 2008, Anaheim, Calif.



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Introducing Simon Kilvington, PhD

Director of Microbiology, AMO



Simon Kilvington, PhD, joined AMO recently as Director of Microbiology. Before joining AMO, Dr. Kilvington was senior lecturer at the Department of Infection, Immunity and Inflammation at the University of Leicester in the United Kingdom. He is an international authority on pathogenic free-living amoeba and has expertise in bacteria, fungi and viruses, particularly in the field of ocular infection. He has published extensively in the field of contact lens disinfection, the epidemiology of infection and the development of assay methods to assess the efficacy of contact lens disinfectant and therapeutic agents. He describes some of his research in the following article.

Why do different studies by different companies have different outcomes when testing *Acanthamoeba*?

Different assay techniques, species and strains of the amoeba, and culture and encystment media can produce dissimilar outcomes. This is important to understand as we evaluate different studies that can give conflicting results for the same test solutions. To this end, I have worked for much of my research life studying the biology and life cycle of *Acanthamoeba* to be able to develop reliable and reproducible methods for the evaluation of disinfectant efficacy against the trophozoite and cyst stage of the organism.

What are the standards for testing?

Standardized testing for *Acanthamoeba* is an issue being addressed by national and international organizations. FDA meetings were held to discuss it. Abbott Medical Optics is playing a key role in this process.

How do bacteria and other microbes establish themselves on the contact lens and contact lens storage case?

Bacteria can secrete materials that form a biofilm on the contact lens or storage case. The biofilm protects microbes from the disinfection solution and provides a nutrient source for sustained growth for themselves and fungi. *Acanthamoeba* can then feed and replicate on the established bacterial population.

Fungi produce filamentous extensions, termed hyphae, which have been shown to penetrate into the matrix of contact lenses.

Acanthamoeba have pseudopodia or "false feet" with suckers that

enable attachment to the contact lens.

The contact lens then can act as a vector by which pathogenic microbes become inoculated onto the cornea. Infection would result from penetration into and under the corneal epithelium through minor epithelial damage from debris or from the mere presence of the contact lens resulting on the epithelium.

How do you evaluate regimen efficacy?

We determine the efficacy of contact lens care regimens by contaminating lenses with pathogenic bacteria, fungi and *Acanthamoeba* trophozoites and cysts, testing different disinfection models and calculating the number of survivors.

We grow and prepare bacteria and fungi according to ISO 14729 guidelines for contact lens care products. Each test lens is then inoculated with approximately 1×10^5 to 1×10^6 organisms.

Acanthamoeba trophozoites are grown in a standard broth medium, and cysts are prepared from these cultures. Each test lens is then inoculated with approximately 1×10^5 to 1×10^6 trophozoites or cysts.

We have tested both rub and no-rub methods to determine if these affect removal and survival of these organisms from lenses. In our tests, rubbing and rinsing with Complete® MPS Easy Rub® Formula was highly effective in removing microorganisms from silicone hydrogel lenses and passed the acceptance criteria required by ISO 14729.

What does this mean for the wearer?

We now know that contact lenses and lens care accessories aren't always well maintained by users, and that poor compliance can result in microbial contamination. Focusing on and promoting the rub-rinse step as part of contact lens cleaning serves to emphasize hygiene. Better overall hygiene is important for removing pathogens from the contact lens. Rubbing and rinsing may reduce the risk of introducing potentially pathogenic microorganisms into the eye.

Further reading:

Kilvington S, Lonnen J. A comparison of regimen methods for the removal and inactivation of bacteria, fungi and *Acanthamoeba* from two types of silicone hydrogel lenses. *Cont Lens Anterior Eye*. 2009;32:73-77.

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The e-mail version of this newsletter is available at: www.visioncare.com/emails/amo/newsletter05/issue13/

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