



ALOFT Study Summary

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BACKGROUND | Home-based monitoring services promise to extend care for diseases with acute onset and limit physician time for patient disease and compliance education. However, there is limited long-term real-world data that shows the effectiveness of such programs. The Analysis of the Long-term visual

Outcomes of ForeseeHome Remote Telemonitoring (ALOFT) study was performed to understand long-term, real-world visual outcomes and compliance for patients being monitored by the Notal Vision Monitoring Center and performing ForeseeHome preferential hyperacuity perimetry (PHP) tests, as prescribed by their physician.



Fig 1. Digital health model

STUDY DESIGN | ALOFT retrospectively studied 2,123 patients (3,334 eyes) from five clinics, over a

3,334 eyes

2,123
patients

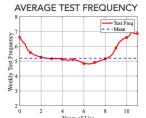
10 years

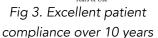
Fig 2. Real-world study

period of 10 years. All referred patients from these sites were included in the study. The study looked at long-term visual acuity (VA) outcomes, patient compliance, and number of treatments for converted patients. The outcomes were compared to standard of care available through the American Academy of Ophthalmology's IRIS® Registry.

RESULTS | 285 of all studied eyes converted. The study showed an average VA of 20/30 at program start, 20/39 at conversion, and 20/32 at the most recent visit for the converted eyes. The VA at conversion for standard care as obtained via the IRIS Registry was 20/83. 84% of monitored patients maintained a functional vision of 20/40. In addition, the average long-term VA of these patients was at 20/32 with a

mean of 6.4 injections per year, a rate that remained stable over years, as compared to worse than 20/80 in the CATT 5-year study. The patients tested on average 5.2 times per week, and this compliance was maintained over a period of 10 years.





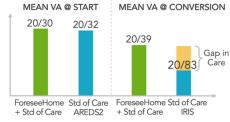


Fig 4. ForeseeHome patients keep twice the VA at conversion

CONCLUSION | The ALOFT study demonstrates significantly better visual outcomes for patients on the home-based testing and monitoring program, compared to the standard of care that relies on office visits and patient self-reported symptoms alone, supporting a shift toward referring patients to a specialist digital healthcare provider like the Notal Vision Monitoring Center that provides the Medicare-covered ForeseeHome program. Overall, early disease detection and good visual prognosis help extend the treatment phase of the AMD patient journey.