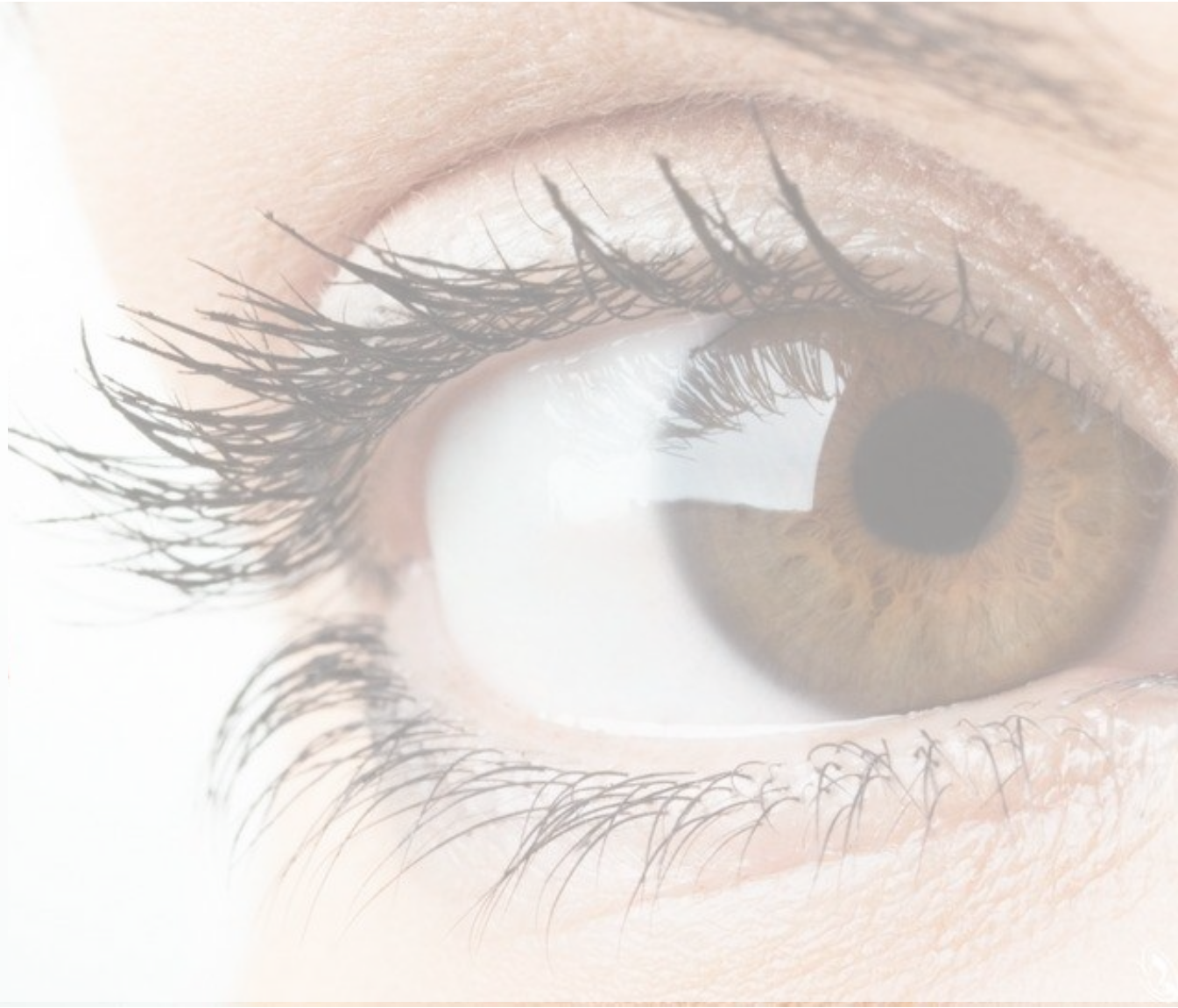


EYETRONIC® - Restoring Vision

EYETRONIC® Presentation

May 2026



Glaucoma

1 cause for irreversible blindness



80 million globally -> 100 million by 2040
3 million in US -> 6.3 million 2050

2% prevalence age 40+
3% in Asia

\$2.9bn annual
economic burden in the US

Current Treatment: Intra Ocular Pressure - IOP

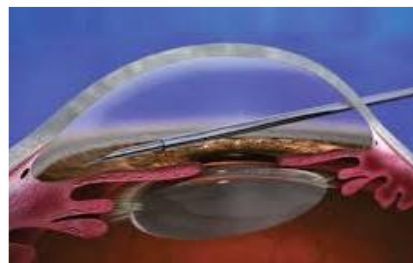
Standard-of-Care IOP management is NOT sufficient



Drops



Surgery



MIGS



Patients continue to **lose Vision**
despite regulated IOP

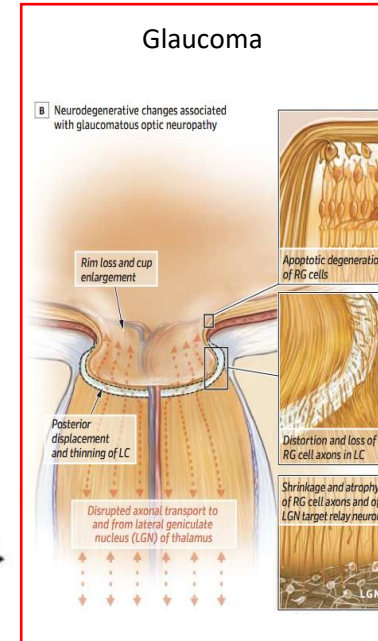
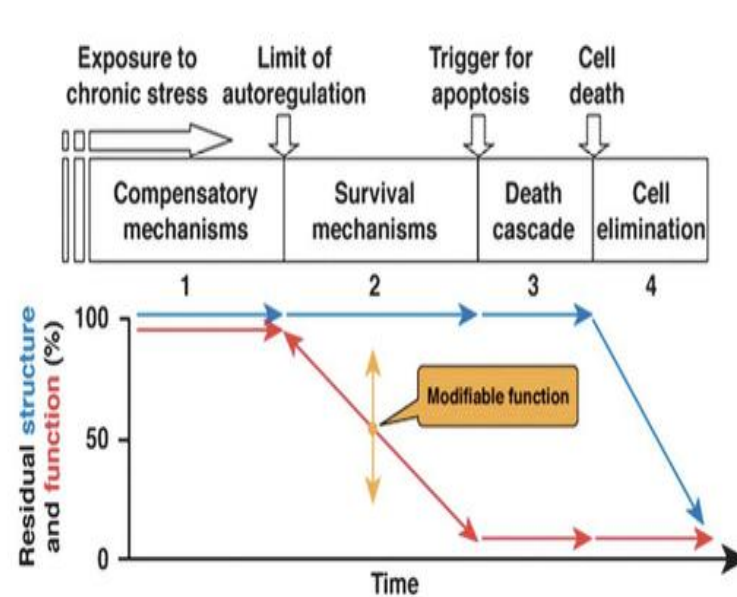
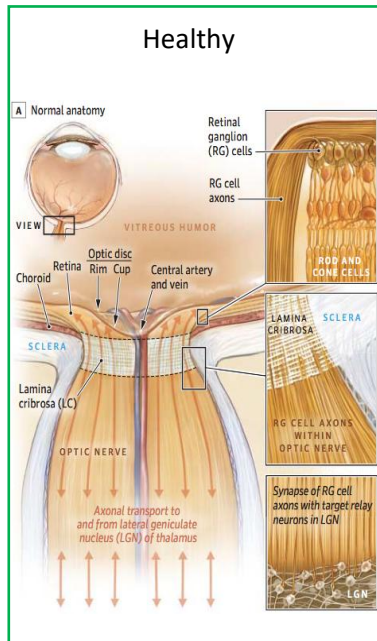
40%-70% of **patients** have **no elevated IOP**
They have Normal Tension Glaucoma (NTG)

Glaucoma needs a new treatment paradigm

New Treatment: Optic Nerve

Glaucoma is a neuropathy of the optic nerve

Electricity activates nerves



Oxidative stress -> **terminates metabolism**

Nerves lose their function -> **vision loss**

Cell death -> **apoptosis**

Stimulate Optic Nerve
before structure is lost

MoA & Effects of Optic Nerve Stimulation

Mode-of-Action*

Neurotrophic factors

↑ IGF-1, BDNF, CNTF, FGF-2; ↓ TNF-α

Immunomodulation

↑ IL-10; ↓ IL-6, COX-2, NF-kB

Glutamine synthetase ↑

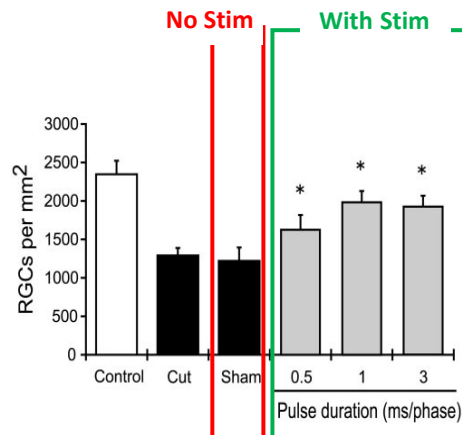
Intracellular Ca²⁺ ↑

Caspase 3 ↑

Perfusion ↑

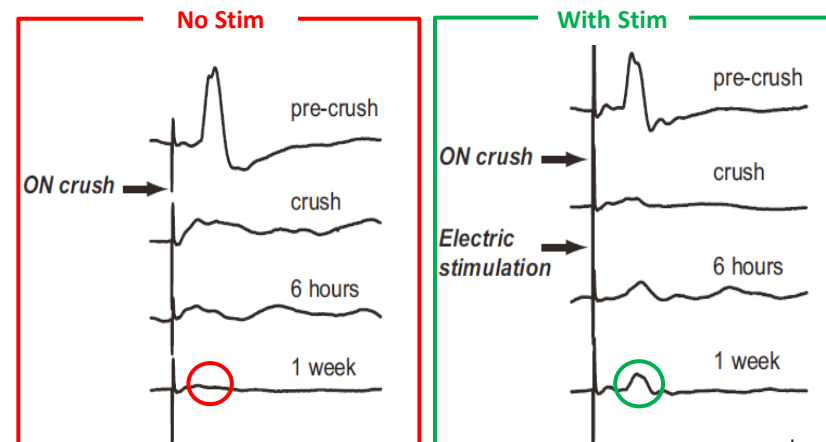
3 Effects*

Neuroprotection



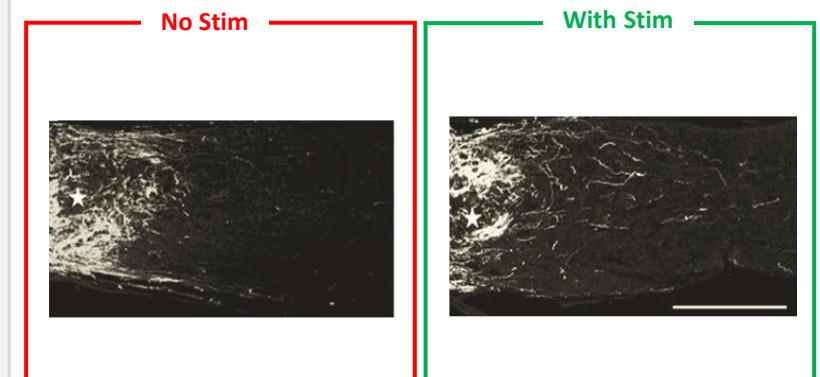
Survival of RTGs after transection

Functional Neurorestoration



Visually Evoked Potential (VEP) recovery after crush

Structural Neurorestoration



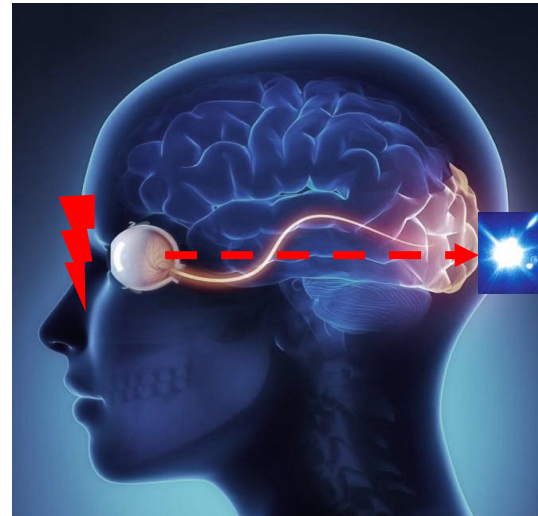
Axonal growth 12 days after crush

* pre-clinical

EYETRONIC® Optic Nerve Stimulation

Reengaging nerve cells with **electrical** current that drives neuronal activity

EYETRONIC®



Phosphenes as **biomarker**

Non - invasive

One cycle - 10 sessions

1.200 patients in **12.000** sessions

No SAE

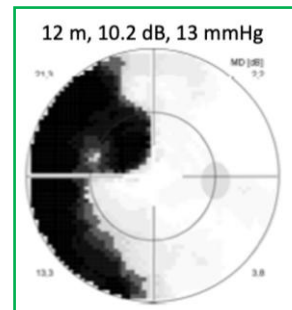
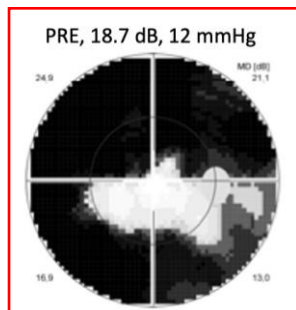
Proven Safety from **16 centers** in **7 countries**

Clinical Results show Vision Restoration

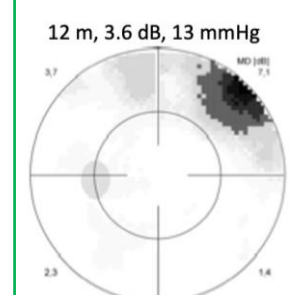
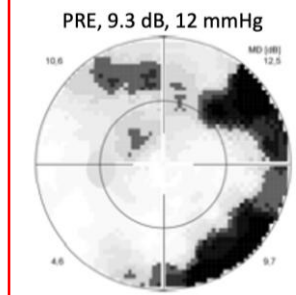
12-month PMCF results show reversal from loss of Vision to improved Vision

Perimetries with MD, IOP values

Right eye



Left eye



Before ONS

12 months after

EYETRONIC Patient Experience



*„I experienced a **significant improvement** after the therapy and **regained** part of my **VF**. During the first year my **VF** continued to improve, **lasting till today.**“*

M.K., Germany



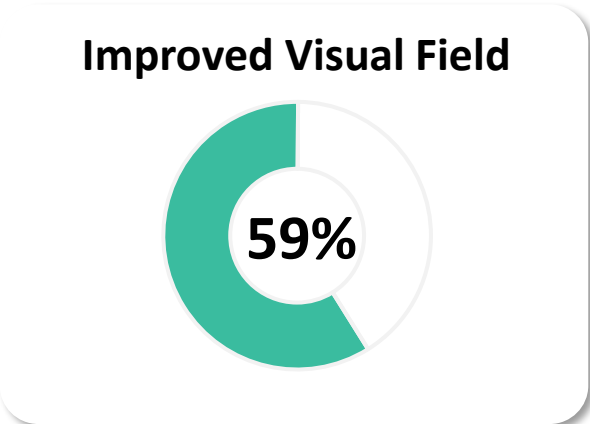
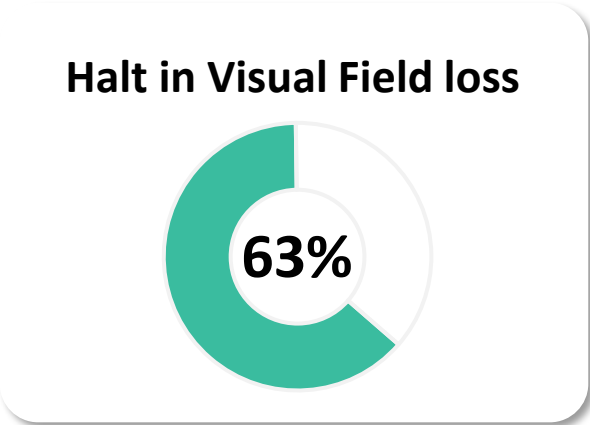
*„I can see colors clearly, see better in the distance, and **can recognize faces** better again. All of that I could no more do **before the treatment.**“*

H-J.H., Switzerland

Clinical Efficacy in IOP Patients confirmed

Positive long term PMCF results @ 12 months with EYETRONIC® in IOP patients

Elevated IOP Eyes (n=111)



WORLD GLAUCOMA CONGRESS
JUNE 25 - 28, 2025
HONOLULU, HAWAII, USA

Halt of Progressive Vision Loss by Optic Nerve Stimulation in Glaucoma

P-0424

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INTRODUCTION

Glaucoma is characterized by optic nerve degeneration and loss of retinal ganglion cells causing visual field defects and blindness (1). The current standard approach in glaucoma therapy is reduction of the intraocular pressure (IOP) (2). Despite effective medications leading to IOP-lowering, glaucoma exacerbation and progressive vision loss among patients is common (3,4). Electrical stimulation of the optic nerve (ONS) facilitates axonal regeneration and survival of retinal ganglion cells (5,6,7). The follow-up study provides real-world evidence for long-term clinical efficacy of ONS in glaucoma.

METHODS

78 glaucoma patients, between 27 and 86 years old, with progressive vision loss despite therapeutic IOP reduction underwent electrical ONS. Closed eyes were separately stimulated by bipolar rectangular pulses with intensities up to 1.2 mA sufficient to provoke phosphenes. Ten daily stimulation sessions within two weeks lasted about 80 min each. Right before ONS at baseline (PRE), visual field loss was documented by static threshold perimetry in the central 30° visual field and compared to the same assessment approx. one year afterwards (POST). Mean defect (MD) was defined as primary outcome parameter. Only perimetries with a reliability factor (RF) of max. 20% were considered.

RESULTS

The perimetry follow-up of 111 eyes in 78 patients fulfilled the inclusion criteria.
IOP before ONS was 12.5±2.8 mmHg (mean±SD). MD significantly decreased from PRE 13.6±5.8 dB to POST 13.1±7.1 dB one year after ONS (Wilcoxon Signed Rank Test p<0.01) corresponding to an average improvement of visual fields.
The MD change from PRE to POST amounted to -0.6±2.1 dB ranging from -8.5 to 6.6 dB.
In 70 out of 111 eyes, MD change between 0 and -8.5 dB indicated a treatment response with a responder rate of 63%.

Significant MD reduction one year after ONS in 111 eyes

MD change in all 111 eyes one year after ONS

Visual field progress of the right eye in one patient with normal tension glaucoma over 12 months

CONCLUSION

Innovative treatments that preserve visual function through mechanisms other than IOP lowering are required for glaucoma with progressive vision loss. The present long-term data document progression halt or even improvement of visual fields in 63% of affected eyes after ONS and, thus, extend existing evidence from clinical trials.

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Bioelectronic Medicine Open Access

RESEARCH ARTICLE

Electrical neurostimulation in glaucoma with progressive vision loss

Carl Erb¹, Sophie Eckert², Pia Gindorf¹, Martin Köhler³, Thomas Köhler³, Lukas Neuhann⁴, Thomas Neuhann⁴, Nadja Salzmann³, Stefanie Schmickler³ and Jens Ellrich^{6*}

Abstract
Background: Progressive vision loss is a key goal of neuroscience and treatments able to improve visual function are still largely lacking. Glaucoma, one of the leading causes of visual disability in

Review

Transorbital Alternating Current Stimulation in Glaucoma: State of the Art from Neurophysiological Bases to Clinical Practice

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Abstract: Recovery after visual loss is a key goal of neuroscience and treatments able to improve visual function are still largely lacking. Glaucoma, one of the leading causes of visual disability in

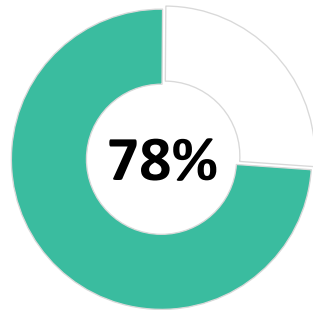
Clinical Efficacy in NTG Patients confirmed



12-month follow-up data

Improved VF

NTG patients (n=19)



Long-term follow-up of visual field loss after electrical optic nerve stimulation in normal tension glaucoma

M. Köhler¹, C. Erb², N. Salzmann¹, T. Köhler¹, S. Eckert¹, S. Schmickler³
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³Medienzentrum Eckert, Neu-Ulm, Germany; ⁴Augenzentrum Nord-West, Ahaus, Germany

Introduction
 Normal tension glaucoma (NTG) is characterized by optic nerve degeneration and loss of retinal ganglion cells causing visual field impairment without elevated intraocular pressure (IOP) (1, 2). The current standard approach in NTG therapy is further reduction of the IOP. Despite effective medications leading to IOP-lowering, glaucoma exacerbation and progressive vision loss among patients is common. Electrical stimulation of the optic nerve (ONS) facilitates axonal regeneration and survival of retinal ganglion cells (3). The case series provides real-world evidence for long-term clinical efficacy of ONS in NTG.

Patients and Methods
 Ten NTG patients were included in the study.
 Inclusion criteria:
 • Diagnosis of NTG with progressive vision loss despite appropriate IOP-lowering therapy.
 • Assessment of visual receptive field by static threshold perimetry in the central 30° with a reliability factor (RF) of max. 20% before ONS treatment (PRE).
 • Full ONS treatment cycle with 10 daily sessions.
 • Perimetry assessment approximately one year after ONS therapy (POST) identical to PRE condition.
 Patients could only opt for ONS treatment, if they were under appropriate IOP-lowering medication as monitored by Goldmann application tonometry.
 ONS: Closed eyes were separately stimulated by bipolar rectangular pulses (duration: 14-20 ms, frequency: 1-36 Hz) with stimulus intensities up to 1.2 mA sufficient to provoke phosphenes (Eyetronic[®], Neurocom GmbH, Germany). Ten daily stimulation sessions within 2 weeks lasted about 80 min each.
 Mean defect (MD) as measured by perimetry was defined as primary outcome parameter.

Results
 Clinical data from 19 eyes in 10 patients (6 f, 4 m) fulfilled the inclusion criteria. Patients were 64.8±12.5 years old ranging from 46 to 80 years. IOP was 13.4±1.2 mmHg ranging from 12 to 15 mmHg.
 MD significantly decreased from PRE 12.4±6.6 dB (mean±SD) to POST 10.3±6.5 dB by -2.1±2.7 dB one year after ONS (paired t-test, t=3.4, p<0.01) corresponding to an average improvement of visual fields.
 14 eyes in 8 patients showed a reduction of MD by 3.2±2.1 dB (ranging from 0.2 to 6.5 dB). Thus, 73.7% of eyes in the present case series were responders.

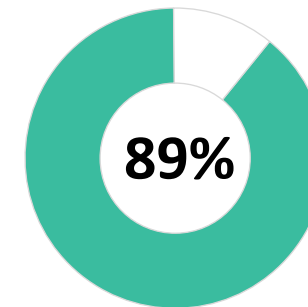
Conclusion
 Innovative treatments that preserve visual function through mechanisms other than lowering IOP are required for NTG with progressive vision loss. The present long-term data document progression halt or even improvement of visual fields in more than 73% of affected eyes after ONS and, thus, extend existing evidence from clinical trials.

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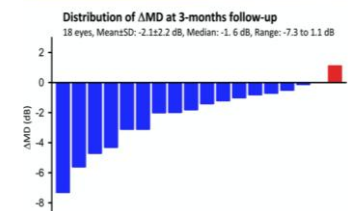
3-month follow-up data

Improved VF

NTG patients (n=18)



- Distribution of ΔMD at 3 months



Clinical Evidence - First Patients in the US

World Leading US Glaucoma Experts started IITs in July 2025



Prof. Jeffrey Goldberg

MD, PhD

Chair of Ophthalmology
Byers Eye Institute
Head of Glaucoma
Stanford University

PI EYETRONIC trial
started July/25



Prof. Andrew Iwach

MD, PhD

Associate Clinical Professor
Ophthalmology UCSF
Executive Director
Glaucoma Center of San Francisco
Glaucoma Education
and Research Group

PI EYETRONIC trial
started July/25



Dr. Ehsan Sadri

MD, FACS

Founder and CEO
Visionary Eye Institute
Newport Beach

PI EYETRONIC trial
start Q2/26



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