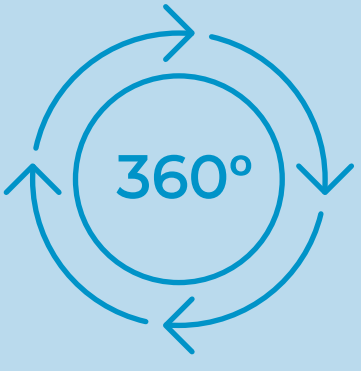
iTrack™

Redefining MIGS treatment for early moderate glaucoma

While other MIGS bypass or remove diseased portions of the outflow pathway, iTrack™ treats 360º of the conventional outflow pathway to re-establish natural aqueous flow.

Tissus-sparing MIGS

iTrack™ preserves the angle and conjunctiva for subsequent treatments and defers the need for tissue-destructive MIGS.



Stent-free MIGS

iTrack™ re-establishes natural aqueous flow without the creation of artificial flow that may cause excessive damage to the corneal endothelium.

iTrack™

The new treatment paradigm for **early** moderate glaucoma

iTrack™ ab-interno canaloplasty enables you to reduce IOP to an average of 13.2 -13.8 mmHg[1] via a stent-free, tissue-sparing approach — preserving future treatment options and defering the need for tissue-destructive MIGS.

THEN

MILD
Medication

MODERATE
SLT

SEVERE/END-STAGE
Trabeculectomy
Glaucoma Drainage Device

NOW

MILD
Medication or SLT

EARLY MODERATE
MIGS
Ab-interno canaloplasty

EARLY MODERATE (CATARACT)
MIGS
Trabecular micro-bypass stent

PROGRESSING MODERATE
MIGS
Tissue removal/ablation

SEVERE
MIGS
Subconjunctival

END-STAGE
Trabeculectomy
Glaucoma Drainage Device

EARLY MODERATE

Perform with/without cataract surgery
Defer the need for tissue-destructive MIGS

- 360° of outflow pathway
- Natural aqueous flow
- Tissue sparing
- No implants or stents

iTRACK™

EARLY MODERATE (CATARACT)

Perform with cataract surgery
Defer the need for tissue-destructive MIGS

- Tissue sparing

iSTENT
HYDRUS

PROGRESSING MODERATE

Delay progression to severe disease

- Tissue removal and/or ablation

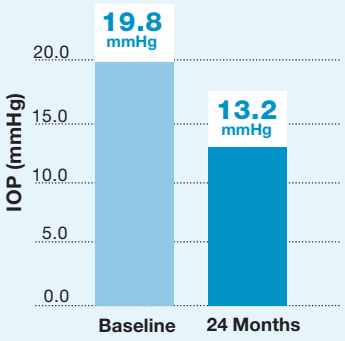
KDB
OMNI

iTrack™ treatment results

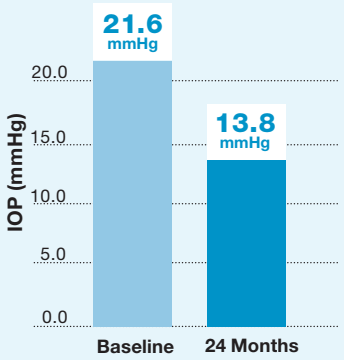
In a 24-month case series IOP was reduced by an average of 30% in POAG eyes undergoing iTrack™ ab-interno canaloplasty in combination with cataract surgery, or as a standalone procedure.[4]

Gallardo, MJ. 24-Month Efficacy of Viscodilation of Schlemm's Canal and the Distal Outflow System with iTrack Ab-Interno Canaloplasty for the Treatment of Primary Open-Angle Glaucoma. Clinical Ophthalmology 2021:15 1591 – 1599.

IOP REDUCTION AT 24 MONTHS: iTRACK™ + PHACO[1]



IOP REDUCTION AT 24 MONTHS: iTRACK™ STANDALONE[1]



iTrack™ safety results

In a 5-year prospective multi-center study evaluating endothelial cell density (ECD) in eyes undergoing iTrack™ ab-interno canaloplasty in combination with cataract surgery, interim 12-month results demonstrate a mean change in ECD of -4.8% (SD ±6.5).[5]

D.M. Lubeck, MD, and R.J. Noecker, MD, unpublished data, 2020; ASCRS 2021.

MINIMAL ENDOTHELIAL CELL LOSS AT 12 MONTHS[5]

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iTrack™ is a trademark of Nova Eye, Inc. E&OE. Patents pending and/or granted. iTrack™ has a CE Mark (Conformité Européenne) and US Food and Drug Administration (FDA) 510(k) # K080067 for the treatment of open-angle glaucoma.

INDICATIONS: The iTrack™ canaloplasty microcatheter has been cleared for the indication of fluid infusion and aspiration during surgery, and for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in adult patients with open-angle glaucoma.

CONTRAINDICATIONS: The iTrack™ canaloplasty microcatheter is not intended to be used for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in eyes of patients with the following conditions: neovascular glaucoma; angle closure glaucoma; and, previous surgery with resultant scarring of Schlemm's canal.

ADVERSE EVENTS: Possible adverse events with the use of the iTrack™ canaloplasty microcatheter include, but are not limited to: hyphema, elevated IOP, Descemet's membrane detachment, shallow or flat anterior chamber, hypotony, trabecular meshwork rupture, choroidal effusion, Peripheral Anterior Synechiae (PAS) and iris prolapse.

WARNINGS: The iTrack™ canaloplasty microcatheter is intended for one time use only. DO NOT re-sterilize and/or reuse, as this can compromise device performance and increase the risk of cross contamination due to inappropriate reprocessing.

1. Stegmann R, Pienaar A, Miller D. Viscocanalostomy for open-angle glaucoma in black African patients. J Cataract Refract Surg. 1999;25(3):316-322.
2. Grieshaber MC, Pienaar A, Olivier J, Stegmann R. Clinical evaluation of the aqueous outflow system in primary open-angle glaucoma for canaloplasty. Invest Ophthalmol Vis Sci. 2010;51(3):1498-1504.
3. Smit BA, Johnstone MA. Effects of viscoelastic injection into Schlemm's canal in primate and human eyes: potential relevance to viscocanalostomy. Ophthalmology. 2002;109(4):786-792.
4. Gallardo, MJ. 24-Month Efficacy of Viscodilation of Schlemm's Canal and the Distal Outflow System with iTrack Ab-Interno Canaloplasty for the Treatment of Primary Open-Angle Glaucoma. Clinical Ophthalmology 2021:15 1591 – 1599.
5. Lubeck, DM, Noecker, RA. Unpublished data, 2020; ASCRS 2021.

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