

# Helping Parents Find Confidence in Myopia Management Using Clinical Data



Clinical studies and data prove contact lenses are safe for children to use, but many parents are hesitant to say “yes” to a contact lens program at the start due to concerns about ocular side effects such as redness or infections, and the maturity of the child to handle the lenses appropriately. Here’s how Dr. Roxanne Achong-Coan from Coan Eye Care & Optical Boutique uses clinical data in her myopia management conversations with parents.

**Roxanne Achong-Coan, OD, FAO, FIAOMC, FSLs**, Coan Eye Care & Optical Boutique, Ocoee, Florida

## When discussing contact lens options for myopia management with parents, what is your primary recommendation?

I always lead with CooperVision’s Brilliant Futures™ Myopia Management Program with MiSight® 1 day because it is the only FDA-approved\* soft contact lens to slow the progression of myopia in children, aged 8 – 12 years at the initiation of treatment. The supporting clinical data is also incredibly strong. The first three years of data conclusions showed the lens slowed myopia progression by 59% in refractive error and 52% in axial length on average.<sup>1†</sup> Over a 6-year period, one-in-four children wearing MiSight® 1 day did not change in prescription<sup>2††</sup>. Early identification of myopia risk and early intervention is key. I am confident in communicating these clinically proven outcomes to parents. For parents, they are confident because it’s the only option that is FDA approved.

## Which studies do you find are most informational for parents to help them overcome their hesitations regarding their child wearing contact lenses?

Choosing studies to share depends on the specific parent concern:

- Ocular side effects. I share a study that concludes the incident of corneal infiltrative events in children 8 – 12 years old is no higher than it is in adults, and in some cases is markedly lower.<sup>3</sup>

- Ocular health. I share a new study that followed children wearing MiSight® 1 day\* daily disposable lenses over six years and found their ocular health was similar to when they started wearing lenses, proving there is a minimal impact on the ocular surface and that lenses are very safe.<sup>4</sup>
- Applying and removing contact lenses. I talk about the CLIP study that concludes it only takes younger children about 15 minutes longer to learn how to apply and remove their lenses.<sup>5</sup>
- Switching from glasses to contact lenses. I share the ACHIEVE study that found children and teens had significantly improved satisfaction with their vision correction, and contact lenses also improved how they felt about themselves, their appearance, self-esteem and ability to perform activities.<sup>6</sup>

## Does sharing clinical data help parents in deciding to pursue myopia management for their child?

Sharing data is a great way to show parents that these medical devices have been studied intently over time and having so many studies with positive outcomes proves that contact lenses are safe for their young child, so that is helpful in the decision-making process. However, discussing clinical data is only one part of the conversation. Parents ultimately decide to pursue myopia management because we educate them on what

myopia is, why and when it progresses and how it can affect their child’s eye health long-term. Once a parent learns that myopia progresses quickly at a young age, and we use data to show what could happen to their vision and ocular health long-term, then parents truly understand the importance of managing myopia early rather than waiting until their child is older.

## What tips do you have for ECPs who are just starting to have conversations with parents about myopia management and want to cite clinical data?

Know the studies you want to share thoroughly. In conversation, you should simply summarize studies and mention a few of the best results because hearing all the data could overwhelm a parent. Most parents won’t press further into the data, but if a parent does, you’ll want to know your numbers and details of the study. Your confidence translates into a parents’ confidence. Parents look for your clinical expertise to prescribe the best option for their child. It’s also a best practice to provide trifold brochures or a summary sheet that parents can take home to review with their spouse.



\* **Indications for use:** MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

### References:

- <sup>1</sup> Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567. Compared to a single vision 1 day lens over a 3 year period.
- <sup>2</sup> Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci.* 2020;97(E-abstract): 200038.
- <sup>3</sup> Bullimore, M. The Safety of Soft Contact Lenses in Children. *Optom Vis Sci.* 2017 Jun; 94(6):638-646.
- <sup>4</sup> Woods, J., et al. Ocular Health of Children Wearing Daily Disposable Contact Lenses Over a 6-Year Period. *Contact Lens Anterior Eye.* 2021.
- <sup>5</sup> Walline JJ, Jones LA, Rah MJ, et al. Contact lenses in pediatrics (CLIP) study: chair time and ocular health. *Optom Vis Sci.* 2007;84: 896-902.
- <sup>6</sup> Walline JJ, et al. The Adolescent and Child Health Initiative to Encourage Vision Empowerment (ACHIEVE) study design and baseline data. *Optom Vis Sci.* 2006 Jan;83(1):37-45.

† Compared to a single vision 1 day lens over a 3 year period.

†† No clinically meaningful change in refractive error -0.25D or less from baseline.



# KIDS SHOULD GROW STRONGER

Their myopia shouldn't.



Now you can help slow the progression of myopia in your age-appropriate patients.<sup>1</sup>

Introducing the **Brilliant Futures™ Myopia Management Program with MiSight® 1 day** contact lenses.

MiSight® 1 day is the first and only FDA-approved\* soft contact lens to slow the progression of myopia in children aged 8-12 at the initiation of treatment.<sup>1†</sup>

**59%**

**Slows Myopia Progression**  
on average<sup>1†</sup>

**52%**

**Axial Length  
Elongation Reduction**  
on average<sup>1†</sup>



**Child Friendly<sup>1</sup>**  
1 day lens

**BRILLIANT  FUTURES™**

WITH **MiSIGHT® 1 day**



CooperVision®

Ask your CooperVision sales representative about Brilliant Futures™ with MiSight® 1 day lenses

<sup>1</sup>Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

<sup>†</sup>Compared to a single vision 1 day lens over a 3 year period.

<sup>1</sup>Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci*. 2019; 96(8):556-567.

©2021 CooperVision, Inc. 10307RCCL 02/21