Optimizing patient outcomes in Cataract and Refractive Lens Exchange Surgery

The Company

EyePCR is a medical technology company focused on eliminating the post-operative complications experienced by 30-40% of cataract surgery patients

Patented fixOflex is a unique intraocular ophthalmic platform designed to preserve capsular form and intracapsular space similar to its natural form and address complications associated with cataract and refractive lens exchange surgery

Addressing the largest number of global surgeries

Unique solution ready for a growing market

30+ Million	$2.5+ Billion	3x
Cataract Surgeries Worldwide	Potential Global Market	Faster growth for pIOL surgeries

CE Mark certification

fixoflex received CE Mark certification under the European Union Medical Device Regulation (EU MDR 2017/745) In early 2026

Main Indications of use:

- **Preservation of open capsule and intracapsular space**
- **PCO prevention (up to at least 12 months post op)**

Peer reviewed publications

Pallikaris et al, TVST, 2026;15(2):8

- **AEs within the range of published data and ISO, all resolved**
- **Reduced number of PCO cases by 93%**
- **No need for YAG laser capsulotomy in any of the patients (vs. 3 in control group)**

Britz et al, TVST, Accepted and pending publication

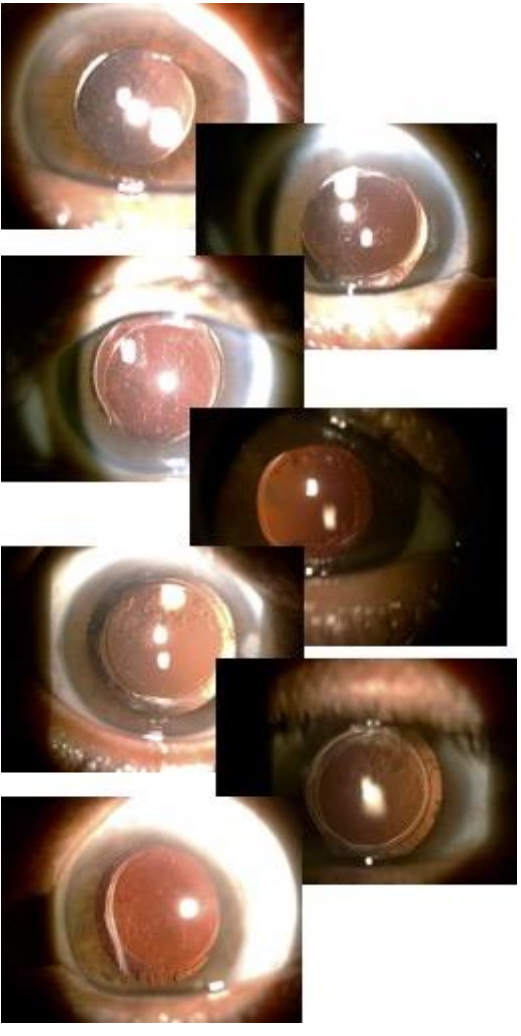
- **Optical Quality Preservation**
- **Stable fixation of IOL designs within fixOflex**

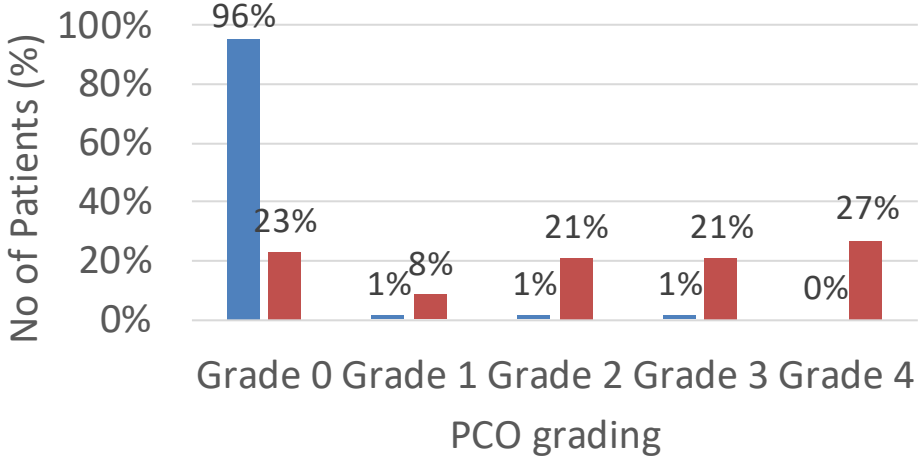
EYEPCR is launching fixOflexcommercially

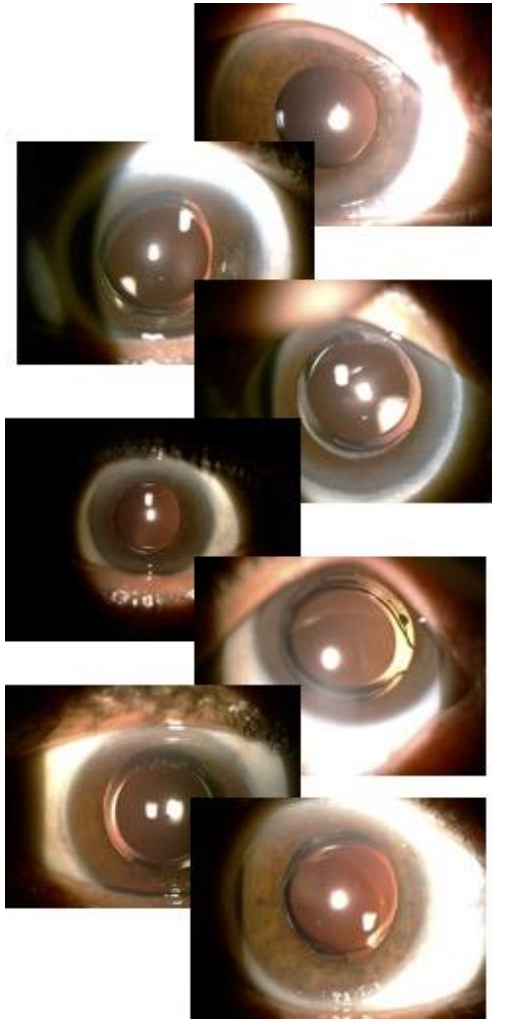
Japan	Launch 2024	(in market already)
Europe (Germany, Spain, Italy) Singapore	Q2-3 2026	
European Markets Australia Egypt	End of Q4 2026	
India Latin America Asia	2027-2028	
USA - FDA Regulatory Plan in Progress	Post-FDA	

Raising € 4.0 MM for EU, Asia and EM expansion

Alexandria Main Clinical Study : 3 Years Results, 68 patients



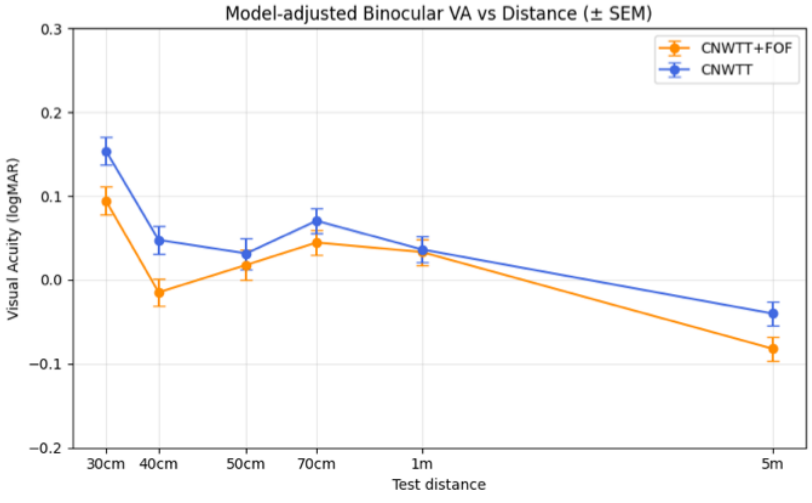


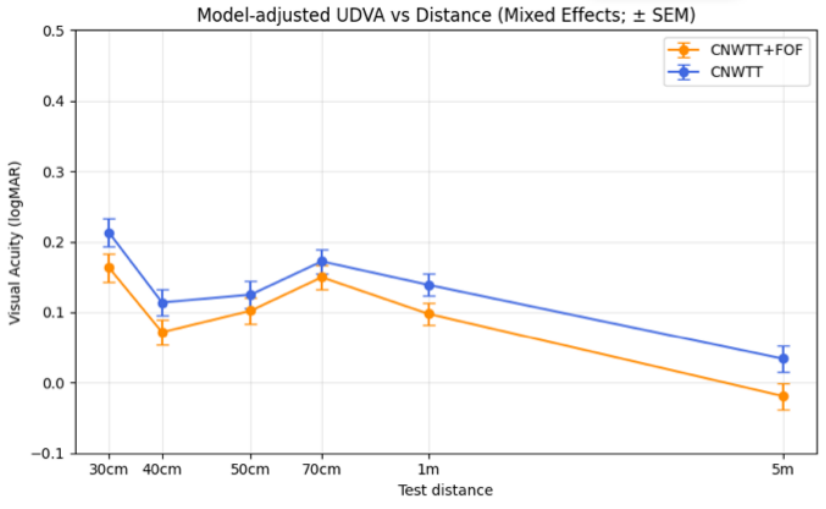


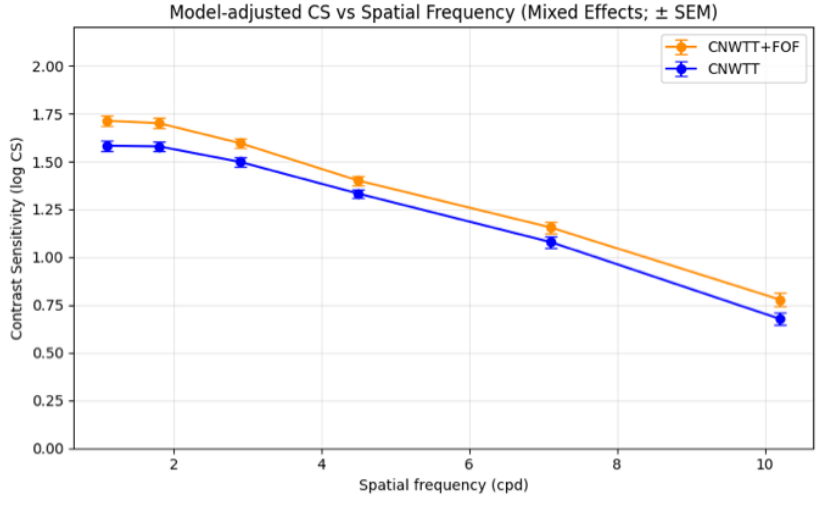
- 77% of patients with just a Hydrophilic IOL had PCO, whereas only **4.5% (not clinically significant, Grade 1-3)** of fixOflex patients were observed with mild PCO.

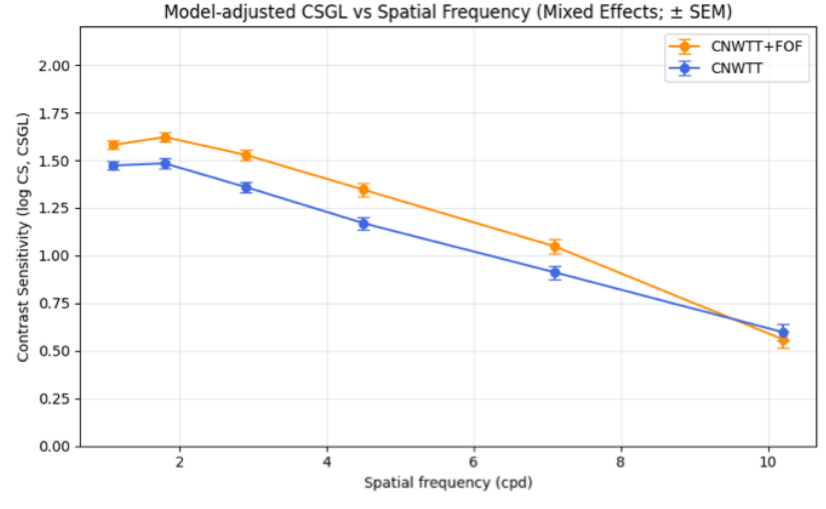
- **18.8%** of patients from the control group (**Grade 4 PCO)** undergone Nd:YAG capsulotomy in comparison to 0% of the fixOflex patients.

Japanese Study with premium IOL: 3 Months Results, 38 patients per group









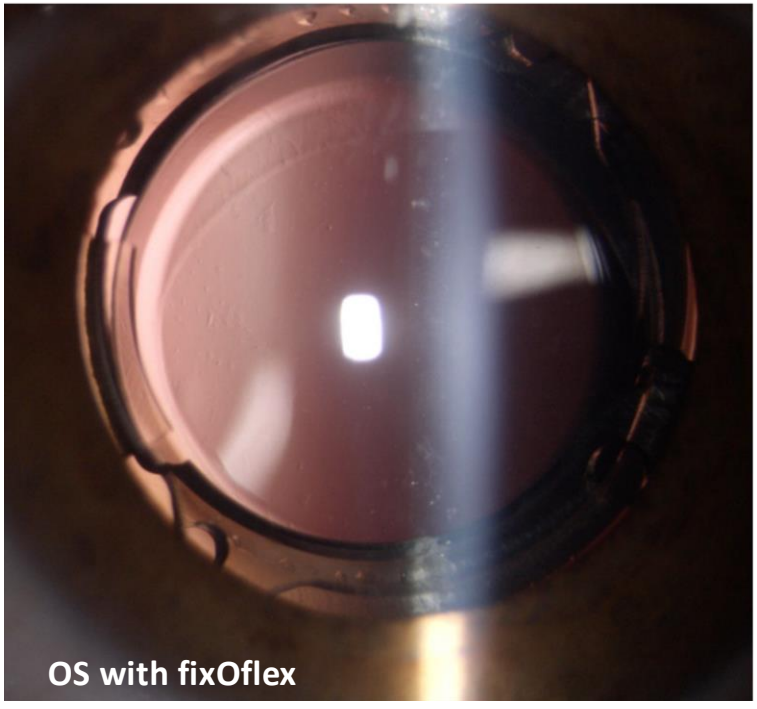
Bilateral implantation combined with a trifocal IOL, Control group

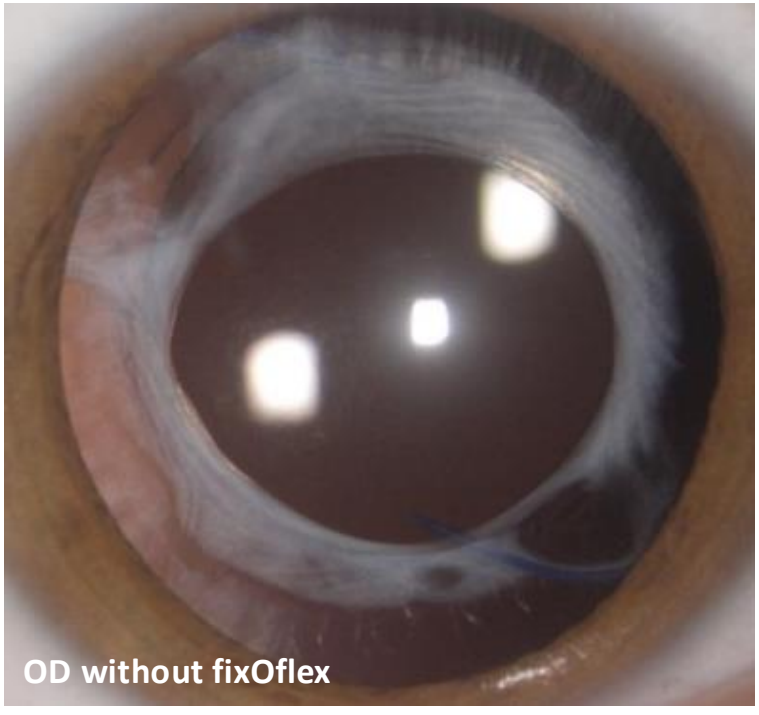
- Mean Binocular UDVA and UNVA statistically better in the device group with a higher percentage of patients in the device group achieving binocular 20/25 or better
- Significantly higher CS under mesopic or glare conditions in the device group
- VFQ-25 scores significantly higher scores in the peripheral vision subdomain in the device group

Athens Pediatric Study (Anticipated 30 patients) : Case Report, 1 Year follow up

Contralateral Comparative Study (fixOflex+IOL vs Conventional IOL Implantation)

- 13-year-old boy with bilateral congenital cataract, first diagnosed at the age of 10 years.
- Preoperative visual acuity: 20/100 in the right eye and 20/80 in the left eye.
- Right eye: standard cataract surgery with intraocular lens implantation.
- Left eye: implantation of the fixOflex ring prior to intraocular lens insertion.



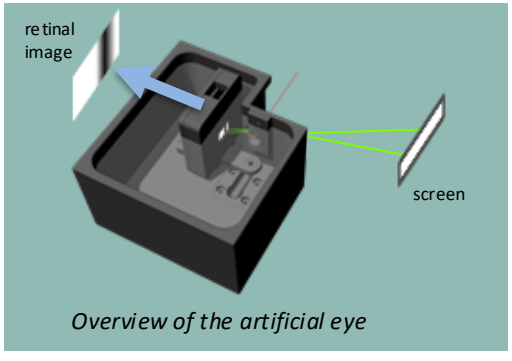


RF: +1.00 -1.00 x135
UDVA: 20/32
BCVA: 20/20
Slit-lamp: clear visual axis, without signs of PCO or anterior capsule contraction.

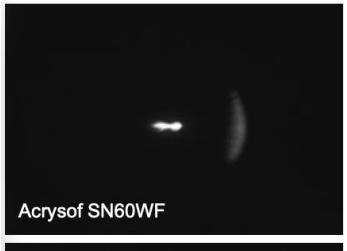
RF: +2.00 -1.00 x5
UDVA: 20/50
BCVA: 20/32
Slit-lamp: PCO grade 2 (EPCO) and significant anterior capsule contraction.

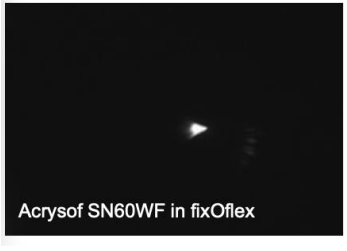
Benchmark Studies: Dysphotopsia and Stress

Dysphotopsia



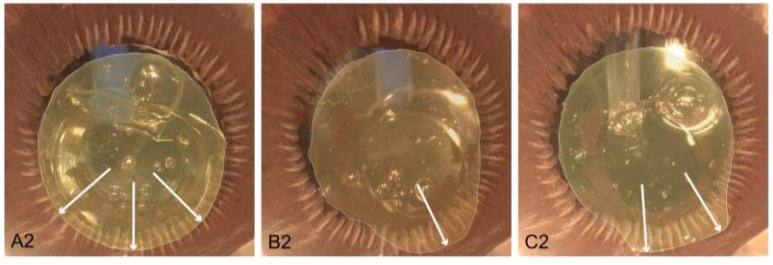
Overview of the artificial eye

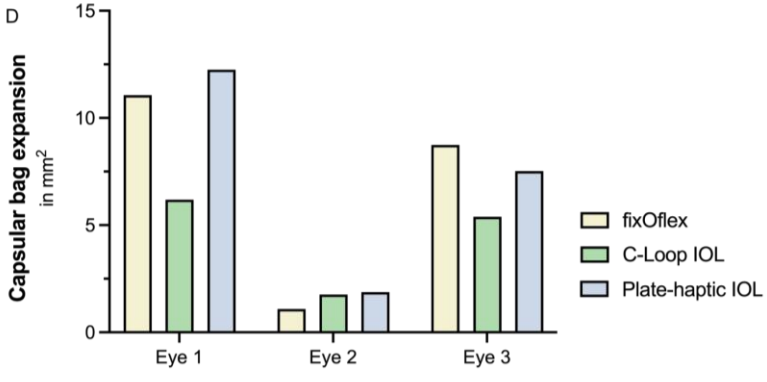




fixoflex suppressed the characteristic crescent associated with negative dysphotopsia

Determinants of Zonular Stress During Intraocular Implantation
Courtesy of L. Britz, M. Hammer,, HS Son, and GU Auffarth
University of Heidelberg, Submitted for publication

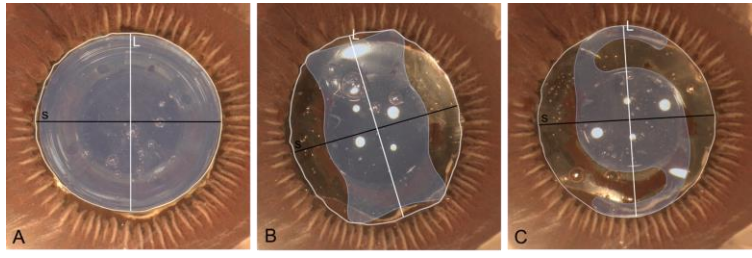


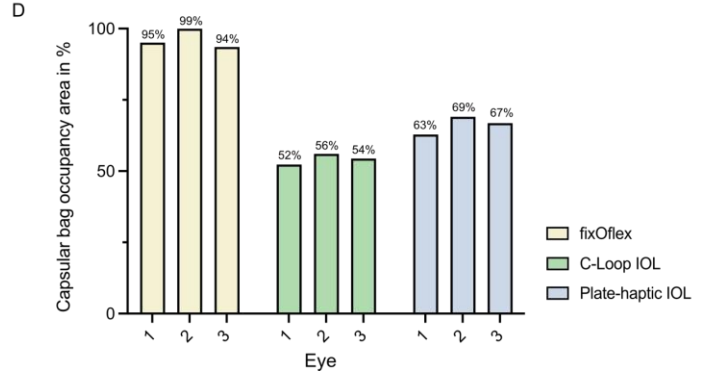


Peak capsular bag expansion during implantation for each device: (A) fixOflex, (B) C-loop IOL, and (C) plate-haptic IOL

Capsular bag expansion induced by the leading haptic along the injection vector (white arrows).

While C-loop IOL exhibits a predominant expansion axis, capsular expansion during fixOflex implantation is distributed in a semicircular pattern across the capsular bag.





Capsular bag occupancy areas for (A) fixOflex, (B) plate-haptic IOL and (C) one-piece C-loop IOL.

Long axis (white, L) - Short axis (black, S)

fixOflex device demonstrated a consistently high and near-total capsular bag occupancy
The fixOflex showed a long/short ratio of 0.99 (0.97–1.00), the plate-haptic a ratio of 1.04 (1.00–1.14), and the one-piece C-loop of 1.10 (1.09–1.20).