



**Optos, Inc.**

500 Nickerson Road, Suite 201  
Marlborough, MA 01752  
USA

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Dear Ms. Amodei,

I am a comprehensive medical retina specialist based in Montreal, Quebec. In addition to the management of general medical retinal conditions I also care for uveitis and ocular genetics. The medical retina work I perform involves a significant amount of imaging both for diagnosis and for assessing outcomes of therapeutic interventions. When I opened my practice, I thoroughly researched available imaging technologies and determined that **optomap** technology would be best suited for my subspecialty area, as it is the only option for single-capture ultra-widefield (UWF) images. I chose, the California ICG because it offers UWF color, autofluorescence, Fluoresceine and ICG angiography images with unparalleled ease of acquisition.

Clinical evaluation of uveitic disease requires dye-based angiography UWF investigations. The ability of the California ICG to obtain both UWF ICG and Fluoresceine angiography images simultaneously not only improves investigation time but reduces patient discomfort and allows for better and easier image acquisition by support staff. Ocular genetics evaluations require effective evaluation of peripheral and central autofluorescence patterns. This technology substantially democratizes care in that field by allowing the evaluation of photoreceptor functioning through static imagery. For my pediatric patients, **optomap** has proven to be a tremendous asset because it allows photographic documentation of the retinal periphery in a manner that is fast, comfortable, repeatable, and even fun for this typically difficult to examine population.

Our **optomap** system is also of great utility with diabetic patients, especially for helping them understand their disease. The eye is unique in that it is the only organ where diabetes related tissue damage can be seen and documented non-invasively. With **optomap** images, patients can see and follow their diabetic disease, improving the patient's understanding and compliance with systemic control recommendations. In addition, patients can see the effects of interventions over time. The evaluation of retinal perfusion through UWF angiography is also extremely informative not only to the treating retinal physician but for the involved multi-disciplinary care team as an indicator of vascular perfusion across the body.

In our high-volume retina practice, using OCT based imaging devices for angiography procedures impedes patient flow. To avoid this, I use my OCT strictly for OCT, and I use my **optomap** for imaging, angiography and autofluorescence. This streamlines processes significantly. **optomap** images also streamline interdisciplinary consultations; my surgical colleagues find it very helpful when I submit a single image to assist in their surgical planning even before they receive the case.

Our California ICG device delivers significant advantages by enhancing the patient care experience and by quickly and easily providing high resolution UWF images vital for clinical care. I encourage Optos to continue the process of research and development in UWF imaging to further empower physician practices with these powerful tools. My current product, California ICG, has certainly helped elevate the delivered standard of care at the Institut de la Rétine Médicale de Montréal.

Sincerely,

Amer Omar BSc MD CCFP FRCS(C)  
Founder and Medical Director