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Dear Ms. Amodei,

Ophthalmic Consultants of Boston, is a leading clinical trial center, where I have had the privilege of being principal investigator on numerous groundbreaking studies involving new therapies and cutting-edge technologies. I first experienced optomap about six years ago while studying the impacts of anti-VEGF agents on diabetic and RVO patients. During the initial staging of the ANDROID study, I had the opportunity to see some optomap images and immediately recognized that this technology and the extent of disease pathology captured could be extremely valuable for our study. This proved to be true; the Optos images expanded our view significantly. The degree of what they show is truly outstanding - far better than anything we had been able to observe via other methods. Whether we like admitting it or not, the optomap often reveals more than we are able to see in some of our exams, particularly with patients who struggle with indirect or slit lamp exams.

During the study I came to deeply appreciate the value of optomap, and today it is an integral part of our practice. In addition to color imaging, we have embraced UWF angiography. In our practice, new vascular patients, whether diabetic retinopathy, Coats', or venous occlusive disease, almost always receive optomap UWF angiography. This technology is phenomenal at picking up the severity of non-perfusion, as well as other components of the disease that we may have missed without such analysis.

Optomap has also proved incredibly helpful for managing other peripheral retinal issues, such as detachments, and it greatly simplifies evaluation and documentation of ocular health in patients who are challenging to evaluate by standard exam. Before optomap, we were limited to 60-80-degree imaging with conventional photography and angiography. Following the ANDROID study, we have continued to rely on the unmatched view that optomap provides. It is so quick and easy to capture we use it on many of our patients with peripheral pathology. It is also valuable in patients with compromised anterior segments—it can often obtain a better view of the periphery than I can through a small pupil due to anterior segment abnormalities.

An added benefit of optomap is that it makes us more effective in our patient education efforts, particularly with our diabetic patients. optomap provides clear and tangible views of hemorrhaging, cotton wool spots and leakage, helping patients understand that damage is occurring even before they have visual complaints. The images help patients better comprehend and comply with prescribed treatments. It has also been extremely helpful for patients with peripheral retinal pathology such as tears and detachments, because patients can actually see the pathology and understand the need for treatment.

I value greatly the diagnostic enhancement and efficiency that optomap brings to our practice. Moreover, I appreciate that Optos values the importance of participating in clinical trials, striving to further innovate the technology and increasing our ability in the ophthalmic community to detect and manage disease.

With gratitude,

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Jeffrey S. Heier, MD Co-President & Medical Director, Ophthalmic Consultants of Boston