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1 Title Page

A Prospective, Single-Center, Randomized Clinical Investigation to Evaluate the Performance of enVista Aspire (EA) Intraocular Lens against a Control and an Active-Comparator in Subjects Undergoing Cataract Extraction and Implantation of an Intraocular Lens

NCT Number: NCT06479148

CLINICAL INVESTIGATION PLAN

INVESTIGATION #927

Developmental phase of Clinical Investigation:	Pilot Clinical Investigation
Clinical Investigation design:	Prospective, Single-Center, Randomized Clinical Investigation to Evaluate the Performance of EA Intraocular lens against a Control and an Active-Comparator
Date:	June 08, 2023 (Version 3.0, 2nd Amendment)
Sponsor	Bausch & Lomb Incorporated 1400 North Goodman Street Rochester, NY 14609 USA Corporate Headquarters Main Office Phone: (908) 927-1400

CONFIDENTIAL

Nothing herein is to be disclosed without prior approval of the sponsor. The Clinical Investigation will be conducted according to the Clinical Investigation Plan and in compliance with EN ISO 14155:2020 Clinical Investigation of Medical Devices for Human Subjects – Good Clinical Practices, International Conference of Harmonization Good Clinical Practice Guidelines, ethical principles that have their origin in the Declaration of Helsinki and generally in accordance with EN ISO 11979-7:2018 Ophthalmic implants — Intraocular lenses — Part 7 Clinical Investigations of Intraocular Lenses for the Correction of Aphakia, ANSI Z80.12-2007 (R2017), specific sections of ANSI Z80.35-2018 - Ophthalmics - Extended Depth Of Focus Intraocular Lenses, Medical Device Regulation 2017/745, and applicable local regulations and standards.

Clinical Investigation Plan Review and Approvals

A Prospective, Single-Center, Randomized Clinical Investigation to Evaluate the Performance of enVista Aspire (EA) Intraocular Lens against a Control and an Active-Comparator in Subjects Undergoing Cataract Extraction and Implantation of an Intraocular Lens

Reviewed and approved:

[redacted]

Signature Date

[redacted]

Signature Date

[redacted]

Signature Date

[redacted]

Signature Date

[redacted]

Signature Date

Attestation from Manufacturer Representative: The enVista® Aspire enhanced monofocal hydrophobic acrylic IOL (EA IOL) and the enVista® one-piece hydrophobic acrylic monofocal IOL (MX60E) will conform to the general safety and performance requirements described in accordance with EN ISO 11979-7:2018 Ophthalmic implants — Intraocular lenses — Part 7: Clinical Investigations of Intraocular Lenses for the Correction of Aphakia. With regard to those aspects, every precaution will be taken to protect the health and safety of subjects in this Clinical Investigation.

[redacted]

Name

Signature

[redacted]

Title

Date

Personnel Responsible for Conducting the Clinical Investigation

A Prospective, Single-Center, Randomized Clinical Investigation to Evaluate the Performance of enVista Aspire (EA) Intraocular Lens against a Control and an Active-Comparator in Subjects Undergoing Cataract Extraction and Implantation of an Intraocular Lens

Contract Research Organization

Medical Monitor

Investigative Clinical Site

Centro Oftalmológico Robles,

[redacted]

HONDURAS

Principal Investigator:

[redacted]

Sub-Investigators:

[redacted]

Not all listed Sub-Investigators might participate in the Clinical Investigation.
Further contact information and emergency contact numbers will be kept separately.

Principal Investigator Clinical Investigation Plan Agreement Page

COMMITMENTS OF THE PRINCIPAL INVESTIGATOR:

I agree to conduct the Clinical Investigation in accordance with the relevant, current Clinical Investigation Plan(s) and will only make changes in a Clinical Investigation Plan after being notified by the Sponsor, except when necessary to protect the safety, rights, or welfare of subjects. I agree to comply with all requirements regarding the obligations of clinical investigators and all other pertinent requirements in ISO 14155:2020 and regional IRB.

I agree to personally conduct or supervise the described investigation. I agree to ensure that all associates, colleagues, and employees assisting in the conduct of the Clinical Investigation are adequately trained and qualified to fulfill their responsibilities and are informed about their obligations in conducting the Clinical Investigation.

I agree to inform any patients, or any persons used as controls, that the device(s) are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent in institutional review board (IRB) review and/or national regulatory statutory requirements are met.

I agree to report to the Sponsor adverse experiences that occur in the course of the investigation(s) in accordance with ISO 14155:2020.

I agree to promptly update this information if any relevant changes occur during the course of the investigation and for 1 year following completion of the Clinical Investigation.

I agree to maintain adequate and accurate records in accordance with ISO 14155:2020 and to make those records available for inspection and if I transfer custody of the records to any other person, I will notify the Sponsor.

I will be responsible for the control of devices under investigation and will ensure that the investigational device is used only with subjects under my supervision. Upon completion or termination of the clinical investigation, I will either return all investigational devices to the Sponsor or dispose of the device as instructed by the Sponsor.

I will ensure that an IRB will be responsible for the initial and continuing review and approval of the clinical investigation. I also agree to report to the IRB all deviations in the research activity and all unanticipated problems involving risks to human subjects or others, per IRB requirements. Additionally, I will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

I have never been disqualified as a Principal Investigator or had a research study/ Clinical Investigation terminated by the National Ethics Committee for Health Research in El Salvador and ARSA (Health Regulation Agencies) in Honduras, IRB/IEC or a Sponsor for noncompliance of an investigator agreement, investigational plan, IRB/IEC requirements. If an investigation or other research was terminated, I will provide an explanation of the circumstances that led to termination.

A current Curriculum Vitae has been provided to the Sponsor to demonstrate education, training, and experience that qualifies me to conduct clinical research as an expert in the field related to the device under investigation.

_____

Principal Investigator (print name)

_____ _____

Principal Investigator (signature) Date

2 Synopsis

Name of Sponsor/Company: Bausch & Lomb Incorporated

Name of Investigational Device: enVista Aspire (EA) Intraocular Lens

Title of Clinical Investigation: A Prospective, Single-Center, Randomized Clinical Investigation to Evaluate the Performance of enVista Aspire (EA) Intraocular Lens against a Control and an Active-Comparator in Subjects Undergoing Cataract Extraction and Implantation of an Intraocular Lens.

Number of clinical centers: One clinical site in Honduras

Objectives: To evaluate the safety and performance of the enVista Aspire (EA) intraocular lens (IOL) when compared to the MX60E monofocal IOL (control lens) and [redacted] IOL (active comparator lens) for potentially improved optical properties.

Methodology and Clinical Investigation Design: The Clinical Investigation purpose, procedures, and subject responsibilities will be explained to the potential participant. The subject's willingness and ability to meet the treatment and follow-up requirements will be determined. Informed consent will be obtained from each Clinical Investigation subject prior to performing any Clinical Investigation-specific procedures on the subject which are not part of the Principal Investigator's routine standard of care. Enrolled subjects who meet eligibility criteria will be seen at 5 visits according to the following schedule:

Visit Name	Eyes Evaluated or Treated	Visit Window
Preoperative Visit 0	Both Eyes (A, B)	Day [redacted]
Operative Visit 00	Both Eyes (A, B)	Day 0 *
Post-Operative Visit 1	Monocular, Binocular	Day [redacted] post Visit 00
Post-Operative Visit 2	Monocular, Binocular	Day [redacted] post Visit 00
Post-Operative Visit 3	Monocular, Binocular	Day [redacted] post Visit 00

*) In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted] for medical reasons. In this case, for Post-Operative Visits the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.

Approximately eighty (80) subjects (160 eyes) will be enrolled in this Clinical Investigation to obtain complete 3 months follow-up for approximately 29 Test subjects and 29 subjects in the Active Comparator arm and 20 subjects in the Control arm.

- Group 1 (Test Lens): Approximately 30 subjects will be implanted bilaterally with the enVista Aspire (EA) IOL
- Group 2 (Active Comparator Lens): Approximately 30 subjects will be implanted bilaterally with the [redacted] IOL

- Group 3 (Control Lens): Approximately 20 subjects will be implanted bilaterally with the enVista MX60E monofocal IOL

Subjects who meet eligibility criteria will be randomly assigned to Test Group, Active Comparator Group, or Control Group in a 3:3:2 ratio. Randomization and enrollment will occur at the Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes. In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons. Subjects and designated postoperative examiner(s) will be masked to the IOLs assigned. The Principal Investigator and Sub-Investigators implanting the IOL and designated intraoperative site personnel and the sponsor will be unmasked to the Group assignment for a subject.

The first eye implanted will be designated eye A, and the second eye implanted will be designated eye B. The eye with the worse best-corrected distance visual acuity (BCDVA) or BCDVA worsened with Glare testing at the Preoperative Visit will be implanted first (eye A). If BCDVA is the same for both eyes, the right eye will be treated first. Postoperatively, all eyes will undergo ophthalmic examinations at regular intervals per the Clinical Investigation visit schedule through Visit 3 (Day [redacted] to [redacted] after second eye IOL implantation). If an assigned IOL cannot be implanted in eye B for any reason after eye A is implanted, eye A will remain in the Clinical Investigation and treatment of eye B will be performed according to the Investigator's best medical judgment.

Number of Subjects Planned: Approximately 80 subjects (160 eyes) will be enrolled in this Clinical Investigation at one clinical site.

Diagnosis and Criteria for Inclusion:

This Clinical Investigation will include subjects who meet all of the following inclusion criteria:

1. Subjects must be 22 years of age or older on the date the Informed Consent Form (ICF) is signed.
2. Subjects must have the capability to understand and provide informed consent on the Institutional Review Board (IRB)/Independent Ethics Committee (IEC) approved Informed Consent Form (ICF) and authorization as appropriate for local privacy regulations.
3. Subjects must have a BCDVA worse than 20/40 in each eye, with or without a glare source, due to a clinically significant cataract (cortical, nuclear, subcapsular, or combination) that is considered amenable to treatment with standard phacoemulsification cataract extraction and capsular IOL implantation.
4. Subjects must have a BCDVA projected to be better than 20/32 after IOL implantation in each eye as determined by the medical judgment of the Principal Investigator.
5. Subjects must have clear intraocular media other than the cataract in both eyes.
6. Have discontinued use of contact lenses for at least 2 weeks (for hard or toric lenses) or 3 days (for soft contact lenses) prior to the pre-operative examination, and through the day of surgery and must be willing to refrain from use of contact lenses throughout the clinical investigation.
7. Contact lens wearers must demonstrate a stable refraction (within ±0.50 D for both sphere and cylinder) in both eyes, as determined by distance manifest refraction on two consecutive examination dates at least one week apart after discontinuation of contact lens wear.
8. Subjects must require an IOL power from +18.0 diopter (D) to +26.0 D in both eyes.

9. Subjects must be willing and able to comply with all treatment and follow-up Clinical Investigation visits and procedures, and to undergo second eye surgery on the same day as the first eye surgery. Illiterate subjects must be able to identify letters as required for the assessments.

Exclusion Criteria:

This Clinical Investigation will exclude subjects who meet any of the following exclusion criteria:

1. Subjects who have used an investigational drug or device within 30 days prior to screening visit and/or will participate in another investigation during the period of Clinical Investigation participation.
2. Subjects who have any corneal pathology (e.g., significant scarring, guttata, inflammation, edema, dystrophy, etc.) in either eye. Stable pterygium that minimally encroaches on the corneal surface is allowed.
3. Subjects who have significant anterior segment pathology that might increase intraoperative risk or compromise IOL stability (e.g., pseudoexfoliation syndrome, synechiae, iris atrophy, traumatic cataract, lens subluxation, traumatic zonulolysis, zonular dialysis, evident zonular weakness or dehiscence, hypermature or brunescent cataract, etc.) in either eye.
4. Subjects who have uncontrolled[1] glaucoma in either eye.
5. Subjects who have previous retinal detachment or clinically significant retinal pathology involving the macula in either eye.
6. Subjects who have proliferative or non-proliferative diabetic retinopathy in either eye.
7. Subjects who have a congenital ocular anomaly (e.g., aniridia, congenital cataract) in either eye.
8. Subjects using any systemic or topical drug known to interfere with visual performance, pupil dilation, or iris structure within 30 days of enrollment or during the Clinical Investigation.
9. Subjects who have a history of chronic or recurrent inflammatory eye disease (e.g., iritis, scleritis, iridocyclitis, or rubeosis iridis) in either eye.
10. Subjects who have a visual disorder, other than cataracts, that could potentially cause future acuity losses to a level of BCDVA 20/100 or worse in either eye.
11. Subjects who have had previous intraocular or corneal surgery in either eye, with the exception of laser trabeculoplasty.
12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to enrollment.
13. Subjects who have a preoperative corneal astigmatism ≥ 2.0 D in either eye as confirmed by Corneal Topography, irregular astigmatism, or skewed radial axis (note: corneal incisions intended specifically to reduce astigmatism are not allowed during the Clinical Investigation).
14. Subjects who cannot achieve a minimum pharmacologic pupil dilation of 5.0 mm in both eyes.
15. Subjects who may be expected to require a combined or other secondary surgical procedure in either eye.

[1] subject with uncontrolled glaucoma for purposes of this study is a subject with a known visual field defect, an abnormal optic disc feature (e.g., cup/disc ratio), an intraocular pressure (IOP) ≥ 25 mmHg without medication, or more than one antiglaucomatous drug needed to maintain IOP< 21 mmHg.

16. Subjects who during the first cataract extraction experience an anterior or posterior capsule tear or rupture, zonular dialysis, significant iris trauma, or other complication that may cause untoward effects in the judgment of the Principal Investigator.
17. Females of childbearing potential (those who are not surgically sterilized or at least 12 months postmenopausal) are excluded from enrollment in the Clinical Investigation if they are currently pregnant or plan to become pregnant during the Clinical Investigation. Females of childbearing potential must be willing to practice effective contraception for the duration of the Clinical Investigation.
18. Subjects with any other serious ocular pathology or underlying systemic medical condition (e.g., uncontrolled diabetes) or circumstance that, based on the Principal Investigator's judgment, poses a concern for the subjects' safety or could confound the results of the Clinical Investigation.
19. Subjects who have current or previous usage of an alpha-1-selective adrenoceptor blocking agent or an antagonist of alpha 1A adrenoceptor (e.g., Flomax® (tamsulosin HCl), Terazosin, or Cardura).
20. Subjects with abnormal pupillary dilation dynamics (as determined by the medical judgment of the Principal Investigator) or eccentric or ectopic pupils in either eye.

Study Materials:

Test Article and Intended Use: Designs of monofocal IOLs are intended to target a specific range of vision, which can be described as the depth of focus. Monofocal IOLs usually provide a limited range of vision. The enVista® Aspire™ IOL (EA) enhances the depth of focus compared to the enVista Monofocal IOL (MX60E) as measured in bench testing by increasing this specific range to a wider one. [redacted] Image quality has been estimated using non-clinical testing. Test lenses will be available in powers +18.0 D to +26.0 D.

Active Comparator Article: The [redacted] IOL is a one-piece, foldable, posterior chamber lens [redacted] The [redacted] IOL is designed to slightly extend the depth of focus compared [redacted] Active Comparator lenses will be available in powers +18.0 D to +26.0 D.

Control Article: The enVista® one-piece hydrophobic acrylic monofocal IOL (MX60E) is an aspheric optic one-piece lens [redacted] Control lenses will be available in powers +18.0 D to +26.0 D.

Duration of Treatment: Eligible subjects who are enrolled in the Clinical Investigation will be followed up to Post-operative Visit 3 ([redacted] days after IOL implantation).

Clinical Parameters:

- Slit lamp examination (including cataract grading)
- Visual acuity
- Refractive status
- Intraocular pressure
- Pupil size
- Fundus visualization
- Posterior Segment Optical Coherence Tomography
- [redacted]
- Corneal Topography
- Adverse Events

Performance and Safety Variables:
Primary Performance Variable

- Photopic binocular distance corrected intermediate visual acuity (DCIVA) at 66 cm at post-operative visit 3

Exploratory Performance Variables

- [redacted]

Safety Variables

- Adverse events [redacted]

Statistical methods:
Data will be summarized by visit and treatment group. Continuous variables will be summarized using the sample size, the mean, the standard deviation, the minimum, and the maximum. Categorical variables will be summarized using frequencies and percentages.

Statistical hypotheses will be evaluated hierarchically in a fixed sequence. Superiority of the Test lens over the Control lens in binocular DCIVA at post-operative Visit 3 will be evaluated using a two-sample t-test. Rejection of this null hypothesis will constitute success of the trial. Noninferiority of the Test lens compared to the Active Comparator lens will be demonstrated if the upper limit of a two-sided 90% confidence interval around the difference between treatments is less than 0.1.

3 Table of Contents

4 List of Abbreviations and Definitions of Terms

Abbreviation or specialist term	Definition or Explanation
ADE	Adverse Device Effect
AE	Adverse Event
BCDVA	Best-corrected Distance Visual Acuity
cd/m^2	Candela per Square Meter
CIP	Clinical Investigation Plan
CME	Cystoid Macular Edema
[redacted]	[redacted]
CRF	Case Report Form
CRO	Clinical Research Organization
CTS	Clinical Trial Suite
D	Diopter
DCIVA	Distance-corrected Intermediate Visual Acuity
DCNVA	Distance-corrected Near Visual Acuity
EA	enVista Aspire
ETDRS	Early Treatment Diabetic Retinopathy Study
FDA	Food and Drug Administration
FDF	Financial Disclosure Form
GCPs	Good Clinical Practices
ICF	Informed Consent Form
IFU	Instructions for Use
IOL	Intraocular Lens
IOP	Intraocular Pressure
IEC	Independent Ethics Committee
IRB	Institutional Review Board
ISO	International Organization for Standardization
ITT	Intent to Treat
logMAR	Logarithm of the Minimum Angle of Resolution
Nd:YAG	Neodymium:Yttrium Aluminium Garnet
ND	Not Done
OCT	Optical Coherence Tomography
OVD	Ophthalmic Viscoelastic Device
PCO	Posterior Capsular Opacification
PMA	Pre-market Approval
PP	Per Plan
SADE	Serious Adverse Device Effect
SAE	Serious Adverse Event
SPK	Superficial Punctate Keratitis
SUN	Standardization of Uveitis Nomenclature
TASS	Toxic Anterior Segment Syndrome
UADE	Unanticipated Adverse Device Effect
UCDVA	Uncorrected Distance Visual Acuity

Abbreviation or specialist term	Definition or Explanation
UCIVA	Uncorrected Intermediate Visual Acuity
UCNVA	Uncorrected Near Visual Acuity
US	United States
VA	Visual Acuity

5 Introduction

Cataracts are a common condition in adults over 40 years of age, and surgical replacement of the cataractous lens with an intraocular lens (IOL) remains an effective way to restore vision to cataract patients.[3] Monofocal IOLs provide adequate distance vision but require spectacle use for near or intermediate distance vision activities. Subsequent to monofocal IOL development and commercialization, multifocal intraocular lenses (MIOLs), including bifocal and trifocal IOLs, and (more recently) extended depth of focus (EDOF) IOLs have been successfully developed to improve near, intermediate, and distance vision with increased spectacle independence following cataract surgery. [4-8]

The enVista Aspire (EA) IOL [redacted] creates a small continuous increase in power [redacted] enhancing depth of focus compared to the enVista Monofocal IOL (MX60E) as measured in bench testing. [redacted] The optical properties of the EA IOL will be evaluated by comparison to the enVista MX60E monofocal IOL [redacted] The design and material of the lens allow it to be folded and inserted into the capsular bag through a small incision to minimize the magnitude of surgically induced astigmatism.

[redacted]

6 Clinical Investigation Objectives and Purpose

To evaluate the EA intraocular lens (IOL) when compared to the MX60E monofocal IOL (control lens) and [redacted] IOL (comparator lens) for potentially improved optical properties.

7 Investigational plan

7.1 Overall Clinical Investigation Design and Plan: Description

This will be a prospective, single-center, randomized, control and active comparator Clinical Investigation of enVista Aspire (EA) IOL in subjects undergoing cataract extraction.

Subjects scheduled to undergo cataract surgery by phacoemulsification and implantation of bilateral intraocular lenses (IOLs) will be screened for eligibility. Subjects will be examined preoperatively to obtain a medical history, establish a baseline for ocular condition, and determine eligibility. Both eyes of each subject will be included in the Clinical Investigation and must meet eligibility criteria at the Pre-Operative Visit. Subjects who meet eligibility criteria will be randomly assigned to Test Group, Active Comparator Group, or Control Group in a 3:3:2 ratio. Randomization will occur at Operative Visit (Day 0), before 1st eye surgery. Enrollment occurs after the lens first touches the 1st eye.

Postoperatively, subjects will undergo ophthalmic examinations at regular intervals per the Clinical Investigation visit schedule. The Principal Investigator will provide standardized pre-, peri-, and postoperative care for all Clinical Investigation subjects at his/her clinical site. Every effort will be made to ensure that postoperative assessments for a subject are completed by the same examiner. Subjects and designated postoperative examiner(s) will be masked to the IOLs assigned. The Principal Investigator and Sub-Investigators implanting the IOL and designated intraoperative site personnel and the sponsor will be unmasked to the Group assignment for a subject.

7.2 Principal Investigator

The clinical investigation will be conducted at one investigative site in Honduras.

The clinical investigation will be conducted by a Principal Investigator who is determined by the Sponsor to be suitably qualified by medical and clinical training and experience as a licensed ophthalmologist to conduct this Clinical Investigation in compliance with all applicable GCPs and ISO 14155:2020, and local regulations. In particular, the Principal Investigator should be familiar with the risks and benefits described in **Section 12.4** and potential adverse events and adverse device effects that may occur, including and not limited to those described in **Section 12.5.** Principal Investigator training and experience will be determined by the Sponsor to be suitable based on the Principal Investigator's medical training and licensure.

The Principal Investigator may delegate execution of tasks to appropriately qualified and trained Sub-Investigators or other appropriately qualified and trained site staff. Delegation is documented on a delegation log.

Clinical Trial Agreements will be executed in writing with the Principal Investigator or investigative site as required. The Sponsor will finance the Clinical Investigation including reimbursement of the investigative site or Principal Investigator.

The Principal Investigator will attempt to enroll approximately eighty (80) subjects to undergo cataract surgery and be implanted binocularly on the same day with either the MX60E, EA, or [redacted] IOLs.

7.3 Clinical Investigation Duration

Eligible subjects who are enrolled in this Clinical Investigation will be followed to Visit 3 (approximately 3-5 months following eye surgery).
A Clinical Investigation duration from First Subject First Visit until Last Subject Last Visit of approximately 7 months is expected. Subjects are expected to be enrolled within approximately 3 months of beginning of the clinical investigation.

8 Selection and Withdrawal of Subjects

The Clinical Investigation purpose, procedures, and subject responsibilities will be explained to the potential participant. The subject's willingness and ability to meet the follow-up requirements will be determined. When it has been established that the subject is willing to participate, written informed consent will be obtained. In order to determine eligibility, written informed consent must be obtained from each Clinical Investigation subject prior to performing any Clinical Investigation specific procedures which are not part of the Principal Investigator's routine

standard of care procedures. Enrollment will be consecutive enrollment of all eligible subjects. A complete ophthalmic examination will be done at the Preoperative Visit scheduled within [redacted] before eye surgery. Surgeries for both eyes need to be performed [redacted] after the preoperative visit has been performed. Surgery of both eyes is planned for the same day. Nevertheless, in exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed, for medical reasons. The maximum allowed time between 1st and 2nd eye implantation, in this case is [redacted]. Eligibility needs to be reconfirmed on day of 2nd eye surgery.

Post-Operative visits 1, 2 and 3 need to be performed for both eyes on same day, and within the proposed visit window considering the surgery days of both eyes, with a preference for the visit to be scheduled at the start of the visit window to pre-empt any delays.

Application of the inclusion and exclusion criteria in the following section will result in the selection of an investigational population which is approximately representative of the intended target population.

8.1 Subject Inclusion Criteria

This Clinical Investigation will include subjects who meet all of the following inclusion criteria:

1. Subjects must be 22 years of age or older on the date the Informed Consent Form (ICF) is signed.
2. Subjects must have the capability to understand and provide informed consent on the Institutional Review Board (IRB)/Independent Ethics Committee (IEC) approved Informed Consent Form (ICF) and authorization as appropriate for local privacy regulations.
3. Subjects must have a BCDVA worse than 20/40 in each eye, with or without a glare source, due to a clinically significant cataract (cortical, nuclear, subcapsular, or combination) that is considered amenable to treatment with standard phacoemulsification cataract extraction and capsular IOL implantation.
4. Subjects must have a BCDVA projected to be better than 20/32 after IOL implantation in each eye as determined by the medical judgment of the Principal Investigator.
5. Subjects must have clear intraocular media other than the cataract in both eyes.
6. Have discontinued use of contact lenses for at least 2 weeks (for hard or toric lenses) or 3 days (for soft contact lenses) prior to the pre-operative examination, and through the day of surgery and must be willing to refrain from use of contact lenses throughout the clinical investigation.
7. Contact lens wearers must demonstrate a stable refraction (within ±0.50 D for both sphere and cylinder) in both eyes, as determined by distance manifest refraction on two consecutive examination dates at least one week apart after discontinuation of contact lens wear.
8. Subjects must require an IOL power from +18.0 diopter (D) to +26.0 D in both eyes.
9. Subjects must be willing and able to comply with all treatment and follow-up Clinical Investigation visits and procedures, and to undergo second eye surgery on the same day as the first eye surgery. Illiterate subjects must be able to identify letters as required for the assessments.

8.2 Subject Exclusion Criteria

This Clinical Investigation will exclude subjects who meet any of the following exclusion criteria:

1. Subjects who have used an investigational drug or device within 30 days prior to screening visit and/or will participate in another investigation during the period of Clinical Investigation participation.
2. Subjects who have any corneal pathology (e.g., significant scarring, guttata, inflammation, edema, dystrophy, etc.) in either eye. Stable pterygium that minimally encroaches on the corneal surface is allowed.
3. Subjects who have significant anterior segment pathology that might increase intraoperative risk or compromise IOL stability (e.g., pseudoexfoliation syndrome, synechiae, iris atrophy, traumatic cataract, lens subluxation, traumatic zonulolysis, zonular dialysis, evident zonular weakness or dehiscence, hypermature or brunescent cataract, etc.) in either eye.
4. Subjects who have uncontrolled[2] glaucoma in either eye.
5. Subjects who have previous retinal detachment or clinically significant retinal pathology involving the macula in either eye.
6. Subjects who have proliferative or non-proliferative diabetic retinopathy in either eye.
7. Subjects who have a congenital ocular anomaly (e.g., aniridia, congenital cataract) in either eye.
8. Subjects using any systemic or topical drug known to interfere with visual performance, pupil dilation, or iris structure within 30 days of enrollment or during the Clinical Investigation.
9. Subjects who have a history of chronic or recurrent inflammatory eye disease (e.g., iritis, scleritis, iridocyclitis, or rubeosis iridis) in either eye.
10. Subjects who have a visual disorder, other than cataracts, that could potentially cause future acuity losses to a level of BCDVA 20/100 or worse in either eye.
11. Subjects who have had previous intraocular or corneal surgery in either eye, with the exception of laser trabeculoplasty.
12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to enrollment.
13. Subjects who have a preoperative corneal astigmatism ≥ 2.0 D in either eye as confirmed by corneal topography, irregular astigmatism, or skewed radial axis (note: corneal incisions intended specifically to reduce astigmatism are not allowed during the Clinical Investigation).
14. Subjects who cannot achieve a minimum pharmacologic pupil dilation of 5.0 mm in both eyes.
15. Subjects who may be expected to require a combined or other secondary surgical procedure in either eye.
16. Subjects who during the first cataract extraction experience an anterior or posterior capsule tear or rupture, zonular dialysis, significant iris trauma, or other complication that may cause untoward effects in the judgment of the Principal Investigator.
17. Females of childbearing potential (those who are not surgically sterilized or at least 12 months postmenopausal) are excluded from enrollment in the Clinical Investigation if they are currently pregnant or plan to become pregnant during the Clinical Investigation. Females of childbearing potential must be willing to practice effective contraception for the duration of the Clinical Investigation.

[2] subject with uncontrolled glaucoma for purposes of this study is a subject with a known visual field defect, an abnormal optic disc feature (e.g., cup/disc ratio), an intraocular pressure (IOP) ≥ 25 mmHg without medication, or more than one antiglaucomatous drug needed to maintain IOP< 21 mmHg.

18. Subjects with any other serious ocular pathology or underlying systemic medical condition (e.g., uncontrolled diabetes) or circumstance that, based on the Principal Investigator's judgment, poses a concern for the subjects' safety or could confound the results of the Clinical Investigation.
19. Subjects who have current or previous usage of an alpha-1-selective adrenoceptor blocking agent or an antagonist of alpha 1A adrenoceptor (e.g., Flomax® (tamsulosin HCl), Terazosin, or Cardura).
20. Subjects with abnormal pupillary dilation dynamics (as determined by the medical judgment of the Principal Investigator) or eccentric or ectopic pupils in either eye.

8.3 Subject Disposition Criteria

8.3.1 Subject Enrollment

The subject is considered enrolled in the Clinical Investigation at the Operative Visit (Visit 00) when the lens touches the first Clinical Investigation eye.

8.3.2 Subject Screen Failures

A subject who fails to meet eligibility criteria and/or discontinues from the Clinical Investigation prior to enrollment will be considered a screen failure. Subjects will be seen more than once at a screening visit prior to randomization if they are contact lens wearers to ensure they are adhering to inclusion criteria #6 and #7 and have a stable refraction as described in **Appendix B**, Section 1.1. Subjects (including contact lens wearers) who do not demonstrate a stable refraction prior to randomization will be screen failed.

8.3.3 Subject Completion

The subject has completed the Clinical Investigation when he/she completes Visit 3 (Day [redacted] after IOL implantation). A subject who has missed visits or is missing Clinical Investigation measurements will remain in the Clinical Investigation. Subjects who require further follow-up for an AE after Postoperative Visit 3 will be followed according to CIP **Section 12.5**.

8.3.4 Subject Discontinuation

A subject may be discontinued prior to the final Clinical Investigation visit for any of the following reasons, including but not limited to:

- Principal Investigator's request (e.g., subject non-compliance or medical decision)
- Voluntary withdrawal (subject's request)
- Death
- Lost to follow-up
- Clinical Investigation terminated by Sponsor

Adverse events that have not resolved or stabilized by Post-op Visit 3 or by the timepoint of early discontinuation will be followed until they are remitted, resolved, or no further change is seen by the Principal Investigator. The Principal Investigator can issue a prognosis note and stop following ongoing and not stabilized adverse events 30 days or later after Post-op Visit 3 or day of early discontinuation if medically adequate.

Subject withdrawals will be documented clearly on the source document and applicable Case Report Form (CRF).

Notification of subject withdrawals will be made to the Sponsor.

Subjects who are discontinued from the Clinical Investigation following enrollment will not be replaced.

Discontinued subjects should be followed outside of the CIP according to the Principal Investigator's normal standard of care.

8.3.5 Lost to Follow-Up

Subjects who do not return for Postoperative Visits, as defined by the visit window, and cannot be contacted after multiple efforts, may be considered lost to follow-up. The Principal Investigator will try at least twice to reach the subject by telephone or electronic mail and will send a follow-up letter by certified mail before considering the subject lost to follow-up. These actions will be recorded in the source documents and a copy of the follow-up letter maintained in the investigator's file. The date of discontinuation for subjects lost to follow-up will be seven days after the date that the unanswered certified letter was sent.

Efforts shall be made to keep the number of subjects lost to follow-up to a minimum.

9 Treatment Plan

9.1 Methods of Assigning Subjects to Treatment Groups

Approximately eighty (80) subjects (160 eyes) will be enrolled in this Clinical Investigation to obtain complete follow-up data for approximately 29 subjects of the Test Arm and 29 subjects in the Active Comparator arm and 20 subjects in the Control arm considering a dropout rate of approximately 2%.

- Group 1 (Test Lens): Approximately 30 subjects will be implanted bilaterally with the EA IOL
- Group 2 (Active Comparator Lens): Approximately 30 subjects will be implanted bilaterally with the [redacted] IOL
- Group 3 (Control Lens): Approximately 20 subjects will be implanted bilaterally with the enVista MX60E monofocal IOL

9.1.1 Treatment Allocation and Randomization Method

Subjects who meet eligibility criteria will be randomly assigned to Test Group, Active Comparator Group, or Control Group in a 3:3:2 ratio. Randomization and enrollment will occur at Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes (or on the 1st eye if surgeries are done on different days for exceptional cases).

9.1.1.1 Masking and Postoperative Masked Examiner(s)

The Principal Investigator and up to a maximum of five Sub-Investigators implanting the IOL and designated intraoperative site personnel and sponsor will be unmasked to the Group assignment for a subject.

Subjects and designated postoperative examiner(s) for functional post-operative measurements will be masked to the IOLs assigned.

A qualified masked examiner at each site, who is unaware of which IOL has been implanted for each subject, shall perform functional post-operative measurements including manifest refraction, visual acuity, [redacted], but excluding slit-lamp examinations, and fundus exams, posterior segment OCT analysis, intraocular pressure.

Every attempt should be made to have the same masked examiner perform the same post-operative measurements for an individual subject throughout the subject's Clinical Investigation participation.

9.1.1.2 Accidental Unmasking

Accidental unmasking of masked examiners need to be promptly escalated to the sponsor or its representative.

9.1.2 Treatment or Subject Replacement

There is no treatment or subject replacement planned for this Clinical Investigation.

9.2 Concomitant Medications and Treatments

Documentation of all medications and treatments used by the subject within 30 days prior to informed consent and during the Clinical Investigation will be made in Clinical Investigation source documents.

Pre-, intra-, and postoperative medications and treatments may be administered per the Principal Investigator's standard of care. A complete list of the Principal Investigator's standard regimen of these medications and treatments will be provided to the Sponsor or its designee prior to initiation of the Clinical Investigation. Standard of care medications and treatments used according to the standard site regimen will not be recorded as Concomitant Medications in the electronic data capture (EDC) system. Only viscoelastics as decided by the sponsor are allowed during cataract surgeries (see **APPENDIX C**).

Medications and Treatments known to interfere with visual performance, pupil dilation, or iris structure are prohibited within 30 days of enrollment and for the duration of the Clinical Investigation.

9.3 Deviations from CIP

A deviation from the CIP is an unintended and/or unanticipated departure from the procedures and/or processes approved by the Sponsor and the IRB/IEC and Regulatory Authority as applicable and agreed to by the Principal Investigator.

The Principal Investigator or designee must document and explain in the subjects' source documentation any deviation from the approved CIP. The Principal Investigator may implement a deviation from, or a change of, the CIP to eliminate an immediate hazard to Clinical Investigation subjects without prior IRB/IEC and Regulatory Authority approval as applicable. As soon as possible after such an occurrence, the implemented deviation or change, the reasons for it, and any proposed CIP amendment(s) should be submitted to the IRB/IEC for review and approval, to the Sponsor for agreement, and to the regulatory authorities, if required.

The date of, and reason for, deviations in all cases will be documented. CIP deviations affecting the safety of the subject, or the integrity of the Clinical Investigation must be reported by the Principal Investigator to the IRB/IEC promptly and to the Regulatory Authority as applicable. Reporting of all other CIP deviations must adhere to the local requirements.

CIP assessments will continue for a subject until the end of the Clinical Investigation (Visit 3), unless the CIP deviation puts the subject at risk or the subject's condition requires that he/she be discontinued from the Clinical Investigation.

10 Clinical Investigation Materials and Management

To maintain product integrity and sterility, the investigational devices, control and comparator IOLs will be used according to the device instructions for use and as supplied in their original pouch and outer packaging. At each site, the investigational device, control and comparator IOLs will be dispensed by an appropriately qualified member of the Clinical Investigation staff assigned by the Principal Investigator to this task.

10.1 Description of Investigational Device, Control and Comparator IOLs

The enVista Aspire (EA) IOL [redacted] creates a small continuous increase in power [redacted] enhancing the depth of focus compared to the enVista Monofocal IOL (MX60E) as measured in bench testing. [redacted] The design and material of the lens allow it to be folded and inserted into the capsular bag through a small incision to minimize the extent of surgically induced astigmatism. Test lenses will be available in powers +18.0 D to +26.0 D, in 0.5 D increments.

The MX60E IOL is the parent lens to EA and will be used as the control lens. [redacted] Control lenses will be available in powers +18.0 D to +26.0 D, in 0.5 D increments.

The active comparator lens is the [redacted] IOL, which is a one-piece, foldable, posterior chamber lens [redacted] The [redacted] IOL [redacted] creates a small continuous increase in central lens power [redacted]. The [redacted] IOL is designed to slightly extend the depth of focus [redacted]. Active comparator lenses will be available in powers +18.0 D to +26.0 D, in 0.5 D increments.

10.2 Packaging and Labeling

The Clinical Investigation materials will be packaged and labeled in a manner consistent with the Clinical Investigation design.

10.2.1 Packaging

The EA and MX60E IOLs will be provided as single units in non-pyrogenic, sterile packaging in 0.9% saline solution, and contained in a gamma-grade polypropylene vial (with a heat-sealed foil lid) that is sealed in a Tyvek peel pouch. The lens is sterilized using gamma irradiation.

The [redacted] IOL is supplied sterile [redacted] should be opened only under sterile conditions. The pouch and product labels are enclosed in a shelf pack. The external surfaces of the pouch are not sterile.

10.2.2 Labeling

EA IOL manufacture and clinical labeling will follow regional regulatory guidelines that may include but not limited to the following information:

- Clinical Investigation number
- Sponsor name and address
- Product identifier
- Quantity of contents
- Instructions for use (IFU)
- Statement indicating: "Caution – Investigational Device. Limited by Federal Law to investigational use."
- Storage conditions
- Lot number
- Expiration date

10.3 Storage of Investigational Device, Control and Comparator IOLs,

Store EA IOL, MX60E IOL, and [redacted] IOL between 15°C and 35°C (59°F and 95°F) in a secure location. DO NOT FREEZE. Do not autoclave the IOLs.

10.4 Instructions for Use

Refer to **APPENDIX C** for description of surgical procedure. Instructions for use (IFU) of the EA (draft version), MX60E, and [redacted] IOLs are provided as separate documents.

10.5 Investigational Device, Control and Comparator IOLs Accountability

The Principal Investigator will be responsible for keeping current and accurate records of the number of IOLs received, implanted and returned to Sponsor. The IOLs must be stored under the appropriate conditions in a secure area and are to be implanted only in subjects enrolled in the Clinical Investigation, in accordance with the conditions specified in this CIP. During the Clinical Investigation, the Principal Investigator must maintain an inventory of all IOLs implanted, including subject identifiers.

Accountability records will include:

- The lens numbers of all IOLs received, the receipt date, and the quantity received
- The names of all site personnel who received, used, or disposed of the IOLs
- The dates of use, disposal, or return of each IOL
- A record of each subject implanted
- Number of IOLs returned to the Sponsor
- Explanation for reconciliation of discrepancies, if needed

At various time points throughout the Clinical Investigation and/or upon completion of the Clinical Investigation, the Sponsor or Sponsor's representative will review and verify the Principal Investigator's accountability records. Following verification, and as directed by the Sponsor, unused (including expired), malfunctioning (if possible) sponsor-provided IOLs must be returned to the Sponsor.

10.6 Other Materials

Supplementary Clinical Investigation materials provided by Bausch & Lomb may include:

- Bausch + Lomb single-use IOL Injector (INJ100)
- Selected viscoelastics for the Clinical Investigation
- Visual acuity [redacted] instrumentation

11 Clinical Investigation Procedures and Evaluations

Subjects will be examined and evaluated according to the Clinical Investigation schedule provided in **APPENDIX A**.

11.1 Schedule of Evaluations and Procedures

Enrolled subjects who meet eligibility criteria will be seen according to the following schedule:

Visit Name	Eyes Evaluated or Treated	Visit Window
Preoperative Visit 0	Both Eyes (A, B)	Day [redacted]
Operative Visit 00	Both Eyes (A, B)	Day 0 *
Post-Operative Visit 1	Monocular, Binocular	Day [redacted] post Visit 00
Post-Operative Visit 2	Monocular, Binocular	Day [redacted] post Visit 00
Post-Operative Visit 3	Monocular, Binocular	Day [redacted] post Visit 00

*) In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons. In this case, for Post-Operative Visits the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.

Refer to **APPENDIX A** for the schedule of visits and procedures and **APPENDIX B** for methods of clinical evaluation.

Following identification of a potential subject, the Principal Investigator (or designee) will explain the purpose of the Clinical Investigation, procedures, risks/benefits, and subject responsibilities to the potential subject. The subject's willingness and ability to meet the follow-up requirements of the Clinical Investigation will be determined. If the subject chooses to participate in the investigation, written informed consent will be obtained. The subject and the person obtaining written consent will sign and date the IRB/IEC approved informed consent form (ICF), at which point the subject is considered part of the screened Clinical Investigation population. The original signed document will be retained in the subject records, and a copy will be provided to the subject. In addition, the applicable privacy regulation requirements and standards must be met. Standards for privacy to be followed are described in the ICF.

The subject identification number will consist of a 3-digit site number (e.g. 101, 102) and a 3-digit chronological order screening number (e.g., 001, 002). In this example the first site/first screening number will be 101001.

11.1.1 Preoperative Visit 0: Day [redacted]

Informed consent must be obtained prior to performing Clinical Investigation specific procedures that are not part of the Principal Investigator's routine standard of care. After obtaining written informed consent, prospective subjects will be screened to determine whether they meet the entry criteria for the Clinical Investigation. Demographic information, medical history, current medication and treatments use, and Adverse Events will be collected. The preoperative clinical evaluation will be conducted no more than 60 days prior to the surgery and will consist of a complete ophthalmic examination.

Note: Potential subjects may be identified for screening in conjunction with routine clinic cataract evaluations involving standard of care testing. To avoid having to repeat this testing within a short time period to qualify for the Clinical Investigation, standard of care measurements, including corneal topography, targeted refraction / IOL power calculation / axial length determination / anterior chamber depth measurement, IOP, slit-lamp examination, and dilated fundus examination findings may be used as standard pre-operative assessments providing data that can be used to determine subject eligibility after they sign the Informed Consent Form, so long as the procedures also meet the following criteria:

- Performed by a qualified Principal Investigator or Sub-investigator who is participating in the Clinical Investigation;
- Performed as specified in the CIP to verify subject eligibility;
- Conducted within the pre-operative window specified in the CIP.

11.1.2 Operative Visit 00: Day 0

Subjects will be assessed to reconfirm eligibility. If pregnancy is suspected, a urine pregnancy test may be performed according to site's standard practice. Women with a positive urine pregnancy test will be screen failed. In addition, any changes in concomitant medications and treatments or AEs will be recorded. If the subject is no longer eligible, he/she will be screen failed from the Clinical Investigation. If the subject is eligible, the subject will be sequentially assigned to a randomized treatment group of Test (investigational device), Control or Active Comparator IOL and surgery will be performed using the surgical procedure described in **APPENDIX C**. If the

subject continues to meet eligibility criteria after the first cataract extraction, the subject will be implanted with the assigned lens type in both eyes. If an assigned IOL cannot be implanted in eye B for any reason after eye A is implanted, eye A will remain in the Clinical Investigation and treatment of eye B will be performed according to the Principal Investigator's best medical judgment.

Both eyes will undergo cataract surgery at this Clinical Investigation visit. The eye with the worse best-corrected distance visual acuity (BCDVA) or BCDVA worsened with glare testing at the Preoperative Visit will be treated first (eye A). If BCDVA is the same for both eyes, the right eye will be treated first.

In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed, for medical reasons. The maximum allowed time between 1st and 2nd eye implantation, in this case is [redacted]. Eligibility needs to be reconfirmed on day of 2nd eye surgery. If both eyes undergo surgeries on different days, surgeries for both eyes need to be performed within [redacted] days of the preoperative visit .

11.1.3 Postoperative Visits: Day [redacted]

All treated subjects will be seen for three (3) postoperative visits and have ocular assessments, concomitant medications and treatments and adverse events collected according to **APPENDIX A**.
If both eyes undergo surgery on different days, the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.

11.1.4 Unscheduled Visit(s)

Additional visits may be scheduled, as necessary, to ensure the safety and well-being of subjects. All additional examinations should be fully documented in the source documents and on Unscheduled Visit CRFs, as appropriate. Visits intended to fulfill scheduled visit requirements that fall outside the designated scheduled visit window are not Unscheduled Visits as long as the visit occurs prior to the window for the next Clinical Investigation visit. In these cases, the visit data will be collected and transcribed to the appropriate scheduled visit CRF.

If a subject is seen for multiple visits during a given visit timeframe, the data from the visit that is intended to meet the CIP requirements for the scheduled visit will be captured on the visit CRF. Where such a determination cannot be made, the first visit within the visit interval will be used for completion of the CIP required scheduled visit CRF. Data from any additional visits within a scheduled visit interval will be captured on an Unscheduled Visit CRF.

11.1.5 Missed Visit(s)

If a subject misses any scheduled follow-up visit and cannot be seen prior to the start of the visit range for the next scheduled follow-up visit, the visit is considered missed.

11.2 Post-Clinical Investigation Follow-Up

If a subject requires further follow-up upon discontinuation or completion of the Clinical Investigation, the Principal Investigator should schedule post-Clinical Investigation follow-up visits as necessary.

11.3 Clinical Investigation Completion

The Sponsor or its representative will notify the Principal Investigator or the IRB/IEC and Regulatory Authority, as applicable, to inform them when the Clinical Investigation is complete when the Last Subject Last Visit happened.

The Principal Investigator will inform the subjects about the identity of the implanted IOL after database lock.

11.3.1 Early Clinical Investigation Termination and temporary halt

If during the Clinical Investigation it becomes evident to the Sponsor that the Clinical Investigation should be stopped prematurely or temporary put on hold, the Clinical Investigation will be terminated or temporary put on hold and appropriate notification will be given to the Principal Investigator, IRB/IEC and Regulatory Authority, as applicable. The Sponsor or its representative will instruct the Principal Investigator to stop screening and enrolling and dispensing Clinical Investigation materials/treatment. If Clinical Investigation is early terminated, the Sponsor or its representative will arrange for Clinical Investigation closeout at the clinical site as appropriate. Currently ongoing subjects will be followed up as per CIP or followed up as per clinical routine as possible considering the reasons for early Clinical Investigation termination or temporary halt of the Clinical Investigation.

12 Performance and Safety Variables

12.1 Primary Performance Variable

- Photopic binocular distance corrected intermediate visual acuity (DCIVA) at 66 cm at post-operative visit 3

12.2 Exploratory Performance Variables

- [redacted]

12.3 Safety Variables

- Adverse events
- [redacted]

- [redacted]

12.4 Risk Assessment, Risk Mitigation, and Anticipated Benefit

The model EA IOL and MX60E IOL have similar chemical and mechanical properties to the FDA approved model MX60 IOL that has been shown to be safe for implantation in humans.[9,10]

The known risks of implanting the enVista refractive enhanced monofocal EA IOL are generally the same as the risks of the enVista MX60E monofocal IOL. However, there may be a symptomatic reduction in the quality of distance vision with the EA IOL because more light is being redirected to provide a tolerance to distance defocus, and potential risks may include the following:

- Under scotopic and mesopic conditions, the patient may have [redacted]

Therefore, the candidacy of patients with amblyopia or abnormalities of the cornea, optic disc, and macula must be carefully considered. Although likely uncommon, explantation of EA IOLs may become necessary if optical side effects are intolerable.
The risks associated with IOL implantation following cataract surgery are developed through many years of successful use as demonstrated through the development of an ISO standard for clinical trials.

- Cystoid macular oedema
- Hypopyon
- Endophthalmitis
- Lens dislocated from posterior chamber
- Pupillary block
- Retinal detachment
- Secondary surgical intervention
- Corneal stroma oedema
- Iritis
- Raised IOP requiring treatment[1]

Patients implanted with the EA IOL might benefit from the enhancing depth of focus of this lens comparable with the potential benefit provided by the [redacted] IOL comparator lens.

The risks and benefits must be weighed on an individual basis by the Principal Investigator in consultation with each potential subject. Ensuring the subject understands the risks and benefits of the Clinical Investigation and EA IOL is an important part of the risk mitigation.

12.5 Adverse Events

Each subject eye treated must be examined for the presence/absence of adverse events at all visits, whether scheduled or not. If an adverse event (AE) occurs, the first concern will be the safety and welfare of the subject. Treatment should be provided as appropriate for the event.

12.5.1 Adverse Events Definitions

For the purposes of this Clinical Investigation, adverse events include: all serious and non-serious AEs; ocular adverse device effects (ADEs; Serious Adverse Device Effect (SADE). AEs, SAEs, ADEs and SADEs are defined as follows.

An adverse event (AE) is any untoward medical occurrence, unintended disease or injury, or untoward clinical sign (including abnormal laboratory finding) in a subject, user or other persons, whether or not related to the investigational medical device and whether anticipated or unanticipated. This definition includes events related to the investigational medical device, Control or Comparator IOLs or procedures involved. For users or other persons, this definition is restricted to events related to the Investigational medical device or Control or Comparator IOLs.

A Serious Adverse Event (SAE) is an AE that leads to:

- Death
- A serious deterioration in the health of the subject that either results in:
  - a life-threatening illness or injury, or
  - a permanent impairment of a body structure or body function (e.g., blindness), or
  - in-patient or prolonged hospitalization, or
  - a potentially vision-threatening condition, or
  - medical or surgical intervention to prevent life- or vision-threatening illness or injury or permanent impairment to a body structure or a body function
- fetal distress, fetal death, or a congenital abnormality or birth defect

An Adverse Device Effect (ADE) is any adverse event related to the use of an investigational medical device. This definition includes any events resulting from insufficient or inadequate instructions for use, deployment, implantation, installation or operation, or any malfunction of the investigational medical device. This definition also includes any event resulting from use error or from intentional misuse of the investigational medical device. This definition also includes Control and Comparator IOLs.
A Serious Adverse Device Effect (SADE) is any ADE which also meets any of the serious criteria for SAEs.

SADEs include the following:

- Unanticipated is a serious adverse device effect which by its nature, incidence, severity or outcome has not been identified in the current version of the Risk Analysis Report.
- Anticipated is a serious adverse device effect which by its nature, incidence, severity or outcome has been previously identified in the Risk Analysis Report.

Anticipated AEs associated with cataract surgery and/or premium IOL implantation that might reasonably be expected to occur in this Clinical Investigation are listed below and include, but are not limited to, the following:

Anterior capsule tear

Anterior uveitis (including iritis and iridocyclitis)*

Capsular block syndrome

Choroidal detachment/hemorrhage

Corneal edema*

Cystoid macular edema (CME) *

Difficulty with tasks in dim light*

Elevated IOP*

Endophthalmitis (intraocular inflammation requiring vitreous tap and use of intraocular antibiotics)

Events resulting in unplanned secondary surgical intervention other than paracentesis to relieve pressure prior to 1 week postoperative or Nd:YAG capsulotomy

Flat anterior chamber

Hyphema

Hypopyon

Incorrect IOL power resulting in secondary surgical intervention*

Increased glare or halos

Infectious keratitis

IOL damage resulting in secondary surgical intervention*

IOL malposition resulting in secondary surgical intervention*

Iris or pupil damage

Loss of BCVA*

Mechanical pupillary block (A shallowing of the peripheral and/or central anterior chamber with or without elevation of IOP by obstruction of the flow of aqueous humor from the posterior chamber through the pupil to the anterior chamber). This may be induced by the crystalline lens, vitreous face, or implanted devices.)

Multiple (or "ghost") images

Pain*

Posterior capsular rupture

Progression or onset of diabetic retinopathy

Progression or onset of macular degeneration

Reduced contrast sensitivity

Retained lens material

Retinal detachment (partial or complete RD associated with retinal tear)

Secondary IOL intervention (reposition, exchange or removal)*

Synechiae formation

Thermal injury (phaco burn)

Toxic anterior segment syndrome (TASS) (An acute, noninfectious inflammation of the anterior segment of the eye that develops within 24 to 48 hours after surgery and is characterized by corneal edema and accumulation of white cells in the anterior chamber of the eye)

Undesirable optical phenomena resulting in secondary surgical intervention
Vitreous prolapse
Wound leak (positive Seidel)

* These events may be considered normal or expected events after cataract surgery and only need to be reported as AEs/SAEs if present as specified below:

- Iritis/cells/flare characterized by grade 1+ cells or greater using SUN criteria [11] if persistent for greater than 3 months after surgery, or relapses in less than 3 months after discontinuation of therapy, or the subject is maintained on therapy for more than 3 months to control inflammation
- Corneal or corneal wound edema resulting in BCDVA of ≤20/40 at present at Visit 3
- Cystoid macular edema diagnosed by clinical exam and adjunct testing (eg. OCT, FA or other method), resulting in BCDVA of ≤ 20/40 at Visit 3 or later
- Elevation of IOP by ≥10 mmHg above baseline (pre-operative) to a minimum of 25 mmHg after Visit 1 or elevated IOP requiring treatment if present at Visit 3
- Postoperative refractive error different from predicted, and not due to calculation or other use error, resulting in secondary surgical intervention
- Crack, breakage or deformity of IOL haptic or optic resulting in secondary surgical intervention
- IOL decentration or tilt likely to affect visual outcome and resulting in secondary intervention
- Monocular BCDVA decrease of greater than 2 lines (>10 letters) from any previous visit not secondary to any underlying condition, or any monocular BCDVA decrease from any previous visit of greater than 2 lines if persistent to the subject's last visit in the Clinical Investigation.
- Pain, per subjective patient reporting, graded on a VAS pain rating scale (from 0 to 10)
- Moderate superficial punctate keratitis (SPK) present at Visit 3 or severe, or very severe SPK at any post-operative visit (note: if SPK is present pre-operatively, adverse event must be reported only if there is a worsening)

Note: Posterior capsular opacification (PCO) is NOT to be reported as an adverse event unless PCO is treated with Nd-YAG laser exposure.

12.5.2 Identification and Collection

Identification and collection of an AE begins after informed consent has been obtained and documented. Standard sources of identifying AEs include:

- direct observation by the Principal Investigator
- asking the Clinical Investigation participant a non-specific question (e.g., "Have you had any problems since the last visit?")

- volunteering of information by the Clinical Investigation participant (e.g., "Doctor, I have had blurred vision since I started using this lens.")
- laboratory or test results that meet CIP requirements for classification as an AE.

All AEs, non-serious and serious, observed or elicited by the Principal Investigator, reported by the subject, or resulting from a test result, etc., occurring during the clinical investigation must be reported in the CRF. During the Clinical Investigation, the Principal Investigator should treat the Clinical Investigation subject as appropriate to ensure his/her safety and welfare.

Pre-existing conditions will not be considered AEs but will be collected at the Preoperative Visit as medical history. A worsening of a pre-existing condition during the Clinical Investigation should be documented as an (S)AE and evaluated accordingly.

Hospitalizations should be captured as a SAE until the cause of hospitalization can be identified. The following reports of hospitalization without a medical AE should not be considered either serious or an AE:

- Planned hospitalization for pre-existing condition, or a procedure required by the CIP, without a serious deterioration in health, is not considered a serious adverse event (e.g., for work-up of persistent pretreatment lab abnormality).
- Social admission (e.g., subject has no place to sleep)
- Administrative admission (e.g., for yearly physical exam)
- Optional admission not associated with a precipitating ocular medical AE (e.g., for elective cosmetic surgery)

12.5.3 Evaluations

When evaluating AEs, the Principal Investigator must determine if the event is serious, assess the severity of symptoms, and determine the relationship of the event to the device using the following guidelines:

a. Severity

- **Mild**: Subject awareness of a sign or symptom that is easily tolerated, requires no treatment, and does not interfere with subject's daily activities
- **Moderate**: Subject awareness of a sign or symptom which may be a low level of concern to the subject and may interfere with daily activities, but can be relieved by simple therapeutic care
- **Severe**: A sign or symptom that interrupts the subject's daily activity and requires systemic therapy or other treatment

b. Relationship to Investigational Medical Device or Control or Comparator IOLs or Surgical Procedure

- **Related**: There is at least a reasonable possibility the AE is related to the investigational medical device, control or comparator IOLs. or surgical procedure. Reasonable possibility means there is evidence to suggest either a causal relationship or association between the

investigational medical device, control or comparator IOLs or surgical procedure and the AE.

- **Unrelated**: There is little or no reasonable possibility the AE is related to the investigational medical device, control or comparator IOLs or surgical procedure. No reasonable possibility means there is no evidence to suggest either a causal relationship or association between the investigational medical device, control or comparator IOLs or surgical procedure and the AE.

- Classification of AEs that are serious (SAEs): The relationship to the Investigational Medical Device or Control or Comparator IOL is classified according to four different levels on the SAE Report Form: Not related, Possible, Probable, Causal relationship. The correlation between the four different levels on the SAE reporting form and the two different levels as defined above is described in the Safety Management Plan.

12.5.4 Reporting

Actions required by the Principal Investigator for reporting non-serious adverse events are summarized in **Table 1** below.

Table 1. Non-serious Adverse Events

	Non-serious AEs, device and/or procedure related or not related	**Device-deficiency**
Required Action	Recorded on Adverse Event CRF; no expedited report to Sponsor; Report to IRB/IEC and Regulatory Authority, as required per local regulations	Recorded on Device Deficiency Form; expedited report to Sponsor; no report to IRB/IEC

Actions required by the Principal Investigator for reporting all serious adverse events are summarized in **Table 2** below.

Table 2. Serious Adverse Events

SAEs	Non-device/non-device deficiency related	Device-and/or/Device deficiency related
Required Action	Recorded on SAE Report Form and AE CRF ⇩ Principal Investigator submits expedited report to Sponsor or its representative within 24 hours; Report only to IRB/IEC and Regulatory Authority, as required per local regulations.	Recorded on SAE Report Form and AE CRF ⇩ Principal Investigator submits expedited report to Sponsor or its representative within 24 hours; Principal Investigator reports to IRB/IEC and Regulatory Authority as required per local regulations.
		Sponsor Conducts Evaluation ⇩ Sponsor or its representative reports Regulatory Authority within the timelines required by local regulations, as described in the Safety Management Plan.

12.5.4.1 SAE, Reporting

The Principal Investigator must report any adverse event to the Sponsor and its representative in an expedited manner if it meets the criteria for an SAE/SADE, and any available supporting documents to the Sponsor or its designee within 24 hours of becoming aware of an event.

The Principal Investigator must also report SAE/SADE to the reviewing IRB/IEC and Regulatory Authority as required by local regulations. The Principal Investigator should also complete applicable CRFs within 3 working days of event identification. After first being informed by the Principal Investigator, the Sponsor or its representative will report the SADE to the Regulatory

Authority within the timelines required by local regulations, as described in the Clinical Investigation Safety Management Plan.

12.5.4.2 Reporting Device Deficiencies

A device deficiency is defined as an inadequacy of a medical device with respect to its identity, quality, durability, reliability, safety or performance. Device deficiencies include malfunctions, use errors, and inadequate labeling.

Principal Investigator must evaluate, record, and report any complaints/deficiencies or malfunctions experienced with an investigational medical device or Control or Comparator lens during this trial to the Sponsor and its representative promptly. The Sponsor shall review all device deficiencies, and, upon the Sponsor's request, Principal Investigator must supply any additional information related to the safety reporting of a particular event.

If the device deficiency is associated with or caused an SAE, then the SADE reporting procedure and timelines must be followed as per Section **12.5.4** in addition to device deficiency reporting procedures.

If no SADE was associated with or caused by the device deficiency but the deficiency might have led to a SADE if suitable action had not been taken or intervention had not been made or if the circumstance had been less fortunate, then deficiency needs to be reported within 24 hours of awareness and further reporting requirements to Regulatory Authority or to IRB/IEC need to be followed as applicable.

Any deficiency related to marketed products, including provided ancillary medical devices should be reported by the Principal Investigator to the sponsor or its representative as described above and to the Regulatory Authority, and to other parties in accordance with local requirements.

Details for submission of device deficiencies to sponsor or its representative are described in the Device Deficiency Reporting Form.

12.5.5 Adverse Events at Subject Exit

Ongoing AEs will be followed until resolution, no further change in the condition is expected (i.e., event stabilized), or as dictated by standard of care. Documentation in the CRF of this follow-up is not required although subject care should continue as appropriate. The Principal Investigator can issue a prognosis note and stop following ongoing and not stabilized adverse events 30 days or later after Post-op Visit 3 or day of early discontinuation if medically adequate.

Ongoing SAE/SADEs will be followed by the Sponsor and its representative(s) and documented by the Principal Investigator until the outcome is determined or until no further change in the condition is expected.

12.5.6 Pregnancy

During the Clinical Investigation, all female subjects of childbearing potential should be instructed to contact the Principal Investigator immediately if they suspect they might be pregnant (e.g., missed or late menstrual period). The Principal Investigator will report the pregnancy to the

sponsor or its representative on the Pregnancy Questionnaire within 48 hours of awareness. Female subjects who become pregnant during the Clinical Investigation will be followed until completion of pregnancy. Every effort will be made to obtain the health status of the mother and infant or fetus (in cases of miscarriage or therapeutic abortion) at term. Pregnancy itself is not considered an AE.

13 Statistics

13.1 Assessment of Performance

Performance will be assessed using the Intent-to-Treat (ITT) set.

13.1.1 Primary Performance

13.1.2 Binocular DCIVA

Hypotheses will be evaluated hierarchically in a fixed sequence as follows. The second test will be valid only if the first comparison results in rejection of the null hypothesis.

1. Superiority of the Test lens to the Control lens will be evaluated.
2. Noninferiority of the Test lens compared to the Active Comparator lens will be evaluated.

The Test lens will be compared to the Control lens using a two sample t-test with a one-sided alpha risk of 0.05. The null hypothesis (H_0) for this comparison is that the mean DCIVA of the Test lens (μ_T) is greater than or equal to the mean DCIVA of the Control lens (μ_C). The alternative hypothesis (H_1) is that the mean of the Test lens is less than the mean of the Control lens.

$$H_0: \mu_T \geq \mu_C$$
$$H_1: \mu_T < \mu_C$$

If the null hypothesis is rejected, then the Test lens will be statistically superior to the Control lens and the Clinical Investigation will be statistically successful.

If the first null hypothesis is rejected, then noninferiority the Test lens compared to the Active Comparator lens will be evaluated. The null hypothesis (H_0) is that the difference between the mean DCIVA of the Test lens (μ_T) and the mean DCIVA of the Active Comparator lens (μ_{AC}) is at least 0.1. The alternative hypothesis (H_1) is that the difference is less than 0.1.

$$H_0: \mu_T - \mu_{AC} \geq 0.1$$
$$H_1: \mu_T - \mu_{AC} < 0.1$$

A two-sided 90% confidence interval will be constructed around the estimate of the difference between treatments as for a two-sample t-test. If the upper confidence limit is less than 0.1, then the Test lens will be statistically significantly noninferior to the Active Comparator lens.

The primary endpoint tests will be repeated as sensitivity analyses with the Per Plan (PP) set.

13.1.3 Secondary Performance

This investigation has no secondary performance endpoints.

13.1.4 Other Effectiveness

[redacted]

13.1.5 Statistical Hypothesis Testing and Control of Multiplicity

The primary endpoint hypotheses will be tested hierarchically in a fixed sequence. Additional statistical tests will be exploratory and will not be adjusted for multiplicity.

13.1.6 Descriptive Statistics

Data will be summarized by visit and treatment group as appropriate. Continuous variables will be summarized using the sample size, the mean, the median, the standard deviation, the minimum, and the maximum. Categorical variables will be summarized using frequencies and percentages.

13.1.7 Sensitivity Performance Analyses

The primary superiority analysis will be repeated using the PP set.

13.1.8 Subgroup Analyses

No subgroup analyses are planned.

13.2 Assessment of Safety

Safety outcomes will be analyzed using the Safety set.

13.2.1 Adverse Events

All adverse events collected during the study will be recorded and classified on the basis of MedDRA terminology. Descriptions of AEs will include the affected eye(s), the date of onset, the date the AE ended, the severity of the AE, the relationship to test, comparator, or control lens, the action taken to treat the AE, and the outcome. All reported treatment-emergent AEs (TEAEs) will be summarized by the number of subjects reporting AEs, system organ class, severity, seriousness, and relationship to study medication. TEAEs are those AEs with an onset on or after the date of the first study surgery.

Adverse events will be summarized by treatment group and severity. Each subject will be counted only once within a system organ class or a preferred term by using the adverse events with the highest severity within each category.

Adverse events will be summarized by treatment group and relationship to test, comparator, or control lens. Each subject will be counted only once within a system organ class or a preferred term by using the adverse events with the greatest relationship within each category.

Comparisons among treatment groups will be made by tabulating the frequency of subjects with one or more AEs (classified into MedDRA terms) during the study.

All information pertaining to AEs noted during the Clinical Investigation will be listed by subject, detailing verbatim given by the Principal Investigator, preferred term, system organ class, start date, stop date, severity, actions taken, and device relatedness. The AE onset will also be shown relative (in number of days) to the day of initial study surgery.

Serious adverse events (SAEs) will be tabulated by subject within treatment groups.

In addition, a list of subjects who discontinued from the study and a list of subjects who experienced SAEs will also be provided.

13.2.2 Concomitant Medications

All previous and concomitant medications will be classified based on terminology from the WHO Drug Dictionary. Previous therapies and concomitant medications data will be presented in data listings.

13.3 Subject Disposition

A tabulation of subject disposition will be provided. The tabulation will include the numbers of subjects who enter the study, complete the study, and discontinue the study. The reasons for discontinuation will be included.

13.4 Demographics and Baseline Characteristics

Demographic and baseline characteristics will be summarized by treatment group.

13.5 Protocol Deviations

All protocol deviations will be reported to the sponsor and recorded throughout the Clinical Investigation. A tabulation of protocol deviations will be presented in a data listing.

13.6 Interim Analyses

Interim analyses may be conducted during the study to provide summary statistics by visit and treatment group. An early stop based on demonstration of efficacy is not planned.

13.7 Additional Statistical Considerations

13.7.1 Analysis Populations

The Intent-to-Treat (ITT) set will consist of all randomized subjects touched by a test, comparator, or control lens. ITT subjects will be analyzed according to their assigned treatment groups.

The Per Plan (PP) set will consist of ITT subjects without protocol deviations that could affect the primary effectiveness endpoint.

The Safety set will consist of all subjects touched by a test, comparator, or control lens. Safety set subjects will be analyzed according to their received treatment.

13.7.2 Sample Size Determination

Estimates of treatment effects and the standard deviation for the primary endpoint were obtained from published studies of the Active Comparator lens.[13-16] Sample size calculations were completed using nQuery software, Version 9 (Statistical Solutions Ltd.).

Superiority Versus the Control Lens: A two group t-test with a 5% one-sided significance level will have 93% power to detect a difference in means of -0.14, assuming that the common standard deviation is 0.15, when the sample sizes in the two groups are 29 and 20, respectively (a total sample size of 49).

Noninferiority Versus the Active Comparator lens: When the sample size in each group is 29, a two group one-sided 0.05 significance level t-test will have 80% power to reject the null hypothesis that the test treatment is not non-inferior to the active comparator (the difference in means, $\mu_T - \mu_{AC}$, is 0.1 or greater) in favor of the alternative hypothesis that the test lens is non-inferior to the active comparator, assuming that the expected difference in means is 0 and the common standard deviation is 0.15.

To allow for 2% dropouts approximately 80 subjects will be enrolled.

13.7.3 Handling of Missing Data

Missing data will not be imputed.

13.7.4 Multiplicity Issues

The overall Type I error rate will be controlled by use of hierarchical fixed sequence testing. Failure of the first test will invalidate the statistical significance of the second test in the sequence.

14 Quality Control and Quality Assurance

14.1 Clinical Investigation Monitoring

The Sponsor and its representatives must be allowed to visit all Clinical Investigation site locations to assess the data, quality, and Clinical Investigation integrity in a manner consistent with applicable regulations and the procedures adopted by the Sponsor or its representative.

Prior to the start of the Clinical Investigation, member(s) of the Sponsor (or designees) will review the CIP, CRF, regulatory obligations, and other material or equipment relevant to the conduct of the Clinical Investigation with the Principal Investigator/Sub-Investigator and relevant Clinical Investigation site personnel.

Monitoring visits and telephone consultations will occur as necessary, as per the clinical monitoring plan, during the course of the investigation to verify the following:

- The rights and well-being of subjects are protected
- The conduct of the investigation is compliance with:

  - The content of this CIP,
  - ISO 14155:2020 (E) Clinical Investigation of Medical Devices for Human Subjects – Good Clinical Practice, and generally in accordance with:
  - Applicable national and local medical device regulations and standards.
- The integrity of the data, including adequate Clinical Investigation documentation
- The facilities remain acceptable and that all equipment for study assessments is appropriately certified, maintained and calibrated as required.
- The Principal Investigator and site personnel remain qualified and able to conduct the Clinical Investigation
- Test article accountability

During the Clinical Investigation, if the Sponsor (or designee) determines that a Principal Investigator is non-compliant with the Clinical Investigation plan and/or applicable regulatory requirements, the Sponsor (or designee) will take remediation action to secure compliance. In addition, the Sponsor may terminate the Principal Investigator's participation in the Clinical Investigation, if appropriate, if the Principal Investigator remains non-compliant despite the remediation actions.

14.2 Source Documentation

All medical information obtained at each Clinical Investigation visit must be recorded in the subject's record (source documentation) in real-time as it is collected. Source documentation consists of original subject documents, provided source data worksheets, as well as data and records with information relevant to the subject and his/her participation in the Clinical Investigation.

14.3 Case Reports Forms and Data Verification

As used in this CIP, the term Case Report Form (CRF) should be understood to refer to a paper or electronic data record developed as part of the data capture method utilized in this Clinical Investigation. The database will be locked after Last Subject Last Visit after data have been appropriately verified.

Subject data required by this CIP are to be recorded on CRFs. The Principal Investigator and his/her Clinical Investigation site personnel will be responsible for completing the CRFs in a timely manner. The Principal Investigator is required to verify that all requested information is accurately recorded on the CRFs. All information requested on the CRFs needs to be supplied, including subject identification, date(s), assessment values, etc., and any omission or discrepancy will require explanation. All information on CRFs must be traceable to source documents.

Details on CRF completion and query handling will be described in CRF completion guidelines or similar instructions.

14.4 Audits and Inspections

Audits of clinical research activities in accordance with the Sponsor's internal Standard Operating Procedures (SOPs) to evaluate compliance with ISO 14155:2020 and the principles of GCP may take place. A regulatory authority also may wish to conduct an inspection during the Clinical

Investigation or after its completion. If an inspection is requested by a regulatory authority and/or IRB/IEC, the Principal Investigator must inform the Sponsor and its representative immediately that this request has been made.

14.5 Recording of Data and Retention of Documents

Subject data recorded on CRFs during the Clinical Investigation will be documented in a coded fashion. The subject will only be identified by the unique subject number. Confidentiality of subject records must be maintained to ensure adherence to applicable clinical practice standards and local privacy regulations.

The Principal Investigator must retain essential documents at least for fifteen years after completion of the Clinical Investigation, unless otherwise notified by the Sponsor. The Principal Investigator agrees to adhere to the document retention procedures when signing the CIP Principal Investigator Statement of Approval.

Essential documents include, but are not limited to, the following:

- IRB/IEC/ Regulatory Authority approvals for the CIP, all amendments, ICF(s), and advertisements
- IRB/IEC/ Regulatory Authority correspondence and reports (e.g., SAE reports, deviations from CIP, and safety updates)
- Regulatory documents (e.g., financial disclosure and delegation of authority forms)
- CRFs
- Subject's signed ICF
- Device Investigator Agreement
- Accountability records for the test article(s)
- Correspondence from and to the Sponsor
- Any other documents relevant to the conduct of the Clinical Investigation

In the event the Principal Investigator withdraws from the Clinical Investigation (e.g., retirement or relocation), Clinical Investigation records will be transferred to a mutually agreed upon designee (e.g., another Principal Investigator or the site IRB/IEC). The Principal Investigator will provide notice of such transfer in writing to the Sponsor and/or its representative.

15 Ethics and Administrative Issues

It is the responsibility of the site's Principal Investigator to assure that all aspects of the ethics review are conducted in accordance with ISO 14155:2020. The CIP and any information supplied to the subject to obtain informed consent, including written informed consent form(s), subject recruitment procedures (e.g., advertisements), and written information to be provided to subjects (information leaflets), will be reviewed and approved by a qualified IRB/IEC and Regulatory Authority as required prior to enrollment of participants in the Clinical Investigation. Prior to initiation of the Clinical Investigation and release of test IOLs to a clinical site, the Sponsor or its designee will receive documentation of the IRB/IEC and Regulatory Authority approval as required, which specifically identifies the approved Clinical Investigation/CIP and a list of the IRB/IEC committee members. CIP amendments will be reviewed and approved by the IRB/IEC and Regulatory Authority as required prior to implementation of any changes made to the Clinical

Investigation design in the amendment. The Principal Investigator will submit progress reports to the IRB/IEC in accordance with the IRB/IEC requirements as required and to the Regulatory Authority as required.

15.1 Ethical Conduct of the Clinical Investigation

The Clinical Investigation will be conducted in accordance with the CIP and ISO 14155:2020, applicable regulations and guidelines governing clinical study conduct, and the ethical principles that have their origin in the Declaration of Helsinki.

15.2 Ethics and Regulatory Authority Review and Approval

The Principal Investigator should ensure his/her participation in the Clinical Investigation, the CIP, subject recruitment materials (e.g., written information or materials including web pages, radio advertisements, television spots or written text developed to encourage subject enrollment) and the ICF to be used in this Clinical Investigation are approved by his/her institution IRB/IEC, or, if not using his/her institution's IRB/IEC, by the reviewing IRB/IEC and, if required, by the Regulatory Authority prior to entering any subjects in the Clinical Investigation. Documentation of IRB/IEC and Regulatory Authority approval of the CIP and informed consent must be provided to the Sponsor and any designee prior to initiation of the Clinical Investigation. In addition, the Principal Investigator must ensure that the reviewing IRB/IEC and, if required, the Regulatory Authority have provided approval for any CIP amendments prior to their implementation. If the amendment necessitates a revision to the ICF, the Principal Investigator should ensure the revised form is also submitted to and approved by the Sponsor or its designee and the IRB/IEC and Regulatory Authority, if required, prior to its implementation.
Any additional requirements imposed by the IRB/EC or Regulatory Authority shall be followed.

15.3 Insurance for Clinical Investigations

Subjects will be insured for health damages that occur as a result of the participation in the Clinical Investigation as required by local regulations. Details on insurance coverage are described in the Insurance Conditions.

15.4 Written Informed Consent

Before entry into the Clinical Investigation, the Principal Investigator or an authorized member of the investigational staff will explain to potential subjects the aims, methods, reasonably anticipated benefits, and potential hazards of the Clinical Investigation, and any discomfort it may entail. The subject will be given sufficient time to read the ICF and the opportunity to ask questions. After this explanation and before entry into the Clinical Investigation, consent will be appropriately recorded by means of the subject's dated signature. After having obtained the consent, a copy of the signed and dated ICF will be given to the subject.

If the subject is unable to read or write, an impartial witness will be present for the entire informed consent process (which includes reading and explaining all written information) and will personally date and sign the ICF after the oral consent of the subject is obtained.

The informed consent form will be signed before the performance of any Clinical Investigation-specific activity and may be signed after any standard of care procedures have been completed at or prior to the initial Clinical Investigation visit.

15.5 Financial Disclosure

An original financial disclosure Form (FDF) must be completed, signed and dated by the Principal Investigator and any Sub-Investigators and Clinical Investigation personnel listed on the Delegation of Authority Log. All FDFs will be collected by the Sponsor.

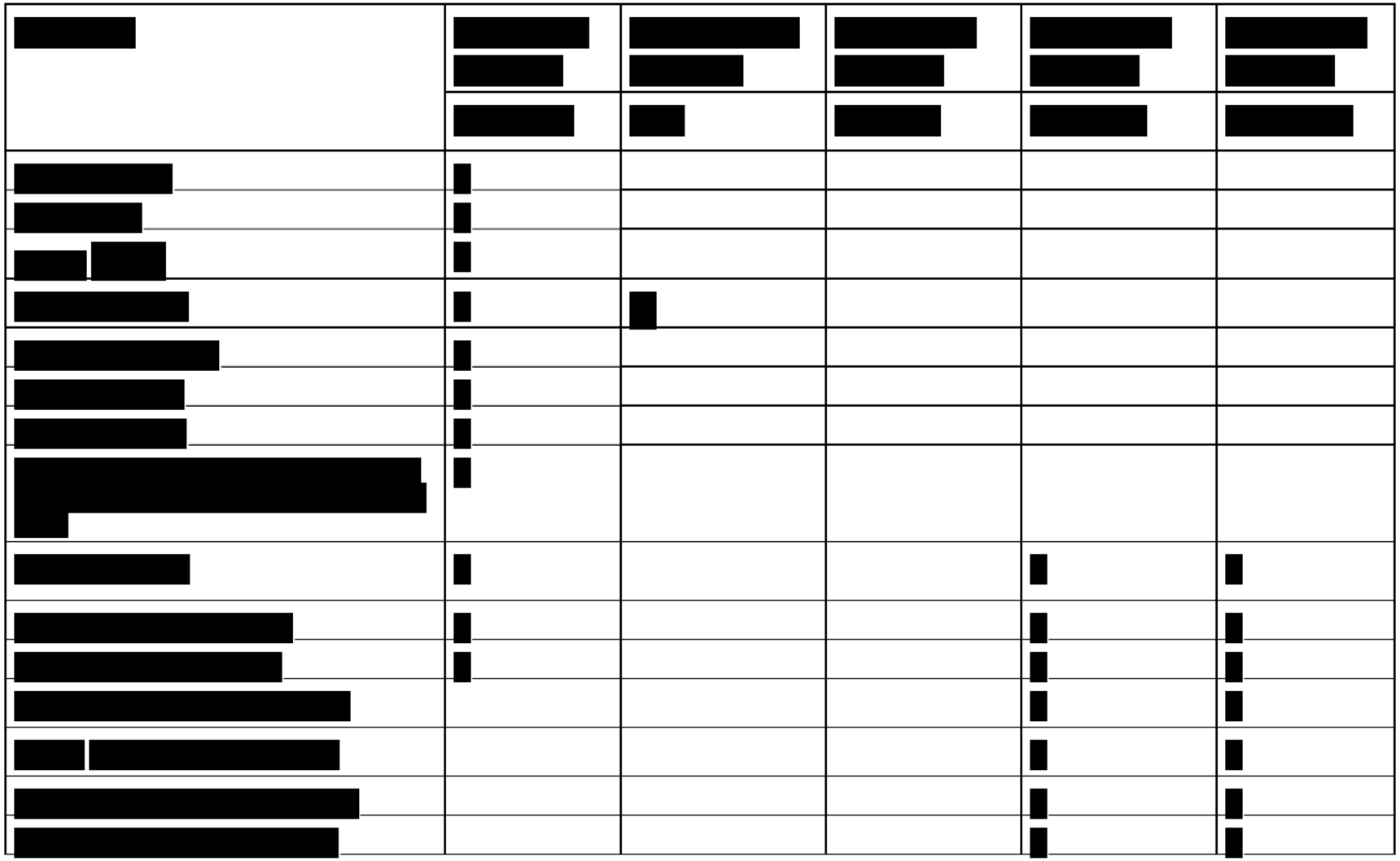
15.6 Confidentiality/Publication of the Clinical Investigation

[redacted]

16 References

17 Appendices

APPENDIX A: CLINICAL INVESTIGATION FLOW CHART



[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
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[redacted]	[redacted]				[redacted]

[redacted]

APPENDIX B: METHODS OF CLINICAL EVALUATIONS

Any changes to the procedures described in this appendix will be provided under separate cover. Evaluations will be prioritized in the order of primary endpoints to avoid subject fatigue.

1.0 MANIFEST SUBJECTIVE REFRACTION (WITHOUT CYCLOPEGIC EYE DROPS)

It is essential that a consistent and standard procedure be used to obtain manifest refraction measurements. The measurements will be obtained by a qualified ophthalmologist, optometrist or trained ophthalmic technician using a phoropter, in 0.25 D steps, in a calibrated refraction lane. The principal of maximum plus prescription while maintaining optimum visual acuity (not just darker letters) should be adhered to. *At no time during the Clinical Investigation will autorefraction be utilized as a final endpoint refraction.* Autorefractor or lensometer readings may only be utilized to obtain a starting point for the refraction, if necessary.

To ensure consistency, all refractions will be performed at an optical distance of 4 meters using. [redacted] Trial staff obtaining manifest refraction will need to be trained on the use of [redacted] instrumentation [redacted]. Post-surgery manifest refraction will be obtained by masked study personnel. Sponsor instructions need to be followed to minimize bias.

Distance Manifest refraction and the testing distance should be recorded on the CRF.

1.1 Preoperative Manifest Subjective Refraction

If the subject has a current pair of glasses for distance vision, they can be measured with a lensometer and these measurements used as the beginning approximate refraction. If the subject does not have glasses for distance vision, retinoscopy or autorefraction may be performed by an examiner proficient in this procedure as the beginning approximate refraction. If the subject is a contact lens wearer, they should be advised to arrive for the preoperative testing wearing spectacles and not their contact lenses.

AUTOREFRACTION ALONE IS NOT ALLOWED AT ANY POINT IN THIS CLINICAL INVESTIGATION. RESULTS MUST BE REFINED USING SUBJECTIVE TECHNIQUES.

The manifest subjective refraction result MUST be transferred to the trial frame for BCDVA testing. If for any reason (e.g., dense cataract) manifest refraction cannot be obtained, the results should be documented as not done (ND) and not entered as zeros. In the event of this occurrence, BCDVA will not be tested and the reason for ND will be required in the source document and eCRF.

Contact lens wearers must demonstrate a stable refraction (within ± 0.50 D for both sphere and cylinder) on two consecutive exam dates. Stability of the refraction is determined under the following conditions:

- Discontinued use of contact lenses for at least 2 weeks (for hard or toric lenses) or 3 days (for soft contact lenses) prior to the first refraction used to establish stability and through day of surgery.
- The two refractions are performed at least 7 days apart.

1.2 Postoperative Manifest Subjective Refraction

The subject should be refracted using the same method and procedure as described in Section 1.1 of this Appendix Section.

2.0 VISUAL ACUITY TESTING

It is essential that a standard procedure be used to obtain visual acuity (VA) measurements. The VA measurements should be obtained by a qualified ophthalmologist, optometrist or trained ophthalmic technician using [redacted] that will be supplied by the Sponsor. Training on the use of [redacted] will be conducted and documented [redacted]. VA testing will be performed by masked study personnel using a trial frame.

[redacted]

2.1 Description and Testing Methodology

[redacted] The distance from subject to display for near, intermediate, and far distance VA testing will be standardized for all subjects.

[redacted] The subject should attempt to read each letter, line by line, left to right, beginning with line 1 at the top of the chart. The subject should be told that the chart has letters only, no numbers. The subject should be asked to read slowly, about 1 letter per second, so as to achieve the best identification of each letter. Subjects should be instructed not to squint, and the tester should closely watch the subject during testing and warn him/her if squinting is observed. The subject is not to proceed to the next letter until a definite response is given.

If the subject changes a response (e.g., "that was a 'C' not an 'O') before the next letter has been read aloud, then the change must be accepted. If the subject changes a response having read the next letter, then the change is not to be accepted. The examiner should never point to the chart or to specific letters on the chart during the test. A maximum effort should be made to identify each letter on the chart. This may include encouraging the subject to guess. If the subject identified a letter as 1 of 2 letters, he or she should be asked to choose 1 letter and, if necessary, to guess. When it becomes evident that no further meaningful readings can be made, despite encouragement to read or guess, the examiner should stop the test for that eye and those testing conditions. However, all letters on the last line should be attempted as letter difficulties vary and the last letter may be the only one read correctly. The number of letters missed or read incorrectly should be noted. In order to provide standardized and well controlled assessments of visual acuity during the study, all visual acuity assessments at a single site must be consistently done using the same lighting conditions during the entire study.

2.2 Room Illumination

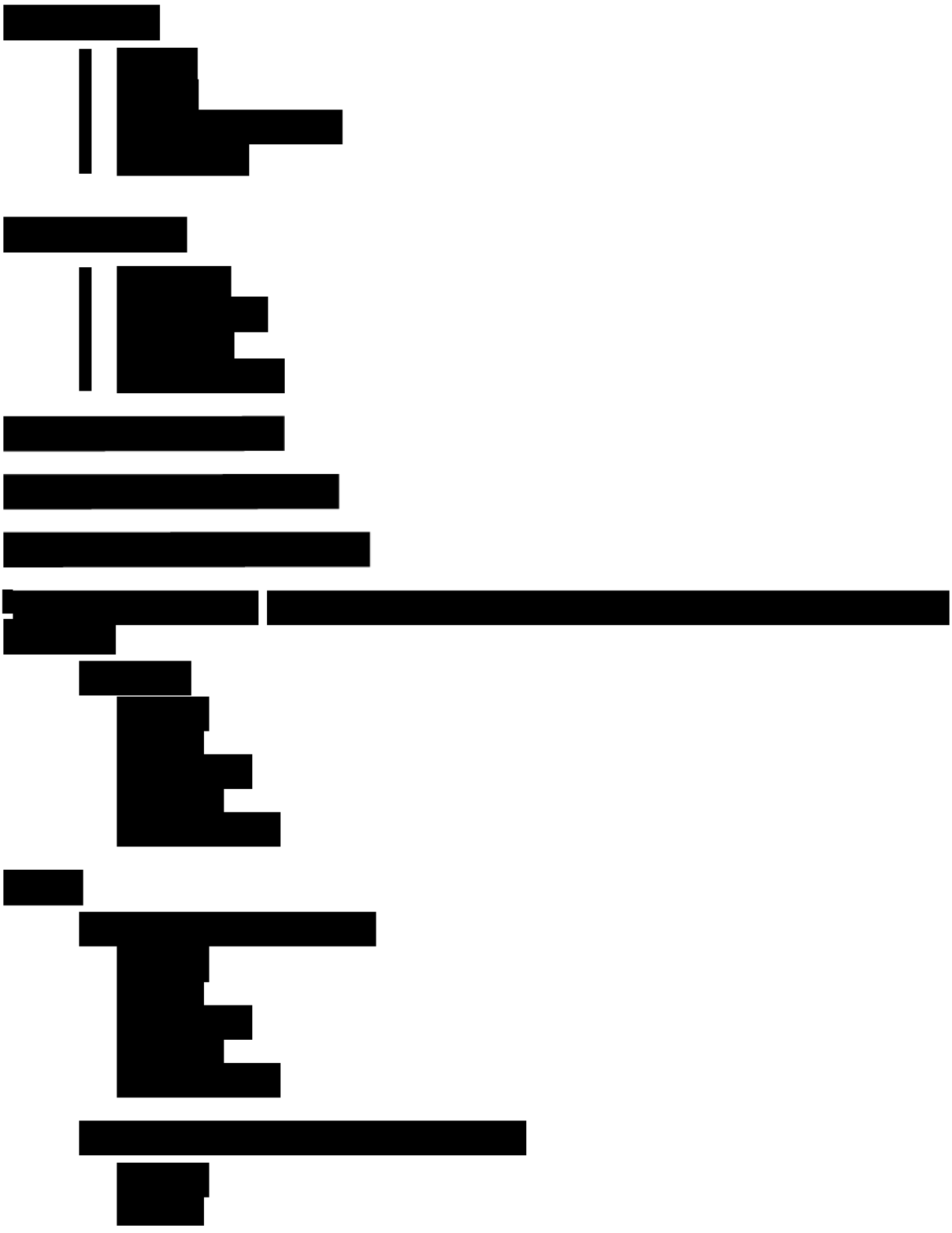
[redacted]

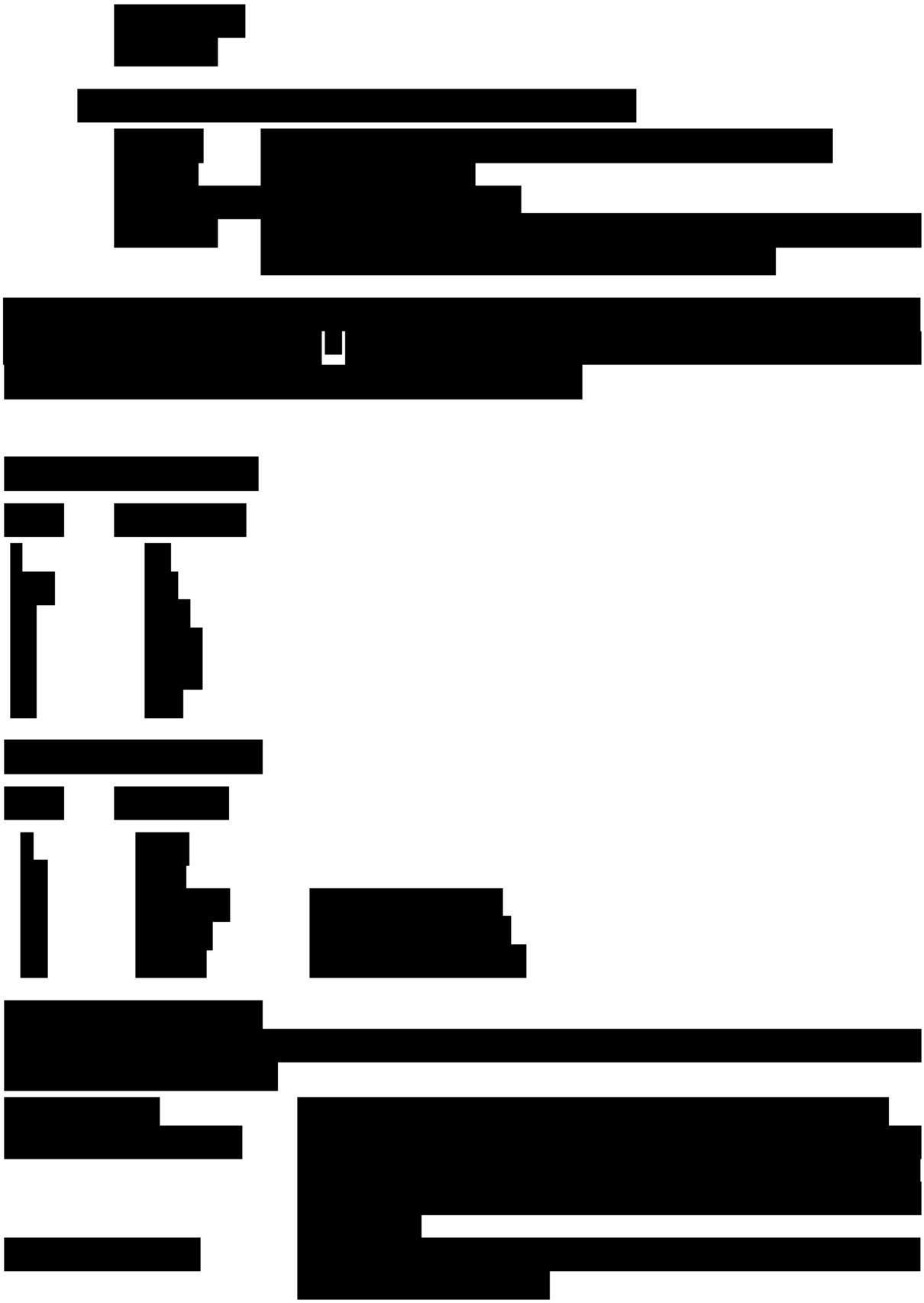
2.3 Subject Instructions

Subjects will be instructed that their vision will be tested at different distances, sometimes with the room lights on and sometimes with the room lights off. They will be asked to sit quietly during testing, with no head movements relative to the chart display allowed. If subjects need one or more brief breaks from the testing, this will be allowed.

3.0 SLIT LAMP EXAM

Slit lamp examination will be performed using a slit lamp biomicroscope and observations graded per the following classification:





[redacted]

4.0 INTRAOCULAR PRESSURE (IOP)

IOP measurements will be obtained using a calibrated Goldmann Applanation Tonometer in accordance with manufacturer's instructions.

5.0 PUPIL SIZE

Pupil size will be measured with a pupillometer at the corneal plane to the nearest 0.1 mm. Eye illumination for pupil measurement will be identical to the photopic and mesopic illumination used for visual acuity testing – 85 (± 2) cd/m^2 and 3 (± 0.5) cd/m^2, respectively. If lighting conditions are unable to be used or lighting conditions that vary slightly from these target illuminations are to be used, they should be discussed with the Sponsor for approval. Pupil measurement will be initiated only after the eye has had time to fully adapt to the testing conditions (approximately 10 minutes). Pupil measurements are taken at screening Visit.

6.0 DILATED FUNDUS EXAM

Using an Ophthalmoscope, light is shone into the eye and the retina and the optic nerve are examined. This exam is used to evaluate the internal structures of the eye. The Principal Investigator will classify the fundus as “normal” or “abnormal.” If abnormal, the Principal Investigator will describe the abnormality. The Principal Investigator will also rate the clarity of fundus visualization as “adequate” or “inadequate”.

[redacted]

[redacted]

[redacted]

APPENDIX C: SURGICAL PROCEDURE

All cataract surgical procedures will be performed by the qualified Principal Investigator, and up to a maximum of five Sub-investigators, using a phacoemulsification system adjusted according to the surgeon's usual settings (power modulation should be used).

Surgery to implant the IOLs will be performed on Day 0 of the Clinical Investigation for both eyes using standard microsurgical techniques. Surgery will be performed preferentially under topical anesthesia (ISBCS) with or without intracameral ophthalmic anesthesia or under local anesthesia (at the surgeon's discretion or in the event of a complication during the 2nd eye surgery/ if both eyes are treated on separate days within [redacted] of the other). Only viscoelastics as determined by the sponsor should be used for the procedure. [redacted] If due to safety reasons a supplemental ophthalmic viscoelastic device (OVD) is necessary, the Principal Investigator should document the reason for use in the source document. The supplemental OVD usage should be recorded in the CRF.

For performing, Immediately Sequential Bilateral Cataract Surgery (ISBCS) each eye treated will be considered a separate and independent surgical case and treated as per the ISBCS guidance. Complete aseptic separation of right (R) and left (L) procedures must be done with preparation and use of 2 separate surgical trays, autoclaved independently with indicators labelled for each of the two eyes. Each eye will be prepped and draped with the second eye being re-prepped and draped for treatment with aseptic precautions in alignment with the international standards for ISBCS. In the event ISBCS is not possible for any reason and or 1st and 2nd eye surgeries are performed on separate days within [redacted] of the other, or in the event of a complication during the 2nd eye surgery, local anesthesia (peribulbar/ retrobulbar block) may be used at the Investigator's discretion followed by an eye patch post-operatively.

The risk of R–L errors can be minimized by listing all R–L parameters in the operating room visible to all. The surgeon should clearly mark the 1st and 2nd IOL box prior to the surgical procedure. The 2nd eye IOL should not be in the room when the 1st eye is being operated on. There must be a verbal confirmation of the eye and the power with the circulator prior to starting the case. The staff responsible for passing the IOL to the surgical table should confirm the IOL choice with clarity without unmasking the assignment. There should be no cross-over of instruments, drugs, or devices between the two trays for the two eyes at any time before or during the surgery of either eye. Intracameral antibiotics are strongly recommended during surgery.

If a complication (as noted under below) occurs during or after the treatment of the first eye that cannot be fully resolved at surgery, then the second eye surgery will be deferred.

The lens should not be implanted if there is zonular rupture or if the anterior or posterior capsule has been compromised, or if any complication occurs, which, in the judgment of the Principal Investigator, may cause untoward effects.

The surgical procedure will be performed as follows:

1. The eye will be prepared for surgery and draped according to the surgeon's standard procedure.
2. Phacoemulsification and any routine adjunctive procedures will be performed according to the Principal Investigator's usual standard of care.
3. A clear corneal or limbal incision appropriate for a wound-assisted technique or for direct in-the-bag placement will be made using the surgeon's standard instrumentation and technique. Incision size and location will be documented in the source document and entered into the CRF.
4. The anterior chamber will be entered through the incision opening and a sponsor-approved viscoelastic will be used to fill the anterior chamber. If the Principal Investigator determines that a supplemental OVD is necessary due to safety reasons, the use of a commercially approved dispersive OVD will be permitted. In such cases, the Principal Investigator should document the name of the supplemental OVD and reason for use in the source document and the CRF.
5. The cataract will be extracted by phacoemulsification.

NOTE: The lens should not be implanted if any of the following intraoperative complications occur:

- Capsulorhexis tear, iris damage, posterior capsular rupture, vitreous prolapse, or zonular weakness or dehiscence
- Zonular rupture
- Evident zonular weakness or dehiscence
- Posterior capsule rupture
- Vitreous loss
- Significant detachment of Descemet's membrane
- Wound burn or damage
- Significant* anterior chamber bleeding
- Significant *iris incarceration or damage
- Corneal endothelial touch
- Unsuccessful/incomplete phacoemulsification
- Posterior capsule plaque
- Optic and/or haptic damage/amputation

* That interferes with the normal progress of surgery

6. To ensure the subject remains masked to the lens type assigned, the Principal Investigator and any unmasked surgical personnel must not verbally or visually disclose the lens type assigned.
   - *For subjects in the Test Lens or Control Lens group:* The IOL will be removed from the vial and rinsed with sterile saline in accordance with the IOL instructions for use. The IOL is introduced into the eye using the INJ100 IOL Injector according to inserter package insert and placed into the capsular bag.
   - *For subjects in the Active Comparator Lens group:* The IOL will be introduced into the eye according to the Instructions for use.

7. Residual viscoelastic should be aspirated from the eye using the surgeon's preferred removal technique. Care should be taken during irrigation/aspiration to ensure a thorough removal of the viscoelastic material from both the anterior and posterior surfaces of the lens. It is recommended that the irrigation/aspiration handpiece be positioned behind the posterior surface of the IOL to ensure complete viscoelastic removal.
8. Incision closure will be left to the discretion of the Principal Investigator. As a routine, no suture should be required. However, depending on the needs of the case, the cornea may be sutured at the Principal Investigator's discretion. Capture closure with suture, if required, will be documented in the source document and entered into the CRF.
9. Following completion of the surgery, topical steroid, intra-cameral antibiotic and anti-inflammatory medications may be applied to the eye, followed by a patch or shield if required, per the Principal Investigator's standard post-operative regimen. Additional ophthalmic medications as deemed necessary may be administered at the Principal Investigator's discretion.

IOL Explantation

The indication of IOL explantation if required, will be made at the discretion of the Principal Investigator if he/she judges it appropriate and beneficial for the safety and welfare of the subject

APPENDIX D: Amendment History

Version 1.0: 2 February 2023
Version 2.0 (1st Amendment) – 20 April 2023

Section	Old Text	New Text	Reason for change
1 Title Page	February 2, 2023 (Version 1.0)	April 20, 2023 (Version 2.0, 1st Amendment)	Amendment of CIP
Footer	2 February 2023, Version 1.0	20 April 2023, Version 2.0	Amendment of CIP
Attestation from Manufacturer Representative	The enVista® Aspire enhanced monofocal hydrophobic acrylic IOL (MX60EA, EA IOL)…	The enVista® Aspire enhanced monofocal hydrophobic acrylic IOL (EA IOL)…	"MX60" not used anymore as prefix for Test Lens
Clinical Investigation Plan Review and Approvals	[redacted]	[redacted]	Change of Regulatory contact
Clinical Investigation Plan Review and Approvals	[redacted]	[redacted]	Updated job title
Personnel Responsible for Conducting the Clinical Investigation	[redacted]	[redacted]	Update of phone number

Section	Old Text	New Text	Reason for change
Investigative Clinical Site	**Centro Oftalmologico Robles,** [redacted] Santa Rosa de Copan, [redacted] HONDURAS	**Centro Oftalmológico Robles,** [redacted] Santa Rosa de Copán 41101, HONDURAS	Correction of address
Investigative Clinical Site	Sub-Investigators: [redacted]	Co-Deputy Principal Investigator: [redacted] Sub-Investigators: [redacted]	[redacted] assigned as Co-Deputy Principal Investigator. [redacted] will not participate in the clinical investigation
Synopsis	The enVista® Aspire™ IOL (MX60EA) enhances the depth of focus compared to the enVista Monofocal IOL (MX60E)…	The enVista® Aspire™ IOL (EA) enhances the depth of focus compared to the enVista Monofocal IOL (MX60E)…	"MX60" not used anymore as prefix for Test Lens

Section	Old Text	New Text	Reason for change
Synopsis	*None*	*For Visit Window Operative Visit 00* **)* In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons. In this case, for Post-Operative Visits the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.	Allowance for surgeries to be conducted on two separate days
Synopsis	Randomization and enrollment will occur at the Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes.	Randomization and enrollment will occur at the Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes. In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons.	Allowance for surgeries to be conducted on two separate days
Synopsis – Exclusion Criteria	12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to surgery.	12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to enrollment.	To avoid unclarity in case surgery is done on two different days.

Section	Old Text	New Text	Reason for change
7.1 Overall Clinical Investigation Design and Plan: Description	Subjects who meet eligibility criteria will be randomly assigned to Test Group, Active Comparator Group, or Control Group in a 3:3:2 ratio. Enrollment and randomization will occur at Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes.	Subjects who meet eligibility criteria will be randomly assigned to Test Group, Active Comparator Group, or Control Group in a 3:3:2 ratio. Randomization will occur at Operative Visit (Day 0), before 1st eye surgery. Enrollment occurs after the lens first touches the 1st eye.	Allowance for surgeries to be conducted on two separate days

Section	Old Text	New Text	Reason for change
8 Selection and Withdrawal of Subjects	*None*	Surgeries for both eyes need to be performed within [redacted] after the preoperative visit has been performed. Surgery of both eyes is planned for the same day. Nevertheless, in exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed, for medical reasons. The maximum allowed time between 1st and 2nd eye implantation, in this case is [redacted]. Eligibility needs to be reconfirmed on day of 2nd eye surgery. Post-Operative visits 1, 2 and 3 need to be performed for both eyes on same day, and within the proposed visit window considering the surgery days of both eyes, with a preference for the visit to be scheduled at the start of the visit window to pre-empt any delays.	Allowance for surgeries to be conducted on two separate days
8.2 Subject Exclusion Criteria	12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to surgery.	12. Subjects with any preoperative infectious conjunctivitis, keratitis, or uveitis in either eye within 30 days prior to enrollment.	To avoid unclarity in case surgery is done on two different days.

Section	Old Text	New Text	Reason for change
9.1.1 Treatment Allocation and Randomization Method	Randomization and enrollment will occur at Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes.	Randomization and enrollment will occur at Operative Visit (Day 0), at which time cataract surgeries will be performed on both eyes (or on the 1st eye if surgeries are done on different days for exceptional cases)	Allowance for surgeries to be conducted on two separate days
9.1.1.1 Masking and Postoperative Masked Examiner(s)	The Principal Investigator and/or up to a maximum of three Sub-Investigators implanting the IOL and designated intraoperative site personnel and sponsor will be unmasked to the Group assignment for a subject.	The Principal Investigator, Deputy Principal Investigator, Co-Deputy Principal Investigator and up to a maximum of three Sub-Investigators implanting the IOL and designated intraoperative site personnel and sponsor will be unmasked to the Group assignment for a subject.	To align wording with roles under "Investigative Clinical Site"
10.1 Description of Investigation Device, Control and Comparator IOLs	[redacted]	[redacted]	Correction of unit
10.6 Other Materials	Supplementary Clinical Investigation materials provided by Bausch & Lomb may include: • Bausch & Lomb single-use IOL injection system (BLIS)	Supplementary Clinical Investigation materials provided by Bausch + Lomb may include: • Bausch & + Lomb single-use IOL Injector (NJ100)	To clarify that the single-use IOL Injector is INJ100

Section	Old Text	New Text	Reason for change
11.1 Schedule of Evaluations and Procedures	*None*	In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons. In this case, for Post-Operative Visits the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.	Allowance for surgeries to be conducted on two separate days
11.1.2 Operative Visit 00: Day 0	Subjects will be assessed to reconfirm eligibility.	Subjects will be assessed to reconfirm eligibility. If pregnancy is suspected, a urine pregnancy test may be performed according to site's standard practice. Women with a positive urine pregnancy test will be screen failed.	If needed, pregnancy testing may be done according to site's standard

Section	Old Text	New Text	Reason for change
11.1.2 Operative Visit 00: Day 0	*None*	In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed, for medical reasons. The maximum allowed time between 1st and 2nd eye implantation, in this case is [redacted]. Eligibility needs to be reconfirmed on day of 2nd eye surgery. If both eyes undergo surgeries on different days, surgeries for both eyes need to be performed within 60 days of the preoperative visit	Allowance for surgeries to be conducted on two separate days
11.1.3 Postoperative Visits: Day [redacted]	*None*	If both eyes undergo surgery on different days, the first days of the allowed windows will be calculated based on 2nd eye surgery and last days will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day.	Calculation of visit windows if surgeries have been conducted on two different days
12.4 Risk Assessment, Risk Mitigation, and Anticipated Benefit	The model EA IOL and MX60E IOL have [redacted] that has been shown to be safe for implantation in humans[10,11].	The model EA IOL and MX60E IOL have [redacted] hat has been shown to be safe for implantation in humans[9,10].	References corrected

Section	Old Text	New Text	Reason for change
12.4 Risk Assessment, Risk Mitigation, and Anticipated Benefit	Ensuring the subject understands the risks and benefits of the clinical Clinical Investigation and EA IOL is an important part of the risk mitigation.	Ensuring the subject understands the risks and benefits of the Clinical Investigation and EA IOL is an important part of the risk mitigation.	Grammar correction
12.5.1 Adverse Events Definitions	For the purposes of this Clinical Investigation, adverse events include: all ocular AEs; all ocular and non-ocular serious adverse events (SAEs); ocular adverse device effects (ADEs; Serious Adverse Device Effect (SADE); Non-ocular adverse events other than non-ocular SAEs will not be collected in the CRF because of their lack of influence on assessing safety of the Test and Control and Comparator IOLs and will be recorded in the source data, only. AEs, SAEs, ADEs and SADEs are defined as follows.	For the purposes of this Clinical Investigation, adverse events include: all serious and non-serious AEs; ocular adverse device effects (ADEs; Serious Adverse Device Effect (SADE). AEs, SAEs, ADEs and SADEs are defined as follows.	All AEs to be reported
12.5.2 Identification and Collection	Specific to this CIP, ocular non-serious AEs in the Clinical Investigation eye(s) and all SAEs observed or elicited by the Principal Investigator, reported by the subject, or resulting from a test result, etc., occurring during the clinical investigation must be reported in the CRF.	All AEs, non-serious and serious, observed or elicited by the Principal Investigator, reported by the subject, or resulting from a test result, etc., occurring during the clinical investigation must be reported in the CRF.	All AEs to be reported

<table>
<tr><th>Section</th><th>Old Text</th><th>New Text</th><th>Reason for change</th></tr>
<tr>
<td>12.5.4 Reporting</td>
<td>Actions required by the Principal Investigator for reporting non-serious ocular adverse events are summarized in Table 1 below.

Table 1. Non-serious Adverse Events
<table>
<tr><th></th><th>Non-serious non-ocular AEs</th><th>Non-serious ocular AEs, device and/or procedure related or not related</th><th>Device-deficiency</th></tr>
<tr><td>Required Action</td><td>Recorded in the source data only</td><td>Recorded on Adverse Event CRF only; no expedited report to Sponsor; no report to IRB/IEC</td><td>Recorded on Device Deficiency Form; expedited report to Sponsor; no report to IRB/IEC</td></tr>
</table>
</td>
<td>Actions required by the Principal Investigator for reporting non-serious adverse events are summarized in Table 1 below.

Table 1. Non-serious Adverse Events
<table>
<tr><th></th><th>Non-serious AEs, device and/or procedure related or not related</th><th>Device-deficiency</th></tr>
<tr><td>Required Action</td><td>Recorded on Adverse Event CRF; no expedited report to Sponsor; Report to IRB/IEC and Regulatory Authority, as required per local regulations</td><td>Recorded on Device Deficiency Form; expedited report to Sponsor; no report to IRB/IEC</td></tr>
</table>
</td>
<td>All AEs to be reported</td>
</tr>
</table>

Section	Old Text	New Text	Reason for change
Appendix A: CLINICAL INVESTIGATION FLOW CHART	*None*	*!) Added for Operative Visit 00:* !) In exceptional cases, at the discretion of the Investigator, surgery of the 2nd eye may be postponed for up to [redacted], for medical reasons. In this case, for Post-Operative Visits the first day of the allowed windows will be calculated based on 2nd eye surgery and last day will be calculated based on 1st eye surgery date. All Post-Operative Visits will be performed on the same day	Allowance for surgeries to be conducted on two separate days
	Ocular Medical History	Medical History	
	None	*a) Added for Medical History:* Medical history including ocular history will be collected to evaluate eligibility of the subject and assess any condition that may affect subject safety and the outcome of the investigation	

Section	Old Text	New Text	Reason for change
Appendix C: Surgical Procedure	All cataract surgical procedures will be performed by the qualified Principal Investigator and up to a maximum of three Sub-investigators, using a phacoemulsification system adjusted according to the surgeon's usual settings (power modulation should be used).	All cataract surgical procedures will be performed by the qualified Principal Investigator, Deputy Principal Investigator, Co-Deputy Principal Investigator and up to a maximum of three Sub-investigators, using a phacoemulsification system adjusted according to the surgeon's usual settings (power modulation should be used).	To align wording with roles under "Investigative Clinical Site"
Appendix C: Surgical Procedure	Surgery will be performed under either local or topical with or without intracameral ophthalmic anesthesia.	Surgery will be performed preferentially under topical anesthesia (ISBCS) with or without intracameral ophthalmic anesthesia or under local anesthesia (at the surgeon's discretion or in the event of a complication during the 2nd eye surgery/ if both eyes are treated on separate days within [redacted] of the other).	Specification for usage of local anesthesia

Section	Old Text	New Text	Reason for change
Appendix C: Surgical Procedure	For performing, Immediately Sequential Bilateral Cataract Surgery (ISBCS) each eye treated will be considered a separate and independent surgical case. […] *None*	For performing, Immediately Sequential Bilateral Cataract Surgery (ISBCS) each eye treated will be considered a separate and independent surgical case and treated as per the ISBCS guidance. […] In the event ISBCS is not possible for any reason and or 1st and 2nd eye surgeries are performed on separate days [redacted] of the other, or in the event of a complication during the 2nd eye surgery, local anesthesia (peribulbar/ retrobulbar block) may be used at the Investigator's discretion followed by an eye patch post-operatively.	Allowance for surgeries to be conducted on two different days

Section	Old Text	New Text	Reason for change
Appendix C: Surgical Procedure, point 6	6. The IOL will be removed from the vial and rinsed with sterile saline in accordance with the IOL instructions for use. The IOL is introduced into the eye using the BLIS IOL Injector according to inserter package insert and placed into the capsular bag. To ensure the subject remains masked to the lens type assigned, the Principal Investigator and any unmasked surgical personnel must not verbally or visually disclose the lens type assigned.	6. To ensure the subject remains masked to the lens type assigned, the Principal Investigator and any unmasked surgical personnel must not verbally or visually disclose the lens type assigned. - For subjects in the Test Lens or Control Lens group: The IOL will be removed from the vial and rinsed with sterile saline in accordance with the IOL instructions for use. The IOL is introduced into the eye using the BLIS INJ100 IOL Injector according to inserter package insert and placed into the capsular bag. - For subjects in the Active Comparator Lens group: The IOL will be introduced into the eye according to the Instructions for use. To ensure the subject remains masked to the lens type assigned, the Principal Investigator and any unmasked surgical personnel must not verbally or visually disclose the lens type assigned.	To clarify the injector to be used and that usage of INJ100 is applicable for Test and Control Lens, only.
17 - Appendix D – Amendment History	*None*	*as added right here*	Amendment of CIP

Version 3.0 (2nd Amendment) – 08 June 2023

Section	Old Text	New Text	Reason for change
1 Title Page	April 20, 2023 (Version 2.0, 1st Amendment)	June 08, 2023 (Version 3.0, 2nd Amendment)	Amendment of CIP
Footer	20 April 2023, Version 2.0	08 June 2023, Version 3.0	Amendment of CIP
Investigative Clinical Site	**Principal Investigator:** [redacted] **Deputy Principal Investigator:** [redacted] **Co-Deputy Principal Investigator:** [redacted] **Sub-Investigators:** [redacted]	**Principal Investigator:** [redacted] **Sub-Investigators:** [redacted]	Change of Principal Investigator, Role change of Deputy Investigator and Co-Deputy Investigator to Sub-Investigator, addition of additional Sub-Investigator
9.1.1.1 Masking and Postoperative Masked Examiner(s)	The Principal Investigator, Deputy Principal Investigator, Co-Deputy Principal Investigator and up to a maximum of three Sub-Investigators implanting the IOL…	The Principal Investigator and up to a maximum of five Sub-Investigators implanting the IOL…	Role change of Deputy Investigator and Co-Deputy Investigator to Sub-Investigator

Section	Old Text	New Text	Reason for change
Appendix C: Surgical Procedure	All cataract surgical procedures will be performed by the qualified Principal Investigator, Deputy Principal Investigator, Co-Deputy Principal Investigator and up to a maximum of three Sub-investigators, …	All cataract surgical procedures will be performed by the qualified Principal Investigator, and up to a maximum of five Sub-investigators, …	Role change of Deputy Investigator and Co-Deputy Investigator to Sub-Investigator
17 - Appendix D – Amendment History	*None*	*as added right here*	Amendment of CIP