



RETINA REPORT

2026



Table of Contents

- Demographics 5
- Practice & Patient Info 9
- Practice Management..... 10
- Knowledge & Education 11
- Diagnostic Instruments 12
- Diagnosis 14
- Management.....16
- Treatment 18
- Innovation..... 20

Introduction

Welcome to the 2026 Retina Report from Eyes On Eyecare.

Population-based studies indicate that the prevalence of retinal disorders among individuals aged 40 and older ranges from 5.35% to 21.02%. These conditions, which include age-related macular degeneration, diabetic and hypertensive retinopathy, and retinal vein occlusions, are diagnosed through comprehensive clinical examinations and imaging methods.¹

With rising life expectancy, evolving lifestyles, and systemic diseases, optometrists are well-positioned to diagnose and manage many of these retinal conditions.¹ Furthermore, recent advancements in diagnostic technology and treatments have transformed the retinal disease landscape.

We conducted a survey of 339 optometrists across the United States to gather insights into retinal diagnosis and treatment and to explore any trends that may have emerged since our last survey in 2025.

Educating patients is vital for managing these chronic conditions, and we have observed a ~16% increase in referrals to online educational resources focused on retinal disease, its management, and the importance of adherence to treatment since 2025. Additionally, while the cost to patients remains the primary barrier to embracing new therapies, the challenge of insurance coverage has increased by about 45% since 2025.

Although OCT, fundus photography, and ophthalmoscopy remain the leading diagnostic tests for retinal diseases, there has been a 10% increase in OCT-A adoption since 2025. Moreover, Zeiss, Genentech, and Regeneron are still recognized by most optometrists as the top innovators in retina.

As innovations continue to transform the retinal disease treatment landscape, optometrists remain the primary eye care providers for diagnosing retinal disease and initiating treatment.

We trust that this report is insightful and that the information it contains will be useful in advancing your practice. If you’re interested in further discussion, don’t hesitate to reach out to our team via email at info@eyesoneyecare.com. In the meantime, stay tuned for future surveys and reports!

Natalie Osayande, OD, MS
Associate Director of Medical Communications

References
1. Thapa R, Khanal S, Tan HS, Thapa SS, van Rens GHMB. Prevalence, Pattern and Risk Factors of Retinal Diseases Among an Elderly Population in Nepal: The Bhaktapur Retina Study. *Clin Ophthalmol*. 2020;14:2109-2118. Published 2020 Jul 24. doi:10.2147/OPTH.S262131



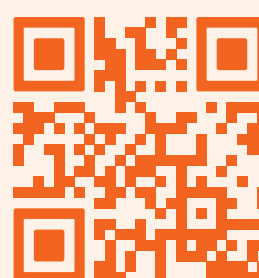
Chuck is a real patient with GA, and Dr. Esther Kim is his retina specialist who treats his GA with IZERVAY.

Moments like this deserve your protection.

Chuck loves to play bridge— Dr. Kim loves to keep him in the game for longer.

Treat GA early with IZERVAY to protect healthy retinal cells for longer^{1,2*}

Scan to explore IZERVAY: The #1 prescribed FDA-approved treatment for new GA patients^{3†}



izervay
(avacincaptad pegol
intravitreal solution) 2 mg

Physicians and patients featured have been compensated.

*In 2 clinical trials of 624 people, IZERVAY was proven to reduce the annualized rate of GA lesion growth by 18%-35% in 1 year compared to those who were not treated.

†Based on Symphony data from 3/24-12/25. May not represent entire patient population.

INDICATION

IZERVAY® (avacincaptad pegol intravitreal solution) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

WARNINGS AND PRECAUTIONS

Endophthalmitis and Retinal Detachments

- Intravitreal injections may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management.

Neovascular AMD

- In the GATHER1 and GATHER2 clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization

(7% when administered monthly and 4% in the sham group) by Month 12. Over 24 months, the rate of neovascular (wet) AMD or choroidal neovascularization in the GATHER2 trial was 12% in the IZERVAY group and 9% in the sham group. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.

Increase in Intraocular Pressure

- Transient increases in intraocular pressure (IOP) have been observed after an intravitreal injection, including with IZERVAY. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

ADVERSE REACTIONS

Most common adverse reactions (incidence $\geq 5\%$ and occurred with frequency $\geq 2\%$ vs. sham) reported in patients receiving IZERVAY for up to 24 months in GATHER2: conjunctival hemorrhage, blurred vision, increased IOP, wet AMD, punctate keratitis, and eye pain.

Please see Brief Summary of Full Prescribing Information on adjacent page.

References: 1. Holz FG, Strauss EC, Schmitz-Valckenberg S, van Lookeren Campagne M. Geographic atrophy: clinical features and potential therapeutic approaches. *Ophthalmology*. 2014;121(5):1079-1091. 2. Izervay. Package insert. Northbrook, IL: Astellas Pharma US, Inc.; 2026. 3. Astellas Pharma US, Inc. Izervay. Data on File.

IZERVAY® (avacincaptad pegol intravitreal solution)

Rx only

Brief Summary: This information is not comprehensive. Visit IZERVAYecp.com to obtain the FDA-approved product labeling or call 800-707-4479.

1 INDICATIONS AND USAGE

IZERVAY is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

2 DOSAGE AND ADMINISTRATION

2.1 General Dosing Information

IZERVAY must be administered by a qualified physician.

2.2 Recommended Dosage

The recommended dosage for IZERVAY is 2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection to each affected eye once monthly (approximately every 28 ± 7 days).

4 CONTRAINDICATIONS

4.1 Ocular or Periocular Infections

IZERVAY is contraindicated in patients with ocular or periocular infections.

4.2 Active Intraocular Inflammation

IZERVAY is contraindicated in patients with active intraocular inflammation.

5 WARNINGS AND PRECAUTIONS

5.1 Endophthalmitis and Retinal Detachments

Intravitreal injections may be associated with endophthalmitis and retinal detachments. Proper aseptic injection techniques must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management.

5.2 Neovascular AMD

In the GATHER1 and GATHER2 clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (7% when administered monthly and 4% in the sham group) by Month 12. Over 24 months, the rate of neovascular (wet) AMD or choroidal neovascularization in the GATHER2 trial was 12% in the IZERVAY group and 9% in the sham group. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.

5.3 Increase in Intraocular Pressure

Transient increases in intraocular pressure (IOP) have been observed after an intravitreal injection, including with IZERVAY. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

6 ADVERSE REACTIONS

The following potentially serious adverse reactions are described elsewhere in the labeling:

- Ocular and periocular infections
- Active intraocular inflammation
- Endophthalmitis and retinal detachments
- Neovascular AMD
- Increase in intraocular pressure

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of avacincaptad pegol was evaluated in 733 patients with AMD in two sham-controlled studies (GATHER1 and GATHER2). Of these patients, 292 were treated with intravitreal IZERVAY 2 mg (0.1 mL of 20 mg/mL solution). Three hundred thirty-two (332) patients were assigned to sham.

Adverse reactions reported in ≥2% of patients who received treatment with IZERVAY for up to 12 months pooled across the GATHER1 and GATHER2 studies are listed below in Table 1.

Table 1: Common Ocular Adverse Reactions (≥2%) and greater than Sham in Study Eye up to 12 months

Adverse Drug Reactions	IZERVAY N=292	Sham N=332
Conjunctival hemorrhage	13%	9%
Increased IOP	9%	1%
Blurred Vision*	8%	5%
Choroidal neovascularization	7%	4%
Eye pain	4%	3%
Vitreous floaters	2%	<1%
Blepharitis	2%	<1%

* Blurred vision includes visual impairment, vision blurred, visual acuity reduced, visual acuity reduced transiently.

Adverse reactions reported in ≥ 2% of patients who received treatment with IZERVAY for up to 24 months in the GATHER2 study are listed below in Table 2.

Table 2: Common Ocular Adverse Reactions (≥2%) and greater than Sham in Study Eye up to 24 months

Adverse Drug Reaction	IZERVAY N=225	Sham N=222
Conjunctival hemorrhage	17%	9%
Blurred vision ¹	14%	5%
Increased IOP	13%	1%
Choroidal neovascularization	12%	9%
Punctate keratitis ²	10%	8%
Eye pain	7%	4%
Retinal hemorrhage	4%	3%
Vitreous floaters	4%	<1%
Ocular hypertension	4%	0
Blepharitis	3%	<1%
Corneal abrasion	2%	<1%

¹ Blurred vision includes visual impairment, vision blurred, visual acuity reduced, visual acuity reduced transiently and blindness transient.

² Punctate keratitis includes punctate keratitis and keratitis.

Photopsia, optic ischemic neuropathy, vitreous hemorrhage, vitreal cells, vitritis, and endophthalmitis were each reported in ≤ 1% of patients treated with IZERVAY for up to 24 months across the GATHER1 and GATHER2 studies.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy Risk Summary

There are no adequate and well-controlled studies of IZERVAY administration in pregnant women. The use of IZERVAY may be considered following an assessment of the risks and benefits.

Administration of avacincaptad pegol to pregnant rats and rabbits throughout the period of organogenesis resulted in no evidence of adverse effects to the fetus or pregnant female at intravenous (IV) doses 5.5 times and 3.4 times the human exposure, respectively, based on Area Under the Curve (AUC), following a single 2 mg intravitreal (IVT) dose (see Animal Data). In the U.S. general population, the estimated background risks of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15%-20%, respectively.

Animal Data

An embryo fetal developmental toxicity study was conducted with pregnant rats. Pregnant rats received daily IV injections of avacincaptad pegol from day 6 to day 17 of gestation at 0.1, 0.4, 1.2 mg/kg/day. No maternal or embryofetal adverse effects were observed at any dose evaluated. An increase in the incidence of a non-adverse skeletal variation, described as short thoracolumbar (ossification site without distal cartilage) supernumerary ribs, was observed at all doses evaluated. The clinical relevance of this finding is unknown. Plasma exposures at the high dose were 5.5 times the human AUC of 999 ng•day/mL (23976 ng•hr/mL) following a single 2 mg IVT dose. An embryo fetal developmental toxicity study was conducted with pregnant rabbits. Pregnant rabbits received daily IV injections of avacincaptad pegol from day 7 to day 19 of gestation at 0.12, 0.4, 1.2 mg/kg/day. No maternal or embryofetal adverse effects were observed at any dose evaluated. Plasma exposure in pregnant rabbits at the highest dose of 1.2 mg/kg/day was 3.4 times the human AUC of 999 ng•day/mL (23976 ng•hr/mL) following a single 2 mg IVT dose.

8.2 Lactation

There is no information regarding the presence of avacincaptad pegol in human milk, or the effects of the drug on the breastfed infant or on milk production. Many drugs are transferred in human milk with the potential for absorption and adverse reactions in the breastfed child. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for IZERVAY and any potential adverse effects on the breastfed infant from IZERVAY.

8.4 Pediatric Use

Safety and effectiveness of IZERVAY in pediatric patients have not been established.

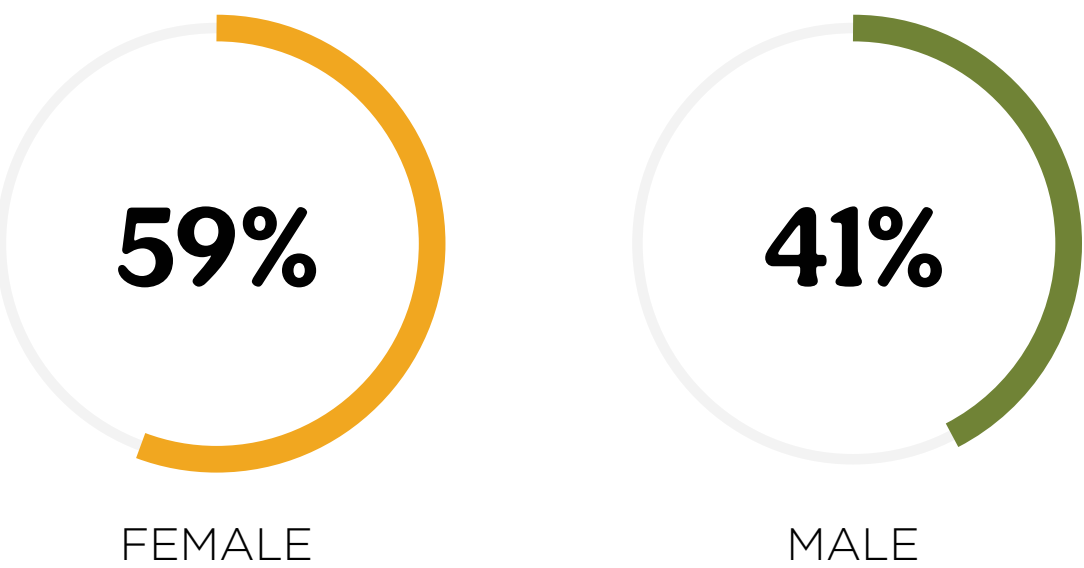
8.5 Geriatric Use

Of the total number of patients who received IZERVAY in the two clinical trials, 90% (263/292) were ≥65 years and 61% (178/292) were ≥75 years of age. No significant differences in efficacy or safety of avacincaptad pegol were seen with increasing age in these studies. No dose adjustment is required in patients 65 years and above.

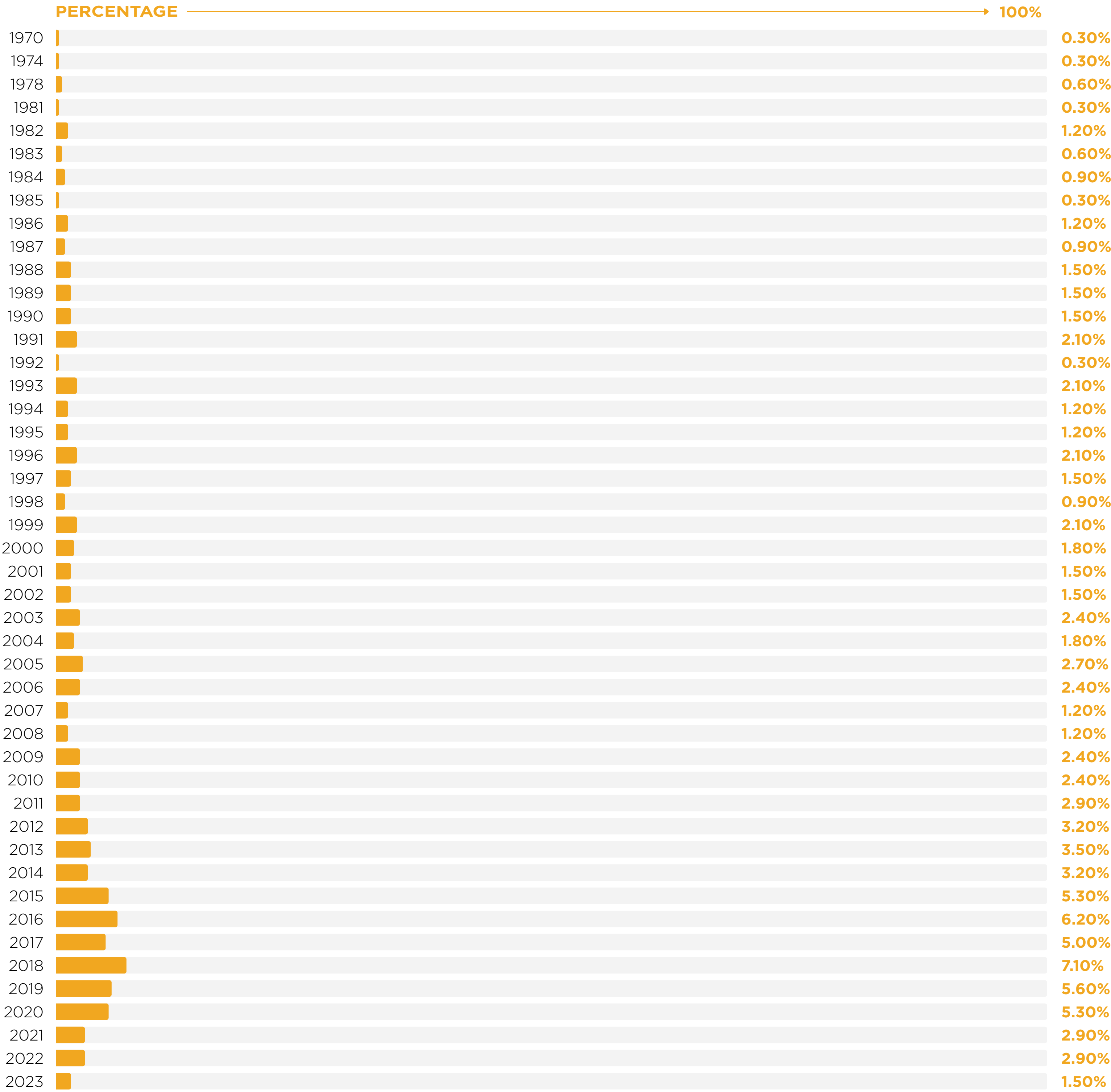
Distributed by: Astellas Pharma US, Inc.
Northbrook, IL 60062

Copyright © 2026 Astellas Pharma Inc. or its affiliates. All trademarks are the property of their respective owners.
MAT-US-IZE-2026-00121 02/26

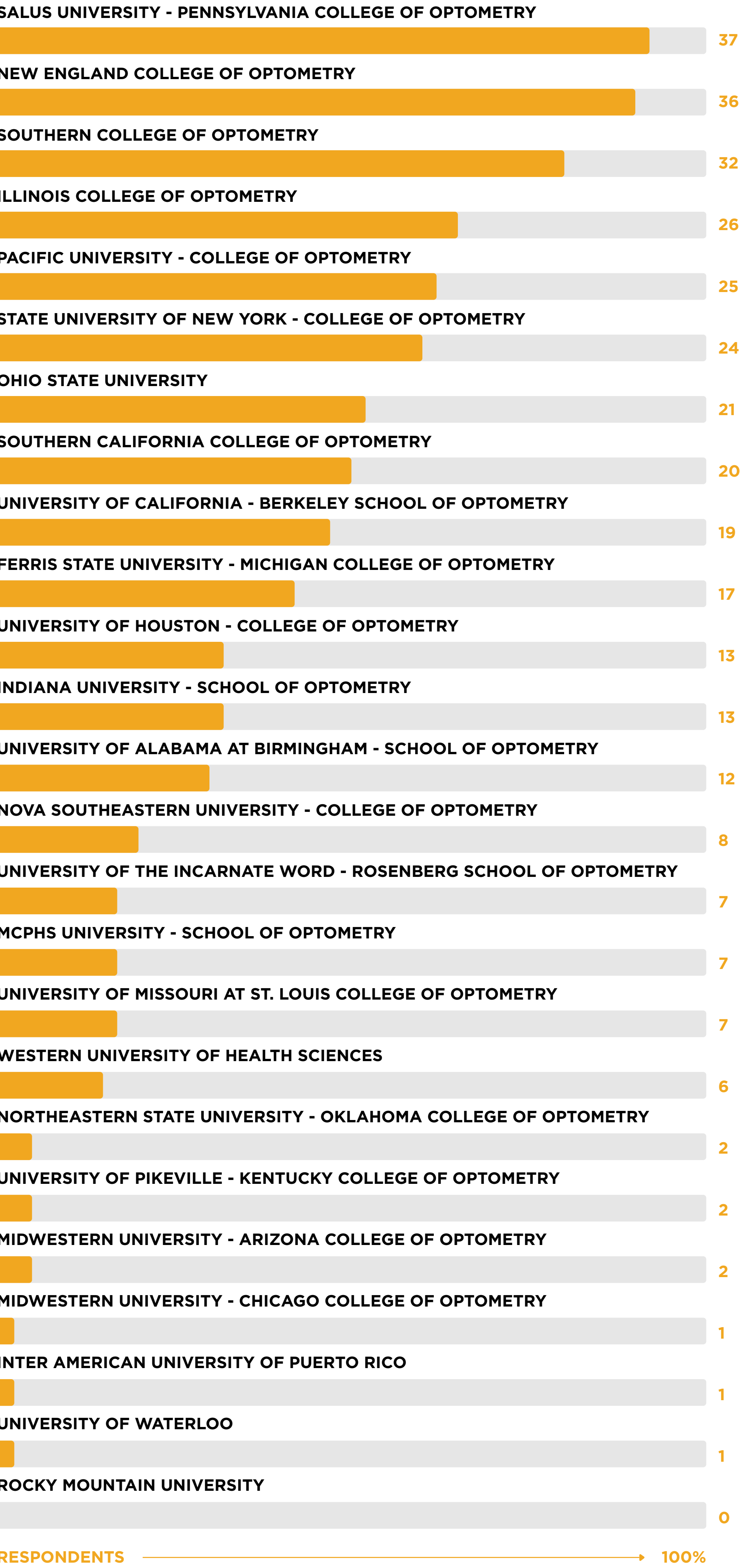
What is your gender?



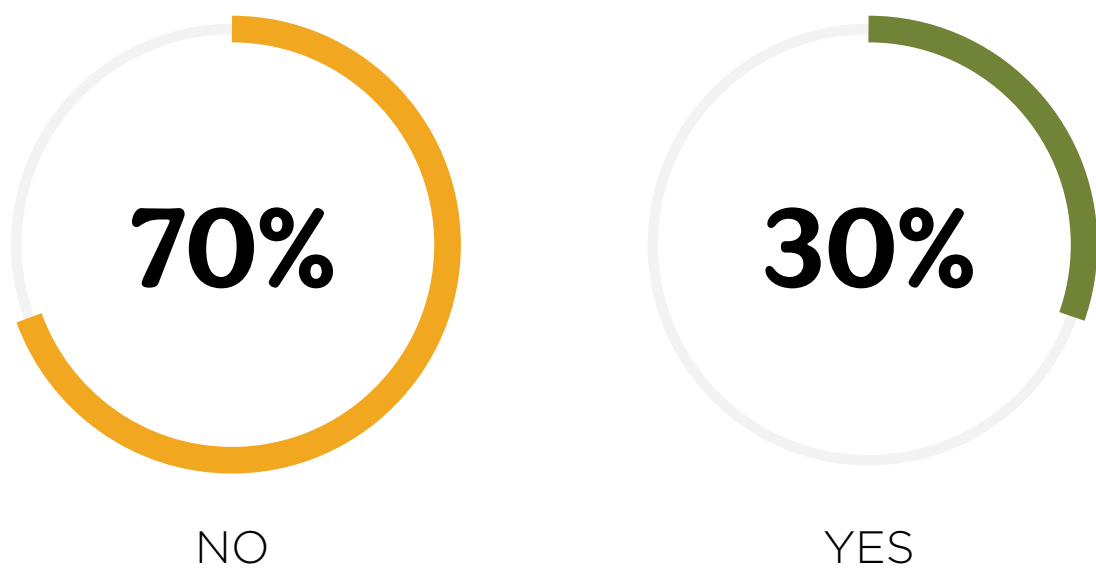
What year did you graduate from optometry school?



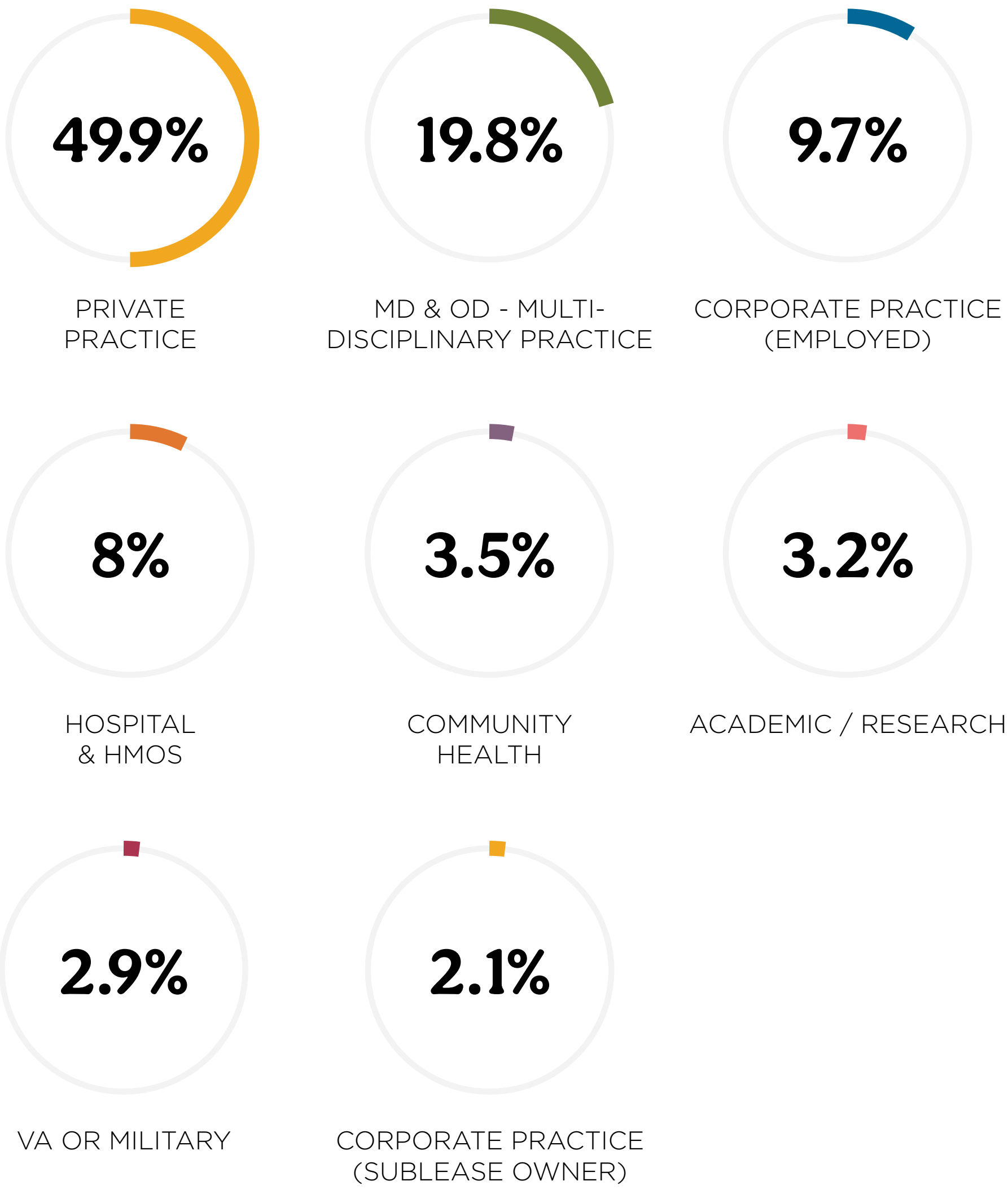
Which optometry school did you attend?



Did you or will you complete an optometry residency?



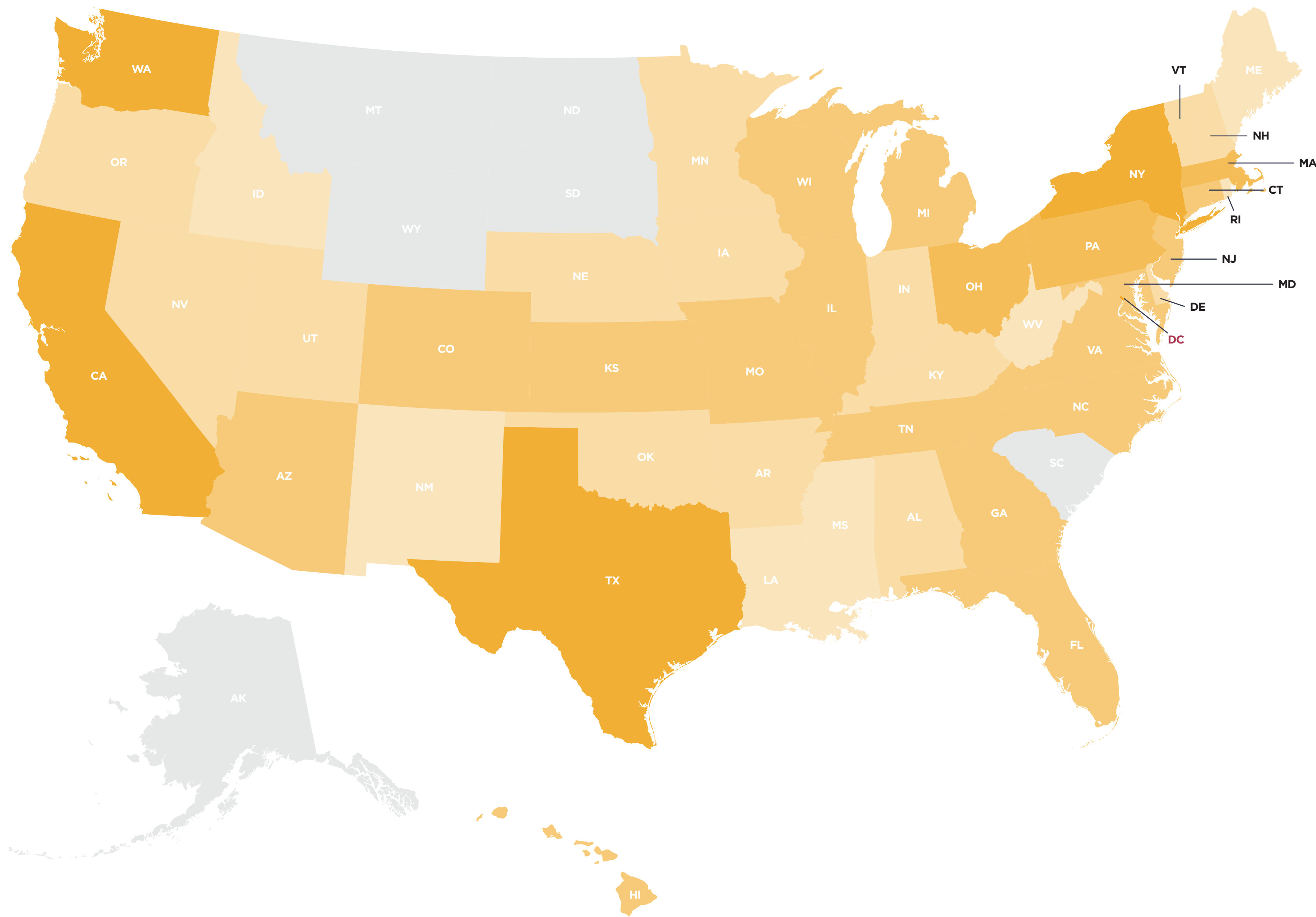
In what setting do you practice?



TOTAL (n=339)

In what State do you primarily practice?

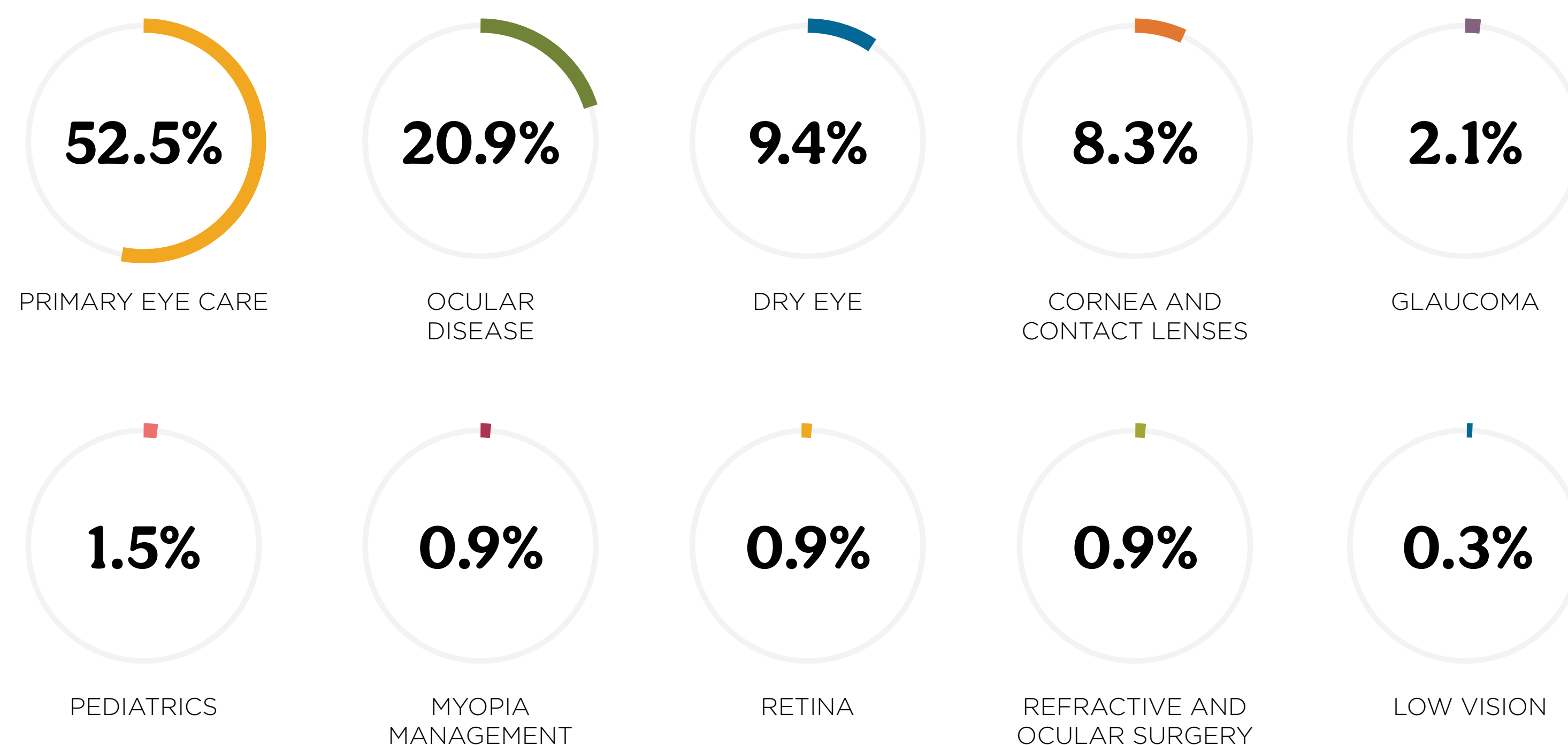
TOP 6 STATES



RESPONDENTS			
CALIFORNIA	38	IOWA	5
NEW YORK	26	NEW HAMPSHIRE	5
NEW JERSEY	17	TENNESSEE	5
PENNSYLVANIA	17	CONNECTICUT	4
MICHIGAN	16	DELAWARE	4
TEXAS	16	IDAHO	4
MINNESOTA	15	KANSAS	4
NORTH CAROLINA	13	OKLAHOMA	4
GEORGIA	11	KENTUCKY	3
VIRGINIA	10	MONTANA	3
FLORIDA	9	NEBRASKA	3
ILLINOIS	9	SOUTH CAROLINA	3
MASSACHUSETTS	9	UTAH	3
ARIZONA	8	MAINE	2
COLORADO	8	MARYLAND	2
INDIANA	8	SOUTH DAKOTA	2
MISSOURI	8	WEST VIRGINIA	2
WASHINGTON	8	LOUISIANA	1
OREGON	7	NEVADA	1
HAWAII	6	RHODE ISLAND	1
OHIO	6	VERMONT	1
WISCONSIN	6	WYOMING	1
ALABAMA	5		

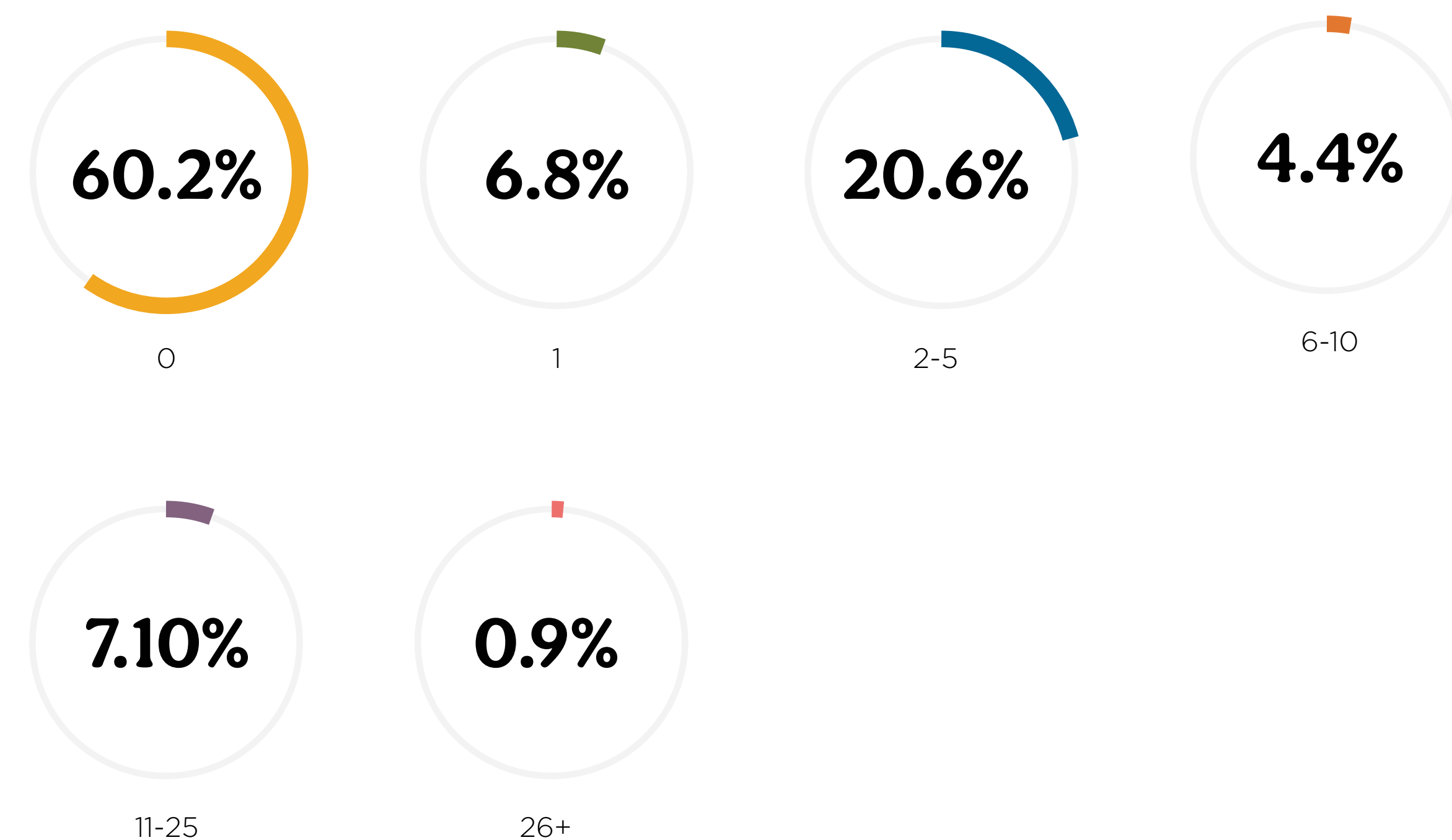
TOTAL (n=339)

What is your primary area of specialty?



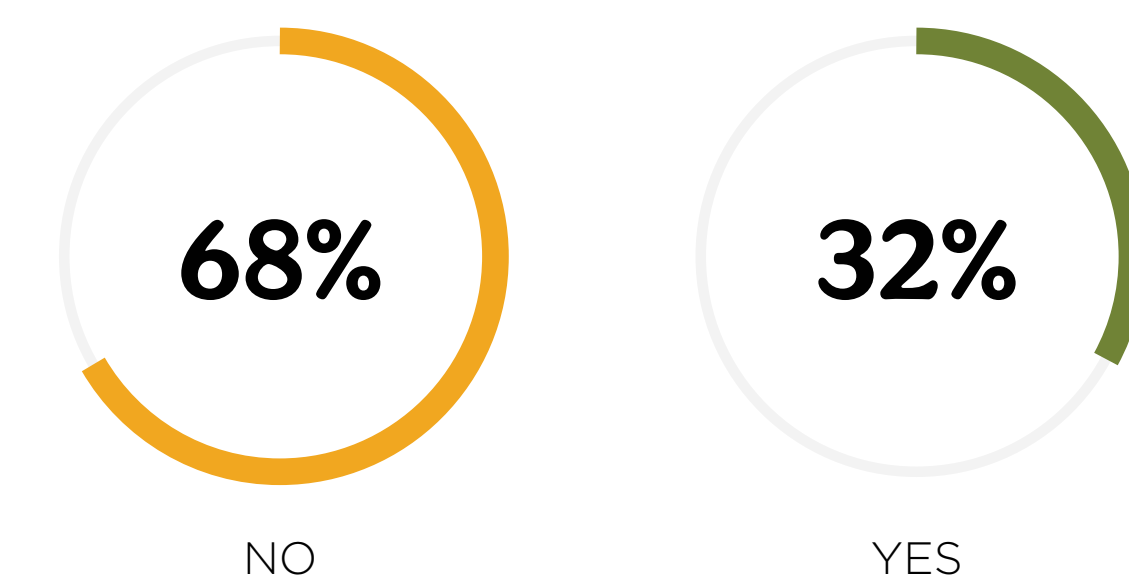
TOTAL (n=339)

How many ophthalmologists are on staff at your practice?



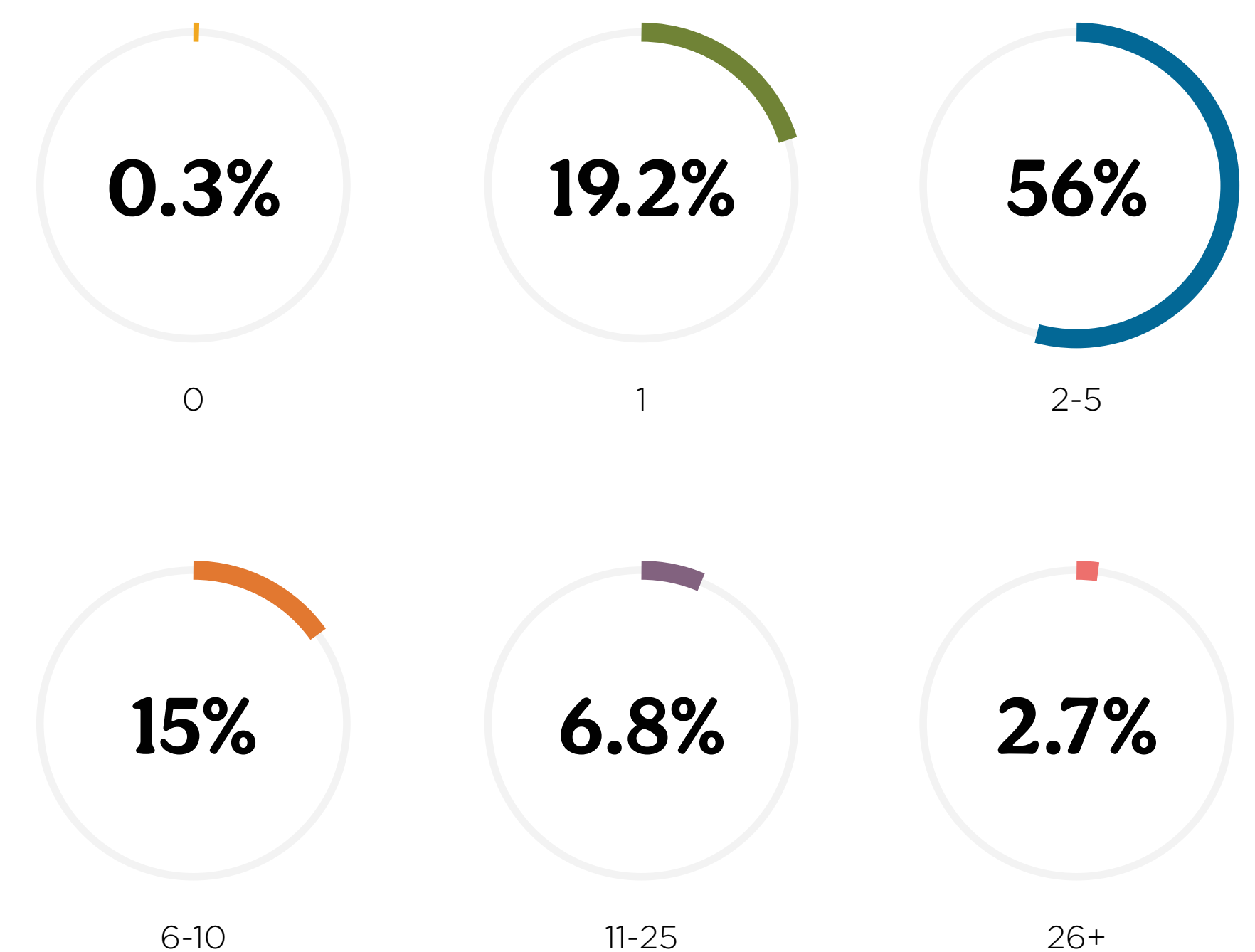
TOTAL (n=339)

Are you a practice owner?



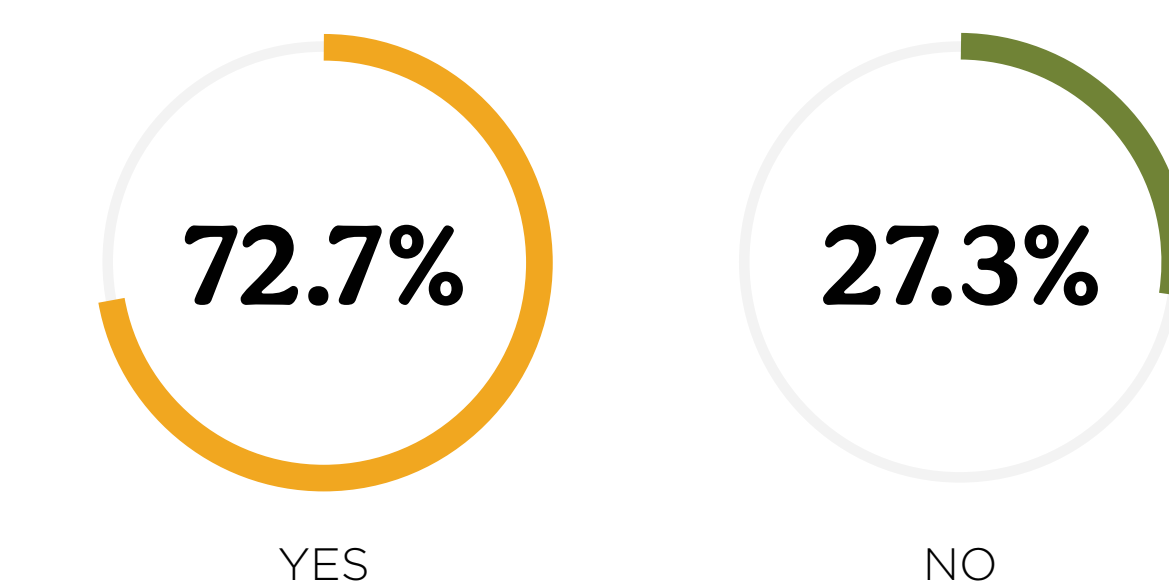
TOTAL (n=339)

How many optometrists are on staff where you practice?

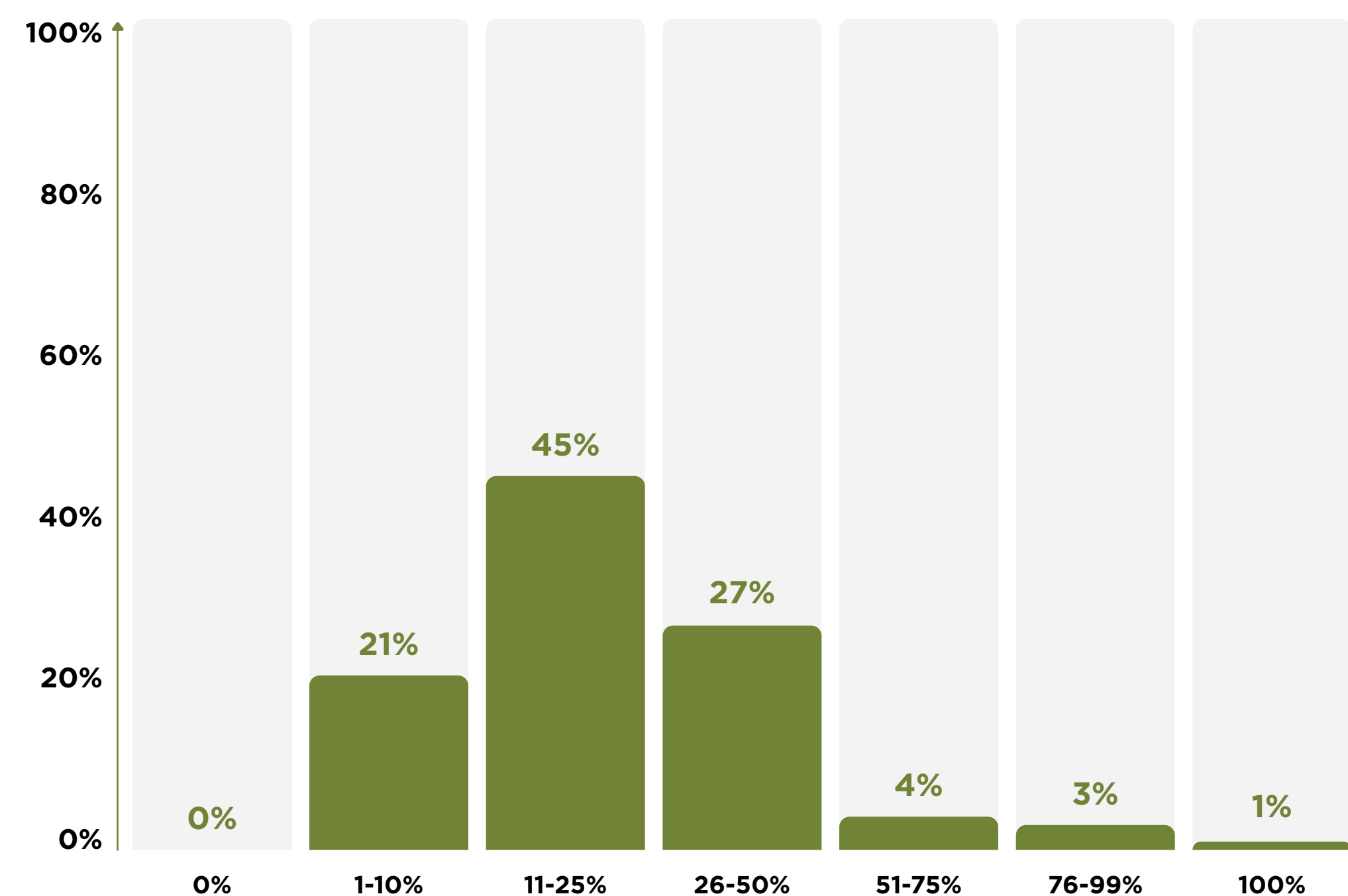


PRACTICE OWNERS (n=110)

Are you interested in expanding the retina line of service in your practice?



Over the next 12 months, what percent of your clinical focus will be placed on retinal disease?



How do you currently educate your patients about retinal disease, its management, and the importance of adherence to treatment?

IN-OFFICE PATIENT CONVERSATION DURING THE EXAM

96.8%

PRINTED PAMPHLETS OR TAKE-HOME BROCHURES

42.2%

REFERRAL TO EDUCATIONAL WEBSITES OR ONLINE RESOURCES

16.5%

DIGITAL PATIENT EDUCATION APPS OR PATIENT PORTALS

8.6%

EMAIL OR TEXT-BASED PATIENT COMMUNICATION TOOLS

5.9%

SURGICAL COORDINATOR OR DESIGNATED STAFF MEMBER

5.6%

AI-POWERED PATIENT COMMUNICATION PLATFORMS

0.6%

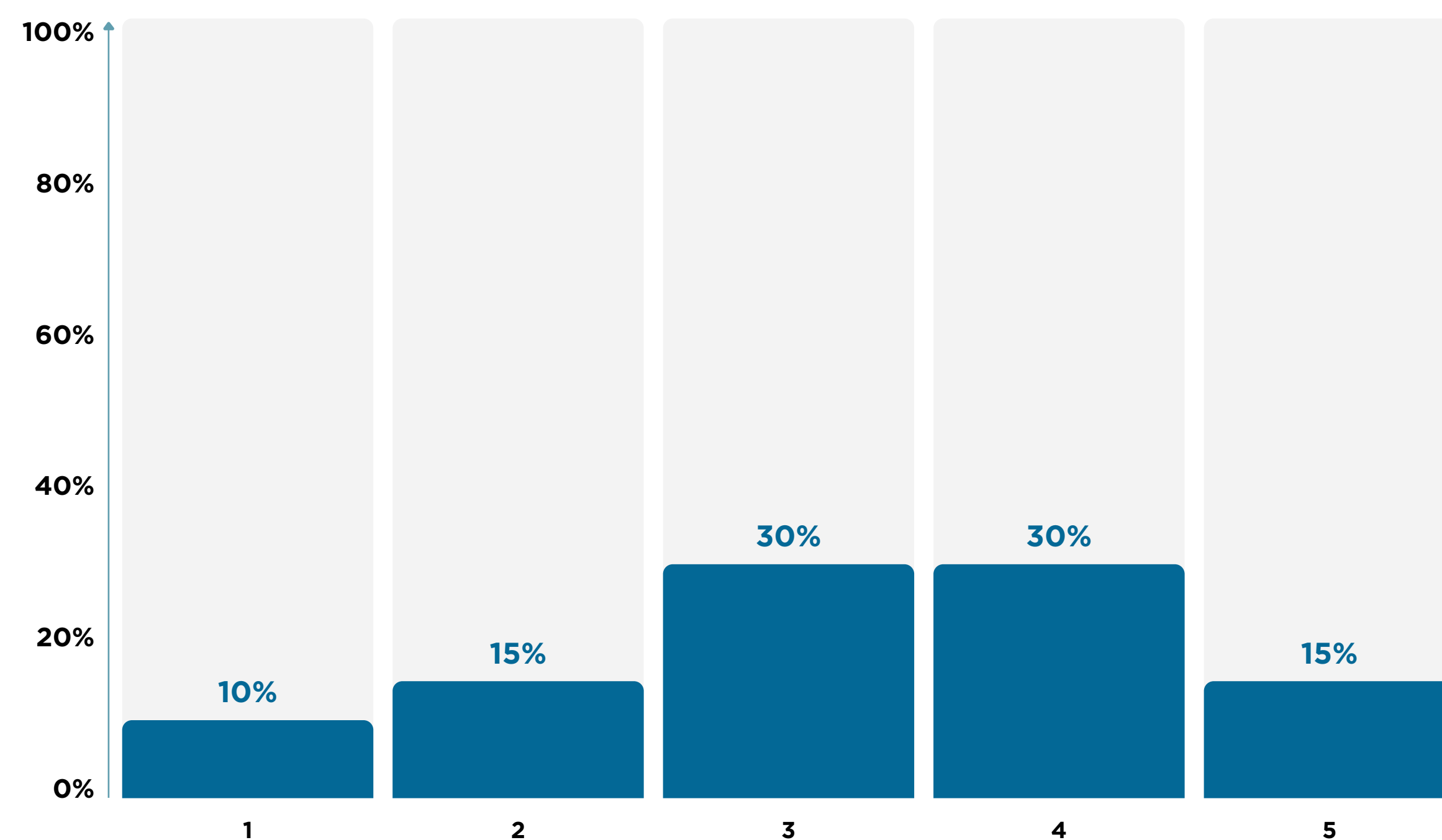
RESPONDENTS 100%



TOTAL (n=324)

To what extent does insurance play in your patients' decisions regarding retinal disease treatment?

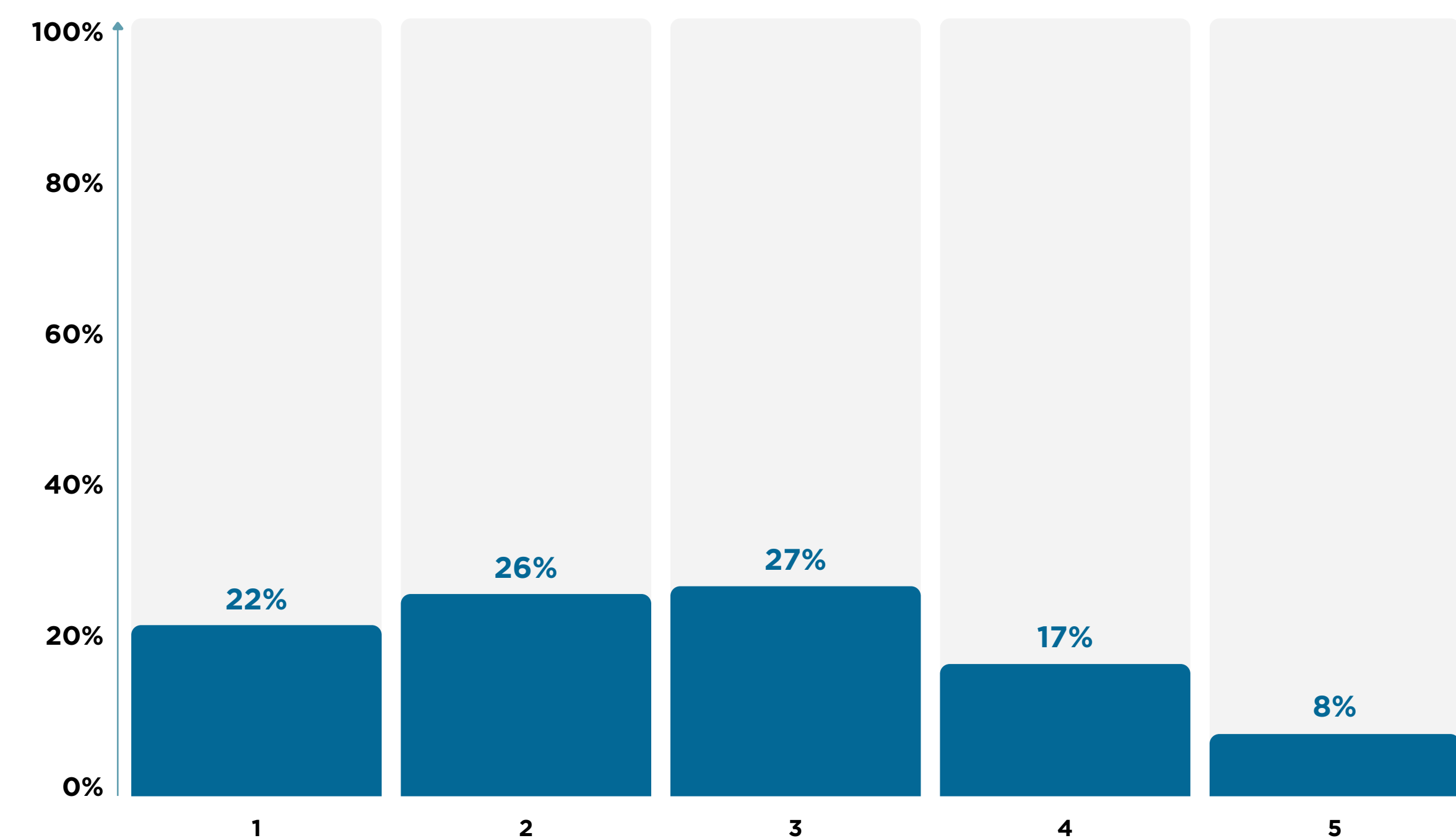
1 = NOT AT ALL - 5 = TO A VERY LARGE EXTENT



TOTAL (n=339) AVERAGE: 2.63 / 5

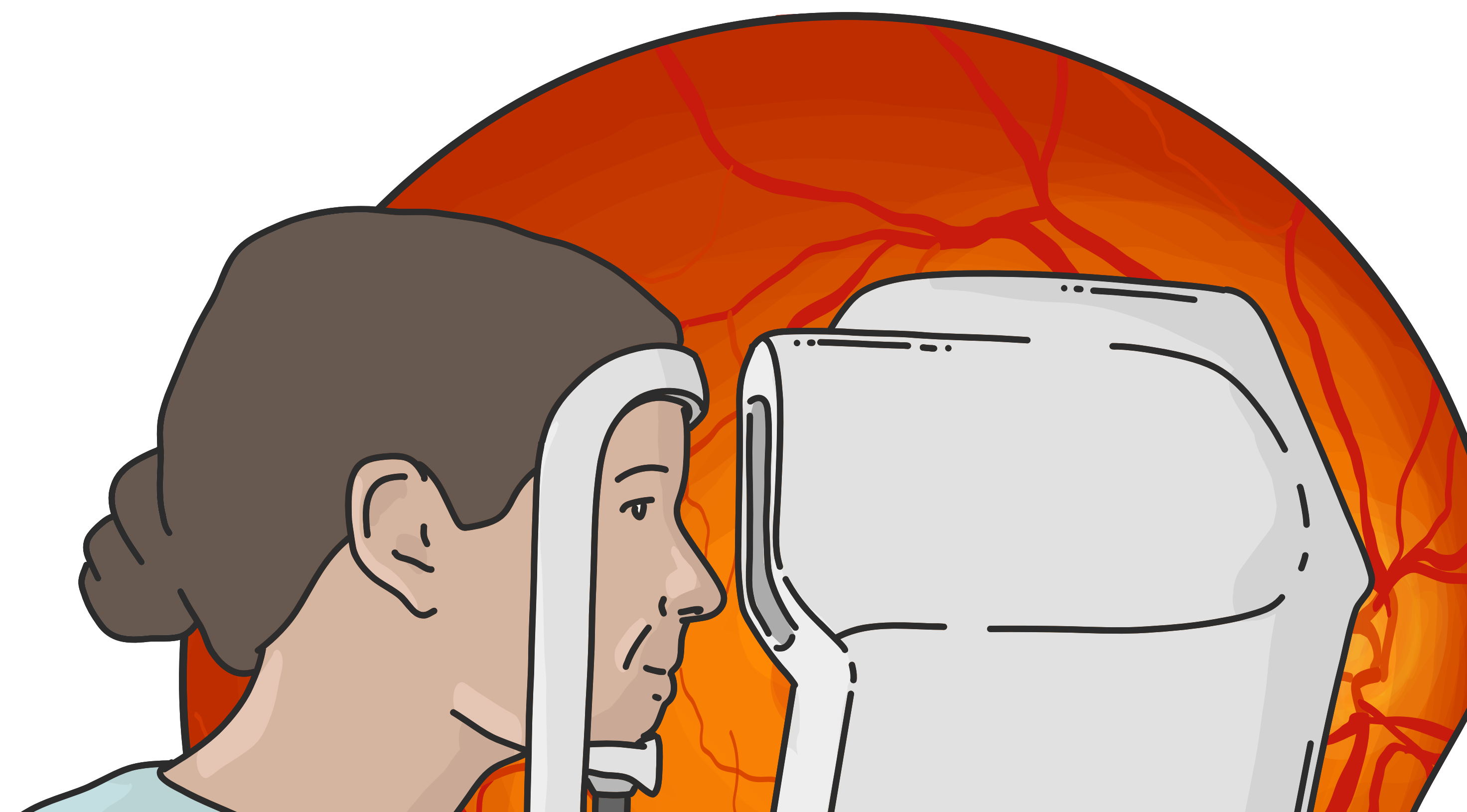
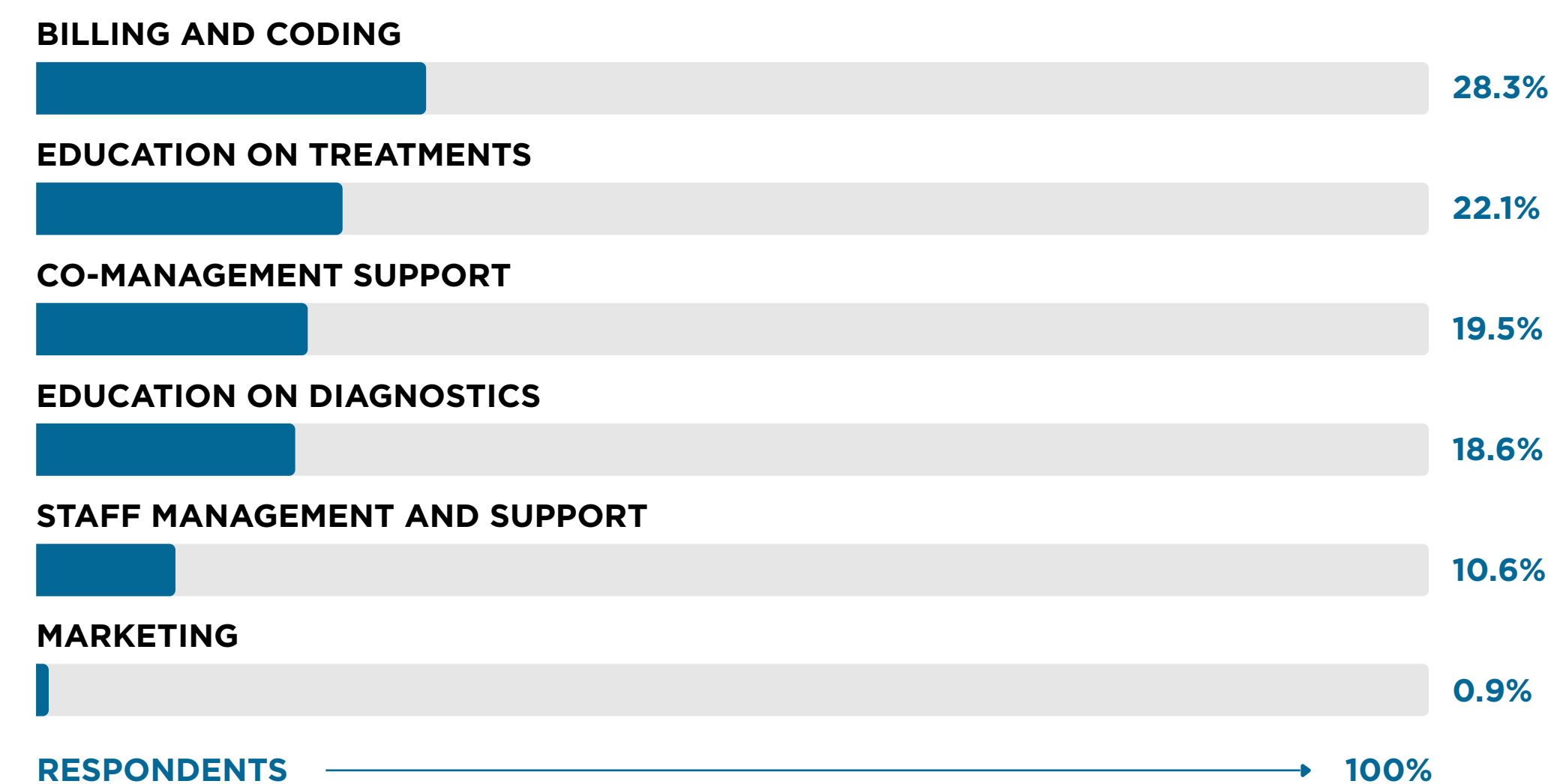
How comfortable are you discussing the costs of retinal disease treatment with your patients?

1 = NOT COMFORTABLE - 5 = VERY COMFORTABLE



TOTAL (n=339)

What practice management resources would be most helpful for you to grow the retina side of your practice?



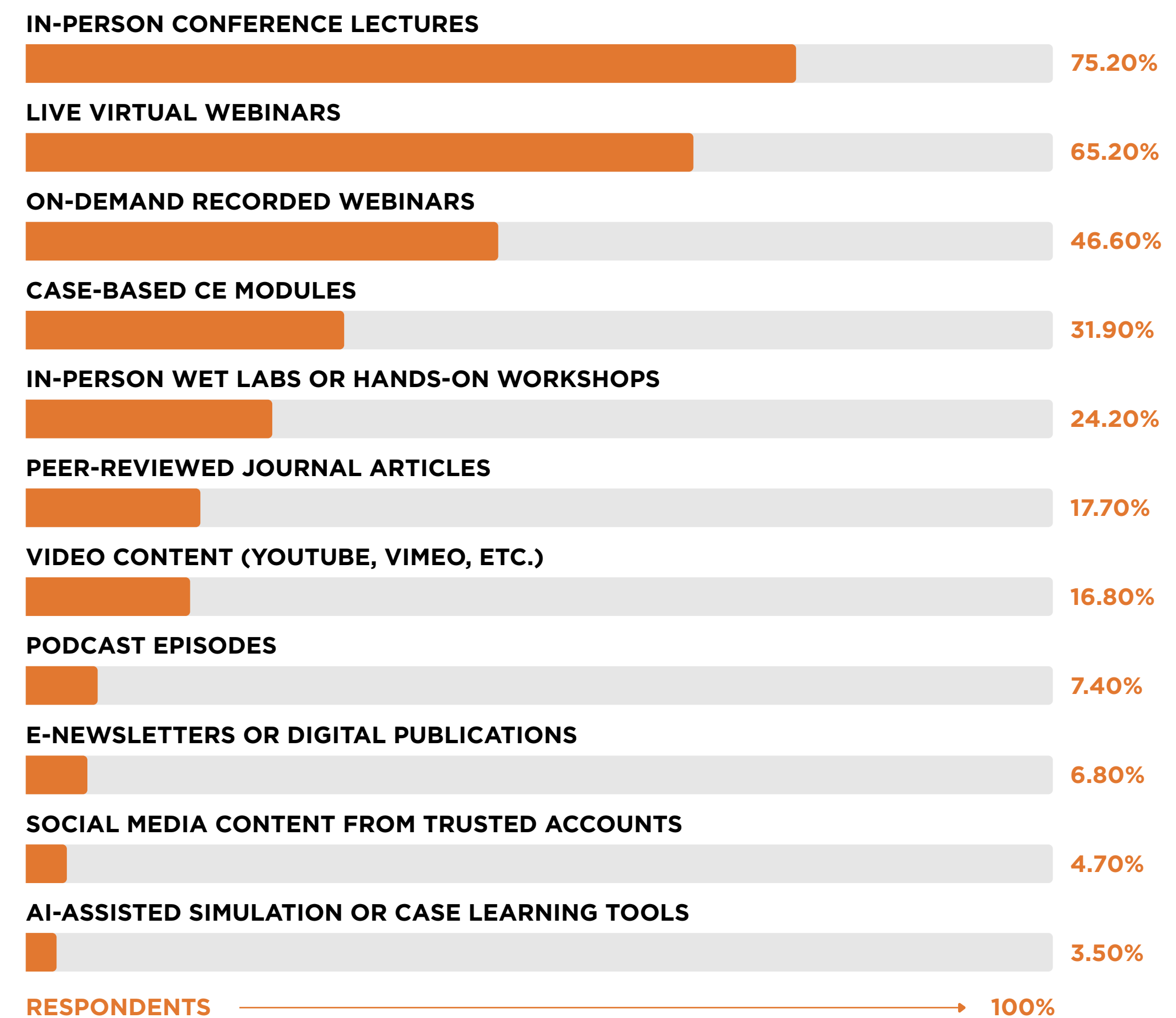
TOTAL (n=339)

How do you currently keep up to date with advancements and trends in retinal disease treatment and management?



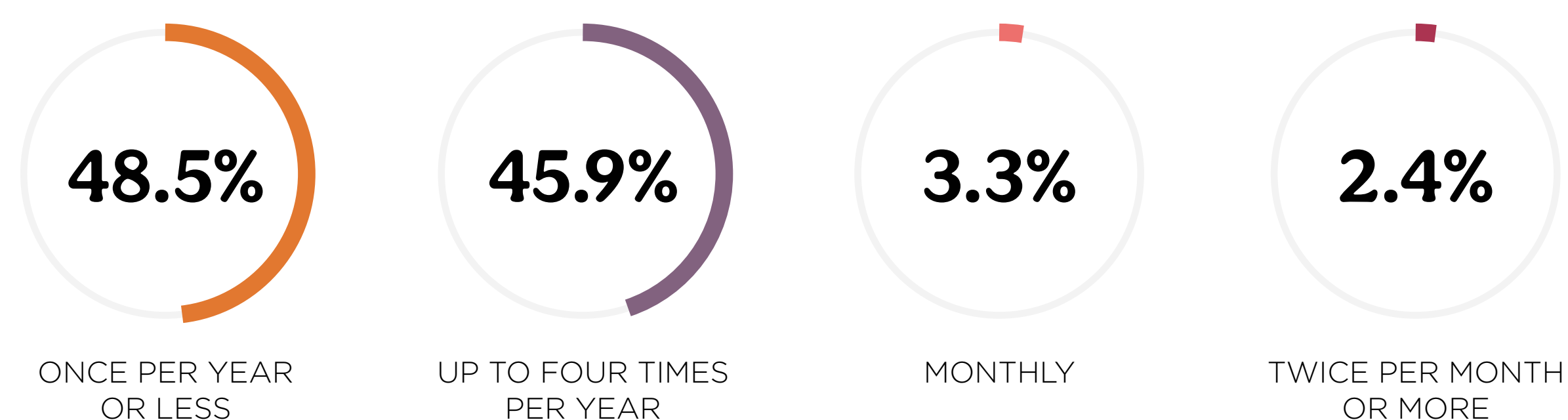
TOTAL (n=339)

What types of continuing education programs or resources would you find most beneficial in the field of retinal disease?

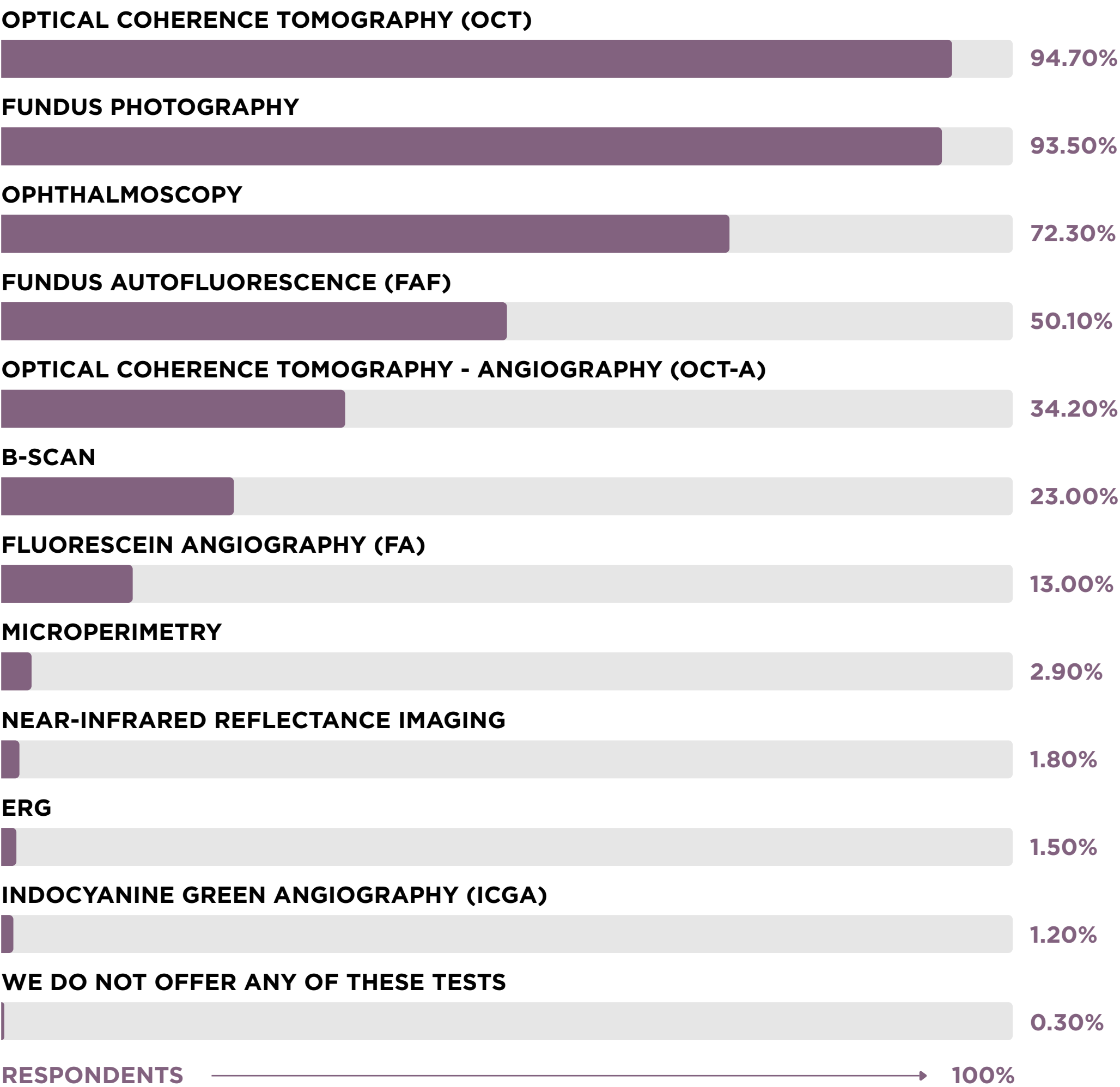


TOTAL (n=339)

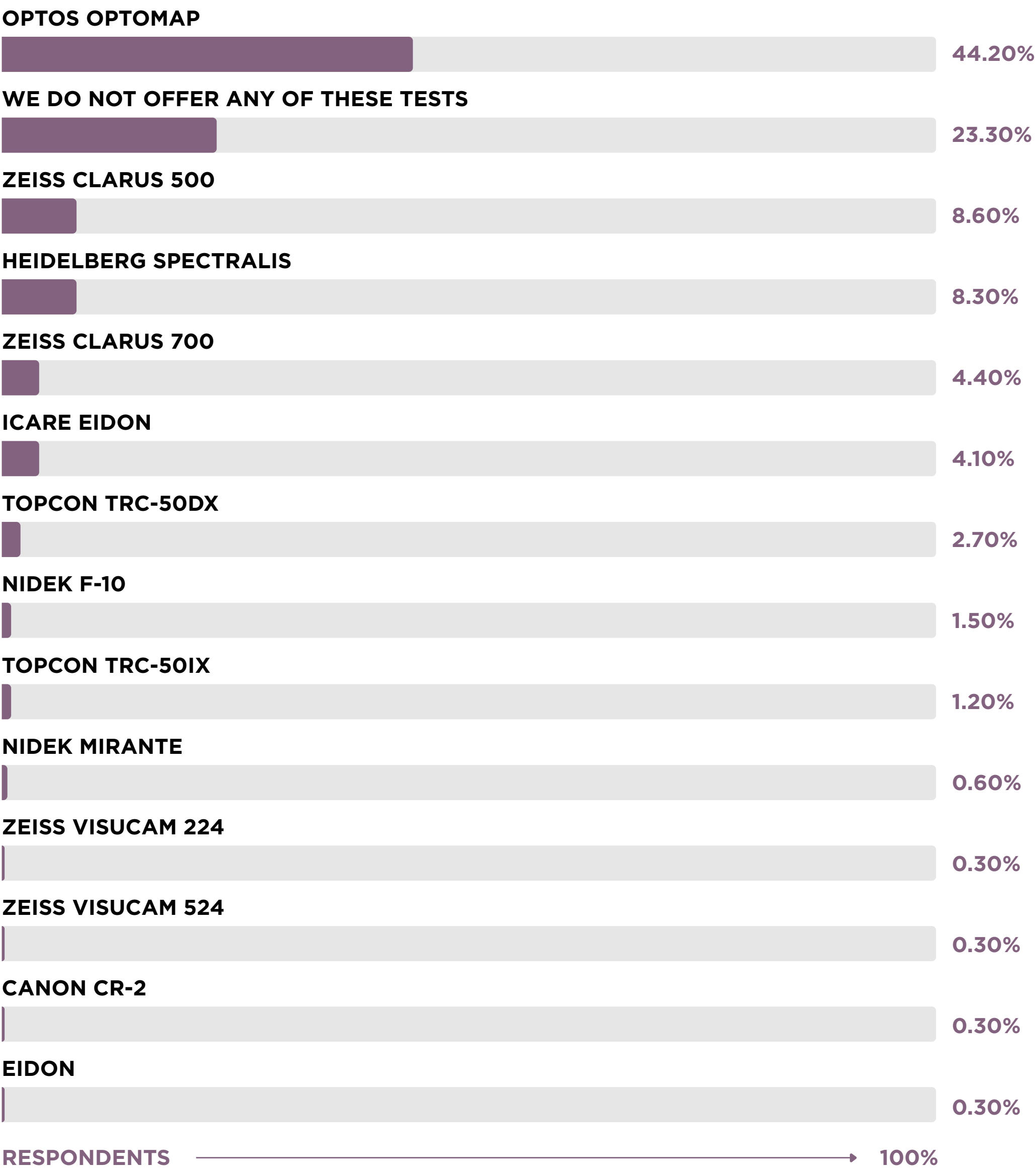
How often do you attend workshops, conferences, or additional training specifically for retina disease management?



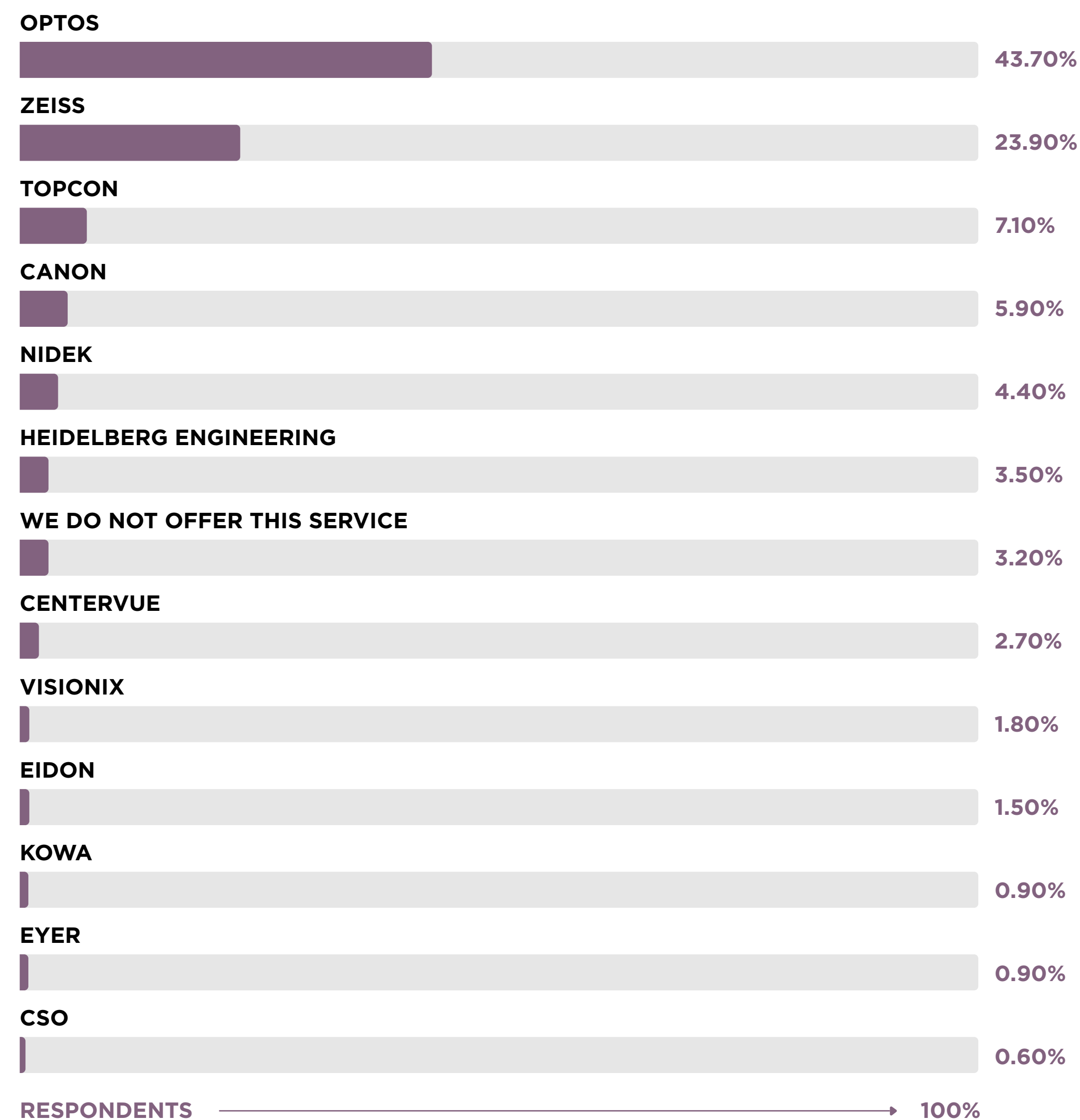
Select from the list the diagnostic test(s) your practice uses for the diagnosis of retinal disease:



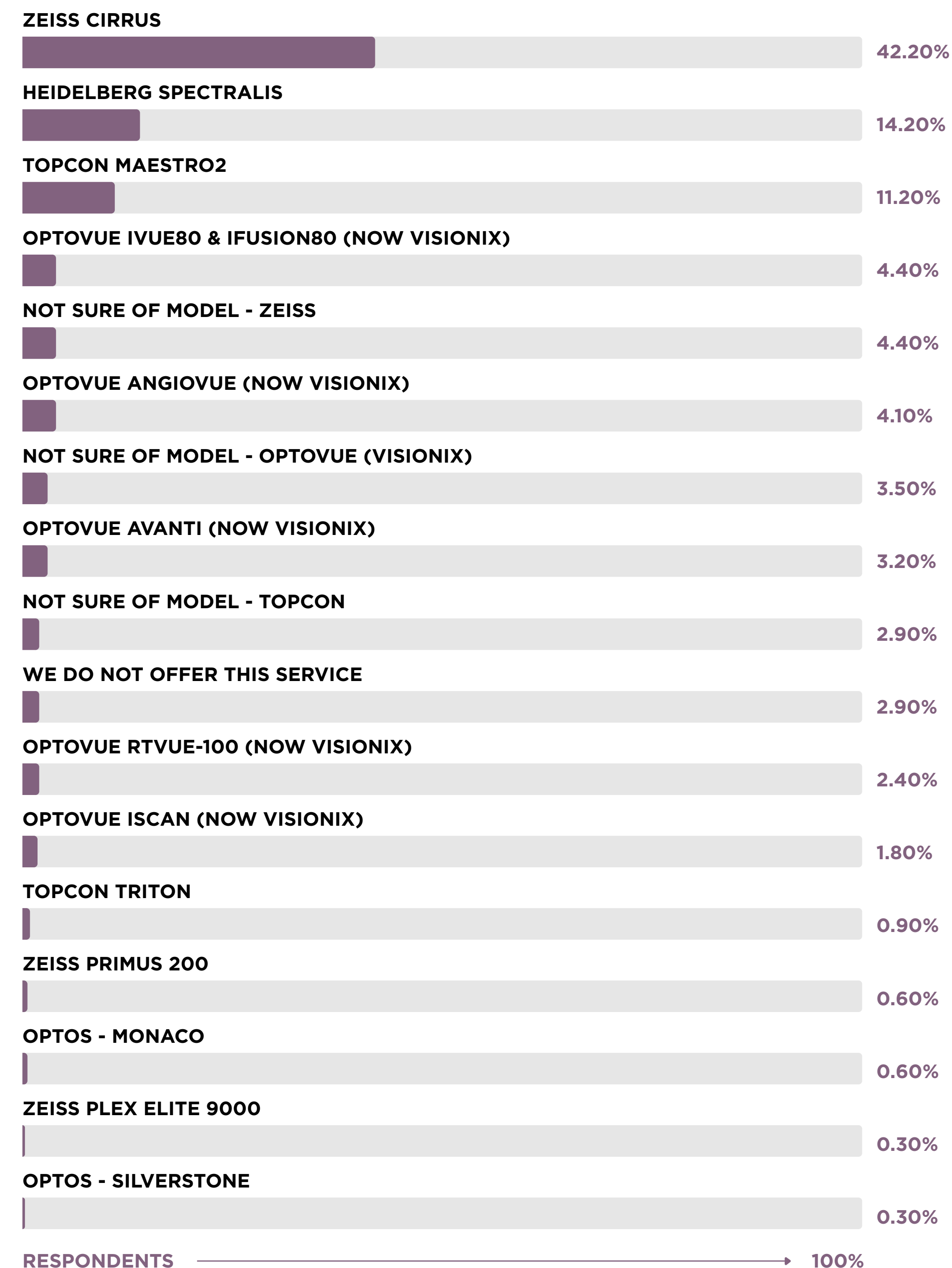
What brand of fundus autofluorescence (FAF) imaging does your practice use for retinal disease diagnostics?



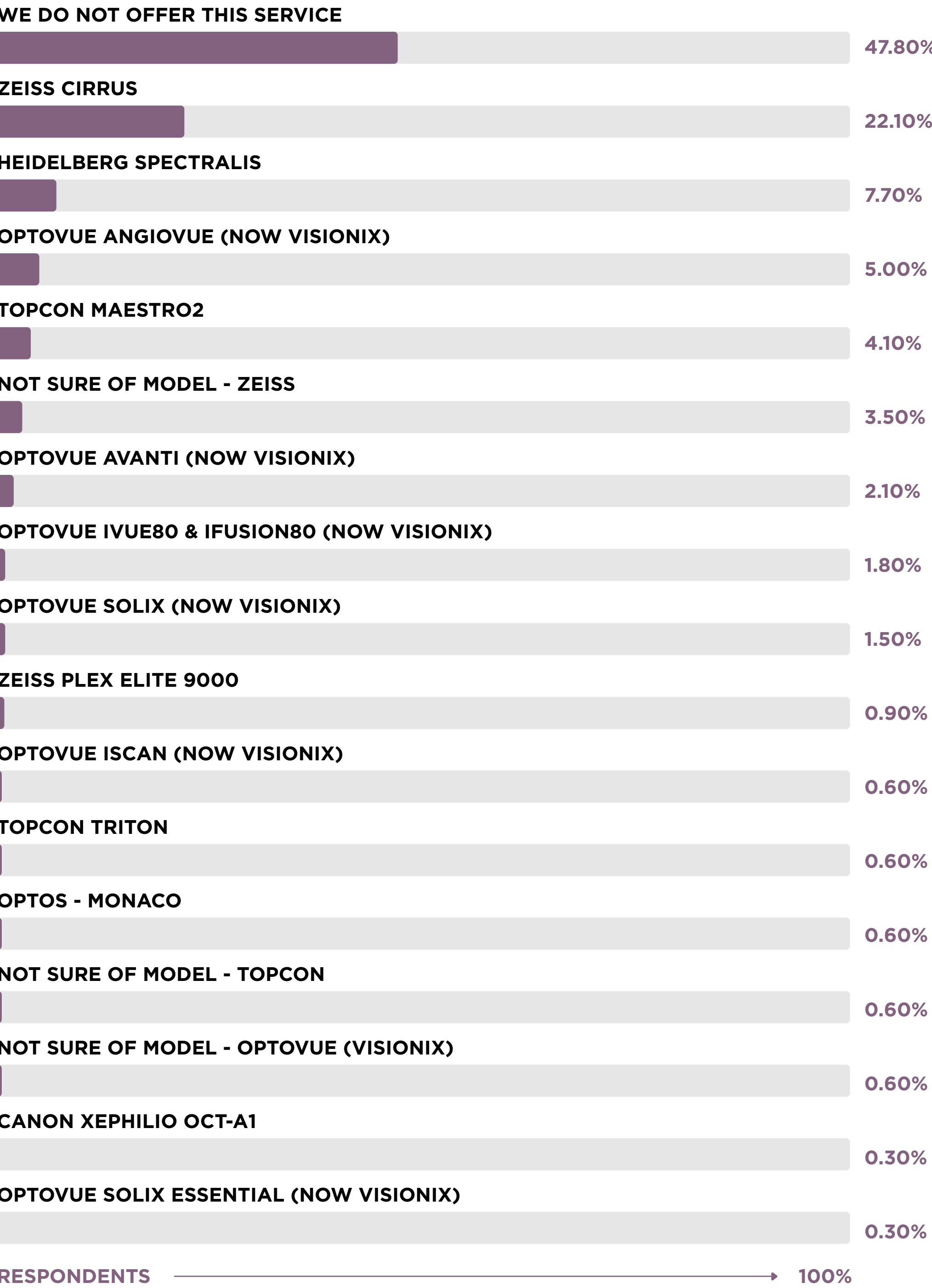
What brand of fundus camera does your practice use for retinal disease diagnostics?



What brand of OCT does your practice use for retinal disease diagnostics?

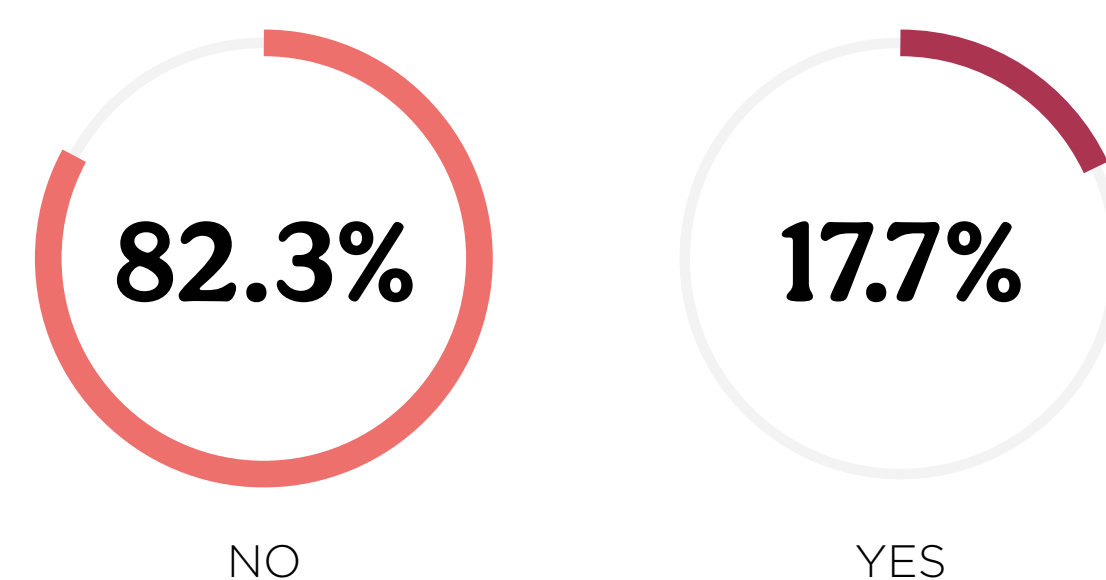


What brand of OCTA does your practice use for retinal disease diagnostics?



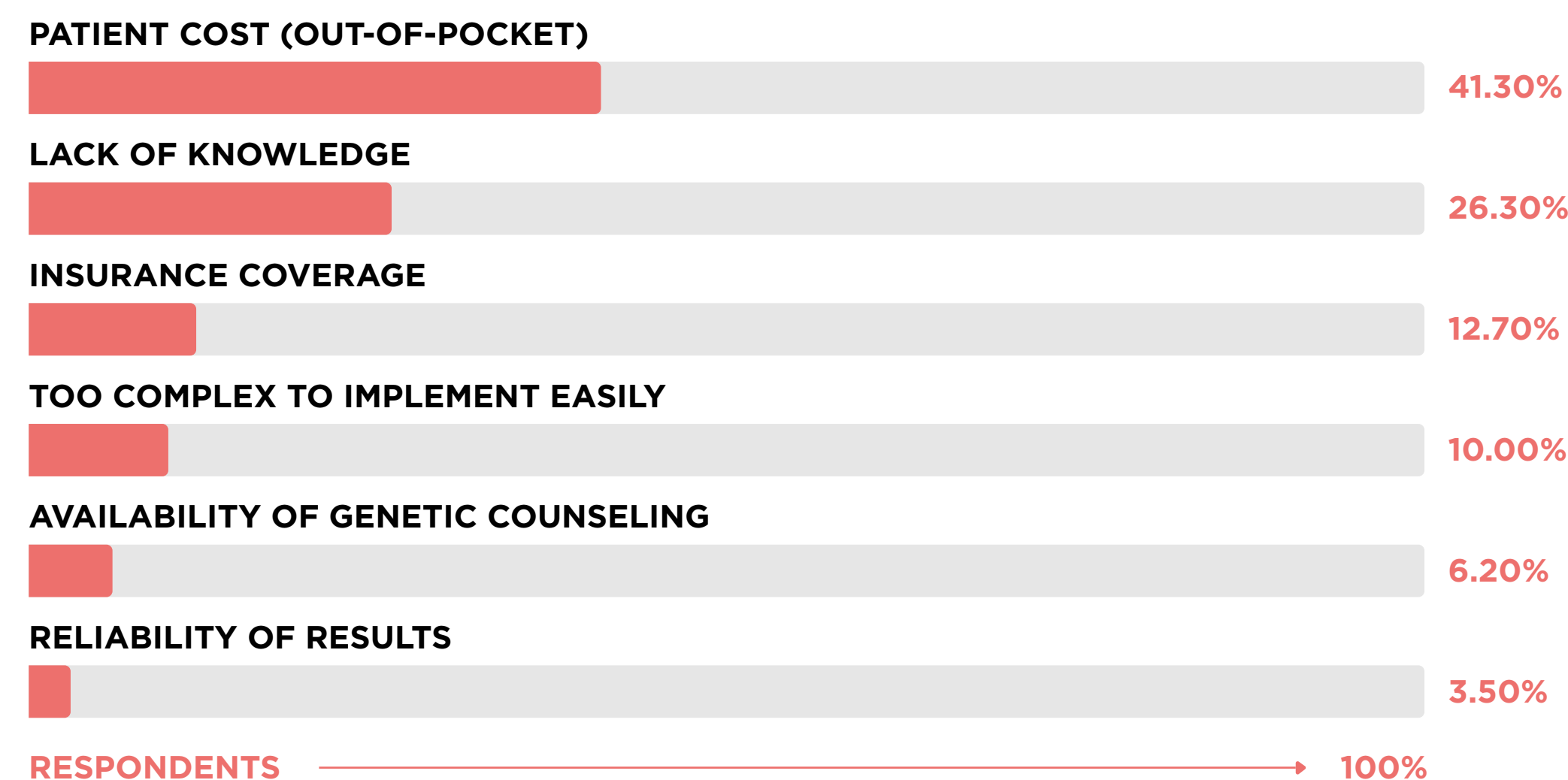
TOTAL (n=339)

Does your office utilize genetic testing to screen for retinal diseases?



TOTAL (n=339)

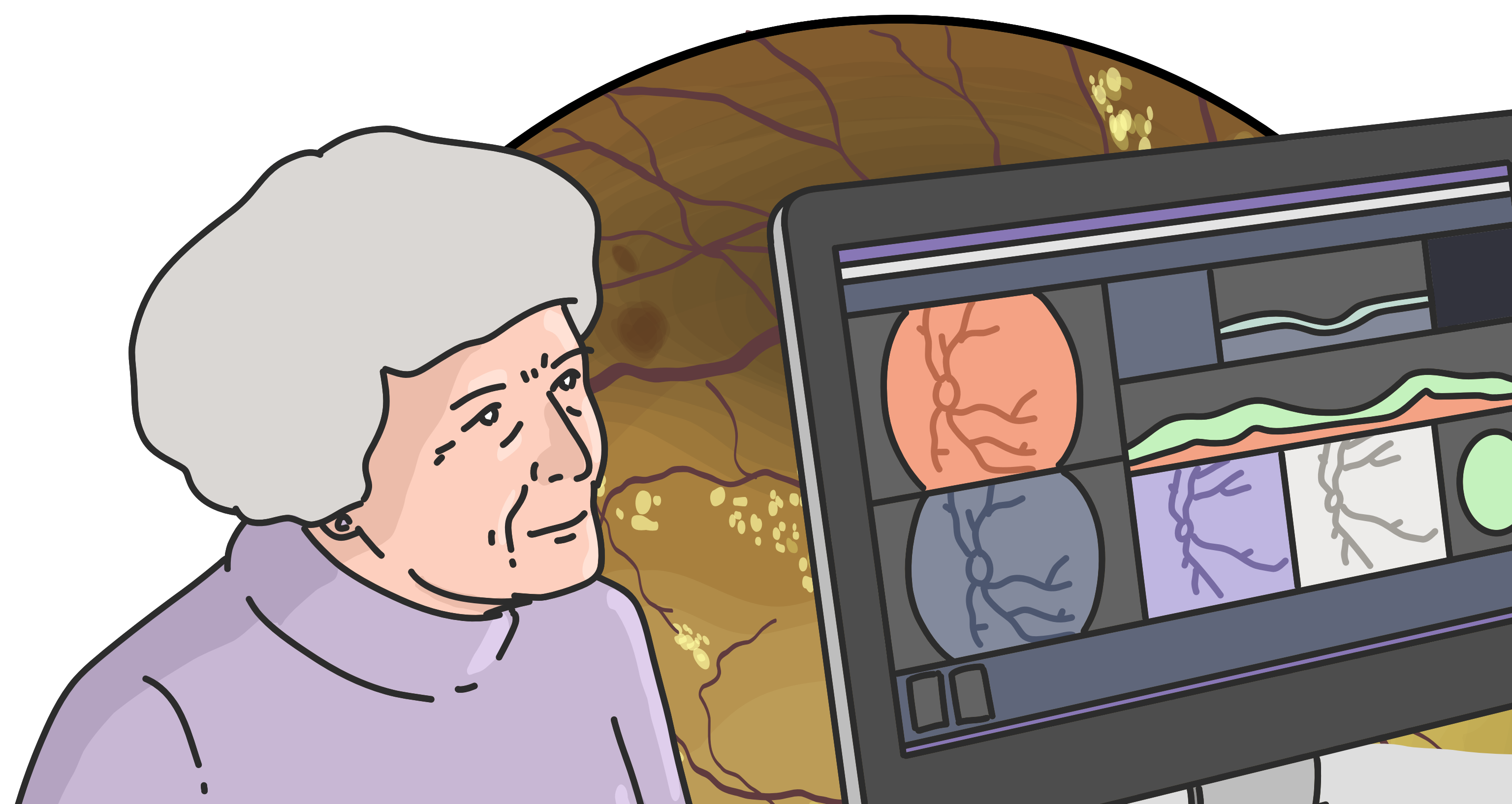
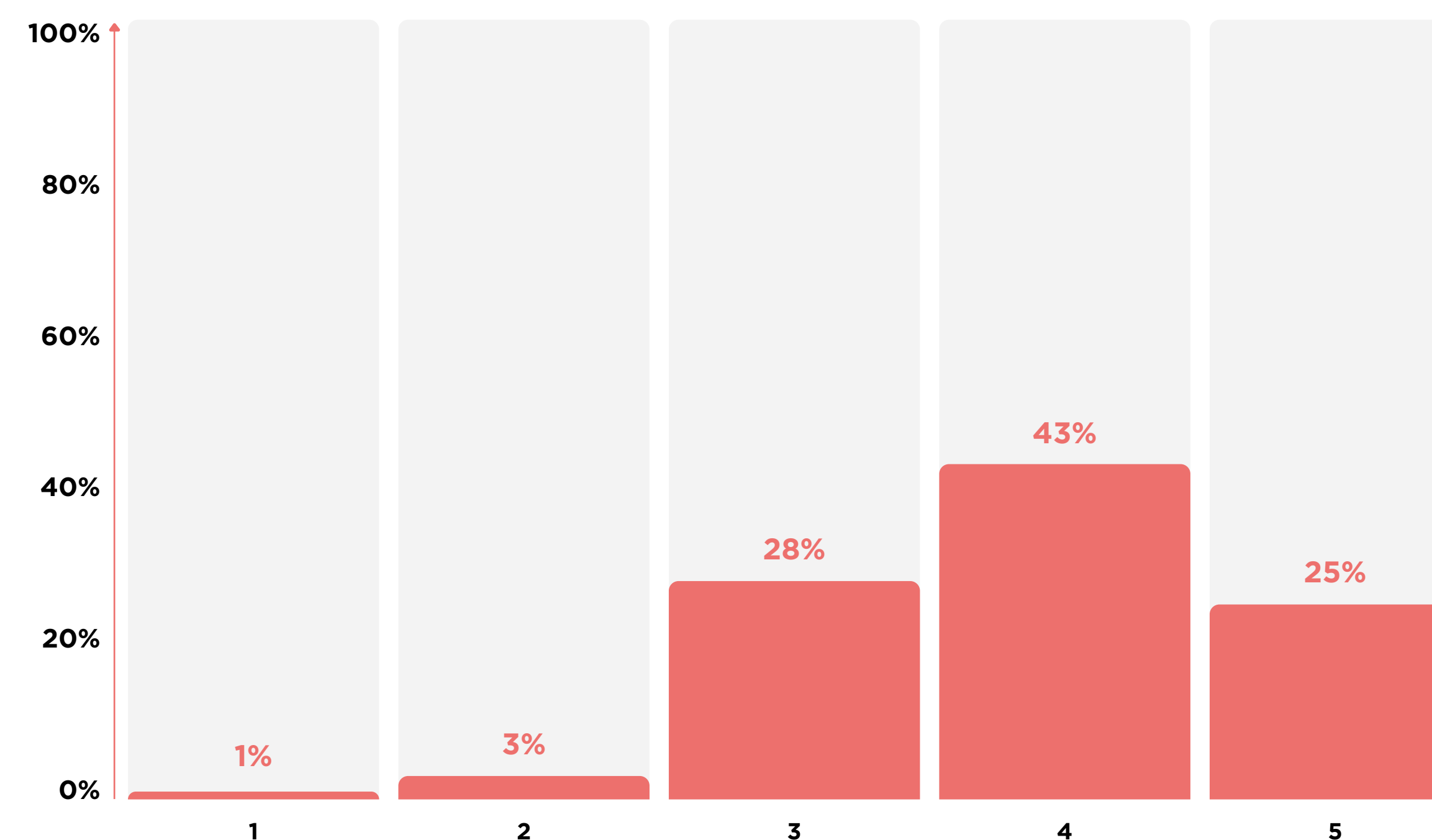
What do you feel is the biggest barrier to implementing genetic testing screening for retinal diseases?



TOTAL (n=326) AVERAGE: 3.89 / 5

Rate your confidence in diagnosing geographic atrophy.

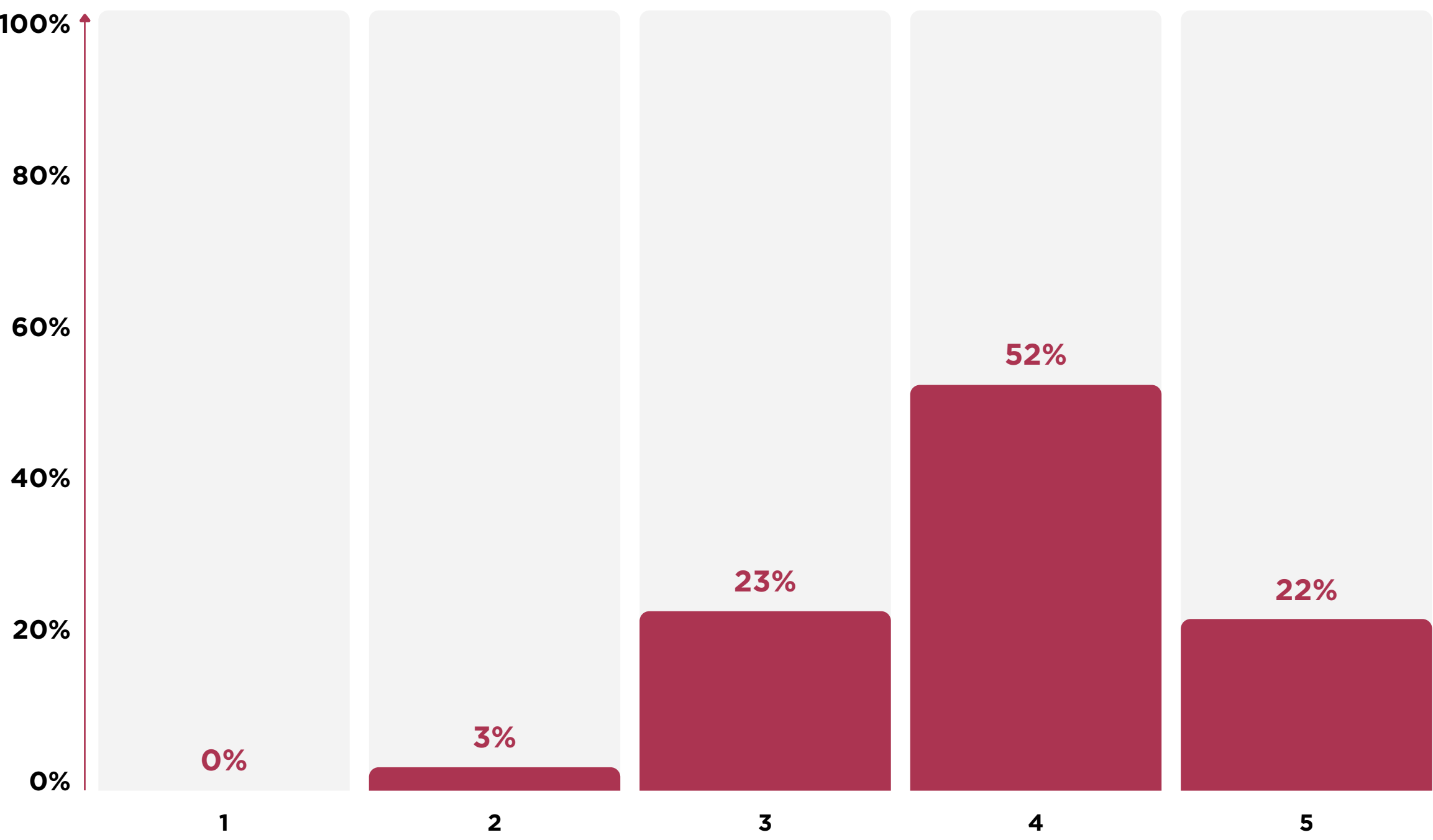
1 = NOT CONFIDENT - 5 = VERY CONFIDENT



TOTAL (n=339) AVERAGE: 3.93 / 5

Rate your confidence in managing DR, DME, and RVO.

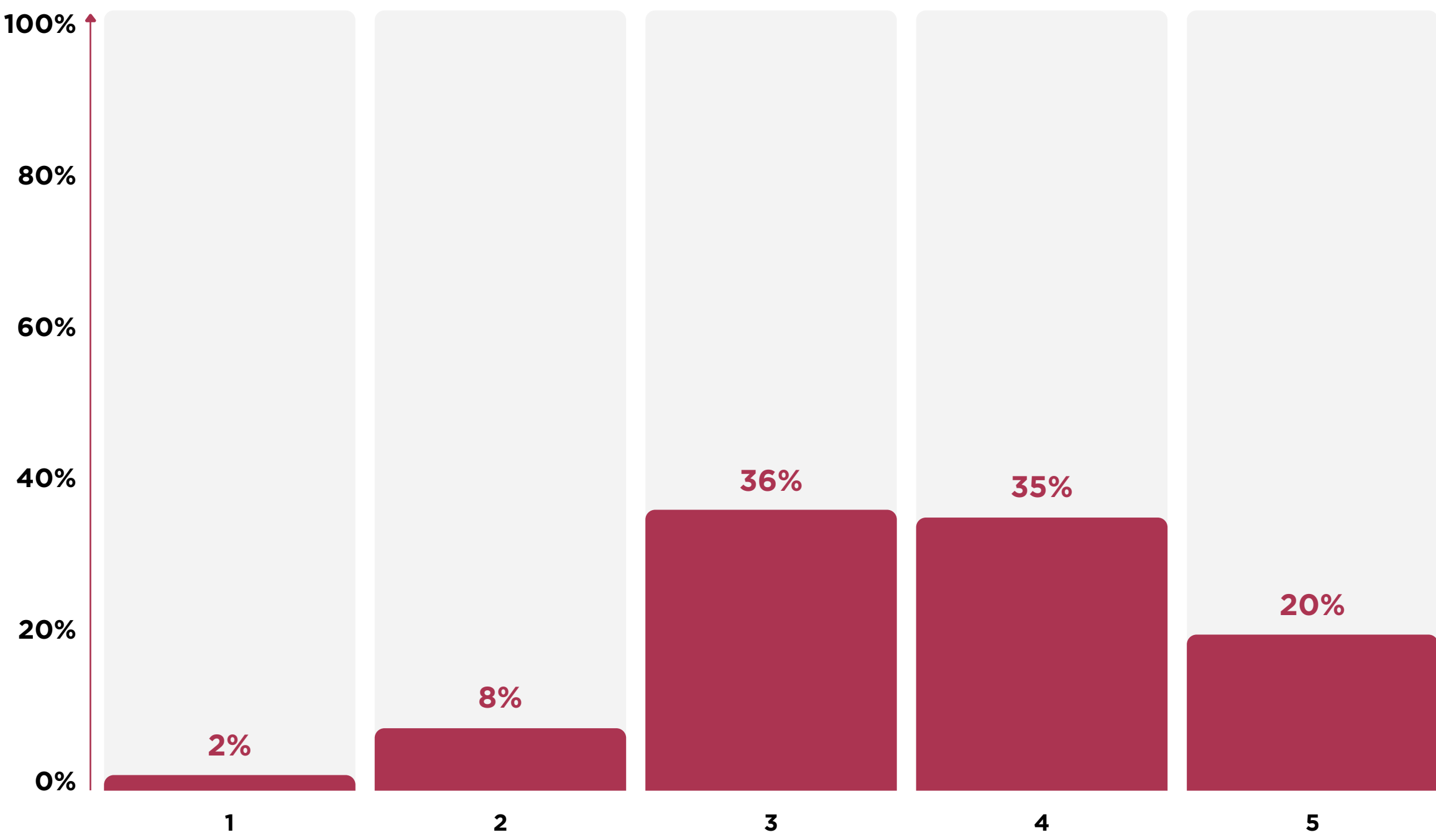
1 = NOT CONFIDENT - 5 = VERY CONFIDENT



TOTAL (n=339) AVERAGE: 3.64 / 5

Rate your confidence in managing geographic atrophy.

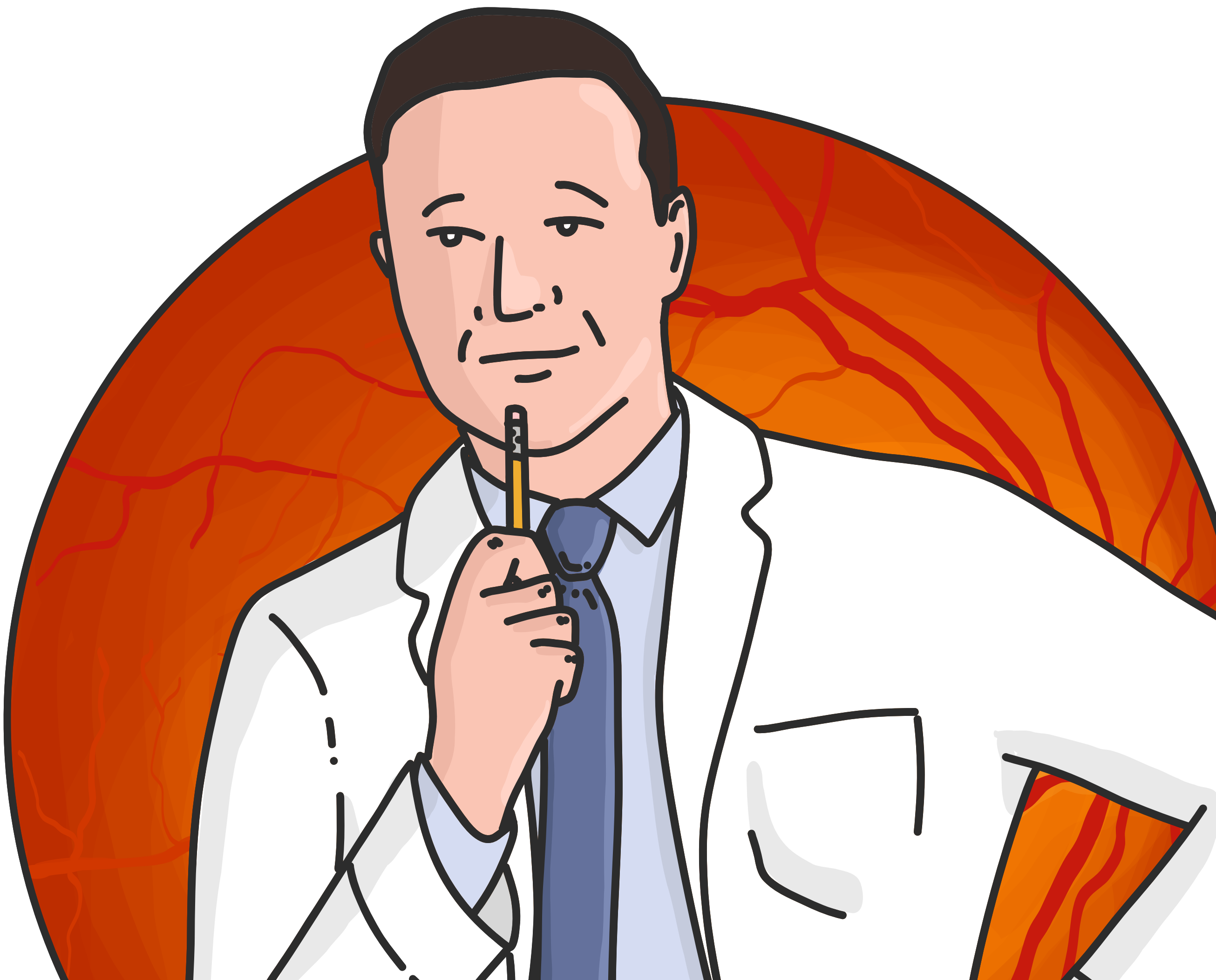
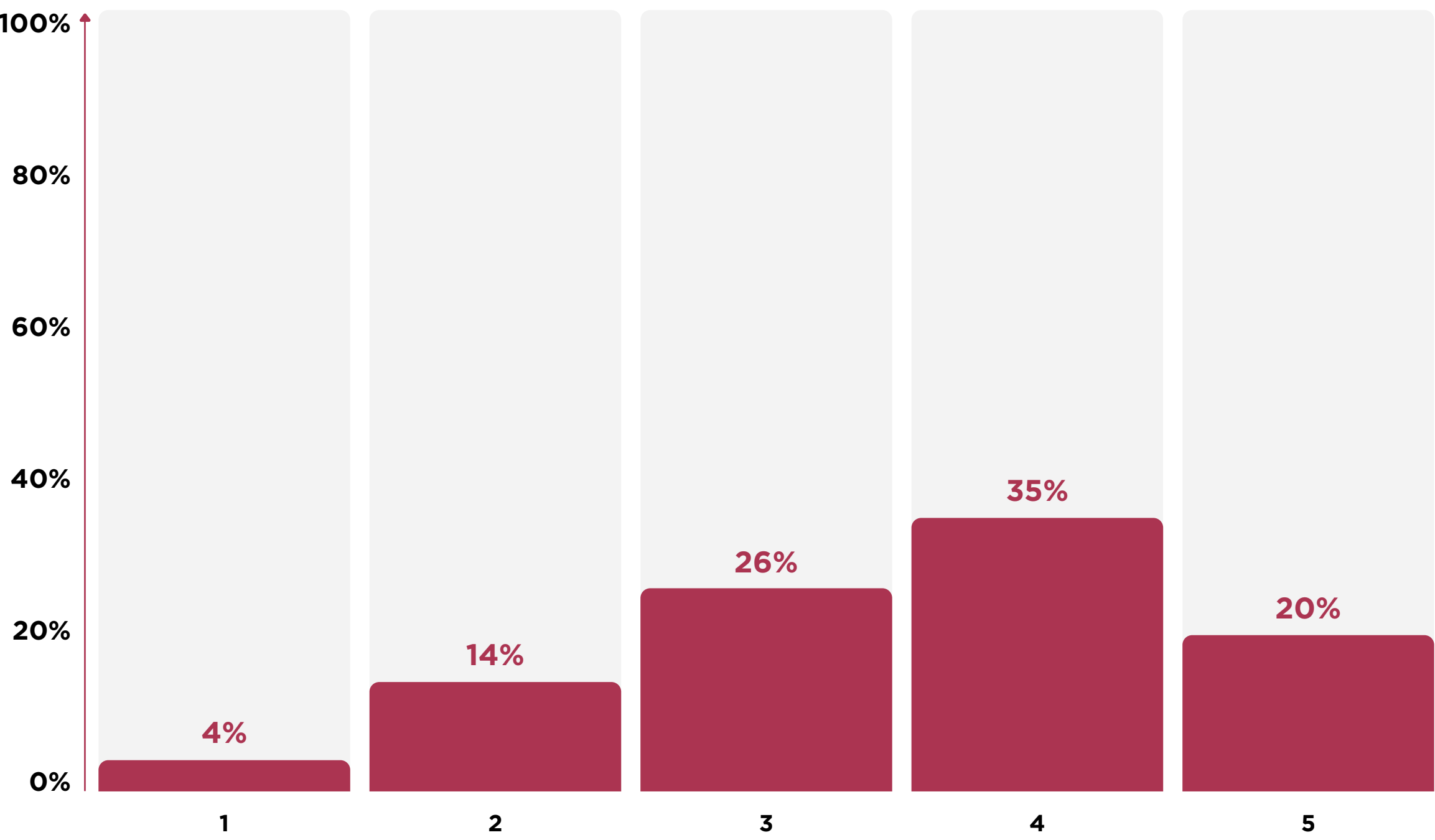
1 = NOT CONFIDENT - 5 = VERY CONFIDENT



TOTAL (n=339) AVERAGE: 3.52 / 5

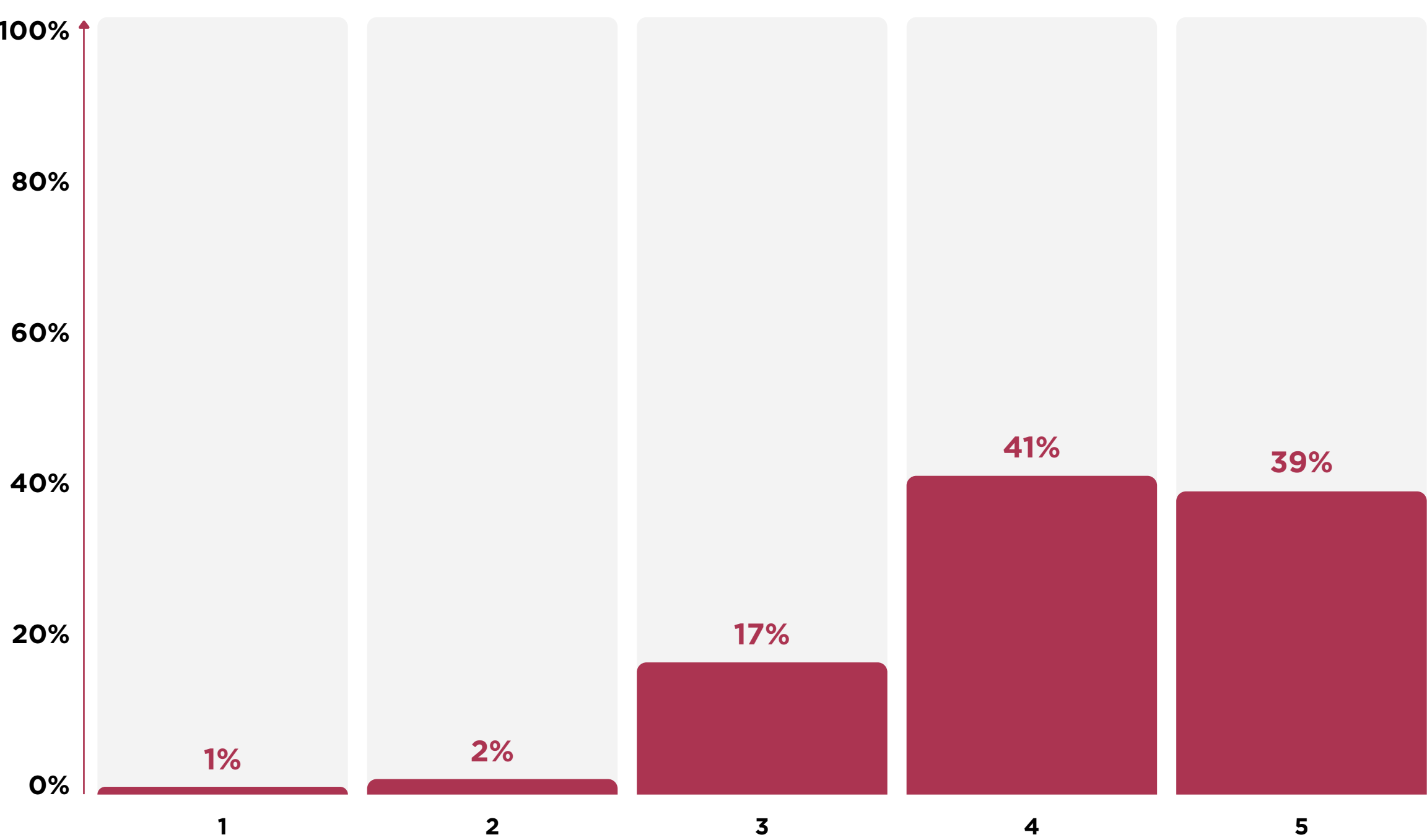
Rate your confidence in managing wet AMD.

1 = NOT CONFIDENT - 5 = VERY CONFIDENT

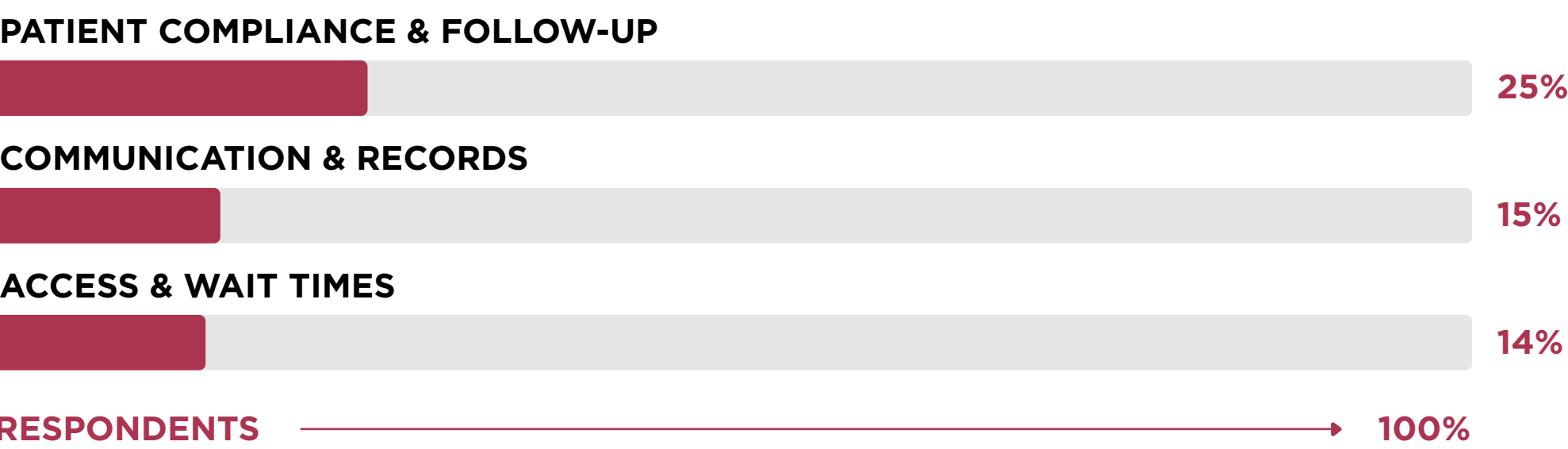


Rate your confidence in co-managing geographic atrophy with an ophthalmologist.

1 = NOT CONFIDENT - 5 = VERY CONFIDENT



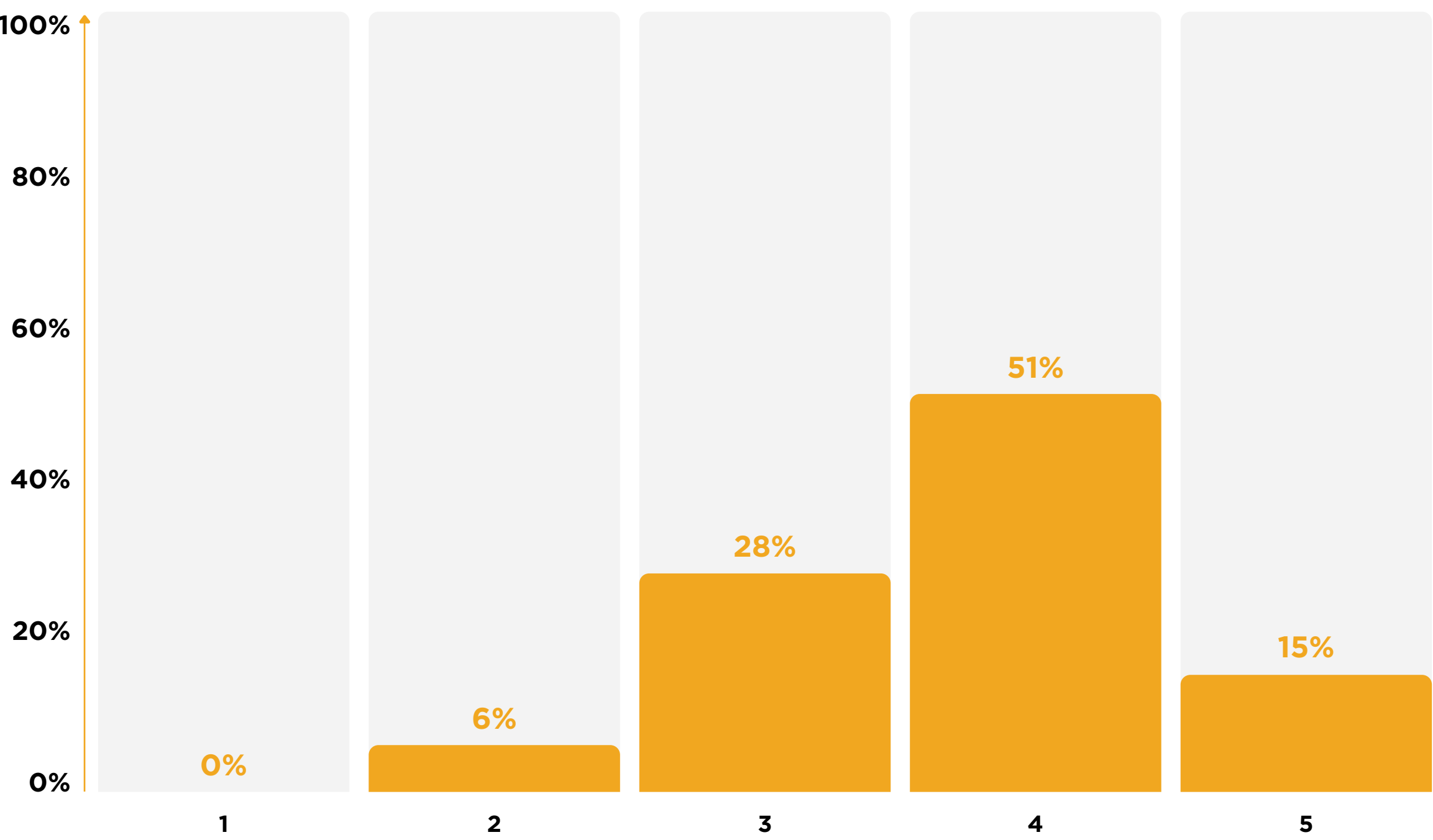
What is the most challenging part about co-managing retinal disease patients in your clinic?



TOTAL (n=339) AVERAGE: 3.74 / 5

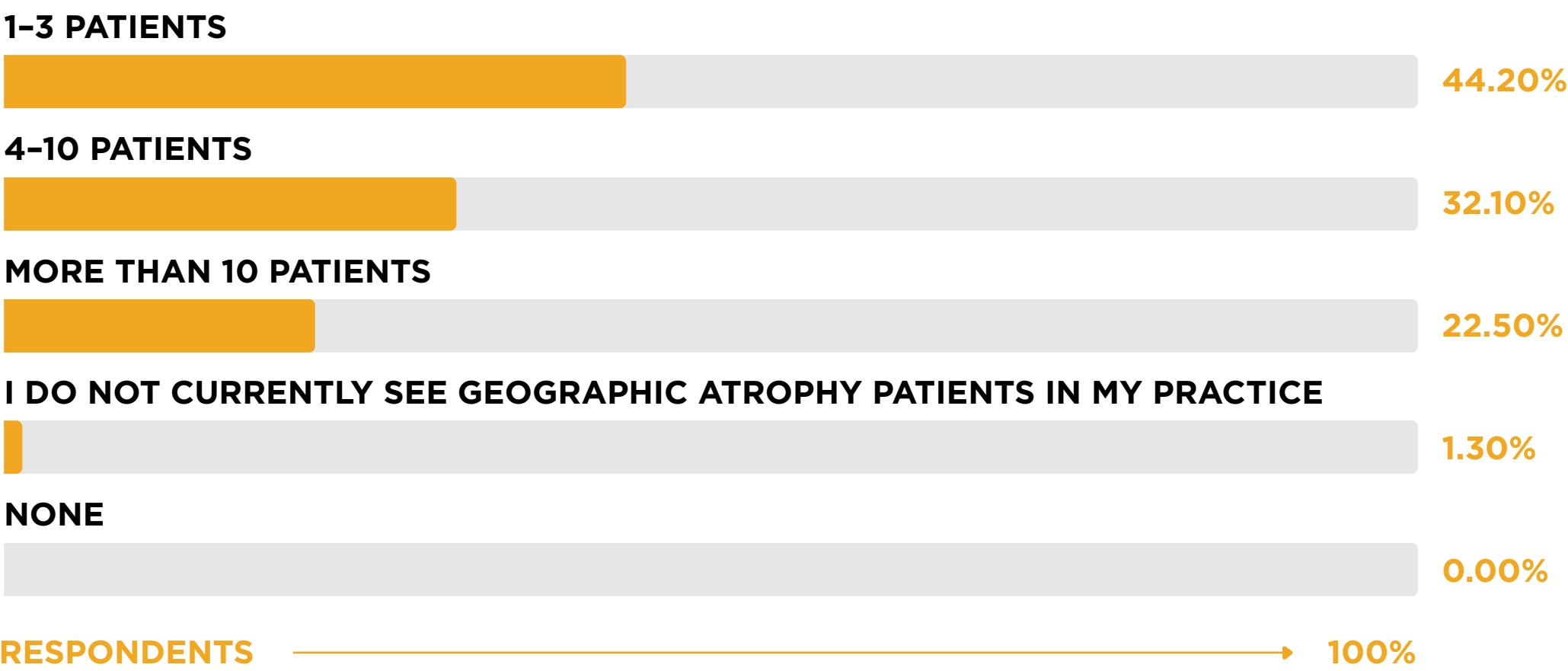
Rate your knowledge of treatment options for DR, DME, and RVO.

1 = NO KNOWLEDGE - 5 = EXPERT



TOTAL (n=240)

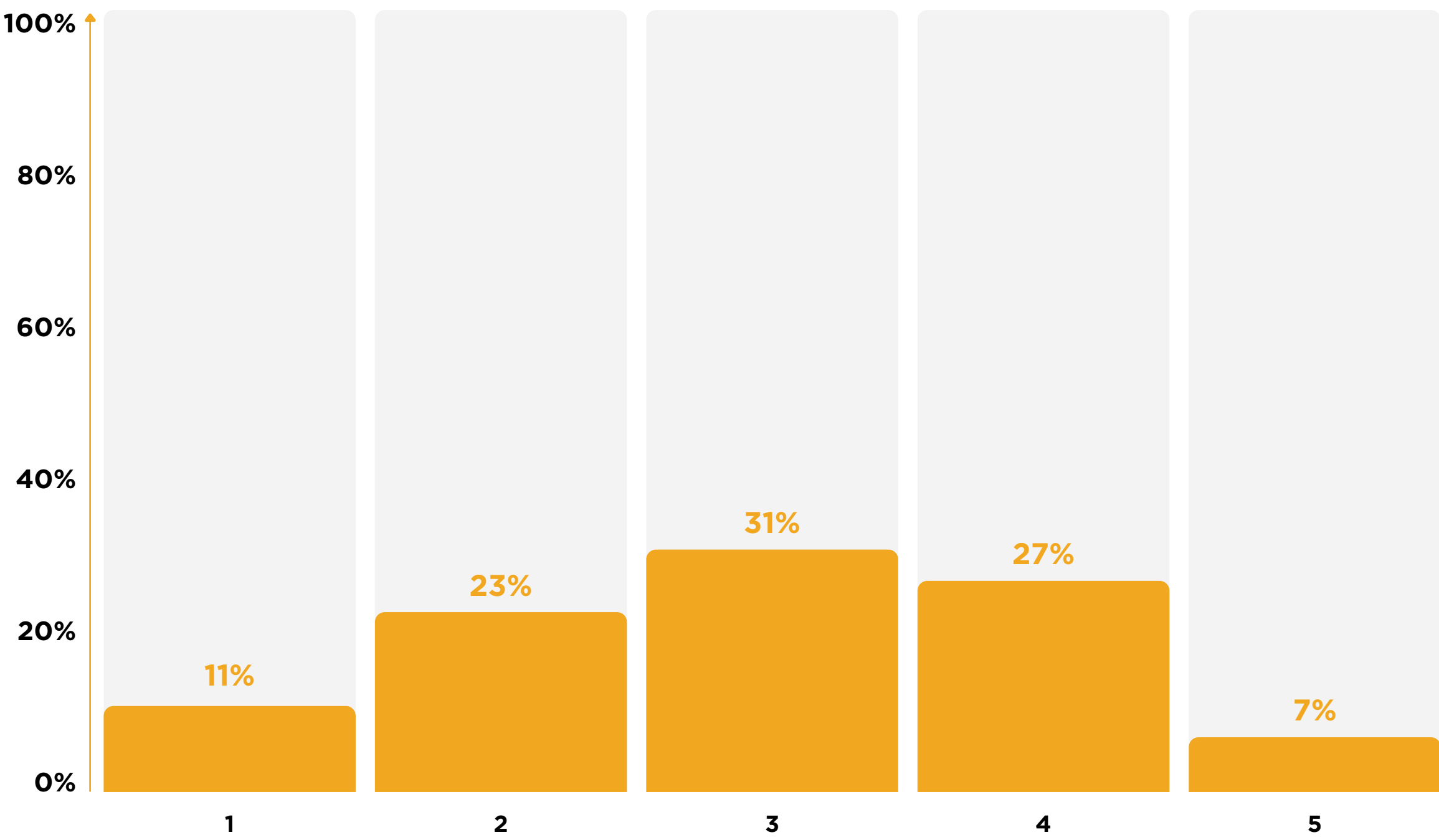
In the past 12 months, approximately how many of your geographic atrophy patients have you referred to a retinal specialist specifically to discuss Syfovre or IZERVAY treatment?



TOTAL (n=339) AVERAGE: 2.96 / 5

How would you rate your awareness of complement inhibitor therapies approved for geographic atrophy — specifically Syfovre (pegcetacoplan) and IZERVAY (avacincaptad pegol)?

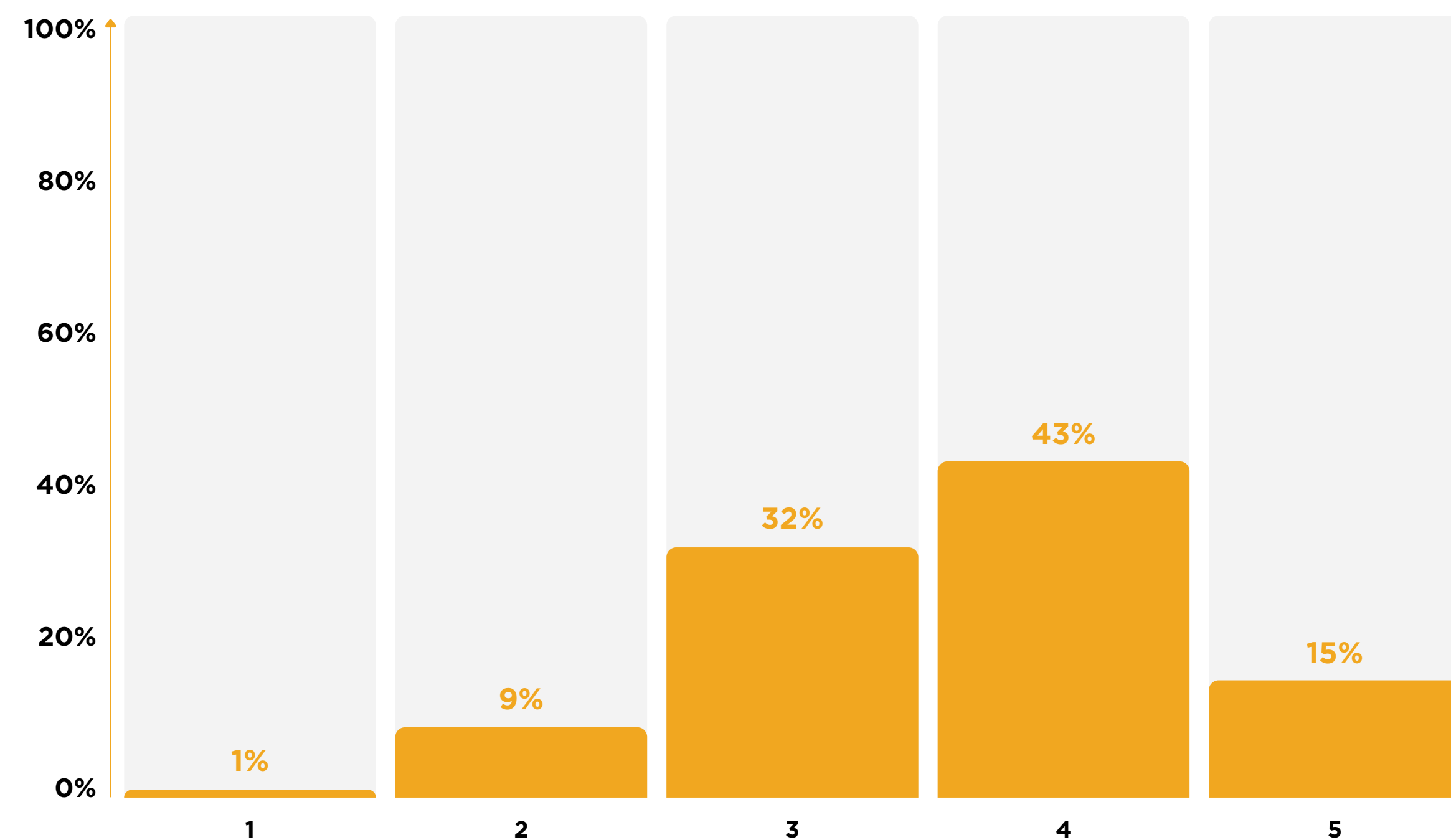
1 = NOT AWARE - 5 = FULLY AWARE



TOTAL (n=339) AVERAGE: 3.62 / 5

Rate your knowledge of treatment options for wet AMD.

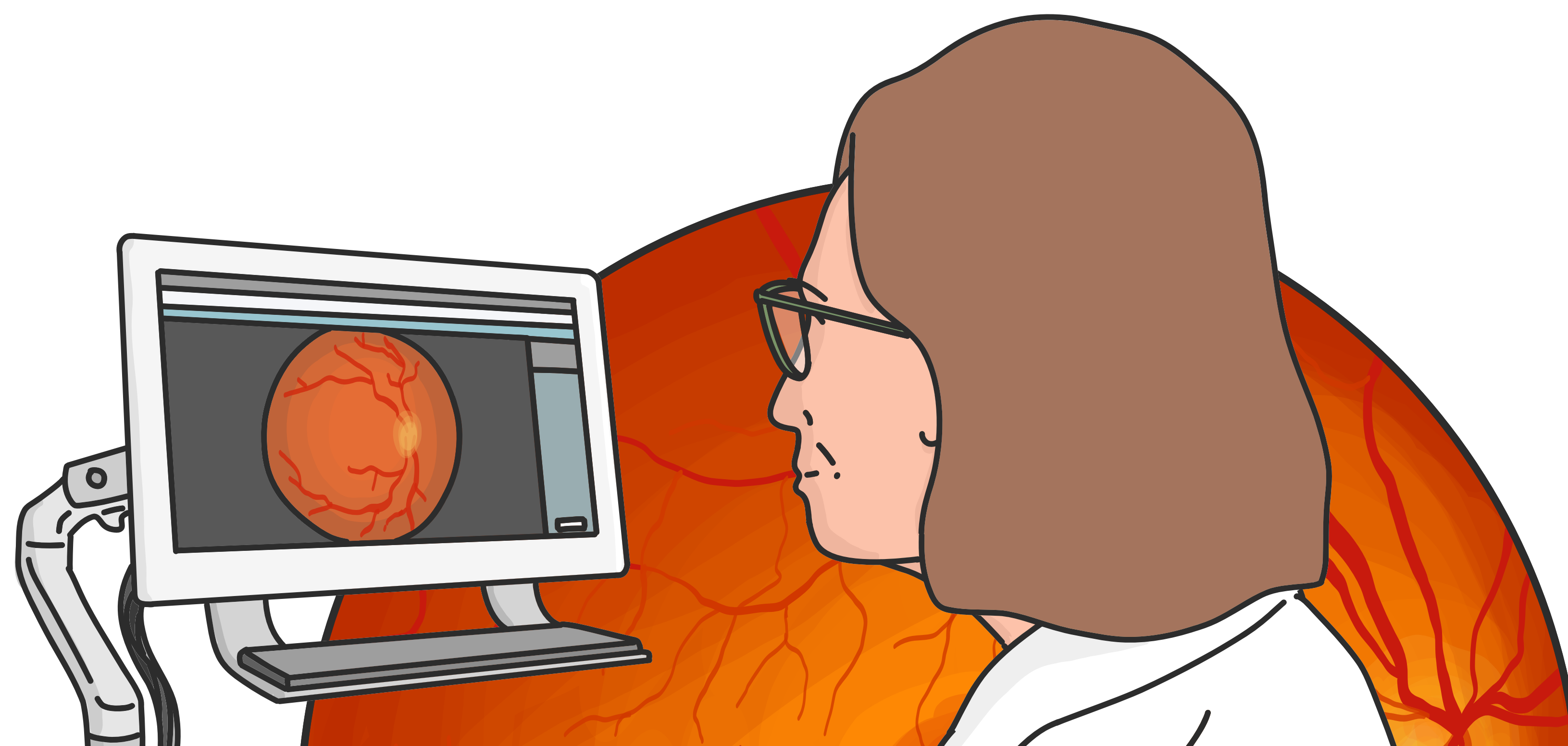
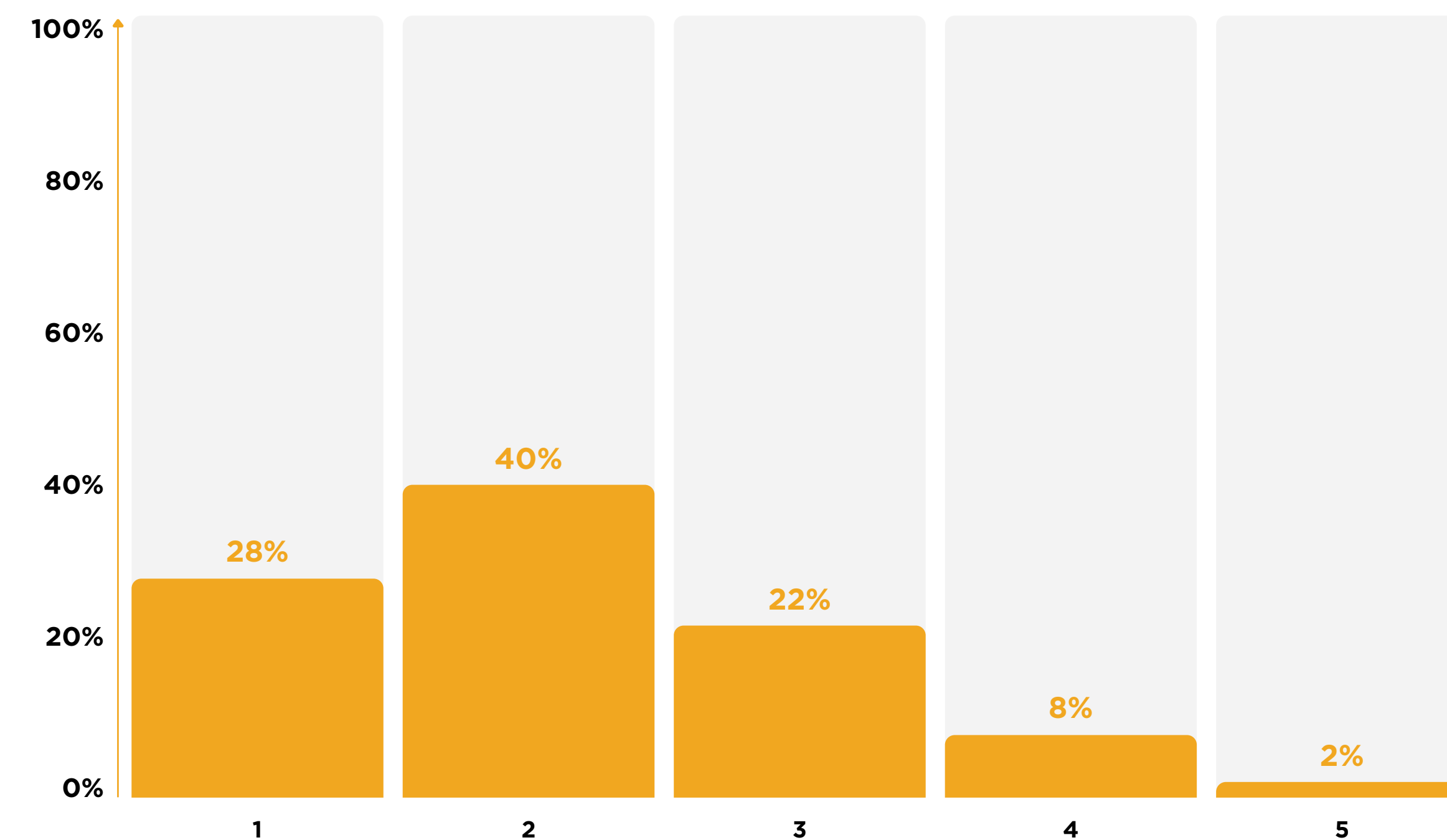
1 = NO KNOWLEDGE - 5 = EXPERT



TOTAL (n=339) AVERAGE: 2.16 / 5

Rate your knowledge of retinal gene therapies.

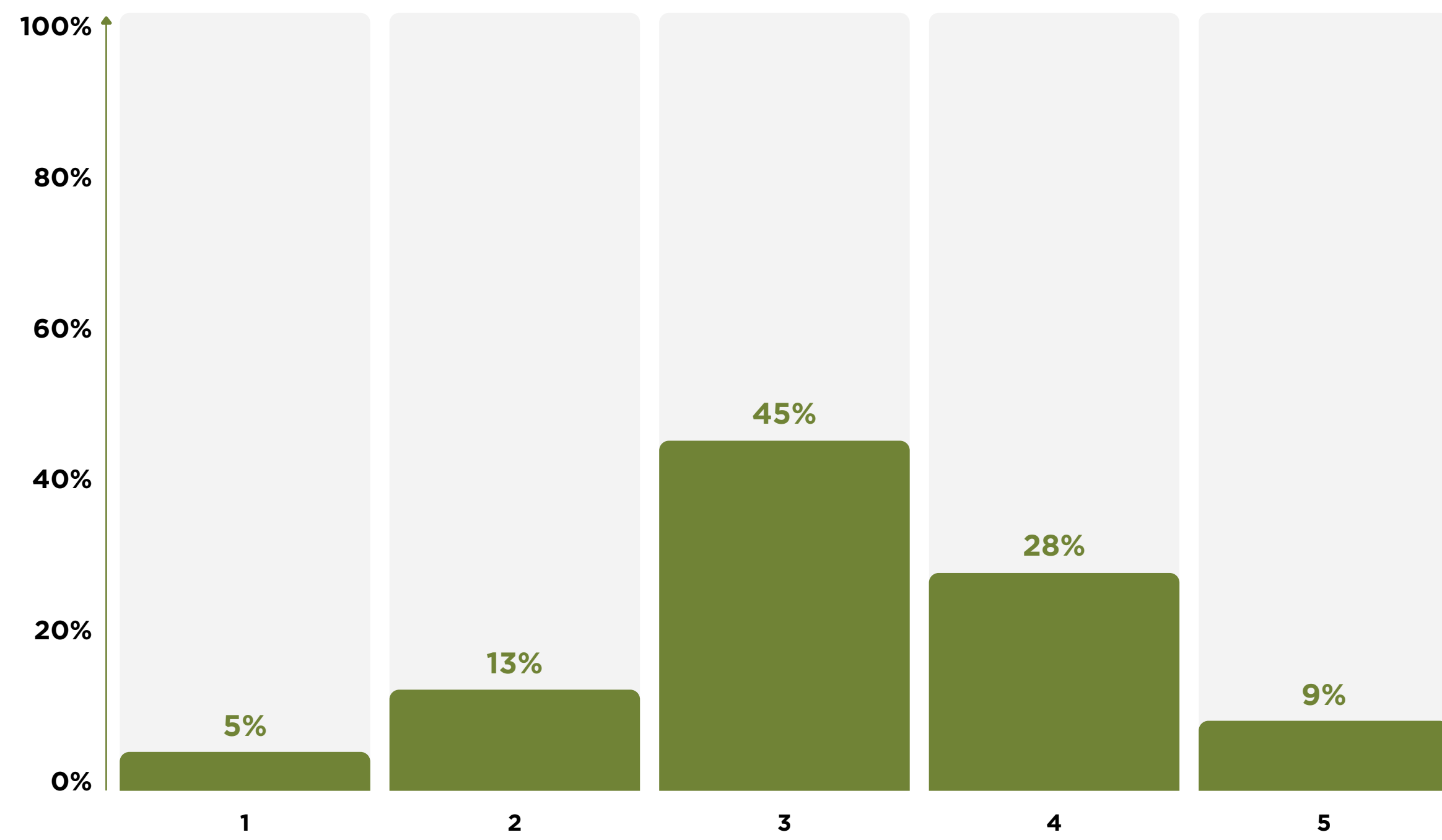
1 = NO KNOWLEDGE - 5 = EXPERT



TOTAL (n=339) AVERAGE: 3.24 / 5

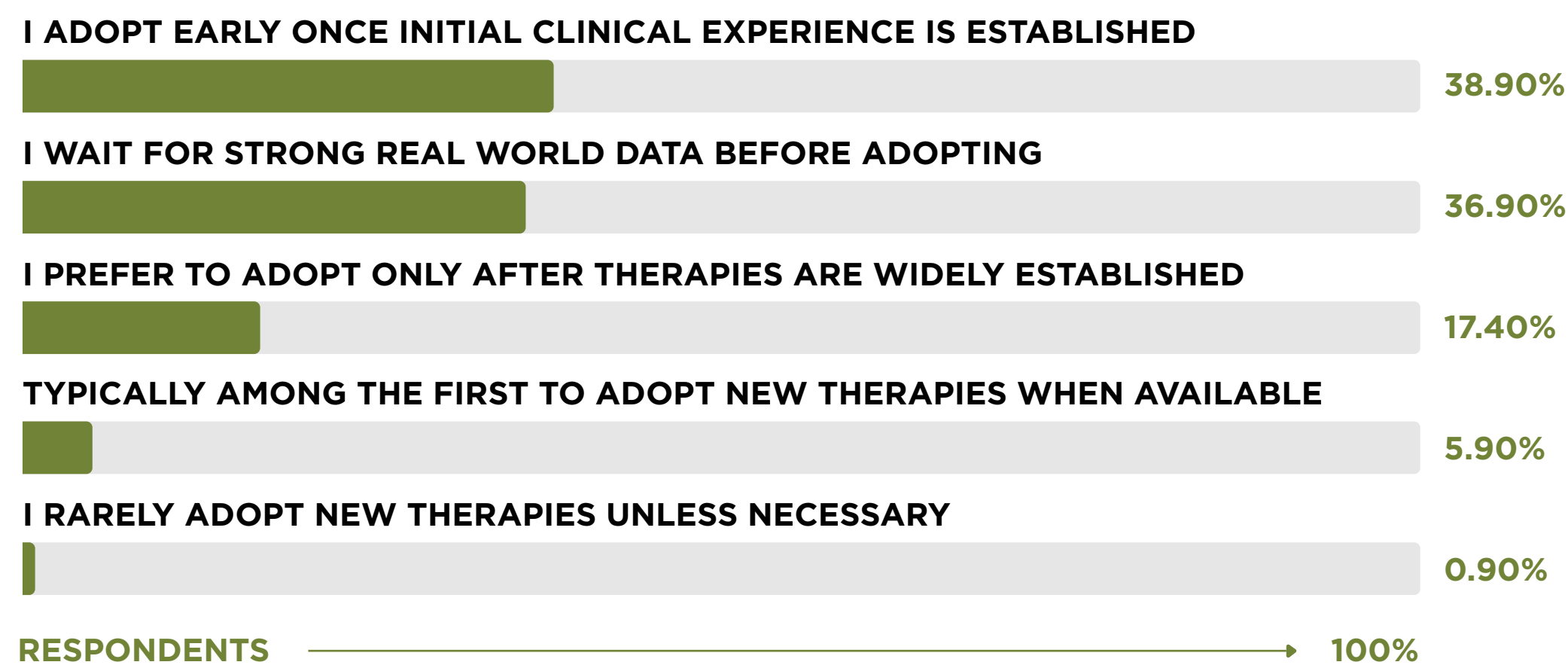
How likely would you be to adopt newly released innovations in retina?

1 = NOT LIKELY - 5 = VERY LIKELY



TOTAL (n=339)

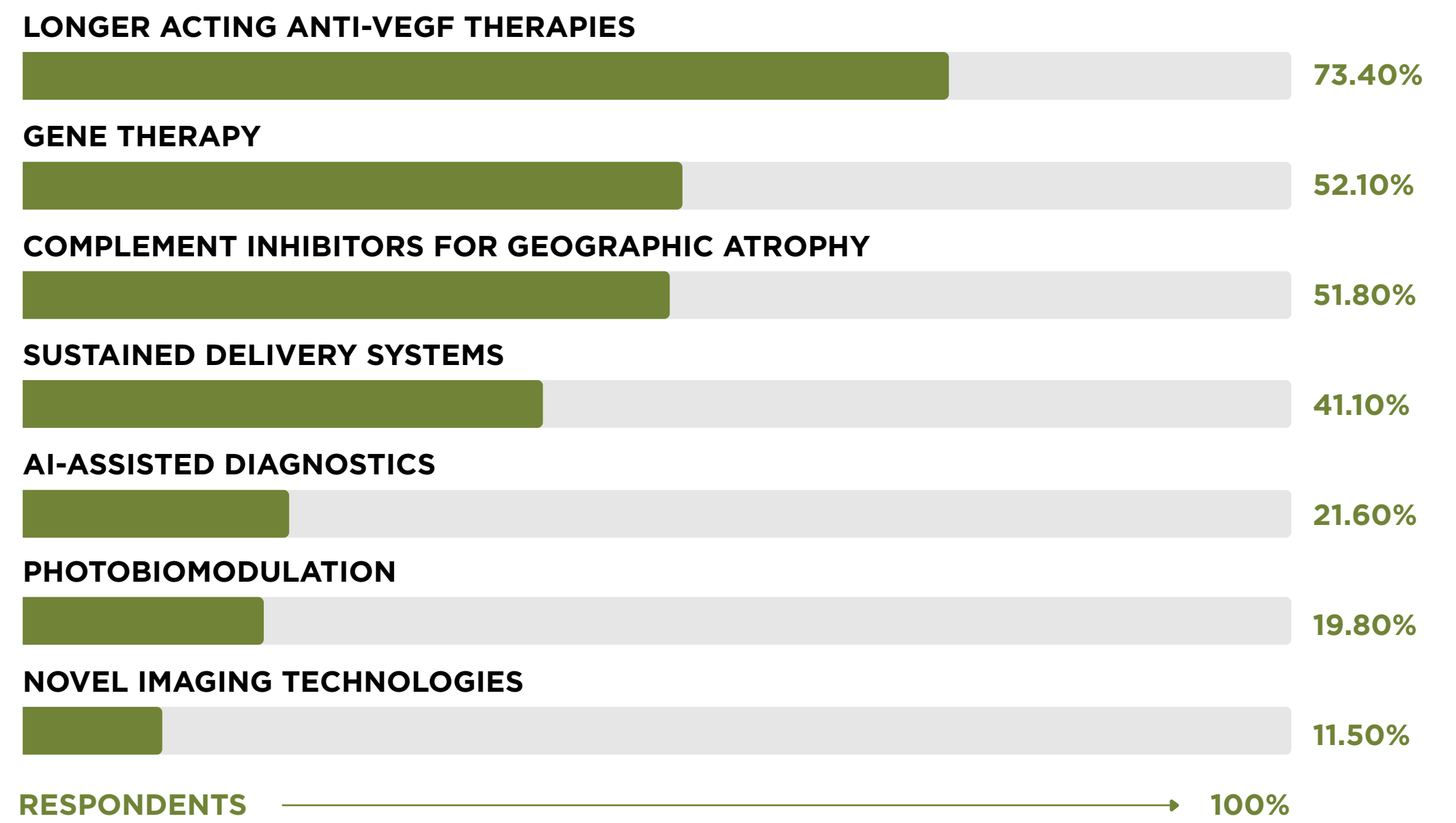
Which of the following best describes your approach to adopting new therapies or technologies?



TOTAL (n=338)

Which of the following emerging therapies or technologies are you most interested in?

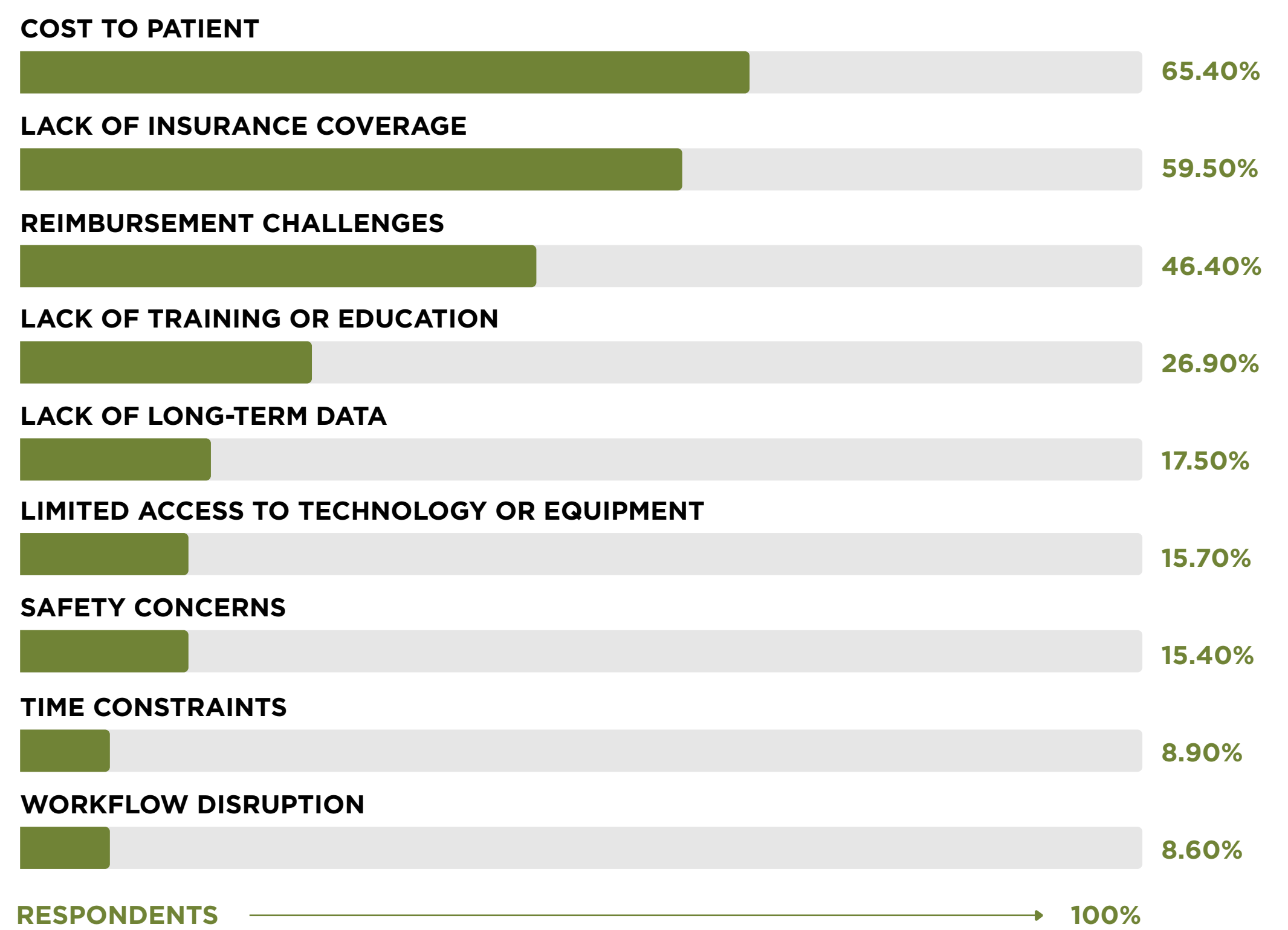
(SELECT UP TO 3)



TOTAL (n=338)

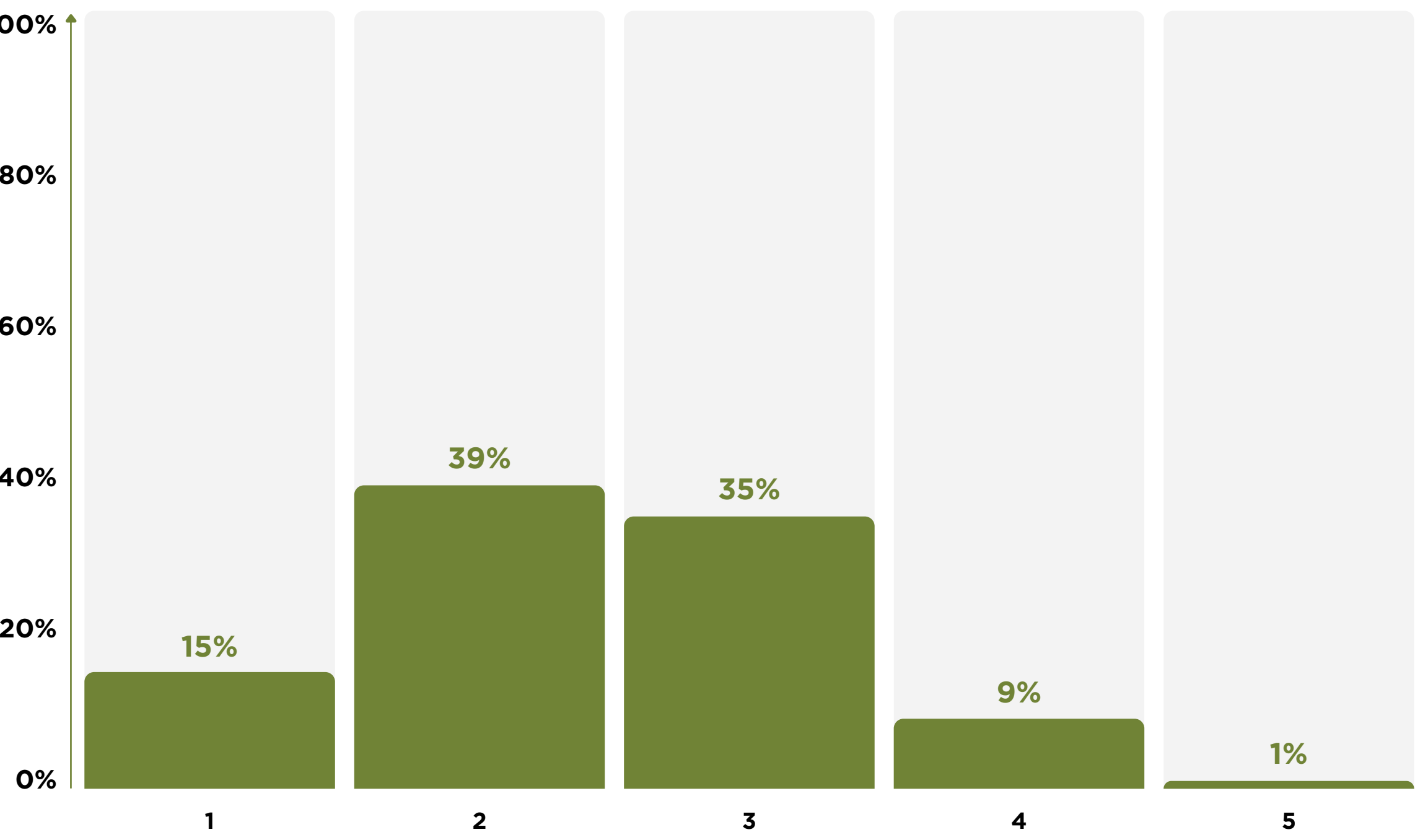
What are the biggest barriers preventing you from adopting new therapies?

(SELECT UP TO 3)



Rate your awareness of upcoming pharmaceuticals and biologics to treat retinal diseases that are currently in the development or FDA approval pipeline.

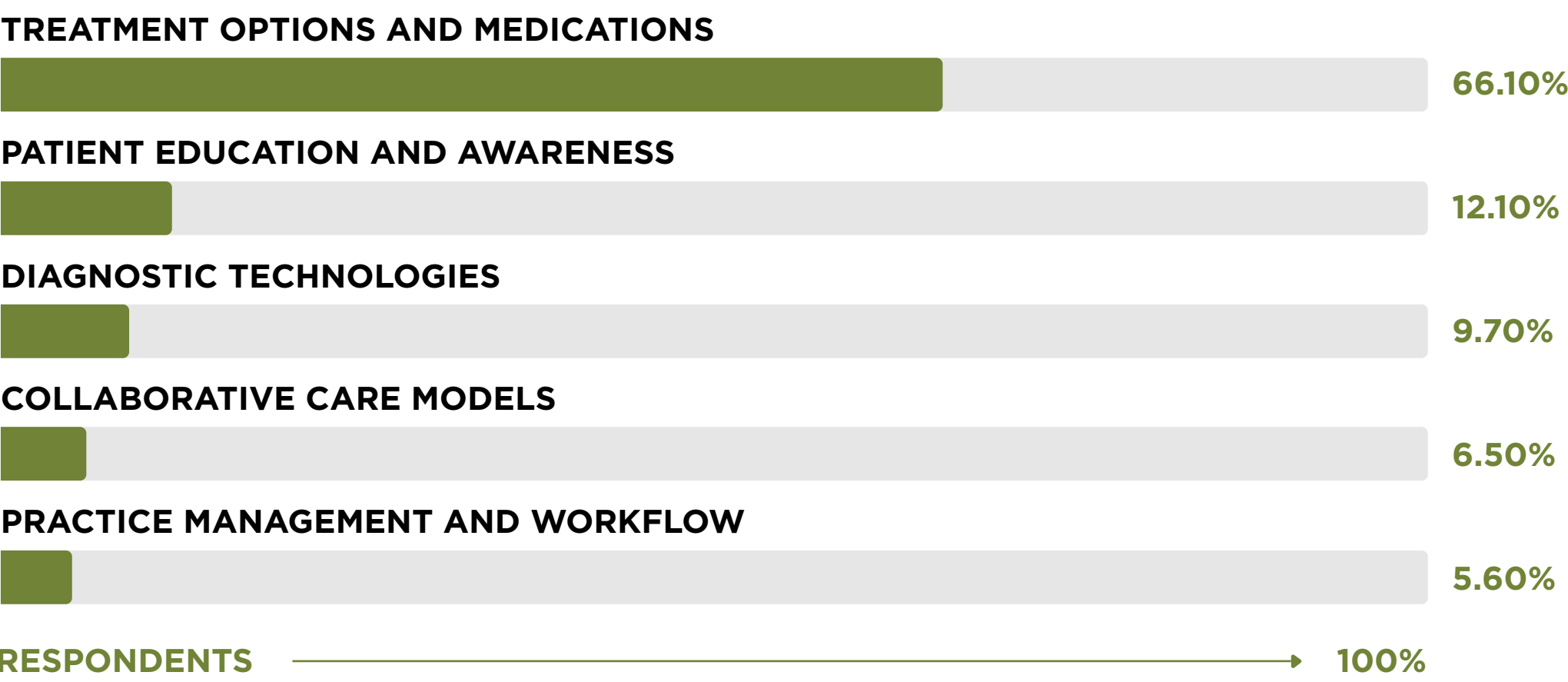
1 = NOT AWARE - 5 = FULLY AWARE



What is the #1 company that comes to mind when you think about innovation in retina?

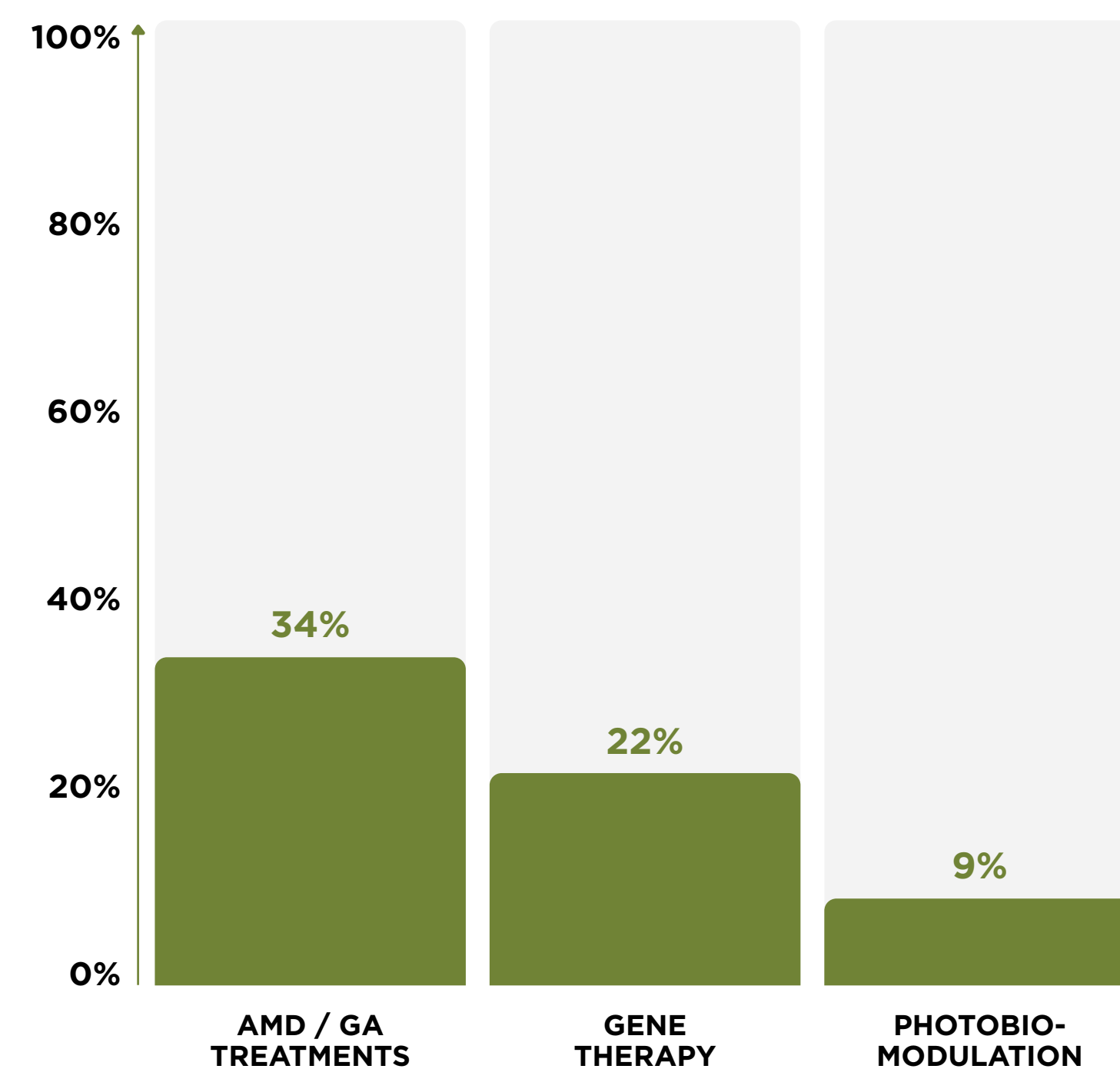


What is the #1 area in retina where you'd like to see the biggest innovations in 2026 and beyond?



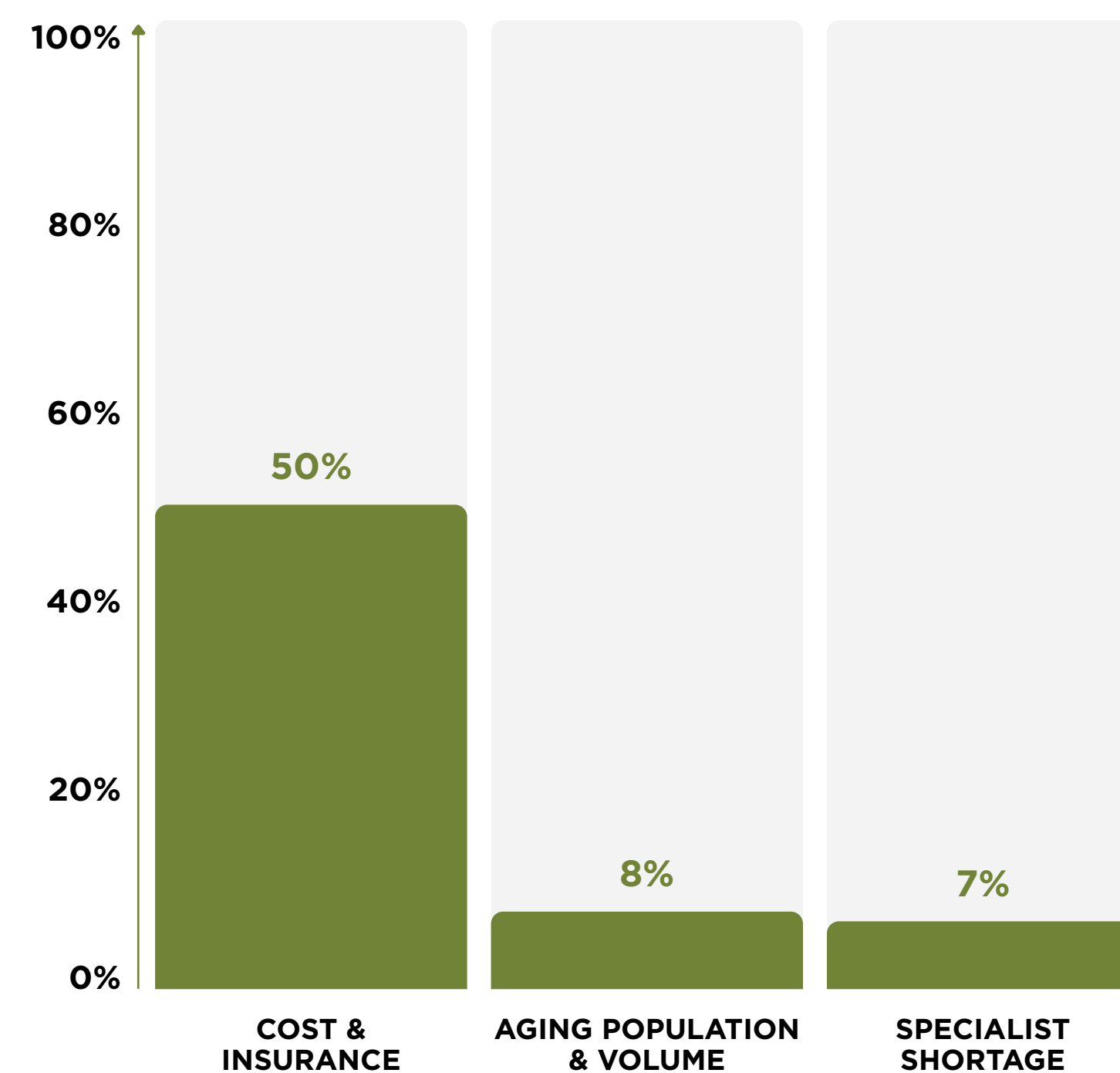
TOTAL (n=319)

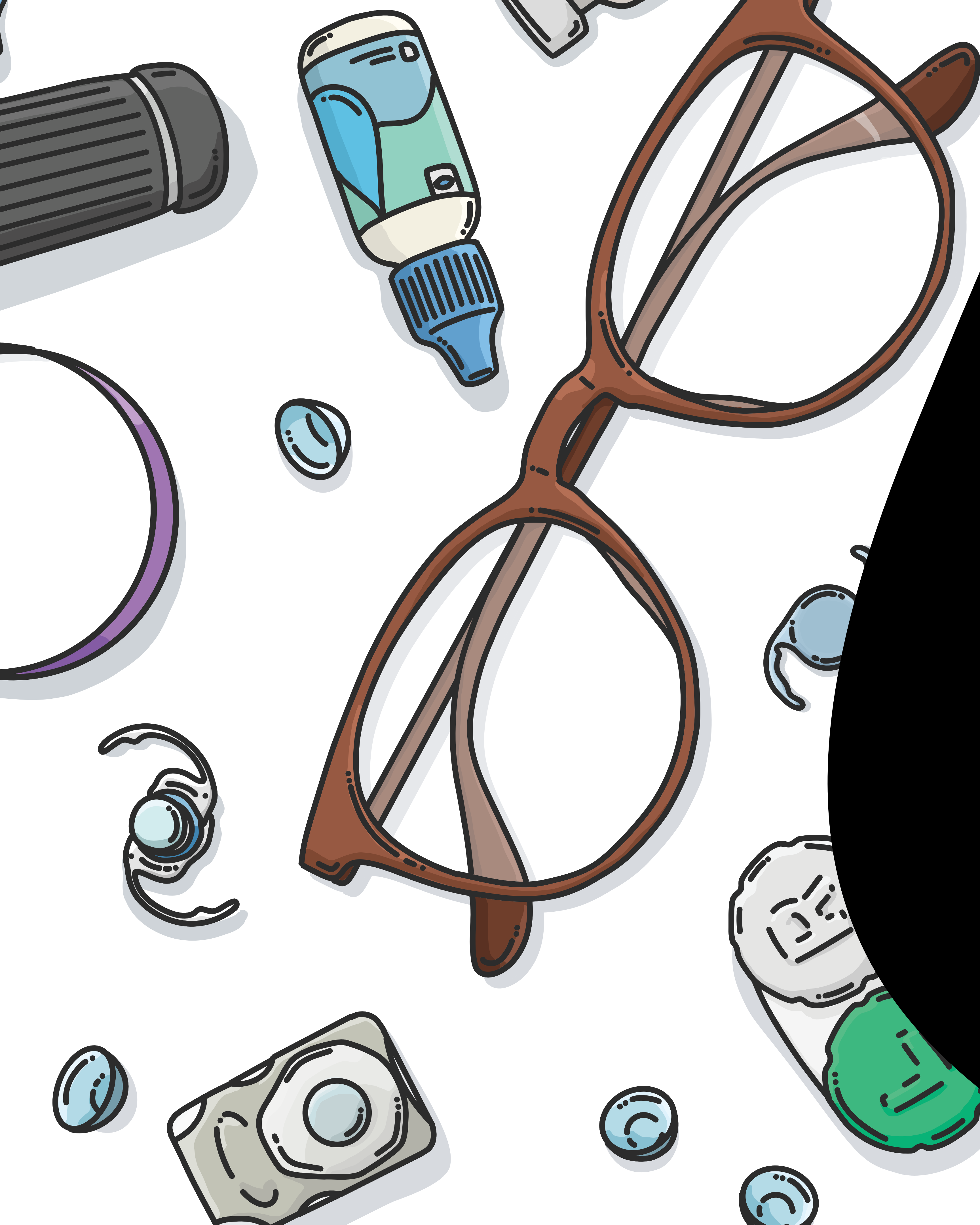
What new technologies or advancements in retinal disease management are you most excited about?



TOTAL (n=321)

What specific challenges do you anticipate in the field of retinal disease management in the next few years?





What is Eyes On Eyecare?

[EyesOnEyecare.com](https://www.eyesoneyecare.com) is the #1 provider of clinical and career education for emerging optometrists and ophthalmologists through our all-in-one digital content platform. More than 60,000 ECPs come to [EyesOnEyecare.com](https://www.eyesoneyecare.com) for news, events, CE/ CME, custom courses, and clinical content.

Learn more at events.eyesoneyecare.com.

eo MARKET RESEARCH