Sight Sciences Announces Publication of a Systematic Literature Review and Meta-Analysis Showing OMNI® Surgical System Achieves Clinically Significant, Long-Term Reductions in IOP and Medication Use

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The study, published in The European Journal of Ophthalmology, included 29 publications and concluded that favorable long-term safety and efficacy profiles make OMNI a beneficial treatment option for patients with primary open-angle glaucoma

MENLO PARK, Calif., Sept. 17, 2025 (GLOBE NEWSWIRE) -- Sight Sciences, Inc. (Nasdaq: SGHT) (Sight Sciences or the Company), an eyecare technology company focused on developing and commercializing innovative, interventional technologies intended to transform care and improve patients' lives, today announced the results as published in the European Journal of Ophthalmology of a systematic review and meta-analysis of the clinical effectiveness, safety, humanistic and economic impact of the OMNI Surgical System (OMNI).

The study assessed OMNI, as well as its predecessors, Visco360 and Trab360, for the treatment of open-angle glaucoma (OAG). The paper reports both standalone and combined treatments to be effective in achieving long-term, clinically significant reductions in intraocular pressure (IOP) and medication use, with sustained improvements over time.

"The favorable safety and efficacy profile demonstrated in our meta-analysis reinforces how OMNI is a beneficial treatment option for patients with primary open-angle glaucoma," said Obeda Kailani, consultant ophthalmologist at King's College Hospital, London, and lead study author. "The durability of OMNI will help postpone or limit the need for more invasive prospective treatments. Ultimately, consistent, low pressure yielding surgery is what results in slowing of the progression of the disease, which this meta-analysis substantiates for an intermediate to longer term duration, and that will have a positive impact on patient's lives."

Mr. Kailani presented the findings from this meta-analysis at the European Society Of Cataract & Refractive Surgeons meeting in Copenhagen, Denmark on Monday, September 15, 2025.

OMNI enables an implant-free, ab interno minimally invasive glaucoma surgery (MIGS) procedure intended to restore aqueous outflow of glaucomatous eyes by addressing the three areas of outflow resistance associated with the disease. Investigators conducted a systematic literature review across MEDLINE, Web of Science, Cochrane (January 2016 – April 2024), and recent congress proceedings (2021–2024) before performing a meta-analysis. Twenty-nine publications were included in the analysis, based on twenty-two unique studies and a total of 2,379 eyes. Twenty-seven publications reported clinical outcomes, while two focused on economic outcomes.

Key study findings:

1. Treatment success (IOP reduction ≥20% from baseline) was observed in approximately 89% of patients treated with either standalone or combined treatments after 6, 12, and 24 months.
2. After 6 and 12 months, approximately 66–68% of patients treated with either standalone or combined treatments remained medication-free based on the results of the meta-analysis.
3. OMNI significantly reduced IOP, with mean IOP below 18 mmHg (range of 11.5 to 17.2 mmHg for patients with baseline IOP ≥18 mmHg and 12.8 to 15.4 mmHg for patients with baseline IOP <18 mmHg) at 12 months when used in combination with cataract surgery; this trend continued at 24 months (range of 11.5 to 16.7 mmHg for patients with baseline IOP ≥18 mmHg and 13.7 to 14.0 mmHg for patients with baseline IOP <18 mmHg).
4. Meta-analysis confirmed comparable, statistically significant IOP reductions for standalone and combination therapy at 6, 12 and 24 months.
5. Average IOP-lowering medication use decreased from a range of 0.9 to 3.4 medications at baseline to a range of 0.1 to 2.2 medications at month 12 (standalone and combination).
6. Patients with a baseline IOP of ≥18 mmHg and <18 mmHg show a statistically significant IOP reduction at 6 and 12 months. Mean IOP reduction was 6.4 to 10.0 mmHg at 12 months for patients with a baseline IOP ≥18 mmHg following combination and standalone surgery. There was a mean IOP reduction of 1.3 mmHg at 12 months for patients with a baseline IOP <18 mmHg following combination and standalone surgery.
7. Both patients with baseline IOP of ≥18mmHg and <18 mmHg benefit from statistically significant medication reductions.
8. Adverse events were generally mild and transient.
9. Economic analyses indicate OMNI is cost-effective compared to the market leader, iStent inject®.
10. The cost-utility analysis included quality of life (QoL) outcomes in the form of quality-adjusted life years (QALYs). The average QALYs per patient treated with OMNI were 8.95 over a lifetime horizon and 1.59 over two years, compared with

8.93 and 1.58 for iStent inject. The slightly higher QALYs for OMNI were attributed to its favorable adverse event profile.

"This meta-analysis is part of our commitment to generate strong clinical evidence demonstrating the safety, effectiveness and durability of OMNI," said Paul Badawi, Co-Founder and Chief Executive Officer of Sight Sciences. "We are pleased to report these positive long-term clinical outcomes in the form of a comprehensive meta-analysis to further reinforce surgical confidence among health care providers who are currently performing the procedure, and provide additional data and clinical evidence for those surgeons who have been waiting to add an interventional glaucoma procedure to their repertoire. We are also proud to work with the network of payers that rely on us as partners to provide this type of valuable and necessary data to support reimbursement decisions."

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Paper Reference:

Kailani O, Mosaed S, Hengerer FH, et al. Systematic review and meta-analysis of the clinical effectiveness, safety, humanistic and economic burden of the OMNI® surgical system and its predecessors. European Journal of Ophthalmology. 2025;0(0). doi:10.1177/11206721251376889

About Sight Sciences

Sight Sciences is an eyecare technology company focused on developing and commercializing innovative and interventional solutions intended to transform care and improve patients' lives. Using minimally invasive or non-invasive approaches to target the underlying causes of the world's most prevalent eye diseases, Sight Sciences seeks to create more effective treatment paradigms that enhance patient care and supplant conventional outdated approaches. The Company's OMNI® Surgical System and OMNI® Edge Surgical System are implant-free, minimally invasive glaucoma surgery technologies indicated in the United States to reduce intraocular pressure in adult patients with primary open-angle glaucoma. The OMNI Surgical System is CE Marked for the catheterization and transluminal viscodilation of Schlemm's canal and cutting of the trabecular meshwork to reduce intraocular pressure in adult patients with open-angle glaucoma. Glaucoma is the world's leading cause of irreversible blindness. The SION® Surgical System is a bladeless, manually operated device used in ophthalmic surgical procedures to excise trabecular meshwork. The Company's TearCare® System is 510(k) cleared in the United States for the application of localized heat therapy in adult patients with evaporative dry eye disease due to meibomian gland disease (MGD), enabling clearance of gland obstructions by physicians to address the leading cause of dry eye disease.

Visit www.sightsciences.com for more information.

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Forward-Looking Statements

This press release, together with other statements and information publicly disseminated by the Company, contains certain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. The Company intends such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995 and includes this statement for purposes of complying with these safe harbor provisions. Any statements made in this press release that are not statements of historical fact, including statements about our beliefs and expectations, are forward-looking statements and should be evaluated as such. These statements often include words such as "anticipate," "expect," "suggests," "plan," "believe," "intend," "estimates," "targets," "projects," "should," "could," "would," "may," "will," "forecast" and other similar expressions. We base these forward-looking statements on our current expectations, plans and assumptions that we have made in light of our experience in the industry, as well as our perceptions of historical trends, current conditions, expected future developments and other factors we believe are appropriate under the circumstances at such time. Although we believe that these forward-looking statements are based on reasonable assumptions at the time they are made, you should be aware that many factors could affect our business, results of operations and financial condition and could cause actual results to differ materially from those expressed in the forward-looking statements. These statements are not guarantees of future performance or results. These forward-looking statements include, but are not limited to, statements concerning the following: the durability of OMNI helping to postpone or limit the need for more invasive prospective treatments; the positive impact of consistent low pressure yielding surgery on patient's lives; the Company's commitment to generating strong clinical evidence demonstrating the safety, effectiveness and durability of OMNI; and ensuring that payors have the necessary information to support reimbursement decisions. These forward-looking statements are subject to and involve numerous risks, uncertainties and assumptions, including those discussed under the caption "Risk Factors"

in our filings with the U.S. Securities and Exchange Commission, as may be updated from time to time in subsequent filings, and you should not place undue reliance on these statements. These cautionary statements are made only as of the date of this press release. We undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by applicable law.

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