

## Johnson & Johnson Showcases New Clinical Data for TECNIS PureSee IOL at ASCRS 2026 Demonstrating Excellent Contrast Sensitivity and Extended Range of Vision

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Robust clinical data, spans two major studies across U.S., Europe and Asia Pacific

Data reveals TECNIS PureSee IOL achieved exceptional distance and intermediate vision, low bothersome visual symptoms, high tolerance to post-op refractive errors

High patient satisfaction results with TECNIS PureSee IOL

JACKSONVILLE, Fla.--(BUSINESS WIRE)-- Johnson & Johnson (NYSE: JNJ) will present data from two major studies supporting the performance of its recently **FDA-approved TECNIS PureSee** intraocular lens (IOL) at the 2026 American Society of Cataract and Refractive Surgery (ASCRS) Annual Meeting, April 10-13 in Washington, DC. TECNIS PureSee IOL is J&J's next-generation Extended Depth of Focus (EDOF) IOL, which demonstrates excellent clinical outcomes and provides significantly improved range of vision\* and reduced visual symptoms compared to a monofocal IOL.<sup>1^</sup>

"The data presented at ASCRS 2026 confirms that TECNIS PureSee IOL provides patients with high contrast sensitivity and visual acuity across distances, with low levels of visual disturbances," said Paul Lisenby, Global Head of Research and Development, Vision, Johnson & Johnson. "This evidence underscores our commitment to advancing innovation through rigorous clinical research—extending the range of vision for our patients and reinforcing surgeon confidence."

## Notable findings for TECNIS PureSee IOL:

Results from a real-world, post-market observation study among 293 patients and across 19 sites in Europe and Asia-Pacific showed that TECNIS PureSee IOL provides excellent clinical outcomes, low bothersome visual symptoms, and high patient satisfaction with limited spectacle use. TECNIS PureSee IOL also demonstrated a high tolerance to post-operative refractive errors. The following datasets from this study will be highlighted at ASCRS:

- Real-World Quality of Vision Outcomes in Patients Implanted with a Purely Refractive Extended Depth of Focus IOL – Brian Schwam, MD (**Abstract**). Data showed mean binocular uncorrected distance vision of 20/19, intermediate and distance corrected vision of 20/26. Most patients experienced little or no bothersome glare (91%), halos (93%), and (92%) starbursts, respectively.
- Real-World Spectacle Independence and Visual Outcomes in Patients Implanted with a Purely Refractive Extended Depth of Focus IOL – Naren Shetty, MS PhD (**Abstract**) Data showed mean binocular uncorrected distance vision of 20/19 and best corrected distance vision of 20/18. Spectacle independence was reported in 96% of patients for distance, 95% for intermediate, and 61% for near vision. There was 93% patient satisfaction across all distances.
- Real-world Performance of New Purely Refractive Extended Depth of Focus (EDOF) IOL in Patients with Residual Post-op Refractive Error – Habeeb Ahmad, MD MS (**Abstract**) . Data showed mean binocular uncorrected distance vision was 20/19 among ametropic and emmetropic patients. Most patients reported spectacle independence at a distance (91% ametropic and 96% emmetropic). 95% of ametropic and 92% of emmetropic patients were satisfied with their uncorrected overall vision.

Results from a U.S. prospective, randomized clinical trial among 200 patients and across nine sites showed that TECNIS PureSee IOL provides high-quality distance vision and significantly improved intermediate vision vs monofocal control. Results also showed some near vision gained and contrast sensitivity comparable to an aspheric monofocal IOL. There were low levels of visual symptoms. The following datasets from this study will be highlighted at ASCRS:

- Quality of Vision Clinical Outcomes for a New Extended Depth of Focus (EDOF) Intraocular Lens (IOL); Eric Donnenfeld, MD– (**Abstract**). Data showed low visual disturbances and improved intermediate and near vision compared to a monofocal IOL.
- Depth of Focus and Visual Performance of a New Purely Refractive Extended Depth of Focus (EDOF) IOL– Daniel Chang DH, MD (**Abstract**). Data showed strong intermediate vision, some near vision gained and broader range of clear focus.
- Comparison of Tolerance to Refractive Error of a New Purely Refractive Extended Depth of Focus (EDOF) IOL and Standard Monofocal IOL; Vance M. Thompson, MD (**Abstract**). Data showed 94% distance vision corrected at 20/25 or better and 97% patient satisfaction.

## INDICATIONS and IMPORTANT SAFETY INFORMATION for TECNIS PureSee™ IOL and TECNIS PureSee™ Toric II IOLs with TECNIS SIMPLICITY™ Delivery System

### Rx Only

#### Indications for Use

The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS PureSee™ IOL, which is indicated for primary implantation for the visual correction of aphakia in adult patients with less than 1 diopter of pre-existing corneal astigmatism in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the TECNIS PureSee™ IOL provides improved intermediate visual acuity, while maintaining comparable distance visual acuity. The lens is intended for capsular bag placement only.

The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS PureSee™ Toric II IOLs, which are indicated for primary implantation for the visual correction of aphakia and for reduction of refractive astigmatism in adult patients with greater than or equal to 1 diopter of preoperative corneal astigmatism in whom a cataractous lens has been removed. The lenses mitigate the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the TECNIS PureSee™ Toric II IOLs provide improved intermediate visual acuity, while maintaining comparable distance visual acuity. The lenses are intended for capsular bag placement only.

#### Warnings

Physicians should weigh the potential benefit/risk ratio of IOL implantation in patients with any of the conditions listed in the Directions for Use, as intraocular lenses may exacerbate an existing condition or may pose an unreasonable risk to the eyesight of patients.

Rotation of the TECNIS PureSee™ Toric II IOLs away from its intended axis can reduce its astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

Do not attempt to disassemble, modify or alter the delivery system or any of its components, as this can significantly affect the function and/or structural integrity of the design. Do not implant the lens if the rod tip does not advance the lens or if it is jammed in the delivery system. The lens and delivery system should be discarded if the lens has been folded within the cartridge for more than 10 minutes.

## Precautions

Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting a lens in a patient. Potential risks for cataract surgery may include but are not limited to infection, inflammation, retinal detachment, increased eye pressure, hyphema, hypopyon, and posterior capsular opacification. Prior to surgery, the surgeon must inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to the patient. Autorefractors may not provide optimal postoperative refraction of patients with the IOL. Manual refraction with maximum plus technique is strongly recommended. This is a single-use device. Do not resterilize the lens or the delivery system. Do not store the device in direct sunlight or at a temperature under 41°F (5°C) or over 95°F (35°C). Do not autoclave the delivery system. Do not use if the delivery system has been dropped or if any part was inadvertently struck while outside the shipping box. The sterility of the delivery system and/or the lens may have been compromised. The recommended temperature for implanting the lens is at least 63°F (17°C). Do not advance the lens unless ready for lens implantation. Do not leave the lens in a folded position more than 10 minutes. The use of balanced salt solution or ophthalmic viscosurgical devices (OVDs) is required when using the delivery system. The lens should be placed entirely in the capsular bag. The lens should not be placed in the ciliary sulcus.

**Attention:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

## About Vision at Johnson & Johnson

Johnson & Johnson has a deep legacy in developing transformational new products that improve the health of patients' eyes. We have a bold ambition: Vision Made Possible – improving sight for more than 40 million people each year. Through cutting-edge innovation, expertise in material and optical science, and advanced technologies, we are revolutionizing the way people see and experience the world. Visit us at [clearvisionforyou.com](https://clearvisionforyou.com), follow [@JNJVision](#) on X, [Johnson & Johnson | Vision](#) on LinkedIn, and [@JNJVision](#) on Facebook.

## About Johnson & Johnson

At Johnson & Johnson, we believe health is everything. Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented, treated, and cured, where treatments are smarter and less invasive, and solutions are personal. Through our expertise in Innovative Medicine and MedTech, we are uniquely positioned to innovate across the full spectrum of healthcare solutions today to deliver the breakthroughs of tomorrow, and profoundly impact health for humanity. Learn more about our MedTech sector's global scale and deep expertise in cardiovascular, orthopaedics, surgery and vision solutions at <https://www.jnjmedtech.com/en-US/>. Follow us at [@JNJMedTech](#) and on [LinkedIn](#).

## Cautions Concerning Forward-Looking Statements

This press release contains “forward-looking statements” as defined in the Private Securities Litigation Reform Act of 1995 related to TECNIS PureSee IOL. The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; manufacturing difficulties and delays; competition, including technological advances, new products and patents attained by competitors; challenges to patents; product efficacy or safety concerns resulting in product recalls or regulatory action; changes in behavior and spending patterns or financial distress of purchasers of health care products and services; and global health care reforms and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson’s most recent Annual Report on Form 10-K, including in the sections captioned “Cautionary Note Regarding Forward-Looking Statements” and “Item 1A. Risk Factors,” and in Johnson & Johnson’s subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. Copies of these filings are available online at [www.sec.gov](http://www.sec.gov), [www.jnj.com](http://www.jnj.com), [www.investor.jnj.com](http://www.investor.jnj.com) or on request from Johnson & Johnson. Johnson & Johnson does not undertake to update any forward-looking statement as a result of new information or future events or developments.

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<sup>1</sup> TECNIS PureSee™ IOL with TECNIS SIMPLICITY™ Delivery System, Model DEN00V US DFU Z312075E rev B.

^In clinical evaluation, TECNIS PureSee IOL demonstrated contrast sensitivity comparable to an aspheric monofocal intraocular lens, with no clinically meaningful differences ( $\leq 0.3$  log units) versus aspheric monofocal controls across pupil sizes, while maintaining distance visual acuity and low levels of visual symptoms.

\*TECNIS PureSee IOL achieved a 1.5-line difference in mean monocular distance-corrected near VA at 6 months compared to TECNIS 1-Piece.

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