

At a Glance

Unsurpassed breadth of coverage

- Up to 190 indications*
- Over 1,000 sub-indications
- Up to 19 therapeutic areas
- Covers 13 geographies:
 - Brazil
 - China
 - France
 - Germany
 - India
 - Italy
 - Japan
 - Mexico
 - Russia
 - Spain
 - Turkey
 - United Kingdom
 - United States

*Indications vary by country.

Why Kantar Health?

Kantar Health is a global, evidence-based decision support partner to the world's leading pharmaceutical, biotech, device and diagnostic companies. Our 700+ staff in over 40 countries act as catalysts, bringing together clinical, medical and methodological expertise, commercial/marketing know-how and proprietary data. It is this rare combination, together with our unparalleled stakeholder reach, that enables us to mobilize incisive, imaginative and timely ROI-driven solutions, empowering clients to deliver better healthcare options to their customers.

Epi Database®

The Most Trusted Industry Resource

16 of the top 20 Global Pharma Companies trust Epi Database® from Kantar Health!¹

Kantar Health's Epi Database® is the gold standard of epidemiology data, providing reliable, rigorous research and documentation in the G7 and key emerging countries.

In-depth analysis with projections to 2030

- All epidemiologies are thoroughly researched in scientific literature, including public and private data sources.
- Data are broken out by country, indication, and year as well as gender, race, and age if applicable.²
- Fully documented sources provide complete transparency.
- Epidemiologies are reviewed quarterly, with additional reviews completed more frequently on a situational basis.

Trusted for major product decisions

The first place to start for key management decisions:

- Quantifying market potential
- Prioritizing additional indications for in-line products
- Assessing licensing opportunities
- Drug discovery prioritization
- Understanding unmet needs of previously untapped markets

Custom epidemiology analysis

Indications not included in Epi Database® can be completed on a custom basis

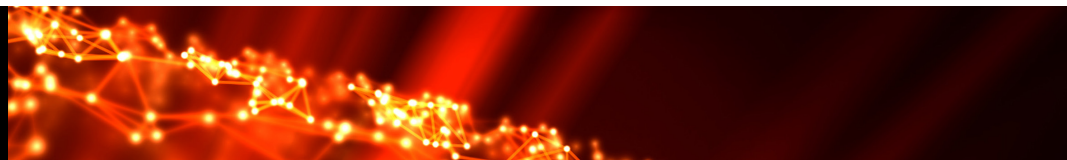
- Epidemiological data for specific or unusual indications, populations, demographic factors or geographic considerations
- Data specific to target patient population as a subset of total prevalent disease populations
- Customized comorbidity and risk factor analysis
- Customized epidemiology data-mining

¹ As defined in pharmexec.com's article The Pharm Exec 50, May 2010.

² Gender, age, and race breakouts may vary by indication and country.

Contact Us:

Please email episupport@kantarhealth.com for more information and a full list of available indications.



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Therapeutic Area (19): All Indications (201): Age-Related Macular Degeneration Countries (1 of 13): EMI - Turkey, France

EM - Mexico
 Incidence Early AMD
 Incidence Late AMD
 Prevalence Early AMD
 Prevalence Late AMD

Age-Related Macular Degeneration - EM - Mexico (Incidence Early AMD) [Updated:8/3/2010]

Cohorts	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
40-49	90,521	94,447	98,372	102,298	106,223	110,149	113,462	116,776	120,089	123,403	125,716	131,254	135,792	140,329	144,867	149,405	155,540	161,675	167,81
50-59	85,992	89,109	92,225	95,342	98,459	101,576	105,406	111,240	115,073	120,905	125,737	131,278	136,819	142,360	147,901	153,442	158,229	163,015	167,80
60-69	111,697	114,332	116,967	119,602	122,237	124,872	129,026	133,179	137,332	141,485	145,638	151,130	156,623	162,115	167,607	173,100	181,708	190,317	198,92
70-79	70,795	74,380	77,966	81,552	85,137	88,723	91,780	94,836	97,893	100,950	104,006	106,776	109,546	112,316	115,087	117,857	122,228	126,600	130,97
80+	33,506	34,500	35,492	36,484	37,476	38,468	40,581	42,694	44,806	46,919	49,032	51,694	54,356	57,016	59,677	62,339	65,282	68,226	71,16
Total	392,513	406,768	421,022	435,278	449,532	463,788	481,257	498,725	516,193	533,662	551,129	572,132	593,136	614,136	635,139	656,143	682,987	709,833	736,67

Buttons: Data, Description, Sources, Links

*Easy-to-Define Target Patient Populations

Easy-to-Navigate and Highly Intuitive Interface Designed to Maximize Functionality

*Exportable into Microsoft Excel to Give Forecasts a Head Start

Customize Variables (e.g., age cohorts and time periods) Effortlessly

Sources

Primary Sources

Arnold JJ, Sarks SH. "Extracts from 'clinical evidence' age related macular degeneration". BMJ. 2000 Sep 23;321(7263):741-744. No abstract available. [\[PubMed Abstract\]](#)

Augood CA, Vingerson JR, de Jong PT, Chakravarthy U, Selanz J, Soubrane G, et al. "Prevalence of age-related maculopathy in older Europeans: the European Eye Study (EURVYE)". Arch Ophthalmol. 2005 Apr;124(4):529-535. [\[PubMed Abstract\]](#)

Bird AC, Brasser NM, Brasser SB, Chisholm IH, Coscas G, Davis MD, de Jong PT, et al. "An international classification and grading system for age-related maculopathy and age-related macular degeneration: The International ARM Epidemiological Study Group". Surv Ophthalmol. 1995 Mar-Apr;39(5):367-374. Review. [\[PubMed Abstract\]](#)

Ciulla TA, Davis RP, Harris A. "Age-related macular degeneration: a review of experimental treatments". Surv Ophthalmol. 1998 Sep-Oct;43(2):134-146. Review. [\[PubMed Abstract\]](#)

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Dickinson AJ, Sparrow JM, Duke AM, Thompson JR, Gibson JM, Rosenthal AR. "Prevalence of

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*Access to Sources with One Click