CATARACT
OCULAR ONCOLOGY
ANNUAL BUSINESS MEETING

DECEMBER 11, 2015

Hynes Convention Center – Third Level
900 Boylston Street
Boston, MA 02116
The 757TH Meeting of
New England Ophthalmological Society
A Public Foundation for Education in Ophthalmology

DECEMBER 11, 2015

CATARACT
Michael Raizman, MD, Moderator
Lawrence Piazza, MD, Program Committee Coordinator

OCULAR ONCOLOGY
Ivana Kim, MD, Moderator
Jay Duker, MD, Program Committee Coordinator

ANNUAL BUSINESS MEETING

Accreditation:
The New England Ophthalmological Society designates this live activity for a maximum of 7 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The New England Ophthalmological Society is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

Hynes Convention Center – Third Level
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MESSAGE FROM THE PRESIDENT

Noting today's associated Ophthalmic Medical Personnel and Ophthalmic Administrators meetings, we are provided an opportunity to recall our gratitude for the contributions of our office staff. The proverb goes that a good physician deserves good assistants, a bad physician needs them. The surest path to good assistants is through education. For over 25 years, NEOS has offered an accessible and relatively affordable means of staff education. The attendance volume proves the perceived benefit to the participants and their sponsors. Education improves productivity which, in the era of computerized billing and medical records, declining reimbursement and an expanding patient population, is essential. Knowledge, acquisition and skills training increases morale and instills a sense of appreciation that is difficult to substitute through other means. An educated staff is a mindful staff, leading to fewer errors and increased efficiency. To those who promote their associate's participation in these NEOS related programs, I thank you for your foresight. For those who have not taken advantage of these features, I encourage you to take a closer look. I think that you will easily recognize the value that these programs may deliver to your practice. It's a great way to say thank you to your staff, but you'll also be thanking yourself.

David Lawlor, MD
President
Terry Kim, MD

Dr. Terry Kim, Professor of Ophthalmology at Duke University Eye Center, received his medical degree from Duke University School of Medicine and completed his residency and chief residency in ophthalmology at Emory Eye Center. He continued with his fellowship training in Cornea, External Disease, and Refractive Surgery at Wills Eye Hospital. He was then recruited to Duke University Eye Center, where he serves as principal and co-investigator on a number of clinical trials and research grants from the National Institutes of Health and other institutions. Dr. Kim was formerly the Director of the Residency Program and Ophthalmology Fellowship Programs and currently serves as Chief of the Cornea and External Disease Division and Director of the Refractive Surgery Service.

Dr. Kim’s academic accomplishments include his extensive publications in the peer-reviewed literature, which include over 200 journal articles, textbook chapters, and scientific abstracts. He is also editor and author of 3 well-respected textbooks on corneal diseases and cataract surgery. Dr. Kim has delivered over 200 invited lectures both nationally and internationally. He has been the recipient of the Achievement Award and the Senior Achievement Award from the American Academy of Ophthalmology (AAO). His clinical and research work has earned him honors and grants from the National Institutes of Health, Fight for Sight/Research to Prevent Blindness, Heed Ophthalmic Foundation, Alcon Laboratories, and Allergan. Dr. Kim is also continually listed in Best Doctors in America®, Best Doctors in North Carolina®, and America’s Top Ophthalmologists®. He has also been voted by his peers as one of the 250 most prominent cataract and intraocular lens surgeons in the country by Premier Surgeon, as one of the “135 Leading Ophthalmologists in America” by Becker’s ASC Review, as well as one of the “Top 50 Opinion Leaders” by Cataract and Refractive Surgery Today.

Dr. Kim serves on the Governing Board for the American Society of Cataract and Refractive Surgery (ASCRS) as Chair of the Cornea Clinical Committee, on the Annual Program Committee for the AAO, and on the Executive Committee and Board of Directors for the Cornea Society. He was recently inducted into the International Intra-Ocular Implant Club and is consultant to the Ophthalmic Devices Panel of the FDA. Dr. Kim also sits on the Editorial Board for several peer-reviewed journals and trade publications, including Cornea, Journal of Cataract and Refractive Surgery, Ocular Surgery News, EyewORLD, Cataract & Refractive Surgery Today, Premier Surgeon, Review of Ophthalmology, Advanced Ocular Care, and Topics in Ocular Antiinfectives. As Consultant Ophthalmologist for the Duke Men’s Basketball Team, Dr. Kim provides medical and surgical care for the players, coaches, and staff, which has been featured on the Discovery Channel and The Wall Street Journal.
Joan O’Brien, MD, has served as the George E. deSchweinitz and William F. Norris Professor of Ophthalmology, Chair of the Department of Ophthalmology and Director of the Scheie Eye Institute at the University of Pennsylvania School of Medicine since January of 2010. Dr. O’Brien previously served as Professor and Vice Chair of Ophthalmology and Director of the Ocular Oncology Division at the University of California at San Francisco from 1995-2009. Dr. O’Brien received her Medical Degree from Dartmouth Medical School in 1986. She completed an internship in internal medicine at Beth Israel Hospital in Boston in 1987, followed by research fellowships in immunology at Harvard Medical School and in molecular ophthalmic pathology at Massachusetts Eye and Ear Infirmary and the Whitehead Institute at MIT from 1987-1989. Dr. O’Brien subsequently completed a residency in ophthalmology at Massachusetts Eye and Ear Infirmary in 1992 and a fellowship in ocular oncology at the University of California at San Francisco in 1993.

Dr. O’Brien specializes in the treatment of ocular tumors, including retinoblastoma, ocular melanoma, conjunctival malignancies, ocular metastases, and ocular and CNS lymphoma. Her research focuses on the genetics of eye disease, including retinoblastoma, melanoma and glaucoma. Dr. O’Brien’s laboratory is currently supported by the National Eye Institute and the National Cancer Institute.

With nearly 200 publications in her field, Dr. O’Brien’s work has recently appeared in Nature, New England Journal of Medicine, Journal of the American Medical Association and the Journal of Clinical Investigation. She has received numerous honors, including a Young Investigator Award and a Physician-Scientist Award from Research to Prevent Blindness, a Career Development Award from the American Association for Cancer Research, and an Honor Award and a Senior Achievement Award from the American Academy of Ophthalmology. Dr. O’Brien also has a long history of awards from both the National Cancer Institute for clinical trials and the National Eye Institute for basic science investigations. In 2012, Dr. O’Brien was elected into the Institute of Medicine.
CATARACT SURGERY AND THE CORNEA:
REFRACTIVE AND SURGICAL CONSIDERATIONS

Michael Raizman, MD, Moderator, Lawrence Piazza, MD, Program Committee Coordinator

Professional Practice Gaps: Using feedback from NEOS members and discussion by the Program Committee, refractive and surgical considerations for cataract surgery and the cornea were identified as a significant professional practice gap in our membership.

Program Objectives: The content and format of this educational activity has been specifically designed to fill the identified practice gaps in our membership’s current and potential scope of professional activities in a way that focuses on education, while managing commercial support and maintaining independence from promotional activities and commercial proprietary interests. This program seeks to:

1) List the corneal conditions that must be evaluated prior to cataract surgery.
2) Understand the surgical skills required to address and prevent poor outcomes from corneal disease during cataract surgery.
3) Provide patients with the opportunity to reduce astigmatism at the time of cataract surgery.

7:30 am Registration and Continental Breakfast .................................................. Ballroom C
8:30 Introduction and Welcome ................................................................. Michael Raizman, MD
8:35 Dry Eye and Cataract Surgery ................................................................. Michael Goldstein, MD
8:45 Tips and Tricks for Management of Anterior Basement Membrane Dystrophy and Salzmann Nodular Degeneration Prior to Cataract Surgery ................................................................. Mary Daly, MD
8:55 Introduction of Guest of Honor: Terry Kim, MD............. Michael Raizman, MD
9:00 Pearls in the Management of Corneal Astigmatism................. Terry Kim, MD
9:25 Cataract Surgery and Fuchs Corneal Dystrophy ...................... Ula Jurkunas, MD
9:35 Femtosecond Laser in Cataract and Corneal Surgery ............. Roger Steinert, MD
9:50 Annual Business Meeting
10:00 Refreshment Break and Exhibits ............................................................ Ballroom C
10:30 Postoperative Corneal Complication of Cataract Surgery ............ Christopher Newton, MD
10:40 Addressing the Atypical Cornea in Cataract Surgery ............... Terry Kim, MD
11:05 Managing Residual Refractive Error after Cataract Surgery .............. Erin Fogel, MD
11:23 What’s New in Cataract Surgery: Panel Discussion ...................... Michael Raizman, MD, Moderator
Mary Daly, MD
Erin Fogel, MD
Ula Jurkunas, MD
Terry Kim, MD
Christopher Newton, MD
Roger Steinert, MD

11:45 Luncheon Break

LUNCHEON SEMINARS:
I. Interesting Cases and Complications in Cataract Surgery
   Dr. Terry Kim – Room 301

II. Ocular Oncology Q&A
   Dr. Joan O’Brien – Room 303

BE SURE TO SCAN IN FOR LUNCH BEFORE GOING TO ROOM TO RECEIVE CREDIT
BE SURE TO RETURN YOUR AUDIENCE RESPONSE UNIT BEFORE LEAVING THE BUILDING!
OCULAR ONCOLOGY
Ivana Kim, MD, Moderator
Jay Duker, MD, Program Committee Coordinator

Professional Practice Gaps: Using feedback from NEOS members and discussion by the Program Committee, knowledge regarding ocular oncology was identified as a significant professional practice gap in our membership.

Program Objectives: The content and format of this educational activity has been specifically designed to fill the identified practice gaps in our membership’s current and potential scope of professional activities in a way that focuses on education, while managing commercial support and maintaining independence from promotional activities and commercial proprietary interests. This program seeks to:

1. Increase the competence of the audience in the areas of intraocular tumors, malignant lid and conjunctival lesions.
2. Improve the performance of the audience in the clinical practice of recognizing and diagnosing malignant tumors in the eye and orbital areas.

1:00 pm Introduction ................................................................. Ivana Kim, MD
1:05 The Good, the Bad, and the Ugly: Discerning Benign from Malignant Eyelid Lesions ........... David Weinberg, MD
1:15 Controversies in the Management of Ocular Surface Tumors.................................................. Kathryn Colby, MD, PhD
1:25 Differential Diagnosis of Choroidal Lesions.......................... Miguel Materin, MD
1:35 Introduction of Guest of Honor, Joan O’Brien.................... Ivana Kim, MD
1:40 Molecular Genetics of Uveal Melanoma............................. Joan O’Brien, MD
2:00 Biopsy Techniques for Posterior Segment Tumors.................. Jay Duker, MD
2:10 Advances in Therapy for Metastatic Ocular Melanoma....... F. Stephen Hodi, MD
2:25 Refreshment Break and Exhibits .............................................. Ballroom C
2:55 Common Orbital Malignancies................................................. Michael Yoon, MD
3:05 Update on Retinoblastoma.................................................... Joan O’Brien, MD
3:25 Advances in Radiotherapy for Ocular Disease ................. Helen Shih, MD
3:40 Panel Discussion / Questions.............................................. Ivana Kim, MD, Moderator

Kathryn Colby, MD, PhD
Jay Duker, MD
F. Stephen Hodi, MD
Miguel Materin, MD
Joan O’Brien, MD
Helen Shih, MD
Michael Yoon, MD

4:00 Adjourn

Views expressed at NEOS meetings are not necessarily those of NEOS but represent the view of the individual speaker, without implied endorsement by NEOS.
Objective: To identify the importance of assessing and optimizing the ocular surface in the management of cataract surgery patients.

This presentation addresses the importance of ocular surface management in patients undergoing cataract surgery. This issue is particularly critical to identify in patients undergoing refractive cataract surgery as small changes in the ocular surface can rapidly degrade optical clarity. Ocular surface disease, particularly dry eye disease, is quite common in patients undergoing cataract surgery. Recent studies in this area will be reviewed. Surgeons need to be aware of this association, as many patients will be asymptomatic. Failure to recognize ocular surface disease pre-operatively can lead to inaccurate pre-operative measurements and incorrect assessment of astigmatism. In addition, patients with ocular surface disease will have decreased post-operative satisfaction, worse visual quality and increased risk of infection and corneal complications. These problems may be exacerbated as post-operative inflammation related to cataract surgery or toxicity due to post-operative eye drops may lead to worsening of dry eye symptoms. Current and novel strategies for diagnosis and management of ocular surface disease in cataract surgery will be reviewed.

References:


TIPS AND TRICKS FOR MANAGEMENT OF ANTERIOR BASEMENT MEMBRANE DYSTROPHY AND SALZMANN NODULAR DEGENERATION PRIOR TO CATARACT SURGERY

Mary Daly, MD
Boston, MA

Objective: In order to maximize surgical outcomes, it is important to manage anterior basement membrane dystrophy and Salzmann nodular degeneration prior to cataract surgery. Current management strategies and options will be reviewed.

The corneal surface is a critical refractive interface. Irregularities in this surface, even of mild appearance at the slit lamp, can cause significant loss of vision secondary to irregular astigmatism and/or abnormal tear film. Anterior basement membrane dystrophy (ABMD) and Salzmann nodular degeneration are two important conditions to recognize and treat prior to cataract surgery, not only to ensure accurate measurements for optimal IOL power selection, but also to improve quality of vision related to the surface disease as well as the cataract. Options for management of ABMD and Salzmann nodular degeneration prior to cataract surgery and tips/tricks for optimizing surgical outcomes in these patients will be discussed.

References:


Objective: List the types of astigmatism that can and cannot be corrected with cataract surgery; Name the surgical options for addressing astigmatism with cataract surgery; Select tools to optimize astigmatism correction during the surgery.

Astigmatism management requires preparation, excellent technology, and careful surgery. The vast majority of patients will achieve a meaningful correction of astigmatism with currently available tools. Keratometry is critical. Office tools will be discussed. Surgical techniques will be reviewed, including IOLs, femtosecond laser incisions, and other surgical techniques. The use of intraoperative aberrometry can be useful.

References:


CATARACT SURGERY AND FUCHS CORNEAL DYSTROPHY

Ula Jurkunas, MD
Massachusetts Eye and Ear Infirmary
Boston, MA

Objective: To underline key aspects of pre-operative evaluation of patients undergoing cataract surgery with Fuchs Corneal Dystrophy and to highlight major options available this patient population.

Fuchs endothelial corneal dystrophy (FECD) is genetic, age-related corneal endothelial degeneration, which is the most common indication for endothelial keratoplasty in the elderly. In FECD, development to guttae and corneal edema causes glare and loss of vision. Cataract surgery is commonly indicated in this age group to treat similar symptoms and the decision whether to perform cataract surgery alone or in combination with endothelial keratoplasty (DSAEK or DMEK) is often deliberated. Preoperative assessment of patient’s symptomatology, evaluation of corneal and cataract findings, and assessment of endothelial cell number and function via specular microscopy and corneal thickness readings are paramount in ensuring the decision for an appropriate surgery. When guttae affect the endothelial cell mosaic in the central cornea only, while normal cells are present in the periphery, Descemet’s stripping without endothelial keratoplasty during cataract surgery presents a novel therapeutic option. The decision to determine which surgical procedure is the most appropriate for an individual patient, an extensive pre-operative counseling and discussion of all the options are paramount in ensuring patient satisfaction with their postoperative outcomes and optimal visual acuity.

References:


Objective: Know how the femtosecond laser can be used in corneal transplant surgery. Understand the pros and cons of the femtosecond laser in cataract surgery compared to standard techniques. Describe the corneal incisions created by the femtosecond laser prior to cataract surgery.

The initial clinical application of the femtosecond laser was for dissection of the cornea as part of the LASIK procedure. With the steadily expanding acceptance of the femtosecond laser technology, other potential applications have been explored. The ability of a single integrated femto laser has the potential of creating the initial incision and one or more side incisions, an anterior capsulotomy, and debulking the nucleus, with additional astigmatic incisions as necessary. Such a system opens the window to a more streamlined surgery that results in fewer complications. Three major commercial platforms have been developed for US applications. More are expected.

However, the majority of surgeons are holding back, uncertain about benefits compared to manual surgery and the extra expense to the patient when insurance rejects the claim of benefit. This talk will briefly explore these issues as this controversial area continues to develop.

References:


POSTOPERATIVE CORNEAL COMPLICATIONS OF CATARACT SURGERY

Christopher Newton, MD
Providence, RI

Objective: To discuss corneal problems which may arise after complex and/or routine cataract surgery.

Given the high success rate for modern cataract surgery, patients expect excellent visual results and function. As with any type of surgery, complications occur and surprises happen both intraoperatively and postoperatively. The discussion will focus on postoperative corneal problems presenting as the painful red eye, postoperative corneal edema with poor vision, and the patient with poor vision / visual function with a 'normal' ocular examination. Many problems are well known and recognized immediately while others pose a diagnostic dilemma. Determining the underlying issues correctly and efficiently are important for the best resolution and patient satisfaction. A strategy to assist the surgeon reach the correct diagnosis and treat the underlying problem will be discussed with the assistance of clinical examples.

References:


ADDRESSING THE ATYPICAL CORNEA IN CATARACT SURGERY

Terry Kim, MD
Duke University Eye Center
Durham, NC

**Objective:** Recognize abnormal corneas prior to cataract surgery; Manage corneal damage from lens fragments, Descemet's detachments and other complications after cataract surgery; Know the signs and management of TASS.

Atypical corneas can significantly alter outcomes in cataract surgery. The cornea must be considered in planning for and executing successful cataract surgery. The role of dry eye prior to and after cataract surgery will be reviewed. Disorders of the ocular surface and corneal shape require special attention. Additional topics will include viscoelastics, phaco technique modification, surgery after DSAEK, LASIK, PRK, and RK, corneal edema after cataract surgery, Descemet's detachments, thermal burns, epithelial ingrowth, retained lens fragments, and TASS.

**References:**


MANAGING RESIDUAL REFRACTIVE ERROR AFTER CATARACT SURGERY

Erin Fogel, MD
The Eye Center of Concord
Concord, NH

Objective: To review the strategies available to cataract surgeons in managing postoperative residual refractive error.

Performing successful cataract surgery has moved beyond the safe removal of a cataract and the placement of an intraocular lens implant. Increasingly, success is measured by the attainment of excellent uncorrected visual acuity. Patients expect it and Medicare's PQRS Cataract Measures Group monitors it. Despite advances in instrumentation for measuring keratometry and axial length as well as the use of advanced intraocular lens formulas and intraoperative aberrometry, post operative refractive results can fall short of the desired goal of 0.50 -1.0 diopter of emmetropia. This talk will review the current strategies of laser vision correction, limbal relaxing incisions, intraocular lens exchange, piggyback lens implants, and rotating toric lens implants for managing refractive errors after cataract surgery and the considerations that surgeons must keep in mind when deciding on the best course of management for their patients.

References:


THE GOOD, THE BAD, AND THE UGLY: DISCERNING BENIGN FROM MALIGNANT EYELID LESIONS

David Weinberg, MD
Concord Eye Care
Concord, NH

Objective: To learn how to distinguish benign and malignant eyelid lesions.

A vast number and variety of eyelid lesions cross our paths every day. Most of them are clearly benign, identifiable lesions, such as seborrheic keratoses and cysts, while a minority display the classic appearance of a cutaneous malignancy, e.g. a "rodent ulcer" basal cell carcinoma. Other lesions are more ambiguous in nature and difficult to characterize without a biopsy or serial examinations, in order to determine if a lesion is "dangerous". There are certain morphologic and behavioral features that will frequently differentiate the benign from the malignant, although there are many masqueraders and atypical tumors. We will review those telltale signs, including the ABCDE's of melanoma, and discuss when and how to biopsy these lesions.

Reference:


Objective: At the conclusion of the talk, participants will be able to recognize clinical characteristics of ocular surface tumors and be able to describe surgical and medical approaches to their management.

Ocular surface tumors often present diagnostic and management challenges for clinicians. Conjunctival melanoma (CM) is an uncommon tumor. Although most melanomas are pigmented, some can be amelanotic. This is especially true of recurrent CM (even if the primary tumor was pigmented). Primary acquired melanosis (PAM) with atypia is the most common precursor lesion (75%). A smaller percentage arise from malignant transformation of a preexisting nevus (25%). Rarely CM will arise de novo. CM is a surgical disease. Complete removal and adjuvant cryotherapy at the time of excision is the preferred treatment. Ocular surface squamous neoplasia (OSSN) is a spectrum of disease from dysplasia through intraepithelial neoplasia to frankly invasive carcinoma. It generally occurs on sun-exposed areas of the conjunctiva. Recurrences are common. There is controversy about the optimal management of OSSN. Surgical management is the gold standard but topical chemotherapy with interferon can be successful in OSSN.

Reference:


Off-label use: Topical compounded interferon; Topical compounded mitomycin (not FDA approved)
OBJECTIVE: Differential diagnoses of pigmented/non-pigmented benign/malignant tumors/pseudotumors of the ocular fundus will be presented.

The presentation aims to help the comprehensive ophthalmologist and the retina specialist to diagnose fundus tumors and pseudotumors of the ocular fundus. Several lesions like choroidal nevus, choroidal melanoma, choroidal metastases, choroidal hemangioma (circumscribed) retinal pigment epithelium tumors and pseudotumors, retinal astrocytic hamartoma and others, will be presented.

REFERENCES:


Objective: To review the genetic alterations of uveal melanoma and the current role of pharmacological inhibitors in the management of the disease.

Uveal melanoma (UM) has distinct genetic alterations compared to cutaneous melanoma. The majority of uveal melanomas (83%) have somatic mutations in the oncogenes GNAQ or GNA11, which activate the MAPK (mitogen-activated protein kinase) pathway. Currently, direct pharmacologic targeting of GNAQ and GNA11 is not feasible, so inhibition of downstream effectors of MAPK is being investigated. MEK inhibitors have modestly improved progression-free survival and response rate (when combined with chemotherapy) and resulted in significant induction of apoptosis in melanoma cell lines (when combined with P13K/AKT inhibitors). BRCA2 mutations were found in 7 of 62 UM patients. Metastasizing UMs have displayed inactivating mutations in the BRCA1-associated protein 1 (BAP1), which is also being explored as a valuable therapeutic target (PARP inhibitors). PARP inhibitors have potential utility for treatment of germline BRCA1/2 mutations. PARP enzymes are involved in DNA damage repair and may have some utility for BAP1 patients, although this has not yet been tested. BAP1 mutations may be somatic or germline. The germline form of BAP1 mutations is associated with familial UM and is found in 1-2% of UM patients and 5% of UM families. These genetic findings, with more advanced understanding of pathway derangements in UM, should provoke a shift towards more personalized medicine. It is now possible to target the molecular signature of a particular tumor to provide more rational treatments.

References:


BIOPSY TECHNIQUES FOR POSTERIOR SEGMENT TUMORS

Jay Duker, MD
New England Eye Center
Boston, MA

Objective: In this talk, the current status of biopsy for posterior segment choroidal tumors will be discussed.

The accuracy of diagnosis of choroidal melanoma based strictly on clinical examination and ancillary testing is greater than 99%. For this reason, until recently, confirmatory biopsy was rarely performed. In 2015, genetic profile analysis of a small number of tumor cells can accurately subdivide choroidal melanoma to either class 1, which carries a low risk of metastases, or class 2, which is associated with a high 5 year risk for metastases. As a result of this new testing technique, tumor biopsy is now commonly performed. The indications, techniques, complications and outcomes of posterior segment tumor biopsy will be discussed along with the implications of genetic profile analysis.

References:


ADVANCES IN THERAPY FOR METASTATIC OCULAR MELANOMA

F. Stephen Hodi, MD
Dana Farber Cancer Institute
Boston, MA

Objective: To provide an update on current treatment strategies for metastatic uveal melanoma.

We have witnessed a paradigm shift in success of immune therapies for the treatment of cancer. CTLA-4 blockade with ipilimumab first demonstrated improvement in survival in patients with metastatic melanoma. More recently, PD-1/PD-L1 blockade have revealed tremendous promise for the treatment of melanoma. Improved understanding of molecular aspects have also provided therapeutic options targeting aspects of GNAQ/GNA11 via MEK inhibition and PKC inhibition. Currently, combinatorial approaches including immuno-immuno as well as targeted-immuno are being investigated for the hopes of improving efficacy and tolerability.

References:


Off-label use: Ipilimumab, Nivolumab, Pembrolizumab, Bevacizumab
Objective: Common malignant tumors that affect the orbit are reviewed, highlighting their presentation, characteristic features, and treatment.

Adult orbital malignancies are rare, but can cause significant morbidity and mortality. Depending on the location, size, and aggressiveness of the lesion, a myriad of presentations can occur, including proptosis, blepharoptosis, globe dystopia, diplopia, or vision loss. The most common malignancy is lymphoma, with the MALT-type lymphoma being the most common subtype. While this form is generally indolent, more aggressive forms can occur. Other primary malignancies of the orbit include adenoid cystic carcinoma and hemangiopericytoma. Sarcoma is exceedingly rare. Secondary orbital malignancies from metastasis or adjacent structures (skin, sinuses) generally arise from carcinoma. Appropriate imaging and biopsy are needed in most cases for appropriate treatment.

References:


UPDATE ON RETINOBLASTOMA

Joan O'Brien, MD
Scheie Eye Institute
Philadelphia, PA

Objective: To review improvements in targeted therapy in the management of retinoblastoma.

The management of retinoblastoma has dramatically changed over the last decade. Ophthalmic artery chemotherapy has eliminated 90% of enucleations for retinoblastoma performed five years ago. The use of intravitreal chemotherapy has also increased ocular salvage rates. This disease is now considered the most curable pediatric cancer. There is widespread agreement on the management of low stage disease. More variation between centers is seen with high stage disease, but all major centers have observed that approaches to ocular salvage in advanced disease have not resulted in disease dissemination. Patients with metastatic disease who once had very high fatality rates now demonstrate significantly improved response (>75%) to stem cell rescue with high dose chemotherapy and radiation to sites of bulky metastases. For the 5% of germline retinoblastoma patients who develop primitive neuroectodermal tumors or trilateral retinoblastoma, five year survival has increased from 6% in patients diagnosed before 1995 to 57% in 2015. This is a result of improved chemotherapeutic regimens as well as routine screening for these tumors to enhance early detection. Challenges that remain include toxicity of therapies, with partial or complete vision loss observed in 50% of children that present with advanced bilateral disease.

References:


Objective: To review principles and approaches of using radiation therapy in the management of ocular disease.

This session will review basic principles of radiation therapy and include discussion of different forms of modern therapeutic radiation. Advantages and disadvantages of different forms of radiotherapy with regards to treating ocular indications for radiation therapy will be reviewed. Examples of current clinical use with ocular diseases will be presented.

References:


FINANCIAL DISCLOSURE INFORMATION

As a provider accredited by the Massachusetts Medical Society, NEOS must ensure balance, independence, objectivity, and scientific rigor in all its individually and jointly provided educational activities. All individuals in a position/role to control the content of an activity are expected to disclose to NEOS any relevant financial relationships they and their spouse/partner have with commercial interests.

The ACCME defines a commercial interest as any entity producing, marketing, reselling or distributing health care goods or services consumed by, or used on, patients. Relevant financial relationships are financial relationships in any amount, which occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity, and which relate to the content of the educational activity.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as independent contractor (including contracted research), consulting, promotional speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. The MMS/ACCME considers relationships of the person involved in the CME activity to also include financial relationships of a spouse or partner.

Bradbury, Michael:

Ownership Interest: Regeneron, Chase and Associates, Inc
(Iviews imaging system)

Duker, Jay:

Consulting Fees: Alcon/Novartis, CoDa Therapeutics, Thrombogenics, Allergan, Lumenis, Santen
Contracted Research: Carl Zeiss Meditec, Optovue
Ownership Interest: Hemera Biosciences, EyeNetra, Ophthotech
Other Types - Eleven Biotherapeutics (Board of Directors)

Goldstein, Michael:

Salary: Eleven Biotherapeutics
Ownership Interest: Eleven Biotherapeutics

Heier, Jeffrey

Consulting Fees: Aerpio, Alcon/LPath, Allergan, Avalanche, Bayer, Dutch Ophthalmics, Endo Optiks, EyeGate, Foresight Biotherapeutics,
FINANCIAL DISCLOSURE INFORMATION (continued)

Forsight Vision4, Genentech, Heidelberg Engineering, Icon Therapeutics, Janssen R&D, Kala Pharmaceuticals, Kanghong, Kato Pharmaceuticals, Notal Vision, Novartis, Ohr Pharmaceuticals, Optovue, QLT, Quantel, Regeneron, RestorGenex, RetroSense, Santen, Shire, Stealth Biotherapeutics, Thrombogenics, Valeant, Vision Medicines, Xcovery

**Contracted Research:** Acucela, Alcon/LPath, Allergan, Astellas, Corcept, Genentech, Kala Pharmaceuticals, Kato Pharmaceuticals, Novartis, Ohr Pharmaceuticals, Ophthotech, QLT, Quantel, Regeneron, Sanofi/Genzyme, Stealth Biotherapeutics, Thrombogenics

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Hodi, F. Stephen:

**Royalty:** To institution, per Institution policy

**Consulting Fees:** Novartis, Merck, Amgen, Synta, BMS, Genentech

**Contracted Research:** BMS

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Kim, Terry:

**Consulting Fees:** Acucela, Inc, Acuity Advisors, Aerie Pharmaceuticals, Alcon, Allergan/Actavis, B&L/Valeant, CoDa Therapeutics, Foresight Biotherapeutics, Kala Pharmaceuticals, NovaBay Pharmaceuticals, Ocular Systems, Ocular Therapeutix, Oculeve Inc, Omerus, Powervision, Presbyopia Therapies, Shire, Stealth BioTherapeutics, Tearlab, TearScience

**Speakers Bureau:** Alcon, B&L/Valeant, Omerus

**Ownership:** Ocular Therapeutix, Omeros

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Miller, Joan

**Royalty:** Valeant Pharmaceuticals (licensee); Massachusetts Eye and Ear Infirmary (assignee): Royalties related to photodynamic therapy for conditions involving unwanted ocular neovascularization. Elsevier: Royalties related to textbook

**Receipt of Intellectual Property Rights / Patent Holder:** Valeant Pharmaceuticals (licensee); Massachusetts Eye and Ear Infirmary (assignee): Intellectual property rights related to photodynamic therapy for conditions involving unwanted ocular neovascularization ONL Therapeutics (licensee); Massachusetts Eye and Ear Infirmary (assignee): Intellectual property rights related to methods and compositions for preserving photoreceptor viability.

**Consulting Fees:** Alcon Research Council (advisory board), 2011-09-01 to present Amgen, Inc., 2014-09-18 to 2015-09-18 KalVista Pharmaceuticals, 2012-03-31 go present Maculogix, Inc., 2013-10-03 to present (non-remunerative 2013-10-03 to 2015-05-01).
FINANCIAL DISCLOSURE INFORMATION (continued)

Contracted Research: Lowy Medical Research, Ltd., A natural history observation and registry study for macular telangiectasia type 2: The Mactel Study

Noecker, Robert
 Consulting Fees: Allergan, Alcon, Inotek, Aerie, Ocular Therapeutics, Kateena, EndoOptiks, Iridex, Quantel
 Contracted Research: Allergan, Glaukos, InnFocus, Aquesys
 Ownership Interest: Ocular Therapeutics

Raizman, Michael
 Consulting Fees: Alcon, Allergan, Avedro, B & L, Beaver-Visitec, Eleven, EyeGate, Ocular Therapeutix, Omeros, Seattle Genetics, Shire, Stealth, TearLab
 Contracted Research: Alcon, Avedro, EyeGate, Stealth
 Ownership Interest: Avedro, EyeGate, Ocular Therapeutix, Omeros

Talamo, Jonathan
 Consulting Fees: Abbott Medical Optics, Alcon, Wavetec Vision, SV Life Sciences, Moelis Capital, Cowen and Company, Surgiste Boston, LLC
 Contracted Research: Abbott Medical Optics
 Ownership Interest: Optimedica Corporation, Wavetec Vision, CXL Ophthalmics

NO FINANCIAL INTEREST

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ANNUAL BUSINESS MEETING AGENDA

December 11, 2015 – 9:50 a.m.

President’s Message ................................................................. David Lawlor, MD

Budget and Finance Committee Report........................................ Joseph Levy, MD
  VOTE: Dues Increase FY17 to $700

Nominating Committee Report and Vote on Proposed Candidates........ Joel Geffin, MD
  Vice-president Laura Fine, MD, Boston, MA
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Program Committee Report ......................................................... Jonathan Talamo, MD

Public Health and Education Committee Report ........................ Laura Fine, MD

Educational Endowment Fund Report ......................................... Michael Price, MD

Ophthalmic Services Committee Report ..................................... Phil Aitken, MD

Admissions Committee Report ................................................... John Dagianis, MD
  Vote on new members
    Irene Lee, MD, N, Dartmouth, MA
    Teri Kleinberg, MD, Worcester, MA
# FUTURE NEOS MEETINGS

### 2016

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tr>
<td>March 11</td>
<td>Ethics/Risk Management (Hutchinson Lecture)</td>
<td>Deborah Jacobs, MD</td>
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<td></td>
<td>Refractive</td>
<td>Samir Melki, MD, PhD</td>
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<tr>
<td>April 15</td>
<td>Systemic Disease</td>
<td>William Tsiaras, MD</td>
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<td>Retina (Miller Lecture)</td>
<td>Chirag Shah, MD</td>
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<td>June 3</td>
<td>Ocular Trauma/Emergencies</td>
<td>Carolyn Kloek, MD</td>
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<td>Subspecialty Sessions:</td>
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<td></td>
<td>Posterior Uveitis/Retina</td>
<td>Lucia Sobrin, MD, Joseph Rizzo, MD</td>
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<td>September 30</td>
<td>Cornea/Refractive</td>
<td>Peter Rapoza, MD</td>
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<td>Neuro-ophthalmology</td>
<td>Sashank Prasad, MD</td>
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<td>December 9</td>
<td>Ethics and Risk Management</td>
<td>Oren Weisberg, MD</td>
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<td>Cataract</td>
<td>John Papale, MD</td>
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### 2017

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<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tr>
<td>March 3</td>
<td>Retina</td>
<td>Jennifer Sun, MD</td>
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<td>Subspecialty Sessions:</td>
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<td></td>
<td>Retina Oculoplastics Uveitis</td>
<td>Jeffrey Moore, MD, Susan Tucker, MD, Sarkis Soukiasian</td>
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<td>April 21</td>
<td>Imaging</td>
<td>Theresa Chen, MD, Elias Reichel, MD</td>
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<tr>
<td></td>
<td>Surgical Complications</td>
<td>Bradford Shingleton, MD</td>
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<tr>
<td>June 2</td>
<td>Glaucoma Controversies</td>
<td>James Umas, MD, Bonnie Henderson, MD, Jeffrey Heier, MD, Joan Miller, MD, Dean Eliot, MD</td>
</tr>
</tbody>
</table>
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Hecht Awards for Best Resident, Fellow, and Trainees Posters

June 3, 2016

Residents, fellows, and trainees from all the New England ophthalmologic teaching programs are invited and encouraged to submit abstracts for a scientific poster presentation contest to be conducted at the June 3, 2016, NEOS meeting. Posters will be judged on originality and scientific merit. Awards will be made for the first prize $500.00, second prize $300.00, third prize $200.00 and three honorable mentions of $50.00 each. Funding for the awards is derived from a gift to the NEOS Education Endowment Fund honoring the late Sanford Hecht, MD. Poster presentations exhibited at ARVO in 2016 and at the AAO meeting in of 2015 may be submitted. 

We encourage all trainees to participate in this event.

To submit posters, go to:
neos-eyes.org – future meetings/June 3/abstract submission form

DEADLINE for abstract to appear in printed program is
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For questions, please contact Judy Cerone Keenan at (617) 227-6484 or neosjudy@aol.com.
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