Retina in the Real World: Extending Lessons From Clinical Trials Into the Clinic
INCLUDING TAYLOR R. SMITH ORATION

SUBSPECIALTY SESSIONS:

Retina

Innovations and Controversies in the Diagnosis and Management of Uveitis
Eyelid and Orbital Cancers

March 3, 2017
Back Bay Event Center
180 Berkeley Street | Boston, MA 02110
Retina in the Real World: Extending Lessons From Clinical Trials Into the Clinic

Including Taylor R. Smith Oration

Jennifer Sun, MD, MPH, Moderator
Fina Barouch, MD, Program Committee Coordinator

Subspecialty Sessions:

Retina
Jeffrey Moore, MD, Moderator

Innovations and Controversies in the Diagnosis and Management of Uveitis
Sarkis Soukiasian, MD, Moderator

Eyelid and Orbital Cancers
Susan Tucker, MD, Moderator

Michael Yoon, MD, Program Committee Coordinator

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.
Our members are proudly aware of the long and storied history of the New England Ophthalmological Society. This is our 763rd meeting; the Society’s first meeting dates back to 1884. The March 3rd meeting offers a typical NEOS experience, with a recognition of past contributions of ophthalmology leaders (highlighted by the Taylor Smith oration proudly delivered by Buzz Krieger of UCLA) and our annual subspecialty program. The subspecialty program selects several subspecialty topics geared towards the New England subspecialist, but appreciated and well-attended by many of our members hoping to gain more insight into these areas. While Taylor Smith practiced years before many of our younger members entered training, his influence remains as he trained many of the giants of retina who trained many of us. His students included Stanley Chang, Don D’Amico, Buck Frederick, and our own Executive Director, Michael Bradbury.

While NEOS never loses sight of the past, we are always striving to provide for future needs of our members. In such vein, we are proud to report that our first Young Ophthalmologist’s committee meeting took place in December, and was both insightful and encouraging. As a result, NEOS will offer opportunities for additional member growth and mentoring, programs which you will hear more about over the next months to year.

In conjunction with the Young Ophthalmologists Committee, NEOS will host its first Grand Rounds before the main program of the April meeting. The Rounds will consist of 4 challenging cases presented by residents and fellows from New England academic programs, with moderation and discussion by a panel of esteemed New England ophthalmologists. These cases will be presented from 7:30 to 8:30, and will precede the main program. The Executive Committee and Young Ophthalmologists Committee are extremely excited to introduce Grand Rounds to NEOS, and we hope you are able to join us for lively discussion.

As is apparent from our upcoming programs and activities, NEOS continues to offer its members tremendous educational opportunities coupled with important adjunct committee representation (such as Ophthalmic Services Committee and Public Health Committee) with insurers and the healthcare community. We appreciate your continued support, and look forward to seeing you at upcoming meetings.

Respectfully,

Jeffrey S. Heier, MD
2016-2017 NEOS President
JUDY E. KIM, MD

Judy E. Kim, MD is a graduate of the University of Chicago, Johns Hopkins University School of Medicine, and Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program. She completed her ophthalmology residency at the Bascom Palmer Eye Institute of the University of Miami and vitreoretinal fellowship at the Medical College of Wisconsin. Currently she is a Professor of Ophthalmology with tenure at the Medical College of Wisconsin. She is the second Korean-American to become a Professor of Ophthalmology and the first in Retina. She is also the first Korean-American to become a member of all three US retina societies (ASRS, Retina, and Macula) and the American Ophthalmological Society, the oldest medical society in USA.

Dr. Kim has received numerous awards and honors, including being named in the “Best Doctors in America” annually since 2003 and is included in the US News & World Report Best Doctors list and Castle Connolly Top Doctors list. She has received Achievement Award and the Senior Achievement Award from the American Academy of Ophthalmology (AAO), and Honor Award, Senior Honor Award, and Service Award from the American Society of Retina Specialists (ASRS). She is a Heed Foundation Fellow and was selected to the Leadership Development Program of AAO. She has been elected to a number of regional and national leadership positions and is currently a board member of ASRS, Macula Society, and Women in Retina. She serves on the review boards of a number of peer-reviewed journals, including the Editorial Board of JAMA Ophthalmology and OSLI Retina.

Dr. Kim has numerous publications, book chapters, and monographs related to diabetic retinopathy, age-related macular degeneration and other retinal diseases and surgery. She is a sought after lecturer nationally and internationally. She is actively involved with a number of multicenter clinical trials, many as a site principal investigator (PI), including Age-related Eye Disease 2 and Diabetic Retinopathy Clinical Research Network (DRCR.net) sponsored by the National Eye Institute (NEI). She has been selected to serve as a DRCR.net Vice-chair and is a Planning Committee member for National Eye Health Education Program of NEI. In addition to diabetic retinopathy and age-related macular degeneration, her research interests include clinical trials, surgical retina, telemedicine and ocular imaging. She currently serves as a PI for Teleophthalmology to Improve Eye Health among Latinos (TIEHL), funded by Healthy Wisconsin Partnership Program, Biomarker Study for Diabetic Retinopathy, funded by OneSight, and Laser Emitting Diode for Management of Refractory Diabetic Macular Edema, funded by Clinical and Translational Science Institute and NIH.

Outside of work, she enjoys photography, singing in the choir, gardening, dining, and traveling. She has traveled to all seven continents. She is married to John Hur, MD and has a daughter who attends a medical school, a son who attends United States Naval Academy, and a dog.
TAYLOR R. SMITH ORATOR

ALLAN E. KREIGER, MD

As did Taylor Smith, Dr. Kreiger grew up in Southern California. He graduated from USC in 1958 with a BS in electrical engineering and completed his M.D. from UCLA School of Medicine in 1963. Following a surgical internship at UCLA, he finished his residency in Ophthalmology at UCLA and was in the first group of residents graduating from the Jules Stein Eye Institute in 1967.

He then came to Boston on a Special NEI Fellowship in Ophthalmic Pathology under the tutorage of Taylor Smith, M.D., who was then Chief of Ophthalmic Pathology at the Massachusetts Eye and Ear Infirmary. Taylor was also an active retina surgeon and superb mentor and teacher of retinal detachment surgery. Dr. Kreiger assisted him on over 300 scleral buckling procedures that year and reviewed his surgical results in an article presented at the Retina Society and published in the Archives of Ophthalmology in 1971. Using the techniques of the day, Dr. Smith’s surgical outcomes were comparable to those achieved today with “modern” methods.

Dr. Kreiger then spent 3 months in Essen, Germany studying photocoagulation with Dr. Gerd Meyer-Schwickerath. Following this, he returned to UCLA and was Chief of Ophthalmology at Harbor General Hospital until 1972 when he moved to the Jules Stein Eye Institute and became the founding director of the Division of Retina Surgery in the Department of Ophthalmology. His current rank is Professor of Ophthalmology.

In the early 1970’s, as the field of vitreous surgery was just opening, Dr. Kreiger’s research was devoted to the development of new instruments for vitrectomy and the management of complex vitreoretinal problems. This interest continues to date and he conducts an active practice at UCLA, where he is the Director of the Stein Eye Vitreoretinal Fellowship.

Dr. Kreiger is a member of the Retina Society, the Club Jules Gonin, and the American Ophthalmological Society. He has delivered named lectures including the Alex Krill Memorial Lecture (Chicago), the Delbert Nachazel Lecture (Detroit), the Paul Sternberg Lecture (Atlanta), the Alex Irvine Lecture (Los Angeles) and the Taylor Smith Lecture (Aspen).

He is married to his wife of 53 years, Kristin, who is a cellist and practices homeopathy. He has two lovely daughters who live in California and in Oregon. He loves to fish.
past recipients of the
Taylor Smith Medal

1985    Lorenz E. Zimmerman, MD
1986    David G. Cogan, MD
1987    Charles L. Schepens, MD
1987    Mrs. Taylor Smith
1988    Carl Kupfer, MD
1989    Frederick C. Blodi, MD
1990    Eliot L. Berson, MD
1993    John E. Dowling, PhD
1995    David Shepro, PhD
2000    Thomas A. Aaberg Sr., MD
2004    Daniel M. Albert, MD, MS
2008    Donald J. D’Amico, MD
2010    Carmen Puliafito, MD
2013    Stanley Chang, MD
MORNING SESSION:

Retina In The Real World: Extending Lessons From Clinical Trials Into The Clinic

*Moderator: Jennifer Sun, MD | Program Committee Coordinator: Fina Barouch, MD*

**Professional Practice Gaps:** We obtained feedback from NEOS members, reviewed evaluations from prior NEOS retina meetings and discussed with the Program Committee in order to identify current professional practice gaps for the NEOS membership. The knowledge and understanding of how to translate guidelines from recent landmark clinical trials into clinical practice in the areas of neovascular age-related macular degeneration, dry age-related macular degeneration, retinal vein occlusion, diabetic macular edema and diabetic retinopathy are lacking and will be addressed in this session.

**Program Objectives:**

1. Understand evidence-based guidelines for treatment of neovascular age-related macular degeneration, including optimal dosing regimens.
2. Review clinical trial data for optimizing outcomes in patients with dry age-related macular degeneration.
3. Evaluate data from studies addressing treatment of retinal vein occlusion and how these can be used to best guide clinical practice.
4. Discuss current best practices for treatment of diabetic eye disease, including diabetic macular edema and proliferative diabetic retinopathy as well as future promising approaches.

7:00 am  Registration/Exhibits
7:30  Best of the NEOS Hal Freeman Video Library
8:30 Introduction.............................................................. Jennifer Sun, MD, MPH
8:35 Neovascular Age-related Macular Degeneration: Best Practices and Optimal Dosing for Anti-VEGF.............. Joan Miller, MD
8:45 Dry Age-related Macular Degeneration: AREDS and Beyond ....................................................... Deeba Husain, MD
8:55 Introduction to Guest of Honor................................. Jennifer Sun, MD, MPH
9:00 Retinal Imaging: Incorporating into Your Clinical Practice and Use in Clinical Trials ......................................................... Judy Kim, MD
9:20 Introduction to Taylor Smith Orator.......................... Alexander Gaudio, MD
9:25 Taylor Smith Oration
   Non PVD Retinal Detachments and Why Not to Treat with Vitrectomy ........................................ Allan Krieger, MD
9:50  Business Meeting
10:00  
*Refreshment break / Exhibits*

10:30  Advances in the Management of Retinal Venous Occlusive Disease......................... Manju Subramanian, MD

10:40  Management of Diabetic Eye Disease: Optimizing Outcomes in the Era of Anti-VEGF..................... Judy Kim, MD

11:00  Future Directions in Evaluations and Care of Diabetic Eye Disease, Novel Therapies and Approaches............................................................. Lloyd Paul Aiello, MD, PhD

11:15  Panel Discussion/Questions ............................... Jennifer Sun, MD, MPH, 

       *Moderator*

       Lloyd Paul Aiello, MD, PhD                   Allan Kreiger, MD

       Deeba Husain, MD                        Joan Miller, MD

       Judy Kim, MD                           Manju Subramanian, MD

11:45  Adjourn

11:45  Due to Subspecialty Sessions, there are no luncheon seminars at this meeting.

Be Sure To Scan In For Afternoon Session Before Going To Room To Receive Credit

Be Sure To Return Your Audience Response Unit Before Leaving The Building!
AFTERNOON SUBSPECIALTY SESSIONS

Retina | MAIN HALL

Jeffrey Moore, MD, Moderator

Professional Practice Gaps: Feedback from NEOS members and Program Committee review identified the use of interactive discussion to better develop understanding and approach to complex disease as an area for potential improvement.

Program Objectives: The objective of this session will be to utilize case presentations and interactive panel discussion to improve our approach toward diagnostic and therapeutic challenges in vitreoretinal surgery and medical retina.

1:00 pm  Introduction................................................................. Jeffrey Moore, MD

1:05     Surgical Retina – Controversies........................................ Panelists:
          Jorge Arroyo, MD                  Jeffrey Heier, MD
          Nauman Chaudhry, MD              John Huang, MD
          Jay Duker, MD

Following brief presentations, both audience and panelists will discuss a mix of common yet difficult surgical cases. Examples....macula attached pseudophakic RD with superior break, chronic RD in a young patient, ERM with pseudohole, Sticklers detachment, combined phaco/vitrectomy in diabetics.

1:45 Surgical Retina – Challenges........................................... Panelists above

Speakers will present a difficult case or complication, discuss their surgical approach and if possible include literature to support decision making. Presentations will be followed by a brief panel discussion.

Topics: Rhegmatogenous/retinoschisis detachment, Vitreo-Retinal complications in Ocular Inflammatory diseases, IOL complications with RD, PVR detachments requiring retinectomy and PVR with hypotony.

2:45 Refreshment Break/Exhibits

3:15 Medical Retina: Best Cases Panel...................................... Panelists:
          Thomas Flynn, MD                  Manju Submaranian, MD
          Jeffrey Marx, MD                  Lucy Young, MD
          Elias Reichel, MD

Panelists will be challenged to develop a work-up and differential diagnosis for a variety of interesting, difficult, unknown medical retina cases.

4:00 Adjourn
AFTERNOON SUBSPECIALTY SESSIONS

Eyelid and Orbital Cancers | FREEDOM ROOM

Susan Tucker, MD, Moderator

**Education Gaps:** Based on evaluations of prior oculoplastic and oncology talks, participants desired more information on outcomes with more recent advances in evaluating eyelid and orbit carcinomas as well management with new radiation protocols, new chemotherapies, and surgical techniques such as sentinel lymph node biopsy and extent of orbital surgery.

**Program Objectives:**

1. To impart knowledge on new imaging protocols for evaluation of orbital/head and neck tumors.
2. To review newest techniques and indications for sentinel lymph node biopsy.
3. To evaluate current statistics for efficacy of irradiation for orbital tumors.
4. Update on new chemotherapies for eyelid carcinomas and melanomas.

1:00 Introduction................................................................. Susan Tucker, MD
1:05 PET Scans and Imaging Protocols for Advanced Carcinomas ........................................ Philip Kousoubris, MD
1:20 Sentinel Lymph Node Biopsy......................................... Kevin Emerick, MD
1:35 Radiation for Orbital Carcinomas: Current Statistics .......... Howard Hsu, MD
1:50 Update on Chemotherapy for Orbital Carcinomas........ Michael Migliori, MD
2:05 Surgery for Orbital Carcinomas: Globe Sparing or Not.................................Daniel Lefebvre, MD
2:20 Refreshment Break/Exhibits
2:50 Cancer Screening and Prevention.................................Grace Lee, MD
3:05 Medical/Non-Surgical Management Options for Eyelid Carcinomas ........................ Yoash Enzer, MD
3:20 Eyelid Melanomas.................................................... Gary Rogers, MD
3:35 Case Presentations.................................................... Gary Rogers, MD
4:00 Adjourn
Innovations and Controversies in the Diagnosis and Management of Uveitis | PATRIOT ROOM

Sarkis Soukiasian, MD, Moderator

Professional Gaps: The diagnosis and management of Uveitis can be challenging.

Program Objectives: Update on diagnostic innovations and therapeutic controversies to enhance management of the uveitis patient.

1:00 pm  Introduction..........................Sarkis Soukiasian, MD

1:05  Drug Induced Uveitis – When and What to Consider ....David Hinkle, MD

1:20  Diagnostic Ocular Fluid Testing. When, What and Where to Send?...............................Michael Zegans, MD

1:35  Wide Field Angiography – What Does it Add to Uveitis Diagnosis and Management?.........................Lucia Sorbin, MD

1:50  Retinal Vaculitis: Systemic Associations, Ocular Implications and Management Strategies...........................Nicholas Butler, MD

2:05  Refreshment Break/Exhibits

2:35  Ocular Toxoplasmosis: Management Strategies for Unusual Situations and is There a Role for Local Therapy ....Steven Anesi, MD

2:50  Role of Intravitreal Drug Delivery (Devices): Can it Replace Systemic Immunomodulatory Therapy (IMT) ..........George Papaliodis, MD

3:05  Systemic Immunosuppression Therapy: When to Consider and What’s in the Pipeline ..........................Lana Rifkin, MD

3:20  Is There a Role of Surgery in the Management of Uveitis? .......................................................C. Stephen Foster, MD

3:35  Panel Discussion and Case Presentations  Sarkis Soukiasian, MD, Moderator

Steven Anesi, MD
Nicholas Butler, MD
C. Stephen Foster, MD
David Hinkle, MD

George Papaliodis, MD
Lana Rifkin, MD
Lucia Sobrin, MD
Michael Zegans, MD

4:00 PM Adjourn
Neovascular Age-related Macular Degeneration (AMD):
Best Practices and Optimal Dosing for Anti-VEGF

Joan W. Miller, MD
MASSACHUSETTS EYE AND EAR INFIRMARY | BOSTON, MA

Objective: To aid clinicians in diagnostic and treatment choices for patients with neovascular AMD.

Anti-VEGF therapy changed the paradigm and expectations for neovascular AMD treatment. In managing patients with neovascular AMD, clinicians need to choose diagnostic imaging and testing, initial therapeutic agent, and treatment regimen; and in follow-up, whether and when to switch drugs. Available data from AMD clinical trials do not support a best practice in drug choice or treatment protocol, and drug selection may be affected by coverage benefit, concerns about compounding pharmacies and provider past experience. The rationale for switching agents is even less well developed. There is currently no best practice standard, although meta-analyses suggest that clinicians “under-treat” in the first few years. Longer-term findings demonstrate progressive vision loss and GA, most likely due to unveiling of the degenerative process when neovascular disease is controlled. Future directions for treatment of neovascular AMD should include neuroprotection as adjuvant therapy.

Objective: Review clinical trial data for optimizing outcomes in patients with dry age-related macular degeneration (AMD).

Age-related macular degeneration is the leading cause of blindness in the developed world and third leading cause worldwide. About 196 million are projected to have AMD globally by 2020 and 288 million by 2040. We do not completely understand the pathobiology of AMD. Therefore at this time there are no FDA approved treatments for dry AMD and there a great unmet need to find treatments for dry AMD. There is a lot of ongoing research in this area. In this talk I will talk about our current knowledge based on clinical trials such as AREDS study, on diagnosis, prognosis, monitoring of disease and role of vitamins. I will also talk about some of newer agents that are in clinical trials at this time including drugs that block the complement pathways, neuroprotective agents, statins, and cell therapies.


Retinal Imaging: Incorportating into Your Clinical Practice and Use in Clinical Trials

Judy E. Kim, MD

THE EYE INSTITUTE | MILWAUKEE, WI

Objective: To discuss various imaging modalities that can be used in diagnosing and managing retinal diseases and their role in the clinic and in retinal clinical trials.

While retinal imaging has been a part of our patient care for a number of decades, ophthalmic imaging has undergone a revolution in recent years. Improvements on color photos and fluorescein angiography as well as newer imaging modalities such as spectral domain OCT, autofluorescence, OCT angiography, and adaptive optics are now available. We will review practical uses of these imaging studies in various retinal diseases with examples to learn ways they are being used in the clinic and in clinical trials.

References:


Off-label use: Adaptive optics for retinal imaging.
Objective: To review the pathophysiology of retinal detachment and to discuss the ideal treatment for retinal detachments without posterior vitreous detachment.

The majority of rhegmatogenous retinal detachments follow a well-understood pathogenetic sequence first described by Gonin over 100 years ago: progressive vitreous liquefaction, posterior vitreous detachment, retinal tear formation, and, finally, retinal detachment. Gonin also discovered that their cure depended on closing the retinal breaks. Since his time, many methods for closing the breaks have been invented and include those that work on the surface of the eyeball and those that work inside the vitreous cavity. Since rhegmatogenous retinal detachment presents infinitely variable pathology to the surgeon, choosing the optimal approach depends on careful observation and sound clinical judgment.

There is a small but significant minority of patients, however, whose retinal detachments do not have posterior vitreous detachment. These include those caused by atrophic retinal holes in lattice degeneration and those caused by retinal dialysis. In the former, vitreous traction is not an issue, and in the latter it is of minor consequence. Skillfully done scleral buckling procedures are successful in reattaching the retina permanently in close to 100% of these cases and PVR almost never occurs following uncomplicated surgery. Side effects are minimal and cataract never occurs as a result of the surgery.

On the other hand, vitrectomy in eyes with solid, non-detached vitreous is extremely challenging. Once inside the eye what does one do with this solid vitreous? One can attempt to detach the posterior hyaloid. This can be difficult to do in these young patients, and detaching it from the detached retina can cause catastrophic complications. Alternatively, one can leave cortical gel attached posteriorly and try to flatten the retina anyway. Both options are less than ideal and increase the possibility of PVR. Draining the usually very viscous subretinal fluid is hard to do by displacement and could require a posterior retinotomy to get the retina flat. Finally, cataract is inevitable.

Examples of the pathology and pathogenesis of these conditions will be presented and suggestions on their management offered.
Objective: To discuss the current management approach for retinal vein occlusions.

Retinal Venous Occlusive Disease is a significant cause of acute vision loss. It is often associated with patients with systemic illnesses such as hypertension and diabetes. Vein occlusions can lead to development of macular edema and neovascularization which can impact vision long term. Treatment modalities for macular edema include anti-vascular endothelial growth factor injections, steroid therapy, laser therapy, and on occasion surgical intervention. For neovascularization, anti-VEGF agents, laser therapy, and surgical intervention for complicating vitreous hemorrhages and tractional retinal detachments are used. The most recent advances in therapy will be discussed.


Off-label use: Possibly bevacizumab, dexamethasone, and triamcinolone.
**Management of Diabetic Eye Disease: Optimizing Outcomes in the Era of Anti-VEGF**

*Judy E. Kim, MD*

THE EYE INSTITUTE | MILWAUKEE, WI

**Objective:** To review recent finding from clinical trials in order to optimize outcomes in management of diabetic retinopathy.

Discovery of vascular endothelial growth factor (VEGF) and the use of anti-VEGF agents have revolutionized our management of diabetic retinopathy. Various clinical trials have shown benefit of these agents in the management of diabetic macular edema and proliferative diabetic retinopathy. However, clinical trial treatment protocols may not be easily translated and incorporated into practical day to day management of our patients in the clinic. We will review findings from key DRCR.net findings and discuss ways to optimize patient outcomes in an evidence based manner.


**Off-label use:** Bevacizumab and triamcinolone or diabetic macular edema.
Future Directions in Evaluations and Care of Diabetic Eye Disease, Novel Therapies and Approaches

L. Paul Aiello, MD, PhD

JOSLIN DIABETES CENTER | BOSTON, MA

Objective: At the conclusion of this presentation one should have an understanding of the most promising future directions, novel therapies, and new imaging approaches that may effect the evaluation and care of patients with diabetic eye disease.

Despite remarkable advances in treatment, diabetes represents a global epidemic with diabetic eye complications remaining a leading cause of vision loss in working age adults in most developed countries. To better treat these conditions, there is a critical need for precise, readily identifiable retinal biomarkers to allow earlier, more accurate diagnosis of diabetic retinopathy, predict disease progression, determine when to start and stop treatment, understand novel pathways and develop more effective therapies. Such approaches now include identification and mapping of peripheral retinopathy lesions, retinal nonperfusion & oxygenation, disorganization of the retinal inner layers, individual microaneurysm wall & flow characteristics, novel contrast sensitivity measures, non-VEGF dependent pathways, and numerous others. Detection modalities include ultrawidefield color imaging and angiography, SDOCT, OCT-A, adaptive optics SLO, and deep learning computer algorithms. Overall, these new approaches are changing our ability to assess DR risk and monitor disease progression, and may eventually lead to a needed revision of how we grade, characterize and monitor diabetic retinopathy.


Off-label use: Ranibizumab, bevacizumab, aflibercept
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.

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Aiello, L. Paul:
- **Consulting Fees:** Kalvista
- **Ownership Interest:** Kalvista
- **Other:** Travel Fees – Optos

Bradbury, Michael:
- **Ownership Interest:** Regeneron, Chase and Associates, Inc (Iviews imaging system)

Chaudhry, Nauman
- **Contracted Research:** Genentech, Regeneron

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)
FINANCIAL DISCLOSURE INFORMATION continued

Foster, C. Stephen:

**Consulting Fees:** Aldeyra Therapeutics; Bausch & Lomb Surgical, Inc; Eyegate Pharma; Novartis; pSivida; Xoma

**Fees for Non-CME Services Received Directly from Commercial Interest or their Agent:** Payment for lectures including services on speaking Bureau: Alcon; Allergan

**Ownership Interest:** Stock in Eyegate Pharma

**Other:** Grants or grants pending Alcon, Aldeyra Therapeutics, Bausch & Lomb, Clearside Biomedical, Dompe pharmaceutical, Eyegate Pharma, Mallinckrodt Pharmaceuticals, Novartis Pharmaceuticals, pSivida, Santen

Heier, Jeffrey:

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**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

Kim, Judy

**Consulting Fees:** NotalVision

**Fees for Non-CME Services Received Directly from Commercial Interest or their Agent:** Carl Zeiss

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

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

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**Noecker, Robert**

**Consulting Fees:** Allergan, Alcon, Inotek, Aerie, Ocular Therapeutics, Kateena, EndoOptiks, Iridex, Quantel

**Contracted Research:** Allergan, Glaukos, InnFocus, Aquesys

**Ownership Interest:** Ocular Therapeutics

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**Sobrin, Lucia**

**Consulting Fees:** Santen

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**Sun, Jennifer**

**Other Types:** Boston Micromachines – loaned research equipment Optovue

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**NO FINANCIAL INTEREST**

None of the other individuals in a position to control the content of this activity, including planners, CME Review Committee members, faculty presenters, moderators, panelists and reviewers have any relevant financial relationship with an ACCME-defined commercial interest to disclose.
CANDIDATES FOR MEMBERSHIP

The following candidates have submitted application for membership and letters of support have been received by sponsors:

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In Memoriam

Stephen Youngwirth, MD

January 2017
## FUTURE NEOS MEETINGS

### 2017

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<th>Date</th>
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<td>Surgical Complications</td>
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<td>June 2</td>
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<td>James Umlas, MD</td>
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<td>Controversies: Anterior</td>
<td>Bonnie Henderson, MD</td>
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<tr>
<td></td>
<td>Controversies: Posterior</td>
<td>Jeffrey Heier, MD</td>
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<td>Joan Miller, MD</td>
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<td>Dean Eliott, MD</td>
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<tr>
<td>October 20</td>
<td>Pediatric Ophthalmology</td>
<td>Erin Salcone, MD</td>
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<tr>
<td>(HYNES)</td>
<td>Cataract</td>
<td>Sherleen Chen, MD</td>
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<td>December 1</td>
<td>Ocular Surface/Dry Eye</td>
<td>Erin Fogel, MD</td>
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<td>Ethics/Risk Management (with</td>
<td>Shiyoung Roh, MD</td>
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<td>Hutchinson Lecture)</td>
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### 2018

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<th>Speaker(s)</th>
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<td>March 9</td>
<td>Retina (with Miller Lecture)</td>
<td>Brian Kim, MD</td>
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<td>Innovations</td>
<td>Peter Veldman, MD</td>
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<td>April 20</td>
<td>Glaucoma (with Simmons Lecture)</td>
<td>Susan Liang, MD</td>
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<td>Ocular Infections</td>
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<td>June 1</td>
<td>Complications</td>
<td>Samir Melki, MD</td>
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<td>Subspecialities: Neuro-ophthalmology</td>
<td>Thomas Hedges, MD</td>
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<td>Oculoplastics</td>
<td>Daniel Lefebvre, MD</td>
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<td>Uveitis</td>
<td>Nicholas Butler, MD</td>
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Go to neos-eyes.org – future meetings/June 2/abstract submission form.

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