DIAGNOSIS AND MANAGEMENT OF DRY EYE AND OCULAR SURFACE DISEASE

Erin S. Fogel, MD
MODERATOR
Robert Noecker, MD
PROGRAM COMMITTEE COORDINATOR

ETHICS AND RISK MANAGEMENT:
STANDARD OF CARE AND BEST PRACTICES
with B. Thomas Hutchinson Lecture

Shiyoung Roh, MD
MODERATORS
Michael Bradbury, MD
PROGRAM COMMITTEE COORDINATOR

DECEMBER 1, 2017
Back Bay Event Center
180 Berkeley Street | Boston, MA 02110
DIAGNOSIS AND MANAGEMENT OF DRY EYE
AND OCULAR SURFACE DISEASE

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Accreditation:
Accreditation: The New England Ophthalmological Society designates this live activity for a maximum of 7 AMA PRA Category 1 Credits™ (3.5 in Risk Management). 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.
PRESIDENT’S MESSAGE

Our meeting today continues the fine traditions of NEOS in presenting the latest information on extremely important topics relevant to our daily practices of ophthalmology: dry eye disease and ethics and risk management. These topics will enrich our understanding of how we can adopt new techniques within our practices and satisfy some requirements for continuing medical education and licensure. Moreover, we will be challenged to incorporate these topics within our practices.

Medicine is an ever changing discipline. NEOS strives to present the highest quality academic programs to further our understanding of topics that are relevant to all of us. This is done through a variety of techniques within each presentation to insure not only an understanding of the topic presented but also its relevance to our practices and remembrance. This will be done using the most modern presentation techniques available today in a personalized manner with audience interaction. The NEOS Educational Endowment Fund not only sponsors Guests of Honor but also is responsible for the audience response system as well as the videotaping of NEOS sessions for later viewing by members. You are encouraged to continue funding the EEF so that it can continue these and other programs.

Finally, NEOS is making concerted efforts to attract new members, especially those recent graduates. If you know of new graduates or have new associates please encourage them to join NEOS. We have many benefits that they can take advantage of and that they will find useful to their practices.

Enjoy your time in Boston and thank you for coming,

John J. Dagianis, MD
President
Dr. Stephen Pflugfelder is Professor and Director of the Ocular Surface Center in the Department of Ophthalmology at Baylor College of Medicine where he holds the James and Margaret Elkins Endowed Chair in Ophthalmology. After graduating Colgate University summa cum laude with a B.A. in Biology, Dr Pflugfelder attended SUNY Upstate College of Medicine and was awarded membership in Alpha Omega Alpha Society. He was Chief Resident in Ophthalmology at Baylor College of Medicine and went on to do a fellowship in Cornea and External Disease at Bascom Palmer Eye Institute. Appointed to the faculty of Bascom Palmer Eye Institute in 1985, he became a professor in 1998. In 2000, he joined the faculty at Baylor College of Medicine.

Dr. Pflugfelder’s clinical practice focuses on the diagnosis and medical and surgical therapy of tear, ocular surface, and corneal diseases, including complicated cases. He also specializes in transplantation of limbal epithelial stem cells for patients with traumatic or inflammation induced corneal epithelial stem cell deficiency and endothelial transplantation for corneal endothelial disease.

Throughout his academic career, Dr. Pflugfelder has devoted himself to research and teaching. He has performed clinical trials and translational research focused on tear dysfunction induced ocular surface inflammation and its effects on the surface epithelium. His basic research has been funded by the NIH for the past 25 years. He served as co-editor of the textbook “Dry Eye and Ocular Surface Disorders”. He has published over 300 peer reviewed articles as well as numerous book chapters and monographs. Among his many awards, he has been recognized as one of “America’s Top Doctors” since 2007. He received the American Academy of Ophthalmology Senior Achievement Award and a Research to Prevent Blindness Senior Investigator Award.

As a leader in the field, he has served on multiple committees of the American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, and the American Board of Ophthalmology. He chaired the American Academy of Ophthalmology’s Lifelong Education for Ophthalmologists Committee and served on the Preferred Practice Pattern Committee on Cornea and External Disease. He is the Cornea representative on the ARVO Board of Trustees. He is the past president of the International Ocular Surface Society. He has served on a number of editorial boards including the American Journal of Ophthalmology, The Ocular Surface, Cornea, Scientific Reports, and Investigative Ophthalmology and Visual Sciences.

Dr. Pflugfelder enjoys running, skiing, and playing guitar in both a jazz and rock band. When he isn’t lecturing at national and international meetings, he may occasionally be found on stage entertaining ophthalmologists with his music.
GEORGE A. WILLIAMS, MD

George A. Williams, MD, is Chair, Department of Ophthalmology, Director of the Beaumont Eye Institute, and Vice Chief of Surgical Services for Academic Affairs at William Beaumont Hospital in Royal Oak, Michigan. He is Professor and Chair of Ophthalmology, Oakland University William Beaumont School of Medicine and a partner with Associated Retinal Consultants. He is Professor at the European School for Advanced Studies in Ophthalmology in Lugano, Switzerland.

A graduate of Northwestern University Feinberg School of Medicine, Dr. Williams completed his residency in ophthalmology and his fellowship in vitreoretinal surgery at the Eye Institute of the Medical College of Wisconsin where he was an associate professor until 1988.

Dr. Williams has published more than 200 articles and book chapters in the field of vitreoretinal surgery. He has participated as principal investigator or co-investigator in more than 20 clinical trials sponsored by the National Eye Institute and industry. He served on the Board of Trustees of the American Academy of Ophthalmology from 2008 to 2012. He is a recipient of the Special Recognition Award, the Secretariat Award and the Lifetime Achievement Award of the American Academy of Ophthalmology. He has delivered 19 named lectureships, including the 2013 Gertrude Pyron Lecture at the American Society of Retina Specialists, the 2014 Yasuo Tano, MD, Lecture at the Club Jules Gonin, and the 2015 Taylor Smith, MD Lecture at the Aspen Retinal Detachment Society.

Dr. Williams is past chair of the Retina Ophthalmic Technology Assessment Committee, a member of the Health Policy Committee, and currently is Secretary for Federal Affairs of the American Academy of Ophthalmology. Since 2006, he has represented the American Academy of Ophthalmology as a member of the Relative Value Update Committee of the American Medical Association. He is past president of the American Society of Retinal Specialists and the Michigan Society of Eye Physicians and Surgeons. He served as Chair of the Finance Committee and is a member of the Board and executive committee of the Ophthalmic Mutual Insurance Company. He became Chairman of the Board in January 2016.

He is an Associate Editor for Surgical Techniques for the journal RETINA, and serves on the editorial boards of Retinal Cases & Brief Reports and Current Opinion in Ophthalmology.

Dr. Williams is a recertified Diplomate (2005, 2016) of the American Board of Ophthalmology and a member of the Retina Society, the Macula Society, the American Society of Retina Specialists, the Association of University Professors in Ophthalmology and the Club Jules Gonin. He is an elected Fellow of the Association for Research in Vision and Ophthalmology.
Dr. Thomas Hutchinson was born in Flatwoods, West Virginia. After graduating from West Virginia University where he was elected to Phi Beta Kappa, he received his medical degree from Harvard Medical School. Following internship at Pennsylvania Hospital in Philadelphia and two years in the Public Health Service, Dr. Hutchinson returned to Boston for a fellowship in the Howe Laboratory, Harvard Medical School, a residency in ophthalmology and a fellowship in glaucoma at the Massachusetts Eye and Ear Infirmary.

He is a founding partner of Ophthalmic Consultants of Boston. He is a past president of the American Academy of Ophthalmology, past chair of the Advisory Board of the Foundation of the AAO, and has served as a member of the AAO Board of Trustees and the Foundation Advisor Board. In addition, Dr. Hutchinson has served as the first Secretary of Ophthalmic Practice. He has served for 9 years as a director and one as chairman of the American Board of Ophthalmology as well as a director of OMIC.

As an Associate Clinical Professor of Ophthalmology at Harvard Medical School, he has for over 40 years maintained an active role in the teaching of medical students and residents. He has trained over 100 ophthalmic fellows in the subspecialty management of glaucoma and cataract. For many years he was the director of the Harvard Post-Graduate Course and for 10 years was the assistant chief editor of Archives of Ophthalmology. Dr. Hutchinson was a founding officer and is a past president of the Massachusetts Society of Eye Physicians and Surgeons, past president of the Society to Prevent Blindness-Massachusetts, and a past president of the New England Ophthalmological Society. He is also a member of the American Glaucoma Society and a founding director and past president of the Chandler-Grant Glaucoma Society. Dr. Hutchinson is the author of multiple peer reviewed articles, editorials, and book chapters, and has lectured extensively.

His professional interests also include quality assurance, credentialing and public service programs, and for 25 years Dr. Hutchinson was the founding Chairman of AAO’s Eye Care America, the largest public service program in American medicine.

Dr. Hutchinson has received multiple awards, including the AAO Senior Honor Award, the Lifetime Achievement Award, and the Distinguished Service Award, as well as being Guest of Honor at the Academy’s 100th anniversary. In addition, he has been Man of the Year from NEOS as well as numerous regional and national awards.

Dr. Hutchinson’s constant dedication to quality of care and ethical medicine has been a pillar of quality in local, regional and national ophthalmology.

**Previous Hutchinson Lecturers**

Richard L. Abbott, MD - 2013  
John W. Shore, MD - 2014  
Thomas S. Harbin, Jr. MD, MBA - 2016
MORNING SESSION

DIAGNOSIS AND MANAGEMENT OF DRY EYE AND OCULAR SURFACE DISEASE

Moderator: Erin S. Fogel, MD  
Program Committee Coordinator: Robert Noecker, MD

Educational Gaps:
Feedback from NEOS members and Program committee review identified the diagnosis and management of dry eye and ocular surface disease as a practice gap.

NEOS Program Objectives:
1. Present an overview of the TFOS Dry Eye Workshop Study 2 (DEWS2) report.
2. Educate attendees on how to incorporate new tests for diagnosing and classifying dry eye.
3. Review ways to differentiate dry eye from other ocular surface diseases.
4. Update attendees on current and emerging treatments for dry eye and ocular surface disease.

7:00 am Registration/Exhibits
7:30-8:15 NEOS GRAND ROUNDS – Freedom Room
7:30 Best of the NEOS Hal Freeman Video Library – MAIN HALL
8:30 Introduction......................................................... Erin S. Fogel, MD
8:35 Filaments, Fingerprints, and Floppy Eyelids – Dry Eye Cohorts........................................ Gregory McCormick, MD
8:46 My Take on Treatment of Dry Eye Disease – Bugs, Drugs and Devices........................ Edward Jaccoma, MD
8:58 TFOS Dry Eye Workshop II: Conclusions and Recommendations.................. David Sullivan, PhD
9:10 Introduction of Guest of Honor................................ Erin S. Fogel, MD
9:15 Tear Volume Based Approach to Classify Tear Dysfunction ..................... Stephen C. Pflugfelder, MD
9:40 Annual Business Meeting
9:55 Refreshment break / Exhibits
10:25 Ocular Surface Tumors – To Biopsy or Not?.............H. Peggy Chang, MD
10:35 New Options for Therapy of Tear Dysfunction . Stephen C. Pflugfelder, MD
11:00 Persistent Epithelial Defects and Neurotrophic Keratopathy ....................Pedram Hamrah, MD
11:10  Ocular Allergy – New Diagnostics and Management ......JoAnn Chang, MD
11:20  Panel Discussion ............................................Erin S. Fogel, MD, Moderator
       H. Peggy Chang, MD       Gregory McCormick, MD
       JoAnn Chang, MD       Stephen C. Pflugfelder, MD
       Pedram Hamrah, MD       David Sullivan, PhD
       Edward Jaccoma, MD

11:45  LUNCHEON SEMINARS:
I.  Case Presentations of Ocular Surface Disease –
   Stephen C. Pflugfelder, MD
   Patriot Room
II. Malpractice Exposure in Clinical Trials
   George A. Williams, MD
   Freedom Room

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 SESSION

ETHICS AND RISK MANAGEMENT: STANDARD OF CARE AND BEST PRACTICES

Moderator: Shiyoung Roh, MD
Program Committee Coordinator: Michael Bradbury, MD

Educational Gaps: Feedback from NEOS members and Program committee review asked to include topics that focus on patient needs, expectations and processes to improve and enhance patient care. There are also gaps in presentations that relate to the varying clinical settings of our members. It has been noted that discussions need to encompass the different practice settings of our membership.

NEOS Program Objectives: The content and format of this education activity has been specifically designed to fill the practice gaps in the audience’s current and potential scope of profession activities by:

1. Obtaining a better understanding of standard of care practices and best practices in varying clinical settings.
2. This program will focus on communicating with patients and expand on patient care processes in academic, hospital and private practice settings to improve quality of care.

1:00 pm Introduction........................................................................Shiyoung Roh, MD
1:05 Cataract Surgery Practice Variations – What Works Best for the Surgeon and the Patient.............................. Christopher Soares, MD
1:15 Providing Quality Patient Care in Hospitals and Ambulatory Surgical Centers................................. Jill Smith, MD
1:25 Introduction of Guest of Honor........................................Shiyoung Roh, MD
1:30 OMIC’s Top Cataract Claims............................. George A. Williams, MD
1:50 The Universe of the Expert Medical Witness..................... Salvatore Loporchio, MD, JD
2:00 Introduction of Guest of Honor and Hutchinson Lecture ................................................Shiyoung Roh, MD
2:05 Retinal Malpractice: The 30 Year OMIC Experience .............. George A. Williams, MD
2:25 Refreshment Break/Exhibits
3:05  Issues in Informed Consent................................. George A. Williams, MD
3:25  Streamlining Pre and Perioperative Processes ............ Susannah Rowe, MD
3:35  Panel Discussion ........................................... Shiyoung Roh, MD, Moderator
       Salvatore Loporchio, MD, JD        Jill Smith, MD
       Naveen Rao, MD                    Christopher Soares, MD
       Susannah Rowe, MD                 George A. Williams, MD
4:00  Adjourn
Objective: To identify signs, symptoms and treatments for several dry eye cohorts including filamentary keratitis, anterior basement membrane dystrophy and floppy eyelid syndrome.

Ocular surface dysfunction is often multifactorial. Treatment may be best when utilizing a “belt and suspenders” approach that improves tear film quality while managing associated co-morbidities. A detailed assessment of eyelids, conjunctiva, tear film, corneal epithelium, corneal epithelial irregularity, anterior basement membrane dystrophy and Salzmann’s nodular degeneration are all important parts of the ocular surface examination. Appropriate management of these associated dry eye cohorts can improve both quality of vision and patient comfort and satisfaction. Treatments include medical, surgical and behavioral modifications. Clinical history is often as critical as clinical examination findings. Several strategies will be discussed to manage these dry eye cohorts in order to optimize patient vision and comfort.
MY TAKE ON TREATMENT OF DRY EYE DISEASE, BUGS, DRUGS AND DEVICES

Edward H. Jaccoma, MD
ASSOCIATED EYE CARE OPHTHALMOLOGY | SANFORD, ME

Objective: To introduce the audience to a multi-faceted approach to the dry eye patient, including a novel application of radiofrequency energy to reducing obstructive MGD while addressing common dry eye co-contributors such as rosacea, blepharitis and conjunctival chalasis.

In this lecture I will focus on my clinical approach to the “average” dry eye patient, with special attention to newer tools and techniques, including diagnostic devices and treatments, with a focused discussion of rosacea and Demodex. I also break down aqueous tear deficiencies vs MGD, discuss anti-inflammatories as well as the more MGD-specific Lipiflow and IPL treatments, Conjunctival Chalasis plications, my novel, off label RF dry eye treatment and dry eye patient “homework”.


TFOS DRY EYE WORKSHOP II:
CONCLUSIONS AND RECOMMENDATIONS.

David A Sullivan, MS, PhD
SCHEPENS EYE RESEARCH INSTITUTE / HARVARD MEDICAL SCHOOL | BOSTON, MA

Objective: To summarize the conclusions and recommendations of TFOS DEWS II.

To increase our understanding of dry eye disease (DED), the Tear Film & Ocular Surface Society (TFOS), a non-profit organization, launched the TFOS Dry Eye Workshop II (TFOS DEWS II) in March 2015. This initiative reflected the TFOS mission, which is to advance the research, literacy, and educational aspects of the scientific field of the tear film and ocular surface. The goal of the TFOS DEWS II was to achieve a global consensus concerning multiple aspects of DED. More specifically, TFOS DEWS II sought to: 1) Update the definition and classification of DED; 2) Evaluate critically the epidemiology, pathophysiology, mechanism, and impact of this disorder; 3) Develop recommendations for the diagnosis, management and therapy of this disease; and 4) Recommend the design of clinical trials to assess future interventions for DED treatment. This initiative, which took more than 2 years, involved the efforts of more than 150 clinical and basic research experts, who utilized an evidence-based approach and a process of open communication, dialogue and transparency. The entire TFOS DEWS II report was published in the July and October 2017 issues of The Ocular Surface. A downloadable version of the documents and additional material, including videos of diagnostic and management techniques, are available on the TFOS website: www.TearFilm.org

References:


TEAR VOLUME BASED APPROACH TO CLASSIFY TEAR DYSFUNCTION

Stephen C. Pflugfelder, MD
BAYLOR COLLEGE OF MEDICINE | HOUSTON, TX

Objective: Review multiple extrinsic and intrinsic risk factors for dry eye that cause self-amplifying cycle of inflammation and tear instability • Review practical tear volume based diagnostic classification of tear dysfunction.

Tear dysfunction is one of the most common eye problems. It develops from disease or dysfunction of one or more components of the Lacrimal Functional Unit that results in an unstable tear film that can cause eye irritation or pain, blurred and fluctuating vision, increased blink rate and ocular surface epithelial disease. The Dry Eye Workshop II has classified these conditions into aqueous deficient and evaporative; however, increased tear evaporation has been measured in aqueous deficiency, there are no clinical methods to measure tear evaporation and some tear dysfunction conditions have a normal or increased tear volume. A more practical method for diagnostic classification is to stratify conditions into those with a reduced or normal/elevated tear volume. This lecture will present a clinically practical approach to diagnose and classify tear dysfunction based on tear volume and review the essential components to identify and stratify tear dysfunction for targeted therapy.


OCULAR SURFACE TUMORS - TO BIOPSY OR NOT?

H. Peggy Chang, MD
MASSACHUSETTS EYE AND EAR INFIRMARY | BOSTON, MA

Objective: 1. Recognize the typical clinical appearance of the 3 most common ocular surface malignancies: conjunctival melanoma, ocular surface squamous neoplasia, and conjunctival lymphoma. 2. Gain a basic understanding of treatment approaches to these tumors.

Ocular surface lesions range from the benign to malignant, with ocular surface squamous neoplasia (OSSN), conjunctival melanoma, and conjunctival lymphoma representing the three most common malignant tumors. Definitive diagnosis is achieved with biopsy (ideally excisional with 3-4 mm margins and adjunctive cryotherapy in the case of OSSN or melanoma). However, risks of surgery include pain, infection, and scarring that can lead to chronic irritation and unsightly redness. The purpose of this presentation is thus to compare and contrast features of lesions that should undergo extensive surgery versus those for which one might pursue a more conservative treatment plan, such as close observation or topical chemotherapy.


NEW OPTIONS FOR THERAPY OF TEAR DYSFUNCTION

Stephen C. Pflugfelder, MD
BAYLOR COLLEGE OF MEDICINE | HOUSTON, TX

Objective: 1. Review new and evolving therapies for tear dysfunction and keratoconjunctivitis sicca. 2. Present consensus and severity based management recommendations for tear dysfunction.

Therapy of tear dysfunction continues to evolve and there are a number of new options, including artificial tears containing osmoprotectants and lipids, the immunomodulatory agent lifitigrast, a nasal neurostimulator, plasma rich in growth factors (PRGF), Meibomian gland thermoexpression, conjunctivochalasis excision and an increasing array of scleral contact lenses. Evidence based attributes, therapeutic outcomes and recommendations for positioning these therapies will be reviewed.

References:


Objective: To review the pathogenesis, diagnosis, and management of neurotrophic keratopathy.

Persistent epithelial defects and neurotrophic keratopathy can occur due to both acquired and inherited disorders of the somatosensory nervous system and result in decreased vision. This lecture will review the pathogenesis of neurotrophic keratopathy and provide an updated paradigm for accurate diagnosis of this disease. Current clinical and surgical management of neurotrophic keratopathy will further be reviewed.
Objective: The objective of this talk is to review newer diagnostic and treatment modalities that can assist in benefiting our patients with ocular allergy.

Allergic conjunctivitis is an ocular surface disease that is often ignored, under diagnosed and under treated. Many ocular allergy sufferers have other concomitant ocular surface diseases, where symptoms and clinical findings often overlap. Newer diagnostics for ocular allergy can assist practitioners on identifying the underlying etiology and contributing conditions, and in such, guide proper treatment for their ocular surface issues.

References:

Borazan M, Karalezli A, Akova YA, Akman A, Kiyici H, Erbek SS. Efficacy of olopatadine HCl 0.1%, ketotifen fumarate 0.025%, epinastine HCl 0.05%, emedastine 0.05% and fluorometholone acetate 0.1% ophthalmic solutions for seasonal allergic conjunctivitis: a placebo-controlled environmental trial. Acta Ophthalmol 2009;87:549–554.


CATARACT SURGERY PRACTICE VARIATIONS
WHAT WORKS BEST FOR THE SURGEON AND THE PATIENT

Christopher J. Soares, MD
SOARES OCULAR SURGERY | RANDOLPH, VT

Objective: The objective of this talk is to have the surgeon analyze every aspect of their procedure and decide whether that is in the best interest for their patient or if they need to update/change their surgical approach.

This discussion will review the various surgical approaches to cataract surgery and vet the scientific literature on what approaches are in the best interest of patients for safety and outcomes.
PROVIDING QUALITY PATIENT CARE IN HOSPITALS AND AMBULATORY SURGICAL CENTERS

Jill A. Smith, MD
NEWTON, MA

Objective: Review and assess trends in providing quality ophthalmic surgery.

Ophthalmologists are fortunate to perform many surgeries which for the most part are well tolerated by their patients, have a low incidence of complications, and have successful surgical outcomes. Through the years there have been changing trends in the locations where the majority of ophthalmic surgeries are being performed, type of anesthesia being administered, and surgical techniques being used. We will look at these trends and review the data available to assess the strengths and the concerns in quality management regarding ophthalmic surgery in our effort to provide quality eye care for all of our patients.


Objective: To understand common risk management issues associated with cataract related liability claims.

Complications and adverse events related to cataract surgery constitute the most common cause of medical liability claims. The high visual expectations, high volume and trivialization of cataract surgery contribute to many claims. This presentation will review representative closed cases with an emphasis on what went wrong, why it went wrong and how similar cases may be avoided.
THE UNIVERSE OF THE EXPERT MEDICAL WITNESS

Salvatore J. Loporchio, MD, MPH, JD
WARREN ALPERT MEDICAL SCHOOL AT BROWN UNIVERSITY | PROVIDENCE, RI

Objective: To examine the multiple factors influencing the role of the expert medical witness in medical malpractice suits. At the completion of the talk the audience should be able to answer the questions

- Who is the expert medical witness?
- What is their role?
- When do they become recognized as an expert?
- Where does this process take place?
- Why do they enjoy such privileged status?

You are the named defendant in a medical malpractice suit. The courtroom is filled. The trial has begun. Testimony will be taken from the plaintiff and you, the defendant physician. At some point in the proceedings, the expert medical witness - someone who has never met you or the patient will enter and offer their opinion as to whether or not the standard of care was met. The plaintiff will likewise engage the services of an expert medical witness and the Judge and Jury will listen intently on their opinions and explanations to support their position.

Case law from the US Supreme court will be discussed and the court’s influence on medical malpractice litigation will be examined as well as the interplay of Congressional intent as provided for in the Rules of Civil Procedure and Federal Rules of Evidence.

Finally, the important distinction between a material witness and an expert medical witness will likewise be discussed.

Objective: To understand common risk management issues associated with management of retinal disease.

Medical liability claims related to the diagnosis and treatment of retinal disease are typically associated with profound or complete visual loss. This presentation will discuss closed OMIC claims involving retinal disease with an emphasis on the role of the patient in diagnostic errors, retinopathy of prematurity, posterior vitreous detachment, intravitreal injections and wrong events. Risk management programs and policies specific to retinal disease will be reviewed.
**FLACS, ISHF, AND CXL:**
**INFORMED CONSENT IN THE EVOLVING LANDSCAPE OF ANTERIOR SEGMENT SURGERY**

*Naveen Rao, MD*  
LAHEY CLINIC | BURLINGTON, MA

**Objective:** To highlight issues related to informed consent for newer anterior segment procedures such as femtosecond laser-assisted cataract surgery, sutureless scleral fixation of intraocular lenses, and corneal crosslinking.

In recent years we have seen numerous advances in anterior segment surgery. As many new devices and techniques gain traction in the US, it is becoming increasingly difficult to ensure that our patients are adequately informed about risks, benefits, and alternatives of each treatment option. It can be challenging to explain key points without overwhelming patients with too much information. In this talk we will explore nuances of informed consent as it relates to femtosecond laser-assisted cataract surgery, intrascleral haptic fixation of intraocular lenses, and corneal crosslinking. Topics will include:

- What does it mean to be truly informed?
- How to consent patients: on paper, on video, by proxy, or in-person?
- Using sutures, intraocular lenses, antibiotics, and crosslinking for off-label indications - what do patients need to know?

**References:**
ISSUES IN INFORMED CONSENT

George A. Williams, MD
BEAUMONT EYE INSTITUTE | ROYAL OAK, MI

Objective: To understand mechanisms for the provision of comprehensive informed consent.

Informed consent is the most effective tool in risk management. Proper informed consent is the foundation for defense of virtually every medical liability claim. It is critical to recognize that informed consent is not a signature on a form, but a dynamic process of interchange between the patient and physician. This presentation on informed consent will discuss the importance of documentation, disclosure of off-label therapies and procedure specific consent.
STREAMLINING PRE- AND PERI-OPERATIVE PROCESSES FOR CATARACT SURGERY

Susannah G. Rowe, MD MPH
BOSTON UNIVERSITY | BELMONT, MA

Objective: The objective of this presentation is to provide an update on strategies to streamline pre- and peri-operative processes for cataract surgery while preserving patient safety and quality of care.

Pre-operative preparation for cataract surgery has evolved since the days of hospital admissions for intensive pre-operative systemic work-ups. Optimization of patients’ health status prior to surgery is no longer strictly required, and the standard of care for low-risk cataract surgery no longer dictates routine pre-operative systemic tests. In fact, extensive systemic evaluations prior to cataract surgery may create unintended barriers to care, as well as add unnecessary costs, without clear benefits in terms of patient safety or quality of care.

I will discuss current approaches to streamlining pre-operative evaluations for cataract surgery, including simplifying systemic health clearances; anesthesia evaluations; NPO guidelines, and diabetes management in the context of local, state and national standards, and in light of evidence regarding safety and quality of care. Implications for other ophthalmologic surgical procedures will be discussed. Finally, I will share results and lessons learned at Boston Medical Center after moving to telephone-based pre-operative clearances, and will review other on-going initiatives to simplify pre-operative processes for surgery patients and their providers.


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.

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

Chang, JoAnn:
Fees for Non-CME Services Received Directly from Commercial Interest of their Agents: Speaker for Restasis

Dagianis, John:
Fees for Non-CME Services Received Directly from Commercial Interest or their Agents: Luminus, Speaker Bureau

Heier, Jeffrey:
FINANCIAL DISCLOSURE INFORMATION (continued)

**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

Jacoma, Edward:

- **Receipt of Intellectual Property Rights/Patent Holder** – Part owner eyThera;
- **Consulting Fees:** Cynosure/Hologic;
- **Contracted Research:** Cynosure/Hologic;
- **Ownership Interest:** eyThera

Noecker, Robert

- **Consulting Fees:** Allergan, Alcon, Inotek, Aerie, Ocular Therapeutics, Kateena, BVI, Iridex, Quantel, Santen, Glaukos, Shire, Sun, Polyactiva, Diopsys, Ethis Communications, SOLX
- **Fees for Non-CME Services Received Directly from Commercial Interest or their Agents** - Allergan, Alcon, Inotek, Aerie, Ocular Therapeutics, Kateena, BVI, Iridex, Santen, Iridex, Glaukos, Diopsys
- **Contracted Research:** Allergan, Glaukos, Santen
- **Ownership Interest:** Ocular Therapeutics

Pflugfelder, Stephen:

- **Consulting Fees:** Allergan, Shire, Senju
- **Other Types:** Shire

Rao, Naveen:

- **Consulting Fees:** OpLogix, Parexel, Shire

Williams, George A.

- **Employee** of OMIC

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.
ANNUAL BUSINESS MEETING AGENDA

DECEMBER 1, 2017

I. President’s Message ................................................................. John Dagianis, MD

II. Admissions Committee Report ............................................... Mary Daly, MD
    Vote on new members

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<tr>
<th>Candidate</th>
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<td>Thomas Berenberg, MD</td>
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<td>Ryan Vasan, MD</td>
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<td>Peter Coombs, MD</td>
<td>Timothy Blake, MD</td>
<td>John Dagianis, MD</td>
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<td>Iason Mantagos, MD</td>
<td>Gene Heidary, MD</td>
<td>Deborah VanderVeen, MD</td>
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<td>Purak Parikh, MD</td>
<td>Timothy Blake, MD</td>
<td>John Dagianis, MD</td>
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<tr>
<td>Howard Ying, MD</td>
<td>Stephen Anesi, MD</td>
<td>Peter Chang, MD</td>
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REMINDER that new member candidates should apply ONLINE

III. Nominating Committee Report: Vote
    on Proposed Candidates .................................................... Jeffrey Heier, MD

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V. Program Committee Report ................................................ Joel Geffin, MD

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

VII. Public Health and Education Committee Report ......... Brendan McCarthy, MD

VIII I.T. Committee Report ................................................... Jorge Arroyo, MD

IX. Ophthalmic Services Committee Report .......................... Phil Aitken, MD
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Moderator</th>
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<tbody>
<tr>
<td><strong>March 9</strong></td>
<td>Retina (with Miller Lecture)</td>
<td>Brian Kim, MD</td>
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<td></td>
<td>Innovations</td>
<td>Peter Veldman, MD</td>
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<tr>
<td><strong>April 20</strong></td>
<td>Glaucoma (with Simmons Lecture)</td>
<td>Susan Liang, MD</td>
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<td></td>
<td>Ocular Infections</td>
<td>Lucia Sobrin, MD</td>
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<td><strong>June 1</strong></td>
<td>Complications</td>
<td>Samir Melki, MD</td>
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<td></td>
<td>Subspecialities: Neuro-ophthalmology</td>
<td>Thomas Hedges, MD</td>
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<td></td>
<td>Oculoplastics</td>
<td>Daniel Lefebvre, MD</td>
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<td></td>
<td>Uveitis</td>
<td>Nicholas Butler, MD</td>
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<td><strong>September 28</strong></td>
<td>Cataract (with Pender Lecture)</td>
<td>Susannah Rowe, MD</td>
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<td>Ethics and Risk Management</td>
<td>Christopher Soares, MD</td>
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<tr>
<td><strong>November 30</strong></td>
<td>Neuro-ophthalmology and Plastics</td>
<td>Michael Yoon, MD</td>
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<td>Posterior Segment Case Presentations</td>
<td>Jay Duker, MD/Joan Miller, MD</td>
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<tr>
<td><strong>February 2019</strong></td>
<td>Cornea</td>
<td>Adam Sise, MD</td>
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<td>Subspeciality Day: Pediatrics</td>
<td>Jason Mantagos, MD</td>
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<td>Refractive Imaging</td>
<td>Kathryn Hatch, MD</td>
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<td></td>
<td>Uveitis</td>
<td>Nadia Waheed, MD</td>
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<tr>
<td><strong>April 12</strong></td>
<td>Glaucoma (with Chandler-Grant Lecture)</td>
<td>Noelle Pruzan, MD</td>
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<tr>
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<td>Anterior Segment Case Presentations</td>
<td>Michael Price, MD</td>
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<tr>
<td><strong>May 31</strong></td>
<td>Uveitis</td>
<td>Lana Rifkin, MD</td>
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<tr>
<td></td>
<td>Retina</td>
<td>Andrew Witkin</td>
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</tbody>
</table>
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