The 739TH Meeting
of
The New England Ophthalmological Society, Inc.
A Public Foundation for Education in Ophthalmology

MARCH 30, 2012

RETINA
Johanna M. Seddon, MD, ScM, Session Moderator
Jorge Arroyo, MD, Program Committee Coordinator

SUBSPECIALTY SESSIONS:
Christopher Soares, MD, Session Coordinator

CORNEA
Stephen Pecsenyicki, MD Moderator

OCULOPLASTICS
Katherine A. Lane, MD, Session Moderator

RETINA
Jay S. Duker, MD, Dean Eliott, MD, Jeffrey S. Heier, MD
Session Moderators

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.

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180 Berkeley Street
Boston, MA, 02116

NEOS
PO Box 9165 • Boston, MA 02114
617.227.6484 • Fax 617.367.4908
neosjudy@aol.com
www.neos-eyes.org
MESSAGE FROM THE PRESIDENT

Dear Members,

“You can put lipstick on a pig, but it’s still a pig.”

Many of you remember this phrase from the last presidential election when it was resurrected by Barack Obama in his criticism of his opponent. The incongruity of lipstick and pigs dates back to 1926 from a political satire article in the Los Angeles Times.

“Lipstick on a pig” has spiced up the political banter of many politicians since 1926. For ophthalmologists, the most memorable moment was John McCain using it to describe Hilary Clinton’s health care proposal.

Unfortunately, the lipstick is back and it’s called an ACO or Accountable Care Organization. The pig or “capitation” has never really left as it is still viewed as the economic messiah of healthcare analysts. Shift the economic risk of healthcare to physicians and everything else will fix itself. Capitated contracts swept through New England in the 1990’s and failed miserably.

The economic and healthcare benefits sold to specialists by primary care physicians never materialized. Patients never bought into the system and after vigorous complaints by patients, primary care physicians realized that the battle of limiting care was not worth the battle with the patient. I remember personally calling a PCP for a referral for a diabetic with a vitreous hemorrhage. The patient needed pan retinal photocoagulation and the PCP refused saying that the patient did not take good care of his diabetes. After an irate phone call from the patient, the PCP yielded. I still see this patient and he has maintained excellent vision. Every year he brings me fresh salmon from Lake Winnipesaukee after the ice goes out.

Capitation via an HMO or ACO, regardless of the acronym, is the same and leads to rationing. Politicians, afraid of the political consequences of rationing, will still allow patients to opt out of their ACO at any time under the new health care reform. Patients assume no risk for their own personal health care decisions and lifestyle.

Now the “Pig” has grown larger as it will include Medicare but the “Lipstick” is a different shade that may not be apparent to our younger colleagues. It is a recipe for disaster and there are many other fundamental reforms to our healthcare system that need to be undertaken first. In the 1990’s most of us were caught asleep at the helm and ophthalmologists had very little to say about the capitation process.

NEOS is a first class educational society and fulfills its mission on a regional level that is unique in today’s era of online CME and national meetings. The Ophthalmic Services Committee does a great job interacting with third party insurers on a local level and provides a tremendous service to our members. Unfortunately, it has no influence in Washington, so the burden of navigating the ACO process is on the local provider.

As spring arrives, enjoy the good weather, enjoy the great meeting planned for today, but remember to stay vigilant and involved. We tell our patients not to ignore disease but to fight back. We must do the same.

Finally, if you see a NEOS Board or committee member, please thank them for their time and effort. Without them, NEOS would not be what it is.

Best wishes,

Gerald P. Spindel, MD
President
Philip J. Rosenfeld, MD, PhD

Dr. Philip Rosenfeld is Professor of Ophthalmology at the Bascom Palmer Eye Institute of the University of Miami Miller School of Medicine and a vitreoretinal specialist with a primary clinical research interest in age-related macular degeneration (AMD). He received his MD and PhD degrees from the Johns Hopkins School of Medicine and completed his residency in ophthalmology as well as a post-doctoral research fellowship at the Massachusetts Eye and Ear Infirmary. Dr. Rosenfeld completed a vitreoretinal fellowship at the Bascom Palmer Eye Institute and joined the faculty of the Bascom Palmer Eye Institute. Beginning in 2001, Dr. Rosenfeld was principal investigator for several trials included the Phase I, II, and III Lucentis (Genentech) trials, the Macugen (Eyetech) Phase II and III trials, and the RETAANE (Alcon Labs) Phase II and III clinical trials. Dr. Rosenfeld was the lead author for papers reporting the Lucentis Phase I and II trial results, and he was the lead author of the 2006 New England Journal of Medicine paper describing the Phase III trial known as MARINA.

In 2004, Dr. Rosenfeld initiated his Avastin study once the FDA approved Avastin for cancer therapy. The systemic, intravenous use of Avastin appeared to be highly effective for the treatment of wet AMD. This novel approach led to his pioneering injection of Avastin into an eye of a patient in May 2005 for the treatment of wet AMD. This off-label use of intravitreal Avastin is now used as an affordable, low-cost alternative to Lucentis for a wide-range of exudative retinal diseases. Dr. Rosenfeld initiated the first Phase II study exploring complement inhibition for the treatment of dry AMD using an FDA-approved drug known as Soliris (Alexion) designed to stop the progression of dry AMD. In addition, Dr. Rosenfeld is actively involved in the development and applications of spectral domain OCT imaging algorithms, which enhance our understanding retinal diseases and for use clinical trials.

Dr. Rosenfeld is an active member in several ophthalmologic societies and has received numerous awards. He has been named yearly to “Best Doctors in America” and Castle Connolly’s “America's Top Doctors”.
Morning Session

RETINA

Moderator: Johanna M. Seddon, ScM
Program Committee Coordinator: Jorge Arroyo, MD

Objective: To educate attendees about diagnosis, prevention and up-to-date management of common retinal problems including macular degeneration, diabetic retinopathy, macular edema, vein occlusions; to recognize less common but similarly appearing macular disorders; and to help answer frequently asked questions from our patients.

8:00 am Registration/Exhibits

8:30 Introduction .............................................. Johanna M. Seddon, MD, ScM

8:35 New Insights into Prevention and Treatment of Diabetic Macular Edema................................. Ron Adelman, MD

8:50 Treatment of Retinal Vein Occlusions in the Era of Anti-VEGFs ............................................ Jeffrey L. Marx, MD

9:05 Cost, Safety, and Efficacy of Anti-VEGF Therapy for Neovascular Age-related Macular Degeneration .......... Philip J. Rosenfeld, MD, PhD

9:35 Business Meeting

9:50 Refreshment Break/Exhibits

10:20 Age-related Macular Degeneration Masquerades: How to Identify and Manage ...................... Manju L. Subramanian, MD

10:35 Dry Age-related Macular Degeneration: Imaging and Clinical Trial Update .......................... Philip J. Rosenfeld, MD, PhD

11:00 Cataract Surgery: Use of OCT and Concerns about Retinal Problems .................................... Thomas P. Ward, MD

11:15 Panel Discussion and Cases ......................... Jay S. Duker, MD, Moderator Ron Adelman, MD Jeffrey L. Marx, MD Philip J. Rosenfeld, MD, PhD Johanna M. Seddon, MD, ScM Manju L. Subramanian, MD Thomas P. Ward, MD

11:45-12:45 pm – LUNCH BREAK
Due to subspecialty sessions, there are no luncheon seminars today.

BE SURE TO RESCAN FOR AFTERNOON SESSIONS UPSTAIRS BEFORE GOING TO SUBSPECIALTY SESSIONS TO RECEIVE CREDITS.
Objectives: At the conclusion of this program, attendees will have enhanced their knowledge of a variety of existing and emerging corneal surgical procedures, and increased their understanding of the medical and surgical management of challenging anterior segment problems.

1:00 pm  Epi-On vs. Epi-Off Crosslinking: Results of the CXL-USA Study Group .................................................. Jonathan H. Talamo, MD

Off-Label use: Dr. Talamo will discuss the off-label use of Riboflavin drops, corneal collagen, cross-linking

1:20  My DSEK Learning Curve: Tips and Tricks I Learned Along the Way............................................. Charles N. Zacks, MD

1:40  Femtosecond Assisted Keratoplasty ......................... Helen K. Wu, MD

2:00  Boston Keratoprosthesis .................................... Kathryn A. Colby, MD, PhD

Off-Label use: Dr. Colby will reference topical chemotherapy agents for ocular surface tumors (mitomycin C, Interferon 2B)

2:20  Refreshment Break/Exhibits

2:50  New Strategies for Neurotrophic Keratopathy .......................... Kenneth R. Kenyon, MD

Off-Label use: AMX (amnion membrane extract) is a topical medication approved in the EU but not in the US for treatment of certain ocular surface disorders.

3:10  Management of Ocular Surface Tumors ... Kathryn A. Colby, MD, PhD

3:30  IntraLase-Enabled Deep Anterior Lamellar Keratoplasty for Keratoconus .................... Kathryn Hatch, MD

3:50  Panel Discussion....................................... Stephen Pecsenyicki MD, Moderator

Kathryn A. Colby, MD, PhD
Kathryn Hatch, MD
Kenneth R. Kenyon, MD
Jonathan Talamo, MD
Helen K. Wu, MD
Charles N. Zacks, MD

4:00  Adjourn
Afternoon Sessions

OCUROPLASTICS SUBSPECIALTY SESSION

Moderator: Katherine A. Lane, MD

PATRIOT ROOM - LOWER LEVEL

Objectives: The session will cover a variety of conditions, ranging from functional to cosmetic, to explore and better understand the dermatologic-oculoplastic continuum. At the conclusion, participants will have an enhanced understanding of the medical and sometimes surgical management of conditions we see in our daily practice.

1:00 pm Introduction................................................. Katherine A. Lane, MD

1:05 Red, Itchy Eyelids ................................................. Maria Kirzhner, MD

1:23 Emerging Paradigms in Ocular Rosacea ..................... Edward Wladis, MD

1:41 The Management of Infantile Hemangiomas .......... Michael K. Yoon, MD

Off-Label use: This talk will include studies of experimental uses of beta blockers for the reduction of infantile hemangiomas in an off-label use.

1:59 Saving Face: Coping with Craniofacial Distinctions and Stigma in a Culture with Expectations of Perfection ...... Sondra Solomon, PhD

2:17 Refreshment Break/Exhibits

2:47 Ocular Cicatricial Pemphigoid ................................. C. Stephen Foster, MD

Off-Label use: Dr. Foster will discuss the off-label use of IV-Ig and Rituxan for treatment of ocular cicatricial pemphigoid

3:05 Topical Therapy for Periocular Tumors......................... Sarit Patel, MD

Off-Label use: Dr. Patel will discuss the off-label use of Imiquimod (Aldara) for use in peri-ocular basal cell skin cancer

3:23 Update on Botox and Facial Fillers......................... Mitesh Kapadia, MD

3:41 Cosmetic Skin Lasers and Other Rejuvenating Devices ............................................. Yoash Enzer, 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.
Objectives: To improve attendees diagnostic acumen by presenting interesting and informative examples of a variety of retinal diseases in a rapid fashion that permits the audience to formulate their own differential diagnosis and treatment plan. In cases that have significant systemic associations, prompt and proper systemic evaluation will be emphasized.

1:00 pm  Introduction: ............................................................ Dean Eliott, MD

1:05  Subretinal Fluid Case .................................................. Juanita Bryant, MD

1:15  Subretinal Fluid Case ............................................... Hyung Cho, MD

1:25  Subretinal Fluid Case ............................................... Carolyn Chen, MD

1:35  Subretinal Fluid Case ............................................... Dimitra Skondra, MD

1:45  Subretinal Fluid Case ............................................... Caroline Baumal, MD

1:55  Vascular Case ........................................................ Lucia Sobrin, MD

2:05  Vascular Case ..................................................... Anthony Daniels, MD, MSc

2:15  REFRESHMENT BREAK/EXHIBITS

2:45  Vascular Case .................................................. Archana Seethala, MD

2:55 pm  Vascular Case .................................................. Frank McCabe, MD

3:05 pm  Vascular Case .................................................. Jordana Goren Fein, MD

3:15 pm  Mystery Case .................................................. Robin Vora, MD

3:25 pm  Mystery Case .................................................. Deeba Husain, MD

3:35 pm  Mystery Case .................................................. Darin Goldman, MD

3:55 pm  Mystery Case .................................................. Leo Kim, MD

4:05 pm  Mystery Case .................................................. Chirag Shah, MD, MPH

4:15 pm  Adjourn
NEW INSIGHTS INTO PREVENTION AND TREATMENT OF
DIABETIC MACULAR EDEMA

Ron Adelman, MD, MPH, MBA, FACS
Yale University Eye Center
New Haven, CT

Objective: To become familiar with recent advances in the management of diabetic macular edema.

Traditionally management of diabetic macular edema (DME) was focal and grid laser photocoagulation and control of systemic disease. In recent years, Anti Vascular Endothelial Growth Factor (anti-VEGF) medications have resulted in a significant improvement in management of DME. Diabetic Retinopathy Clinical Research network (DRCR.net) compared focal and grid laser and intravitreal triamcinolone in diabetic macular edema. There was no long term benefit of triamcinolone compared to focal and grid laser in DME. DRCR.net also evaluated ranibizumab (Lucentis) plus prompt or deferred laser and triamcinolone plus prompt laser for DME. Intravitreal ranibizumab with prompt or deferred focal and grid laser had superior visual acuity and OCT outcomes compared with focal and grid laser alone. Intravitreal triamcinolone combined with focal and grid laser did not result in superior visual acuity compared with laser alone. In subgroup analysis of pseudophakic eyes, the triamcinolone group had visual acuity similar with ranibizumab, but triamcinolone was associated with the risk of ocular hypertension. Studies have shown off-label bevacizumab (Avastin) is effective in the treatment of DME. Efficacy of bevacizumab seems to be similar to ranibizumab, but bevacizumab has significantly lower cost. Aflibercept (VEGF trap Eye, Eylea), is a highly potent blocker of VEGF and placental growth factor. Aflibercept is longer acting compared to ranibizumab and has been recently approved by FDA for management of wet AMD. Recent studies with aflibercept in DME are promising.

Reference: DRCR.net publications

Off-Label Use: I will discuss anti-VEGF agents such as bevacizumab, ranibizumab, aflibercept

TREATMENT OF RETINAL VEIN OCCLUSION
IN THE ERA OF ANTI-VEGF AGENTS

Jeffrey L. Marx, MD
Lahey Clinic
Peabody, MA

Objective: To understand the changes in the management of retinal vein occlusion

The Branch (BRVO) and Central Retinal Vein (CRVO) Occlusion Studies guided our treatment of patients with retinal vein occlusion for many years. Laser photocoagulation was shown to be beneficial in patients with macular edema secondary to BRVO while it was not shown effective in the majority of patients with CRVO. The SCORE study furthered our understanding and refined treatment algorithms for RVO. Intravitreal triamcinolone while having a dramatic initial effect on central retinal thickness as measured...
by OCT was not found to be more effective than macular laser photocoagulation in the setting of BRVO. However, intravitreal triamcinolone was found to be more effective than placebo in the setting of macular edema secondary to CRVO. With the advent of anti-VEGF agents, the treatment of retinal vein occlusion has undergone significant change. Bevacizumab (Avastin), Ranibizumab (Lucentis) and VEGF-Trap (Eylea) have all been shown to be effective in the treatment of macular edema both in BRVO and CRVO. In addition, they are very useful in treatment of neovascular glaucoma. Cases will be presented to demonstrate the utility of anti-VEGF agents, intravitreal steroids and laser photocoagulation in the management of retinal vein occlusions.

References:


9:05 am

THE COST, SAFETY, AND EFFICACY OF ANTI-VEGF THERAPY FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

Philip J. Rosenfeld, MD, PhD
Bascom-Palmer Eye Institute
Miami, FL

Objective: To understand the financial incentives and risks associated with anti-VEGF therapy, the compounding risks associated with the off-label use of bevacizumab (Avastin), and the similarities and differences between bevacizumab, ranibizumab (Lucentis), and aflibercept (Eylea).

The inhibition of vascular endothelial growth factor (VEGF) and the use of optical coherence tomography have revolutionized the treatment of neovascular age-related macular degeneration. Currently, retina specialists have 3 drugs to choose from: bevacizumab (Avastin), ranibizumab (Lucentis), and aflibercept (Eylea). Despite financial incentives that reward clinicians for choosing the most expensive drug, surveys and Medicare databases show that bevacizumab, which is the least costly drug, is the most commonly used treatment for neovascular AMD.
However, bevacizumab is being used off-label and must be compounded into syringes before it’s injected. This exposes patients to the risk of pharmacy errors, which could result in blindness. To prevent such an occurrence, clinicians need to carefully select a reputable pharmacy for the compounding of bevacizumab. However, even with these pharmacy-related risks, bevacizumab continues to be the drug of choice worldwide due to its low cost, widespread availability, and similar efficacy to ranibizumab. This similar efficacy was confirmed by the results of the Comparison of Age-Related Macular Degeneration Treatment Trials (CATT), which were released in 2011. Now, with the recent availability aflibercept, retina specialists have a third option, which is a drug that has a higher affinity for VEGF and should have a longer duration of effect, which should translate into fewer injections. The recent VIEW 1 & 2 studies comparing ranibizumab with aflibercept support the less frequent use of aflibercept compared with ranibizumab. Now retina specialists have the opportunity to compare all three of these drugs in clinical practice and decide for themselves whether aflibercept can be used less frequently than ranibizumab and bevacizumab. OCT will play a decisive role in determining the winning therapy.

References:


Off-Label Use: I will be discussing the off-label use of bevacizumab for the treatment of neovascular AMD. I will be discussing drugs in clinical trials and the Cirrus spectral domain OCT instrument manufactured by Carl Zeiss Meditec.

10:20 am

AGE-RELATED MACULAR DEGENERATION MASQUERADES: HOW TO IDENTIFY AND MANAGE

Manju L. Subramanian, MD
Boston, MA

Objective: The objective of this talk is to present cases of patients with decreased vision secondary to macular changes that mimic exudative or nonexudative age-related macular degeneration, and to discuss current management strategies for them.
Presentation of a series of cases that mimic both wet and dry age-related macular degeneration. Among the cases that will be present include central serous retinopathy, hereditary macular dystrophy, a choroidal neoplasm, choroidal neovascular membrane from chronic atypical central serous retinopathy, and toxic maculopathy. Treatment and management strategies, such as therapy for intravitreal anti-vegf agents, observation, low vision rehabilitation, etc. will be discussed.

References:


Off-label use: Will briefly discuss use of Avastin for treatment of choroidal neovascularization.

10:35 am

**DRY AGE-RELATED MACULAR DEGENERATION:**
**IMAGING AND CLINICAL TRIAL UPDATE**

Philip J. Rosenfeld, MD, PhD
Bascom-Palmer Eye Institute
Miami, FL

**Objective:** To appreciate the benefits and disadvantages of color fundus imaging, autofluorescence imaging, and spectral domain optical coherence tomography in staging dry age-related macular degeneration and understand how these imaging modalities are being used as clinical trial endpoints when studying new treatments for dry AMD.

Historically, color fundus imaging has been the gold standard when describing the different stages of dry age-related macular degeneration. However, color fundus imaging provides only an en face 2D assessment of the disease and automated algorithms for the quantitative assessment of geographic atrophy (GA) and drusen are not available. Moreover, the borders of GA are often difficult to define and drusen volume cannot be measured. While autofluorescence imaging provides improved visualization of GA, it is a 2D approach that indirectly visualizes GA based on the absence of a fluorophore, such as lipofuscin. The underlying assumption is that when autofluorescence is present, the retinal pigment epithelium (RPE) is present, and when autofluorescence is absent, the RPE is absent.
While this is usually true, it isn’t always true. Another imaging strategy incorporates the 3D imaging of spectral domain optical coherence tomography (SDOCT), which enables the automated assessment of both GA and drusen. Since the visualization of GA results from the absence of RPE, this approach represents true atrophy. The automated drusen algorithm is capable of highly reliable measurements of drusen that elevate the RPE. Currently, these different imaging modalities are being used to follow patients in clinical trials designed to test new drugs for the treatment of dry AMD. These drugs fall into five major categories; prevention of oxidative damage, neuroprotection, inhibition of the visual cycle, inhibition of inflammation, and stem cell transplantation. One anti-inflammatory strategy, which has attracted a lot of attention, is the inhibition of complement activation. Complement has been implicated at a target for therapy based on genetic studies, which have implicated multiple loci encoding complement pathway proteins, and the histopathology of autopsy eyes with AMD, which have shown complement proteins localized to the diseased layers in the eye. The status of these trials will be discussed.

References:


optical coherence tomography (HD-OCT) provides enhanced perioperative assessment of macular structure greatly enhancing the surgeon's ability to select the appropriate procedure and IOL, to provide the patient with appropriate expectations, and to detect postoperative pathology. Cases where HD-OCT was very helpful in the detection of macular pathology will be presented and discussed.

References:


Financial Interests or Relationships
The following faculty members have indicated their financial interests and/or relationships with commercial manufacturer(s) (and/or those of their spouse/partner) below. Faculty with no relevant financial relationships are listed as N/A.

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Financial Interests or Relationships

The following CME activity planners have indicated their financial interests and/or relationships with commercial manufacturer(s) (and/or those of their spouse/partner) below. Planners with no relevant financial relationships are listed as N/A.

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Candidate Proposed for Membership

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<td>Joseph B Ciolino, MD</td>
<td>John Loewenstein, MD</td>
<td>Roberto Pineda, MD</td>
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Future Meetings

May 18, 2012  
Glaucoma .................................................... Robert Lytle, MD
Uveitis .......................................................... Paul Guadio, MD

September 14, 2012  
Professional Competency .................................. Jorge Arroyo, MD
Cornea .......................................................... Kathryn Hatch, MD

December 7, 2012  
(HYNES)  
Cataract I .................................................... John Frangie, MD
Glaucoma I .................................................... Michael Cooper, MD

February 22, 2013  
Cataract II ................................................... Brad Novey, MD
Oculoplastics ................................................ Susan Freitag, MD

April 5, 2013  
Retina .......................................................... Fina Barouch, MD
Ethics ............................................................ Phil Aiken, MD

May 17, 2013  
Glaucoma II ................................................... Geoffrey Emerick, MD
Subspecialty Sessions: ........................................ Christopher Soares, MD
Neuro; Refractive; Uveitis
Exhibitors (at time of printing)

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Dr. Bradford J. Shingleton
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and A. Robert Bellows
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In memory of Dr. W. Morton Grant
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W. Morton Grant, Ruthanne Simmons,
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Mrs. Ruth Lee Michaelson
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Dr. Delia Sang
In honor of Dr. Lloyd M. Aiello
Drs. Jack and Helen Schinazi
In memory of Mrs. Mary Santos
In honor of Dr. Irving L. Pavlo
Dr. Roger S. Steinert  
In honor of Drs. A. Robert Bellows, S. Arthur Boruchoff, Albert R. Frederick and B. Thomas Hutchinson

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