

790th

meeting of the

New England Ophthalmological Society

AM SESSION I:

THE SURGEON'S TOOLBOX FOR A PREMIUM CATARACT PRACTICE (WITH PAUL M. PENDER LECTURE)

Moderator: JoAnn Chang, MD / PC Coordinator: Sherleen Chen, MD

Guest of Honor and Pender Lecturer: Vance Thompson, MD

AM SESSION II:

OCULAR DRUG DELIVERY

Moderator: Caroline Bauml, MD / PC Coordinator: Lucia Sobrin, MD

Guest of Honor: David Eichenbaum, MD

PM SESSION I:

ETHICS AND RISK MANAGEMENT: CARE DELIVERY, LEADERSHIP, AND TRAINING IN OPHTHALMOLOGY

Moderator: Ninani Kombo, MD / PC Coordinator: Lucia Sobrin, MD

Guest of Honor: Mildred M. G. Olivier, MD, FACS

PM SESSION II:

DEBATES SYMPOSIUM

Moderator: Joseph Rizzo, MD / PC Coordinator: Brian Kim, MD

FRIDAY, DECEMBER 9, 2022

Hotel Commonwealth

500 Commonwealth Ave, Boston, MA

New England Ophthalmological Society

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The 790th Meeting of



The New England Ophthalmological Society, Inc.

A Public Foundation for Education in Ophthalmology

FRIDAY, DECEMBER 9, 2022

HOTEL COMMONWEALTH

500 Commonwealth Avenue., Boston, MA

AM SESSION I:

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Moderator: Caroline Bauman, MD / PC Coordinator: Lucia Sobrin, MD

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AMA Credit Designation Statement

The New England Ophthalmological Society designates this live activity for a maximum of:

AM Session I: 4.0 AMA PRA Category 1 Credits™

AM Session II: 4.0 AMA PRA Category 1 Credits™

PM Session I: 2.5 AMA PRA Category 1 Credits™ (2.5 in Risk Management)

PM Session II: 2.5 AMA PRA Category 1 Credits™

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for continuing Medical Education. The New England Ophthalmological Society is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

PRESIDENT'S MESSAGE



Brendan E. McCarthy, MD

Dear NEOS Members,

Welcome to the 790th meeting of the New England Ophthalmological Society. Since 1884, our organization has been delivering superb education programs for our members to advance patient care into the future. It is an

honor and a privilege to continue to serve as your president. As one of the oldest continuously operating medical societies, we have seen a myriad of changes in medicine, healthcare delivery, and medical education. One of the strengths of NEOS has been its resiliency in turbulent times, and the last few years have proven our strength in the face of significant adversity.

Today, our Annual Business Meeting is on schedule to elect the future Executive Committee Members. Please join me in thanking the volunteer board and the many committee members who serve our mission and care so much for our organization. I would also like to thank our Executive Director Mike Bradbury, and our Executive Administrator Miguel Ocque for helping coordinate programming and logistics as they are the glue that keeps the organization together and on track.

Two sessions are scheduled in the morning, “The Surgeon’s Toolbox for a Premium Cataract Practice”, featuring Dr. Vance Thompson from Sioux Falls, Guest of Honor and Paul M. Pender Lecturer, and “Ocular Drug Delivery”, with Dr. David Eichenbaum from Clearwater, Florida. The afternoon schedule includes “Ethics and Risk Management session: Care Delivery, Leadership, and Training in Ophthalmology”, featuring Dr. Mildred Olivier, Guest of Honor joining us from Arlington Heights, Illinois. This session includes an OMIC presentation, valid for all OMIC insureds to obtain their discount. A “Debates Symposium” is also scheduled in the afternoon.

Keep in mind that all the content will be recorded and made available later, so our members and other attendees don’t have to worry about missing any of the great presentations (and CME). I hope that you enjoy our educational activities today, and don’t forget our NEOS Social Hour at the conclusion of the program, a great opportunity to relax and connect with colleagues and friends.

Wishing you a safe and happy holidays season!

Best regards,
Brendan McCarthy, MD
President of NEOS

GUEST OF HONOR and PAUL M. PENDER

CATARACT AND REFRACTIVE SURGERY LECTURER



Vance Thompson, MD

Vance Thompson, MD is a board-certified ophthalmologist who specializes in refractive surgery including laser vision correction, implant vision correction and advanced cataract surgery. As the director of refractive surgery at Vance Thompson Vision, Dr. Thompson leads a collaborative team of medical professionals to surgically treat vision conditions with advanced technology and

innovative techniques. A leading expert in refractive and cataract surgery, Dr. Thompson currently serves as a professor of ophthalmology in the Sanford School of Medicine at the University of South Dakota. He welcomes opportunities to share his knowledge of laser and implant vision correction with up-and-coming doctors, and he loves meeting and healing his patients.

In nearly three decades, Dr. Thompson has performed more than 100,000 vision correction surgeries and remains among a select group of refractive and cataract surgeons who prioritize innovative, advanced surgical techniques.

Dr. Thompson's extensive research and deep knowledge of sophisticated laser and implant surgical technologies are what set him apart in ophthalmology and which qualifies him to teach eye surgeons across the globe. Dr. Thompson strives to pioneer continued advances in the industry.

PAUL M. PENDER CATARACT AND REFRACTIVE SURGERY LECTURE



Joanne and Paul Pender

Joanne and Paul Pender have given their energy and time to the New England Ophthalmological Society over many years. Their contribution to the Education Endowment Fund of NEOS will support quality education of its members and the public for years to come. Dr. Pender has served on the

NEOS board for 18 years in several capacities, including President, Treasurer, Chair of the Ophthalmic Services Committee and Chair of the Education Endowment Fund. He is honored to have NEOS establish a bi-annual lecture in his name on the subject of Cataract and Refractive Surgery.

Dr. Pender is a founding partner of NH Eye Associates, an ophthalmic group practice with offices in Manchester and Londonderry, NH. He founded the NH Eye Surgicenter in Bedford, NH, the first state-licensed and Medicare-certified Ambulatory Surgery Center in New Hampshire and served as its Medical Director. At the national level, he instructed ophthalmologists on the subjects of laser vision correction and how to create, manage and market ambulatory surgery centers.

An honors graduate of Harvard College and of the University of Michigan Medical Center in Ophthalmology and Neurology, he attended a neurology rotation at The National Hospital for Neurology and Neurosurgery, Queen Square, London, UK. There, he presented a paper on ophthalmic manifestations of giant cell arteritis. Dr. Pender completed his internship at Mercy Catholic Medical Center in Philadelphia and his residency in ophthalmology at Wills Eye Hospital in Philadelphia before moving to New Hampshire.

An early proponent of refractive surgery, Dr. Pender served as New Hampshire's Principal Investigator for FDA Clinical Trials sponsored by VISX for excimer laser treatment of hyperopia, myopia and myopic astigmatism. His resume includes 40 presentations and publications, a book chapter in The Excimer Manual, reviewer for the Journal of Cataract and Refractive Surgery, Editorial Advisory Board member for Review of Ophthalmology, teaching responsibilities and service as a Trustee for Catholic Medical Center in Manchester, NH. He was the first ophthalmologist in New England to use an eye tracking device for LASIK, and the first to moderate an online webinar for ophthalmologists hosted by the American Academy of Ophthalmology (AAO). He received the Secretariat Award from the AAO for his work in online clinical education for ophthalmologists and for residents-in-training.

“I believe that my career has spanned some of the most innovative developments in ophthalmology, and I am proud to have played some part in those developments. I thank those mentors and peers who inspire me to offer the best services I can deliver to my patients. I am grateful to the supporting staff members who help to make the experiences of my patients so positive.” – Paul M. Pender, M.D.

Previous Paul M. Pender Lecturers:

Daniel S. Durrie, MD – 2020

Elizabeth Yeu, MD – 2018

Peter McDonnell, MD – 2016

GUEST OF HONOR

David A. Eichenbaum, MD, FASRS



Dr. Eichenbaum is a board-certified ophthalmologist fellowship-trained in diseases and surgery of the vitreous and retina. He has been practicing in Tampa Bay since 2007 and was born in St. Petersburg. He completed the Medical Honors Program earning both his undergraduate and medical degree at the University of South Florida in Tampa. He completed his Ophthalmology residency at the University of South Florida where he served as Chief Resident. Dr. Eichenbaum completed his two-year Surgical Retina fellowship at Tufts New England Eye Center and Ophthalmic Consultants of Boston.

Dr. Eichenbaum serves as Director of Research for Retina Vitreous Associates and has been Principal Investigator in over 75 early- to late-stage clinical trials studying common retinal diseases such as dry and wet macular degeneration, diabetic eye disease, and retinal vascular disease. Dr. Eichenbaum has published over 50 articles in professional journals and authored multiple textbook chapters, and continues to passionately contribute to the current retinal literature. Dr. Eichenbaum presents data internationally and is a regular abstract presenter at the American Society of Retinal Specialists, American Academy of Ophthalmology, the Association of Research and Vision in Ophthalmology, and at the prestigious invitational Retina Society meeting. He serves on numerous Clinical and Scientific Advisory Boards and National Steering Committees for clinical research. Under Dr. Eichenbaum's direction, Retina Vitreous Associates of Florida has been recognized nationally as a cutting-edge research site for the advancement of the retinal specialty.

Dr. Eichenbaum is a Fellow of the American Society of Retina Specialists, a Fellow of the American Academy of Ophthalmology, sits on the Board of the Florida Society of Ophthalmology, serves as Chair of the Retina Sub-Specialty section for the Florida Society Masters Meeting, and has served as Past President of the Tampa Bay Ophthalmic Society. Dr. Eichenbaum received Alumnus of the Year Award from the Morsani College of Medicine Department of Ophthalmology in 2022, the American Society of Retina Specialists Honor Award in 2020, and received the Michael R. Redmond, MD Outstanding Young Ophthalmologist Award from the Florida Society of Ophthalmology in 2015.

Dr. Eichenbaum serves as a Collaborative Associate Professor of Ophthalmology at the Morsani College of Medicine at the University of South Florida and has held an academic affiliation with USF since 2007.

Dr. Eichenbaum has clinics primarily in Clearwater and St. Petersburg and directs the RVAF clinical science program. He performs surgery at Northside Hospital and All Children's Hospitals as well as Bardmoor Surgery Center.

GUEST OF HONOR

Mildred M.G. Olivier, MD, FACS



Mildred M.G. Olivier is Assistant Dean for Diversity and Professor of Ophthalmology at Chicago Medical School/Rosalind Franklin University of Medicine and Science and John H. Stroger, Jr. Hospital at Cook County. She is the founder and CEO of the Midwest Glaucoma Center, P.C. She received her undergraduate degree from Loyola University and her medical degree from Chicago Medical School/Rosalind Franklin University of Medicine. She completed her ophthalmology residency at Columbia University/Harlem Hospital Center in New York. She completed her fellowship in Glaucoma at the Kresge Eye Institute at Wayne State University under the direction of Dr. Dong Shin, M.D, PhD.

Dr. Olivier served as member-at-large of the Board of Trustees of the American Academy of Ophthalmology and past president of Women in Ophthalmology. She is chair of the Diversity Issues Committee (DIC) and served on WAEVR at the Association for Research in Vision and Ophthalmology (ARVO). Her involvement with the Women's Eye Health initiative allows her to collaborate with other members on patient education nationally and internationally. Her time on the Women[SM1]'s Physician's Section of the American Medical Association allowed her to represent women physician issues in medicine regarding salary inequity and working conditions as well as participating in choosing a women scientist to receive scholarship funds from the Joan F. Giambalvo Memorial award. Dr. Olivier's Haitian American Heritage prompted her to be an original founder of the Midwest Association of Haitian American Women in Chicago. Expanding her involvement in the community to increase recognition of culture and diversity as a board member of the DuSable Museum of African American History relates to her American roots. Practicing clinical ophthalmology with the specialty in glaucoma has helped many of her patients and continued through her leadership position as past president of the Chicago Glaucoma Society and current activity as a board member with the American Glaucoma Society Foundation (AGSF) and American Glaucoma Society (AGS).

Dr. Olivier's work has been recognized with honors like the American Glaucoma Society Humanitarian Award, the Roman-Barnes Award, the American Academy of Ophthalmology's Secretariat Award, the American Medical Association's Dr. Nathan Davis Award in International Medicine, the Pan-American Congress of Ophthalmology's Benjamin F. Boyd Humanitarian Award, and Prevent Blindness America's Person of Vision Award.

Dr. Olivier has published in major peer-reviewed journals and is one of the co-authors for the glaucoma section in Clinical Eye Atlas. She is one of three editors of the book Maintaining the Target Intraocular Pressure: African American Glaucoma Specialists. Dr. Olivier conducts frequent medical mission to Haiti and is often called upon by the media to address the topics of general eye health, glaucoma and efforts to end healthcare disparities. Author John Shufeldt, M.D. featured Dr. Olivier in his recently released book, Ingredients of Outliers: Women Game Changers, for her accomplishments as a prolific humanitarian, minority student advocate, academic, and physician leader in the field of ophthalmology. She is currently working on a global health book for health care professionals.

THE SURGEON'S TOOLBOX FOR A PREMIUM CATARACT PRACTICE

Moderator: JoAnn Chang, MD / PC Coordinator: Sherleen Chen, MD

Program Objectives: The content and format of this educational activity has been specifically designed to fill the practice gaps in the audience's current potential scope of professional activities by:

1. Increasing the knowledge of the audience on Current IOL technologies
2. Improving surgical and refractive outcomes on cataract surgery
3. Increasing knowledge of audience on the current state of drop less cataract surgery

7:15 am	Registration / Exhibits / Continental Breakfast
7:30	NEOS Grand Rounds: presented by UMass
8:30	Introduction of SessionJoAnn Chang, MD
8:35	Current Presbyopia Correcting IOLs for Cataract Surgery.....Jason Brenner, MD
8:47	Red Flags to Watch for When Planning Cataract Surgery.....Kamden Kopani, MD
8:59	Dropless Cataract SurgeryNathaniel Gelinas, DO
9:11	Optimizing Outcomes for Post Refractive Surgery Patients Undergoing Cataract SurgeryKathryn Hatch, MD
9:23	Evaluation and Management of Postoperative Refractive SurprisesJeremy Kieval, MD
9:35	Pre and Intraoperative Considerations for High Hyperopia and High MyopiaSara Bozorg, MD
9:47	Refractive Lens Exchange- Pros and Cons Brett Smith, MD
10:00	Refreshments (break) / Exhibits
10:30	Introduction of Guest of Honor.....JoAnn Chang, MD
10:35	The Significance of Centering Cataract Surgery on the Visual Axis..... Vance Thompson, MD
11:00	Introduction of the Paul M. Pender LectureMary Daly, MD

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- 11:05 The Paul M. Pender Lecture:
Absolute Presbyopia and Modern
Day Multifocality Vance Thompson, MD
- 11:35 Panel Discussion / Q&A Moderator: JoAnn Chang, MD
- Panelists:*
- | | |
|--------------------|--------------------|
| Sara Bozorg, MD | Jeremy Kieval, MD |
| Jason Brenner, MD | Kamden Kopani, MD |
| Nathan Gelinas, DO | Brett Smith, MD |
| Kathryn Hatch, MD | Vance Thompson, MD |
- 11:50 NEOS Annual Business Meeting
- 12:00 pm Lunch (included for all attendees)
- 1:00 – 4:00 PM Sessions
- 4:00 pm NEOS Social Hour / Cocktail

BE SURE TO SCAN IN AT REGISTRATION
FOR AFTERNOON SESSION
TO RECEIVE EVALUATION/CREDIT LINK

OCULAR DRUG DELIVERY

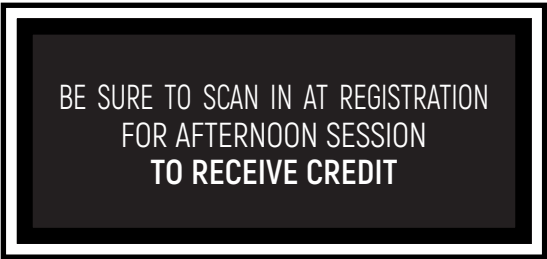
Moderator: Caroline Bauman, MD / PC Coordinator: Lucia Sobrin, MD

Program Objectives: The content and format of this educational activity has been specifically designed to fill the practice gaps in the audience's current potential scope of professional activities by:

1. Exploring the various approaches utilized to deliver medications to the eye and the targeted pathology.
2. Reviewing the efficacy and safety of different drug delivery modalities.
3. Reviewing the indications and best patient practices for novel anterior segment medication delivery.

7:15 am	Registration / Exhibits / Continental Breakfast
7:30	NEOS Grand Rounds: presented by UMass (at the Fenway Ballroom)
8:30	Introduction of Session Lucia Sobrin, MD
8:35	Intravitreal Steroid drug delivery: Mechanism, Options and Indications..... Nauman Chaudhry, MD
8:50	Intravitreal Anti-VEGF Agent Update..... Kendra Klein, MD
9:05	Best techniques to Avoid Complications With Intravitreal InjectionsXuejing Chen, MD
9:20	Cases / Q&A..... Moderator: Michelle Liang, MD
	Panelists:
	Nauman Chaudhry, MD..... Kendra Klein, MD
	Xuejing Chen, MD
9:35	Introduction of Guest of Honor..... Lucia Sobrin, MD
9:40	Novel Approaches to Extend Drug Durability David Eichenbaum, MD
10:05	Refreshments (break) / Exhibits
10:35	Suprachoroidal Drug Delivery- Mechanism, Technique, Agents..... Peter Chang, MD
10:50	Principals of Ocular Gene Therapy- Is This Ready for Prime Time? David Eichenbaum, MD

11:10	Extending Drug Delivery to The Ocular Surface	Joseph B. Ciolino, MD
11:25	What you Need to Know About Anterior Segment Drug Delivery	Shilpa Desai, MD
11:40	Q&A and Final Comments	
11:50	NEOS Annual Business Meeting (@ Fenway Ballroom)	
12:00 pm	Lunch (included for all attendees)	
1:00-4:00	PM Sessions	
4:00 pm	NEOS Social Hour / Cocktail	



ETHICS AND RISK MANAGEMENT:
CARE DELIVERY, LEADERSHIP, AND TRAINING IN OPHTHALMOLOGY

Moderator: *Ninani Kombo, MD / PC Coordinator: Lucia Sobrin, MD*

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

- 1. Increasing awareness about diversity in ophthalmology pipeline, residency, and leadership
- 2. Describing ways to improve health equity in Ophthalmology
- 3. Identifying areas to contribute to diversity in Ophthalmology

1:00pm	Introduction of Session and Guest of Honor.....	Ninani Kombo, MD
1:05	Diversity in Ophthalmology.....	Mildred M.G. Olivier, MD, FACS
1:30	Diversity in Leadership.....	Shlomit Schaal, MD, PhD, MHCM
1:40	Diversity in Residency Training: Are we there yet?	Fasika Woreta, MD, MPH
1:50	Diversity in Ophthalmology: Where Are We Going?.....	Mildred M.G. Olivier, MD, FACS
2:15	Refreshments (break) / Exhibits	
2:45	Delivering Equitable Care	Kristen Nwanyanwu, MD, MBA, MHS
2:55	The EYE CAN Program: An Intentional Approach to Diversifying the Pipeline at All Levels of Professional Development	Ankoor Shah, MD
3:05	Lessons Learned from Cataract Surgery (OMIC presentation)	Laura Fine, MD Hans K. Bruhn, MHS
3:50	Panel Discussion / Q&A	Moderator: Ninani Kombo, MD
	Panelists:	
	Laura Fine, MD	Kristen Nwanyanwu, MD
	Mildred M.G. Olivier, MD, FACS	Shlomit Schaal, MD, PhD, MHCM
	Ankoor Shah, MD	Fasika Woreta, MD
	Kathryn Hatch, MD	Vance Thompson, MD
4:00 pm	NEOS Social Hour / Cocktail	

DEBATES SYMPOSIUM

Mooderator: Joseph Rizzo, MD / PC Coordinator: Brian Kim, MD

1:00 pm	Introduction of Session	Joseph Rizzo, MD
1:00	Cornea: Is Ocular Surface Reconstruction Best Achieved with Simple Limbal Epithelial Transplantation (SLET) or Cultivated Stem Cells? Pro: Ula Jurkunas, MD Con: Prabhjot Channa, MD	
1:25	Cataract: Should an Appropriate Informed Consent Include Discussion of the Pros / Cons / Costs of Premium Lenses for All Patients Who are Considering Cataract Surgery? Pro: Jessica Chow, MD Con: Michael Raizman, MD	
1:50	Retina: Does the Efficacy vs Risk of Complement Inhibition Justify Its Use in the Management of Geographic Atrophy? Pro: Jeff Heier, MD Con: Brian Kim, MD	
2:15	Refreshments (break) / Exhibits	
2:45	Glaucoma: Should Laser Trabeculoplasty be Performed Before a Trial of Medication(s) in the Management of Primary Open Angle Glaucoma? Pro: Mark Latina, MD Con: Paul Cotran, MD	
3:10	Neuro-Ophthalmology: Do Oral Corticosteroids Still Need to be Given to Patients with Optic Neuritis Prior to Future Use of Immunomodulatory Drugs? Pro: Laurel Vuong, MD Con: Mark Bouffard, MD	
3:35	Pediatrics: Should Enhanced Vision Therapies (Delivered on a Desk Top, or Through Virtual or Augmented Reality Glasses) be Routinely Used to Treat Amblyopia? Pro: Erin Salcone, MD Con: Steve Christiansen, MD	
3:50	Final remarks and adjourn	
4:00 pm	NEOS Social Hour / Cocktail	

PRESBYOPIA CORRECTING IOLS

Jason Brenner, MD

BOSTON VISION, BROOKLINE, MA

Objective: To compare and contrast the recently approved EDOF and Multifocal IOLs.

This lecture will compare and contrast the the currently FDA approved Monofocal (Eyhance, Rayner EMV, LAL), EDOF (Symfony, Vivity) and Diffractiver (Panoptix, Synergy) lenses which can be used to correct presbyopia. We will review FDA data, side effects and tips for success with these lenses.

References:

Primary reference used is the FDA Summary of Safety and Effectiveness Data (SSED) for each lens.

DROPLESS CATARACT SURGERY

Nathaniel Gelinas, DO

MAINE EYE CENTER, PORTLAND, ME

Objective: Explore the reasoning for switching to a drop-free approach to antimicrobial prophylaxis and inflammation suppression after cataract surgery as well as examine the various available options.

Reliance on topical eyedrop instillation for antimicrobial prophylaxis and inflammation suppression after routine cataract surgery contains various downfalls. Switching to a drop-free or limited drop postoperative regimen holds numerous benefits to the surgeon and patient. In this lecture we explore the specific issues associated with topical eye drop use and discuss the various alternative options available to surgeons.

References:

- 1) Shorstein NH, Myers WG. Drop-free approaches for cataract surgery. *Curr Opin Ophthalmol.* 2020;31(1):67-73. doi:10.1097/ICU.0000000000000625
- 2) Raen M, Sandvik GE, Drolsum L. Endophthalmitis following cataract surgery: The role of prophylactic postoperative chloramphenicol eye drops. *Acta Ophthalmol.* 2013;91(2):118–22
- 3) Trivedi RH, Wilson ME. A sustained-release intracanalicular dexamethasone insert (Dextenza) for pediatric cataract surgery. *J AAPOS.* 2020 Dec 13:S1091-8531(20)30305-0. doi: 10.1016/j.jaapos.2020.10.001. Epub ahead of print. PMID: 33321213

OPTIMIZING OUTCOMES FOR POST REFRACTIVE SURGERY PATIENTS UNDERGOING CATARACT SURGERY

Kathryn Hatch, MD

MASSACHUSETTS EYE AND EAR, WALTHAM, WALTHAM, MA

Objective: The objective of this talk to provide pearls to cataract surgeons to optimize cataract surgery outcomes in the post refractive surgery patient population having undergone prior keratorefractive procedures such as LASIK, PRK and RK.

Patients who have had prior keratorefractive procedures such as LASIK, PRK and RK undergoing cataract surgery present unique considerations when preparing for surgery. This group typically is one that is not only very accustomed to having very good vision, often with spectacle independence, but has specific expectations for their cataract procedure. Coupling high expectations and high visual demands with specific considerations with respect to reduced predictability¹ and surgical planning by the cataract surgeon requires additional planning, chair time with the patient and specific biometry and intraoperative considerations². In this talk, pearls for preoperative counseling, specific testing necessary for this unique group as well as setting expectations, lens selection and calculations will be discussed. Intraoperative considerations with regards to wound placement, astigmatism correction and use of additional technologies such as the possible role of the femtosecond laser and intraoperative aberrometry² will also be reviewed.

References:

1. Savini G, Hoffer KJ. Intraocular lens power calculation in eyes with previous corneal refractive surgery.
2. Gouvea L, Sioufi K, Brown CE, Waring Iv G, Chamon W, Rocha KM. Refractive Accuracy of Barrett True-K vs Intraoperative Aberrometry for IOL Power Calculation in Post-Corneal Refractive Surgery Eyes. Clin Ophthalmol. 2021 Oct 27;15:4305-4315.

EVALUATION AND MANAGEMENT OF POSTOPERATIVE REFRACTIVE SURPRISES

Jeremy Kieval, MD

LEXINGTON EYE ASSOCIATES, LEXINGTON, MA

Objective: To understand the common causes of postoperative refractive error after cataract surgery, and discuss the various options to manage the refractive outcomes after cataract surgery.

Patient satisfaction after modern day cataract surgery requires excellent surgical technique but increasingly demands superior refractive outcomes as well. In many cases, there exists an expectation from patients, as well as surgeons, to achieve emmetropia after cataract surgery. This is particularly true in patients electing premium intraocular lens technology to correct astigmatism and presbyopia in order to minimize spectacle dependence. Despite continued advances in preoperative and intraoperative diagnostics, refractive planning, and surgical technology, residual refractive error remains a primary source of dissatisfaction after cataract surgery. The need to enhance refractive outcomes and treat residual astigmatic or spherical refractive errors postoperatively becomes paramount to meeting the expectations of patients in their surgical outcome.

References:

1. Kieval, JZ et al. Prevention and management of refractive prediction errors after cataract surgery. *Journal of Cataract & Refractive Surgery*. 2020; 46:1189-1197
2. Sáles, CS and Manche, E. Managing residual refractive error after cataract surgery. *Journal of Cataract & Refractive Surgery*. 2015; 41:1289-1299
3. Fernández-Buenaga R, et al. Resolving refractive error after cataract surgery: IOL exchange, piggyback lens, or LASIK. *J Refract Surg*. 2013; 29:676-683

PRE AND INTRAOPERATIVE CONSIDERATIONS FOR HIGH HYPEROPIA AND HIGH MYOPIA

Sara Bozorg, MD

MAINE EYE CENTER, PORTLAND, ME

Objective: To understand what adjustments need to be made preoperatively in the setting of High Hyperopia and High Myopia and to be able to identify and be prepared for intraoperative events that may arise.

Patients with High Hyperopia and High Myopia pose a challenge for surgeons for several reasons. These include difficulty in accurately choosing correct IOL power, the extra chair time needed to explain to patients that their cataract surgery is more complex, potentially ordering IOLs that are not in the usual tool box, and most importantly being prepared for the unique intraoperative challenges that may arise. It is essential to be able to identify when these intraoperative events are taking place and to be prepared with treatment plans for each scenario in order to provide the best outcome for the patient.

References:

Devgan, U. Cataract Surgery for Patients With Myopia. Ophthalmology Management. <http://www.ophtalmologymanagement.com/articleviewer.aspx?articleID=100823>.
Fram N, Yeu E: ASCRS Quicksand Chronicles Episode 1: Ike Ahmed: Small Eye, Big Problem. <https://ascrs.org/clinical-education/podcasts-qc/season-1/episode-1-ike-ahmed>
Osher, Robert H. MD; Bicalho, Luiza F. MD; Amaral, Henryque L. MD. Pearls for the young cataract surgeon: Creating space in the shallow or crowded anterior chamber by intermittent globe compression. Journal of Cataract & Refractive Surgery: October 2022 - Volume 48 - Issue 10 - p 1105-1106

REFRACTIVE LENS EXCHANGE- PROS AND CONS

Brett Smith, MD

CONCORD EYE CENTER, CONCORD, NH

Objective: Present the advantages and disadvantages of refractive lens exchange surgery.

Uncorrected refractive error (myopia, hyperopia, and astigmatism) is the leading cause of visual impairment and the second leading cause of blindness worldwide. In the United States, over half of the population over the age of 40 has refractive error requiring correction. If presbyopia is taken into consideration the numbers of individuals with visual impairment increases. Numerous studies show that uncorrected refractive error, including presbyopia, causes significant decrease in quality of life for individuals and significant economic loss to society.

While not a new concept, refractive lens exchange surgery is one option to provide permanent correction of refractive error. Advantages include a high quality of vision and quick rehabilitation. Disadvantages include loss of accommodation and the risk of complications associated with intraocular surgery. However, due to the continued development of technology and technique for lens extraction with intraocular lens implantation, the predictability of refractive outcomes has increased, presbyopia correction options have improved, and the rates of complications have decreased. With proper patient selection and counselling, refractive lens exchange is an increasingly viable and safe means to correct refractive error.

References:

- Chuck RS, Jacobs DS, Lee JK, Afshari NA, Vitale S, Shen TT, Keenan JD; American Academy of Ophthalmology Preferred Practice Pattern Refractive Management/ Intervention Panel. Refractive Errors & Refractive Surgery Preferred Practice Pattern®. *Ophthalmology*. 2018 Jan;125(1):P1-P104. doi: 10.1016/j.ophtha.2017.10.003. Epub 2017 Nov 4. PMID: 29108748.
- Schallhorn JM, Schallhorn SC, Teenan D, Hannan SJ, Pelouskova M, Venter JA. Incidence of Intraoperative and Early Postoperative Adverse Events in a Large Cohort of Consecutive Refractive Lens Exchange Procedures. *Am J Ophthalmol*. 2019 Dec;208:406-414. doi: 10.1016/j.ajo.2019.08.025. Epub 2019 Sep 4. PMID: 31493400.
- Derveniz N, Praidou A, Derveniz P, Chiras D, Little B. Visual Acuity Outcomes after Phacoemulsification in Eyes with Good Visual Acuity before Cataract Surgery. *Med Princ Pract*. 2021;30(3):285-291. doi: 10.1159/000514662. Epub 2021 Jan 25. PMID: 33494090; PMCID: PMC8280449.

INTRAVITREAL STEROID DRUG DELIVERY: MECHANISM, OPTIONS, INDICATIONS

Nauman Chaudhry, MD

RETINA GROUP OF NEW ENGLAND, PC, WATERFORD, CT

Objective: To discuss mechanism, options, and indications of intravitreal steroids along with review of complications and limitations of this treatment modality.

Precis: Intravitreal steroids are frequently used as primary or adjunct treatment for treating intraocular inflammation and macular edema from various causes including post-cataract, uveitis, diabetes and retinal vein occlusions. Intravitreal triamcinolone and dexamethasone are the most common steroid injections used but are limited by short duration of action, and higher risk of complications including cataracts and glaucoma from repeated administrations. Some of these limitations have been improved by several steroid-containing intravitreal implants with varying lengths of duration and efficacy which can be administered in the clinic. These include the sustained release 0.7 mg dexamethasone (Ozurdex) and longer-acting intravitreal fluocinolone acetonide inserts (YUTIQ, Illuvien). They are similar to the non-biodegradable fluocinolone acetonide implant (Retisert) which requires a surgical procedure.

Conclusions: The use of intravitreal steroids continues to evolve with increasing number of implants and devices for even more complex indications in clinic and release lower doses of steroids than the Retisert that must be surgically implanted. The increasing ease of use and better tolerability makes this modality an important option for treatment for many ocular and retinal disorders.

References:

Gaballa SA, Kompella UB, Elgarhy O, Alqahtani AM, Pierscionek B, Alany RG, Abdelkader. Corticosteroids in ophthalmology: drug delivery innovations, pharmacology, clinical applications, and future perspectives. *Drug Deliv Transl Res.* 2021;11(3):866-893.

NOVEL APPROACHES TO EXTEND TREATMENT DURABILITY

David Eichenbaum, MD

RETINA VITREOUS ASSOCIATES OF FLORIDA, ST. PETERSBURG, FL

Objective: Discuss current and pipeline programs evaluating various approaches to reduce treatment burden in common retinal diseases.

Precis: Real-world visual acuity results are not as robust as the results we see in clinical trials treating common retinal diseases, and these poorer results are associated with a reduced frequency of biologic injection treatment. Retina specialists self-identify a desire for novel therapies that reduce treatment burden, improve delivery duration, and employ new mechanisms of action. This presentation reviews commercially available drug-releasing device technology and later-stage investigational drugs with potent and/or more bioavailable anti-VEGF treatments, and investigational therapies evaluating the inhibition of additional, novel targets.

Conclusions: There are limitations in the real-world efficacy of our historical armamentarium of ocular therapeutics for common retinal disease and this is correlated to a reduced real-world injection frequency compared to injection frequency in clinical trials. We may be able to achieve better patient results in the real-world as we consider a move away from biologic anti-VEGF monotherapy towards novel devices and drugs.

References:

1. Holz FG et al. Br J Ophthalmol. 2015;99:220-226.
2. Rachitskaya A, Blotner S, Heinrich D, Gune S. "End-of-Study Retinal Fluid and Vision Outcomes in the Archway Phase 3 Trial of the Port Delivery System (PDS) in Patients with nAMD." American Society of Retina Specialists July 13-16 2022.
3. Wykoff C, Abreu F, Adamis A, Basu K, Eichenbaum D, Haskova Z, et al. Efficacy, Durability, and Safety of Intravitreal Faricimab with Extended Dosing up to Every 16 Weeks in Patients with Diabetic Macular Oedema (YOSEMITE and RHINE): Two Randomised, Double-Masked, Phase 3 Trials. The Lancet, 2022.

SUPRACHOROIDAL DRUG DELIVERY

Peter Chang, MD

MASSACHUSETTS EYE RESEARCH AND SURGERY INSTITUTION (MERSI), WALTHAM, MA

Objective: 1) To familiarize audience with the first-in-class suprachoroidal injector XIPERE, its injection techniques, as well as clinical trial data.

2) To summarize ongoing trials involving various suprachoroidal delivery methods and therapeutic agents.

In this talk, the first FDA-approved suprachoroidal microinjector XIPERE® and its injection techniques will be described. Data from the pivotal phase 3 PEACHTREE and its extension trial MAGNOLIA are presented, along with a summary of other trials involving various novel therapeutic agents being delivered into suprachoroidal space (SCS).

References:

- 1) Yeh S, Khurana RN, Shah M, et al. Efficacy and Safety of Suprachoroidal CLS-TA for Macular Edema Secondary to Noninfectious Uveitis: Phase 3 Randomized Trial. *Ophthalmology* 2020;127(7):948-55.
- 2) Khurana RN, Merrill P, Yeh S, et al. Extension study of the safety and efficacy of CLS-TA for treatment of macular oedema associated with non-infectious uveitis (MAGNOLIA). *Br J Ophthalmol* 2022;106(8):1139-44.
- 3) Allen Ho. ARVO 2022 presentation: Phase 1/2a study of the safety and activity of OpRegen in geographic atrophy secondary to age-related macular degeneration.

PRINCIPALS OF OCULAR GENE THERAPY – IS THIS READY FOR PRIME TIME?

David Eichenbaum, MD

RETINA VITREOUS ASSOCIATES OF FLORIDA, ST. PETERSBURG, FL

Objective: Discuss the mechanics of gene therapy, programs in clinical development in ophthalmology, and summarize the potential risks and benefits of this modality.

Precis: Ocular gene therapy utilizes viral vectors primarily for introduction of new or modifying existing genes with the goal of mitigating disease. The principles and types of gene therapy are reviewed along with the theoretic advantage of employing this type of treatment. The rationale for developing gene therapy for the eye is discussed. There has been success of gene therapy in the eye with the approval of voretigene neparvovec-rzyl for RPE-65 mediated retinitis pigmentosa, which utilizes an adeno-associated viral (AAV) vector to insert a functional copy of the diseased gene into the retinal pigment epithelium. Current investigations into ocular gene therapy programs are studying a variety of AAV vectors via intravitreal, suprachoroidal, and transvitreal delivery techniques to place investigative product into the eye and transduce protein production in various ocular tissues. There has been a broad interest in gene therapy and examples of Phase I/II through Phase III programs are discussed with video examples of surgical delivery.

Conclusions: There has been established success of gene therapy in the eye, but it is investigational for common retinal diseases already treated with existing, proven therapy. Clinical science and drug development research will elucidate the efficacy and safety and potential role of gene therapy for these common retinal diseases.

References:

1. Berman HM, et al. Nucleic Acids Res. 2000;28(1):235-242; 5. Wang D, Gao G. Discov Med. 2014;18(97):67-77.
2. Campochiaro P, “Gene Therapy for Neovascular AMD: Subretinal RGX-314: Phase I/IIa Long-term Follow-Up Results up to 4 Years,” American Academy of Ophthalmology, September 29-October 3, 2022.
3. Eichenbaum D, “Surgical Delivery Strategies and Gene Therapy for Atrophic AMD: Preliminary Results from a First-in-Human Phase I/II Gene Therapy Trial (FOCUS) of GT005 Delivered Using the Orbit Subretinal System,” Retina Society, November 2-5, 2022.

WHAT YOU NEED TO KNOW ABOUT ANTERIOR SEGMENT DRUG DELIVERY?

Shilpa Desai, MD

NEW ENGLAND EYE CENTER, BOSTON, MA

Objective: To discuss three new drug formulations that endeavor to minimize reliance on eye drops after cataract surgery and in glaucoma.

Eyedrops have poor bioavailability and 92.6% of patients instill post-cataract drops incorrectly! Multiple new products have reached the market to ameliorate this issue. The first is Dextenza - this is an intracanalicular dexamethasone implant placed at the end of cataract surgery. The device appears to be effective, but further clinical trials are needed. The second device is called Dexycu. This is an intraocular suspension of dexamethasone which is placed into the sulcus after cataract surgery. This device appears to be effective but there are some concerns regarding IOP elevation. The final device is Durysta. This is a biodegradable intracameral implant of bimatoprost. This does appear to be effective but also carries a risk of endothelial cell loss after implantation.

All of these drug delivery devices are exciting steps toward less drops for our patients, but the risks and benefits of their use must be carefully evaluated.

References:

1. An JA, Kasner O, Samek DA, Levesque V. Evaluation of Eyedrop Administration by Inexperienced Patients after Cataract Surgery. JCRS. 2014 Nov; 40(11): 1857-61
2. Donnenfeld E and Holland E. Dexamethasone Intracameral Drug-Delivery Suspension for Inflammation Associated with Cataract Surgery. Ophthalmology. June 2018 125(6): 799-806.
3. Medeiros FA et al. Phase-3, Randomized, 20 month study of Bimatoprost Implant in Open Angle Glaucoma and Ocular Hypertension (ARTEMIS I. Ophthalmology 2020 Dec; 127(12): 1627-1641.

THE EYE CAN PROGRAM: AN INTENTIONAL APPROACH TO DIVERSIFYING THE PIPELINE AT ALL LEVELS OF PROFESSIONAL DEVELOPMENT

Ankoor Shah, MD

BOSTON CHILDREN'S HOSPITAL, BOSTON, MA

Objective:

- To review programs that focus on diversifying ophthalmology and may be implemented locally.
- To review the paradigm that intentionality in diversity has to be infused at all levels of professional development.

Ophthalmology is one of the least diverse specialties in medicine.[1,2] Recruitment of individuals currently under-represented in medicine [3] is necessary to better serve patients. The EYE CAN Program, championed by the Harvard Department of Ophthalmology, deliberately organizes initiatives to diversify the pipeline at every level of the professional development lifecycle, from school-aged children to faculty leaders. This talk will review this initiative in hopes of inspiring others to create tangible programs in their local environments that lead individuals to believe, "I can." In addition, this lecture will suggest a paradigm shift, where pipeline development must occur at stages of career development, to implement change.

References:

1. Xierali IM, Nivet MA, Wilson MR. Current and Future Status of Diversity in Ophthalmologist Workforce. JAMA Ophthalmol. 2016 Sep 1;134(9):1016-23. doi: 10.1001/jamaophthalmol.2016.2257. PMID: 27416525.
2. Fairless EA, Nwanyanwu KH, Forster SH, Teng CC. Ophthalmology Departments Remain Among the Least Diverse Clinical Departments at United States Medical Schools. Ophthalmology. 2021 Aug;128(8):1129-1134. doi: 10.1016/j.ophtha.2021.01.006. Epub 2021 Jan 10. PMID: 33440211; PMCID: PMC8328189.
3. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>

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FUTURE NEOS MEETINGS

2022-2023 Program Year

DATE	TOPIC	MODERATOR
SEP 23, 2022 Venue: The Westin Copley Place	AM – Glaucoma	Sarah Anis, MD
	PM – Ophthalmic Emergencies	Crandall Peeler, MD
DEC 9, 2022 Venue: Hotel Commonwealth	AM – Cataract	JoAnn Chang, MD
	AM – Drug Delivery	Caroline Bauman, MD
	PM – Risk Management-ethics (OMIC)	Ninani Kombo, MD
	PM – Debates	Joseph Rizzo, MD
MAR 3, 2023 Venue: Hotel Commonwealth	AM – Retina	Ron Adelman, MD
	PM – Neuro-ophthalmology	Laurel Vuong, MD
JUN 2, 2023 Venue: Hotel Commonwealth	AM – Cornea	Purak Parikh, MD
	PM – New Technologies	John Miller, MD

2023-2024 Program Year

DATE	TOPIC
October 6, 2023 Venue: TBC	AM – Uveitis
	PM – Glaucoma
DEC 1, 2023 Venue: TBC	AM – Cataract
	PM – Systemic Disease
	PM – Pediatrics
APR 12, 2024 Venue: TBC	AM – Risk Management/Ethics
	AM – Plastics
	PM – Retina
JUN 7, 2024 Venue: TBC	AM – Cornea
	PM – Debates

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