Welcome to the largest U.S. meeting dedicated to meeting the needs of anterior segment surgeons, practice management staff, and ophthalmic technicians and nurses.
Saturday, May 4, 2019

9:30 AM
A Minimally Invasive Approach to IOP Control
Arsham Sheybani, MD

10:00 AM
Surgical Management of the Phakic and Pseudophakic Loose Lens
Elizabeth Yeu, MD

10:30 AM
A Minimally Invasive Approach to IOP Control
Nathan Radcliffe, MD

11:00 AM
Complex Cataract Surgery: It’s Like NASCAR. You’re There Just for the Wrecks
Karl Stonecipher, MD

11:30 AM
A Minimally Invasive Approach to IOP Control
Carlos E. Martinez, MD, MS

12:00 PM
New Techniques and Technologies for Cataract and IOL Surgery
Terry Kim, MD

12:30 PM
Nasty Cataracts: Prevention and Management of Complications
Robert Osher, MD

1:00 PM
The Key Elements of Effective Gel Stent Reimbursement
Amy Davis

1:30 PM
Complicated Case Management
Bonnie Henderson, MD

2:00 PM
A Minimally Invasive Approach to IOP Control
Jason Bacharach, MD

2:30 PM
You Can’t Believe What Happened to Me in the OR Today: Pearls for Challenging Cataracts
Lisa Nijm, MD

3:00 PM
A Minimally Invasive Approach to IOP Control
Jacob Brubaker, MD

11:30 AM
A Minimally Invasive Approach to IOP Control
Steven Sarkisian, MD

12:00 PM
Advances for Complex Cataracts
David Chang, MD

12:30 PM
A Minimally Invasive Approach to IOP Control
Manjool Shah, MD

1:00 PM
Advances in Refractive Cataract Surgery
Eric Donnenfeld, MD, FACS

1:30 PM
A Minimally Invasive Approach to IOP Control
Inder Paul Singh, MD

2:00 PM
IOL Exchange From Mundane to Insane
Brandon Ayres, MD

2:30 PM
A Minimally Invasive Approach to IOP Control
Nathan Radcliffe, MD

3:00 PM
Lower IOP. Higher Expectations.
Richard Adler, MD

Sunday, May 5, 2019

9:30 AM
A Minimally Invasive Approach to IOP Control
Arsham Sheybani, MD

10:00 AM
Presbyopia Correction
George Waring, MD

10:30 AM
A Minimally Invasive Approach to IOP Control
Leslie Jones, MD

11:00 AM
Mastering DALK: Top 10 Surgical Pearls
Neda Shamie, MD

11:30 AM
A Minimally Invasive Approach to IOP Control
Steven Sarkisian, MD

12:00 PM
Advances for Complex Cataracts
David Chang, MD

12:30 PM
A Minimally Invasive Approach to IOP Control
Manjool Shah, MD

1:00 PM
Advances in Refractive Cataract Surgery
Eric Donnenfeld, MD, FACS

1:30 PM
A Minimally Invasive Approach to IOP Control
Inder Paul Singh, MD

2:00 PM
IOL Exchange From Mundane to Insane
Brandon Ayres, MD

2:30 PM
A Minimally Invasive Approach to IOP Control
Nathan Radcliffe, MD

3:00 PM
Lower IOP. Higher Expectations.
Richard Adler, MD
Welcome to the inaugural day of the 2019 ASCRS Annual Meeting. As you arrived at the San Diego Convention Center, you were undoubtedly greeted with a renewed sense of energy and excitement. With its content-rich lectures, lively audience participation and dynamic panel discussions, ASCRS Subspecialty Day will continue to set the stage for an exceptional meeting.

Participants’ ability to freely move from one session to another provides an unparalleled learning opportunity. For those who can’t decide which session to attend, not to worry. All ASCRS Subspecialty Day registrants will have full access to the day’s content within 48 hours via ASCRS Presentations on Demand.

ASCRS Refractive Day will feature the honored Steinert Refractive Lecture. Join us as Eric Donnenfeld, MD delivers the lecture and hear his thoughts on, “LASIK: The Myths, Misconceptions and Reality.” During one of the interactive panel discussions, Steven Dell, MD will discuss refractive cases during, “Common Dilemmas and Controversies in Refractive Surgery Patients.”

The focus of this year’s ASCRS Glaucoma Day will be on practical concepts that can be applied immediately to clinical practice. This year’s Stephen A. Obstbaum, MD, honored lecturer is Alan L. Robin, MD. He is a professor of ophthalmology at the University of Michigan and an associate professor of ophthalmology and international health at Johns Hopkins University. His talk is entitled, “Making Lives Better, Millions at a Time: Lessons in Eyecare from the Developing World.” The International Guest Lecturer is Helen V. Danesh-Meyer, MBChB, MD, PhD, FRANZCO. She is the head of academic glaucoma and neuro-ophthalmology and is a Sir William and Lady Stevenson professor of ophthalmology at the University of Auckland in New Zealand. Her lecture is entitled, “The Optic Nerve: Challenging Dogma.”

New in 2019, is Cornea Day’s exciting video competition during the Corneal/Lamellar or Transplant Surgery session, “The Bad, the Ugly and the Unbearable.” These video sessions will feature audience voting for their favorite video, along with compelling presentations and interactive discussions will leave you enriched and enlightened.

Be sure to visit the exhibit hall to meet with exhibitors, build connections and discover new technologies. ASCRS Subspecialty Day is the perfect way to kick off an exceptional meeting.

Eric D. Donnenfeld, MD  
ASCRS Refractive Day Program Co-Chair  

Rosa Braga-Mele, MD, MEd, FRCSC  
ASCRS Refractive Day Program Co-Chair  

John A. Vukich, MD  
ASCRS Refractive Day Program Co-Chair  

Douglas Rhee, MD  
ASCRS Glaucoma Day Chair  

Francis Mah, MD  
Cornea Day Co-Chair  

Elmer Tu, MD  
Cornea Day Co-Chair
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ASCRS PRESENTATIONS ON DEMAND

All 2019 ASCRS Subspecialty Day attendees receive complimentary access to recordings of all three 2019 Subspecialty Day meetings, only available through ASCRS Presentations On Demand.

This exclusive benefit provides attendees on-demand access to Cornea Day, ASCRS Glaucoma Day, and ASCRS Refractive Day, all available online within 48 hours of the live session.

Visit ascrs.org/2019ondemand for a full list of available sessions and log in to begin viewing presentations.

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ZEISS shares your mission to create a better vision standard for your patients. That is why ZEISS offers one of the most inclusive portfolios in Laser Vision Correction (LVC) – enabling you to provide any eligible patient with a suitable procedure in refractive surgery, including ReLEx® SMILE® from ZEISS, the only commercially available minimally invasive procedure, as a winning option to complete your LVC portfolio and drive business growth.
ASCRS REFRACTIVE DAY: THE PURSUIT OF EMMETROPIA

REFRACTIVE CORNEAL SURGERY
8:00-9:45 a.m. | Upper Level, Room 20ABC
Moderators: Elizabeth Yeu, MD; Edward E. Manche, MD
Panelists: William F. Wiley, MD; Deepinder K. Dhaliwal, MD; Scott M. MacRae, MD, ABO

8:00 a.m. Introduction
Presenting Author: Rosa Braga-Mele, MD

8:04 a.m. Corneal Topography: What to Look for and How It Influences My Decision Making
Presenting Author: Kendall E. Donaldson, MD

8:10 a.m. Case Studies in Corneal Topography
Presenting Author: William B. Trattler, MD, ABO

8:25 a.m. Challenging Conventional Wisdom about LASIK
Presenting Author: Julie Schallhorn, MD

8:31 a.m. Panel Discussion

8:35 a.m. Ocular Surface for the Refractive Surgery Patient
Presenting Author: Edward J. Holland, MD

8:41 a.m. Panel Discussion

8:45 a.m. SMILE for Myopia and Astigmatism: Experience in the US and Around the World
Presenting Author: John F. Doane, MD

8:51 a.m. Panel Discussion

8:55 a.m. Refractive Indexing: Is This the Next, “Next Big Thing?”
Presenting Author: Nick Mamalis, MD

9:01 a.m. Panel Discussion

9:05 a.m. Case Studies in Corneal Refractive Surgery
Presenting Author: Stephen G. Slade, MD, FACS

9:45 a.m. Break in Exhibit Hall
TIPS, PEARLS, AND TAKE-HOME MESSAGES

ON DEMAND

1:00-2:50 p.m. | Upper Level, Room 20ABC

Moderators: George O. Waring IV, MD, FACS; Terry Kim, MD
Panelists: Lance Kugler, MD; David Hardten, MD; Jason P. Brinton, MD, ABO

1:00 p.m. Retina for Refractive Surgeons
Presenting Author: Steve Charles, MD

1:10 p.m. Panel Discussion

1:15 p.m. Phakic IOLs: USA Toric Approval and Global Trends
Presenting Author: John A. Vukich, MD

1:25 p.m. Government Relations
Presenting Author: Parag D. Parekh, MD, MPA

1:29 p.m. Common Dilemmas and Controversies in Refractive Surgery Patients
Presenting Author: Steven J. Dell, MD

2:00 p.m. Refractive Cataract Surgery after Refractive Corneal Surgery: How to Optimize Outcomes and Which Lenses to Use and When?
Presenting Author: Zaina Al-Mohtaseb, MD

2:06 p.m. Panel Discussion

2:10 p.m. Refractive Enhancements Following Cataract Surgery
Presenting Author: John P. Berdahl, MD

2:16 p.m. Panel Discussion

2:20 p.m. Astigmatism Fix: When and How to Reposition a Toric IOL
Presenting Author: Sumit Garg, MD

2:25 p.m. Panel Discussion

2:30 p.m. When to Perform an IOL Exchange
Presenting Author: Dean Ouano, MD

2:36 p.m. Panel Discussion

2:50 p.m. Break in Exhibit Hall

CHOOSING AND USING THE RIGHT IOL

ON DEMAND

3:10-4:30 p.m. | Upper Level, Room 20ABC

Moderators: Robert J. Cionni, MD; Rosa Braga-Mele, MD
Panelists: Blake Williamson, MD; Preeya K. Gupta, MD; Richard S. Hoffman, MD

3:10 p.m. Matching the Right Implant to the Right Patient
Presenting Author: Yuri McKee, MD

3:16 p.m. Panel Discussion

3:20 p.m. Dual Optic, Curvature ChangingPresbyopia IOL
Uday Devgan, MD

3:25 p.m. Trifocal and Extended Depth of Focus IOLs
Presenting Author: Thomas Kohnen, MD, PhD

3:31 p.m. Panel Discussion

3:35 p.m. Case Studies in IOL Selection
Presenting Author: David F. Chang, MD

4:30 p.m. Concluding Remarks
MODERATOR
Robert Cionni, MD
Terry Kim, MD
Douglas Koch, MD
Ed Manche, MD
Vance Thompson, MD
George Waring, IV, MD
Elizabeth Yeu, MD

PANEL
Jason Brinton, MD
Daniel Chang, MD
Deepinder Dhaliwal, MD
Preeya Gupta, MD
David Hardten, MD
Richard Hoffman, MD
Lance Kugler, MD
Scott MacRae, MD
Cathleen McCabe, MD
Michael Patterson, DO
William Wiley, MD
Blake Williamson, MD

INVITED FACULTY
Zaina Al-Mohtaseb, MD
Brandon Ayers, MD
John Berdahl, MD
David Chang, MD
Steve Charles, MD
Steven Dell, MD
Uday Devgan, MD
John Doane, MD
Kendall Donaldson, MD
Sumit "Sam" Garg, MD
Warren Hill, MD
Ed Holland, MD
Edward Holland, MD
Sean Ianchulev, MD
Thomas Kohnen, MD
Yuri MaKee, MD
Robert Maloney, MD
Nick Mamalis, MD
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Steve Slade, MD
Kerry Solomon, MD
William Trattler, MD
Kevin Waltz, MD
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ASCRS gratefully acknowledges the unrestricted educational grants received in support of this program from:

Alcon
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CONTINUING MEDICAL EDUCATION

TARGET AUDIENCE
Comprehensive ophthalmologists; refractive, cataract and corneal surgeons who are performing cataract and refractive surgery.

EDUCATIONAL OBJECTIVES
• Identify appropriate preoperative refractive surgery screening and evaluation of the efficacy of treatment options to improve surgical outcomes with the use of accurate pre-op biometry and intraoperative aberrometry
• Analyze the role of advanced technology within refractive cornea and lens-based surgery, including understanding of the differences among available and developing technologies in order to improve patient selection and treatment assignment in keratorefractive surgery
• Describe current and emerging technologies in advanced technology IOLs and considerations for each, including but not limited to Toric IOL's, EDFIOL’s, Multifocal and Trifocal IOL's
• Discuss the use of Femtosecond laser technology in both lens based and corneal based refractive surgery
• Explain alternative or new approaches to reduce risks and complications
• Outline evidenced based evaluation of lens-based treatment options to maximize patient outcomes
• Review of evolving IOL technology to include: - Lens designs- Biomaterials

ACCREDITATION STATEMENT
The American Society of Cataract and Refractive Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASCRS takes responsibility for the content, quality and scientific integrity of the CME activity.

DESIGNATION STATEMENT
The American Society of Cataract and Refractive Surgery designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

All CME activities approved for AMA PRA Category 1 Credits™ are valid for recognition by the European Accreditation Council for Continuing Medical Education (EACCME). Physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA Category 1 Credits™.

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All faculty members are required to disclose whether they, or their spouses, have any financial interests (or lack thereof) from the past 12 months with a company that produces, markets, resells or distribute ophthalmic products or services consumed by, or used on, patients. Faculty members are also required to disclose such information verbally and on their first slide.

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Computers with internet access will be available onsite so attendees can evaluate the 2019 Refractive Day online through the Claim CME/CE Credit Stations. When the evaluation is complete, a copy of the certificate for continuing education credits/hours for that day can be printed. If attendees do not complete the evaluation during the meeting, they will have the opportunity to complete them at home.

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The ASCRS Annual Meeting may include presentations on drugs or devices or uses of drugs or devices that may not have been approved by the Food and Drug Administration (FDA) or have been approved by the FDA for specific uses only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he or she wishes to use in clinical practice.

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The intent of this disclosure is to provide the Program Committee with information so they can design and implement a balanced, independent, and scientific educational activity. This Financial Interest Index Program provides information to attendees so they can make their own judgment regarding the interest or relationship and the materials presented.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CODE</th>
<th>SPECIFIC FINANCIAL INTEREST</th>
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<tbody>
<tr>
<td>Product</td>
<td>P</td>
<td>I earn royalty or derive other financial gain from an ophthalmic product or service.</td>
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<tr>
<td>Investor</td>
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<td></td>
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<td>C</td>
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<td>Y</td>
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<td>Z</td>
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* Employee is defined as someone who receives a W-2 from a company.
Al-Mohtaseb, Zaina
Alcon A
Allergan A

Ayres, Brandon D.
Alcon A
Allergan A
Bausch and Lomb B
Biotissue B
Microsurgical Technology A
Omeros A

Berdahl, John P.
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Envisia A
Equinox A, R, A, E, Y
Glaukos A, B, E
Iantech R, A
Imprimis R, R, A
Johnson and Johnson A
New World Medical A
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Vitamed A

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Zeiss A

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Staar Surgical A, B, C, E

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Eyenuvis A
Iantech D
iDrops R
iVantis A
J&J Vision A
Mynosys A
Perfect Vision A
Power Vision A
Presbyopia Therapies R
RxSight R, A
Slack P
Surface R
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Retear A

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Presbyopia Therapies R
Tracey Technologies A

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Advance Euclidean Solutions P, R
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CataractCoach.com R
Novartis B
Alcon A

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Avedro D
Bausch & Lomb A
CorneaGen A
Imprimis A
Novabay D
Shire D
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Sun A

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AMO A
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Autofocus R, A, B, D
Avedro R, A, B, D
Bausch & Lomb A
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CRST A
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Johnson & Johnson
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Shire
SightLife Surgical
VisionCare

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Glaukos
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Katena
Mati Pharmaceuticals
Novartis Pharmaceuticals
Omeros
Precision Lens
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Sight Sciences
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Eyenovia
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Aerie Pharmaceutical

Knor, Michael C.

Koch, Douglas D.
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CAPSULaser
Carl Zeiss Meditec
Ivantis
Johnson & Johnson Vision
Perfect Lens
PowerVision
Vivitor

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Abbott
Novartis
Oculentis
Oculus
Presbia
Zeiss
Allergan
Bausch & Lomb
Dompé

Kugler, Lance
AcuFocus
Alphaeon
J&J

MacRae, Scott M.
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Clerio Inc

Maloney, Robert K.
Bausch and Lomb
Johnson & Johnson
Prescept
Presbia
RxSight
Stromal Medical

Mamalis, Nick
Advanced Vision Science
Alcon
Anew Optics
ClarVista Medical
CoDa Therapeutics
Cord
Genisphere
Hoya
LensGen
Medicontr
Mynosys
Omega
PerfectLens
Powervision
Sharklet
Shifamed
Zeiss

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Allergan
Avedro
ESI
Humanoptics
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Oculus
OSD
Shire
Sightpath
Tear Film Innovation
TLCV

Hill, Warren E.
Alcon Laboratories
Carl Zeiss Digital Innovations
Haag-Streit
Omega Ophthalmics
Optos

Hoffman, Richard S.
Alcon laboratories
microsurgical technology

Koch, Douglas D.
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CAPSULaser
Carl Zeiss Meditec
Ivantis
Johnson & Johnson Vision
Perfect Lens
PowerVision
Vivitor

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Allergan
Bausch & Lomb
Dompé

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</thead>
<tbody>
<tr>
<td><strong>Manche, Edward E.</strong></td>
<td>Allergan, Inc.</td>
<td>B, D</td>
<td>A, B, C</td>
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<td>Avedro, Inc.</td>
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<td>Carl Zeiss Meditec</td>
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<td></td>
<td>J &amp; J Vision</td>
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<td>A, B, C</td>
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<td>Krypton Vision, Inc.</td>
<td>R, A</td>
<td>A, B, C</td>
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<td>Ocular Therapeutix, Inc</td>
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<td>Presbia, Inc.</td>
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JOIN US!

ASCRS | ASOA
ANNUAL MEETING
15-19 MAY 2020 | BOSTON, MA

Coinciding with
World Cornea Congress VIII
May 13-15

ADDITIONAL PROGRAMS
ASCRS Subspecialty Day (Refractive, Glaucoma, Cornea) May 15
ASOA Pre-Conference Deep Dives May 15
ATPO Train the Trainer May 15
Technicians & Nurses Program May 16-18

ASCRS ASOA: Dedicated to the needs of anterior surgery segment practices

More details to follow:
AnnualMeeting.ascrs.org
VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

**INDICATION**

VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

**IMPORTANT SAFETY INFORMATION**

- Increased pigmentation of the iris and periorbital tissue (eyelid) can occur. Iris pigmentation is likely to be permanent.
- Gradual changes to eyelashes, including increased length, increased thickness, and number of eyelashes, may occur. These changes are usually reversible upon treatment discontinuation.
- Use with caution in patients with a history of intraocular inflammation (iritis/uveitis). VYZULTA should generally not be used in patients with active intraocular inflammation.
- Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin analogs. Use with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.
- There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products that were inadvertently contaminated by patients.

**IMPORTANT SAFETY INFORMATION (CONTINUED)**

- Contact lenses should be removed prior to the administration of VYZULTA and may be reinserted 15 minutes after administration.
- Most common ocular adverse reactions with incidence ≥2% are conjunctival hyperemia (6%), eye irritation (4%), eye pain (3%), and instillation site pain (2%).

**References:**

5. Kaufman PL. Enhancing trabecular outflow by disrupting the actin cytoskeleton, increasing uveoscleral outflow with prostaglandins, and understanding the pathophysiology of presbyopia: Interrogating Mother Nature: asking why, asking how, recognizing the signs, following the trail*. Experimental Eye Research. 2008;86:3-17. DOI:10.1016/j.exer.2007.02.007.

For more information about VYZULTA and how it works, visit VYZULTANOW.com.
BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use VYZULTA safely and effectively. See full Prescribing Information for VYZULTA.

VYZULTA™ (latanoprostene bunod ophthalmic solution), 0.024%, for topical ophthalmic use.

Initial U.S. Approval: 2017

1 INDICATIONS AND USAGE

VYZULTA™ (latanoprostene bunod ophthalmic solution) 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

2 CONTRAINDICATIONS

None

3 WARNINGS AND PRECAUTIONS

5.1 Pigmentation

Pigmentation is expected to increase as long as latanoprostene bunod ophthalmic solution is administered. The pigmentation change is due to increased melanin content in the melanocytes rather than to an increase in the number of melanocytes. After discontinuation of VYZULTA, pigmentation of the iris is likely to be permanent, while pigmentation of the peribulbar tissue and eyelash changes are likely to be reversible in most patients. Patients who receive prostaglandin analogs, including VYZULTA, should be informed of the possibility of increased pigmentation, including permanent changes. The long-term effects of increased pigmentation are not known.

Iris color change may not be noticeable for several months to years. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery of the iris and the entire iris or parts of the iris become more brownish. Neither new neo-freckles of the iris appear to be affected by treatment. While treatment with VYZULTA™ (latanoprostene bunod ophthalmic solution), 0.024% can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly [see Patient Counseling Information (17) in full Prescribing Information].

5.2 Eyelash Changes

VYZULTA may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, thickness, and the number of lashes or hairs. Eyelash changes are usually reversible upon discontinuation of treatment.

5.3 Intraocular Inflammation

VYZULTA should be used with caution in patients with a history of intraocular inflammation (iritis/uveitis) and should generally not be used in patients with active intraocular inflammation as it may exacerbate this condition.

5.4 Macular Edema

Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin analogs. VYZULTA should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

5.5 Bacterial Keratitis

There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

5.6 Use with Contact Lens

Contact lenses should be removed prior to the administration of VYZULTA because this product contains benzalkonium chloride. Lenses may be reinserted 15 minutes after administration.

6 ADVERSE REACTIONS

The following adverse reactions are described in the Warnings and Precautions section: pigmentation (5.1), eyelash changes (5.2), intraocular inflammation (5.3), macular edema (5.4), bacterial keratitis (5.5), use with contact lens (5.6).

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

VYZULTA was evaluated in 811 patients in 2 controlled clinical trials of up to 12 months duration. The most common ocular adverse reactions observed in patients treated with latanoprostene bunod were: conjunctival hyperemia (6%), eye irritation (4%), eye pain (3%), and instillation site pain (2%). Approximately 0.6% of patients discontinued therapy due to ocular adverse reactions including ocular hyperemia, conjunctival irritation, eye irritation, eye pain, conjunctival edema, vision blurred, punctate keratitis and foreign body sensation.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available human data for the use of VYZULTA during pregnancy to inform any drug associated risks.

Latanoprostene bunod has caused miscarriages, abortion, and fetal harm in rabbits. Latanoprostene bunod was shown to be abortifacient and teratogenic when administered intravenously (i.v.) to pregnant rabbits at exposures ≥ 0.28 times the clinical dose.

Doses ≥ 20 µg/kg/day (23 times the clinical dose) produced 100% embryofetal lethality. Structural abnormalities observed in rabbit fetuses included anomalies of the great vessels and aortic arch vessels, domed head, sternalateral and vertebral skeletal anomalies, limb hypoplasia and malrotation, abdominal distension and edema. Latanoprostene bunod was not teratogenic in the rat when administered IV at 150 mcg/kg/day (87 times the clinical dose) [see Data].

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies. Data

Animal Data

Embryofetal studies were conducted in pregnant rabbits administered latanoprostene bunod daily by intravenous injection on gestation days 7 through 19, to target the period of organogenesis. The doses administered ranged from 0.24 to 80 mcg/kg/day. Abortion occurred at doses ≥ 0.24 mcg/kg/day latanoprostene bunod (0.28 times the clinical dose, on a body surface area basis, assuming 100% absorption). Embryofetal lethality (resorption) was increased in latanoprostene bunod treatment groups, as evidenced by increases in early resorptions at doses ≥ 0.24 mcg/kg/day and late resorptions at doses ≥ 0.6 mcg/kg/day (approximately 7 times the clinical dose). No fetuses survived in any rabbit pregnancy at doses of 20 mcg/kg/day (23 times the clinical dose) or greater. Latanoprostene bunod produced structural abnormalities at doses ≥ 0.24 mcg/kg/day (0.28 times the clinical dose). Malformations included anomalies of sternum, coarctation of the aorta with pulmonary trunk dilatation, retroesophageal subclavian artery with absent brachiocephalic artery, domed head, forepaw hypoplasia and hindlimb malrotation, abdominal distension/edema, and missing/tused caudal vertebrae.

An embryofetal study was conducted in pregnant rats administered latanoprostene bunod daily by intravenous injection on gestation days 7 through 17, to target the period of organogenesis. The doses administered ranged from 150 to 1500 mcg/kg/day. Maternal toxicity was produced at 1500 mcg/kg/day (870 times the clinical dose, on a body surface area basis, assuming 100% absorption), as evidenced by reduced maternal weight gain. Embryofetal lethality (resorption and fetal death) and structural anomalies were produced at doses ≥ 300 mcg/kg/day (174 times the clinical dose). Malformations included anomalies of the sternum, domed head, forepaw hypoplasia and hindlimb malrotation, vertebral anomalies and delayed ossification of distal limb bones. A no observed adverse effect level (NOAEL) was established at 150 mcg/kg/day (87 times the clinical dose) in this study.

8.2 Lactation

Risk Summary

There are no data on the presence of VYZULTA in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for VYZULTA, and any potential adverse effects on the breastfed infant from VYZULTA.

8.4 Pediatric Use

Use in pediatric patients aged 16 years and younger is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

8.5 Geriatric Use

No overall clinical differences in safety or effectiveness have been observed between elderly and other adult patients.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Latanoprostene bunod was not mutagenic in bacteria and did not induce micronuclei formation in in vivo rat bone marrow micronucleus assay. Chromosomal aberrations were observed in vitro with human lymphocytes in the absence of metabolic activation. Latanoprostene bunod has not been tested for carcinogenic activity in long-term animal studies. Latanoprost acid is a main metabolite of latanoprostene bunod. Exposure of rats and mice to latanoprost acid, resulting from oral dosing with latanoprost in lifetime rodent bioassays, was not carcinogenic.

Fertility studies have not been conducted with latanoprostene bunod. The potential to impact fertility can be partially characterized by exposure to latanoprost acid, a common metabolite of both latanoprostene bunod and latanoprost. Latanoprost acid has not been found to have any effect on male or female fertility in animal studies.

13.2 Animal Toxicology and/or Pharmacology

A 9-month toxicity study administered topical ophthalmic doses of latanoprostene bunod to one eye of cynomolgus monkeys: control (vehicle only), one drop of 0.024% bid, one drop of 0.04% bid and two drops of 0.04% per dose, bid. The systemic exposures are equivalent to 4.2-fold, 7.9-fold, and 13.5-fold the clinical dose, respectively, on a body surface area basis (assuming 100% absorption). Microscopic evaluation of the lungs after 9 months observed pleural/subpleural chronic fibrosis/inflammation in the 0.04% dose male groups, with increasing incidence and severity compared to controls. Lung toxicity was not observed at the 0.024% dose.

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Valeant Pharmaceuticals North America LLC

Bridgewater, NJ 08807 USA

U.S. Patent Numbers: 6,211,233; 7,273,946; 7,629,345; 7,910,767; 8,058,467

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Based on 9464800 11/2017 VYZ.0055.USA.16 issued: 11/2017
AGENDA

7:00-8:00 a.m.  Continental Breakfast with Exhibitors

AGS/ASCRS JOINT SYMPOSIUM: OPTIMIZING SURGICAL OUTCOMES OF CATARACT SURGERY IN THE COMPLEX GLAUCOMA PATIENT
8:00 a.m.-9:05 a.m. Moderators: Leon W. Herndon, MD, JoAnn A. Giaconi, MD
8:00 a.m. Welcome
Douglas J. Rhee, MD
8:03-8:11 a.m.  Cataract Surgery in the Glaucoma Patient: A Rock-Hard Case
Garry P. Condon, MD
8:11-8:19 a.m.   Cataract Surgery in the PXF Glaucoma Patient: My Surgical Toolkit
Amy D. Zhang, MD
8:19-8:27 a.m.  Cataract Surgery in the Hypotonous Glaucoma Patient: Preoperative, Intraoperative, and Postoperative Considerations
Anup K. Khatana, MD
8:27-8:35 a.m.  Cataract Surgery in the Uveitic Glaucoma Patient: Tips for Success
Mark A. Werner, MD
8:35-8:43 a.m.  Cataract Surgery of the Chronic Angle Closure Glaucoma Patient: Different Techniques for Different Stages
Reay H. Brown, MD
8:43-9:05 a.m.  Cataract Surgery in the Advanced Glaucoma Patient: Minimizing Vision Loss
Sameh Mosaed, MD

GLAUKOMTECKEN: PRACTICAL TECH FOR THE MODERN OPHTHALMOLOGIST
9:05-10:20 a.m. Moderators: Nathan M. Radcliffe, MD and Brian A. Francis, MD
OCT: Which Tek is Best?
Vikas Chopra, MD
Sarah H. Van Tassel, MD
Linda Zangwill, MD
HVF: Getting Confrontational about Visual Fields
Review of Mild/Moderate/Severe VF Criteria Using Humphrey - Brian A. Francis, MD
Octopus - Jonathan S. Myers, MD
Macular Integrity Assessment Microperimeter System - Ike K. Ahmed, MD
Confrontational Visual Fields - Douglas J. Rhee, MD and Ike K. Ahmed, MD

bLeading Edge of Technology
Corneal Biomechanics - James D. Brandt, MD
ECC Measurements - Nathan M. Radcliffe, MD
Home IOP Monitoring: How to Integrate into Your Practice - Kuldev Singh, MD
Lowering IOP with a Cell Phone - Brian A. Francis, MD
Weeding Out Glaucoma Treatments - Anurag Shrivastava, MD

10:20-10:40 a.m. Break with Exhibitors

INTERNATIONAL GUEST SPEAKER
HELEN V. DANESH-MEYER, MD, PhD
The Optic Nerve: Challenging Dogma
10:40-10:55 a.m

MEDICATIONS AND LASERS: PRACTICAL CONCEPTS FOR ENHANCING GLAUCOMA CARE
10:55-12:00 p.m. Moderators: Jacob W. Brubaker, MD, and Robert J. Noecker, MD
Part I: Medications
Glaucoma Wars: New Hope Medication Protocol/Decision Tree 2019
Jason Bacharach, MD
Won't You Be My Neighbor? Point-Counter-Point: Use of Compounding Medications
Inder P. Singh, MD
Jacob W. Brubaker, MD
Land Before Time: Navigating Prior Authorizations and Formularies
Greg Katz, MD

Part II: Lasers
Laserblast: What's Your Patient Satisfaction Rate? How to Talk to Patients and Set Expectations with SLT
Larissa Camejo, MD
Guardians of the Galaxy: Point-Counter-Point: Use of TSCPC in Mild-to-Moderate Glaucoma as a First Surgical Option
Robert J. Noecker, MD
Marlene R. Moster, MD
### ASCRS GLAUCOMA DAY
#### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tr>
<td>12:00 Noon</td>
<td>Lunch with Exhibitors</td>
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<tr>
<td>12:10-12:15 p.m.</td>
<td>Government Relations Speaker</td>
<td>Parag Parekh, MD</td>
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<tr>
<td>12:20-12:45 p.m.</td>
<td>Café Style Discussion – Garry P. Condon, MD, Reay Brown, MD</td>
<td>Garry P. Condon, MD, Reay Brown, MD</td>
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<tr>
<td>12:45-1:20 p.m.</td>
<td>The 2019 Stephen A. Obstbaum, MD, Honored Lecture</td>
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<tr>
<td>12:55-3:10 p.m.</td>
<td>Personalizing the Surgical Management of Glaucoma in the MIGS Era</td>
<td>Steven R. Sarkisian, Jr., MD, Paul J. Harasymowycz, Inder Paul Singh, MD</td>
</tr>
<tr>
<td>2:55-3:10 p.m.</td>
<td>Break with Exhibitors</td>
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**12:00 Noon-12:45 pm**  
Lunch with Exhibitors

**GOVERNMENT RELATIONS SPEAKER**

**Parag Parekh, MD**

12:10-12:15 p.m.  
Café Style Discussion – Garry P. Condon, MD, Reay Brown, MD

**THE 2019 STEPHEN A. OBSTBAUM, MD, HONORED LECTURE**

12:45-1:20 pm  
Making Lives Better, Millions at a Time: Lessons in Eyecare from the Developing World  
Alan L. Robin, MD

**SURGICAL GLAUCOMA SPOTLIGHT**

1:20-2:55 p.m.  
Personalizing the Surgical Management of Glaucoma in the MIGS Era

Part I: Finding Your Way Through the MIGS Maze: A Personalized, Case-Based Approach & Panel Discussion

Moderators: Steven R. Sarkisian, Jr., MD and Paul J. Harasymowycz, MD

Panelists: Inder Paul Singh, MD, Arsham Sheybani, MD, Steven D. Vold, MD, Ike K. Ahmed, MD

1:20-1:21 p.m.  
Introduction  
Steven R. Sarkisian, Jr., MD

1:21-1:31 p.m.  
What’s Happening in “MIGS Land?”  
Paul J. Harasymowycz, MD

1:31-1:45 p.m.  
MIGS Potpourri  
Steven R. Sarkisian, Jr., MD

1:45-1:52 p.m.  
How I’ve Incorporated the New Trabecular Micro-Bypass Stents into My Practice  
Inder Paul Singh, MD

1:52-1:59 p.m.  
How I’ve Incorporated the New Subconjunctival Stenting Procedures into My Practice  
Arsham Sheybani, MD

1:59-2:05 p.m.  
Panel Discussion

Part II—1 Thought This Was Supposed to Be Easy: A Compilation of MIGS Fails and How We Fixed Them

Moderators: Ike K. Ahmed, MD and Steven D. Vold, MD

Panelists: Steven R. Sarkisian, Jr., MD, Paul J. Harasymowycz, MD, Ike K. Ahmed, MD, Thomas W. Samuelson, MD

2:05-2:07 p.m.  
Introduction  
Ike K. Ahmed, MD

2:07-2:15 p.m.  
Trabecular Micro-Bypass Stent Challenges  
Ike K. Ahmed, MD

2:15-2:23 p.m.  
Trabecular Micro-Bypass Stent Inject System Challenges  
Thomas W. Samuelson, MD

2:23-2:31 p.m.  
CyPass Micro-Stent Removal/Trimming  
Steven D. Vold, MD

2:31-2:39 p.m.  
Navigating Complications with the Schlemm’s Canal Scaffold Microstent  
Brian Flowers, MD

2:39-2:47 p.m.  
Zen and the Art of XEN Management  
George Tanaka, MD

2:47-2:55 p.m.  
The Inside Track on Canal Spelunking (Ab interno Canaloplasty and Canaloplasty with Trabeculotomy)  
Mark Gallardo, MD

**2:55-3:10 pm Break with Exhibitors**

**GFC DEBATE RE-MATCH 2019: DOUGLAS J. RHEE, MD VS. IKE K. AHMED, MD**

3:10-3:30 pm  
Referee: Steven R. Sarkisian, Jr., MD

**10TH ANNUAL COMPLICATIONS AND A “REAY OF HOPE” VIDEO CASE PRESENTATIONS**

3:30-4:30 pm  
Moderators: Thomas D. Patrianakos, MD, Reay Brown, MD  
Panelists: Garry Condon, MD, and Nathan M. Radcliffe, MD

Experts will address a variety of common and not-so-common complications and compete for the Reay of Hope Award for the “best worst” complication.

- Xen, Not Always so Zen  
  Georges M. Durr, MD

- Reviving an Old Bleb While Improving Vision: Microinterventional Microfilament Loop Device + Toric IOL + Bleb revision  
  Luis Silva, MD

- #iStent Fails Redux  
  Manjool Shah, MD

- Blinded by the Light  
  Shakeel Shareef, MD

- Blood in My Eye  
  Avner Belkin, MD

- Voting and “Reay of Hope” Award  
  Adjourn

Subspecialty Day Final Program | 23
FACULTY

PROGRAM COMMITTEE

Douglas J. Rhee, MD – Chair
Professor of Ophthalmology
Department of Ophthalmology and Visual Sciences
Case Western Reserve University School of Medicine
Cleveland, Ohio

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Glaucoma & Anterior Segment Surgery Fellowship
Research Director, Kensington Eye Institute
University of Toronto
Clinical Professor, University of Utah
Medical Director, GoEyeCare
Co-Medical Director, TLC Mississauga
Mississauga, Toronto, Ontario, Canada

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Sacramento, California

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Dean McGee Eye Institute
Oklahoma City, Oklahoma

Steven D. Vold, MD
Vold Vision
Fayetteville, Arkansas

Amy D. Zhang, MD
University of Michigan
Northville, MI

2019 STEPHEN A. OBSTBAUM, MD HONORED LECTURER
Alan L. Robin, MD
Professor, Ophthalmology, University of Michigan
Associate Professor, Ophthalmology and International Health,
Johns Hopkins University
Baltimore, Maryland

2019 INTERNATIONAL GUEST LECTURER
Helen V. Danesh-Meyer, MD, PhD
Head of Academic Glaucoma and Neuro-ophthalmology
Sir William and Lady Stevenson Professor of Ophthalmology
Department of Ophthalmology, University of Auckland
New Zealand
FACULTY

Jason Bacharach, MD
Petaluma, California

Avner Belkin, MD
Toronto, Canada

James D. Brandt, MD
Sacramento, California

Reay H. Brown, MD
Atlanta, Georgia

Larissa Camejo, MD
Jupiter, Florida

Vikas Chopra, MD
Pasadena, California

Garry P. Condon, MD
Sarasota, Florida

Georges Durr, MD
University of Toronto

Brian Flowers, MD
Fort Worth, Texas

Mark Gallardo, MD
El Paso, Texas

JoAnn A. Giaconi, MD
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Gregory Katz, MD
Franklin, Michigan

Anup K. Khatana, MD
Cincinnati, Ohio

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Mississauga, Ontario, Canada

Mark A. Werner, MD
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Sarah H. Van Tassel, MD
New York, New York

Linda Zangwill, MD
San Diego, California
The ASCRS Glaucoma Clinical Committee (CC) was first formed in 1997 with only four members. Glaucoma programming was minimal at the ASCRS Annual Symposium and the committee set itself a goal of increasing glaucoma awareness among the membership. Lead by Chairman Brad Shingleton and initial members Alan Crandall, Alan Robin, and Murray Johnstone, the Glaucoma CC began by conducting the first of five annual glaucoma practice pattern surveys that reported on ASCRS member uses of medications, lasers, and surgery in the treatment of their glaucoma patients. Responses were high, and the surveys were published each year in the Journal of Cataract and Refractive Surgery and EyeWorld magazine. More importantly, they revealed a much deeper interest in glaucoma than was originally believed and supported the need for expanded glaucoma programming at the ASCRS Annual Symposium.

ASCRS Glaucoma Day 2005 was the society’s first attempt at a full-day glaucoma educational program. Lead by program chairs Brad Shingleton, Robert Fechtner, Jeffrey Liebmann, and Stephen Obstaubm, the first Glaucoma Day drew 245 attendees and featured sections on Risk Assessment and Pearls of the Glaucoma Surgeon. Robert Weinreb gave the first guest lecture, The Glaucoma Continuum, which would later be renamed in honor of former ASCRS President and long-time Journal editor and glaucoma leader, Stephen Obstaubm.

In the years that followed, ASCRS Glaucoma Day became an accepted part of the Annual Meeting program. Attendance grew each year and the Clinical Committee members continually refined the program to meet the attendees’ needs. Under Brad Shingleton’s important early direction, a section addressing Surgical Innovations was added. When Reay Brown, MD, assumed the chairmanship of the Clinical Committee in 2005, he developed a Business of Glaucoma component that included coding, patient management, and office efficiency. Glaucoma Day attendance surpassed 400 in 2008, when attendees turned out to hear Ike Ahmed and Doug Rhee discuss diagnostic testing, and Barb Smit and Rick Lewis debate Trabeculectomy versus the New Contenders. A surgical video complications section was also added in 2008 under Garry Condon’s leadership, and proved so popular that it remains a part of the program today.

In 2009, Thomas Samuelson succeeded Reay Brown as committee chairman, and Sam Masket delivered the first “cataract crossover” talk on presbyopia-correcting IOL in glaucoma. The Reay of Hope Award added a humorous note to the surgical videos section and Marlene Moster took home the inaugural trophy for the best presentation of the worst complication. A year later before an audience of 540, George Spaeth gave an inspirational talk on the ten best things he’d learned in his long career, and Murray Johnstone’s, Obstaubm Lecture highlighted his nine-year quest to acquire, protect and license a patent for the cosmetic use of a glaucoma drug.

In 2011, the ASCRS Glaucoma Clinical Committee adopted the tag line “Glaucoma in a Cataract and Refractive Context,” which clearly describes its goal of presenting glaucoma education that’s both practical and meaningful for the ASCRS member. High points included Reay Brown’s delivery of his “Exploring the Adjacent Possible” Obstaubm Lecture and Richard Lindstrom’s early descriptions of Femtosecond Laser Refractive Cataract Surgery. 2012 saw the first ever joint symposium with the American Glaucoma Society, and a Cornea Crossover talk by Terry Kim. The fascinating videos of Robert Stegmann were a highlight of his Obstaubm Lecture, which carries the provocative title, The Time Has Come the Walrus Said … Glaucoma Can Be Cured.

In 2014 Douglas Rhee took the helm as committee chair, and, along with his program team, strung together back-to-back Glaucoma Day programs that broke all previous attendance records. In 2017, Keith Barton was chosen as the International Guest Speaker. His talk, MIGS…For a Few Dollars More, preceded that of 2017 Obstaubm Lecturer, Marlene Moster who spoke on The Holy Grail: Monitoring IOL 24/7.

Last year, Steven Vold was selected to give the Obstaubm Lecture and spoke on Epic Glaucoma Care: The 20/20 Experience, while Tarek Shaarawy offered the international perspective with his presentation, Patient-Oriented Outcomes. Round Two of the mixed-martial arts-themed debate had Doug Rhee and Ike Ahmed argue opposite sides of Is Trabeculectomy Dead? All manner of personal and professional insults where weathered by both combatants before audience voting declared Rhee the 2018 champion. Don’t miss Round Three in San Diego!

The Glaucoma Programming and Clinical Committee worked hard to develop exciting, entertaining and useful glaucoma education geared specifically for the ASCRS member. We look forward to your comments.
ALAN L. ROBIN, MD

Dr. Alan L. Robin has been a pioneer and innovator in both medicine and public health as well as a recognized humanitarian. As a private practitioner he has faculty appointments at both the University of Michigan as well as both the departments of Ophthalmology at the school of Medicine and international health at the Bloomberg School of Public Health, at Johns Hopkins University.

While in private clinical practice, Dr. Robin has been recognized as a leading global researcher in glaucoma, developing novel laser therapies, medical therapies, researching adherence, and serving as part of a team which discovered a new gene for glaucoma. He was the first to prove that extracapsular cataract surgery, with the placement of intraocular lens, was possible in the developing world. Dr. Robin’s development of the ND:YAG laser for treatment of angle closure has revolutionized the treatment of this blinding disease from a procedure requiring intraocular surgery in an operating room, with definite risks, into a brief in-office, minimal risk procedure.

Dr. Robin was also the first to develop and facilitate the approval of the class of alpha-agonists into ophthalmology for the treatment of glaucoma. This class of eye drops was the first to retard the development of postoperative intraocular pressure spikes following laser procedures for glaucoma and capsulotomies.

Additionally, Dr. Robin is working on research on TBK1 duplication, a genetic cause of the visual disability in tens of thousands of people with glaucoma. He is currently collaborating in stem cell research to discover novel therapies for vision restoration.

He has served as an advisor to many international companies and organizations including ORBIS, International Eye Foundation, and Aravind Eye Foundation. He is a charter member of the American Glaucoma Society. He has established a non-profit, the Right to Vision Charitable Trust, dedicated to the elimination of needless blindness around the world, particularly in some of the poorest countries. He has received the Outstanding Humanitarian awards both from the American Academy of Ophthalmology and the American Glaucoma society. The Aravind Eye Care system (the largest eye care system in the world) has awarded him the second Venkatasway Oration Award, and the State of Maryland gave him the Maryland Health Care Hero Award. He was also the first international scholar in residence at the Kellogg Eye Institute, University of Michigan.

Dr. Robin founded the glaucoma department at the Aravind Eye Care System (Madurai India) that now sees over 4.5 million patients annually as well as performing close to 500,000 eye surgeries per year, with over one half treated either free or deeply subsidized. He is a board member of the Aravind Eye Foundation. He is instrumental in the free exchange of ideas transfer of skills and ideas between Southern Asia and the West.

He has authored or coauthored over 20 text books and almost 250 peer reviewed scientific publications. He has given named lectures in most continents and received numerous awards.

Alan has left clinical practice and is the first Executive Vice President of the American Glaucoma Society and is a consultant to Google Artificial Intelligence.
2018
Steven D. Vold, MD
Epic Glaucoma Care: The 20/20 Experience

2017
Marlene R. Moster, MD
The Holy Grail: Monitoring IOP 24/7

2016
Ronald L. Fellman, MD
Canal Surgery: The Big Easy or Po-Boys

2015
Barbara A. Smit, MD, PhD
Sclemm’s Canal Surgery: the Holy Grail or Mission Impossible?

2014
Thomas W. Samuelson, MD
Glaucoma Management in the “Post-Renaissance” Era

2013
Garry P. Condon, MD
Pseudoexfoliation: My Life as a “Zonulist”—What We Know, Don’t Know, and Shouldn’t Show

2012
Robert Stegmann, MD
The Time Has Come the Walrus Said…To Cure Glaucoma

2011
Reay H. Brown, MD
Innovation in Glaucoma Surgery: Exploring the Adjacent Possible

2010
Murray A. Johnstone, MD
How a Glaucoma Surgeon Revolutionized the Cosmetic Industry

2009
Richard A. Lewis, MD
What Goes Around, Comes Around: Clinical Research in Private Practice

2008
Alan S. Crandall, MD
The 30-Year Journey: Combined Glaucoma from ICCE to 2.2mm

2007
Bradford J. Shingleton, MD
Pseudoexfoliation and Phacoemulsification in 1,000 Patients: A Single Surgeon Series

2006
Peng T. Khaw, PhD, FRCP, FRCS, FRCOphth, FI Biol, FRCPath, FMedSCI
Advances in Filtration Surgery

2005
Robert Weinreb, MD
The Glaucoma Continuum

REAY OF HOPE AWARD WINNERS

2018
Shakeel Shareef, MD

2017
Elma E. Chang, MD

2016
Matthew B. Schlenker, MD

2015
Manjool Shah, MD

2014
Ahmad Aref, MD

2013
Douglas J. Rhee, MD

2012
Ike K. Ahmed, MD

2011
Steven D. Vold, MD

2010
Steven J. Gedde, MD

2009
Marlene R. Moster, MD
ASCRS gratefully acknowledges the unrestricted educational grants received in support of this program from:

Aerie Pharmaceuticals, Inc.
Allergan plc
Carl Zeiss Meditec
Glaukos Corporation
Heidelberg Engineering, Inc.
Santen
CONTINUING MEDICAL EDUCATION

TARGET AUDIENCE
Practicing ophthalmologists who care for patients with glaucoma and related disorders.

EDUCATIONAL OBJECTIVES

• Effectively evaluate current and new diagnostic testing modalities to assist in the early diagnosis of the glaucoma patient and glaucoma suspect as well as disease progression.

• Make treatment decisions using evidence-based recommendations regarding the use of medical and laser therapies for the treatment of glaucoma.

• Evaluate best phacoemulsification treatment options and considerations for patients with complex, pre-existing and advance glaucoma.

• Compare recent and emerging microinvasive glaucoma surgical (MIGS) options.

• Integrate pearls to improve glaucoma surgical outcomes.

• Implement strategies to manage glaucoma surgical challenges.

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* Employee is defined as someone who receives a W-2 from a company.
### ASCRS GLAUCOMA DAY

#### FINANCIAL INTEREST INDEX

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ACHIEVE
ADVANCED TECHNIQUES ON ANTERIOR SEGMENT RECONSTRUCTION

8:00-9:25 a.m. | Upper Level, Room 20D
Moderators: Brandon D. Ayres, MD; W. Barry Lee, MD

8:00 a.m. Welcoming Remarks
8:05 a.m. Iris Repair
Gregory S. Ogawa, MD
8:12 a.m. Artificial Iris
Michael Snyder, MD
8:19 a.m. Suture Fixated IOLs
Nicole R. Fram, MD
8:26 a.m. IOL Exchange
Jeremy Z. Kieval, MD, ABO
8:33 a.m. AC IOL Technique
Kristin M. Hammersmith, MD
8:40 a.m. Capsular Stabilization
Sumitra S. Khandelwal, MD
8:47 a.m. Yamane Technique
Shin Yamane, MD, PhD
8:54 a.m. Glued IOLs
Ashvin Agarwal, MD
9:01 a.m. Complications of Scleral Fixated IOLs
Sumit Garg, MD
9:11 a.m. Panel Discussion
9:25 a.m. Break in Exhibit Hall

CORNEAL/LAMELLAR OR TRANSPLANT SURGERY

9:50-11:40 a.m. | Upper Level, Room 20D
Moderators: Sophie Deng, MD, ABO; Jose Gomes, MD, PhD

9:50 a.m. Introductory Remarks

9:55-10:01 a.m. Anterior Lamellar
Applying Corneal Anatomy Concepts to my ALK Technique
Sadeer Hannush, MD

10:01-10:07 a.m. How Can I Make the Big Bubble Easier?
Ramon Ghanem, MD

10:07-10:13 a.m. Innovations: DALK with Femtosecond Laser and OCT
Marjan Farid, MD

10:13-10:19 a.m. To Convert or not to Convert: That is the Question
Vincenzo Saracena, MD

10:19-10:25 a.m. Panel Discussion

10:27-10:39 a.m. Video Competition: The bad, the ugly and the unbearable
Sonia Yoo, MD Shigeto Shimmura, MD
Jennifer Li, MD Luigi Fontana, MD
Samir Al Swailem, MD Rajesh Fogla, MD

10:39-10:47 a.m. Panel Discussion

10:47-10:49 a.m. ARS Audience Voting

10:50-10:56 a.m. The Battle Between UT-DSEK and DMEK Goes On
Clara Chan, MD

10:56-11:02 a.m. Indications of DMEK: Pushing the Limits
Nicolas Pereira, MD

11:02-11:08 a.m. Descemet Stripping: Who is the Best Candidate?
Deepinder Dhaliwal, MD

11:08-11:14 a.m. Cataract Surgery in Fuchs Endothelial Dystrophy: When and What to Avoid
Natalie Afshari, MD

11:14-11:20 a.m. Panel Discussion

11:22-11:32 a.m. Video Competition: The bad, the ugly and the unbearable
Jose Guell, MD Theofilos Tourtas, MD
Matt Feng, MD Mark Terry, MD

11:32-11:38 a.m. Panel Discussion

11:38-11:40 a.m. ARS Audience Voting

11:40 a.m. Lunch in Exhibit Hall
ASCRS CORNEA DAY
AGENDA

PREPARING THE OCULAR SURFACE FOR CATARACT SURGERY
ON DEMAND

12:40-2:10 p.m. | Upper Level, Room 20D
Moderators: Kathryn Colby, MD; Preeya K. Gupta, MD

12:40 p.m. Introductory Remarks

12:45 p.m. Management of Corneal Lesions That Impact IOL Calculations
Terry Kim, MD

12:55 p.m. Preferred Pterygium Removal Techniques
Neel R. Desai, MD, ABO

1:05 p.m. Panel Discussion

1:15 p.m. Deciphering OSD Algorithms
Christopher E. Starr, MD

1:22 p.m. Managing Preoperative DED and MGD
Jessica B. Ciralsky, MD

1:29 p.m. Panel Discussion

1:36 p.m. Cataract Surgery in the Cloudy Cornea
Zaina Al-Mohtaseb, MD

1:43 p.m. History of HSV in the Cataract Surgery Patient: What Should I Do?
Helen K. Wu, MD, ABO

1:50 p.m. Cataract Surgery in Inflammatory Disorders
Nisha Acharya, MD

2:00 p.m. Panel Discussion

2:10 p.m. Break in Exhibit Hall

CONTROVERSIES AND COMPLICATIONS
ON DEMAND

2:45-4:30 p.m. | Upper Level, Room 20D
Moderators: Kenneth Beckman, MD; Vishal Jhanji, MD

2:45 p.m. Introductory Remarks

2:50 p.m. Defining Progression in Keratoconus
Michael W. Belin, MD, ABO

3:00 p.m. Defining Progression in Keratoconus
William B. Trattler, MD, ABO

3:10 p.m. Premium IOLs in Keratoconus: Why Do I Prefer Them?
George O. Waring IV, MD, FACS

3:20 p.m. Premium IOLs in Keratoconus: Why I Don’t like Them
Karolinnne M. Rocha, MD, PhD

3:30 p.m. Persistent Epithelial Defects: Medical Management
Marian S. Macsai, MD

3:40 p.m. Persistent Epithelial Defects: Surgical Management
Elizabeth Yeu, MD

3:50 p.m. When Crosslinking Is Urgent
Kathryn M. Hatch, MD

4:00 p.m. Crosslinking Complications
Audrey R. Talley Rostov, MD

4:10 p.m. Panel Discussion

4:30 p.m. Concluding Remarks
ASCRS CORNEA DAY
FACULTY & SPEAKERS

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Elmer Tu, MD (Cornea Society)

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Kenneth Beckman, MD (ASCRS)
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Sophie Deng, MD (Cornea Society)
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ASCRS and the Cornea Society gratefully acknowledge the unrestricted educational grants received in support of this program from:

Alcon
Allergan plc
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Carl Zeiss Meditec
CorneaGen
Shire
Sun Pharmaceutical Industries, Inc.
CONTINUING MEDICAL EDUCATION

TARGET AUDIENCE
Practicing ophthalmologists who care for patients with corneal-related conditions.

EDUCATIONAL OBJECTIVES
• Evaluate how to integrate crosslinking into practice.
• Compare and contrast modalities for ocular surface reconstruction.
• Implement strategies to identify and efficiently manage patients with ocular surface disease/dry eye disease preoperatively.
• Compare and contrast new advances in dry eye disease.
• Incorporate methods and pearls to successfully perform anterior segment surgery with concurrent corneal disease.
• Implement strategies to transition from DSAEK to DMEK.
• Analyze the indications and surgical techniques for newer forms of lamellar keratoplasty

ACCREDITATION STATEMENT
The American Society of Cataract and Refractive Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASCRS takes responsibility for the content, quality and scientific integrity of the CME activity.

DESIGNATION STATEMENT
The American Society of Cataract and Refractive Surgery designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

All CME activities approved for AMA PRA Category 1 Credits™ are valid for recognition by the European Accreditation Council for Continuing Medical Education (EACCME). Physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA Category 1 Credits™.

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ASCRS considers presenting authors, not co-authors, to be in control of the educational content. As a professional courtesy, ASCRS acknowledges co-authors and all people contributing to the research, regardless of CME control of the live presentation of that content. Though they are acknowledged, co-authors do not have control of the CME content and their disclosures are not published or resolved.

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Computers with internet access will be available onsite so attendees can evaluate the 2019 Cornea Day Program online through the Claim CME/CE Credit Stations. When the evaluation is complete, a copy of the certificate for continuing education credits/hours for that day can be printed. If attendees do not complete the evaluation during the meeting, they will have the opportunity to complete them at home.

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The ASCRS Annual Meeting may include presentations on drugs or devices or uses of drugs or devices that may not have been approved by the Food and Drug Administration (FDA) or have been approved by the FDA for specific uses only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he or she wishes to use in clinical practice.

ASCRS is committed to the free exchange of medical education. Inclusion of any presentation in this program, including presentations of off-label uses, does not imply an endorsement by ASCRS of the uses, products or techniques presented.
**FINANCIAL INTEREST INDEX**

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The intent of this disclosure is to provide the Program Committee with information, so they can design and implement a balanced, independent, and scientific educational activity. This financial Interest Index Program provides information to attendees, so they can make their own judgement regarding the interest or relationship and the materials presented.

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<td>Product</td>
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<td>I earn royalty or derive other financial gain from an ophthalmic product or service.</td>
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<tr>
<td>Investor</td>
<td>R</td>
<td>I have an investment interest in a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
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<td>I receive a retainer, ad hoc fees, or other consulting income from a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
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INDICATION FOR USE. The iStent inject® Trabecular Micro-Bypass System Model G2-M-IS is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma.

CONTRAINDICATIONS. The iStent inject is contraindicated in eyes with angle-closure glaucoma, traumatic, malignant, uveitic, or neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrobulbar tumor, thyroid eye disease, or Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure.

WARNINGS. Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, neovascularization, or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard. MRI INFORMATION. The iStent inject is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details.

PRECAUTIONS. The surgeon should monitor the patient postoperatively for proper maintenance of IOP. The safety and effectiveness of the iStent inject have not been established as an alternative to the primary treatment of glaucoma with medications, in children, in eyes with significant prior trauma, abnormal anterior segment, chronic inflammation, prior glaucoma surgery except SLT performed > 90 days preoperative, glaucoma associated with vascular disorders, pseudophakic, pigmented or other secondary open-angle glaucomas, pseudophakic eyes, phakic eyes without concomitant cataract surgery or with complicated cataract surgery, eyes with medicated IOP > 24 mmHg or unmedicated IOP < 21 mmHg or > 36 mmHg, or for implantation of more or less than two stents.

ADVERSE EVENTS. Common postoperative adverse events reported in the randomized pivotal trial included stent obstruction (6.2%), intraocular inflammation (5.7% for iStent inject vs. 4.2% for cataract surgery only), secondary surgical intervention (5.4% vs. 5.0%) and BVCVA loss ≥ 2 lines ≥ 3 months (2.6% vs. 4.2%). CAUTION: Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

ASCRS SUBSPECIALTY DAY 2019

FRIDAY MAY 3, 2019
7:00 a.m.–4:00 p.m.

Sails Pavilion, Upper Level, SDCC

This map is current as of March 30, 2019.
# EXHIBITOR DIRECTORY
**FRIDAY, MAY 3 | 7:00 A.M. – 4:00 P.M.**

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<td>STAAR Surgical</td>
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<td>Vision Share</td>
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REFERENCES

AcrySof® IQ ReSTOR® Family of Multifocal IOLs Important Product Information

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician. INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Multifocal IOLs include AcrySof® IQ ReSTOR® and AcrySof® ReSTOR® Toric and are intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. In addition, the AcrySof® IQ ReSTOR® Toric IOL is intended to correct pre-existing astigmatism. The lenses are intended to be placed in the capsular bag. WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling for each IOL. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery. The ReSTOR® Toric IOL should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. A reduction in contrast sensitivity may occur in low light conditions. Visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. Spectacle independence rates vary; some patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO), when present, may develop earlier into clinically significant PCO with multifocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs. Do not resterilize; do not store over 45°C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions. ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.
THE STARS HAVE ALIGNED. DISTANCE AND STABILITY.

ACTIVEFOCUS™ Optical Design:

Only one presbyopia-correcting IOL design delivers a full range of vision with uncompromised distance and unrivaled stability.

Please see next page for Important Product Information and supporting references.