EyeNet MAGAZINE

A TOOL FOR NAVIGATING THE EXHIBIT HALL

Guide to Academy Exhibitors

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

AAO·APAO
CHICAGO
2012
NOVEMBER 10–13

EXHIBITION HOURS

Location: South Building, Level 3, Hall A

Sat. Nov. 10 . . . . . 9 a.m. to 5 p.m.
Sun. Nov. 11 . . . . . 9 a.m. to 5 p.m.
Mon. Nov. 12. . . . . 9 a.m. to 5 p.m.
Tues. Nov.13 . . . . . 9 a.m. to 3 p.m.

REGISTRATION LOCATION AND HOURS

Location: South Building, Level 3, Hall A

Thurs. Nov. 8. . . . . .4 to 6 p.m.
Fri. Nov. 9. . . . . 7 a.m. to 5 p.m.
Sat. Nov. 10 . . . . . 7 a.m. to 5 p.m.
Sun. Nov. 11 . . . . . 8 a.m. to 5 p.m.
Mon. Nov. 12. . . . . 8 a.m. to 5 p.m.
Tues. Nov. 13. . . . . 8 a.m. to 3 p.m.

SHUTTLE HOURS

Fri. Nov. 9 . . . . . 6:30 to 9:30 a.m. and 3 to 6 p.m.
Sat. Nov. 10 . . . . 6:30 a.m. to 6:30 p.m.
Sun. Nov. 11 . . . . 6:30 a.m. to 6:30 p.m.
Mon. Nov. 12. . . . 6:30 a.m. to 6:30 p.m.
Tues. Nov. 13 . . . . . 6:30 a.m. to 6 p.m.

During peak hours *shuttles will run every 10 to 15 minutes.*

During non-peak hours *shuttles will run every 20 to 25 minutes.*

More details are available on pages 23 and 24 of the Pocket Guide.

SUBSPECIALTY DAY LOCATIONS AND HOURS

Cornea
Grand Ballroom, S100ab
Sat. Nov. 10 . . . . . 8 a.m. to 5:30 p.m.

Glaucoma
E354
Sat. Nov. 10 . . . . . 8 a.m. to 5:30 p.m.

Oculofacial Plastic Surgery
Vista Room S406a
Sat. Nov. 10 . . . . . 8 a.m. to 5:17 p.m.

Pediatric Ophthalmology
Grand Ballroom S100c
Sat. Nov. 10 . . . . . 8 a.m. to 5:15 p.m.

Refractive Surgery
North Hall B (Sections I-X, Fri. and Sat.)
Grand Ballroom S100ab (Free Papers, Fri. Only)
Fri. Nov. 9. . . . . 8 a.m. to 7:30 p.m.
Sat. Nov. 10 . . . . . 8 a.m. to 5:24 p.m.

Retina
Arie Crown Theater
Fri. Nov. 9. . . . . 8 a.m. to 5:04 p.m.
Sat. Nov. 10 . . . . . 8 a.m. to 5:22 p.m.

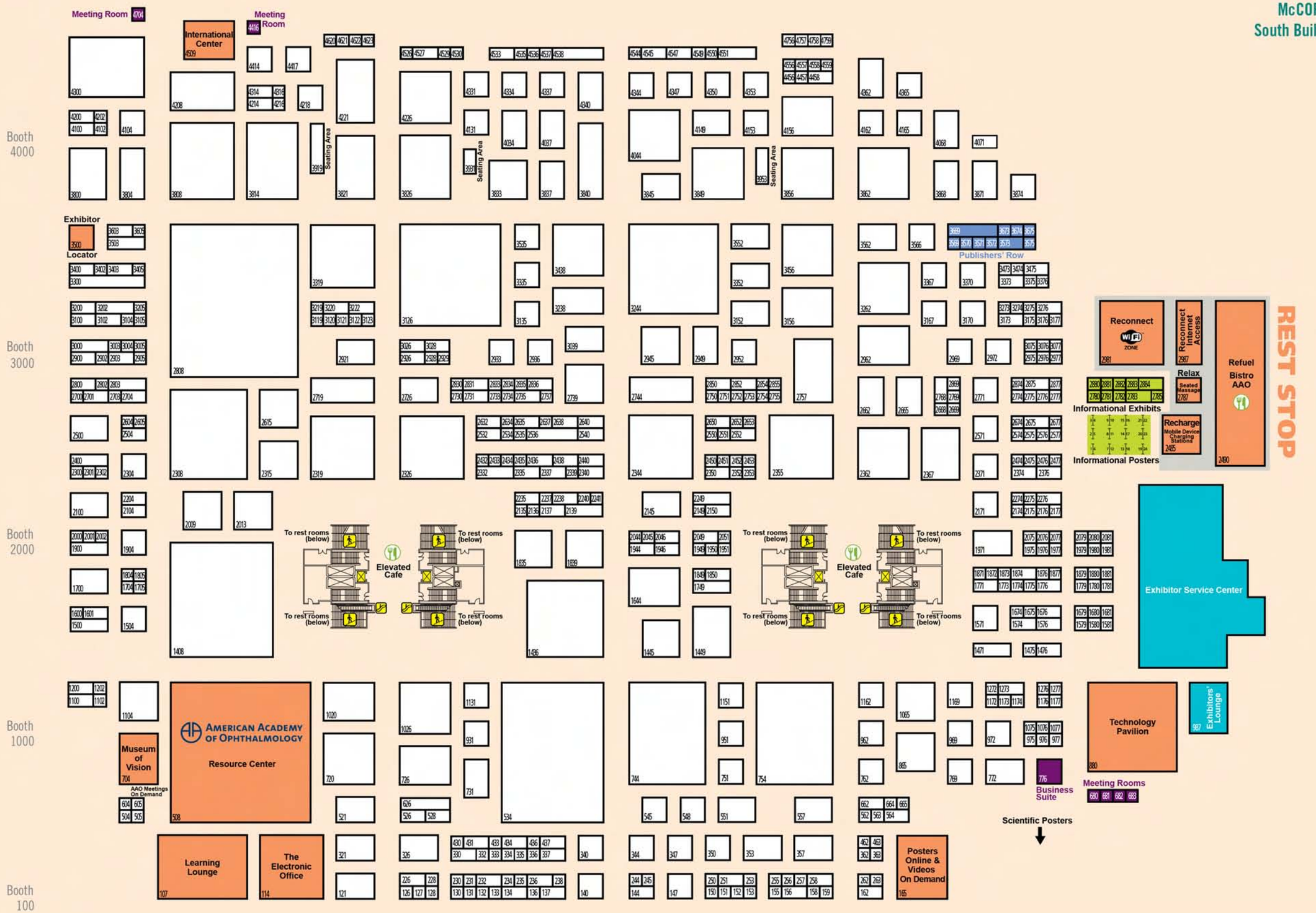
IMPORTANT MEETING LOCATIONS

All rooms are in the McCormick Place, North Building (N), South Building (S), and Lakeside Center (E). The Exhibition is on Level 3, Hall A, in the South Building.

AAOasis (Wi-Fi HotSpot). . . . . Booth 2981
AAOE Coding Sessions . . . . . Room S105
AAOE Member Lounge . . . . . South, Level 5
AAOE Practice Management Center . . . . . Academy Resource Center (Booth 508)
AAOE Program. . . . . South, Level 5
Academy Café . . . . . Room S406b
Academy Resource Center . . . . . Booth 508
Badge Replacement. . . . . Registration Services (Hall A)
Bags and Programs . . . . . Hall A
Bistro AAO . . . . . Booth 2490
Breakfast With the Experts Roundtables . . . Hall A
Business Center. . . . . South, Level 2.5
New Orleans 2013 . . . . . Grand Concourse, Level 2.5
CME Reporting/Proof-of-Attendance. . . . . Grand Concourse Level 2.5 & Academy Resource Center (Booth 508)
Coat & Bag Check . . . . . South, Level 1 Lobby
E-mail & Internet Access . . . . . Grand Concourse & Booth 2987
Executive Office . . . . . Room S401
Exhibitor Locator . . . . . Booth 3500
Exhibitor Lounge (Wi-Fi available) . . . . . Booth 987
Exhibitor Service Center/Exhibitions Office . Hall A
ExpoCard Replacement. . . . . Registration Services (Hall A)
First Aid . . . . . South, Level 2.5
Foundation of the Academy . . . . . Academy Resource Center (Booth 508)
Global Alliances Office. . . . . Room S403a
Hotel Assistance . . . . . Grand Concourse, Level 2.5
Informational Exhibits & Posters . . . . . Hall A
International Center and Outreach. . . . . Booth 4509
Learning Lounge . . . . . Booth 107
Lost & Found . . . . . Meetings Office (Room S402)
Meditation/Prayer Room . . . . . Room SA1a
Meeting Information. . . . . Grand Concourse & South, Level 1 Lobby
Meetings Office . . . . . Room S402
Mobile Meeting Guide . . . . . AAO Connect (Booth 2987)
Museum of Vision . . . . . Booth 704
Newsroom . . . . . Room N426a
Ophthalmic Mutual Insurance Company (OMIC) . . . . . Booth 1104
Ophthalmology Job Center . . . . . Room N426c
Proof-of-Attendance/CME Reporting. . . . . Grand Concourse, Level 2.5 & Academy Resource Center (Booth 508)
Publishers' Row. . . . . Hall A
Reconnect. . . . . Booth 2981
Registration (Attendees) . . . . . Hall A
Registration (Exhibitors) . . . . . Hall A
Ribbons . . . . . Bags & Programs (Hall A)
Scientific Posters. . . . . Hall A
Scientific Poster Tours. . . . . Meeting Point, Hall A
Senior Ophthalmologist (SO) Lounge . . . . Grand Concourse Lobby
Shuttle Buses . . . . . South, Level 1 Lobby and North, Level 1, Gate 26
Speaker Ready Room . . . . . Grand Concourse Lobby
Technology Pavilion . . . . . Booth 880
The Electronic Office (IHE). . . . . Booth 114
Ticketed Events and Tour Sales . . . . . Hall A
Tour Program Departures . . . . . South, Level 1 Lobby
Videos on Demand/ Scientific Posters Online. . . . . Booth 165
Wi-Fi Access . . . . . Booth 2981
Young Ophthalmologist (YO) Lounge . . . . Grand Concourse Lobby

AAO·APAO CHICAGO 2012

McCORMICK PLACE
South Building, Level 3



Diamatrix, Ltd. — Booth 1946

Diamatrix, Ltd. is featuring **sub 2.5mm MICS** knives across all product lines.

- **ExactEtch™ Microsurgical Knives** *Disposable Knives to Meet Every Surgeon's Needs*
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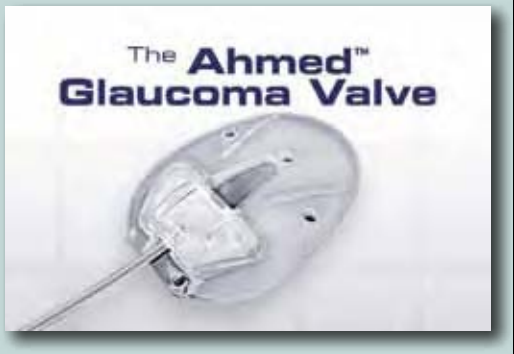
New World Medical, Inc. — Booth 340



New World Medical, Inc., an innovative biomedical company, manufactures and distributes the **Ahmed™ Glaucoma Valve (AGV)**: the most effective and precise glaucoma drainage device. The **AGV**, as well as companion products such as the **Bi-Plate** valve system, **Tube Extender™**, **Pars Plana Clip™**, and **Tube Inserter™**, enable **New World Medical, Inc.** to lead the way in glaucoma drainage technology.

909-466-4304 **www.ahmedvalve.com**

Fera Pharmaceuticals — Booth 3077

Fera Pharmaceuticals, a leader in eye care, offers the largest number of sterile ophthalmic anti-infective ointments in the US, including **Bacitracin**.

Fera is committed to developing new products that address unmet needs and that enhance patient adherence and compliance.

To learn more go to www.ferapharma.com.

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Odyssey Medical, Inc. — Booth 2632

Odyssey Medical offers the **Parasol® Punctal Occluder**, the #1 choice for punctal occlusion. The Parasol's unique design is exceptionally easy to insert, requiring little or no dilation. Simple sizing means two sizes fit virtually all.

Additionally, Odyssey offers guaranteed retention with an industry-high 92% retention rate.

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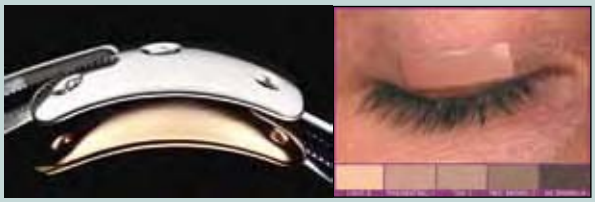
888-905-7770 **www.odysseymed.com**

MedDev Corporation — Booth 3004

Celebrating our 40th year, **MedDev Corporation** continues its commitment to developing and manufacturing innovative, quality-driven eyelid closure devices for the treatment of facial palsy.

We offer the most comprehensive line of gold and platinum **Contour™** and **ThinProfile™ Eyelid Weight Implants**, **Tantalum Sizing Eyelid Weights** for accurate weight selection, and **Blinkeze® External Lid Weights** for non-surgical treatment of temporary facial palsy.



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Varitronics — Booth 321

Varitronics provides innovative products for Ophthalmology.

Our products empower you to:

- Improve your surgery
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EyeNet MAGAZINE

Letter From the Publisher

Dear Meeting Attendee,

Welcome to Chicago! With so much to see and do during the 2012 Joint Meeting, I am pleased to present you with *EyeNet's Guide to Academy Exhibitors*. Designed to maximize your time on the show floor, the *Guide*'s alphabetical business listings will help you quickly identify the companies you wish to visit and in many cases see at a glance their new products and services. Its foldout map will aid navigation of the exhibit floor, and note pages at the back give you space to plot your course through the hall or take notes during vendor meetings.

EyeNet is the Academy's monthly member magazine that delivers trusted clinical information that you can implement in your practice immediately. Look out for other *EyeNet* publications that you will find similarly useful during the meeting and throughout the year:

- ***Academy News***—convention hall tabloid available Friday and Sunday, Nov. 9 and 11
- ***Academy Live***—e-mail blasts bringing you up-to-the-minute Annual Meeting coverage
- ***EyeNet Extras***—special topic-focused supplements

And, as always, all of *EyeNet*'s articles are online at www.eyenet.org, where you can post questions and leave feedback using the Comments feature.

On behalf of all of us at *EyeNet*, we hope your time at the Joint Meeting is productive and enjoyable.

Sincerely,

Jane Aguirre, CAE
Publisher
EyeNet Magazine

Disclaimer

The product information and claims provided in the profiles included in *EyeNet's Guide to Academy Exhibitors* are those of the manufacturers and have not been verified, nor does the appearance of a product constitute an endorsement by *EyeNet* or the American Academy of Ophthalmology. This guide went to press on Sept. 20, 2012. Please check www.aao.org for updates to Exhibit Hall booths.

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

655 Beach Street
San Francisco, CA 94109

P.O. Box 7424
San Francisco, CA 94120

Phone: 866-561-8558 or 415-561-8500
Fax: 415-561-8575
E-mail: eyenet@aao.org
Online: www.aao.org and www.eyenet.org

Governmental Affairs Division
20 F Street NW, Suite 400,
Washington, DC 20001
Phone: 202-737-6662; Fax 202-737-7061

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011-86-5126-7770-252	www.66vision.com

AA Vision, Inc.	Booth 1804
011-91-1126-4157-88	www.aavisioninc.com

AAO Meetings On Demand	Booth 605
703-810-8100 Ext. 404	www.astutetech.com

Aaren Scientific, Inc.	Booth 2013
909-937-1033	www.aareninc.com

Abbott Medical Optics	Booth 3244
866-427-8200	www.abottmedicaloptics.com

AccuLens, Inc.	Booth 4539
303-232-6244	www.acculens.com

Accurate Manufacturing, Inc.	Booth 3073
803-568-5720	www.accurategelpacks.com

Accutome	Booth 4221
800-979-2020	www.accutome.com

ACIGI Relaxation/Fujiiroyki	Booth 4456
510-651-9088	www.drfuji.com

Addition Technology, Inc.	Booth 3135
847-297-8089	www.additiontechnology.com

Aeon Astron Europe B.V.	Booth 4544
011-31-7133-222-80	www.aeonastron.com

AIT Industries	Booth 2835
800-729-1959	www.aitindustries.com

Ajinomoto Trading, Inc.	Booth 1131
011-81-335-2844-16	www.ship-nippon.jp

Akorn Pharmaceuticals	Booth 3800
800-932-5676	www.akorn.com

AKtive Srl	Booth 2575
011-39-0686-2155-40	www.aktive-corp.com

AL.CHI.MI.A. S.r.l.	Booth 4200
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Alcon Laboratories, Inc.	Booth 2808
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Ambler Surgical	Booth 2337
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What Resources Exist for International Attendees?

International attendees are encouraged to visit the **International Center (Booth 4509)**, an ideal place to learn more about Academy programs, check e-mail, meet or leave messages for colleagues, or just relax. An interpreter will be available and light refreshments will be served. Admittance is by attendee badge.

American Academy of Ophthalmic Executives (AAOE) — Booth 508

The **American Academy of Ophthalmic Executives (AAOE)** is the practice management arm of the Academy.

Visit the AAOE Practice Management Center in the Resource Center for help with critical business issues like coding, PQRS, e-prescribing, EHR, and more.

The Center is also the place where you can meet with a practice management consultant for a free 20-minute consultation and preview practice management products and services.

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American Academy of Ophthalmology (AAO) — Booth 508

See What's New at the Academy Resource Center

- More than 30 new products in clinical education, patient education and practice management.
- Demos of the ONE® Network, and EyeSmart® patient education website
- Academy, ISRS, and AAOE membership
- Video Production Services studio
- Free consultations with practice management experts
- Advice on coding, e-prescribing, and PQRS
- Information on EyeCare America and the Academy Foundation
- CME credit reporting stations
- Enter to win an iPad loaded with Academy products in one of four daily raffles!
- Get your copy of *Cutting for Stone* signed by Abraham Verghese, MD, MACP, after Sunday's Opening Session.

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

Free shipping within the United States and Canada with any product purchase at the Resource Center.

415-561-8500 — www.aao.org

American Academy of Ophthalmology–*Ophthalmology* Journal — Booth 3572

Ophthalmology, the official journal of the American Academy of Ophthalmology, publishes original, peer-reviewed reports of research in ophthalmology, including basic science investigations and clinical studies. Topics include new diagnostic and surgical techniques, treatment methods, instrument updates, the latest drug findings, results of clinical trials, and research findings. ***Ophthalmology*** also publishes major reviews of specific topics by acknowledged authorities.

415-561-8581 — www.aaojournal.org

American Express OPEN — Booth 1574

212-640-2000 — www.open.com

American Optisurgical, Inc. — Booth 3100

949-580-1266 — www.optisurgical.com

American Society of Cataract & Refractive Surgery (ASCRS) — Booth 3262

703-591-2220 — www.ascrs.org

American Society of Ophthalmic Registered Nurses (ASORN) — Booth 2782

415-561-8513 — www.asorn.org

Anadolu Tip A.S. — Booth 1779

011-90-346-218-1418 — www.zarcomlenses.com

Angie's List — Booth 2576

866-543-5478 — www.angieslist.com

Angiotech — Booth 1151

800-523-3332 — www.angiotech.com

Anodyne Surgical — Booth 2550

800-428-5628 — www.anodynesurgical.com

AO Lab - American Ophthalmic Lab — Booth 2700

410-647-5140 — www.aolab.com

Appasamy Associates — Booth 557

718-656-7390 — www.appasamy.com

Apramed Medical Devices — Booth 4337

011-55-16-3306-1122 — www.apramed.com.br

ARCADOPHTA — Booth 1949

011-33-5-6140-5235 — www.arcadophta.com

ArcticDx, Inc. — Booth 2076

866-964-5182 — www.macularisk.com

Are You a Donor? — Booth 126

800-847-5786 — www.areyouadonor.org

Army Medical Recruiting — Booth 2276

502-626-1981 — www.goarmy.com

Art Optical Contact Lens, Inc. — Booth 2075

616-453-1888 — www.artoptical.com

Asia-Pacific Academy of Ophthalmology — Booth 1200

011-852-3943-5927 — www.apaophth.org

ASICO, LLC — Booth 3300

630-986-8032 — www.asico.com

Association for Research in Vision and Ophthalmology (ARVO) — Booth 2046

240-221-2900 — www.arvo.org

Audio Digest — Booth 245

818-240-7500 — www.audiodigest.org

Aumed Group Corp. — Booth 433

011-86-1082-8841-73 — www.aumedgroup.com

Aurolab — Booth 3276

011-91-4523-0961-00 — www.aurolab.com

Aurora Surgical, LLC — Booth 3170

727-821-3303 — www.aurorasurgical.com

Avada Hearing Care Centers — Booth 2777

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Avedro, Inc. — Booth 2571

781-768-3400 — www.avedro.com

Bank of America Practice Solutions — Booth 133

800-428-2847 — www.bankofamerica.com/practicesolutions

Bausch + Lomb — Booth 3126

949-297-3503 — www.bausch.com

Bayer Healthcare Pharmaceuticals — Booth 153

973-487-2469 — www.bayer.com

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Beijing Sonop Technology Co., Ltd. — Booth 1172

011-86-1059-7131-35 — www.sonoptek.com

Bell Ophthalmic Technology — Booth 2104

800-255-5929 — www.bellophthalmic.com

Belrose Refracting Equipment Company — Booth 2800

800-875-5235 — www.belroserefracting.com

Benign Essential Blepharospasm Research Foundation — Booth 2880

409-832-0788 — www.blepharospasm.org

Bioptigen, Inc. — Booth 434

919-314-5500 — www.bioptigen.com

Biosyntrx, Inc. — Booth 2830

314-849-7773 — www.crestpointmgt.com

BioTech Vision Care Pvt., Ltd. — Booth 2952

011-91-7926-8708-98 — www.biotechvisioncare.com

Bio-Tissue, Inc. — Booth 4340

305-412-4430 — www.biotissue.com

BJB Medical Associates — Booth 159

800-880-2020 — www.bjbmedical.com

Brevium — Booth 3104

801-302-2299 — www.brevium.com

Bruder Healthcare Company	Booth 1774
770-410-0726	www.bruder.com/eye

Brumaba USA, Inc.	Booth 4527
610-873-1733	www.brumaba.com

Brymill Cryogenic Systems	Booth 2776
860-875-2460	www.brymill.com

Bryn Mawr Communications LLC	Booth 662
484-581-1800	www.bmctoday.com

C.S.O. srl	Booth 3156
716-632-1988	www.csophthalmic.com

Cambrian Medical, Inc.	Booth 2450
408-996-0205	www.cambrian-med.com

Canon U.S.A., Inc.	Booth 2009
949-753-4000	www.usa.canon.com/eye-care

CapitalSource	Booth 4622
678-408-4906	www.capitalsource.com

CareCredit	Booth 545
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Castle Biosciences, Inc.	Booth 2534
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ClientTell, Inc.	Booth 2535
877-244-9178	www.clienttell.net

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6–8 mmHg
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> Based on clinical studies of up to 24 months in 905 patients with a baseline pressure of 23–26 mmHg.

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Preservative-free formulation

ZIOPTAN is indicated for reducing elevated IOP in patients with OAG or OHT.

SELECT IMPORTANT SAFETY INFORMATION

ZIOPTAN has been reported to cause changes to pigmented tissues. The most frequently reported changes have been to the iris, periorbital tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as ZIOPTAN is administered. Pigmentation of the iris is likely to be permanent and may not be noticeable for several months to years, while pigmentation of the periorbital tissue and eyelash changes may be reversible in some patients. The long-term effects of increased pigmentation are not known.

ZIOPTAN may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, color, thickness, shape, and number of lashes. Eyelash changes are usually reversible on discontinuation of treatment.

ZIOPTAN should be used with caution in patients with active intraocular inflammation (eg, iritis/uveitis) because the inflammation may be exacerbated.

Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin F2α analogs. ZIOPTAN 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.

In clinical trials of patients receiving either preservative-containing or preservative-free ZIOPTAN, the most common pooled adverse reaction observed was conjunctival hyperemia, which was reported in a range of 4% to 20% of patients.

Please see the adjacent Brief Summary of the Prescribing Information.

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Brief Summary of the Prescribing Information for ZIOPTAN.

INDICATIONS AND USAGE

ZIOPTAN is indicated for reducing elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.

DOSAGE AND ADMINISTRATION

The recommended dose is 1 drop of ZIOPTAN in the conjunctival sac of the affected eye(s) once daily in the evening.

The dose should not exceed once daily since it has been shown that more frequent administration of prostaglandin analogs may lessen the intraocular pressure-lowering effect.

Reduction of the intraocular pressure starts approximately 2 to 4 hours after the first administration with the maximum effect reached after 12 hours.

ZIOPTAN may be used concomitantly with other topical ophthalmic drug products to lower intraocular pressure. If more than 1 topical ophthalmic product is being used, each 1 should be administered at least 5 minutes apart.

The solution from 1 individual unit is to be used immediately after opening for administration to 1 or both eyes. Since sterility cannot be maintained after the individual unit is opened, the remaining contents should be discarded immediately after administration.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Pigmentation
Tafluprost ophthalmic solution has been reported to cause changes to pigmented tissues. The most frequently reported changes have been increased pigmentation of the iris, periorbital tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as tafluprost 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 tafluprost, pigmentation of the iris is likely to be permanent, while pigmentation of the periorbital tissue and eyelash changes have been reported to be reversible in some patients. Patients who receive treatment should be informed of the possibility of increased pigmentation. 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 nevi nor freckles of the iris appear to be affected by treatment. While treatment with ZIOPTAN can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly. *[See Patient Counseling Information.]*

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

Intraocular Inflammation
ZIOPTAN should be used with caution in patients with active intraocular inflammation (eg, iritis/uveitis) because the inflammation may be exacerbated.

Macular Edema
Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin F2α analogs. ZIOPTAN 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.

ADVERSE REACTIONS

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

Preservative-containing or preservative-free tafluprost 0.0015% was evaluated in 905 patients in 5 controlled clinical studies of up to 24-months' duration. The most common adverse reaction observed in patients treated with tafluprost was conjunctival hyperemia which was reported in a range of 4% to 20% of patients. Approximately 1% of patients discontinued therapy due to ocular adverse reactions.

Ocular adverse reactions reported at an incidence of ≥2% in these clinical studies included ocular stinging/irritation (7%), ocular pruritus including allergic conjunctivitis (5%), cataract (3%), dry eye (3%), ocular pain (3%), eyelash darkening (2%), growth of eyelashes (2%), and blurred vision (2%).

Nonocular adverse reactions reported at an incidence of 2% to 6% in these clinical studies in patients treated with tafluprost 0.0015% were headache (6%), common cold (4%), cough (3%), and urinary tract infection (2%).

Postmarketing Experience
The following adverse reactions have been identified during postapproval use of tafluprost. Because postapproval adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

In postmarketing use with prostaglandin analogs, periorbital and lid changes, including deepening of the eyelid sulcus, have been observed.

USE IN SPECIFIC POPULATIONS

Pregnancy
Pregnancy Category C.
Teratogenic effects: In embryo-fetal development studies in rats and rabbits, tafluprost administered intravenously was teratogenic. Tafluprost caused increases in post-implantation losses in rats and rabbits and reductions in fetal body weights in rats. Tafluprost also increased the incidence of vertebral skeletal abnormalities in rats and the incidence of skull, brain, and spine malformations in rabbits. In rats, there were no adverse effects on embryo-fetal development at a dose of 3 µg/kg/day corresponding to maternal plasma levels of tafluprost acid that were 343 times the maximum clinical exposure based on C_{max}. In rabbits, effects were seen at a tafluprost dose of 0.03 µg/kg/day corresponding to maternal plasma levels of tafluprost acid during organogenesis that were approximately 5 times higher than the clinical exposure based on C_{max}. At the no-effect dose in rabbits (0.01 µg/kg/day), maternal plasma levels of tafluprost acid were below the lower level of quantification (20 pg/mL).

In a pre- and postnatal development study in rats, increased mortality of newborns, decreased body weights, and delayed pinna unfolding were observed in offsprings. The no observed adverse effect level was at a tafluprost intravenous dose of 0.3 µg/kg/day, which is greater than 3 times the maximum recommended clinical dose based on body surface area comparison.

There are no adequate and well-controlled studies in pregnant women. Although animal reproduction studies are not always predictive of human response, ZIOPTAN should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus.

Women of childbearing age/potential should have adequate contraceptive measures in place.

Nursing Mothers
A study in lactating rats demonstrated that radio-labeled tafluprost and/or its metabolites were excreted in milk. It is not known whether this drug or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ZIOPTAN is administered to a nursing woman.

Pediatric Use
Use in pediatric patients is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

ZIOPTAN™ (tafluprost ophthalmic solution) 0.0015%

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

PATIENT COUNSELING INFORMATION

See FDA-Approved Patient Labeling (Patient Information).

Nightly Application
Patients should be advised to not exceed once-daily dosing since more frequent administration may decrease the intraocular pressure-lowering effect of ZIOPTAN.

Handling the Single-Use Container
Patients should be advised that ZIOPTAN is a sterile solution that does not contain a preservative. The solution from 1 individual unit is to be used immediately after opening for administration to 1 or both eyes. Since sterility cannot be maintained after the individual unit is opened, the remaining contents should be discarded immediately after administration.

Potential for Pigmentation
Patients should be advised about the potential for increased brown pigmentation of the iris, which may be permanent. Patients should also be informed about the possibility of eyelid skin darkening, which may be reversible after discontinuation of ZIOPTAN.

Potential for Eyelash Changes
Patients should also be informed of the possibility of eyelash and vellus hair changes in the treated eye during treatment with ZIOPTAN. These changes may result in a disparity between eyes in length, thickness, pigmentation, number of eyelashes or vellus hairs, and/or direction of eyelash growth. Eyelash changes are usually reversible upon discontinuation of treatment.

When to Seek Physician Advice
Patients should be advised that if they develop a new ocular condition (eg, trauma or infection), experience a sudden decrease in visual acuity, have ocular surgery, or develop any ocular reactions, particularly conjunctivitis and eyelid reactions, they should immediately seek their physician's advice concerning the continued use of ZIOPTAN.

Use with Other Ophthalmic Drugs
If more than 1 topical ophthalmic drug is being used, the drugs should be administered at least five (5) minutes between applications.

Storage Information
Patients should be instructed on proper storage of cartons, unopened foil pouches, and opened foil pouches *[see How Supplied/Storage and Handling]*. Recommended storage for cartons and unopened foil pouches is to store refrigerated at 2-8°C (36-46°F). After the pouch is opened, the single-use containers may be stored in the opened foil pouch for up to 28 days at room temperature: 20-25°C (68-77°F). Protect from moisture.

For more detailed information, please read the Prescribing Information.

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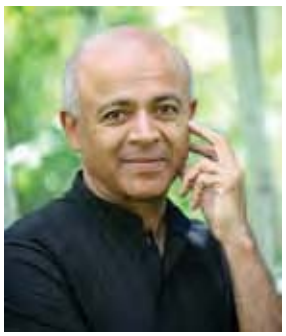

After presenting the Keynote Address at Sunday's Opening Session (8:30 to 10 a.m.), Dr. Verghese will stroll over to the Academy Resource Center (Booth 508), where he will be signing copies of *Cutting for Stone*, which spent more than two years on the *The New York Times* best sellers list.

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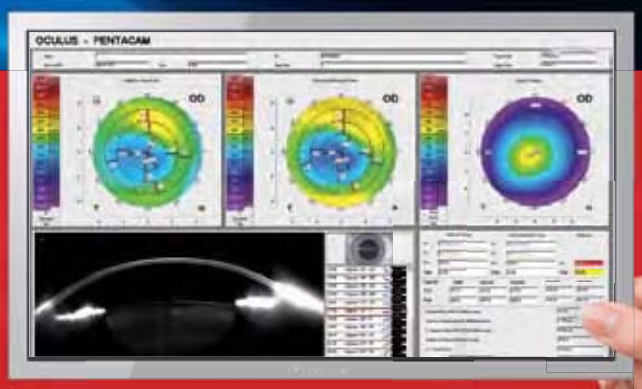

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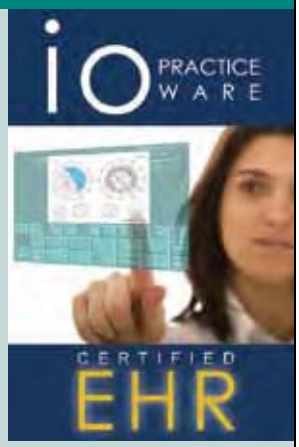

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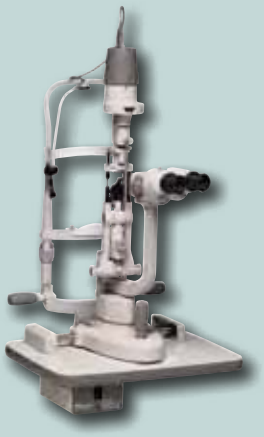

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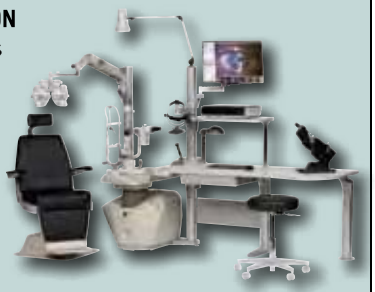

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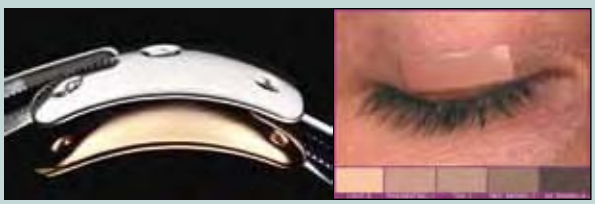

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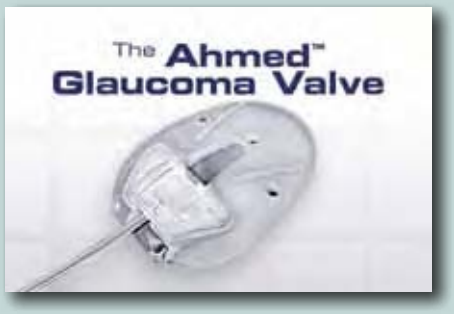

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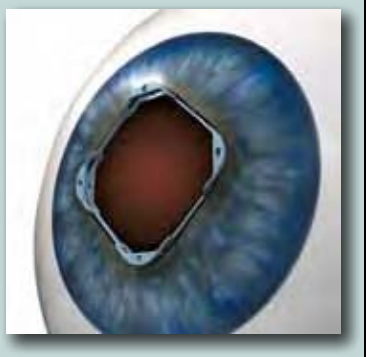

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Friday, 09 November | 08:00 to 17:15
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McCormick Place, North, Hall B

Free Papers (Friday only)
McCormick Place, Grand Ballroom S100ab

ISRS SPECIAL SESSIONS

Introduction to Refractive Surgery for Residents (SYM53)
Sunday, 11 November | 08:00 to 10:00
McCormick Place, S503AB

LASIK Is Safe: Prevention and Management of Laser Complications (SYM14)
Sunday, 11 November | 15:45 to 17:15
McCormick Place, Grand Ballroom S100AB

ISRS ROUNTABLES*

Sunday, 11 November through
Tuesday, 13 November
07:30 to 08:30
McCormick Place, Hall A

ISRS INSTRUCTION COURSES*

ISRS Laser Refractive Surgery Course (156, LEC156)
Sunday, 11 November | 09:00 to 11:15
McCormick Place, S103BC

Laser Refractive Surgery (LAB156A)
12:30 to 14:30 | N227B

Laser Refractive Surgery for Ophthalmology Residents (LAB156B)
15:30 to 17:30 | N227B

Advanced Corneal Topographic Analysis (214)
Sunday, 11 November | 14:00 to 15:00
McCormick Place, E352

A Step-by-Step Primer to Starting LASIK in 2012 (338)
Monday, 12, November | 09:00 to 11:15
McCormick Place, N427BC

Surgical Management of Astigmatism in Cataract and Refractive Surgery (308)
Monday, 12, November | 09:00 to 10:00
McCormick Place, E351

Danger Zone: Refractive Surgery Nightmares and Worst-Case Scenarios: A Video-Based Course (402)
Monday, 12, November | 14:00 to 16:15
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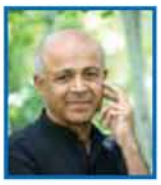

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ACTION: The antibiotic, Bacitracin, exerts a profound action against many gram positive pathogens, including the common Streptococci and Staphylococci. It is also destructive for certain gram negative organisms. It is ineffective against fungi.

INDICATIONS: For the treatment of superficial ocular infections involving the conjunctiva and/or cornea caused by Bacitracin susceptible organisms.

CONTRAINDICATIONS: This product should not be used in patients with a history of hypersensitivity to Bacitracin.

PRECAUTIONS: Bacitracin ophthalmic ointment should not be used in deep-seated ocular infections or in those that are likely to become systemic. The prolonged use of antibiotic containing preparations may result in overgrowth of nonsusceptible organisms particularly fungi. If new infections develop during treatment appropriate antibiotic or chemotherapy should be instituted.

ADVERSE REACTIONS: Bacitracin has such a low incidence of allergenicity that for all practical purposes side reactions are practically non-existent. However, if such reaction should occur, therapy should be discontinued.

DOSAGE AND ADMINISTRATION: The ointment should be applied directly into the conjunctival sac 1 to 3 times daily. In blepharitis all scales and crusts should be carefully removed and the ointment then spread uniformly over the lid margins. Patients should be instructed to take appropriate measures to avoid gross contamination of the ointment when applying the ointment directly to the infected eye.

HOW SUPPLIED: 3.5 g (1/8 Oz) sterile tamper proof tubes, NDC 48102-007-35.

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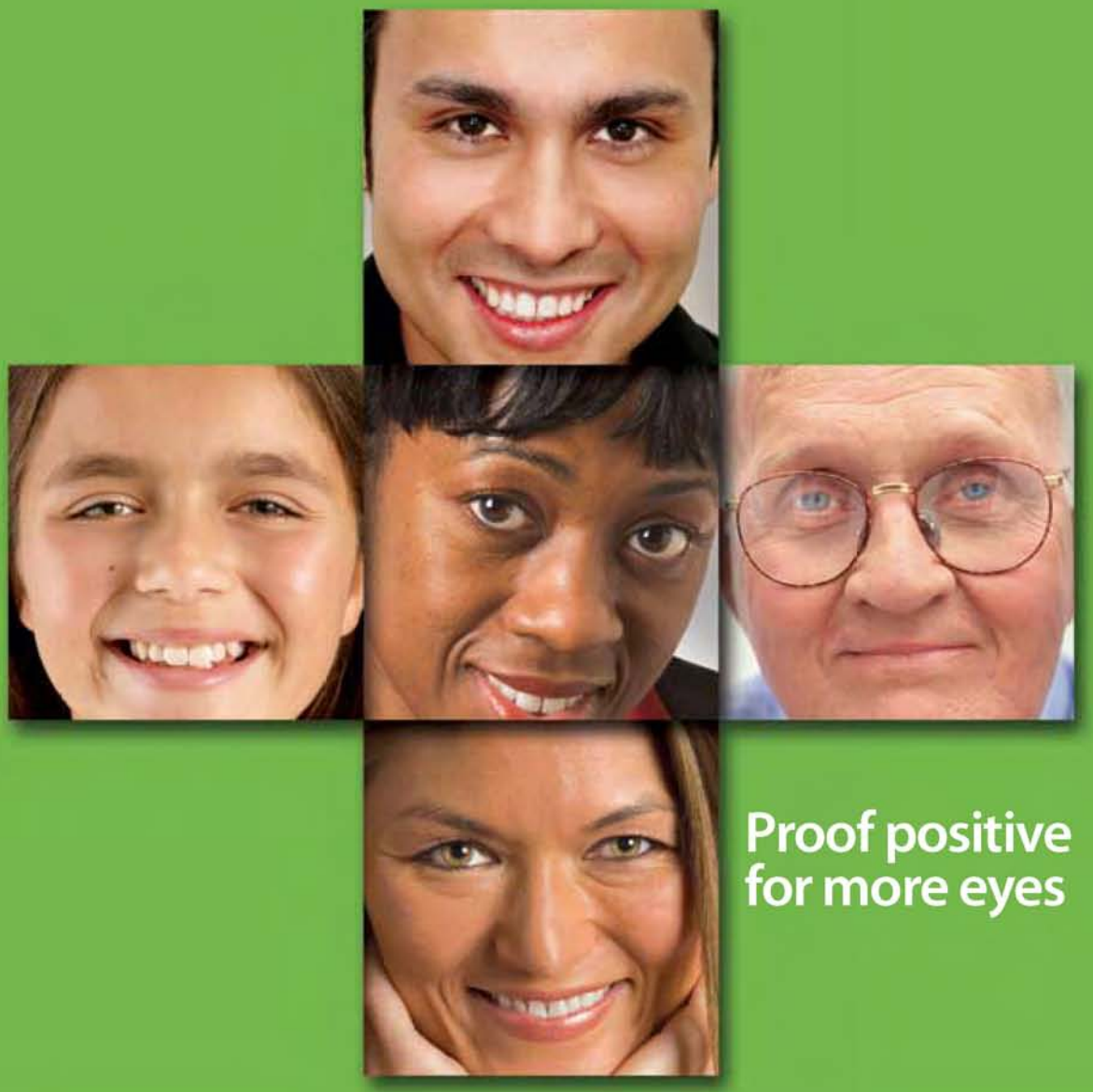

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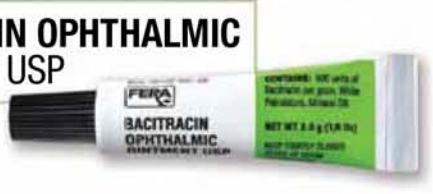

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References: 1. Bacitracin Ophthalmic Ointment [Package Insert]. Locust Valley, NY: Fera Pharmaceuticals, LLC;2009. **2.** Kowalski RP, Karenchak LM, Romanowski EG. Infectious disease: changing antibiotic susceptibility. *Ophthalmol Clin N Am* 2003;16:1-9. **3.** Freidlin J, Acharya N, Lietman TM, Cevallos V, Whitcher JP, Margolis TP. Spectrum of eye disease caused by methicillin-resistant *Staphylococcus aureus*. *Am J Ophthalmol* 2007;144:313-315. **4.** Recchia FM, Busbee BG, Pearlman RB, Carvalho-Recchia CA, Ho AC. Changing trends in the microbiologic aspects of postcataract endophthalmitis. *Arch Ophthalmol* 2005;123:341-346. **5.** http://fingertipformulary.com/drugs/Bacitracinopthalmicointment/

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