

Destination AAO 2014

GET READY FOR CHICAGO: PART 4

BEAT THE CLOCK

■ Register Now to Avoid Standing in Line Later

Avoid the long registration lines in Chicago—go online now to register for the following meetings:

- Subspecialty Day (Oct. 17-18)
- AAOE half-day coding meetings (Oct. 18)
- AAO 2014 (Oct. 18-21)

Register by Sept. 3 to have your badge and registration materials mailed to you before the meeting.

From Sept. 4 to 24 you can still register online, but you will need to pick up your badge and other materials onsite.

After Sept. 24 you must register onsite at McCormick Place.

When you register, remember to purchase an Academy Plus course pass and any tickets you need.

Register now at www.aao.org/registration.

■ Book Your Room

Be sure to book now for the best choice of available hotels. Check out the list (and map) of official Academy hotels, information for international group housing, and more.

For details, visit www.aao.org/hotels.

■ Build Your Schedule

Start planning what sessions to attend—full course listings and abstracts are now available online. You can look up information about the program by presenter, keyword, or event number.

■ **FEATURED SPEAKER: BOB WOODRUFF.** In 2006, journalist Bob Woodruff suffered multiple brain injuries in a near-fatal bomb explosion in Iraq. His experience led him to create the Bob Woodruff Foundation to help ensure that post-9/11 injured service members, veterans, and their families have access to the highest level of support and resources. Mr. Woodruff will speak about his experience at *Visual Impact of Traumatic Brain Injury: Lessons Learned (Spe18)*.

Speakers at this session will focus on TBI, which has become a significant area of emphasis in Veterans Affairs, the Department of Defense, and the private sector due to similar injuries and consequences that can occur in vehicular and sports accidents, as well as accidental or terrorist-related explosions. Topics for discussion include mechanisms of injury, ocular and visual outcomes, and the integrated multidisciplinary approach to the TBI patient. Speakers will also discuss the nature of the TBI spectrum, including assessment and management. A question-and-answer period will follow. **When:** Monday, Oct. 20, 12:45-1:45 p.m. **Where:** Room S102abc. **Access:** Free.



You can also search the program by topic (e.g., “Cataract”), event type (e.g., “Symposium”), or special interest (e.g., “Endorsed by the Young Ophthalmologist Committee”).

To view the program, visit www.aao.org/programsearch.

■ Skills Transfer Labs: Buy Your Tickets Now

Looking to master new techniques? AAO 2014 has the Skills Transfer labs for you. These offer opportunities to work one-on-one with faculty in all subspecialty areas and at all levels of complexity. Skills Transfer labs are

ticketed events. Tickets must be purchased separately; prices have been reduced, and residents receive a 50 percent discount. For many labs, it is recommended that you attend an associated lecture to gain valuable background information, but it is not required for lab participation.

For more information, visit www.aao.org/skills.

■ Orbital Gala Tickets on Sale

Be sure to attend the Orbital Gala on Sunday, Oct. 19, at the Radisson Blu Aqua Hotel—one of Chicago’s most exclusive venues. This year’s theme is

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Beat
the Clock

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Program

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Subspecialty
Day

AAO 2014
In conjunction with SOE
October 18-21

“The Roaring ’20s,” when speakeasies, jazz, and gangsters ruled the scene. Event proceeds benefit the Academy’s educational, quality-of-care research, and service programs.

To purchase tickets and for details, visit www.faaao.org.

Preview the Exhibition

The Virtual Exhibition is an online tool for previewing the exhibitors with products that might be most useful to your practice. Search by company

name, booth number, product and service categories, or subspecialty. The relevant exhibitors will be circled on the map, and when you click on a circled result you can review its digital booth. To print a personalized map of exhibitors before you travel to Chicago, create a MyExpo account by entering your e-mail address and choosing a password; then tag and print a list of the exhibitors you plan to visit.

Try the Virtual Exhibition now at www.aaao.org/exhibition.

Notify the Academy If You Need Special Assistance

The Academy ensures that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals because of the absence of auxiliary aids or services. The Academy will provide any of the auxiliary services identified in the Americans With Disabilities Act.

To request these services, e-mail meetings@aaao.org.

PROGRAM

Tuesday: Sessions, Courses, and Labs Available All Day

On Tuesday, earn up to nine hours of CME by attending courses until 5:30 p.m. Choose from 80 instruction courses on a variety of topics. Start your day at a Breakfast With the Experts, then hone your skills at a Skills Transfer lab, or catch up on new developments at an original paper session. You can also participate in non-CME sessions at the Technology Pavilion and Learning Lounge.

Academy Café Panels

Join the conversation—bring your mobile devices and text your questions to the panel. Choose from eight sessions:

- Saturday—IRIS Registry (1:15-2:30 p.m.) and Cataract (3:15-4:30 p.m.)

- Sunday—Glaucoma (10:30-11:45 a.m.), Cornea and External Disease (1-2:15 p.m.), and Retina (2:30-3:45 p.m.)
- Monday—Uveitis (8:30-9:45 a.m.), and Oculoplastics (10:30-11:45 a.m.)
- Tuesday—Cataract (10:30-11:45 a.m.)

Where: Room S404. Access: Free

Technology Pavilion

The Technology Pavilion showcases the latest technology trends for medical practices. Academy members and independent consultants offer user-friendly instruction on business and clinical applications. This year’s presentations address the use of Google Glass, pro-



PRACTICE APPLICATIONS. Check out presentations on technology trends, equipment, and software.

tecting your online reputation, Internet security, and cloud computing.

To view the full schedule, visit www.aaao.org/2014 and click “Exhibition,” then “Technology Pavilion.”

SUBSPECIALTY DAY

Subspecialty Day Previews: What’s Hot

This month, program directors from the Ocular Oncology and Pathology, Oculofacial Plastic Surgery, Refractive Surgery, and Uveitis meetings preview some of this year’s highlights. (See last month’s *EyeNet* for the hot topics at the Cornea, Glaucoma, Pediatric Ophthalmology, and Retina meetings.)

OCULAR ONCOLOGY AND PATHOLOGY 2014: Saving Eyes and Saving Lives

Program directors: Hans E. Grossniklaus, MD, and Arun D. Singh, MD.



When: Saturday, Oct. 18 (8 a.m.-5:15 p.m.).

“We are very excited about our first Ocular

Oncology and Pathology Subspecialty Day, “Saving Eyes and Saving Lives,” said Dr. Grossniklaus. “This day will be a compilation of basic ocular oncology and pathology information for practitioners. It includes clinical signs, symptoms, and the differential diagnosis of uveal melanoma, retinoblastoma, and conjunctival tumors; biopsy and surgical techniques; how to appropriately submit specimens for pathological evaluation; advances in molecular pathology, including

molecular diagnostics; and exciting new treatments such as intra-arterial chemotherapy, intravitreal injection of chemotherapeutics, and local chemotherapy for conjunctival tumors.”

He added, “Controversial topics will be debated with pros and cons of various approaches. At the end of the day, participants will have been updated on new diagnostic and therapeutic techniques that not only save eyes and vision but also, in some cases, save a person’s life.”

This meeting is organized in conjunction with the American Association of Ophthalmic Oncologists and Pathologists.

■ OCULOFACIAL PLASTIC SURGERY 2014: A Global Summit

Program directors: David B. Lyon, MD, FACS, and Michael T. Yen, MD.

When: Saturday, Oct. 18 (8 a.m.-5:05 p.m.).

Dr. Lyon said, “Our mission is to provide attendees with a state-of-the-art update on treatments used in oculofacial plastic surgery around the world. To achieve this, we have invited an international faculty of prominent oculoplastic surgeons representing six continents. They will present their approaches to challenging oculoplastic problems to give us a global perspective on practice patterns and regional differences in patient management. There will be didactic and interactive components for the presentations, including videos, point-counterpoint, case presentations, and panel discussions. We have divided the day into six sections: Poor Levator Function Ptosis—Congenital and Acquired; Orbital Vascular Lesion Imaging and Management; Congenital Anophthalmos and Microphthalmos; Thyroid Eye Disease—Newer Alternatives in Medical Management and Surgical Orbital Decompression; New Options for Rejuvenation of the Aging Face; and Challenges and Complications.”

“Our keynote speaker is Suresh Mukherji, MD, who will speak on Simplified Approach to Vascular Malformations of the Extracranial Head and Neck,” said Dr. Yen. “In addition to didactic lectures and panel discussion, attendees will learn from expanded case presentations in the thyroid eye disease and rejuvenating the aging face sessions. Also new this year is a session on challenges and complications in oculofacial plastic surgery. Attendees at the Oculofacial Plastic Surgery 2014 meeting will not only benefit from the presentations given by expert speakers but will also hear spirited discussions and learn about the regional differences from different parts of the world in the practice of oculoplastic surgery.”

This meeting is organized in conjunction with the American Society of Ophthalmic Plastic & Reconstructive Surgery.

■ REFRACTIVE SURGERY 2014: Mission 20/20

Program directors: Sonia H. Yoo, MD, and A. John Kanellopoulos, MD.

When: Friday, Oct. 17 (8 a.m.-5:25 p.m.), and Saturday, Oct. 18 (8 a.m.-5:21 p.m.).

Drs. Yoo and Kanellopoulos said, “The purpose of the Refractive Surgery Subspecialty Day is to provide a multidisciplinary discussion of evolving techniques and technology in cornea- and lens-based refractive surgery. The sessions will highlight lens and cornea refractive surgery, and experts will debate both sides of controversial subjects. The intended audience for this program is comprehensive ophthalmologists; refractive, cataract, and cornea surgeons; and allied health personnel who are performing or assisting in ophthalmic surgery.” They added that the objectives are to help attendees do the following:

- Evaluate the latest and emerging techniques and technologies in refractive surgery, such as collagen cross-linking
- Compare the pros and cons of various lens- and cornea-based modalities, including presbyopic and toric IOLs
- Identify the current status and future of femtosecond laser refractive lens surgery
- Describe the increasing importance that refractive surgery plays in the practice of every subspecialty in ophthalmology
- Identify evolving surgical approaches for presbyopia, both cornea-based and lens-based

In addition to the very popular trial sessions, complete with a judge and jury—this year focusing on laser refractive lens surgery and on IOL calculation/astigmatism management—there will be a new format: interactive consultations. Some speakers will play the role of hypothetical patients, while others will provide the corresponding physician responses. Scenarios will range from “I don’t want to wear reading glasses after my cataract surgery—what are my options?” to the extreme “I’m unhappy with the outcome of my surgery and want to sue!”

Dr. Kanellopoulos said, “Also new this year, and reserved for ISRS members only, is a special working lunch session on Friday; a panel of experts will have an open discussion on hot topics with audience questions.”

This meeting is the annual meeting of the International Society of Refractive Surgery.

■ UVEITIS 2014: Extinguishing the Great Fire

Program directors: C. Stephen Foster, MD, and Russell W. Read, MD, PhD.

When: Saturday, Oct. 18 (7:50 a.m.-5:30 p.m.).

Dr. Foster said, “Uveitis is the ‘great fire’—the fire that blinds slowly but surely unless it is extinguished and put into permanent remission, i.e., not allowed to smolder and not allowed to flare up periodically. It is one of the world’s most common causes of preventable blindness. Changing practice patterns in the offices of ophthalmologists around the world is what is required if the prevalence of blindness secondary to uveitis is ever to change.”

He continued, “Chronic or episodic corticosteroid monotherapy is the therapeutic approach employed by most of the world’s ophthalmologists, as it has been for the past 64 years. We see how that’s working out. We now also know, just as rheumatologists learned a decade ago, that early employment of steroid-sparing immunomodulatory therapy results in far superior outcomes, much more preservation of vision, and far less disability secondary to lost vision. The Uveitis Subspecialty Day will address this matter in great detail and will emphasize a practice pattern aimed at steroid-free durable remission and, ultimately, at cure. The wisdom of this pattern of practice is not debatable. Areas of controversy remain, however, regarding best therapy for certain forms of uveitis, both infectious and autoimmune. Point-counterpoint debates with audience voting responses will address these areas.”

This meeting is organized in conjunction with the American Uveitis Society.