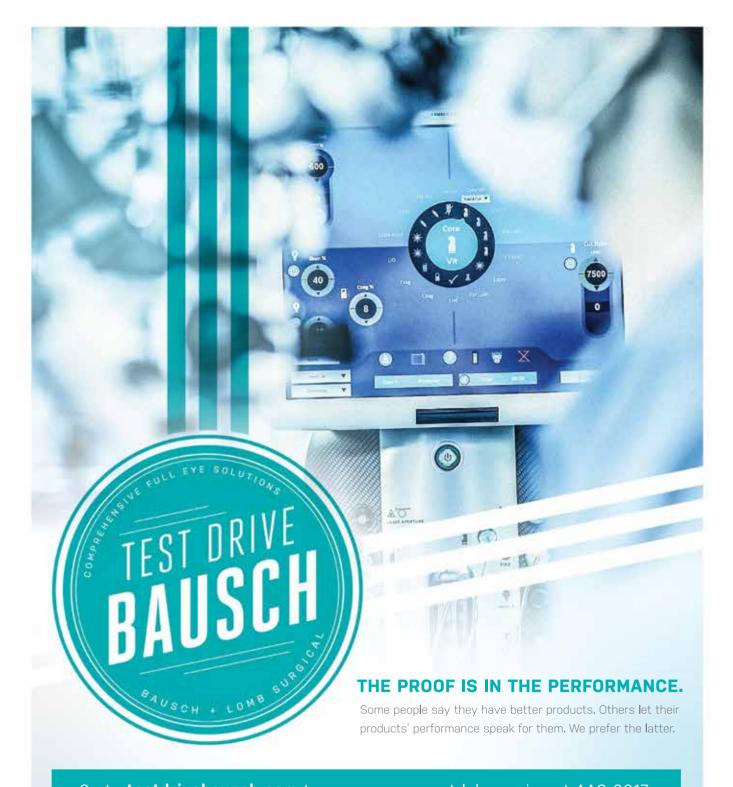


AAO 2017 New Orleans

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Sincerely,

Dale E. Fajardo, EdD, MBA Publisher, *EyeNet Magazine*



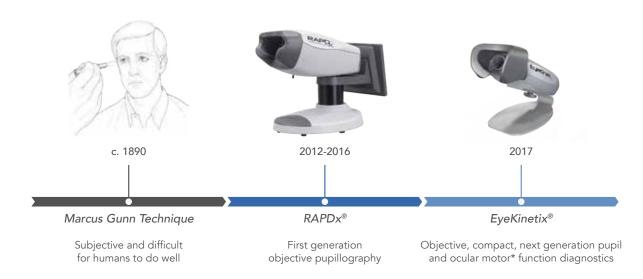
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Academy Foundation Donor Reception

Saturday, Nov. 11, 4 - 5 p.m.

As a special thank-you, the Academy Foundation invites its donors to meet Academy leaders and enjoy refreshments.

Ophthalmology* and Ophthalmology* Retina: Meet and Greet the Editors

Sunday, Nov. 12, 1 - 3 p.m.

Authors and peer reviewers are invited to visit the Resource Center to meet members of the editorial boards.

AAOE Presents: Ophthalmologists Business Summit

Sunday, Nov. 12, 2 - 3 p.m.

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EyeCare America® Volunteer Reception

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Ophthalmology® Retina Launch Celebration

Monday, Nov. 13, 10 - 11 a.m. (Museum of Vision, Booth 3047)

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Subspecialty Day edition. The Subspecialty Day program directors recommend presentations to attend. Meet the editors-in-chief of the Academy's journals. In addition, H. Dunbar Hoskins Jr., MD, discusses

AAO 2017 edition. Pick up the

mining for data gold.

second edition for an in-depth profile of the 2017 Laureate, Irene H. Maumenee, MD. Other highlights include the Academy President's Guests of Honor, and how to use the IRIS Registry to report MIPS improvement activities.



Given the favorable comparison of SLT to topical medications and its potential to complement MIGS procedures such as ABiC with iTrack, as well as its dual role as a diagnostic aid, SLT should be considered earlier and more often in the management of glaucoma. Learn more from experts Mark J. Gallardo, MD and Paul I. Singh, MD at the Ellex exhibit #4040.



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011-39-0518-9016-11, www.espansionegroup.it

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European Society of Cataract & Booth 3314
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011-44-78302-2-1032, www.soevision.org

European Society of Retina Specialists Booth 3318 (EURETINA)

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When artificial tears aren't enough, consider prescribing Xiidra for symptomatic Dry Eye patients.

Indication

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.

Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

For additional safety information, see accompanying Brief Summary of Safety Information and Full Prescribing Information on Xiidra-ECP.com.





BRIEF SUMMARY:

Consult the Full Prescribing Information for complete product information.

INDICATIONS AND USAGE

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED).

DOSAGE AND ADMINISTRATION

Instill one drop of Xiidra twice daily (approximately 12 hours apart) into each eye using a single use container. Discard the single use container immediately after using in each eye. Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

ADVERSE REACTIONS Clinical Trials Experience

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies 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. In five clinical studies of dry eye disease conducted with lifitegrast ophthalmic solution, 1401 patients received at least 1 dose of lifitegrast (1287 of which received lifitegrast 5%). The majority of patients (84%) had \leq 3 months of treatment exposure. 170 patients were exposed to lifitegrast for approximately 12 months. The majority of the treated patients were female (77%). The most common adverse reactions reported in 5-25 % of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

USE IN SPECIFIC POPULATIONS Pregnancy

There are no available data on Xiidra use in pregnant women to inform any drug associated risks. Intravenous (IV) administration of lifitegrast to pregnant rats, from pre-mating through gestation day 17, did not produce teratogenicity at clinically relevant systemic exposures. Intravenous administration of lifitegrast to pregnant rabbits during organogenesis produced an increased incidence of omphalocele at the lowest dose tested, 3 mg/kg/day (400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD], based on the area under the curve [AUC] level). Since human systemic exposure to lifitegrast following ocular administration of Xiidra at the RHOD is low, the applicability of animal findings to the risk of Xiidra use in humans during pregnancy is unclear.

Animal Data

Lifitegrast administered daily by intravenous (IV) injection to rats, from pre-mating through gestation day 17, caused an increase in mean preimplantation loss and an increased incidence of several minor skeletal anomalies at 30 mg /kg /day, representing 5,400-fold the human plasma exposure at the RHOD of Xiidra, based on AUC. No teratogenicity was observed in the rat at 10 mg /kg /day (460-fold the human plasma exposure at the RHOD, based on AUC). In the rabbit, an increased incidence of omphalocele was observed at the lowest dose tested, 3 mg /kg /day (400-fold the human plasma exposure at the RHOD, based on AUC), when administered by IV injection daily from gestation days 7 through 19. A fetal No Observed Adverse Effect Level (NOAEL) was not identified in the rabbit.

Lactation

There are no data on the presence of lifitegrast in human milk, the effects on the breastfed infant, or the effects on milk production. However, systemic exposure to lifitegrast from ocular administration is low. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for Xiidra and any potential adverse effects on the breastfed child from Xiidra.

Pediatric Use

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

Geriatric Use

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

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility Carcinogenesis: Animal studies have not been conducted to determine the carcinogenic potential of lifitegrast. Mutagenesis: Lifitegrast was not mutagenic in the in vitro Ames assay. Lifitegrast was not clastogenic in the in vivo mouse micronucleus assay. In an in vitro chromosomal aberration assay using mammalian cells (Chinese hamster ovary cells), lifitegrast was positive at the highest concentration tested, without metabolic activation. Impairment of fertility: Lifitegrast administered at intravenous (IV) doses of up to 30 mg/kg/day (5400-fold the human plasma exposure at the recommended human ophthalmic dose (RHOD) of lifitegrast ophthalmic solution, 5%) had no effect on fertility and reproductive performance in male and female treated rats.



Manufactured for: Shire US Inc., 300 Shire Way, Lexington, MA 02421.

For more information, go to www.Xiidra.com or call 1-800-828-2088.

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US Patents: 8367701; 9353088; 7314938; 7745460; 7790743; 7928122; 9216174; 8168655; 8084047; 8592450; 9085553; 8927574;

9447077; 9353088 and pending patent applications.

Last Modified: 12/2016 S26218

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Museum of Vision (Foundation of the American Academy of Ophthalmology) Booth 3047



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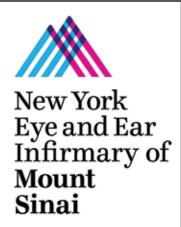
The exhibit focuses on changes, challenges for the surgeon, and controversies in surgical technique from ancient times (couching) to the present.

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Omeros Corporation

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206-676-5000, www.omeros.com

Omesis

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011-90-312-386-1030, www.omesismedikal.com

Omni Lens Pvt., Ltd.

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011-91-7927-5440-35, www.omnilens.in

OPHTEC

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800-562-6642, www.omic.com

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Ophthalmology Dispensing Services Booth 1602

201-787-0986, www.opticaldispensing.com

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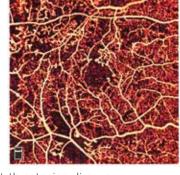
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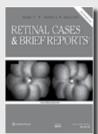


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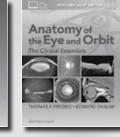
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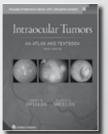


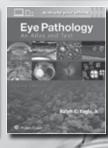
















EyeNet Corporate Events

EyeNet® Magazine helps you make the most of your time at AAO 2017 by bringing you free corporate educational program events* onsite at the Ernest N. Morial Convention Center.

2 BREAKFASTS

Saturday, Nov. 11, and Sunday, Nov. 12

Check-in and meal pickup: 6:45-7:00 a.m.

Program: 7:00-8:00 a.m.

3 LUNCHES

Saturday, Nov. 11, Sunday, Nov. 12, and Monday, Nov. 13

Check-in and meal pickup: 12:15-12:30 p.m.

Program: 12:30-1:30 p.m.

Ernest N. Morial Convention Center

Room R02-04, 2nd Floor

Check aao.org/eyenet/corporate-events for updated program information.

* These programs are non-CME and are developed independently by industry. They are not affiliated with the official program of AAO 2017 or Subspecialty Day. By attending an event, you may be subject to reporting under the Physician Payment Sunshine Act.

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