AMERICAN ACADEMY
OF OPHTHALMOLOGY®

AAO 2022 gather

Exhibitor Guide

Presented by *EyeNet® Magazine*

Where All of Ophthalmology Meets®
aao.org/2022

Protecting Sight. Empowering Lives.®

INDICATIONS & IMPORTANT SAFETY INFORMATION FOR enVista Monofocal IOL & enVista Toric Monofocal IOL

INDICATIONS

The **enVista one-piece hydrophobic acrylic IOL** is indicated for primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia following removal of a cataractous lens for improved uncorrected distance vision. The **enVista one-piece hydrophobic acrylic toric IOL** is indicated for primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia and corneal astigmatism following removal of a cataractous lens for improved uncorrected distance vision. **WARNINGS:** 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. **PRECAUTIONS:** Do not resterilize this intraocular lens by any method. Do no use if the packaging is damaged or if there are signs of leakage. Do not store lenses or inserter at temperatures over 43°C (109°F) or lower than 0°C (32°F). Do not reuse the lens or inserter. Safety and effectiveness of the enVista IOL and the enVista toric IOL have not been substantiated in patients with conditions and intraoperative complications as outlined in the Directions for Use. **ADVERSE EVENTS:** As with any surgical procedure, there is risk involved. Potential complications accompanying cataract or implant surgery may include, but are not limited to the following: corneal endothelial damage, infection (endophthalmitis), retinal detachment, vitritis, cystoid macular edema, corneal edema, pupillary block, cyclitic membrane, iris prolapse, hypopyon transient or persistent glaucoma, acute corneal decompensation, toxic anterior segment syndrome (TASS), and secondary surgical intervention. **CAUTION:** Federal law restricts this device to sale by or on the order of a physician. **ATTENTION:** Reference the Directions for Use labeling for a complete listing of indications and important safety information.

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BAUSCH + LOMB

Cellview Imaging — Booth 3849

The **Non-Mydriatic Ultra-Widefield WRI-1 from Cellview** provides operators with the next generation in imaging tools for examining the retina and far into the periphery. Producing a retinal image up to 133° in a single-capture, or 200° automated 2-stitched image, the WRI-1 captures clear and accurate retinal images to assist early diagnosis of diseases and effective patient treatment.

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Dompé

Dompé is an Italian biopharmaceutical company based in Milan with US headquarters in the San Francisco Bay Area. It is committed to innovation, pursuing solutions to unmet medical needs in ophthalmology, transplants, oncology and diabetes. Dompé's commitment to ophthalmology includes the first topical biologic FDA-approved for an ophthalmic indication.

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We invite you to visit the Rayner booth #3600 during AAO.

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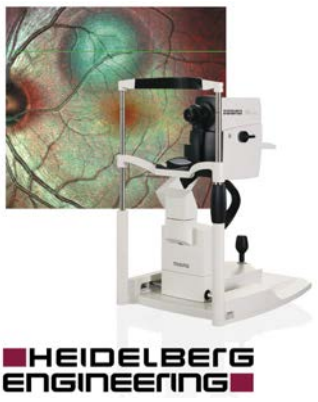
Heidelberg Engineering — Booth 2938



Heidelberg Engineering continuously optimizes imaging and healthcare IT technologies to provide ophthalmic diagnostic solutions that empower clinicians to improve patient care. From its inception in 1990, the company has collaborated with scientists, clinicians and industry to develop innovative products that deliver clinically relevant benefits. Visit our booth for hands-on demonstrations of our technologies (SPECTRALIS®, ANTERION® Imaging App, HEYEX 2).

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Topcon Healthcare — Booth 4244

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Topcon Healthcare sees eye health differently. Our vision is to empower providers with smart, value-driven and efficient technologies for enhanced care. Keeping pace with the ever-changing landscape of the healthcare industry, Topcon Healthcare offers the latest integrated solutions including advanced multimodal imaging, vendor-neutral data management and groundbreaking remote diagnostic technology.

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AAO 2022 gather

Welcome to Chicago! *EyeNet*'s *Exhibitor Guide* is designed to maximize your time on the show floor. The guide's alphabetical business listing helps you quickly identify companies to visit and highlights some of their new products and services. Use the lined pages in the back to plot your course through the hall or to take notes during vendor meetings. (Some booth numbers may have changed since the time of press. You can find an updated list on the Mobile Meeting Guide at aao.org/mobile.) We hope your time at AAO 2022 is productive and enjoyable.

Sincerely,

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

2Eyes Vision S.L. — Booth 3738

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A Fashion Hayvin — Booth 2812

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A.R.C. Laser GmbH — Booth 3654

+49 911 217790 www.arclaser.com

A1 Opticals — Booth 1850

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AAAASF — Booth 4354

(847) 775-1970 www.aaaasf.org

Aaren Scientific — Booth 2804

(909) 972-5134 www.aareninc.com

ACIGI Relaxation — Booth 1648

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AcuFocus — Booth 5257, 5552

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Advanced Data Systems Corp. — Booth 1637

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AdvancedMD — Booth 3852

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Aerie — Booth 2808

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AGTC — Booth 2047

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American Academy of Ophthalmic Executives (AAOE) — Booth 1408

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American Academy of Ophthalmology — Booth 1408

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American Vision Partners — Booth 1221

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AmerisourceBergen — Booth 3638

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AMSURG — Booth 2037

(615) 240-3832

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AO Lab - American Ophthalmic Lab — Booth 4900

(410) 903-2641 www.aolab.com

Apellis Pharmaceuticals — Booth 4817

(617) 977-5700 www.apellis.com

Appasamy Associates — Booth 2351

(718) 656-7390 www.appasamy.com

Association for Research in Vision and Ophthalmology (ARVO) — Booth 4122

(240) 221-2923 www.arvo.org

AST Products — Booth 4021

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Aurolab — Booth 1734

+91 9489212354 www.aurolab.com

Aurora Surgical — Booth 2136

(727) 821-3303 www.aurorasurgical.com

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Bausch + Lomb — Booth 4844

BAUSCH + LOMB

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- **Up to 72% of patients** achieved complete corneal healing in clinical trials*†[1-3]
- **80% of these patients** remained healed at 1 year (REPARO trial)*[4]

oxervate® (cenegermin-bkbj ophthalmic solution) 0.002% (20 mcg/mL)

* Resolution was evaluated in clinical trials as complete corneal healing, defined as the absence of staining in the lesion area and no persistent staining in the rest of the cornea after 8 weeks of treatment and as <0.5-mm lesion staining at 48-week follow-up.[1-3]

† Key study findings were after 8 weeks of treatment, 6 times daily. REPARO (Study NGF0212): 52 European patients with neurotrophic keratitis (NK) in 1 eye per group; 72% of patients completely healed; vehicle response rate 33.3%. Study NGF0214: 24 US patients with NK in 1 or both eyes per group; 65.2% completely healed; vehicle response rate 16.7%.[2,3]

Important Safety Information

WARNINGS AND PRECAUTIONS

Use with Contact Lens

Contact lenses should be removed before applying OXERVATE because the presence of a contact lens (either therapeutic or corrective) could theoretically limit the distribution of cenegermin-bkbj onto the area of the corneal lesion. Lenses may be reinserted 15 minutes after administration.

Eye Discomfort

OXERVATE may cause mild to moderate eye discomfort such as eye pain during treatment. The patient should be advised to contact their doctor if a more serious eye reaction occurs.

ADVERSE REACTIONS

In clinical trials, the most common adverse reaction was eye pain following instillation which was reported in approximately 16% of patients. Other adverse reactions occurring in 1% to 10% of OXERVATE patients and more frequently than in the vehicle-treated patients included corneal deposits, foreign body sensation, ocular hyperemia, ocular inflammation and tearing.

USE IN SPECIFIC POPULATIONS

Pregnancy

There are no data from the use of OXERVATE in pregnant women to inform any drug associated risks.

Lactation

The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for OXERVATE, and any potential adverse effects on the breastfed infant from OXERVATE.

Pediatric Use

The safety and effectiveness of OXERVATE have been established in the pediatric population. Use of OXERVATE in pediatric patients 2 years of age and older is supported by evidence from adequate and well-controlled trials of OXERVATE in adults with additional safety data in children.

INDICATION

OXERVATE® (cenegermin-bkbj) ophthalmic solution 0.002% (20 mcg/mL) is indicated for the treatment of neurotrophic keratitis.

DOSAGE AND ADMINISTRATION

Instill one drop of OXERVATE in the affected eye(s), 6 times a day at 2-hour intervals for eight weeks.

To report ADVERSE REACTIONS, contact Dompé U.S. Inc. at 1-833-366-7387 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see the Brief Summary of full Prescribing Information for OXERVATE on the following page.

References: 1. OXERVATE® (cenegermin-bkbj) ophthalmic solution 0.002% (20 mcg/mL) [US package insert]. Boston, MA; Dompé U.S. Inc.; 2019. **2.** Bonini S, et al. *Ophthalmology*. 2018;125:1332-1343. **3.** Pflugfelder SC, et al. *Ophthalmology*. 2020;127:14-26. **4.** Data on File. Clinical Study Report (NGF0212). Dompé U.S. Inc., 2016.

See more clinical data
OXERVATE.com/hcp

Dompé

oxervate®
(cenegermin-bkbj ophthalmic solution) 0.002% (20 mcg/mL)

Brief Summary of full Prescribing Information

Consult the full Prescribing Information for complete product information, available at www.oxervate.com/prescribing-information.

INDICATIONS AND USAGE

OXERVATE® (cenegermin-bkbj) ophthalmic solution 0.002% is indicated for the treatment of neurotrophic keratitis.

DOSAGE AND ADMINISTRATION

General Dosing Information

Contact lenses should be removed before applying OXERVATE and may be reinserted 15 minutes after administration.

If a dose is missed, treatment should be continued as normal, at the next scheduled administration.

If more than one topical ophthalmic product is being used, administer the eye drops at least 15 minutes apart to avoid diluting products. Administer OXERVATE 15 minutes prior to using any eye ointment, gel or other viscous eye drops.

Recommended Dosage and Dose Administration

Instill one drop of OXERVATE in the affected eye(s), 6 times a day at 2-hour intervals for eight weeks.

WARNINGS AND PRECAUTIONS

Use with Contact Lens

Contact lenses should be removed before applying OXERVATE because the presence of a contact lens (either therapeutic or corrective) could theoretically limit the distribution of cenegermin-bkbj onto the area of the corneal lesion. Lenses may be reinserted 15 minutes after administration.

Eye Discomfort

OXERVATE may cause mild to moderate eye discomfort such as eye pain during treatment. The patient should be advised to contact their doctor if a more serious eye reaction occurs.

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.

In two clinical trials of patients with neurotrophic keratitis, a total of 101 patients received cenegermin-bkbj eye drops at 20 mcg/mL at a frequency of 6 times daily in the affected eye(s) for a duration of 8 weeks. The mean age of the population was 61 to 65 years of age (18 to 95). The majority of the treated patients were female (61%). The most common adverse reaction was eye pain following instillation which was reported in approximately 16% of patients. Other adverse reactions occurring in 1-10% of OXERVATE patients and more frequently than in the vehicle-treated patients included corneal deposits, foreign body sensation, ocular hyperemia, ocular inflammation and tearing.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no data from the use of OXERVATE in pregnant women to inform any drug associated risks.

Administration of cenegermin-bkbj to pregnant rats or rabbits during the period of organogenesis did not produce adverse fetal effects at clinically relevant doses. In a pre- and postnatal development study, administration of cenegermin-bkbj to pregnant rats throughout gestation and lactation did not produce adverse effects in offspring at clinically relevant doses.

Lactation

Risk Summary

There are no data on the presence of OXERVATE in human milk, the effects on 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 OXERVATE, and any potential adverse effects on the breastfed infant from OXERVATE.

Pediatric Use

The safety and effectiveness of OXERVATE have been established in the pediatric population. Use of OXERVATE in this population is supported by evidence from adequate and well-controlled trials of OXERVATE in adults with additional safety data in pediatric patients from 2 years of age and older.

Geriatric Use

Of the total number of subjects in clinical studies of OXERVATE, 43.5 % were 65 years old and over. No overall differences in safety or effectiveness were observed between elderly and younger adult patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis and Mutagenesis

Animal studies have not been conducted to determine the carcinogenic and mutagenic potential of cenegermin-bkbj.

Impairment of fertility

Daily subcutaneous administration of cenegermin-bkbj to male and female rats for at least 14 days prior to mating, and at least 18 days post-coitum had no effect on fertility parameters in male or female rats at doses up to 267 mcg/kg/day (1709 times the MRHOD).

In general toxicology studies, subcutaneous and ocular administration of cenegermin-bkbj in females was associated with ovarian findings including persistent estrus, ovarian follicular cysts, atrophy/reduction of corpora lutea, and changes in ovarian weight at doses greater than or equal to 19 mcg/kg/day (119 times the MRHOD).

Dompé

Bio Optics Booth 1537

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(925) 557-4100 www.zeiss.com/med

Cassini Technologies Booth 3265

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Cellview Imaging Booth 3849

The **Non-Mydriatic Ultra-Widefield WRI-1 from Cellview** provides operators with the next generation in imaging tools for examining the retina and far into the periphery. Producing a retinal image up to 133° in a single-capture, or 200° automated 2-stitched image, the WRI-1 captures clear and accurate retinal images to assist early diagnosis of diseases and effective patient treatment.

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Chicago Ophthalmic Services Booth 4118

(224) 402-3201 www.chicagoophthalmic.com

Chona Surgical Booth 5526

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Cloud Nine Development Booth 1452

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Codex IT — Booth 4353

(205) 937-0448 www.codextechworks.com

CoFi — Booth 1934

(617) 794-6936

Coherus BioSciences — Booth 2347

(800) 794-5434 www.coherus.com

Cole Eye Institute, Cleveland Clinic — Booth 3254

(216) 444-2801 www.ccf.org

Compulink Healthcare Solutions — Booth 4835

(800) 456-4522 www.compulinkadvantage.com

CorneaGen — Booth 4200

(877) 682-8502 www.corneagen.com

CREWT Medical Systems Co. — Booth 5529

+81-355792998 www.crewt.co.jp

DavLong Business Solutions — Booth 1837

(912) 355-3213 www.davlong.com

Delta Life Science — Booth 1756

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Designs for Vision — Booth 3502

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LEARNING LOUNGE

Participate in informal, small group discussions facilitated by colleagues at the Learning Lounge (Booth 1662).

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Dompe — Booth 4800

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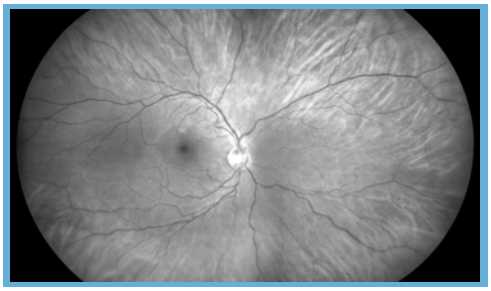

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European Society of Cataract & Refractive Surgeons (ESCRS) — Booth 4000
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European Society of Ophthalmology (SOE) — Booth 3503
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Excellent Hi-Care Pvt. — Booth 2038
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Eye Designs — Booth 3235
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Eye Foundation of America — Booth 1215
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Eye Pharma S.p.A — Booth 1833
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EyeCare Partners — Booth 3668
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EyeKon Medical — Booth 1737
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EyeMD EMR Healthcare Systems — Booth 4162

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Eyenuk — Booth 2033
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EyePlay Experience – American Academy of Ophthalmology — Booth 4858

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Foundation of the American Academy of Ophthalmology — Booth 1408

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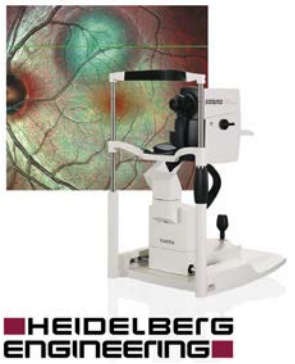

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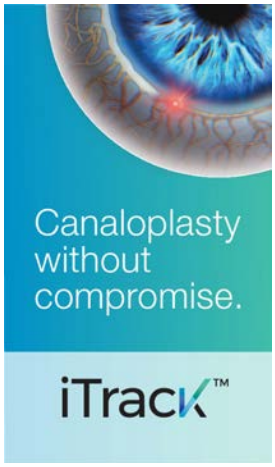

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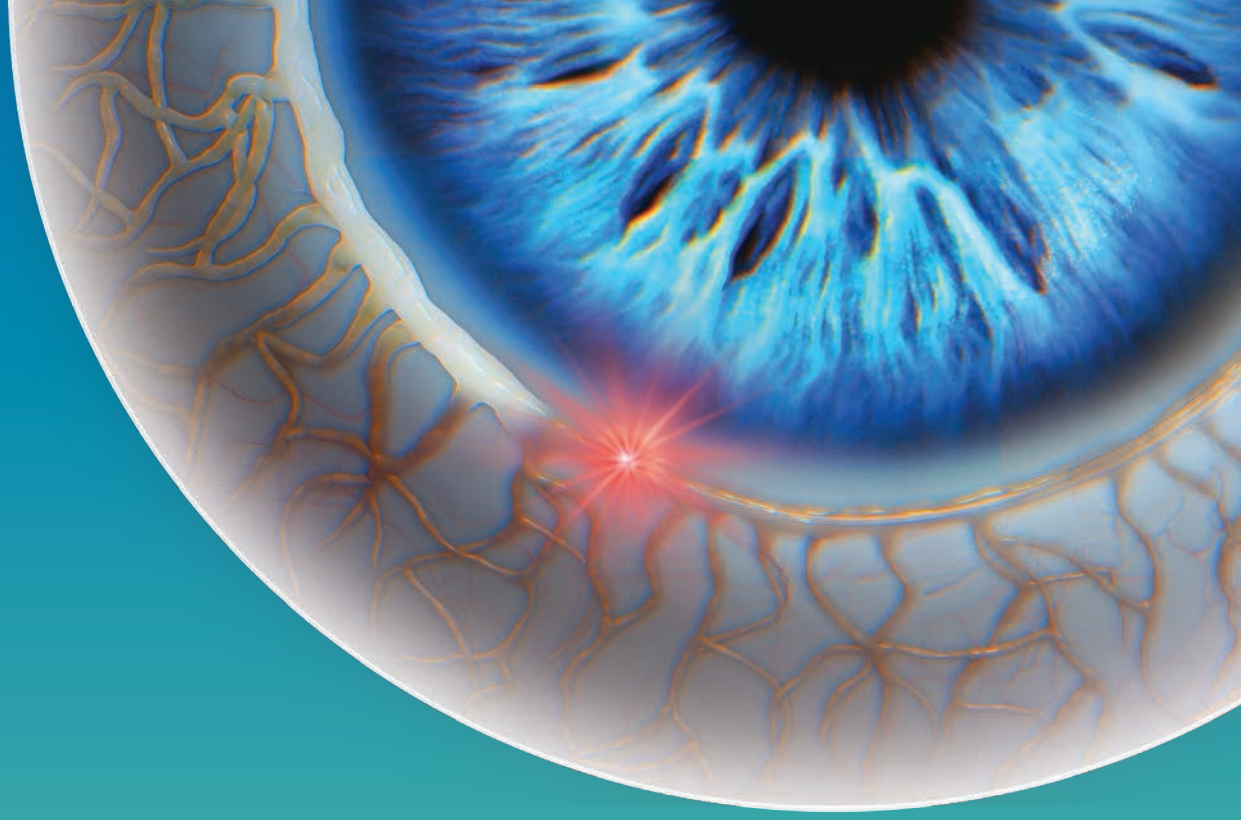

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(646) 242-4669 www.vestrumhealth.com

Virtual Field — Booth 5004

(858) 208-3536 www.virtualfield.io

Vision Share — Booth 4903

(888) 657-4448 www.visionshare.org

Vision Tiffany — Booth 1421

(847) 287-6688 www.visiontiffany.com

Visionix — Booth 3840

(800) 729-1959 www.luneautechusa.com

Vispero — Booth 2704

(800) 444-4443 www.vispero.com

Vital Interaction — Booth 1636

(415) 577-7661 www.vitalinteraction.com

Vital Tears — Booth 3615

(800) 360-9592 www.vitaltears.org

Vmax Vision — Booth 2157

(321) 972-1823 www.vmaxvision.com

Vortex Surgical — Booth 3034

(636) 778-4350 www.vortexsurgical.com

Walman Instruments/ Eye Care Alliance — Booth 2908

(800) 222-8095 www.walmaninstruments.com

Weave	Booth 1651
(866) 308-2039 www.getweave.com/industry/ophthalmology	

WebMD	Booth 1951
(888) 491-0328 www.webmdprofile.com	

Wills Eye Hospital	Booth 2800
(215) 928-3000 www.willseye.org	

Winfame USA	Booth 2044
(626) 442-8238 www.winfameusa.com	

Wolters Kluwer Health	Booth 4019
(215) 521-8300 www.shop.lww.com	

World Glaucoma Association (WGA)	Booth 1309
+31 205709600 www.worldglaucoma.org	

WorldCare Clinical	Booth 1834
(617) 250-5149 www.wcclinical.com	

Zabby's	Booth 1438
+91 1123413805 www.zabbys.net	

Ziemer Ophthalmics	Booth 2514
(805) 403-4381 www.ziemerusa.com	

Zilia	Booth 3134
(833) 501-6996 www.ziliahealth.com	

Zocular	Booth 1632
(844) 965-8527 www.zocular.com	

CHECK OUT *EYENET* CORPORATE LUNCHES

EyeNet's free corporate educational lunches are in E353c Lakeside. Learn more at aao.org/eyenet/corporate-lunches.

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McCormick Place Convention Center
E353c Lakeside

Check-in and Lunch Pickup
12:30-12:45 p.m.
Lunches are provided on a first-come basis.

Program
12:45-1:45 p.m.

SATURDAY, OCT. 1

Patient Variability in Wet Age-Related Macular Degeneration (AMD)

Speaker: Yannek Leiderman, MD, PhD

Presented by Regeneron and designed for US retina specialists.

SUNDAY, OCT. 2

Making the Case: Expert Perspectives on Dry Eye

Speaker: Jay Mattheis, MD, MSPH, FACS—
Director, Peer Education, Novartis US Ophthalmics

Dr. Mattheis is an employee of Novartis. Dr. Mattheis no longer sees patients. Presented by Novartis Pharmaceuticals Corporation and designed for US eye care specialists.

MONDAY, OCT. 3

Explore a Different Path to Treating Dry Eye Disease

Speaker: Francis S. Mah, MD

Presented by Oyster Point Pharma, Inc., and designed for US eye care specialists.

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