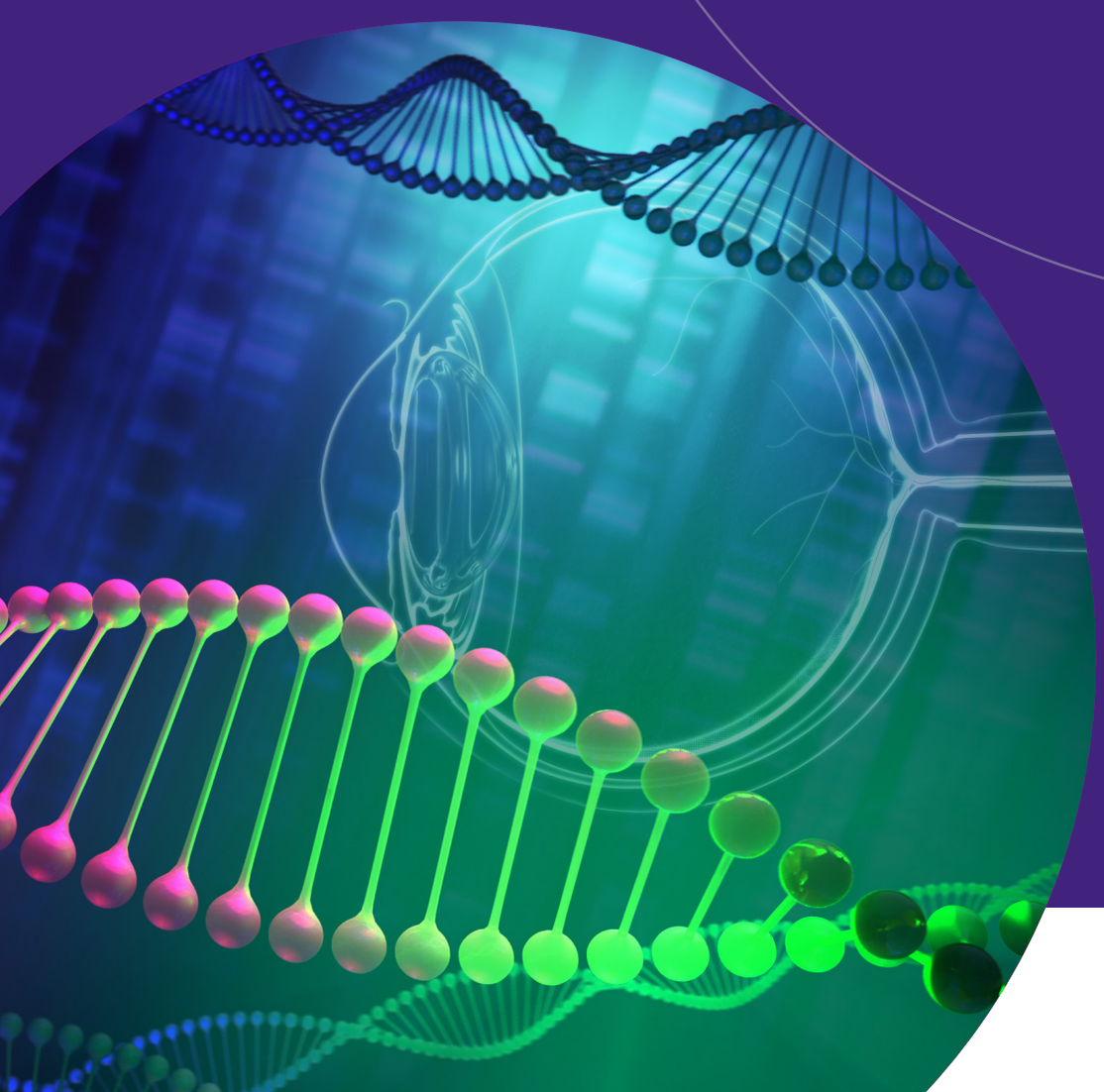
AMERICAN ACADEMY
OF OPHTHALMOLOGY®

EyeNet® MAGAZINE

2018 Media Kit

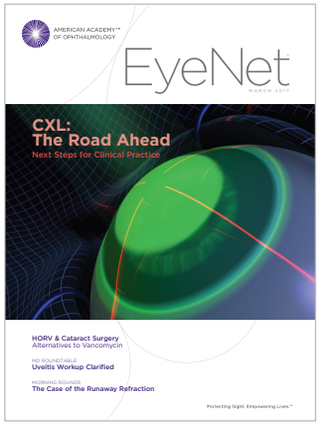


Protecting Sight. Empowering Lives.®

EyeNet® MAGAZINE



EyeNet is the Academy's official newsmagazine and the premier source among the ophthalmic trade press of credible information for ophthalmologists. *EyeNet* delivers practical clinical information that can be applied immediately in patient care, plus coverage of a broad range of subjects of interest to ophthalmologists, including business and news—all in a concise, highly readable format.



Organization Affiliation

EyeNet is a member benefit for American Academy of Ophthalmology (AAO) Members and Members in Training worldwide.

It also is a benefit for American Academy of Ophthalmic Executives (AAOE) Members.

AAO membership includes 93% of practicing U.S. ophthalmologists and 99% of ophthalmologists completing a residency or fellowship training program.

AAOE membership includes approximately 6,000 office administrators, managers, and physicians.

Issuance

FREQUENCY: 12 times a year

ISSUE DATE: First of the month

MAILING DATE & CLASS: 25th of the preceding month, second class

AVERAGE CIRCULATION: 22,000 (see page 10 for details)

Advertising

ACCEPTANCE AND COPY RESTRICTIONS: Subject to approval by the Academy

PLACEMENT POLICY: Interspersed

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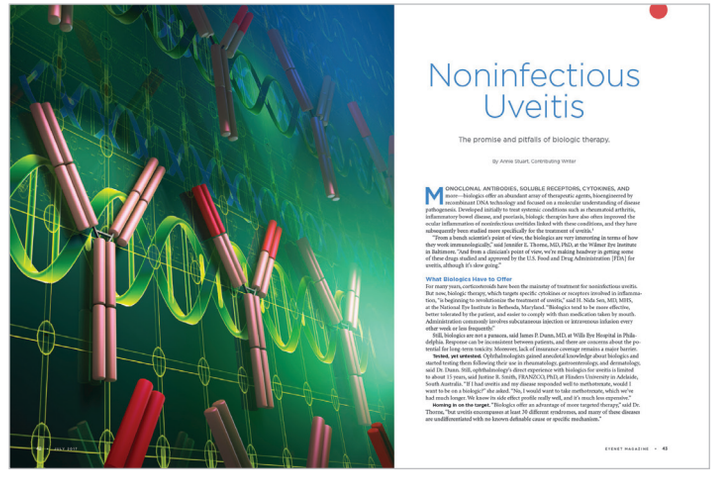
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2018 EDITORIAL CALENDAR

The Best in Clinical Insights

January

Effective Humanitarian Ophthalmology. What to plan in the year ahead? International volunteering! There are ways to do it well. Get guidance from those who have been there. Plus, domestic volunteer opportunities abound—consider working in a medically underserved community near you.

Clinical Updates
Comprehensive • Refractive

February

Minimally Invasive Glaucoma Surgery. Join the discussion about the latest FDA approved MIGS devices. Which device to use and when? How do they fit into the larger glaucoma treatment picture? What do you need to know about reimbursement?

Clinical Updates
Cornea • Retina

Distributed at APAO

March

Cataract Spotlight Session. Revisiting the Spotlight on Cataract session during AAO 2017, *EyeNet* presents a variety of surgical cases, along with audience poll questions and answers, and fresh expert commentary.

Clinical Updates
Glaucoma • Oncology

April

Retinal Detachment. While retinal detachment may seem like a straightforward diagnosis, it can sometimes be missed or not referred as urgently as it should be. A review of the facts.

Clinical Updates
Cataract • Pediatrics

Distributed at ASCRS

May

Aesthetics in Practice. Ever-increasing consumer demand for anti-aging treatment combined with a bounty of aesthetics tools and treatments—from the intense pulse light laser to classic Botox—put this business-building option within reach.

Clinical Updates
Glaucoma • Neuro

June

Vision Rehab: The Ophthalmologist's Responsibility. Vision rehabilitation is an entire comprehensive approach to rethinking an individual's life. But it's not as overwhelming as it sounds. What the ophthalmologist needs to know.

Clinical Updates
Trauma • Uveitis

Distributed at SOE

July

Practice Models for the Ophthalmology-led Team. Will the ophthalmology-led eye care team become increasingly common? *EyeNet* examines several models to compare the advantages and drawbacks of each, as well as the ophthalmologist's changing role.

Clinical Updates
Glaucoma • Retina

Distributed at ASRS

August

Roundup of Dry Eye Treatments. As new diagnostics and therapeutics join the swelling ranks of dry eye products, experts report on their in-clinic experiences with these tools, answering the question: Which ones are most valuable for optimal patient care?

Clinical Updates
Cataract • Refractive

September

Innovative Ideas in Cataract. From dropless cataract surgery to refractive index shaping and innovations beyond. What are the most disruptive technologies in—or on their way to—the cataract suite?

Clinical Updates
Comprehensive • Oculoplastic

Distributed at ESCRS

October

Technology Report. A look at where ophthalmology stands with respect to new and emerging technologies—from apps to big data, imaging, and beyond. How will ophthalmologists use these advances to move patient care and the profession forward?

Clinical Updates
Cornea • Oncology • Retina

Distributed at AAO 2018

November

OCT-A in the Clinic. Is OCT angiography ready for mainstream use? Subspecialty experts talk about when and how to use it in the clinic.

Clinical Updates
Cornea • Neuro

December

A Look Ahead. *EyeNet* invites three experts to discuss the news and trends within their subspecialties from 2018 and to examine these events for their likelihood to affect the profession of ophthalmology into the coming years.

Clinical Updates
Comprehensive • International

2018 Ad and Materials Deadlines

January
Ad close: December 4
Materials close: December 8

February
Ad close: January 3
Materials close: January 5

March
Ad close: January 29
Materials close: February 2

April
Ad close: March 5
Materials close: March 9

May
Ad close: April 2
Materials close: April 6

June
Ad close: May 2
Materials close: May 4

July
Ad close: May 31
Materials close: June 1

August
Ad close: July 2
Materials close: July 6

September
Ad close: August 1
Materials close: August 3

October
Ad close: September 4
Materials close: September 7

November
Ad close: October 1
Materials close: October 5

December
Ad close: November 5
Materials close: November 9

EyeNet Tops the Charts

What Ophthalmologists Think About *EyeNet*

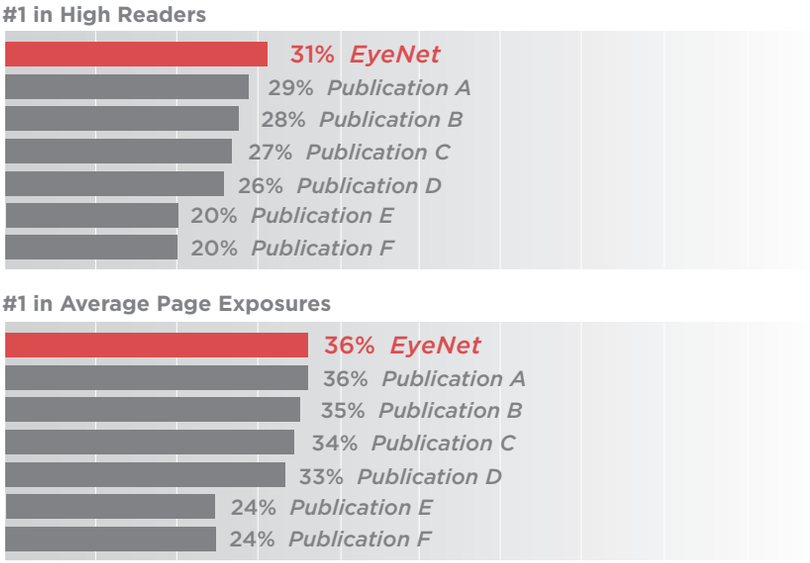
Kantar Media, an independent, third party market research firm, conducts annual readership surveys to study the reading habits of U.S. ophthalmologists. 2017's findings show the following rankings.

#1 in High Readers. *EyeNet* has the most dedicated readers for the 8th year in a row.

SOURCE: Kantar Media, 2017 Eyecare Readership Study.

#1 in Average Page Exposures. More ophthalmologists are likely to see a page in *EyeNet* than any other ophthalmic publication for the 5th year in a row.

SOURCE: Kantar Media, 2017 Eyecare Readership Study.



The Newsmagazine With The Most Receptive Readers

EyeNet leads the pack among ophthalmologists you want to reach: **#1 in high readers and #2 in ad page exposures in all of the categories below.**

Those who do not see sales representatives. How else are these physicians going to hear about your product? Get your foot in the door with them via *EyeNet*.

Early drug adopters. Reach the ophthalmologists who prescribe as soon as they see a new drug.

Those who intend to purchase diagnostic equipment in next year. These are the physicians who are in the frame of mind to make purchases—target them when they're in the market to buy.

Ophthalmologists under the age of 45. Doctors in this demographic are still forming their prescribing habits—take advantage of this by marketing to as many as you can via *EyeNet*.

Key opinion leaders. Reach the ophthalmologists whose colleagues admire them and look to them for guidance.

Write more than 50 prescriptions per week. Highly productive prescribers, prolific rx writers.

SOURCE: Kantar Media, 2017 Eyecare Readership Study.

DEFINITIONS OF TERMS

High readers: Those who read with high frequency in high numbers (3/4 and 4/4 issues and high percentage of pages).

Ad page exposures: Combines how thoroughly the publication is read with the number of pages and ad locations to predict the probability that a reader will be exposed to an advertisement.

Average page exposures: Factors how frequently and thoroughly a reader goes through an issue to project the likelihood of exposure to any page in the publication.

YOUR 2018 MARKETING PLAN

Create an All-Encompassing, Multi-Platform Campaign

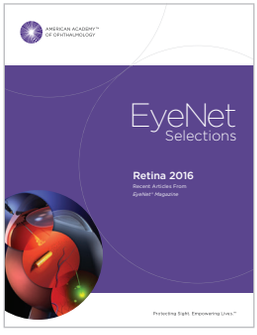
With *EyeNet Magazine* at the center of your marketing plan, you are guaranteed a loyal and avid reader base. Build out from that core with *EyeNet*'s satellite offerings: AAO 2018 print and electronic publications, custom supplements offered throughout the year, educational events, and digital opportunities to engage your audience when and how they choose to read the magazine.



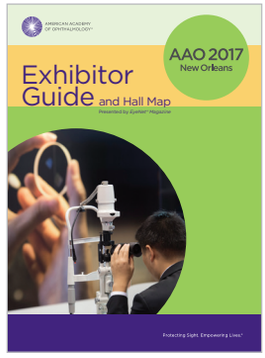
AAO 2017 NEWS



CORPORATE EVENTS



BEST OF RETINA



EXHIBITOR GUIDE

AAO 2018 Opportunities

AAO 2018 DAILY. *EyeNet*'s clinical e-newsletter is reported over 4 days in Chicago to keep ophthalmologists on top of news from Subspecialty Day and AAO 2018. It is emailed nightly to more than 72,000 recipients and posted to aao.org/eyenet for double exposure.

AAO 2018 NEWS. The Academy's convention tabloid provides extensive meeting news and information. There are 2 editions—1 distributed on Friday, the other on Sunday—displayed in high-visibility locations throughout the hall. The Friday edition guarantees distribution via a door drop to 11,000 attendees. Your ad will appear in both editions.

***AAO 2018 NEWS* DISTRIBUTION BINS.** Includes advertising on 2 publication bins on the top, side, and kick panels, located in high-profile locations in the convention center.

"BEST OF" SELECTIONS. Each edition recaps the important discoveries, issues, and trends in a subspecialty. Cornea, Glaucoma, and Retina editions are distributed at Subspecialty Day, while Refractive-Cataract is distributed at both Subspecialty Day and the Spotlight on Cataract Surgery session.

DESTINATION SERIES. AAO 2018 attendees turn to this 6-part series in *EyeNet* for deadlines, event previews, interviews, sneak peeks, and more (May to October).

***EYENET* CORPORATE EVENTS.** Take your hour-long message directly to ophthalmologists during AAO 2018 at a convenient onsite location. You develop the program, *EyeNet* handles the marketing and logistics.

EXHIBITOR GUIDE. The ONLY printed exhibitor list for AAO 2018, delivered straight to attendees in their registration bags! Showcase your product with an upgraded listing.

OPHTHALMIC PHOTOGRAPHY CALENDAR. An eye-catching collection of striking ophthalmic images, the *Calendar* is distributed to meeting attendees via registration bags, and your corporate logo is displayed on each page.

Year-Round Opportunities

COVER TIP ADVERTISING. Showcase your brand front and center on *EyeNet*'s cover. Ship preprinted tips or send a high-resolution, press-ready PDF for *EyeNet* to print.

INDUSTRY-SPONSORED SUPPLEMENTS. Tell the full story of your products or services to ophthalmologists with a supplement polybagged with the monthly issue. Develop your own content, and design your own cover and layout—or use the modified *EyeNet* design template provided by the Academy.

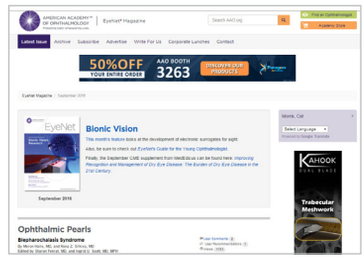
MIPS MANUAL 2018: A PRIMER AND REFERENCE. This booklet opens with a quick overview before taking a detailed, deeper dive into the regulations. It includes listings for scores of MIPS measures and activities, making it a valued reference. (Posted online ahead of print.)

YO SUPPLEMENT. Read by 4,000 ophthalmologists at the start of their careers, this supplement gets young ophthalmologists up to speed on key topics that aren't covered during residency and gives them a firm grounding in the business aspects of ophthalmic practice.

OTHER SUPPLEMENTS. Got a topic in mind? *EyeNet* can work with your team to develop supplements in your area of interest.



MIPS Supplement



aao.org/eyenet

Spotlight on Digital

eTOC. This monthly e-blast provides all Academy members with on-the-go highlights of *EyeNet* print content. With approximately 27,000 recipients, a 32% open rate, and 7% clickthrough rate, the blast features prominent ad positioning.

SPOTLIGHT IMAGE. Your image and case description is rotated in every month onto a dedicated page on aao.org/eyenet. Callouts and links provide extra exposure.

VIDEO. *EyeNet* offers 2 options for video advertising on aao.org/eyenet.

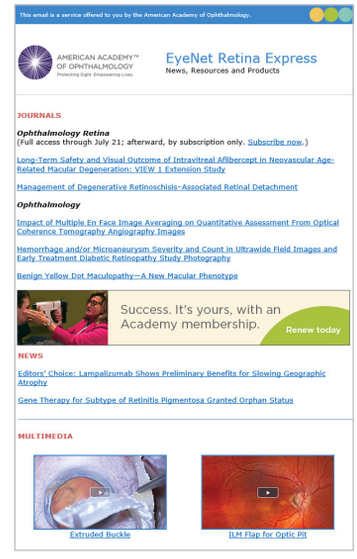
- **Leading into the multimedia extra.** Placing a 7-second video spot at the beginning guarantees undivided attention from ophthalmologists, as they must watch the ad before viewing the clinical content.
- **Freestanding.** Create a stand-alone video about your product. We will drive traffic to the video by mentioning it in the eTOC.

WEBSITE BANNERS. Multiple sizes are available (all are run-of-site): leaderboards, skyscrapers, and buttons. The website averages 150,000 unique visitors, and 207,000 views monthly.

RETINA EXPRESS. This monthly email blast for retina specialists and comprehensive ophthalmologists (9,000 circulation) contains links to retina-related content from around the Academy.



eTOC



Retina Express

MECHANICAL REQUIREMENTS

Page Unit	Non-Bleed	Bleed
Spread (two facing pages)	15″ x 10″	16 1/2″ x 11 1⁄8″
Full page	7″ x 10″	8 3⁄8″ x 11 1⁄8″
1/2 page (horizontal)	7″ x 4 3/4″	8 3⁄8″ x 5 1/2″
1/2 page (vertical)	3 1/4″ x 10″	4 1/4″ x 11 1⁄8″
2/3 page (vertical)	4 1/2″ x 10″	5 3⁄8″ x 11 1⁄8″
1/4 page	3 1/4″ x 4 3/4″	N/A

Trim

EyeNet Trim Size (Page):	8 1/8″ x 10 7/8″
EyeNet Trim Size (Spread):	16 1/4″ x 10 7/8″
Live Matter:	Bleed sizes include 1/8″ trim from outside, bottom, top, and gutter. Keep live matter 1/2″ from trim size of page.

Production Specifications

***EyeNet Magazine* Trim Size**
8.125” x 10.875”
Paper Stock
Inside Pages: 50 lb. text
Cover: 70 lb. cover with varnish
Binding
Perfect Bound

Digital Ad Requirements

High-resolution PDF is the preferred file format. These flattened files (PDF/X-1a:2001) should be created using Adobe Acrobat Distiller 4.05 (or greater) or exported from Quark XPress or InDesign using the PDF/X-1a:2001 setting. All graphics and fonts must be embedded. Spot colors, RGB, and LAB colors should be converted to CMYK before creating the PDF. All trim and registration marks must appear outside the bleed area (1/8 inch from trim). Scanned images must be saved as high resolution (at least 266 dpi) in TIFF or EPS format. Maximum ink density should not exceed 300%.

TIFF and EPS files created with Illustrator or Photoshop are also acceptable. Supply both printer and screen fonts, including fonts embedded in art files. If submitting an InDesign document (CS4 or greater), you must supply all fonts and art files. Line art should be scanned at 600 dpi. Images (TIFF or EPS) should be at least 266 dpi and saved in CMYK mode.

Send the following:
- Ad file (high-resolution PDF or native files).
- Any supporting graphics that are incorporated in the ad (e.g., logo file, images).
- Screen and printer fonts. Fonts must still be included even if the ad is saved as an EPS file.

FTP Instructions

Ads can also be submitted via FTP. Materials should be placed within a folder titled with the company name and issue date.
Email *EyeNet* at cmorris@aao.org when the ad is uploaded.

Server address: ftp.aao.org
Username: enm
Password: provided by cmorris@aao.org

Reproduction Requirements

In order to ensure reproduction accuracy, color ads must be accompanied by a proof prepared according to SWOP standards. If a SWOP-certified proof is not supplied, the publisher cannot assume responsibility for correct reproduction of color.

The Academy is not responsible for and reserves the right to reject materials that do not comply with mechanical requirements.

Insert Requirements

Average run is 22,000. Contact M.J. Mrvica Associates for further details.

EyeNet Advertising Materials

Catherine Morris
EyeNet Magazine
655 Beach Street
San Francisco, CA 94109
Tel. 415.447.0325
cmorris@aao.org

Black-and-White Rates

Frequency	Full Page	2/3 Page	1/2 Page	1/4 Page
1x	$3,286	$2,726	$2,135	$1,314
3x	$3,219	$2,672	$2,092	$1,288
6x	$3,121	$2,590	$2,028	$1,248
12x	$3,055	$2,536	$1,986	$1,222
18x	$2,956	$2,453	$1,922	$1,182
24x	$2,923	$2,427	$1,900	$1,170
36x	$2,858	$2,372	$1,857	$1,143

Color Rates

Frequency	Full Page	2/3 Page	1/2 Page	1/4 Page
1x	$5,746	$5,172	$4,597	$3,735
3x	$5,632	$5,069	$4,505	$3,661
6x	$5,459	$4,913	$4,367	$3,548
12x	$5,345	$4,810	$4,276	$3,474
18x	$5,172	$4,655	$4,138	$3,362
24x	$5,114	$4,603	$4,091	$3,325
36x	$5,000	$4,499	$3,999	$3,250

Premium Positions and Inserts

Cover and Other Special Rates

COVER 2: 35% over earned black-and-white rate.
COVER 3: 20% over earned black-and-white rate.
COVER 4: 50% over earned black-and-white rate.
TABLE OF CONTENTS: 15% over earned black-and-white rate.
OPPOSITE EDITORIAL BOARD: 10% over earned black-and-white rate.

Inserts

2-PAGE INSERT: Two times earned black-and-white rate.
4-PAGE INSERT: Four times earned black-and-white rate.
OTHER ITEMS: Split runs available, but pricing will remain the same.

Advertising Incentives

ADVERTISING CONTINUITY PROGRAM: Advertise in three issues and earn a free ad of equal size in the third issue.

CUSTOM ADVERTISING PACKAGE:
Contact M.J. Mrvica Associates for details.

Agency Information

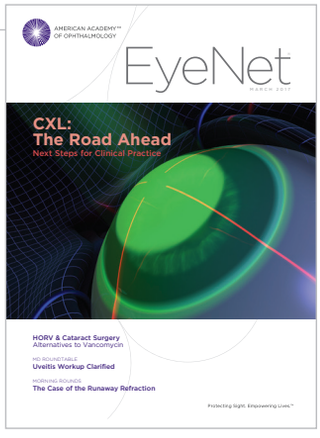
AGENCY COMMISSION: 15% allowed to agencies of record, with billing to the agency. In-house agencies are acceptable.
AGENCY RESPONSIBILITY: Payment for all advertising ordered and published.
EARNED RATES: Earned rates are based on the total number of insertions (full or fractional pages) placed within a 12-month period.

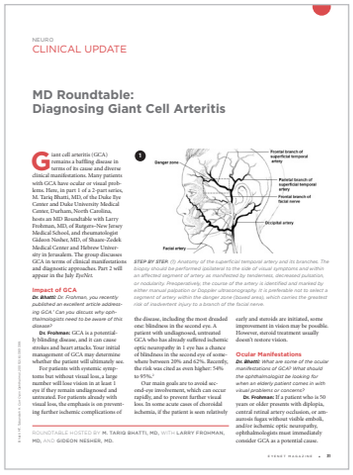
Space purchased by a parent company and its subsidiaries is combined.

EyeNet's Advertising Sales Firm

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NEURO
CLINICAL UPDATE

MD Roundtable:
Diagnosing Giant Cell Arteritis

Giant cell arteritis (GCA) remains a baffling disease in terms of its cause and diverse clinical manifestations. Many patients with GCA have ocular or visual problems. Here, in part 1 of a 2-part series, M. Tariq Bhatti, MD, of the Duke Eye Center and Duke University Medical Center, Durham, North Carolina, hosts an MD Roundtable with Larry Frohman, MD, of Rutgers–New Jersey Medical School, and rheumatologist Gideon Nesher, MD, of Shaare Zedek Medical Center and Hebrew University in Jerusalem. The group discusses GCA in terms of clinical manifestations and diagnostic approaches. Part 2 will appear in the July *EyeNet*.

Impact of GCA

Dr. Bhatti: *Dr. Frohman, you recently published an excellent article addressing GCA.[1] Can you educate why ophthalmologists need to be aware of this disease?*

Dr. Frohman: GCA is a potentially blinding disease, and it can cause strokes and heart attacks. Your initial management of GCA may determine whether the patient will ultimately see.

For patients with systemic symptoms but without visual loss, a large number will lose vision in at least 1 eye if they remain undiagnosed and untreated. For patients already with visual loss, the emphasis is on preventing further ischemic complications of the disease, including the most dreaded one: blindness in the second eye. A patient with undiagnosed, untreated GCA who has already suffered ischemic optic neuropathy in 1 eye has a chance of blindness in the second eye of somewhat between 20% and 62%. Recently, the risk was cited as even higher: 54% to 95%.[2]

Our main goals are to avoid second-eye involvement, which can occur rapidly, and to prevent further visual loss. In some acute cases of choroidal ischemia, if the patient is seen relatively early and steroids are initiated, some improvement in vision may be possible. However, steroid treatment usually doesn't restore vision.

Ocular Manifestations

Dr. Bhatti: *What are some of the ocular manifestations of GCA? What should the ophthalmologist be looking for when an elderly patient comes in with visual problems or concerns?*

Dr. Frohman: If a patient who is 50 years or older presents with diplopia, central retinal artery occlusion, or amaurosis fugax without visible emboli, and/or ischemic optic neuropathy, ophthalmologists must immediately consider GCA as a potential cause.

ROUNDTABLE HOSTED BY M. TARIQ BHATTI, MD, WITH LARRY FROHMAN, MD, AND GIDEON NESHER, MD.


Destination AAO 2017

GET READY FOR NEW ORLEANS • PART 2 OF 6

BEAT THE CLOCK

Register by Aug. 9 to Save on Fees

The online registration system is now open for Academy and AAOE members; it opens July 12 for nonmembers. AAO 2017 registration will remain open through the meeting and is free for Academy and AAOE members. (Separate registration is required for Subspecialty Day and Saturday's AAOE half-day coding sessions.) Not a member? Learn about member benefits at aao.org/membership and join at aao.org/member-services/join.

Price increases Aug. 10. And there will be a second increase in fees on Oct. 13.

Mailing deadlines. To have badge- and meeting materials mailed to you before the meeting, international attendees must register by Sept. 22, and U.S. attendees must register by Oct. 13.

Complete your order. When you register, purchase the Academy Plus course pass, as well as tickets for events, such as Skills Transfer labs and Breakfast With the Experts roundtables. Visit aao.org/registration.

Peruse the Program and Plan Your Schedule

The online program search is now open for both members and nonmembers through online registration. Visit aao.org/programsearch to look up information about instruction courses and events by day, topic, special interest, or presenter. Log in to build your schedule and select your favorite sessions and events for AAO 2017.

New Orleans Highlights

Renowned for its restaurants, music, French Quarter, and Garden District, New Orleans is one of the world's most culturally rich destinations. *Conde Nast Traveler* listed New Orleans in its "America's Most Charming Cities" list in January of this year. Start planning your extracurricular activities for this popular destination now. Consider the following:

Visit the "backstage" areas. Take a walking or bus tour of New Orleans' most famous graves, including Voodoo Queen Marie Laveau's.

Peek behind the scenes at Mardi Gras floats. Mardi Gras World offers tours on the history of this unique tradition, and it shows how the floats are built. Also, the Orbital Gala will take place here—purchase your ticket at aao.org/foundation/gala-overview.

Take a steamboat down the river. Cruise the Mississippi for a unique perspective and stunning views of the city.

For more information, visit aao.org/newsroom.

PROGRAM

Practice Management

Bring the whole office to New Orleans. AAO 2017 offers more than 100 practice management courses, 4 Practice Management Master Classes, and 2 half-day coding sessions: Fundamentals of Ophthalmic Coding and Coding Camp. Registration is free for AAOE members. Not a member? Visit aao.org/joinaaoe to view benefits and become a member.

Opening Session: Can't-Miss Lectures

Don't miss the Michael F. Marmor Lecture in Ophthalmology and the Arts, which will be given by Henry Burlar at the Opening Session in the Great Hall


Journal Highlights

NEW FINDINGS FROM THE PAST 6 WEEKS' LITERATURE

Ophthalmology

Selected by George O. Baerveldt, MD

Myocilin Genetic Testing for POAG Allows Early Identification in At-Risk Patients.

March 2017

Souzeau et al. compared disease severity between 2 groups of patients with primary open angle glaucoma (POAG): 1) those with a myocilin (*MYOC*) gene sequencing variant (these often were diagnosed through normal clinical pathways) 2) [clinical] versus those who were examined following positive results from genetic testing (*MYOC*). The researchers found that *MYOC* was identified at an earlier stage in the Genetic group.

This study retrospectively examined records from the Australian and New Zealand Registry of Advanced Glaucoma (ANZRAG). 97 *MYOC*+ mutation carriers were identified in the database, and 1,000 POAG patients were available from their initial presentation. Among these 75 participants, 37 were Clinical cases and 38 were Genetic.

All cases were classified into 3 groups based on disease severity at time of presentation: mild, moderate, and severe glaucoma, according to disease severity at the time of their first examination by an ophthalmologist. The main outcome measures were disease severity at initial presentation and age at presentation.

At the first examination, 87% of Genetic cases were diagnosed with mild to none glaucoma suspects. In contrast, among Clinical cases, 43% were glaucoma suspects, 20% had glaucoma, and 28% had advanced glaucoma. Genetic cases were significantly younger at presentation than were Clinical cases (51 vs. 61 years, respectively; $p < .018$). Glaucoma presentation for the Clinical and Genetic groups, respectively, included the following: 1) [clinical] intraocular pressures, 32.2 vs. 17.6 mm Hg ($p < .001$); cup-to-disc ratio, 0.83 vs. 0.68 ($p < .001$); and visual field testing, −10.9 vs. −1.2 ($p < .001$).

The researchers concluded that their findings support the use of POAG myocilin genetic testing for *MYOC*+ glaucoma.

Ophthalmology

Anti-VEGF Use Among Privately Insured and Medicare Advantage Patients

March 2017

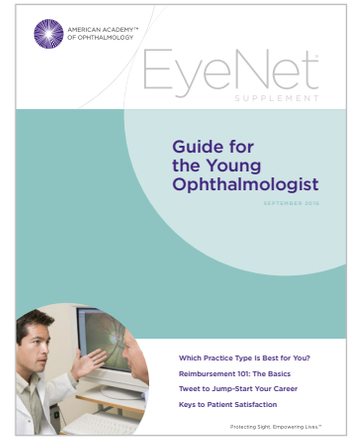
Parikh et al. characterized the trends during the first 10 years of ophthalmic anti-vascular endothelial growth factor (anti-VEGF) treatment (bevacizumab, ranibizumab, and aflibercept). Their retrospective cohort study used 2 administrative claims data for anti-VEGF injections from 2006 through 2015. They found that intravitreal anti-VEGF injections increased annually throughout this period and that the most common use was for treatment of age-related macular degeneration (AMD).

Using a data warehouse containing administrative claims data for more than 100 million Americans, the researchers identified intravitreal anti-VEGF injections by means of Current Procedural Terminology codes. The main outcome measures were annual and total numbers of intravitreal anti-VEGF injections, as well as injections per 1,000 enrolled patients per general category of eligible patients.

A total of 919,041 new VEGF injections were given to 124,853 patients during the study period. Among all injections, 62.6% were bevacizumab, 34.2% were ranibizumab, and 3.2% were aflibercept. With regard to enrollment, 42.7% of injections were for AMD, 16.3% were for diabetic retinal disease, 8.3% were for retinal vein occlusion, and 12.8% were for all other uses.

For treatment of AMD, the use of bevacizumab increased from 0% to 76% from 2006 and 35.3 injections/1,000 patients, respectively, in 2006, peaked in 2013 (102.2/1,000) and 1317 injections/1,000 patients, respectively, in 2015, and then declined to 1,000 patients in 2015 (1,000 patients in 2015 (1,000 patients in 2015 (

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