What’s Hot at Subspecialty Day
The Ultimate Insiders’ Guide
Might over mites in just 6 weeks

FDA-APPROVED TREATMENT FOR DEMODEX BLEPHARITIS (DB)

INDICATIONS AND USAGE
XDEMVY (lotilaner ophthalmic solution) 0.25% is indicated for the treatment of Demodex blepharitis.

IMPORTANT SAFETY INFORMATION:
WARNINGS AND PRECAUTIONS
Risk of Contamination: Do not allow the tip of the dispensing container to contact the eye, surrounding structures, fingers, or any other surface in order to minimize contamination of the solution. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

Use with Contact Lenses: XDEMVY contains potassium sorbate, which may discolor soft contact lenses. Contact lenses should be removed prior to instillation of XDEMVY and may be reinserted 15 minutes following its administration.

ADVERSE REACTIONS: The most common adverse reaction with XDEMVY was instillation site stinging and burning which was reported in 10% of patients. Other ocular adverse reactions reported in less than 2% of patients were chalazion/hordeolum and punctate keratitis.

*The safety and efficacy of XDEMVY for the treatment of DB were evaluated in a total of 833 patients (415 of whom received XDEMVY) in two 6-week, randomized, multicenter, double-masked, vehicle-controlled studies (SATURN-1 and SATURN-2). Patients were randomized to either XDEMVY or vehicle at a 1:1 ratio, dosed twice daily in each eye for 6 weeks. All patients enrolled were diagnosed with DB. The primary efficacy endpoint was defined as the proportion of patients with collarette reduction to no more than 2 collarettes per upper lid at Day 43 vs 17% (N=204) and 12% (N=200) of patients taking vehicle (P<0.01 in each trial).

All images are of actual patients who participated in clinical trials for Tarsus Pharmaceuticals.

© 2023 Tarsus Pharmaceuticals, Inc. All rights reserved. Tarsus, XDEMVY, and the associated logos are trademarks of Tarsus Pharmaceuticals, Inc. US – 2300405 9/23
**NOTICE:** This publication was printed in advance of Subspecialty Day and AAO 2023. For the most up-to-date information, check the Mobile Meeting Guide (aoa.org/mobile). American Academy of Ophthalmic Executives®, American Academy of Ophthalmic Professionals®, EyeNet®, EyeSmart®, IRIS® Registry, ONE®, and Preferred Practice Patterns® are trademarks of the American Academy of Ophthalmology. All other trademarks are the property of their respective owners. © 2023 American Academy of Ophthalmology.
Program Directors Share Insights on Subspecialty Day

From Cornea to Retina

**CORNEA**
West 3014
Section VI: Anterior Segment, moderated by Christopher S. Sales, MD, Christina R. Prescott, MD, PhD, and Sonal S. Tuli, MD (Saturday, 2:47–3:58 p.m.)

The anterior segment session covers ocular trauma. Unfortunately, trauma is seen by all ophthalmologists, especially those working in lower resourced settings and in conflict zones. This session addresses the causes of ocular trauma, with a focus on social determinants of health and on surgical techniques for both initial repair and future reconstruction. This session also features a talk on unusual surgeries that must be seen to be believed. For anyone who ever had an idea for a surgery that was “so crazy it just might work,” this is your session!

—Sonal S. Tuli, MD, Christina R. Prescott, MD, and Christopher S. Sales, MD

**GLAUCOMA**
Esplanade Ballroom
Section V: Pediatric Glaucoma: The Earthquake in Our Practice, moderated by Teresa C. Chen, MD, and Robert J. Noecker, MD (Friday, 8:00 a.m.–5:00 p.m.)

Considering that the highly specialized field of pediatric ophthalmology is experiencing a shortage of surgeons, all ophthalmologists have a duty to understand the basics and the complexities of managing the pediatric glaucoma population, in case their services are needed one day. This session provides all ophthalmologists with a refresher on how to best conduct a pediatric eye exam, with or without anesthesia. The most common pediatric glaucoma diseases will be featured and include congenital glaucoma, aphakic glaucoma, juvenile open-angle glaucoma, and uveitic glaucoma. This session also highlights how trabeculectomies and tubes are different when performed in kids versus adults.

If your area does not have a pediatric ophthalmologist or if you are a pediatrics specialist or is part of a pediatric glaucoma specialist is out of town, this session enables you to help the next pediatric glaucoma patient, whom you may need to see.

—Steve Mansberger, MD, and Teresa C. Chen, MD

**OCULAR ONCOLOGY AND PATHOLOGY**
West 2005
Section IV: Marketing Your Brand: Ways of Yesterday vs. Path of the Future, moderated by Sonul Mehta, MD, and Van Ann Q. Tran, MD (Saturday, 1:31–2:08 p.m.)

Each session features a panel of experts, and audience participation is encouraged. Come choose your own neuro-ophthalmic adventure at this year’s Subspecialty Day.

—Peter A. Quiros, MD, and Madhura A. Tamhankar, MD

**NEURO-OPHTHALMOLGY**
West 2005
Neuro-Ophtalmology Subspecialty Day, program directors Peter A. Quiros, MD, and Madhura A. Tamhankar, MD (Friday, 8:00 a.m.–5:00 p.m.)

This year, Neuro-Ophtalmology Subspecialty Day is designed for the non-neuro-ophthalmologist. The sessions provide the tools necessary for distinguishing between urgent and nonurgent conditions, quickly triaging patients, and supplying patients with the information they need.

• Section I: What Meds Is My Patient On? is designed to provide ophthalmologists with a primer on the ophthalmic, neuro-ophthalmic, and systemic side effects of medications that their patients might be taking.
  • Section II: The Swollen Optic Nerve helps ophthalmologists identify etiologies of optic disc edema and triage appropriately.
  • Section III: Neuro-Ophtalmic Mimickers and Visual Disturbances help ophthalmologists identify neuro-ophtalmic mimics and provide guidance for evaluating patients with unusual visual complaints.

—Peter A. Quiros, MD, and Madhura A. Tamhankar, MD

**OCULOFACIAL PLASTIC SURGERY**
West 3018
Section V: Reconstruction Time Machine—Favored or Forgotten Flaps, presented by Jesse L. Berry, MD (Friday, 8:25–9:35 a.m.)

The 2023 Ocular Oncology and Pathology Subspecialty Day aims to increase general awareness among all ophthalmologists of intraocular, orbital, and external eye tumors and how to diagnose, treat, and prognosticate. Among the day’s highlights will be hearing about the impact and innovation of liquid biopsy for retinoblastoma by expert and pioneer in the field Dr. Jesse Berry and about the current controversies in applying this technique for uveal melanoma by Dr. Amy Schefler. This Subspecialty Day program is a meeting for all!

—Miguel A. Materin, MD, and Claudiu Maria Prospero Ponce, MD

**OCULOFACIAL PLASTIC SURGERY**
West 3018
Section V: What I Used to Do vs. What We Are Going Anywhere?
Retinoblastoma Liquid Biopsies: Where Are We Now? presented by Jesse L. Berry, MD (Friday, 8:25–9:35 a.m.)

The 2023 Ocular Oncology and Pathology Subspecialty Day aims to increase general awareness among all ophthalmologists of intraocular, orbital, and external eye tumors and how to diagnose, treat, and prognosticate. Among the day’s highlights will be hearing about the impact and innovation of liquid biopsy for retinoblastoma by expert and pioneer in the field Dr. Jesse Berry and about the current controversies in applying this technique for uveal melanoma by Dr. Amy Schefler. This Subspecialty Day program is a meeting for all!

—Miguel A. Materin, MD, and Claudiu Maria Prospero Ponce, MD

**Pathology**
West 2005
Section VII: Reconstruction Time Machine—Favored or Forgotten Flaps, presented by Jesse L. Berry, MD (Friday, 8:25–9:35 a.m.)

The 2023 Ocular Oncology and Pathology Subspecialty Day aims to increase general awareness among all ophthalmologists of intraocular, orbital, and external eye tumors and how to diagnose, treat, and prognosticate. Among the day’s highlights will be hearing about the impact and innovation of liquid biopsy for retinoblastoma by expert and pioneer in the field Dr. Jesse Berry and about the current controversies in applying this technique for uveal melanoma by Dr. Amy Schefler. This Subspecialty Day program is a meeting for all!

—Miguel A. Materin, MD, and Claudiu Maria Prospero Ponce, MD

**OCTOBER 4 - 7, 2023**
**SAN FRANCISCO**

**4 • S A N F R A N C I S C O**

**PROGRAM SUBSPECIALTY DAY**
Transitional Pass-Through and Unique, Permanent J-Code
J-2403

IHEEZO™
(chloroprocaine HCl ophthalmic gel) 3%

IHEEZO is the topical ocular anesthetic that compromises on nothing.

Register to evaluate IHEEZO
Includes sample kits you can evaluate on up to 20 patients

In a Phase III clinical trial of IHEEZO,

**NO** supplemental treatment needed to maintain anesthesia**1**

**NO** serious adverse events with an established safety profile**2**

**NO** patients reported experiencing pain**7**

*In the clinical trial, no patient undergoing routine cataract surgery receiving IHEEZO required supplemental treatment to maintain anesthesia; this was not the case for patients receiving tetracaine. Supplemental treatment was defined as general anesthesia, intraoperative systemic analgesia, or local anesthesia. Though supplemental administration was not required by any patient in the clinical trial, IHEEZO may be reapplied as needed to maintain anesthesia.**1

*Sufficient anesthesia with IHEEZO lasted an average of 21.5 minutes in the clinical trial, while mean total surgical time was 13.9 minutes.**7

**APPROVED USE**
IHEEZO is indicated for ocular surface anesthesia.

**IMPORTANT SAFETY INFORMATION**
IHEEZO is contraindicated in patients with a history of hypersensitivity to any component of this preparation.

IHEEZO should not be injected or intraocularly administered.

Patients should not touch the eye for at least 10 to 20 minutes after using anesthetic as accidental injuries can occur due to insensitivity of the eye.

Prolonged use of a topical ocular anesthetic may produce permanent corneal opacification and ulceration with accompanying visual loss.

Do not touch the dropper tip to any surface as this may contaminate the gel.

IHEEZO is indicated for administration under the direct supervision of a healthcare provider. IHEEZO is not intended for patient self-administration.

The most common adverse reactions in studies following IHEEZO administration (incidence greater than or equal to 5%) were mydriasis, conjunctival hyperemia, and eye irritation.

You are encouraged to report suspected adverse reactions to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**Please see Brief Summary of Full Prescribing Information for IHEEZO on adjacent page.**

name recognition alone. And there are other differences in private practice marketing, one of which is the increasing use of social media platforms. And, most exciting of all, there will be a presentation about what ChatGPT can do to revolutionize your daily practice, and it will stun listeners in all subspecialties!

On the clinical side, audience members will want to hear the presentation about new ideas for treating malar fossae, which offer patients nonsurgical options to look rejuvenated and can be performed by ophthalmologists across all subspecialties. In the Reconstruction Time Machine: Favoring or Forgotten Flaps session, speakers will talk about lesser-known reconstructive techniques, such as the Hewes and tarsal switch flaps, as well as other techniques such as the Beard, bucket handle, and sliding tarsocutaneous Hughes flap for margin reconstruction.

Last, it is invaluable to hear respected colleagues describe their experiences about trends that have come and gone. Several presenters will delve into how various surgical techniques have evolved in their hands in the session entitled What I Used to Do vs. What I Do Now:

Surgical Technique Evolution. Talks include anterior and posterior approaches to eyelid surgery, pediatric socket expansion, and a paradigm shift away from externterature.

—Cat Burkart, MD, FACS, and Steven M. Couch, MD

Oculofacial Plastic Surgery program directors

REFRACTIVE SURGERY

West 3014
Section VII: Wellness, moderated by Deepinder K. Dhalliwal, MD, and Audrey R. Talley Rostov, MD (Friday 2:32-3:20 p.m.)

Following on from last year, Refractive Surgery Subspecialty Day again includes a wellness session. The concept is for ophthalmologists to think holistically about their work and life in general. The section focuses on three main concepts: 1) body—posture and fitness for work and healthy living; 2) diet—improved nutrition for the busy physician; and 3) mind—mindfulness and the benefits of living in the moment, both spiritually and physiologically. The session also addresses sustainability, that is, how can we sustain our practices in the current climate crisis. Due to our high volume of surgery, we have a large carbon footprint. Now, more than ever, we need to look for solutions because it is too late.

—Judith S. Mohta, MBBS, and Nicole Fram, MD

Refractive Surgery program directors

RETEINA

West 3004
Central Retinal Artery Occlusion: Time to Presentation and Diagnosis, presented by Robin A. Vora, MD (Friday, 11:35-11:41 a.m.)

Management of central retinal artery occlusion (CRAO) has typically focused on preservation of function and anatomy of the affected eye. Beyond that, the evaluating ophthalmologist would generally recommend a vascular workup to identify and address any treatable conditions that could potentially lead to vascular compromise. However, recent work has suggested that CRAO should be evaluated within the context of cerebrovascular stroke. An evolving recommendation for acute CRAO is immediate referral to a stroke center, both for evaluation and for possible immediate neurovascular intervention. Unfortunately, CRAO patients are rarely seen acutely, and there is significant disagreement about the emergent evaluation of patients presenting with nonacute CRAO. Dr. Robin A. Vora will address historic and emerging data on ophthalmologic management and referral recommendations for CRAO.

—Timothy G. Murray, MD, MBA, and Barbara Ann Blodi, MD

Retina program directors
Emerging treatments for geographic atrophy demand advanced multimodal diagnostics

Quickly classify disease and monitor progression, by combining the metabolic insight of BluePeak autofluorescence, structural visualization of OCT, fundus imaging at different depths with MultiColor and fine vascular details of OCTA colocalized with TruTrack Active Eye Tracking. Map and track changes with SPECTRALIS®.

Visit us at AAO (#428) for a hands-on demonstration of SPECTRALIS.

Uncover more: www.SPECTRALIS-platform.com | 800-931-2230
The transition from penetrating keratoplasty to more selective forms of corneal transplantation, including endothelial and lamellar keratoplasty, was a paradigm shift for cornea surgeons. This year, the session on alternatives to keratoplasty highlights newer techniques that may eliminate the need for corneal transplantation altogether. Specific topics include new keratoprostheses that do not require donor corneas, cell injection therapy, therapeutic laser treatments, and corneal inlays and onlays. Attendees will learn about techniques that they can incorporate into their practices right away, as well as those that may be on the horizon.

This session also takes a sneak peek into the possible new treatments for patients with corneal pathologies that may change the paradigm yet again.

—Sonal S. Tuli, MD, Christina R. Prescott, MD, PhD, and Christopher S. Sales, MD

**Clinical Practices to Reconsider**

**CORNEA**
West 3014

**Section II: Keratoplasty Alternatives,** moderated by Christopher S. Sales, MD, Christina R. Prescott, MD, PhD, and Sonal S. Tuli, MD (Saturday, 9:13-10:20 a.m.)

Opthalmologists often see patients who report visual disturbances that can result from adverse effects of systemic medications. These disturbances may have few or no findings on examination—and the ophthalmologist must have a high level of suspicion about a medication-related cause. Medication history in these patients may be quite complex, especially when the patient is on oncologic drugs or long-term medications for chronic illnesses that have the potential to cause irreversible visual loss or double vision. Speakers will present cases highlighting various neuro-ophtalmic and systemic reactions to medications. The focus will be on several new drugs that can cause serious side effects.

**WARNINGS AND PRECAUTIONS**

**INDICATION**
IZERVAY™ (avacincaptad pegol intravitreal solution) 2 mg is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

**IMPORTANT SAFETY INFORMATION**

**CONTRAINICATIONS**

- IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

**WARNINGS AND PRECAUTIONS**

- Endophthalmitis and Retinal Detachments
  - Intravitreal injections, including those with IZERVAY, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
IZERVAY™ (avacincaptad pegol intravitreal solution) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).
PROGRAM

SUBSPECIALTY DAY

the literature or seek advice from our colleagues to decide the best approach. In this section, experts in their fields will showcase why they think a particular technology is better for a specific indication. The counterpoint arguments will cover the use of cutting-edge cryo-ablation or re-activating lens procedures and laser refractive surgery procedures. Audience members will learn how to make the best use of these technologies in their own clinical practices. This session may well alter their approach to handling such patients in the future. There also will be a new format this year, where the audience will see how the panelist would handle a complication and then learn the outcome from the speaker. Many tips and tricks will be presented on managing these difficult cases.

—Jadbhir S. Mehta, MBBS, and
Nicole Fram, MD
Refractive surgery program directors

RETINA
West 3004
Biomaterials: Are They Always Simi-
lar to the Originator Biologic Across
Subgroups? presented by Susan B.
Bressler, MD (Friday, 8:16-8:22 a.m.)

Exciting Developments

CORNEA
West 304
Section VII: Hot Topics, moderated by
Sonal S. Tuli, MD, Christina R. Prescott,
MD, PhD, and Christopher S. Sales, MD
(Saturday, 4:28-5:30 p.m.)

Cornea Subspecialty Day will wrap up with a “hot topics” session that is full of exciting new developments in cornea and ophthalmology. For example, multiple synthetic corneal components are being developed, and this session will highlight the current state and future possibilities of these tissues. For those of you who are worried that ophthalmologists will be replaced by robots, there is also a talk on artificial intelligence and the cornea!

This session may be a preview of future Cornea Subspecialty Days since the “hot topics” of today may become tomorrow’s “standard of care”!

—Sonal S. Tuli, MD, Christina R. Prescott,
MD, and Christopher S. Sales, MD,
Cornea program directors

GLAUCOMA
Esplanade Ballroom

Section II: Fisherman’s Wharf: Catching Up on New Ideas, moderated by Robert T. Chang, MD, and Christopher A. Girkin, MD (Friday, 10:43-11:39 a.m.)

If you don’t have time to read the latest journal articles, or if you didn’t have a chance to go to ARVO this year, it’s OK. This session fills that gap. In addition to featuring the top discoveries from ARVO 2023, this session touches upon cutting-edge ideas on old problems. New frontiers that will be discussed include,
T he Laureate Award, the Academy’s highest honor, is presented each year to an ophthalmologist who has made extraordi- 11

nary contributions to the profession. The award was created when H. Dunbar Hoskins Jr., MD, was at the helm of the Academy, so it is partic- 12

ularly fitting that Dr. Hoskins is the recipient of this year’s honor.

Academy Leadership
Dr. Hoskins served for 16 years as the Executive Vice President (EVP) and CEO of the Academy (1993-2009), and his ten-
ure was distinguished by many important new initiatives. He is credited with bring- 12

ning the Academy into the digital era, with the creation of the ONE Network and the addition of e-versions of formerly print-
only texts—particularly the addition of e-versions of formerly print-
only texts—particularly the Basic and Clinical Science Course—to the roster of educational publications. He also established the the Mid-Year Forum and founded EyeNet Magazine. For these programs and many other initiatives, Dr. Hoskins is quick to share the credit. He considers the dedicated volunteer programs and many other initiatives, including the Academy’s Education Series and symposia on ophthalmology as well as subspecialty and special interest societies who serve as an advisory body to the Academy Board of Trustees. It acts as a liaison to ensure that the Academy and these societies work together effectively toward their common goals.

One of the Council’s activities is to assist in the development of issues considered at each Mid-Year Forum. This annual forum brings together ophthal-
mologists and legislators in Washington, D.C., to work toward developing policies that advance the eye health of Americans.

Glaucoma Practice and Research
In 1972, before Dr. Hoskins became an Academy leader, he joined a respected ophthalmology practice in San Francisco estab-
lished by his mentor, Robert N. Shaffer, MD, and John (Jack) Hetherington Jr., MD. He remained with the practice until his retirement in 1976.

In 1978, Drs. Shaffer, Hoskins, and Hetherington cofounded the Glaucoma Research Foundation. “We weren’t seeing enough
treatment options available for patients with glaucoma,” Dr. Hoskins said. “There was a need for additional research and under-
standing of the disease.”

Dr. Hoskins was a part of the team that conducted the first randomized clinical trial to study the effect of topical miotics on the progression of glaucoma.

Medical Education
Dr. Hoskins was born and raised in Lynchburg, Virginia, where his father was an ophthalmologist. When the young Dr. Hoskins was a medical student at the University of Virginia, he was initially uncertain about which subspecialty to pursue. An important turning point came when he was offered a job in a research lab in the ophthalmology department at the medical school. “I was examining hamster embryo eyeballs under the microscope. Although I didn’t realize it at the time, that experience was of great value to me because it really taught me how to use the operating microscope,” he said.

Through this lab work, Dr. Hoskins got to know the ophthalmology depart-
ment chair, Dupont Guerry III, MD, and ended up staying there for his residency at the Medical College of Virginia.

Choosing glaucoma. The choice of glaucoma for his subspecialty was a pragmatic decision. He intended to stay in Richmond for his career. “All the other subspecialties were covered; glaucoma was the only one that was open. The doc-
tor who had been the de facto glaucoma specialist was retiring, and he said that he’d give me his practice if I got trained in glaucoma.”

Dr. Guerry was “a great friend of Bob Shaffer, and he arranged for me to go to Bob’s fellowship at the University of California, San Francisco, which was key in my career.”

Dr. Hoskins was also key to Dr. Hoskins’ involvement with the Academy, beginning with an educational video they created together. Ultimately, he went on to several leader-
ship positions in the Academy Secre-

tariat.

The other important mentor was Bruce Spivey, MD, MEd, MS, who preceded Dr. Hoskins as Academy EVP. “I learned so much from him in terms of managing or-
12

ganizations and in dealing with complex problems. He still remains a very close friend,” Dr. Hoskins said.

Thoughts for Young Ophthalmologists
Dr. Hoskins’ advice for those starting out:

Find a good mentor. “Every young ophthalmologist in training or in the early years of practice will encounter pitfalls and burdens. It makes a huge difference to have somebody who’s ahead of you—
a good, knowledgeable person who can guide you through those difficulties.”

Make a commitment. “To be successful, you need to be committed to your patients, to your practice, and to your specialty.”

Get involved. “Find another outlet for what you do beyond just seeing patients day after day. Our Academy is an extra-
ordinary organization that can be very engaging and rewarding.”

Honor the profession. “Ophthalmol-
gy is the best of all specialties. Protecting and restoring vision—that most precious asset for everybody—is an enormous privilege. It shouldn’t be taken lightly, but enjoyed, cherished, and honored.”

BY PEGGY Denny, CONTRIBUTING WRITER

EYENET’S AAO 2023 NEWS

OPENING SESSION AWARDS

HONORING AN ACADEMY ICON

2023 Academy Laureate H. Dunbar Hoskins Jr.

EYENET’S AAO 2023 NEWS

11
The Jackson Memorial Lecture
“Striving Toward Better Eye Health Beyond Our Waiting Rooms”

Ev J. Higginbotham, SM, MD, ML presents the 80th Jackson Memorial Lecture at the Opening Session of AAO 2023. She is a Professor of Ophthalmology at the Scheie Eye Institute at the University of Pennsylvania and specializes in glaucoma. She is also the inaugural Vice Dean for Inclusion, Diversity and Equity at the Perelman School of Medicine at the University of Pennsylvania and a Senior Fellow at the Leonard Davis Institute for Health Economics. She is active in scholarship related to glaucoma, health policy, STEM educational programs, patient care and equity, and she is an Associate Editor of the American Journal of Ophthalmology.

A Multifaceted Career
Leadership. Dr. Higginbotham was the first woman to head a university-based ophthalmology department in the United States, when serving as Chair of the Ophthalmology and Visual Sciences Department at the University of Maryland in Baltimore (1994-2006). Other notable past leadership positions that Dr. Higginbotham has held in academia include Dean of the Morehouse School of Medicine in Atlanta, and Senior Vice President of Health Sciences at Howard University in Washington, D.C. “My current position at the University of Pennsylvania… actually taps into all of my professional experiences, as an ophthalmologist, administrator, and as an educator,” she noted.

Research. As a researcher, Dr. Higginbotham has numerous interests, ranging from ocular pharmacology to health disparities, equity, and policy. She has extensive experience conducting clinical trials, including the Ocular Hypertension Treatment Study, a multicenter randomized trial that determined that topical ocular hypertension medication either delays or prevents the onset of primary open-angle glaucoma. That effort resulted in significant changes in the care of ocular hypertensive patients.

Prominent Positions
Dr. Higginbotham credits the Academy for giving her a start in leadership at a young age. She served as a trustee-at-large on the Academy Board in the early 1990s while still in her 30s. “That was actually my first board,” she recalled. "Bringing people early in their careers onto the Academy Board gives them the inspiration to serve in a leadership capacity throughout their careers. Indeed, it has had that impact on my own career, given my track record of serving on governing boards.”

Since that time, she has served on a variety of boards and committees. Currently, she serves as an elected member of the National Academy of Medicine Council, where she chairs the Finance Committee. She is also a member of the Governing Board of the National Research Council; the Board of Ascension, a multibillion-dollar health system with more than 130 hospitals in 20 states; and the Board of Directors of the Massachusetts Eye and Ear, thereby “bringing what I’ve learned in government back to my own field.” She recently joined the Corporation Board at Mass General Brigham in Boston.

Dr. Higginbotham’s exceptional record of service is highlighted by stints on the MIT (Massachusetts Institute of Technology) Corporation, the Harvard University Board of Overseers, the Defense Health Board, the FDA Ophthalmic Devices Panel as its Chair, and the national President and Emerita Board member of the Alpha Omega Alpha Honor Medical Society. She currently serves on two Visiting Committees at MIT, the Institute for Medical Engineering and Science; and Undergraduate and Graduate Education.

An Education Enthusiast Turned Dedicated Scientist
Early years. Born and raised in New Orleans, Dr. Higginbotham became interested in science at an early age, thanks to her parents, who were both public school educators. "Education was certainly very important in our family," she said. "I wanted to be a scientist, always." She fondly remembers her first science project in junior high school where she compared the ocular anatomies of a sheep, a cow, and a pig. "As I look back, I think I always was destined to be an ophthalmologist, as I had this fascination with the eye."

Saturdays Morning Highlight. Dr. Higginbotham delivers the Jackson Memorial Lecture (9:37-10:02 a.m.) during the AAO 2023 Opening Session (Sym64). When: Saturday, 9:00-10:30 a.m. Where: Esplanade Ballroom.

Young Doctor. At the same time, growing up in the Deep South during the height of the Civil Rights movement inspired her to strive for a better world. As a young doctor, working in a safety net hospital in New Orleans, she was struck by the amount of blindness in many patients who came there for help. It further sparked her determination to make health care more accessible and paved the way to choosing her subspecialty in glaucoma.

Education. Dr. Higginbotham completed both her bachelor’s and master’s degrees in Chemical Engineering at MIT, and then her MD at Harvard Medical School. Her internship was at Pacific Medical Center in San Francisco, and she completed an ophthalmology residency at the Louisiana State University Health Sciences Center. That success was followed by a glaucoma fellowship at Massachusetts Eye and Ear. In 2020, she earned a Master in Law degree from the University of Pennsylvania Carey Law School.

Mentors and Their Inspiration Are Key
As a student, Dr. Higginbotham credits many people for inspiring her through the years, starting with "my first role model," Mathea Allansmith, MD, at Harvard Medical School. “She loved ophthalmology and had a wonderful lab. I had a chance to spend time with her doing research, and I completed my first paper in ophthalmology at the Scheeps Institute. It was Dr. Allansmith’s spirit, brilliance, and interest in the field that made me want to go into ophthalmology.”

Bruce Spivey, MD, MED, MS, and Bob Stamper, MD, influenced Dr. Higginbotham during her time at Pacific Medical Center, as did Thom Zinman, MD, PhD, whom she calls “my inspiration for glaucoma,” and the Department Chair, Herb Kaufman, MD, PhD, while she was at Louisiana State University. During her fellowship at Mass Eye and Ear, Tom Richardson, MD, David Epstein, MD, and Morton Grant, MD, were inspirational mentors: "These giants inspired me to continue in research in ophthalmology and specifically in glaucoma.”

As a faculty member. In academia, she was initially hired by Morton Goldberg, MD, at the University of Illinois, Chicago, who is “an exemplar inclusive leader.” Later, she was recruited by Donald Wilson, MD, who hired her to lead the Ophthalmology Department at the University of Maryland.

Her commitment to inclusion. Dr. Higginbotham’s career as an academian, researcher, educator, and administrator fully encompasses her commitment to creating a more inclusive and diverse health care system for all. In her current position at the Perelman School of Medicine at the University of Pennsylvania, she initiates and then oversees institutional strategies and operational practices that promote an inclusive culture throughout all the educational, scientific, and care delivery communities there. In her words, “We lead with inclusion, because it’s a matter of engaging everyone, so that our efforts in this space are sustainable. Equity provides a strong sense of purpose for this work. Growing and ensuring diversity is our means to reach our goal, fueling innovation and enhancing our impact. Finally, I view inclusion as the glue, capturing the richness of all perspectives and fueling a highly productive workplace.” She added, "How do we achieve health equity if we don’t pay attention to the people in the workforce who are seeing the patients and also creating the science? We can actually be more productive as scientists when we have greater diversity.”

The Lecture
The opportunity to deliver the Jackson Memorial Lecture is another chance for Dr. Higginbotham to communicate...
Meet the 2023 Presidential Guests
Mentors and Friends in State Affairs

Each year, the Academy president selects three individuals to be guests of honor at the annual meeting. Daniel J. Briceland, MD, 2023 president, chose his guests for their roles in his career and their contributions to the profession. Here, he details the specific reasons for each selection.

Don’t miss the Opening Session!
Dr. Briceland will recognize his Guests of Honor as well as the recipients of the 2023 Special Recognition Award and Distinguished Service Award. This happens at the Opening Session, which takes place on Saturday from 9:00 to 10:30 a.m. in the Esplanade Ballroom.

GUEST OF HONOR
Michael W. Brennan, MD
Who is Dr. Brennan? Dr. Brennan graduated from the U.S. Military Academy at West Point, New York, and wanted to be an astronaut, but he ended up an ophthalmologist instead. He was the Academy president in 2009 and Secretary for State Affairs from 1997 to 2003, during which time he helped establish the Academy Leadership Development Program.

How did you meet him? Dr. Brennan is the one who literally knocked on my door and said, "you need to get involved in the Academy." He was traveling here, in Scottsdale, for a seniors’ baseball tournament. I didn't know who he was, but he had looked me up and wanted me to join his Academy State Affairs committee.

He was very persistent. At the time, I had young kids and was new to practice, so I felt like I had my hands full. I told him I'd think about it. When I didn't reach out, he had the Academy president call me. I thought it was a joke! In residency, the other residents and I would always play pranks on one another. When I got this phone call in the middle of my office, I thought it was one of my fellow residents. I had no idea that Academy president would call me—that was the biggest deal ever!

So, I picked up the phone and said, "Hey, I'm really busy. What? What's up?" And Kenneth D. Tuck, MD—the Academy president at the time—responded, "This is Dr. Tuck. I'm the American Academy of Ophthalmology president. I understand that you're supposed to join Mike Brennan's committee." And I said, "Yes, sir."

Dr. Brennan got me on his committee. He's responsible for where I am today.

What do you admire most about him? He's never afraid to try new things. He pushes for impactful programs and support people who needed help. He has the type of leadership style that people want to follow because they can see what he does. He leads by example. And he has a real gift for finding promising leaders from around the world and giving them the tools they needed to make a difference.

Fun fact. He’s a big sports fan. One year, we took the train to Baltimore and saw an Orioles game during Mid-Year Forum. It was great fun! It was classic Mike to get a bunch of people together to go to a baseball game.

GUEST OF HONOR
Cynthia A. Bradford, MD
Who is Dr. Bradford? Dr. Bradford is professor of ophthalmology at the Dean McGee Eye Institute at the University of Oklahoma College of Medicine in Oklahoma City. She was the Academy president in 2017. Before that, Dr. Bradford was a member of the Academy Board of Trustees as Senior Secretary for Advocacy from 2009 to 2014, and she was Secretary for State Affairs from 2004 to 2008.

How did you meet her? We met through our shared Academy advocacy work. Dr. Bradford took over the Secretary for State Affairs position when Dr. Brennan finished his term. I was Associate Secretary at the time, so we worked very closely and traveled to a lot of state capitals—as well as internationally—together. She's been an influential mentor to me.

What's your favorite memory with her? There are just so many, it's tough to choose a favorite. We had a really fun time in Rio de Janeiro; we traveled there for the Pan-American Association of Ophthalmology meeting. And when we were in Copenhagen for the European Society of Ophthalmology (SOE) meeting, we went to those famous restaurants you read about in the in foodie magazines and had an amazing 12-course meal together. We have shared a lot of meals together and been to each other's homes several times. Both of our families like to cook, so we've broken a lot of bread together, at every level—from our houses to Michelin-star restaurants.

What do you admire most about her? One thing she really imparted to me was a strong sense of stability in times of crisis. In advocacy, there are often so many balls in the air, and she's always been good at maintaining course no matter how much is going on. She doesn't ratttle easily and knows how to prioritize legislative issues in multiple states.

Fun fact. She's very process-driven in work, and that carries over to the rest of her life. I've traveled with her a lot, so I've noticed that she has a very specific process for getting ready to sleep. Most people just stick their heads down and do their best to nap. But she has a 12-step nesting process for getting ready to sleep in her seat. She's got an eye cover, ear plugs, and a blanket—she's very organized. It's hysterical to watch.

GUEST OF HONOR
Philip R. Rizzuto, MD, FACS
Who is Dr. Rizzuto? Dr. Rizzuto is professor of ophthalmology at Brown University and has a solo practice in Providence, Rhode Island. He was the Academy Secretary for Communications from 2012 to 2017.

How did you meet him? We started on the Academy’s State Affairs committee under Dr. Brennan and immediately became very good friends. Our careers were somewhat paired, because we both started at the committee level at around the same time, then moved up to the secretariat level, and then we were on the Board at the same time. We’ve worked closely and often participated in each other’s meetings. We’ve also traveled together. Earlier this year, we had a great time at the Pan-American Association of Ophthalmology meeting in Argentina.

What’s your favorite memory with him? Dr. Rizzuto is an avid boater, and his house in Providence has a long deep-water dock. We’ve been out on his boat with our wives a few times. We’ve had some fun excursions that have gone awry. At one point, we were boating and ran into some rough seas. We ended up being towed back to port, which is what boaters call the ride of shame. But he’s such a fun guy, we always make the best of it and laugh.

What do you admire most about him? I admire his ability to wear so many different hats. He’s a wonderful teacher and shares his knowledge openly. In addition to being a full professor at Brown University, he’s also in private practice. So I’m always impressed that he’s able to commit the time to advocacy at both the national and state levels. He also frequently donates his time at nonprofit clinics and speaks at various symposiums throughout the year.

Fun fact. Dr. Rizzuto is related to and named after a famous New York Yankees baseball player, Phil Rizzuto, who played from 1941 to 1956. That was part of the reason Dr. Brennan picked him to be on the committee—he’s a big baseball fan. Dr. Rizzuto still has New York Yankees baseball tickets and donates them to the Academy Foundation to be auctioned off at The Orbital each year.

2023 ISRS AWARDS

On Friday, the president of the International Society of Refractive Surgery (ISRS), Renato Ambrosio Jr., MD, presents some of the society’s most prestigious awards at Refractive Surgery Subspecialty Day 2023: Refractive GPT 2023. Following are the awards and their recipients.

2023 José I. Barraquer Lecture and Award: Roberto Pineda II, MD (United States). The José I. Barraquer Lecture and Award honors a physician who has made significant contributions in the field of refractive surgery during his or her career. This individual exemplifies the character and scientific dedication of Dr. José I. Barraquer—one of the founding fathers of refractive surgery, who innovated both in techniques and instrumentation. Attend the lecture. When: Sunday, 2:44-3:04 p.m. Where: Esplanade Ballroom.

2023 Annual Richard C. Troutman, MD, DSc (Hon) Prize: Lycia Maria Martins Pinho Pedral Sampaio, MD (Brazil). The Troutman Prize recognizes the scientific merit of a young author publishing in the Journal of Refractive Surgery. This prize honors Dr. Richard C. Troutman. Attend the lecture. When: Friday, 3:21-3:36 p.m. Where: West 3014.

Casebeer Award: Karoline M. Rocha, MD (United States). The Casebeer Award, named in honor of Dr. J. Charles Casebeer, recognizes an individual for his or her outstanding contributions to refractive surgery through nontraditional research and development activities.

Founders’ Award: Deepinder K. Dhalliwal, MD (United States). The Founders’ Award recognizes the vision and spirit of the society’s founders by honoring an ISRS member who has made extraordinary contributions to the growth and advancement of the society and its mission.

Kritzinger Memorial Award: Maria A. Henriquez, MD, PhD, MSc (Peru). The Kritzinger Memorial Award recognizes an individual who embodies the clinical, educational, and investigative qualities of Dr. Michiel S. Kritzinger, who advanced the international practice of refractive surgery.

Lans Distinguished Award: J. Bradley Randleman, MD (United States). The Lans Distinguished Award honors Dr. Leedert J. Lans. Given annually, this award recognizes an individual who has made innovative contributions to the field of refractive surgery, especially in the correction of astigmatism.

Lifetime Achievement Award: Renato Ambrosio Jr., MD, PhD (Brazil). The Lifetime Achievement Award honors an ISRS member who has made significant and internationally recognized contributions to the advancement of refractive surgery during his or her career.

President Recognition Award: Steven E. Wilson, MD (United States), and Ana Maria Torres (Colombia). Dr. Ambrosio notes the following about his selections: Dr. Wilson is a genuine refractive surgeon-scientist and professor who has trained dozens of refractive surgery fellows, receiving many of the most significant awards in our field. Besides being a trained cornea and refractive surgeon, the contributions from Dr. Wilson’s lab to understanding corneal imaging and wound healing response have enhanced the safety and efficacy of refractive surgery. His recent work with topical Losartan for treating myofibroblast-related corneal fibrosis is paramount and recognized as a Nobel award-deserving contribution. Ms. Torres has been involved in this organization since its early days with Prof. José I. Barraquer. Her enthusiasm and engagement have been instrumental in creating and promoting many organization programs, including the International Council. Her continuous work was also relevant to creating the new and independent International Society of Refractive Surgery as a spin-off of the Academy.

Waring Memorial Award for a Young Ophthalmologist: Emilio A. Torres-Netto, MD, PhD (Switzerland). The Waring Memorial Award for a Young Ophthalmologist recognizes an ISRS member early in his or her career who has demonstrated a commitment to ISRS, as well as a commitment to the promotion of knowledge and the practice of refractive surgery. This award honors Dr. George O. Waring III for his commitment to the profession and ISRS.

To join ISRS, visit the Academy Resource Center (West Booth 7537).

You can also learn more about ISRS by visiting www.isrs.org.
Clinical Team Members Have a Special Track for Technicians

The Academy’s new membership group—the American Academy of Ophthalmic Professionals—is offering myriad courses in support of the clinical teams that are so important to ophthalmic practice.

The Academy welcomes its new American Academy of Ophthalmic Professionals (AAOP) members! Launched in August, the membership group includes technicians, scribes, and other clinical team members. AAOP provides solutions and networking opportunities that position the clinical team to serve ophthalmic practices effectively, supporting the exceptional delivery of physician-led patient care through education, training, and career development.

AAOP membership benefits. Among the benefits of AAOP membership is a discounted registration fee to attend the AAO 2023 program, including the AAOP technician track; the ASORN nurse’s track; clinical courses; AAOP practice management courses; and access to the world’s largest ophthalmic marketplace in the exhibit hall. (AAOP members save more than $300 off the nonmember Health Professional registration fee for AAO 2023.)

AAOP technician track at AAO 2023. Loaded with valuable sessions, the AAOP Technician Learning Track at AAO 2023 includes two Friday Intensives and 14 instructional courses from Saturday to Monday, covering clinical efficiencies, compliance, education, and technical skills. The program is sponsored, in part, by a grant from Alcon.

**Benefits of AAOP Membership**

- **If you have techs, consider providing them with an AAOP membership and give them access to valuable resources and action strategies developed by experts.**

  - **AAOP-Talk** The members-only online community provides real-time connections with supportive peers to have questions answered, exchange tips, and share best practices.

  - **AAO 2023 Discounted Registration Fee and Technician Track** As mentioned above, in “AAOP membership benefits.”

  - **Clinical Teams Express Newsletter** Quarterly e-newsletter with valuable tips and pearls for clinic flow, technical skills, patient experience, team development, coding, compliance, and more.

  - **AAOP Members-Only Website** Essential training and educational resources for everyone on your clinical team. The website aao.org/aaop includes videos, short articles, checklists, and more.

  - **Product Discounts** Members receive discounts of up to 40% on ophthalmology’s most-trusted coding references and technician training tools through the Academy Store (aao.org/store).

**Friday**

**Train the Trainer: Ophthalmic Training Strategies That Work (event code MC05)**

Join an expert panel of technician trainers for an intensive program developed specifically for those charged with training ophthalmic clinical staff. These fast-paced sessions include:

- A review of adult learning principles
- Keys to developing relevant curricula
- In-depth discussions on building a successful tech training program
- Effective methods for teaching refraction and applanation tonometry

The session concludes with the panel offering insight and personal suggestions for overcoming your training challenges.

**Who Wants to be a Super Tech?! (MC06)**

Team up with your friends and colleagues for a fun and educational opportunity to test your ophthalmology knowledge and compete for the prestigious title of Super Tech! When: 3:00–5:00 p.m. Where: South 201. Access: Ticket required.

**Saturday**

**Take advantage of the instruction courses developed for both new and seasoned clinic team members. The sessions are live, in-person events accessible to anyone who has registered for AAO 2023.**

**Cool Stuff in Ophthalmology Development: A Look Into the Future? (700)**

This course explores cutting-edge products and procedures that have the potential to revolutionize patient care. By examining novel advancements currently in development but not yet commercially available in the United States, attendees gain insights into the future standard of care. When: 8:00–9:15 a.m. Where: South 201.

**Descriptive Interpretation of Retinal Images (701)**

This lecture focuses on the vital role of the technician imager in retinal imaging, emphasizing the recognition of common descriptive findings to ensure accurate imaging of pathology. Attendees learn about retinal imaging tasks, normal ocular anatomy, identification of abnormal findings, recognition of common retinal disease presentations on imaging, and the acquisition of high-quality images that enhance the diagnostic process for physicians. When: 9:45–11:00 a.m. Where: South 201.

**Success With Refraction, Retinoscopy, and Simulators (702)**

This advanced course focuses on retinoscopy and manifest refraction techniques, providing participants with the skills required by most employers in the field of refraction. It covers the principles of optics, strategic approaches in retinoscopy and refractionometry, guidelines for prescribing glasses, utilization of simulators and training resources, and practical instruction in ocular motility and retinoscopy using online simulators. When: 11:30 a.m.–12:45 p.m. Where: South 201.

**Assisting With Educating the Surgical Patient (703)**

This course covers surgical assisting best practices and designing a patient education program, enabling participants to enhance surgical assistance and manage patient expectations for improved outcomes and satisfaction. Objectives include understanding surgical techniques, defining the role of a surgical educator, creating an educator handbook, and identifying available intraocular lenses. When: 2:00–3:15 p.m. Where: South 201.

**Documentation: Strategies to Minimize Risk (704)**

A lack of documentation or incomplete documentation can lead to patient harm and can also lead to allegations of negligence and damages in the form of a medical malpractice suit or claim. In this course, actual Ophthalmic Mutual Insurance Company medical malpractice claims are used to illustrate how the lack of documentation or incomplete documentation negatively impacted the defense of a medical malpractice claim. When: 3:45–5:00 p.m. Where: South 201.
SUNDAY

Work Smarter, Not Harder! Learn Lean Lessons From Uveitis, Oncology, and Inherited Retinal Disease Services (705)

This course teaches participants how to apply lean principles in transforming and improving clinical workflows. Attendees will learn from experienced staff who successfully implemented lean strategies, resulting in enhanced patient care, increased satisfaction, and improved efficiency. When: 8:00-9:15 a.m. Where: South 201.

Improving Clinical Efficiency (706)

This course enhances clinical efficiency by introducing attendees to strategies to streamline processes, evaluate competencies, and improve organizational preparedness in demanding ophthalmic clinics. Participants learn about Lean Six Sigma principles, clinical skills for efficient patient workup, steps for optimizing clinical workflow, and ways to contribute beyond their primary roles, fostering professional and clinical relations while prioritizing ophthalmic patient care. When: 9:45-11:00 a.m. Where: South 201.

Earn additional AMA PRA Category 1 Credits™

Complimentary Breakfast & Dinner Symposia

Attend In Person or Virtually!

CMESanFrancisco2023.com

Add these free case-based CME symposia to your schedule to learn about the latest advancements in a variety of ophthalmic diseases and to improve outcomes in your patients. Breakfast or dinner included.

Monday

What If the Pupil Shows This Finding? A Pupil Primer for Ophthalmic Technicians (710)

This course explains the key and differentiating features of critical pupil findings, describes the life-threatening etiologies for pupil findings, and defines the distinguishing clinical and radiographic features of these pupil disorders. When: 8:00-9:15 a.m. Where: South 201.

Working With Pediatric Patients and Patients With Disabilities (711)

This course provides training on diagnosing and caring for pediatric patients and patients with disabilities across various domains, equipping participants with the skills to conduct thorough examinations and deliver effective treatment. Attendees learn to identify common visual symptoms, employ alternative testing techniques, and utilize essential equipment, enabling them to prioritize patient needs and provide comprehensive care for in-

continued on page 25
Attendee Experiences—Part 1: Make a Plan, Set Goals, and Speak Up!

Make the most of AAO 2023! In this two-part series, physicians and practice managers look back at their past meeting experiences, share their top tips, and urge you to get involved.

Evie Higginbotham—Know Your Key Sessions and Reconnect

Evie Higginbotham SM, MD, MIL, is a glaucoma specialist who has practiced ophthalmology over the last several years in Chicago, Ann Arbor, Baltimore, Atlanta, and Philadelphia. She is currently transitioning back to the Atlanta region where she plans to reconnect with colleagues at Emory where the previously worked with residents at Grady Hospital. Dr. Higginbotham is the 2023 Jackson Memorial Lecturer (see page 12).

My first annual meeting—Atlanta in 1990.

What really impressed me the most about the AAO was the size of the meeting. It was impressive to see so many ophthalmologists assembled in one location, particularly given that we are such a small specialty compared with other disciplines. The expanse of the exhibit floor also made a lasting impression, given the scope of the technology that was displayed and the exhibits.

My top tip for getting the most out of the meeting—know your key sessions. One of the most important pieces of advice is to have a general idea of the key sessions you may wish to attend. As a glaucoma specialist, I am always prioritizing the free paper sessions and the posters, since these sessions and presentations represent what may be on the horizon regarding new approaches to treatment or testing. I also make sure I know which evening sessions and events I wish to attend to be sure I can reconnect with friends and colleagues.

How the meeting has changed over the years—It is more condensed. The annual meeting has changed significantly over the years. It once extended from the weekend to Thursday but now is more compressed, and there are pros and cons to this shorter time frame. The biggest advantage is that practicing ophthalmologists can return home more quickly to see patients. The downside of this is that there is less time to meet with colleagues, and there are fewer opportunities to integrate educational opportunities across disciplines.

My meeting strategy has evolved—my schedule is more targeted. I believe everyone is much busier than 20 years ago and thus the Academy has tried to meet the needs of members by making the annual meeting’s program shorter and more dense. Accordingly, my approach to the annual meeting has become more targeted, and I have reduced expectations for catching up with colleagues and friends—seeing old friends and colleagues is always a highlight for me.

Dr. Silverstein—Set Goals and Put Yourself Out There

Evan Silverstein, MD, is associate professor of ophthalmology at Virginia Commonwealth University in Richmond, where he serves as medical director, associate residency program director, division head of pediatric ophthalmology, and EMR champion. He sees patients at two locations: downtown Richmond and Fredericksburg, Virginia.

My first annual meeting—Chicago in 2014. I was a PGY-4 resident at Vanderbilt and applying for pediatric ophthalmology and adult strabismus fellowships.

My top tip for getting the most out of the meeting—set goals and make a plan. There is so much going on that you won’t be able to do everything and see everything.

DR. HIGGINBOTHAM: “Seeing old friends and colleagues is always a highlight for me.”

DR. SILVERSTEIN: “Get a free headshot at the Resource Center (West Booth 7537). I update mine each year.”

Take an hour and think about your interests: what subjects are you most curious about? How do you want to stretch yourself? What have you not been exposed to that interests you? For me, I’ve sat with the program guide and found sessions on pediatric ophthalmology, EMRs, and practice management, with a focus on practice efficiency. Residents and starting attendings should look at the Young Ophthalmology (YO) program. Make sure you set aside at least a few hours to visit the exhibit hall, too!

Best practice management tip I’ve learned at the annual meeting—how to add last-minute patients into the clinic schedule. At a past YO symposium, Robert F. Melendez, MD, MBA, shared a great tip about how your choice of language can set the tone. His practice has a special term for the patient who calls in and needs to be squeezed into the schedule—just before or after lunch break, for example. Instead of referring to them as an “add-on” or “add-in,” they are a “person in need.” This simple phrasing helps to create a special culture: we are here for our community, for someone who needs help when they are vulnerable and scared about losing eyesight.

Ms. Turman—Speak Up at Courses and Make Connections

Savory A. Turman, COMT, is executive vice president of Panorama Eyecare, a multispecialty organization. It has more than 50 doctors and more than 600 employees at 16 clinical locations in Colorado and Wyoming.

My first annual meeting—AAO 2013 in New Orleans. As a true “eyeball nerd,” I loved interacting with so many techni- cians and ophthalmology experts.

My top tip for getting the most out of the meeting—network, network, network! Ophthalmology is a small community that thrives on excellence. The people you meet at AAO 2023 can become mentors or even lifelong friends. So take lots of business cards to hand out, make it a point to say “Hi” to people in classes, and exchange phone numbers and emails.

Biggest beginner’s mistake at the annual meeting—not getting involved. At my first meeting, I was intimidated by the speakers. But I now encourage every- body to ask questions during and after classes. Remember that each presenter is sharing information because they love ophthalmology and love helping people. Get involved with that!
Where to Eat in San Francisco

You don’t have to venture far from the convention center for a great meal. Recommended by local Academy staff, these restaurants and bars are located within a mile of the meeting.

San Francisco’s food and bar scene has something to satisfy any craving or curiosity. When you step out for lunch between sessions or grab a drink with colleagues at the end of the day, consider these Academy staff recommendations—all easily accessible from the convention center. If you go out on Sunday or Monday, just be sure to check hours, as some restaurants are closed on those days.

For more to do in the area, pick up a Sunday/Monday edition of AAO 2023 News or visit aao.org/2023-sfguide-moscone.

Coffee Shops

The Bay Area is the birthplace of now-national coffee chains Peet’s, Philz, and Blue Bottle. All three have storefronts within a half mile of the Moscone Center. But if you want to try a brew available only in San Francisco, there are still plenty of options. A little more than a block from the convention center in either direction, Sana’s Café and Delah Coffee both specialize in Yemeni-style drinks, which typically include cardamom and cinnamon. Mazarine Coffee on Market Street, which takes inspiration (and its name) from the first public library in France, offers a full coffee menu, as well as a variety of lunch options. If you make it as far as the Ferry Building (one mile), try a specialty latte—such as charcoal vanilla, or candied yam—from Oakland-based Red Bay Coffee.

Casual Bites

If you’re looking for a casual lunch or takeaway meal, San Francisco has plenty of options. For example, just around the corner from the convention center, Freshroll offers a variety of Vietnamese spring rolls, bowls, and pho. Less than a half mile down Third Street, Garaje is a Mexican restaurant and sports bar that serves burgers and tacos, but their signature (and best) dish is the Zapato, a grilled burrito stuffed with fries.

If you have time for a flat one-mile walk (or a 15-minute bus, BART, or trolley ride), the Ferry Building houses several excellent spots for a quick lunch. A few favorites of Academy staff include El Porrotero, which makes Argentine-style baked empanadas; Delica, which offers a variety of Japanese bento boxes; and Señor Sisig, which serves a fusion of Mexican and Filipino cuisines.

If you have time to venture north of the convention center, you’ll find a variety of Chinese and Italian options in Chinatown and North Beach, respectively. Wong Lee Bakery sells dim sum and egg tarts from a tiny counter. Just three blocks away, the Molinari Delicatessen is an old-school Italian deli offering sandwiches piled high with cured meats, fresh mozzarella, and other quintessentially Italian ingredients.

Sit-Down Restaurants

For a relaxing lunch or dinner near the convention center, local Academy staff have several recommendations. Just across Yerba Buena Gardens, Oren’s Hummus serves hummus bowls, pita sandwiches, and other Israeli dishes in a casual (except for its glitzy chandelier) environment. Just around the corner, Mourad is an upscale modern Moroccan restaurant with a seasonally rotating menu (closed Sunday and Monday). A half mile in the opposite direction, Burma Love is a trendy Burmese restaurant with high ceilings and a full bar offering unique cocktails, such as the Eye of the Tiger, which is made with Japanese whisky and tamarind shrub. The menu includes curries, noodles, and salads; their tea leaf salad has earned a mention in Sunset Magazine.

Just on the other side of Market Street, John’s Grill was established in 1908—the first restaurant to open downtown after the 1906 earthquake. The old-school steakhouse, which is featured in the 1930 novel The Maltese Falcon, serves hearty meals, lobster ravioli, and fresh oysters. If you’re a fan of historic spots, California’s oldest restaurant, Tadich Grill, is 0.8 miles from the convention center. The seafood restaurant was established in 1849 and still serves oysters, deep fried calamari, clam chowder, mesquite broiled salmon, steaks, cioppino, and more.

You’ll find more San Francisco mainstays in North Beach. Tosca Café and Tommaso’s are one mile from the convention center. The former, established in 1919, is a cozy spot with red chairs and checkered floors that serves dishes like Tuscan fried chicken and truffle gnocchi. The latter is decorated with murals of the Amalfi Coast and brought the first wood-fired brick pizza oven to the neighborhood when it opened in 1935. Just a block away on the border of North Beach and Chinatown, House of Nanking is only half as old but no less delicious. The family-run restaurant serves some of the best Chinese food in the city—don’t miss out on Fang’s steamed buns!

The Ferry Building also has some great dining options. Cholita Linda is a colorful Latin American restaurant that offers Baja fish tacos, Cuban sandwiches, and chicharron de pollo. And Tomales Bay’s beloved Hog Island Oyster Co. has an oyster bar at the Ferry Building where you can enjoy sustainably sourced fresh oysters and craft cocktails with a sweeping view of the Bay Bridge.

Michelin-Starred Restaurants

San Francisco is home to many Michelin-starred restaurants, and 11 of them are located within a mile of the convention center. Benu (three stars), one of the city’s most chic and celebrated restaurants, is just around the corner from the convention center. And a block in the opposite direction, you’ll find Aphotic, a seafood restaurant that just earned its Michelin star (one star) in 2023. Kin Khao (one star)—a Thai restaurant—and O’ by Claude Le Tohic (one star)—a top-floor French emporium—are both located near Union Square. Continuing north, you’ll find Sons & Daughters (one star), which offers a Nordic-inspired tasting menu, and The Shota (one star) serves a pre-fixed menu featuring Edomae-style omakase sushi and otsumami dishes. Mister Jiu’s (one star) is a contemporary Chinese restaurant in a historic Chinatown building, and Quince (three stars) offers upscale California cuisine in Jackson Square. On the Embarcadero, Angler (one star) is seafood focused. South of the Moscone Center, Birdsong (two stars) is inspired by the Pacific Northwest, and Saison (two stars) serves open-hearth cooking.

Bars

If you’re looking for a drink after the day’s sessions, you won’t have to venture far. A little more than a block away from the convention center, Novela is a stylish book-themed bar with cocktails named after literary characters, such as Jay Gatsby and Mary Lennox. Equally close, the Press Club is a sophisticated cellar-style wine bar. On Market Street, you’ll find cocktail and live music at the newspaper-inspired Local Edition in the basement of the Hearst Building.

If you’re willing to brave the one-mile uphill trek, two truly unique experiences await at the top of Nob Hill: Top of the Mark and the Tonga Room. The former is an old-school high-end cocktail bar on the top floor of the 19-story Mark Hopkins hotel that offers 360-degree views of the city. The latter is an elaborate (and wonderfully kitschy) tiki bar—complete with a pool and simulated rainstorms—in the basement of the Fairmont Hotel.

Or a relatively flat one-mile walk (or short bus or metro ride) can take you to the Chinatown/North Beach area, which offers a plethora of nightlife options. Above Michelin-star Mister Jiu’s, you’ll find the Moonage Lounge: a chic and sultry cocktail bar where you can sip natural wines and seasonal cocktails in a velvet booth. On Columbus Street, the Comstock Saloon is an upscale old-school jazz bar. And less than a block away, Vesuvio Café—an ecclesiastically decorated two-level bar once frequented by Jack Kerouac—is worth a visit.
Decode the Eye—Here’s What to Do at an Innovative, Local Museum

While in San Francisco, you won’t want to miss out on a unique ophthalmic treat—the Academy’s Truhlsen-Marmor Museum of the Eye, the world’s only free, public museum dedicated to the science of sight.

Since 2021, the Museum of the Eye has been educating visitors from around the world about how vision works and about the field of medicine that is devoted to protecting sight. Come by for high-tech virtual reality exhibits and a renowned collection of ophthalmic artifacts.

Take a Guided Tour
Take the daily afternoon tour. At 2:00 p.m. each day, join a museum staff member or a volunteer for a free guided walking tour of the museum galleries, focusing on anatomy, history, and new innovations. This tour lasts about 45 to 60 minutes.

Take a specialized tour. You also can request a specialized tour:
- Eyes to the Sky Tour—This tour focuses on flight medicine, the field of ophthalmology specifically treating pilots’ eyes. Learn about the history of aviation and how military ophthalmology has influenced modern treatments.
- Sports and Vision Tour—This tour discusses how athletes’ vision affects their game and how sports can affect athletes’ eyes, from baseball to gymnastics to mountain climbing.
- Ocular Oddities Tour—This tour focuses on medical history and highlights the curious or strange stories behind some of the artifacts in the museum.

Decode the Eye
A new special exhibition, Decoding the Eye: Signs & Symbols, opened in the museum galleries over the summer.

The symbolism of the eye through the ages. The show examines how the eye has persisted as a symbol through time. Often eyes are used to suggest a higher power—one that sees all, knows all, and wishes people good or evil. This exhibit showcases ancient and modern objects from around the world and from a wide variety of cultures. While the specific uses of these objects are particular to each culture, there are recurring themes of enlightenment, healing, and protection.

Featured topics include the ancient Egyptian Eye of Horus, pendants protecting against the evil eye, patron saints of eyes in the Catholic canon, and more.

Enjoy the eye through your ears! While touring the museum, visitors are invited to listen to a Spotify playlist of songs with eye-themed or eye-related lyrics.

Make Your Own Ojo de Dios!
Stop by the Amazing Eye Gallery to try a craft that is aligned with the Decoding the Eye exhibit.

What are Ojos de Dios? Ojos de Dios, or God’s Eyes, are yarn votives created by the indigenous people of Latin America. They are made by winding colorful yarn around a wooden cross and may be intended to confer long life and protection. Come make your own Ojo to take home or to leave on the gallery tree for display.

Pick Up a Special Gift
Show your AAO 2023 badge at the museum front desk and receive a limited-edition Museum of the Eye tote bag. This offer is available through Nov. 6.

Visit During Extended Hours
The museum is open throughout AAO 2023. On Monday—when it is normally closed—it will be available exclusively to AAO 2023 attendees.

When: During AAO 2023, on Friday, Saturday, and Sunday, it is open to the public, 11:00 a.m.-4:30 p.m.; on Monday, it is open to AAO 2023 attendees only, 11:00 a.m.-4:30 p.m.

Where: The museum is located at 645 Beach Street, which is near Aquatic Park.

More at AAO 2023
Don’t forget to visit the Truhlsen-Marmor Museum of the Eye exhibit: Doctor and Detective: History of Ophthalmic Diagnostics (West Booth 7529), which will be open during exhibit hall hours. See the Sunday/Monday edition of AAO 2023 News to learn more.

BY AUBREY MINSHEW, MA, ACADEMY MUSEUM SPECIALIST.
Do you enjoy a medical mystery? Do you like testing your knowledge against that of your colleagues? If so, don’t miss the Diagnose This Live! session. Based on the popular Diagnose This weekly quiz, the Academy’s annual meeting began to offer a Diagnose This Live! session in 2016. The session was put on pause for the pandemic, and this year it’s back and better than ever!

**Based on the online quiz.** The Diagnose This quiz (Fig. 1) comes out every Monday (aao.org/diagnose-this and on the AAO Ophthalmic Education App). The questions cover a variety of conditions and scenarios encountered among the subspecialties. After answering a single multiple-choice question about a brief case report, you can view the answer, see how you rank relative to your colleagues, and read a short discussion explaining the correct and incorrect options (Fig. 2). The Diagnose This quiz, which was launched in 2009, averages 1,200 views each week.

**Competitive session.** Taking a cue from the online quiz, the Diagnose This event’s interactive format gets all audience members involved. Emcee Jeffrey Henderer, MD, keeps the session lively, and the quiz format pits audience members against each other. A crew of panelists, led by Online Education Committee chair Gabriela Espinoza, MD, is on hand to read the mystery cases, each of which prompts the audience to supply the diagnosis or the next step in the medical or surgical management of the patient, and is followed by multiple choice answers. After each question, audience members have a 10-second window to respond via the Mobile Meeting Guide polling system. The names of those who are quickest to answer correctly appear on the leaderboard after each case presentation. The answer is revealed, and audience members can see the percentage of the audience that chose each multiple-choice question. Didn’t answer correctly? Microphones are available throughout the room so that you can ask questions of the panelists about the case, and those attending virtually can ask questions via the Mobile Meeting Guide. Or the panelists may take the floor and expound upon the case. Spontaneity is the name of the game.

**Educational event.** The point of the session, said Dr. Espinoza, “is to have fun learning about a variety of cases in an environment that allows for everyone in the audience to participate and challenge themselves. The audience and the panel interact to help work through the nuances of the clinical scenarios and therapeutic dilemmas.” And, she added, “At the end of the session, we expect that all attendees will be better prepared for a clinical scenario or two that they weren’t familiar with before they walked into the session.”

Plus, said Oluwatosin U. Smith, MD, who served as a panelist in the 2019 session, “It provides a unique interactive way of learning that is effective for all. It can be a refresher on multiple specialties for the experienced and a learning platform for residents and fellows. Diagnose This Live! is one of my favorite Academy events because of the game show feel. It’s fun, and we learn together!”

**Attend if you can.** A total of 19 cases will be presented during the 75-minute session. The top 10 winners receive a gift certificate to the Academy store. And all attendees can earn 1.25 Self-Assessment CME credits. If you aren’t able to attend the session, be sure to watch for the Diagnose This quizzes, where the cases from the session will be posted in the weeks and months after the meeting.

At AAO 2023. Make time in your schedule to test your wits against these challenging cases during Diagnose This Live! (Sym08). When: Saturday, 11:30 a.m.-12:45 p.m. Where: South 151-153.
Complete and long-lasting resolution of NK for most patients*1-4
• 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

*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 1-833-366-7587 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.

© 2022 Dompé U.S. Inc. All rights reserved. US-OXE-2000007 07/22

See more clinical data
OXERVATE.com/hcp
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.

DOSEAGE 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
© 2022 Dompé U.S. Inc. All rights reserved. US-OXE-1900010.1 07/22
New Thinking in Ophthalmology
9 Honorary Lecturers Preview Their Presentations

The Opening Session and many Academy symposia are capped by an honorary lecture. These informative presentations by leaders in their field are easy to fit into your schedule, as they are usually between 15 and 35 minutes long. The speakers preview their own lectures, below, in the Sunday/Monday edition of AAO 2023 News. All summaries were written in advance of AAO 2023. Check aao.org/mobile for the most up-to-date information.

FRIDAY

RETINA

Charles L. Schepens MD Lecture: Macular Telangiectasia Type 2: Tale of a Global Private & Public Collaboration, presented by Emily Y. Chew, MD.

When: Friday, 9:40-10:00 a.m., during Retina Subspecialty Day 2023 (Rest04).

Where: West 3004.

"Idiopathic macular telangiectasia type 2 (MacTel type 2), once a poorly characterized and little-understood retinovascular entity, has now been studied in a large, multinational collaborative research project focusing on this disease. In 2004, the family of an affected individual—who consulted ophthalmologists around the world—provided generous funding after learning that little was known about MacTel type 2, for which there was no effective treatment or active research. This lecture will discuss highlights from this project that has evolved over 18 years with strong interactions and collaboration between clinicians from 31 clinical sites and investigators from a dozen basic science laboratories worldwide.

"While performing an observational longitudinal study of MacTel type 2, the investigators determined an outcome measurement for clinical trials: the optic coherence tomography feature of ellipsoid zone break (using en face images), which correlated well with the functional loss. Successful phase 1, 2, and 3 clinical trials employing a ciliary neurotrophic factor (CNTF) implant for MacTel type 2 have been completed. MacTel type 2 has now been extensively studied by this group of dedicated researchers who have had the good fortune of consistent support and an agile administrative system in a global environment with diverse opinions that encouraged innovative research."

Retina Subspecialty Day 2023: Looking to the Future (8:00 a.m.-5:19 p.m., and Saturday, 8:00 a.m.-5:07 p.m.) is organized in conjunction with the American Society of Retina Specialists, the Macula Society, the Retina Society, and Club Jules Gonin.

GLAUCOMA


When: Friday, 11:51 a.m.-12:21 p.m., during Glaucoma Subspeciality Day 2023 (Glo05).

Where: Esplanade Ballroom.

"Angle surgery was born in San Francisco some 80 years ago when Otto Barkan used direct gonioscopy for the first time in an operating room to guide incisional angle surgery. It quickly became apparent that this approach, which he named ‘goniotomy’ was particularly useful in childhood glaucoma, a disorder that until then was uniformly blinding. Much of what we do is anecdotal-based. That needs to change.

"There is a resurgence of interest in the management of childhood glaucoma, and pediatric glaucoma is emerging as a true sub-specialty, spanning not only glaucoma and pediatrics but increasingly clinical and molecular ophthalmic genetics. Childhood glaucoma is not a single disorder, it comprises many syndromes, anatomies, genetics, and surgical approaches. It is a pan-ophthalmic disorder affecting eyes throughout a patient’s life."

"In my talk, I will provide an overview of how the management of childhood glaucoma has evolved over the past 80 years and what we must do to move from anecdote-based to data-driven management of this group of rare disorders."

"Pediatric Glaucoma Subspeciality Day 2023: Glaucoma Care at the Golden Gate and Beyond (8:00 a.m.-5:05 p.m.) is organized in conjunction with the American Glaucoma Society."

REFRACTIVE SURGERY

Troutman Award: Losartan Inhibition of Myofibroblast Generation and Late Postoperative Infiltration in Myopic Lasik, presented by Charles L. Schepens, MD.

When: Friday, 3:21-3:36 p.m., during Refractive Surgery Subspeciality Day 2023 (Ref01).

Where: West 3004.

"As ophthalmologists, we know well the benefits of our care and the impact of interventions on the lives of our patients; however, at the health-system level, the contribution of eye health is often overlooked. There are strategies we may consider to enhance the relevance of our research to the needs of diverse populations. There are elements within our control and other factors beyond our reach, such as fragmented insurance coverage, and the fact that many of our colleagues are not as aware of what we have to offer as a discipline."

"Because ophthalmology is not a requirement in medical schools—it’s not a core rotation—students need to go out of their way in many medical schools to be exposed to our discipline. In fact, some medical schools don’t have a department of ophthalmology. There are many, many barriers, but certainly, as an ophthalmologist, I understand the value we bring. My Jackson Lecture will offer insights into ophthalmology."

Satellite Session 1: Ethical Considerations in the Practice of Ophthalmology, presented by Allan A. Jensen, MD.

When: Friday, 3:47-4:34 p.m., during Refractive Surgery Subspeciality Day 2023: Refractive GPT2023 (8:00 a.m.-5:27 p.m.) is the annual meeting of the International Society of Refractive Surgery (ISRS).

SATURDAY

PUBLIC HEALTH

Jacob J. Hillary Memorial Lecture: Striving Toward Better Eye Health Beyond Our Waiting Rooms, presented by Eve J. Higginbotham, SM, MD, ML.

When: Saturday, 9:37-10:02 a.m., during Sym64, Opening Session.

Where: Esplanade Ballroom.

"As ophthalmologists, we know well the benefits of our care and the impact of interventions on the lives of our patients; however, at the health-system level, the contribution of eye health is often overlooked. There are strategies we may consider to enhance the relevance of our research to the needs of diverse populations. There are elements within our control and other factors beyond our reach, such as fragmented insurance coverage, and the fact that many of our colleagues are not as aware of what we have to offer as a discipline."

"Because ophthalmology is not a requirement in medical schools—it’s not a core rotation—students need to go out of their way in many medical schools to be exposed to our discipline. In fact, some medical schools don’t have a department of ophthalmology. There are many, many barriers, but certainly, as an ophthalmologist, I understand the value we bring. My Jackson Lecture will offer insights into ophthalmology."

My Jackson Lecture will offer insights into ophthalmology."

ETHICS

Dr. Allan Jensen and Claire Jensen Lecture in Professionalism and Ethics: Paying Attention to Corporatization and Greed in Our Health Care System and Their Impact on Professionalism, Ethics, Moral Injury, and a Good Night’s Sleep, presented by Paul R. Lichter, MD.

When: Saturday, 11:35 a.m.-noon, during Sym05, Opening Session.

Where: West 3004.

"Private equity, hospital systems, insurance companies, drug and device industries, the federal government, and more are making it increasingly difficult for physicians to deliver high quality patient care. Commonly, lay managers design systems to deliver highly profitable patient care without the input of physicians. They must see more patients to meet productivity goals, despite not having the necessary resources to do so. To retain their jobs, physicians are pressed to order tests..."
and perform surgeries that sometimes conflict with the Hippocratic Oath. Ethics are impacted.

“This lecture will cover voluntary conflicts of interest, the impact of key opinion leaders on prescribing practices, and the public’s perception of the medical profession. Attendees will use the imparted knowledge to consider their own place in the health care system while they try to get a good night’s sleep.”

Dr. Allan Jensen and Claire Jensen Lecture in Professionalism and Ethics (11:30 a.m.-12:30 p.m.).

**SUNDAY**

**REFRACTION**

Whitney G. Sampson Lecture: Violet Light Hypothesis for the Control of Myopia Progression, presented by Kazuo Tsubota, MD.

*When: Sunday, 8:50-9:10 a.m., during Sym33, Current Approaches to Myopia Control.*

*Where: West 3018.*

“Myopia is a leading cause of blindness in Asia, and the prevalence of myopia has been increasing worldwide. It is becoming clear that an indoor lifestyle causes myopia in children. Why? We have found that a certain wavelength of sunlight, from 360 to 400 nm (violet light), which is abundant outdoors but nonexistent indoors, is essential for the prevention of myopia through the nonvisual photoreceptor OPN5. This lecture will discuss the research, proposed mechanism, and possible clinical applications related to this finding.”

Current Approaches to Myopia Control (8:00-9:15 a.m.) is cosponsored by the Eye and Contact Lens Association.

**NEURO-OPHTHALMOLOGY**

William F. Hoyt Lecture: Optic Neuritis and Multiple Sclerosis: Friend or Foe? presented by Steven L. Galetta, MD.


*Where: West 3018.*

“The entity of optic neuritis has had a notable journey over the last 150 years. Originally, its discovery as a distinct entity would suggest the presence of an infection, most notably syphilis. Its relationship to multiple sclerosis (MS) has been debated, with some early authors declaring that there was no relationship. The Optic Neuritis Treatment Trial brought optic neuritis to the forefront of our field by defining its clinical characteristics and emphasizing the importance of brain MRI in determining future risk of MS. This talk will examine the history of our understanding of optic neuritis and highlight the last two decades of advances in its diagnosis and treatment. In many ways, the entity of optic neuritis has been kicked to the curb, since the MS diagnostic criteria have largely focused on brain MRI findings that do not include the optic nerve. We will explore new evidence to support including the optic nerve as the fifth lesion site in the next version of the McDonald diagnostic criteria for MS, while emphasizing that new technologies do not eliminate the need to understand the clinical hallmarks of this important ophthalmological entity.”

Cataract Surgery and Neuro-Ophthalmology: Optimizing Outcomes (9:45-11:00 a.m.) is cosponsored by the North American Neuro-Ophthalmology Society.

**GLAUCOMA**

Robert N. Shaffer Lecture: Expanding the Reach of Glaucoma Care: Out-of-Office Testing and Telemedicine, presented by L. Jay Katz, MD.

*When: Sunday, 10:45-11:00 a.m., during Sym29, Glaucoma Care for All: Opportunities and Pitfalls of...*
Artificial Intelligence.
"The rapid rise of technology has presented the opportunity to expand and improve the detection and timely care of glaucoma patients outside the limited resources of the ophthalmology office. Now, those individuals who are at high risk for glaucoma may be identified in primary care physician offices, senior centers, and pharmacies with navigation toward proper care. Other branches of medicine have adopted routine home testing of blood pressure, cardiac rhythm, and serum glucose. With early asymptomatic stages of glaucoma, home monitoring with tonometry may alert patients and physicians that there is inadequate intraocular pressure control. Home perimetry is also starting to be utilized, with optic nerve photography/imaging on the horizon.

"The benefits of incorporating these approaches include earlier detection and identification of glaucoma patients, allowing for a better prognosis, alleviating the burdens imposed on doctors' offices with the increasing prevalence of glaucoma in our aging population, and easing the challenges for patients and their families in keeping office appointments. Sophisticated data collection and analysis promise to ease the acceptance and trust by physicians who make the critical clinical decisions."

Glaucoma Care for All: Opportunities and Pitfalls of Artificial Intelligence (9:45-11:00 a.m.) is cosponsored by Prevent Blindness.

You've Got a Lot of Nerve (712) This course enhances technician training by covering essential workup tests and providing a comprehensive understanding of ocular anatomy and visual system function. Attendees learn to perform additional ocular testing in situations of sudden-onset loss of functionality, differentiate between afferent and efferent messages, and demonstrate proper techniques for extraocular muscle testing, pupillary assessments, ptosis measurements, and confrontation visual field testing. When: 11:30 a.m.-12:45 p.m. Where: South 201.

The Scribe’s Role and Ophthalmic Coding (713) This course provides essential knowledge and skills for success as an ophthalmic scribe, covering common tasks and responsibilities associated with the role. Course goals include familiarization with ophthalmology terms and ocular anatomy, mastering patient interview techniques, performing diagnostic testing, understanding ophthalmic coding rules, ensuring accuracy of medical-legal documentation, maintaining professionalism, and comprehending the impact of documentation on patient care and the revenue cycle. When: 2:00-3:15 p.m. Where: South 201.

Visit our website at:
www.virtualvision.com

Developed and validated by Bascom Palmer

Explore the full program and check for updates at aao.org/mobile.
IN THE ENVIRONMENT OF THE EYE, AS YOU WOULD IN A DELICATE NATURAL ECOSYSTEM

LEAVE ONLY YOUR BEST WORK BEHIND

Introducing the STREAMLINE® Surgical System, the first-line implant-free solution designed for flexibility now and in the future.

IT’S TIME TO STREAMLINE® YOUR SURGICAL ROUTINE

www.leaveonlyyourbestwork.com
but are not limited to, advanced diagnostics, new ideas in neovascular glaucoma treatment, functional outcomes of MIGS studies, testing the central visual field, and fine-tuned ciliary body ablation. After this session, ophthalmologists will be able to view traditional glaucoma problems in a new and updated way.

—Steven S. Quek, MD, and Tenaz C. Chen, MD

Glaucoma program directors

NEURO-OPTHALMOLOGY
West 2002
Section II: Swollen Optic Nerve, moderated by John J. Chen, MD, PhD, and Kim K. Gokalpfski, MD, PhD (Friday, 10:20 a.m.-12:02 p.m.)

Ophthalmologists may have concerns about evaluating patients who present with swollen optic nerves. Common questions that can present a dilemma for many comprehensive ophthalmologists include, “which patient needs urgent neuroimaging” and “who can be monitored and who needs to be treated?”

Speakers will present case scenarios for panel discussion to help educate participants about making triage decisions, ordering time sensitive tests, and formulating management pathways for patients with optic disc edema. The importance of history taking and of performing a thorough review of systems and examination findings also will be areas of interest. Get up to date and comfortable with managing patients with optic disc edema!

—Yali Liu, MD, and Madhura A. Tamhankar, MD

Neuro-Ophthalmology program directors

OCULAR ONCOLOGY AND PATHOLOGY
West 2002
Section I: Loch Ness Monster's Deep Diving Into Liquid . . . Biopsies, moderated by Patricia Chavez-Barnos, MD, and Jose S. Pulido, MD, MS (Friday, 8:05-9:05 a.m.)

During Section III: Retinoblastoma Achievements Across Countries: Cybersight, presented by Matthew W. Wilson, MD (Friday, 11:20-11:30 a.m.)

Section IV: Walking Over Flat Earth—A Jump Toward Diversity, Equity, and Inclusion (DEI), moderated by Basil K. Williams, MD (Friday, 14:5-2:46 p.m.)

The future of ophthalmic oncology and pathology is today. A decade ago, we never would have imagined that a single liquid biopsy of the eye could determine the prognosis of the tumor without touching it, or that teleophthalmology could be used throughout various countries.

Section I focuses on liquid biopsy, looking at the topic from various perspectives, ranging from techniques in aqueous humor and vitreous needle biopsy, to current and future status in retinoblastoma and uveal melanoma, and a debate over its value in vitreoretinal lymphoma. And teleophthalmology is a focus within the larger discussion of retinoblastoma in Section III of the program.

In addition, for the first time, a section (Section IV) of the program is dedicated to diversity, equity, and inclusion in the practice of oncology and pathology as a determinant for better patient outcomes. Presentations range from verbiage and implicit bias to reaching a balance in ocular oncology.

—Miguel A. Matern, MD, and Claudia Maria Prospero Fonse, MD

Ocular Oncology and Pathology program directors

RETA IN
West 2004
Current Complement Inhibition Therapy for Geographic Atrophy is Acceptable: Pro, presented by Usha Chakravarthy, PhD, MBBS (Friday, 2:50-2:54 p.m.)

Current Complement Inhibition Therapy for Geographic Atrophy is Acceptable: Con, presented by Richard F. Spaide, MD (Saturday, 2:54-2:58 p.m.)

The first-in-class treatment for geographic age-related macular degeneration recently received FDA approval. This drug, pegcetacoplan, is a symmetrical molecule composed of two identical pentadecapeptides covalently bound to the ends of a linear 4-kDa polyethylene glycol molecule. Pegcetacoplan is not a biologic agent but rather a small molecule that targets complement activation by binding to both C3 and C3b. This molecule is delivered by intravitreal injection either monthly or every other month. However, this therapy was not shown to improve vision, although it slows the rate of lesion growth. Moreover, it exhibited two novel complications, including “unmasking” or inciting neovascular AMD in treated geographic atrophy patients; and ischemic optic neuropathy was observed in 1.7% of patients in the monthly treatment arm compared with 0.2% in the every-other-month arm. Nonetheless, this drug is the first FDA-approved treatment for geographic atrophy associated with AMD. Multiple speakers provide updates on the clinical trial data, indications for treatment, controversies in care, and incorporation into the retina specialist’s treatment armamentarium.

—Timothy G. Murray, MD, MBA, and Barbara Ann Blodi, MD

Retina program directors

Continued from page 10

Continued from page 12

the importance of striving for better eye health beyond the boundaries of ophthalmology care. She plans to weave together the story of her own journey in ophthalmology to provide vital context for understanding the need for eye health as a pillar of public health, and she will discuss why it is so important to address the issue. She will also offer a framework for what is needed in the future to meet that need successfully.

Inspired by Dr Jackson, Dr. Higginbotham was inspired to focus on this topic by Dr. Edward Jackson’s career and interests. She pointed to his multifaceted career of cofounding the American Academy of Ophthalmology, the American Board of Ophthalmology, and the American Journal of Ophthalmology, as well as his strong interest in certifying the education of ophthalmologists. Likewise, the intersection of education and leadership has been at the heart of Dr. Higginbotham’s efforts throughout her career, as she strives for optimal health and well-being for all.

Ophthalmology in population health. When it comes to population health, ophthalmology has too often been overlooked, and that is a narrative that Dr. Higginbotham plans to change by pointing out the challenges of how better to communicate with physicians in other specialties. “I think ophthalmology has an extraordinary value proposition, but the field is not oftentimes thought about at the highest levels of conversation when considering systems of care. We’re often carved out because of fragmented insurance coverage and delivery sites, and the fact that many of our colleagues don’t understand or know what we actually do.”

Further, she said, “Because ophthalmology is not a requirement in medical schools—it’s not a core rotation—you have to go out of your way in most medical schools to be exposed to it. Some medical schools don’t even have a department of ophthalmology . . . There are many, many barriers, but certainly as an ophthalmologist, I understand the value we bring.”

Thus, she said, “My Jackson Lecture will look toward the future as I explore how we can elevate eye health within the context of population health.”

INTRODUCING NGENUITY 1.5
DIGITAL TO THE
Nth DEGREE

It’s time to experience the latest in digital visualization.¹

Experience the digital revolution in surgical visualization systems! NGENUITY® 1.5 offers greater depth and detail with enhanced features like Digital Image Guidance and Digital Detection. Discover your new view with image modes like Tissue Detail, Capsule Clarity, and MIGS mode.²

ONLY NGENUITY® provides the most advanced visualization of your surgery with enhanced detail, magnification, and digital optimization to help achieve the best results.¹

THAT’S DIGITAL TO THE NTH DEGREE.

Experience it for yourself. For more information or to request a demo, speak to your Alcon rep or visit NGENUITY.com

© 2023 Alcon Inc. 03/23 US-NGU-2300013

REFERENCES

Caution: Federal (USA) law restricts this device to sale by, or on the order of, a physician. Indication: The NGENUITY™ 3D Visualization System consists of a 3D stereoscopic, high-definition digital video camera and workstation to provide magnified stereoscopic images of objects during micro-surgery. It acts as an adjunct to the surgical microscope during surgery displaying real-time images or images from recordings. Warnings: The system is not suitable for use in the presence of flammable anesthetics mixture with air or oxygen. There are no known contraindications for use of this device. Precautions: Do not touch any system component and the patient at the same time during a procedure to prevent electric shock. When operating in 3D, to ensure optimal image quality, use only approved passive-polarized glasses. Use of polarized prescription glasses will cause the 3D effect to be distorted. In case of emergency, keep the microscope oculars and mounting accessories in the cart top drawer. If there are any concerns regarding the continued safe use of the NGENUITY™ 3D Visualization System, consider returning to using the microscope oculars. Attention: Refer to the User Manual for a complete list of appropriate uses, warnings and precautions.

© 2023 Alcon Inc. 03/23 US-NGU-2300013