ASCRS | ASOA
COMBINED OPHTHALMIC SYMPOSIUM
23-25 AUG 2019 | AUSTIN, TX

Education for your entire practice in one weekend.

FINAL PROGRAM

AUSTIN, TX
cos.ascrs.org
Join more than 1,000* ophthalmologists to present instructional courses, scientific papers, scientific films and e-posters at the 2020 ASCRS Annual Meeting. As the largest U.S. meeting with content dedicated exclusively to anterior segment specialists, ASCRS depends on meeting attendees to share their knowledge and expertise with their colleagues. Submit your abstract TODAY to ensure the 2020 Annual Meeting provides another exceptional learning opportunity for all participants.

*Estimated number of 2019 physician presenters
## TABLE OF CONTENTS

- **Faculty** .......................................................... .6
- **Schedule at a Glance** ............................................ .7
- **Exhibitors** .......................................................... 9-14
- **Continuing Medical Education (CME) and Continuing Education Credit (CE)** ............ 15
- **Financial Interest Index** ......................................... 17-20
- **ASCRS Ophthalmologist Program** ......................... 21-23
- **ASCRS Young Eye Surgeons Program** ....................... 24
- **ASOA Practice Management Program** ....................... 25-26
- **Optometrist Program** ............................................. 27
This is Superior Anterior Visualization

**EXTENDED DEPTH OF FIELD**

UP TO 5X

**INCREASED MAGNIFICATION**

UP TO 48%

**INCREASED DEPTH RESOLUTION**

UP TO 42%

*Compared to analog microscopes.
† Specified performance was achieved at maximum system magnification with an aperture setting of 30% open and viewing distance of 1.2 meters.

**SEE IT BETTER. DO IT BETTER.**

**IMPORTANT PRODUCT INFORMATION**

**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. The CONSTELLATION® Vision System can be connected to the NGENUITY® 3D Digital Visualization System. Please refer to the CONSTELLATION® Vision System user manual for complete instructions, warnings and precautions.

**Reference:** 1. Alcon data on file. Alcon Laboratories, Inc; December 2017.

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Welcome

Thank you for joining us for the 2019 ASCRS and ASOA Combined Ophthalmic Symposium, sponsored by ASCRS, ASOA and ASORN. We are excited to welcome you to Austin, Texas for this informative and engaging meeting designed to provide education for your entire practice in one weekend. The meeting features exceptional faculty and programming with separate tracks for ophthalmologists, residents and fellows, practice management staff, optometrists and nurses and technicians.

The ASCRS Ophthalmologist Program has been designed to provide attendees with valuable skills, such as developing appropriate treatment plans, comparing emerging MIGS options, determining IOL power calculations, implementing strategies for surgical astigmatism correction and more.

ASCRS Young Eye Surgeons (YES) Program attendees will enjoy an interactive experience participating in 3 hours of dedicated hands-on lab time covering phacoemulsification techniques, limbal relaxing incisions, MIGS, and lens folding and positioning; a 2-hour general session; 1-hour roundtable surgical case discussions with faculty; and 1-hour question and answer session with experts.

Attendees of the ASOA Practice Management Program will have access to expertise on a variety of important topics. The program will summarize the latest legislative and regulatory updates, discuss aspects of benchmarking, provide guidance on implementing policy and procedure adjustments related to compliance and assess leadership qualities.

This year, the Optometrist Program will focus on innovative technologies in optometric practice, co-management of procedures, the nuts and bolts of corneal ulcers, writing oral prescriptions and more.

ASCRS, ASOA and the 2019 program chairs gratefully acknowledge the unrestricted monetary and in-kind educational grants received in support of this program from the organizations you will find listed on page 8.

Please be sure to stop by the exhibit hall, featuring over 40 companies offering products and services to enhance your practice.

We hope that you enjoy this program and look forward to your feedback.

Sincerely,

Douglas D. Koch, MD
ASCRS Ophthalmologist Program Co-Chair

Elizabeth Yeu, MD
ASCRS Ophthalmologist Program Co-Chair

Sumit “Sam” Garg, MD
ASCRS Young Eye Surgeons Program Co-Chair

Sumitra S. Khandelwal, MD
ASCRS Young Eye Surgeons Program Co-Chair

Hayley Boling, MBA, COE
ASOA Practice Management Program Co-Chair

Joe Theine, MBA, COE
ASOA Practice Management Program Co-Chair

Derek N. Cunningham, OD, FAAO
Optometrist Program Co-Chair

Ahmad M. Fahmy, OD, FAAO, Dipl. ABO
Optometrist Program Co-Chair

Walter O. Whitley, OD, MBA, FAAO
Optometrist Program Co-Chair
Our investment in innovative technologies makes incredible things possible, creating exciting and profound new opportunities for the future. Coupled with our industry-leading education programs and exemplary customer support, CorneaGen is improving access to quality tissue for surgeons and their patients across America and abroad.
Share your expertise and best practices with colleagues as a presenter at the American Society of Ophthalmic Administrators 2020 Annual Meeting. As the largest U.S. meeting with content dedicated exclusively to the business of ophthalmology, ASOA welcomes presentations from practice management staff, physicians, consultants, and vendors dealing with practice management issues. Submit your abstract TODAY to ensure the 2020 ASOA Annual Meeting provides another exceptional learning opportunity for all participants.
ACTIVEFOCUS™ Optical Design:

Only one presbyopia-correcting IOL design delivers a full range of vision with uncompromised distance and unrivaled stability.

References

AcrySof® IQ ReSTOR® Family of Multifocal IOLs Important Product Information

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician. INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Multifocal IOLs include AcrySof® IQ ReSTOR® and AcrySof® ReSTOR® Toric and are intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. In addition, the AcrySof® IQ ReSTOR® Toric IOL is intended to correct pre-existing astigmatism. The lenses are intended to be placed in the capsular bag. WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling for each IOL. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery. The ReSTOR® Toric IOL should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. A reduction in contrast sensitivity may occur in low light conditions. Visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. Spectacle independence rates vary; some patients may need lenses when reading small print or looking at small objects. Posterior capsule opacification (PCO), when present, may develop earlier into clinically significant PCO with multifocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs. Do not resterilize; do not store over 45°C. Use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions. ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.
Newly Optimized
Geuder Pre-Loaded Glass Cannula for DMEK

Discover the Difference.

- Graft is pre-loaded, pre-punched, stained, and marked
- Ergonomic cartridge allows easy removal of the cannula
- Ready-to-insert graft
- Simplifies DMEK and saves time in the O.R.

“The optimized pre-loaded cannula creates no additional learning curve and offers easier removal from the medium transport vial. It is definitely an improvement.”

HUCK HOLT, MD
Kaiser Permanente, Santa Clara Medical Center
ASCRS OPHTHALMOLOGIST PROGRAM

FACULTY CHAIRS
Douglas D. Koch, MD
Elizabeth Yeu, MD

INVITED SPEAKERS
Zaina Al-Mohtaseb, MD
Steve Charles, MD, FACS, FICS
David Crandall, MD
Steven Dell, MD
Kendall E. Donaldson, MD
Nicole Fram, MD
Sumit “Sam” Garg, MD
Michael Greenwood, MD
Preeya Gupta, MD
Edward J. Holland, MD
Terry Kim, MD
Sumitra Khandelwal, MD
Nick Mamalis, MD
Bac Nguyen, MD
Michael Patterson, MD
Nathan M. Radcliffe, MD
Leela Raju, MD
Thomas W. Samuelson, MD
Steve Sarkisian, MD
Manjool Shah, MD
Jonathan Solomon, MD
Richard Tipperman, MD
Denise Visco, MD
Keith Warren, MD
Mitchell P. Weikert, MD
Zachary Zavodni, MD

ASCRS YOUNG EYE SURGEONS (YES) PROGRAM

FACULTY CHAIRS
Sumit “Sam” Garg, MD
Sumitra S. Khandelwal, MD

PROGRAM PLANNING COMMITTEE
David Crandall, MD
Kendall E. Donaldson, MD
Leela Raju, MD
Richard Tipperman, MD

INVITED SPEAKERS AND SKILLS TRANSFER FACULTY
Albert Cheung, MD
Lena Dixit, MD
Jason Feuerman, MD
Michael Greenwood, MD
Preeya Gupta, MD
Kourtney Houser, MD
Farhan Irshad, MD
Gene Kim, MD
Terry Kim, MD
Bac Nguyen, MD
Samuel Lee, MD
Naveen Rao, MD
Manjoool Shah, MD
Jesse Vislisel, MD
Mitchell P. Weikert, MD
Elizabeth Yeu, MD
Zachary Zavodni, MD

ASOA PRACTICE MANAGEMENT PROGRAM

FACULTY CHAIRS
Hayley Boling, MBA, COE
Joe Theine, MBA, COE

INVITED SPEAKERS
Todd Albertz, CASC
Heidi A. Campbell, COT
Albert Castillo
Daniel D. Chambers, MBA, COE, FASOA
Thomas Harvey, MD
Nikki Hurley, RN, MBA, COE
Mary Pat Johnson, COMT, COE, CPC
William T. Koch, COA, COE, CPC
Keith Liang, MD
Adrienne P. Lloyd, MHA, FACHE
Nancy McCann
Elizabeth Monroe, MA, PHR, COE, CPSS
Jessica O’Connor, COE, OCS, CPSS
Robyn Ramsdill
E. Ann Rose, FASOA
Dai Smith
Maureen L. Waddle, MBA

OPTOMETRIST PROGRAM

FACULTY CHAIRS
Derek N. Cunningham, OD, FAAO
Ahmad M. Fahmy, OD, FAAO, Dipl. ABO
Walter O. Whitley, OD, MBA, FAAO

INVITED SPEAKERS
Jill Autry, OD, RPh
Casey Claypool, OD
Scott Hauswirth, OD
Tracy Swartz, OD
<table>
<thead>
<tr>
<th>Event Type</th>
<th>Dates</th>
<th>Times</th>
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</thead>
<tbody>
<tr>
<td><strong>REGISTRATION HOURS</strong></td>
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<tr>
<td><strong>FRIDAY, AUGUST 23</strong></td>
<td>7:00 a.m.—6:00 p.m.</td>
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<tr>
<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>6:30 a.m.—6:00 p.m.</td>
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<td><strong>SUNDAY, AUGUST 25</strong></td>
<td>7:00 a.m.—10:30 a.m.</td>
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<tr>
<td><strong>ASCRS OPHTHALMOLOGIST</strong></td>
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<tr>
<td><strong>PROGRAM</strong></td>
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<tr>
<td><strong>FRIDAY, AUGUST 23</strong></td>
<td>3:00 —5:00 p.m. (optional wet lab)</td>
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<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>8:00 a.m.—5:00 p.m.</td>
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<tr>
<td><strong>SUNDAY, AUGUST 25</strong></td>
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<tr>
<td><strong>ASCRS YOUNG EYE SURGEONS</strong></td>
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<td><strong>PROGRAM</strong></td>
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<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>8:00 a.m.—5:00 p.m.</td>
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<td><strong>SUNDAY, AUGUST 25</strong></td>
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<td><strong>ASOA PRACTICE MANAGEMENT</strong></td>
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<td><strong>PROGRAM</strong></td>
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<td><strong>FRIDAY, AUGUST 23</strong></td>
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<tr>
<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>8:00 a.m.—4:30 p.m.</td>
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<tr>
<td><strong>SUNDAY, AUGUST 25</strong></td>
<td>8:00 a.m.—11:30 a.m.</td>
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<tr>
<td><strong>OPTOMETRIST PROGRAM</strong></td>
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<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>8:00 a.m.—5:30 p.m.</td>
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<tr>
<td><strong>SUNDAY, AUGUST 25</strong></td>
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<td><strong>ASORN NURSE &amp; TECHNICIAN</strong></td>
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<td><strong>PROGRAM</strong></td>
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<td><strong>FRIDAY, AUGUST 23</strong></td>
<td>12:00—5:00 p.m.</td>
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<tr>
<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>8:00 a.m.—5:00 p.m.</td>
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<tr>
<td><strong>EXHIBIT HALL AND TECHNOLOGY</strong></td>
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<td><strong>SHOWCASE HOURS</strong></td>
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<td><strong>NEW THIS YEAR!</strong></td>
<td>Visit the technology showcase located in the exhibit hall and engage in hands on demonstrations.</td>
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<td><strong>SATURDAY, AUGUST 24</strong></td>
<td>7:00 a.m.—4:30 p.m.</td>
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<tr>
<td><strong>SUNDAY, AUGUST 25</strong></td>
<td>7:00 a.m.—11:00 a.m.</td>
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<tr>
<td><strong>SPECIAL EVENT</strong></td>
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<tr>
<td><strong>FRIDAY, AUGUST 23</strong></td>
<td>6:30—9:30 p.m.</td>
<td>Welcome Reception for Attendees and Exhibitors</td>
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<td>The Speakeasy</td>
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<td>Network with colleagues and exhibitors during the ASCRS and ASOA Welcome Reception sponsored by CorneaGen. A short walk from the JW Marriott. The Speakeasy will have food, drinks, music, bowling and shuffleboard. Get ready for a fun evening!</td>
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ASCRS GRATEFULLY ACKNOWLEDGES THE UNRESTRICTED EDUCATIONAL GRANTS RECEIVED IN SUPPORT OF THIS PROGRAM FROM:

ALCON VISION, LLC
CARL ZEISS MEDITEC
GLAUKOS
JOHNSON & JOHNSON
SANTEN
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SIGHT SCIENCES
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Alcon helps people see brilliantly. As the global leader in eye care with a heritage spanning more than seven decades, we offer the broadest portfolio of products to enhance sight and improve people’s lives. Our Surgical and Vision Care products touch the lives of more than 260 million people in over 140 countries each year living with conditions like cataracts, glaucoma, retinal diseases and refractive errors. Our more than 20,000 associates are enhancing the quality of life through innovative products, partnerships with eye care professionals and programs that advance access to quality eye care. Learn more at www.alcon.com.

CorneaGen
101 North Chestnut Street, Suite 303
Winston-Salem, NC 27101
336-516-9600
www.corneagen.com

CorneaGen is a mission-driven company committed to transforming how corneal surgeons treat and care for the cornea. CorneaGen is committed to developing and bringing products to the market designed to help surgeons provide the best outcomes for their patients: EndoSert® corneal endothelial delivery instrument used in DSEK, the Geuder Glass Cannula and Geuder Pre-Loaded Glass Cannula for DMEK, and a variety of trephines and punches. CorneaGen also offers the most comprehensive portfolio of corneal transplant tissue, delivering the highest-quality with the most advanced processing techniques.

SILVER SPONSORS

Ocular Therapeutix
15 Crosby Drive
Bedford, MA 01730
781-357-4000
www.ocutx.com

Ocular Therapeutix, Inc. (NASDAQ:OCUL) is a biopharmaceutical company focused on the formulation, development, and commercialization of innovative therapies for diseases and conditions of the eye using its proprietary bioresorbable hydrogel-based formulation technology. Our product pipeline candidates are designed to provide differentiated drug delivery solutions that reduce the complexity and burden of the current standard of care by creating sustained release alternatives. It is our intention to develop a product portfolio to overcome the issues of patient compliance and adherence by providing means of more consistent and reliable drug dosing.

Omeros Corporation
201 Elliott Avenue West
Seattle, WA 98119
206-676-5000
www.omeros.com

Omeros is a Seattle-based biopharmaceutical company committed to discovering, developing, and commercializing small-molecule and protein therapeutics. Its marketed drug OMS976 (phenylephrine/ketorolac intraocular solution) 1%/0.3% is first-of-kind for use during lens replacement surgery. Omeros’ pipeline includes multiple Phase 3 and other clinical-stage programs, diverse preclinical programs, and two drug-discovery platforms.
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Golden, CO 80104
720-773-8552
www.arcscan.com

ArcScan’s Insight® 100 is an ultrahigh frequency robotically controlled ultrasound instrument with the capability to produce images of the entire anterior segment: from the cornea, to the posterior of the lens, with patient seat times of just a few minutes, and measurement precision of optical imaging systems. Please contact Barry Schafer (bschafer@arcscan.com) for more information or visit our website at www.ArcScan.com.

Avedro
201 Jones Rd.
Waltham, MA 02451
844-528-3376
www.avedro.com

Avedro’s proprietary Corneal Remodeling Platform strengthens stabilizes and reshapes the cornea utilizing corneal cross-linking in minimally invasive and non-invasive outpatient procedures to treat corneal ectatic disorders and correct refractive conditions.

Avellino Labs
1505 Adams Drive, Suite 2B
Menlo Park, CA 94025
781-956-5565
www.avellino.com

Avellino Labs, a world leader in genetic diagnostics and gene therapy research, with a core specialty in ophthalmology, was founded in 2008. Avellino Labs operates globally and has received multiple awards, including being named Technology Pioneer by the World Economic Forum. Avellino’s commitment to ophthalmology began with developing the first commercially available genetic test for corneal dystrophy, providing a fast and accurate test to help guide physicians and inform treatment decisions based on their patient’s unique genetic code. Avellino continues to innovate and will launch a next-generation sequencing (NGS) test for keratoconus. By performing a simple genetic test, physicians can now see beyond their topography and tomography to identify genetic variants in their patients that are associated with keratoconus. Current scanning devices and algorithms still identify morphology only after it has occurred, thus not identifying all patients that could develop the disease. Early genetic detection means that physicians can help patients before progression to make treatment and lifestyle choices that will delay or prevent progression. Sample collection occurs in the office, making the process easy for both the patient and the physician. Moving beyond detection of corneal diseases, Avellino partnered with Ulster University in 2016 to develop state-of-the-art siRNA and CRISPR gene editing programs for corneal dystrophies, providing exciting world-first treatment options for dystrophy sufferers and treatment technologies that can be applied to other diseases outside of ophthalmology. These therapies have been proven in the lab and in animal studies, and Avellino will proceed with human trials in the very near future.

Beaver Visitec International (BVI)
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Waltham, MA 02451
866-906-8080
www.bvimedical.com

BVI is a highly regarded ophthalmic device manufacturer offering a broad range of single use instruments and CustomEyes® procedure packs. BVI provides innovative and high-quality products that perform consistently and predictably for surgeons. Our over 85-year legacy of strong product brands include Beaver®, Visitec®, Merocel®, Weck-Cel®, Wet-Field®, Endo Optiks® and Parasol®. In 2017, BVI expanded its product portfolio with the acquisition of Malosa® single use instruments and Vitreq® vitreoretinal instruments marking its entry into the retinal market. In 2019, BVI acquired PhysIOL, manufacturer of premium IOLs.

DavLong Business Solutions
6600 Abercorn Street, #205
Savannah, GA 31405
www.davlong.com

DavLong is one of the nation’s largest ophthalmic specific Billing Services companies. We provide Revenue Cycle Management, Practice Management, and Ophthalmic EHR solutions for any ophthalmology practice. All from a single source vendor!

Diamatrix
210 Nursery Rd.
The Woodlands, TX 77380
281-367-8081
www.diamatrix.com

Diamatrix is an enduring innovator in the ophthalmic industry. We collaborate with surgeons, nurses and administrators to delivery products of the highest quality and value. We offer a full line of knives, sutures, hand-held instruments and our recently released XI-ready loaded Iris Speculum.

Dompé US
1 Marina Park
Boston, MA 02210
+39 02 583831
www.dompe.com

Dompé is an Italian biopharmaceutical company based in Milan with US headquarters in the San Francisco Bay Area. It has a 100+ year legacy of medical innovation and is committed to seeking further advances that address unmet medical needs in the areas of ophthalmology, transplants, oncology and diabetes. This commitment to innovation has resulted in successful development collaborations with over 200 centers of excellence. Dompé’s commitment to ophthalmology includes the first topical biologic FDA-approved for an ophthalmic indication, and continued exploration of new indications through ongoing trials.
EyeMD EMR Healthcare Systems, Inc.
27300 Riverview Center Blvd. Suite 100
Bonita Springs, FL 34134
877-2 EYE-EMR
www.eyemdemr.com
EyeMD EMR is a simple, efficient, and comprehensive EMR designed for ophthalmology that streamlines office procedures and clinical documentation for practices and ASCs.

EyePoint Pharmaceuticals
110 Allen Rd, 2nd Floor
Basking Ridge, NJ 07920
908-848-4208
www.eyepointpharma.com
EyePoint Pharmaceuticals, Inc. (formerly pSivida Corp.) is a specialty biopharmaceutical company committed to developing and commercializing innovative ophthalmic products in indications with high unmet medical need to help improve the lives of patients with serious eye disorders.

Glaukos
229 Avenida Fabricante
San Clemente, CA 92673
949-367-9600
www.glaukos.com
Glaukos is an ophthalmic medical technology and pharmaceutical company focused on the development and commercialization of novel surgical devices and sustained pharmaceutical therapies designed to transform the treatment of glaucoma. Glaukos launched the iStent, the first MIGS device in the United States in 2012, the iStent inject in 2018, and is leveraging its platform technology to build a comprehensive and proprietary portfolio of micro-scale injectable therapies designed to address the complete range of glaucoma disease states and progression.

Heidelberg Engineering
10 Forge Parkway
Franklin, MA 02038
800-931-2230
www.heidelbergengineering.com
Heidelberg Engineering continuously optimizes imaging and healthcare IT technologies to provide ophthalmic diagnostic solutions that empower clinicians to improve patient care. From its inception in 1990, the Company has collaborated with scientists, clinicians and industry to develop innovative products that deliver clinically relevant benefits. Uncompromising quality and education play a large part in fostering the diagnostic confidence that has become synonymous with the global brand. The Company's substantial expertise in the development and implementation of intelligent image and data management solutions complements its distinguished history in the design, manufacture and distribution of ophthalmic diagnostic instruments. Heidelberg Engineering’s growing product portfolio combines these core technologies: confocal microscopy, scanning lasers and optics, optical coherence tomography (OCT), real-time image processing and analytics, multimodal image management solutions, electronic medical records (EMR) and data mining.

ImprimisRx Pharmacies
12264 El Camino Real, #350
San Diego, CA 92130
844-446-6979
www.imprimisrx.com
ImprimisRx is committed to providing high quality innovative, novel ophthalmic medications to physicians and patients at affordable prices.

Ivantis, Inc.
38 Discovery, Suite 150
Irvine, CA 92618
949-600-9650
www.ivantisinc.com
Ivantis, Inc. is a privately held company headquartered in Irvine, CA. Ivantis has developed the Hydrus® Microstent, the only minimally invasive microstent that dilates and scaffolds the primary outflow path of the eye (Schlemm’s canal). The aqueous drainage device restores the flow of fluid in the eye using a Tri-Modal(TM) mechanism of action: 1) Creates a bypass through the trabecular meshwork, allowing outflow of aqueous humor, 2) dilates and scaffolds Schlemm’s canal to augment outflow, and 3) spans 90 degrees of the canal to provide consistent access to the fluid collector channels in the eye. The Hydrus Microstent is one of the most rigorously researched and studied of all MIGS devices, with more than 4,000 cases treated globally. The Hydrus Microstent is indicated for use in conjunction with cataract surgery for adults with mild to moderate POAG. FDA approved Aug 2018.

Johnson & Johnson Vision
1700 East St. Andrew Place
Santa Ana, CA 92705
714-247-8200
https://www.jjvision.com/
At Johnson & Johnson Vision, part of Johnson & Johnson Medical Devices Companies, we have a bold ambition: to change the trajectory of eye health around the world. Through our operating companies, we deliver innovation that enables eye care professionals to create better outcomes for patients throughout their lives, with products and technologies that address unmet needs including refractive error, cataracts and dry eye. In communities with greatest need, we work in collaboration to expand access to quality eye care, and we are committed to helping people see better, connect better and live better. Visit us at www.jjvision.com. Follow @JNJVision on Twitter and Johnson & Johnson Vision on LinkedIn.
Kala Pharmaceuticals
490 Arsenal Way, Suite 120
Watertown, MA 02472
781-996-5252
www.kalarx.com

Kala Pharmaceuticals, Inc. (Kala) is a biopharmaceutical company focused on the development and commercialization of therapeutics using our proprietary mucus-penetrating particle (MPP) technology, with an initial focus on the treatment of eye diseases. Our MPPs are selectively-sized nanoparticles and have proprietary coatings. We believe that these two key attributes enable even distribution of drug particles on mucosal surfaces and significantly increase drug delivery to target tissues by enhancing mobility of drug particles through mucus and preventing drug particles from becoming trapped and eliminated by mucus. We have applied the MPP technology to create nanosuspensions of loteprednol etabonate, or LE, a corticosteroid designed for ocular applications, resulting in our two lead product candidates; INVELTYS™ (KPI-121 1.0%) for the treatment of inflammation and pain following ocular surgery and KPI-121 0.25% for the temporary relief of the signs and symptoms of dry eye disease. The name Kala was inspired by the famous Kalalau trail, a hiking trail on the island of Kauai, Hawaii. This trail is not only notable for its strenuous path and terrain that is difficult to traverse but also known for its unsurpassed beauty.

Katena
6 Campus Drive, Suite 310
Parsippany, NJ 07054
973-989-1600
www.katena.com

Katena welcomes you to the 2019 ASCRS and ASOA Combined Ophthalmic Symposium and invites you to visit us in booth TT28. Featured products include Katena and Rhein instruments and devices for MICS, DMEK, SMILE, and FLACS. Our biologics offerings include amniotic membrane for in-office and surgical procedures, and Tutoplast® patch allografts for glaucoma and oculoplastic indications. EagleVision products, including punctal plugs, will be discussed. Experience the extraordinary optics of Katena’s affordable single use and reusable Diamond ophthalmic lenses.

LENSAR
2800 Discovery Drive
Orlando, FL 32826
888-536-7271
www.lensar.com

LENSAR®, Inc., the leader in next-generation femtosecond cataract laser technology, has continued to focus on astigmatism with the latest system upgrade, Streamline® IV. This includes numerous enhancements unique to the LENSAR Laser that are dedicated to helping surgeons confidently manage astigmatism and optimize patient outcomes, for both toric IOLs and arcuate incisions. Such enhancements include IntelliaX Re refractive Capsulorhexis™, which incorporates steep axis markings that help guide precise and confident toric IOL alignment, and wireless transfer of preoperative diagnostics, including Total Corneal Astigmatism from the Cassini®, for seamless and accurate treatment planning. Iris registration further contributes to the system’s accuracy by comparing a pre-op image to a scan of the docked eye taken at the laser to automatically account for cyclotorsion. Building on the strength of LENSAR’s foundational femtosecond cataract laser platform, the LENSAR Laser with Streamline IV is revolutionizing a surgeon’s ability to deliver on great outcomes for astigmatic patients.

Lions VisionGift
2201 SE 11th Ave.
Portland, OR 97214
503-808-7070
www.visiongift.org

VisionGift is a non-profit 501©(3) dedicated to the mission of advancing transplantation, research and education to honor donors of their gifts of sight. With locations on both coasts, and strategic partnerships throughout the U.S., VisionGift is able to provide transplant and research tissue in an efficient and timely manner. Additionally, with dedicated research facilities we can assist or lead your protocols from inception to clinic.

Mallinckrodt Pharmaceuticals
1425 US Route 206
Bedminster, NJ 07921
www.mallinckrodt.com

Mallinckrodt is a global business that develops, manufactures, markets and distributes specialty pharmaceuticals products and therapies.

Medi Lazer
1110 Brickell Ave, Suite 430
Miami, FL 33131
305-847-9044
www.medilazer.net

Our mission statement is simply “Quality Not Compromise” is ingrained in every aspect of our business, from an unwavering belief in the limitless potential applications of low- level laser, down to the care and quality of the smallest component of our devices.

MicroSurgical Technology
8415 154th Ave.
Redmond, WA 98052
425-556-0544
www.microsurgical.com

MST Manufactures and provides innovative products for anterior segment surgery, including the following popular products: Allegro Single Use Silicone I/A, High quality single use Packer/Chang IOL cutters and 25g Ahmed Micro-Graspers, Dewey Radius Phaco Tips, Seibel Capsulorhexis Forceps, Malayan Ring” 2.0, MST Iris Hooks, MST Capsule Retractors.

Miracles In Sight
3900 Westpoint Blvd, Suite F
Winston-Salem, NC 27103
336-765-0932
www.miraclesinsight.org

Miracles In Sight is one of the largest eye banks in the world, helping to restore sight and change lives for thousands of patients each year. We provide ophthalmologists with high quality tissue for corneal transplants and partner with innovators around the world to develop new, cutting edge processes and products and meet ophthalmic challenges as they evolve.
Modernizing Medicine
4850 Trex Ave, Suite 200
Boca Raton, FL 33431
561-880-2998
www.modmed.com/ophthalmology

Modernizing Medicine® and its affiliated companies empower ophthalmologists with a suite of mobile, specialty-specific solutions that transform how healthcare information is created, consumed and utilized to increase practice efficiency and improve patient outcomes. Built for value-based healthcare, data-driven, touch- and cloud-based products and services are programmed by a team that includes practicing physicians to meet the needs of ophthalmology practices. The modmed® Ophthalmology suite includes EMA™, the ophthalmology-specific EHR system; Practice Management; Revenue Cycle Management; and Analytics. In 2019 the EHR system, EMA, ranked #1 among ophthalmology EHRs in independent Black Book™ surveys for the third consecutive year.

New World Medical
10763 Edison Court
Rancho Cucamonga, CA 91730
904-466-4304
www.newworldmedicala.com

New World Medical, Inc. At New World Medical, our mission is to preserve and enhance vision by delivering innovations to Benefit Humanity. New World Medical’s commercially available devices include the Ahmed® Glaucoma Valve and the Kahook Dual Blade®. NEW WORLD MEDICAL – HUMANITY’S VISION IS OUR FOCUS.

Nextech
4221 W. Boy Scout Blvd. Suite 200
Tampa, FL 33607
800-868-3694
www.nextech.com

Increase charting speed, improve workflow and streamline practice productivity. Nextech offers fully integrated, Ophthalmology-specific EMR and Practice Management solutions that allow Ophthalmologists to chart with unmatched speed and specificity. Designed specifically for Ophthalmology workflows, experience Nextech’s intuitive navigation, adaptive template technology and enhanced drawing capabilities. Visit www.nextech.com to learn more.

Novartis Pharmaceuticals
1 Health Plaza
East Hanover, NJ 07936
862-778-2100
www.novartis.com

Novartis Pharmaceuticals Corporation (NPC) offers a broad range of medicines for cancer, cardiovascular disease, endocrine disease, eye care, inflammatory disease, infectious disease neurological disease, organ transplantation, psychiatric disease, respiratory disease and skin conditions. The company’s mission is to improve people’s lives by pioneering novel healthcare solutions.

OASIS Medical
514 S. Vermont Ave.
Glendora, CA 91741
909-305-5400
www.oasismedical.com

OASIS® Medical Inc. is a manufacturer and distributor of high-quality reusable and disposable surgical solutions, punctal occlusion devices, lubricating eye drops, and lid cleansing solutions. As a continuous improvement company, OASIS collaboratively develops thriving relationships with our partnering practices.

OPHTEC USA
400 Sawgrass Corporate Parkway
Sunrise, FL 33325
877-204-2275
www.usa.ophtec.com

OPHTEC USA Inc., is a subsidiary of OPHTEC, the ophthalmic medical device company based in The Netherlands. For over 20 years, OPHTEC USA has been working closely with regulatory bodies and trusted distributors in order to bring quality ophthalmic devices for refractive and cataract surgery to the US market. Our mission is to share our passion for vision with ophthalmologists by providing in depth education and support in the use of our clinically innovative FDA-approved products for cataract and refractive surgery. This innovation can be seen in the RingJect™, a single use injector preloaded with a capsular tension ring, and our phakic intra-ocular lens the ARTISAN Myopia. In addition to FDA-approved devices, OPHTEC USA actively conducts two clinical trials for the ARTISAN Aphakia Lens in adult and pediatrics.

Optos, Inc.
500 Nickerson Rd., Suite 201
Marlborough, MA 01752
800-854-3039
www.optos.com

Optos devices produce ultra-widefield optomap® images of approximately 82% or 200° of the retina, something no other device is capable of doing in a single capture. An optomap image provides a bigger picture and more clinical information which facilitates the early detection, management and effective treatment of disorders and diseases evidenced in the retina.
rater8
59 Huff Terrace
Montvale, NJ 07654
201-725-6660
www.rater8.com
Supercharge your online reviews with rater8, the leader in healthcare reputation management. Our solution enables medical practices to gather real-time patient feedback about doctors and patient-facing employees. Online Review Builder: Enhance your online image and build 5-star reviews on Google, Vitals, Healthgrades, Facebook & Yelp. Also, mitigate negative reviews from tarnishing your online reputation. Patient Satisfaction Surveys: Capture real-time patient feedback via text and emails with our practice management integration. Employee Performance Management: Use the rater8 analytics dashboard to accurately measure the performance of your patient-facing employees. Identify star performers and their key competencies, and address employees in need of additional training. Search Engine Optimization: Attract more patients with Verified Review Pages and Ratings Badges. Proudly display your rater8 ratings on your own practice's website using our Google-friendly and SEO-optimized Review Badges.

ScienceBased Health
5047 FM 2920 Rd.
Spring, TX 77338
281-885-7726
www.sciencebasedhealth.com
Learn about SBH’s evidence-based nutraceuticals and practice-building program. Unparalleled support since 1997. Come learn about the advantages and science behind HydroEye®️, clinically shown to relieve dry eye (Cornea, Oct 2013); clinically tested Optic Nerve Formula; AREDS-based formulas and more. Special Offer: Come by for a free 60-day supply of HydroEye!

Sight Sciences
3000 Sound Hill Rd., Bldg 3-105
Menlo Park, CA 94025
877-266-1144
www.sightsciences.com
Sight Sciences is a growth-stage medical device company dedicated to the development of intelligently designed and engineered products that address the underlying physiology of ophthalmic diseases. The company’s portfolio consists of the OMNI® Surgical System as well as the non-surgical TearCare® System.

Sun Ophthalmics
2 Independence Way
Princeton, NJ 08540
609-720-9200
www.sunophthalmics.com
Sun Ophthalmics is reenergizing eye care. We are a US division of Sun Pharma, a global specialty pharmaceutical corporation with operations in over 150 countries. Our mission is to launch innovative ophthalmic products that complement your approach to treatment. We focus on your unmet treatment needs in patient care, so you can focus on your patients. Discover a brighter future in eye care. For more information on our products and vision, visit www.SunOphthalmics.com.

Vision Health International
PO Box 597 Grand Junction
Colorado, 81502
970-462-7279
www.visionhealth.org
Vision Health International, a 501c3, was founded in 1985 to serve communities around the world with vision care. We provide high-quality, direct patient care to the communities we serve. Our services include comprehensive eye exams, life-altering surgeries, prosthetic eyes, dispensing of eyeglasses and protective eyewear, and more. We plan and implement six, week-long service trips each year, for which we recruit dedicated vision care professionals and highly-qualified personnel to volunteer their time, in order to deliver high-quality vision care to the local community.

Weave
2000 W. Ashton Blvd. Suite #100
Lehi, UT 84043
888-545-8880
www.getweave.com
Weave is a communications tool that advances patient relationships while helping to grow your business.

Ziemer Ophthalmics
620 E. Third Street
Alton, IL 62002
866-708-4490
www.ziemerusa.com
CONTINUING MEDICAL EDUCATION (CME)

Accreditation Statement
The American Society of Cataract and Refractive Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASCRS takes responsibility for the content, quality, and scientific integrity of the CME activity.

Designation Statement
The American Society of Cataract and Refractive Surgery designates this live activity for a maximum of 12.5 AMA PRA Category 1 Credits™. Physicians should claim credit commensurate with the extent of their participation in the activity.

Physicians may claim credit for participation as follows:
Friday: Ophthalmologist Program (max 2 credits)
Saturday: Ophthalmologist Program and Young Eye Surgeons (YES) Program (max 7 credits).
Sunday: Ophthalmologist Program (max 3.5 credits), Young Eye Surgeons (YES) Program (max 3 credits)

Physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA Category 1 Credit™.

Attendees registered as exhibitors, spouses, and guests are not eligible for CME credits.

NOTICE OF OFF-LABEL USE PRESENTATIONS
This program may include presentations on drugs or devices or uses of drugs or devices that may not have been approved by the Food and Drug Administration (FDA) or have been approved by the FDA for specific uses only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he/she wishes to use in clinical practice. ASCRS is committed to the free exchange of medical education. Inclusion of any presentation in this program, including presentations of off-label uses, does not imply an endorsement by ASCRS of the uses, products, or techniques presented.

COUNCIL ON OPTOMETRIC PRACTITIONER EDUCATION (COPE®)
ASOA is a COPE-Approved Administrator/Provider. COPE Accreditation Pending. Continuing Education Credits must be claimed on site each day via a paper form.

CERTIFIED OPHTHALMIC EXECUTIVE (COE)
The ASOA Practice Management Program within the ASCRS and ASOA Combined Ophthalmic Symposium qualifies for COE Category A credits for attendees, and COE Category C credits for speakers.

All attendees seeking COE credits MUST be registered for the program.

AMERICAN ACADEMY OF PROFESSIONAL CODERS (AAPC)
ASOA has been approved for 15 AAPC Continuing Education Credits.

EDUCATIONAL OBJECTIVES
Ophthalmologist Program
At the conclusion of the program, ophthalmologists will be able to:
• Develop appropriate cataract surgery treatment plans for more challenging eyes (post-refractive, irregular astigmatism, dry eye disease)
• Explore innovations in topical, lens-based and corneal solutions for presbyopia correction
• Determine patient selection for pseudophakic presbyopia management
• Implement strategies for the surgical correction of astigmatism
• Determine IOL power calculations for routine and challenging cases
• Compare and contrast recent and emerging microinvasive glaucoma surgical (MIGS) options
• Implement strategies to manage glaucoma surgical cases
• Compare and contrast new advances in dry eye disease
• Identify retinal diseases that the comprehensive ophthalmologist should be able to diagnose and either treat or refer.
• Be familiar with the newest updates in corneal refractive surgery, including SMILE, corneal inlays, and collagen crosslinking.

Wet Lab
• Compare and contrast various ophthalmic surgical techniques on porcine or artificial eye models for ocular conditions: to include anterior segment and refractive surgery
• Develop skills to manage intraoperative complications as reproduced in the lab setting
• Formulate new skill sets through the use of new technologies and advanced devices
• Increase proficiency and experience in a variety of corneal surgical procedures and suturing techniques.

YES (YOUNG EYE SURGEONS) PROGRAM
At the conclusion of the program, ophthalmic residents, fellows, and physicians within the first 5 years of practice will be able to:
• Improve surgical and decision-making skills
• Implement strategies to manage complications
• Compare and contrast ophthalmic treatments and technology
• Identify and discuss complicating factors in anterior segment surgery.
• Assess and treat dry eye disease
• Evaluate minimally invasive glaucoma surgery options
ASOA PRACTICE MANAGEMENT PROGRAM
At the conclusion of the program, practice management staff with an interest in ophthalmic practice management will be able to:

• Summarize the latest legislative, regulatory, and coding updates
• Discuss various aspects of benchmarking and integrate adjustments to practices as necessary
• Describe and implement adjustments to policies and procedures related to regulatory compliance
• Assess leadership qualities and practices and apply concepts

All attendees seeking COE credits MUST be registered for the program.

OPTOMETRIST PROGRAM
At the conclusion of the program, optometrists will be able to:

• Identify steps to maximize the MD/OD relationship for best patient care
• Define current strategies for the treatment of the complex cornea with contact lenses
• Analyze current glaucoma management strategies
• Discuss pearls for improving the management of high-risk cataract surgical patients
• Describe the latest advancements in corneal collagen crosslinking.
• Evaluate innovations in technology for Dry Eye Disease and Ocular Surface Management, including optimizing surgical outcomes by enhancing the ocular surface
• Evaluate surgical peri-operative care options for cataract, glaucoma and corneal procedures
• Discuss increasing success rates with Presbyopia correcting IOLs and Refractive Surgery
• Explain growing a Refractive surgery practice in today’s market
• Identify, treat and manage Complex Ocular Surface Conditions
• Summarize current and future ophthalmic pharmaceuticals
As a provider accredited by the Accreditation Council for Continuing Medical Education, ASCRS•ASOA must ensure balance, independence, objectivity, and scientific rigor in all its individually or jointly provided activities.

All individuals participating in an activity designated for CME credit must disclose any financial interest or relationship with a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services used on or by patients that are discussed in an educational presentation or lack thereof. Financial interest can include such things as grants or research support, consultant, stockholder, member of speaker’s bureau, etc. Relationships held by a spouse or a partner must also be disclosed.

The intent of this disclosure is not to disqualify anyone from participating, but to provide the program committee with information so they can design and implement a balanced, independent, and scientific educational activity. The Financial Interest Index provides information to attendees, so they can make their own judgment regarding the interest or relationship and the materials presented. A complete listing of relationships disclosed, and their corresponding codes is below.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CODE</th>
<th>SPECIFIC FINANCIAL INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
<td>P</td>
<td>I earn royalty or derive other financial gain from an ophthalmic product or service.</td>
</tr>
<tr>
<td>Investor</td>
<td>R</td>
<td>I have an investment interest in a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td>Consultant</td>
<td>A</td>
<td>I receive a retainer, ad hoc fees, or other consulting income from a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>I am a member of the speaker’s bureau of a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td>Practice Management Consultant</td>
<td>C</td>
<td>I provide practice management or marketing consulting services to ophthalmic practices.</td>
</tr>
<tr>
<td>Research</td>
<td>D</td>
<td>My research is fully or partially funded by a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td>Travel</td>
<td>E</td>
<td>My travel expenses have been reimbursed, paid in full or subsidized, by a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td>Employee*</td>
<td>Y</td>
<td>I am a full-time employee of a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td></td>
<td>Z</td>
<td>I am a part-time employee of a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care.</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>S</td>
<td>My spouse or partner has a financial relationship with a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services related to patient clinical care, encompassing royalties, investment, consulting/speakers bureau, research grants, travel reimbursement or employment.</td>
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</table>

* Employee is defined as someone who receives a W-2 from a company.
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<thead>
<tr>
<th>Name</th>
<th>Company/Role</th>
<th>Financial Interest</th>
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</thead>
<tbody>
<tr>
<td>Todd Albertz, CASC</td>
<td>None</td>
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<tr>
<td>Zaina Al-Mohtaseb</td>
<td>Alcon B, Allergan A</td>
<td></td>
</tr>
<tr>
<td>Jill Autry, OD, R.Ph</td>
<td>Hayley Boling, MBA, COE None, Cami Campbell, COT</td>
<td>None</td>
</tr>
<tr>
<td>Albert Castillo</td>
<td>BSM Consulting C, Outpatient Ophthalmic Surgical Society A</td>
<td></td>
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<tr>
<td>Daniel Chambers, MBA, COE, FASOA</td>
<td>DCOM Services, Inc C</td>
<td></td>
</tr>
<tr>
<td>Steve Charles</td>
<td>Alcon A</td>
<td></td>
</tr>
<tr>
<td>Albert Cheung</td>
<td>Alcon A, Eye Bank Association of America D</td>
<td></td>
</tr>
<tr>
<td>Casey Claypool, OD</td>
<td>Johnson &amp; Johnson Vision B, Allergan B</td>
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<tr>
<td>David Crandall</td>
<td>None</td>
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<tr>
<td>Derek Cunningham, OD, FAAO</td>
<td>IVI B, D, J&amp;J B, Lumenis D, NovaBay B, Shire B, Tearlab B, Valeant B</td>
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<tr>
<td>Lena Dixit</td>
<td>None</td>
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<tr>
<td>Kendall Donaldson</td>
<td>Alcon A, Allergan A, Bausch + Lomb A, Omeros A, Shire A, Sun A</td>
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<tr>
<td>Ahmad Fahmy, OD, FAAO, Dipl. ABO</td>
<td>Allergan B, NovaBay B, Shire B</td>
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<tr>
<td>Jason Feuerman</td>
<td>None</td>
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<tr>
<td>Thomas Harvey, MD</td>
<td>Lenstec A, D, New World Medical A, PRN A, RPS R, TLC R</td>
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<tr>
<td>Kourtney Houser</td>
<td>None</td>
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<tr>
<td>Nikki Hurley, RN, MBA, COE</td>
<td>None</td>
<td></td>
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<tr>
<td>Farhan Irshad</td>
<td>Bausch + Lomb B, Glaukos B, Shire B</td>
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<tr>
<td>Mary Pat Johnson, COMT, COE, CPC</td>
<td>Corcoran Johnson Consulting Group Y</td>
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<tr>
<td>Sumitra Khandelwal</td>
<td>Alcon A, Allergan A, Bausch + Lomb A, Omeros A, Zeiss A, Zeiss A</td>
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<tr>
<td>Gene Kim</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL INTEREST INDEX

Terry Kim
Aerie Pharmaceutical A
Alcon A
Allergan A
Avedro A
Avellino R, A
B&L A
Blephex A
CorneaGen R, A
Dompe A
Eyenuvia R, A
Johnson & Johnson A
Kala R, A
NovaBay R, A
Ocular Therapeutix R, A
Omeros R, A
Presbyopia Therapies R, A
Shire A
Sight Sciences A
Simple Contacts R, A
Zeiss A

Nick Mamalis
Advanced Vision Science D
Alcon D
Anew Optics A, D
Atia Vision D
“ClarVista Medical D
Clearsight D
CoDa Therapeutics D
Cord D
Genisphere D
Hoya D
KeraMed Polymeditech D
LensGen D
Medicuntur D
Merck D
Mynosys D
Omega D
PerfectLens A, D
PhysIOL D
Powervision D
QURA, Inc D
Zeiss D

Nathan Radcliffe
Aerie A
Alcon A
Alimera A
Allergan A
Bausch + Lomb A
Beaver-Visitec International A
Carl Zeiss Meditec A
Equinox R
Glukos A
Iridex A
Ivantis A, B
Lumenis A
New World Medical A
Ocular Science A, B
Reichert A
Sight Sciences R, A, B
Transcend Medical A

Douglas Koch
Alcon A
CAPSULaser A
Carl Zeiss Meditec A
Ivantis R
Johnson & Johnson Vision A
Perfect Lens A
PowerVision R
Vivior A

Leela Raju
Allergan A
RPS R

William Koch, COA, COE, CPC
Allergan A, B, C, E
Genentech A, B, C, E
Regeneron A, B, C, E

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None

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Bac Nguyen

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Nancey McCann
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Bac Nguyen

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Allergan A, B, C, E
Genentech A, B, C, E
Regeneron A, B, C, E

Samuel Lee
Allergan B

Robby Rasmussen
Novartis Y

Naveen Rao
Parexel A
Shire A
W.L. Gore A

E. Ann Rose, FASOA None

Thomas Samuelson
AcuMems A
Aerie Pharmaceuticals A
Akorn A
Alcon Surgical A
AMO (Abbott Medical Optics) A
AqueSys/Allergan A
Bausch & Lomb/Valeant A
BELKIN Laser Inc. A
Endo Optiks A
Equinox R, A
Glukos R, A
Ivantis R, A
Ocular Surgery News A
PolyActiva A
Santen A
Shire A
TearClear A
Transcend Medical A
Veracity Innovations, LLC A
Vindico/Slack A

2019 COMBINED OPHTHALMIC SYMPOSIUM | 19
Manjool Shah
Allergan A, B
Glaukos A, B

Dai Smith
Novartis Y

Jonathan Solomon
Alcon A
Carl Zeiss Medical A
Clarity Medical A
Glaukos A
I-Optics B
IanTech A
Johnson & Johnson A
Nidek A
Oasis Medical A
Ziemer B

Tracy Swartz, OD
Alcon B
Tracey Technologies A

Joe Theine, MBA, COE
JKT Consulting, LLC C
Regeneron A, B

Richard Tipperman
Alcon B
Diopsys Incorporated B

Denise Visco, MD
Bruder A
EyePoint A
Eyevance A
LENSAR A, B, D
Omeros A, B, C, D
Shire A, B
Sun Ophthalmics A, B
ZEISS A, B, C

Jesse Vislisel
None

Maureen Waddle, MBA
BSM Consulting C

Keith Warren
None

Mitchell Weikert
Alcon A
Sentiss Pharmaceuticals A

Walter Whitley, OD, MBA, FAAO
Alcon A, B, D
Allergan A, B
B&L A, B
Beaver-Visitec A

Elizabeth Yeu
Alcon A, B
Allergan A, B
Aurea A
Bausch & Lomb A
BioTissue A, B, D
BVI A
EyePoint A
GuidePoint A
iOptics A, B, D
J&J Vision A, B
Kala A, D
Merk A
Minosys R, A
Modernizing Medicine R
Ocular Science R, D
Ocular Therapeutix A
OcuSoft A
Omeros A
Precision Lens A
Science Based Health A
Shire A, B
TearLab A, B, D
TopCon D
Zeiss A

Zachary Zavodni
None
FRIDAY, AUGUST 23

3:00-5:00 p.m. | Griffin Hall
NEW! Hands-on Wet Lab featuring: Yamane Technique, Iris Suturing, Scleral Fixation, Four-Point Pupiloplasty

SATURDAY, AUGUST 24

7:00-8:00 a.m.
Breakfast in Exhibit Hall

8:00 a.m. | Grand Ballroom I-4
Welcome and Introductions
Elizabeth Yeu, MD

8:05-9:20 a.m.
The Practical Guide to Cataract Essentials
Moderators: Douglas Koch, MD and Elizabeth Yeu, MD
Panel: Zaina Al-Mohtaseb, MD; David Crandall, MD; Terry Kim, MD; Mitchell Weikert, MD

10:08-10:23 a.m. Refractive
Steven Dell, MD; Terry Kim, MD

10:23-10:26 a.m. Panel Discussion

10:26-10:41 a.m. Cornea
Preeya Gupta, MD; Edward Holland, MD

10:41-10:43 a.m. Panel Discussion

10:43-10:58 a.m. Glaucoma
Nathan Radcliffe, MD; Manjool Shah, MD

10:58-11:00 a.m. Panel Discussion

11:00-11:45 a.m.
The Challenge of Optimizing the Ocular Surface
Moderator: Edward Holland, MD
Panel: Kendall Donaldson, MD; Sumit “Sam” Garg, MD; Preeya Gupta, MD; Terry Kim, MD; Zachary Zavadni, MD

11:00-11:08 a.m. The Expanding Options for the Management of MGD
Edward Holland, MD

11:08-11:16 a.m. Pipeline Therapies for DED Treatment
Terry Kim, MD

11:16-11:24 a.m. Managing the Poorly Healing Epithelial Defects
Nicole Fram, MD

11:24-11:31 a.m. OSD Masqueraders
Kendall Donaldson, MD

11:31-11:45 a.m. Panel: Next Level Dry Eye Management: The Referred Dry Eye Patient
Zaina Al-Mohtaseb, MD; Sumit “Sam” Garg, MD

11:45 a.m.-1:00 p.m.
Lunch and Networking with Exhibitors
Industry Spotlight Theater “Non-CME Session” Brazos Room-Level 2; Lunch Provided

1:00-3:00 p.m.
The Cutting Edge of Cataract & Refractive Surgery
Moderator: Terry Kim, MD
Panel: Zaina Al-Mohtaseb, MD; Nicole Fram, MD; Jonathon Solomon, MD; Denise Visco, MD

1:00-1:20 p.m. Part 1: Refractive
1:00-1:08 p.m. Lens-based Refractive Surgery: Current and Pipeline
Elizabeth Yeu, MD

1:08-1:16 p.m. Medical and Other Surgical Approaches: Drops, Corneal Inlays, and Scleral Approaches
Elizabeth Yeu, MD

1:16-1:20 p.m. Panel

1:20-2:00 p.m. Part 2: Corneal Refractive Surgery
1:20-1:28 p.m. SMILE
Denise Visco, MD
SUNDAY, AUGUST 25

7:00-8:00 a.m.
Breakfast in Exhibit Hall

8:00 a.m.
Welcome Back

8:00-9:00 a.m.
Innovations in Glaucoma Surgery
Moderators: Nathan Radcliffe, MD; Tom Samuelson, MD
Panel: David Crandall, MD; Michael Greenwood, MD; Bac Nguyen, MD; Leela Raju, MD; Manjool Shah, MD

8:00-8:12 a.m. Device-based Canal Surgery
Nathan Radcliffe, MD

8:12-8:24 a.m. Incisional-based Canal Surgery
David Crandall, MD

8:24-8:36 a.m. Subconjunctival Procedures
Manjool Shah, MD

8:36-8:48 a.m. Laser-based Glaucoma Surgery
Michael Greenwood, MD

8:48-9:00 a.m. Panel Discussion

9:00-10:00 a.m.
“So Then this Happened…” Sponsored by the Vanguard Ophthalmology Society
Moderator: Preeya Gupta, MD
Panel: Nicole Fram, MD; Sumit “Sam” Garg, MD; Nathan Radcliffe, MD; Leela Raju, MD; Jonathan Solomon, MD; Elizabeth Yeu, MD

9:00-9:08 a.m. Just Hanging Out: Pearls for Managing Complex Iris Defects
Nicole Fram, MD

9:08-9:16 a.m. Don’t Get Soft: How to Avoid Complications with Soft Lenses
Leela Raju, MD

9:16-9:24 a.m. Feeling the Burn: Managing Corneal Wound Burns
Sumit “Sam” Garg, MD

9:24-9:32 a.m. What to Do When Your Minimally Invasive Glaucoma Patient Has a Maximally Problematic Complication
Nathan Radcliffe, MD

9:32-9:40 a.m. Stop for Directions and Take the Right Avenue for Growth
Jonathan Solomon, MD

9:40-10:00 a.m. Let’s Get Real...What Would You Do Here?
Preeya Gupta, MD; Elizabeth Yeu, MD

10:00-10:30 a.m.
Break in Exhibit Hall
10:30 a.m.-12:00 p.m.
Video Session
Moderators: Steven Dell, MD; Douglas Koch, MD
Panel: Steven Charles, MD; Nathan Radcliffe, MD; Mitchell Weikert, MD

10:30-10:55 a.m.
Management of the Phakic Loose Lens

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>10:30-10:37 a.m.</td>
<td>Part 1: Save the Capsular Bag and Fixate!</td>
<td>Elizabeth Yeu, MD</td>
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<td>10:37-10:51 a.m.</td>
<td>Part 2: Scleral-fixation Techniques</td>
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<tr>
<td>10:37-10:43 a.m.</td>
<td>a. Scleral-fixation of IOLs: Pearls and Pitfalls</td>
<td>Nicole Fram, MD</td>
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<td>10:43-10:49 a.m.</td>
<td>b. Yamane double-flanged-ISHF Revisited</td>
<td>Nicole Fram, MD</td>
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<td>10:49-10:55 a.m.</td>
<td>Panel Discussion</td>
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<td>10:55-11:00 a.m.</td>
<td>Reverse Rhexis Capture</td>
<td>Jonathan Solomon, MD</td>
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<td>11:00-11:03 a.m.</td>
<td>Panel Discussion</td>
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<td>11:03-11:08 a.m.</td>
<td>Transconjunctival stenting: From ab interno to ab externo</td>
<td>Nathan Radcliffe, MD</td>
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<td>11:08-11:11 a.m.</td>
<td>Panel Discussion</td>
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<td>11:11-11:16 a.m.</td>
<td>Lost Button? Reloading a Trabecular Micro-Bypass Stent</td>
<td>Bac Nguyen, MD</td>
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<td>11:16-11:19 a.m.</td>
<td>Panel Discussion</td>
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<td>11:19-11:24 a.m.</td>
<td>Pseudophakic Loose Lens: Lasso fixation or Exchange?</td>
<td>Nicole Fram, MD</td>
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<td>11:24-11:27 a.m.</td>
<td>Panel Discussion</td>
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<td>11:27-11:32 a.m.</td>
<td>Snaring the Loose IOL</td>
<td>Nick Mamalis, MD</td>
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<td>11:32-11:35 a.m.</td>
<td>Panel Discussion</td>
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<td>11:35-11:40 a.m.</td>
<td>Haptic Tuck Technique for P-cap rupture</td>
<td>Elizabeth Yeu, MD</td>
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<td>11:40-11:43 a.m.</td>
<td>Panel Discussion</td>
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<td>11:43-11:48 a.m.</td>
<td>Agarwal 4-throw</td>
<td>Mitch Weikert, MD</td>
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<td>11:48-11:52 a.m.</td>
<td>Panel Discussion</td>
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<td>11:52-11:57 a.m.</td>
<td>Subluxated Humanoptics/IOL/capsule</td>
<td>Doug Koch, MD</td>
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<td>11:57 a.m.-12:00 p.m.</td>
<td>Panel Discussion</td>
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<td>12:00 p.m.</td>
<td>Closing Comments &amp; Adjourn</td>
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SATURDAY, AUGUST 24

7:00-8:00 a.m.
Breakfast in Exhibit Hall

8:00 a.m.
Introduction and ASCRS for Young Eye Surgeons (YES)
Moderator: Sumit “Sam” Garg, MD

8:05-8:45 a.m.
Surgical Management of Astigmatism
Moderators: Sumitra Khandelwal, MD and Richard Tipperman, MD
8:05-8:15 a.m. Review of Topography include PCA
Michael Greenwood, MD
8:15-8:25 a.m. Options for Toric IOLs
Jesse Vislisel, MD
8:25-8:35 a.m. Review of Limbal Relaxing Incisions
Zachary Zavodni, MD
8:35-8:45 a.m. Panel Discussion

8:45-9:25 a.m.
Improving the Pre-Operative and Intra-opera Processes for Refractive Cataract Surgery
Moderators: Kourtney Houser, MD and Samuel Lee, MD
8:45-8:55 a.m. My Cataract Pre-op Routine
Manjool Shah, MD
8:55-9:05 a.m. Intraoperative Tools and Tips
Kendall Donaldson, MD
9:05-9:15 a.m. How to Effectively Communicate with Your Patients-Informed Consent
Naveen Rao, MD
9:15-9:25 a.m. Panel Discussion

9:25-10:10 a.m.
Complex Cataract Cases-Video Session
Moderators: David Crandall, MD and Kendall Donaldson, MD
9:25-9:34 a.m. Floppy Iris
Richard Tipperman, MD
9:34-9:43 a.m. Managing the White Cataract
Preeya Gupta, MD
9:43-9:52 a.m. Handling PC Tear
David Crandall, MD
9:52-10:00 a.m. Zonulopathy
Sumitra Khandelwal, MD
10:00-10:10 a.m. Panel Discussion

10:10-10:30 a.m.
Break in Exhibit Hall

10:30-11:00 a.m.
Incorporating Presbyopia-Correcting IOLs into Clinical Practice
Moderators: Leela Raju, MD and Zachary Zavodni, MD

10:30-10:40 a.m. Review of presbyopia correction IOLs
Sumit “Sam” Garg, MD
10:40-10:50 a.m. Residual refractive error: options for treatment
Terry Kim, MD
10:50-11:00 a.m. How to handle the unhappy patients
Mitchell P. Weikert, MD

11:05-11:45 a.m.
Innovations and Hot Topics in Cataract Surgery
Moderators: Naveen Rao, MD and Elizabeth Yeu, MD
11:00-11:09 a.m. Antibiotic Prophylaxis
Gene Kim, MD
11:09-11:17 a.m. Surgical Aids
Leela Raju, MD
11:17-11:24 a.m. Post Refractive IOL Calculation
Samuel Lee, MD
11:24-11:31 a.m. New Options for Anti-Inflammatories
Albert Cheung, MD
11:31-11:45 a.m. Panel Discussion

11:45 a.m.-12:45 p.m.
Lunch and Networking with Exhibitors
Industry Spotlight Symposium *Non-CME Session*

12:45-2:45 p.m.
Skills Transfer and Roundtable Breakout Sessions

2:45-3:00 p.m.
Break in Exhibit Hall

3:00-5:00 p.m.
Skills Transfer and Roundtable Breakout Sessions

SUNDAY, AUGUST 24

7:00-8:00 a.m.
Breakfast in Exhibit Hall

8:00-9:00 a.m.
Innovations in Glaucoma Surgery
Joint session with the Ophthalmologist Program
Practical review of the essentials of diagnostics and screening with panel discussion.

9:00-9:30 a.m.
Break in Exhibit Hall

9:30-11:30 a.m.
Skills Transfer and Roundtable Breakout Sessions

11:30 a.m.
Conclude
FRIDAY, AUGUST 23
8:00-9:15 a.m.
2019 Legislative & Regulatory Affairs Update—Why it Matters to You
Nancey McCann
This course will provide an up-to-the-minute look at the key legislative and regulatory issues affecting ophthalmology from ASCRS Director of Government Relations, Nancey McCann. Attendees will achieve an understanding of recent developments on Capitol Hill and learn about 2019 requirements to comply with Medicare programs such as MIPS.

9:15-10:45 a.m.
Crucial Conversations, Accountability Discussions, and How to Create Win-Wins
Heidi A. Campbell, COT
Adrienne P. Lloyd, MHA, FACHE
It is important in all aspects of our lives, as leaders and as people, to be able to recognize when stakes are high and have the skills to successfully navigate conversations, achieving optimal outcomes on all sides. This session will give attendees an understanding of our innate tendencies and how we can shift those approaches to better engage others, ensure clarity of understanding, and identify the best solutions. Additionally, the session will discuss how to encourage others to action and understand the difference between motivation and ability drivers that influence performance. Through case studies and small group practice, attendees will learn techniques they can implement at work and in life to improve communication, accountability, and effectiveness. The session will include strategies to achieve necessary physician, leadership and staff engagement to create a high-reliability culture that inspires teamwork and innovation, driving practice success.

10:45-11:00 a.m.
Break

11:00 a.m.-12:00 p.m.
2019 Billing & Coding Update—What You Need to Know NOW!
E. Ann Rose, FASOA
This course will provide a recap of new Medicare issues included in the 2019 Medicare Physician Fee Schedule, ASC Fee Schedule and CPT and HCPCS coding manuals along with new ICD-10 diagnosis codes.

Upon course completion, attendees will be able to implement new Medicare fee schedule changes, understand the importance of maintaining compliance with new requirements, and recognize the importance of updating billing policies and EHR systems.

12:00-1:45 p.m.
The Principles of Patient-Centricity—Navigating to a Patient-Centered Culture in the Sea of Change (Lunch Program)
Robyn Ramsdill
Dai Smith
With the transition to value-based care and the rise of patient consumerism, eye care practices are experiencing unprecedented changes in expectations, responsibilities, and demands. This session provides practice leaders with the resources needed to create a practice culture that embodies the values of patient-centered care and how it may positively impact patient outcomes.

1:45-2:00 p.m.
Break

2:00-3:30 p.m.
Lead, Follow or Get Out of the Way? A Panel Discussion
Hayley Boling, MBA, COE
William T. Koch, COA, COE, CPC
Elizabeth Monroe, MA, PHR, COE, CPSS
Joe Theine, MBA, COE
This course will feature a panel of leaders discussing the importance of emotional intelligence in leadership roles. Whether we are leading a department or an organization, having the awareness to know when to take charge, follow the lead of others or just observe can impact both the short-term results and long-term success of any team. The panel will explore what defines emotional intelligence and discuss case studies where exhibiting emotional intelligence has been pivotal in building relationships and obtaining results.

3:30-5:00 p.m.
Basics of Financial Reporting and Case Studies in Benchmarking to Drive Decisions
Maureen L. Waddle, MBA
This session is a fun and practical approach to number crunching for managers at all levels. To understand the health of your practice the course begins with a brief review of financial statements and then demonstrates how to use benchmarks to inform decision-making. Case studies that focus on staffing levels, revenue cycle management, and operating efficiency will demonstrate how to identify opportunities for improvement. Learn how others have used data to influence change and have greater impact in their practices.

6:30-9:30 p.m.
Welcome Reception for Attendees and Exhibitors
The Speakeasy
SATURDAY, AUGUST 24

8:00-9:30 a.m.
ABC’s of the ASC—A Primer by OOSS University
Todd Albertz, CASC
Albert Castillo
Daniel D. Chambers, MBA, COE, FASOA
Thomas Harvey, MD
Nikki Hurley, RN, MBA, COE
Keith Liang, MD
A–Architecture
How are ASC’s set up from an architectural standpoint but also operationally? Panelists will address how ASC’s work as compared to other facilities and the pros and cons of operational efficiencies, workflow, patient quality of care, and the types of cases best suited for ASC’s.

B–Business of ASC’s
Panelists will address how many cases are needed to own an ASC, should you have one OR or two, how are they profitable, basic benchmarks, staffing requirements, and more.

C–Clinical/Compliance
Panelists will discuss compliance and clinical workflow, how OOSS helps, resources, accreditation, new technology struggles and non-Medicare reimbursement issues.

9:30-10:00 a.m.
Break and Networking in the Exhibit Hall

10:00 a.m.–12:00 p.m.
You’ve Hired a New Employee… Now, How Do You Get Them to Stay?
Hayley Boling, MBA, COE
William T. Koch, COA, COE, CPC
Elizabeth Monroe, MA, PHR, COE, CPSS
Joe Theine, MBA, COE
So, you’ve effectively recruited and appropriately selected a new employee… how do you get them to STAY with these tight employment markets we’re experiencing? One of the most important ways that practices can develop that employee’s desire to learn, grow and ultimately stay with your practice is through an intentional onboarding initiative. Onboarding is the ongoing process of building employee engagement and helping new hires adjust to cultural and performance aspects of their new roles efficiently and effectively. This course will discuss the nuts and bolts of an effective onboarding program, showcase real-world practice examples of successful onboarding initiatives, and provide testimonials from practice administrators about the impact effective onboarding programs have had in developing and nurturing their practice’s unique cultures.

12:00-1:00 p.m.
Lunch and Networking in the Exhibit Hall

1:00-2:00 p.m.
Thanks a LATTE! Resolving Conflicts with Warmth, Strength, and Engagement
Jessica O’Connor, COE, OCS, CPSS
This course examines the conflict resolution strategies taught by Starbucks and how they can be effectively applied to healthcare & management settings. Following this simple engagement outline, individuals will not only de-escalate conflict situations, but will also reach positive solutions with both patient and staff buy-in.
At the end of this course attendees will be able to:
• Understand and implement the LATTE communication strategy in customer service situations
• Teach front-line staff members how to use this method of communication to foster more positive patient interactions and increase patient satisfaction in both front desk and clinical settings
• Apply positive communication strategies in both manager-to-staff and peer-to-peer interactions to develop open communication practices, decrease “because we’ve always done it that way” reasoning, and decrease miscommunication and feelings of not being heard between supervisors and subordinates

2:00-2:30 p.m.
Break and Networking in the Exhibit Hall

2:30-3:30 p.m.
8 Key Success Strategies to Optimize Clinic Flow
Heidi A. Campbell, COT
Adrienne P. Lloyd, MHA, FACHE
With increasing healthcare pressures, organizations know that effective clinic flow is key to increasing margins and optimizing the experience for all. In this session, attendees will learn 8 key techniques that can be used by all organizations to optimize clinical flow, while building a culture of teamwork and innovation. These success strategies have been used across multiple practices, of various sizes, to identify and implement necessary process changes, reduce waste, increase standardization of work and outcomes, and smooth clinic flow. When used in combination, they can help increase focus on the patient and opportunities for better utilization of resources, and ultimately practice growth.

3:30-4:30 p.m.
Navigating the Medicare Audit Landscape
Mary Pat Johnson, COMT, COE, COE
Medicare compliance and audits can be a confusing landscape to navigate. This course will discuss the various Medicare audit requests we receive from numerous audit contractors. Most importantly the course will focus on the response time requirements, complexity of the response, and the potential liability or financial impact on the practice.

4:30 p.m.
Conclude
PROGRAM OUTLINE (subject to change)

FRIDAY, AUGUST 23
6:30-9:30 p.m.
Welcome Reception for Attendees and Exhibitors
The Speakeasy

SATURDAY, AUGUST 24
7:00-8:00 a.m.
Breakfast and Networking with Exhibitors
8:00-10:00 a.m.
Innovative Technologies in Optometric Practice
Derek N. Cunningham, OD, FAAO
Walter O. Whitley, OD, MBA, FAAO
10:00-10:15 a.m.
Break and Networking with Exhibitors
10:15 a.m.-12:15 p.m.
Writing Oral Prescriptions
Jill Autry, OD, R. Ph.
12:15-1:15 p.m.
Lunch and Networking with Exhibitors
1:15-3:15 p.m.
Comanaging the Typical and Not-So-Typical Corneas, Cataracts, and Glaucoma Procedures: Panel Discussion
Ahmad M. Fahmy, OD, FAAO, Dipl. ABO
Jill Autry, OD, R. Ph.
Casey Claypool, OD
Scott Hauswirth, OD
3:15-3:30 p.m.
Break and Networking with Exhibitors
3:30-4:30 p.m.
Pain, Photophobia, and Ocular Pathology: What you should know to help your Patients
Scott Hauswirth, OD
4:20-5:30 p.m.
The Nuts and Bolts of Corneal Ulcers
Casey Claypool, OD

SUNDAY, AUGUST 25
7:00-8:00 a.m.
Breakfast and Networking with Exhibitors
8:00-9:50 a.m.
Glaucoma String of Pearls: Panel Discussion
Derek N. Cunningham, OD, FAAO
Walter O. Whitley, OD, MBA, FAAO
Tracy Swartz, OD
10:00-10:30 a.m.
Break and Networking with Exhibitors
10:30 a.m.-12:30 p.m.
Identify, Treat, and Manage Complex Ocular Surface Conditions: Panel Discussion
Ahmad M. Fahmy, OD, FAAO, Dipl. ABO
Scott Hauswirth, OD
Tracy Swartz, OD
12:30 p.m.
Conclude

ASCRS is a COPE-Approved Administrator/Provider. COPE Accreditation Pending.
2020 ASCRS Annual Meeting
May 15 – May 19
Boston, MA

Coinciding with
World Cornea Congress VIII
May 13 – 15

Featuring ASCRS Refractive Day
and ASCRS Glaucoma Day
May 15

Hear what others have to say about their recent
ASCRS Annual Meeting experiences:

“The 2019 ASCRS meeting was the highlight
of my work year. I came home energized by
so many great ideas on how to better treat
patients and how to strengthen my practice,”
Dr. John Hovanesian

“There’s new technology and new
advancements in surgery presented
every year,” Dr. Deborah Ristvedt

“I truly believe a significant value derived from
the meeting this year is how many different
avenues for education of new techniques/
technologies were at the 2019 meeting. From
lectures, wet labs, peer to peer opportunities;
so many other creative ways so that each
attendee can learn the way they do best,”
Dr. Zaina Al-Mohtaseb

“With so many educational options to choose
from, I’m overcome with “FOMO” at the
ASCRS Annual Meeting,” Dr. David Chang
INDICATIONS: Indicated for primary implantation in the capsular bag of the eye in adult patients for the visual correction of aphakia in adult patients and corneal astigmatism following removal of a cataractous lens for improved uncorrected distance vision. WARNINGS: Physicians considering lens implantation in patients with pre-existing conditions, or in the event of surgical difficulties at the time of cataract extraction, should weight the potential risk/benefit ratio. Rotation of enVista® toric IOL away from the intended axis can reduce the astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. PRECAUTIONS: Do not attempt to resterilize this lens. Do not use if the packaging is damaged or if there are signs of leakage. Do not store lenses at temperatures over 43°C (110°F) or lower than 0°C (32°F). Do not reuse the lens. Safety and effectiveness of the enVista toric IOL have not been substantiated in patients with conditions and intraoperative complications as outlined in the enVista toric IOL Directions for Use. ADVERSE EVENTS: As with any surgical procedure, risk is involved. Potential adverse events accompanying cataract or implant surgery may include, but are not limited to, the following: corneal endothelial damage, infection (endophthalmitis), retinal detachment, vitritis, cystoid macular edema, corneal edema, pupillary block, cyclitic membrane, iris prolapse, hypopyon, transient or persistent glaucoma, acute corneal decompensation, toxic anterior segment syndrome (TASS). Secondary surgical interventions include, but are not limited to: lens repositioning, lens replacement, vitreous aspiration or iridectomy for pupillary block, wound leak repair, and retinal detachment repair. CAUTION: Federal law restricts this device to sale by or on the order of a physician. ATTENTION: This is not all you need to know. Please refer to the Directions For Use labeling for a complete listing of indications, full risk and safety information, clinical study information, etc.

Reference:
1. enVista toric Directions for Use.
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IN REFRACTORY GLAUCOMA

GET IOP IN THE XEN ZONE

From a wide range of baseline pressures, XEN® delivered IOP in the low-to-mid teens through month 12.¹,² XEN® achieved mean IOP of 15.9 (± 5.2) mm Hg through 12 months in the clinical study (n = 52).²

XEN® is appropriate for refractory open-angle glaucoma patients, such as:

- Pseudophakic patients
- Patients uncontrolled on maximum tolerated medical therapy
- Those inadequately controlled by prior surgery, including MIGS³

For clinical versatility, make XEN® your first surgical option to lower IOP.

¹In the clinical study, baseline medicated IOP ranged from 20.0 to 33.7 mm Hg.¹
²In the clinical study, prior surgery only included trabeculectomy, tube shunt, canaloplasty, and trabeculotomy.²

IOP = intraocular pressure; MIGS = minimally invasive glaucoma surgery.

INDICATIONS
The XEN® Glaucoma Treatment System (XEN® 45 Gel Stent preloaded into a XEN® Injector) is indicated for the management of refractory glaucomas, including cases where previous surgical treatment has failed, cases of primary open-angle glaucoma, and pseudoexfoliative or pigmentary glaucoma with open angles that are unresponsive to maximum tolerated medical therapy.

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
XEN® Gel Stent is contraindicated in angle-closure glaucoma where angle has not been surgically opened, previous glaucoma shunt/valve or conjunctival scarring/pathologies in the target quadrant, active inflammation, active iris neovascularization, anterior chamber intraocular lens, intraocular silicone oil, and vitreous in the anterior chamber.

WARNINGS
XEN® Gel Stent complications may include choroidal effusion, hyphema, hypotony, implant migration, implant exposure, wound leak, need for secondary surgical intervention, and intraocular surgery complications. Safety and effectiveness in neovascular, congenital, and infantile glaucoma has not been established. Avoid digital pressure following implantation of the XEN® Gel Stent to avoid the potential for implant damage.

REFERENCES:
2. XEN® Directions for Use.

PRECAUTIONS
Examine the XEN® Gel Stent and XEN® Injector in the operating room prior to use. Monitor intraocular pressure (IOP) postoperatively and if not adequately maintained, manage appropriately. Stop the procedure immediately if increased resistance is observed during implantation and use a new XEN® system. Safety and effectiveness of more than a single implanted XEN® Gel Stent has not been studied.

ADVERSE EVENTS
The most common postoperative adverse events included best-corrected visual acuity loss of ≥ 2 lines (< 30 days 15.4%; > 30 days 10.8%; 12 months 6.2%), hypotony IOP < 6 mm Hg at any time (24.6%; no clinically significant consequences were associated, no cases of persistent hypotony, and no surgical intervention was required), IOP increase ≥ 10 mm Hg from baseline (21.5%), and needling procedure (32.3%).

Caution: Federal law restricts this device to sale by or on the order of a licensed physician.

For the full Directions for Use, please visit www.allergan.com/xen/usa.htm or call 1-800-678-1605. Please call 1-800-433-8871 to report an adverse event.

VERSATILITY THAT MATTERS
From a wide range of baseline pressures, XEN® delivered IOP in the low-to-mid teens through month 12.¹,²
XEN® achieved mean IOP of 15.9 (± 5.2) mm Hg through 12 months in the clinical study (n = 52).²
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- Those inadequately controlled by prior surgery, including MIGS³

For clinical versatility, make XEN® your first surgical option to lower IOP.

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2. XEN® Directions for Use.

† In the clinical study, prior surgery only included trabeculectomy, tube shunt, canaloplasty, and trabeculotomy.
* In the clinical study, baseline medicated IOP ranged from 20.0 to 33.7 mm Hg.¹

xen® Gel Stent
Versatility That Matters
OMIDRIA® (phenylephrine and ketorolac intraocular solution) 1% / 0.3% is added to ophthalmic irrigating solution used during cataract surgery or intraocular lens replacement and is indicated for maintaining pupil size by preventing intraoperative miosis and reducing postoperative ocular pain.

The data are compelling and consistent—OMIDRIA makes cataract surgery better for you and your patients

OMIDRIA inhibits the release of inflammation-causing prostaglandins, preventing miosis and reducing postoperative pain

OMIDRIA is separately reimbursed under Medicare Part B and by many Medicare Advantage and commercial payers.* Contact your OMIDRIA representative today or visit omidria.com to learn more.

IMPORTANT SAFETY INFORMATION

OMIDRIA must be added to irrigating solution prior to intraocular use.

OMIDRIA is contraindicated in patients with a known hypersensitivity to any of its ingredients.

Systemic exposure of phenylephrine may cause elevations in blood pressure.

Use OMIDRIA with caution in individuals who have previously exhibited sensitivities to acetylsalicylic acid, phenylacetic acid derivatives, and other nonsteroidal anti-inflammatory drugs (NSAIDs), or have a past medical history of asthma.

The most commonly reported adverse reactions at 2% are eye irritation, posterior capsule opacification, increased intraocular pressure, and anterior chamber inflammation.

You are encouraged to report Suspected Adverse Reactions to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.


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**BRIEF SUMMARY:** Please see the DEXTENZA Package Insert for full prescribing information for DEXTENZA (06/2019).

### 1. INDICATIONS AND USAGE

DEXTENZA® (dexamethasone ophthalmic insert) is a corticosteroid indicated for the treatment of ocular inflammation and pain following ophthalmic surgery.

### 4. CONTRAINDICATIONS

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.

### 5. WARNINGS AND PRECAUTIONS

#### 5.1 Intraocular Pressure Increase

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during the course of the treatment.

#### 5.2 Bacterial Infection

Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection [see Contraindications (4)].

#### 5.3 Viral Infections

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex) [see Contraindications (4)].

#### 5.4 Fungal Infections

Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be undertaken when appropriate [see Contraindications (4)].

#### 5.5 Delayed Healing

The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

### 6. ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling:

- **Intraocular Pressure Increase** [see Warnings and Precautions (5.1)]
- **Bacterial Infection** [see Warnings and Precautions (5.2)]
- **Viral Infection** [see Warnings and Precautions (5.3)]
- **Fungal Infection** [see Warnings and Precautions (5.4)]
- **Delayed Healing** [see Warnings and Precautions (5.5)]

#### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. Adverse reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation; delayed wound healing; secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera [see Warnings and Precautions (5)].

DEXTENZA was studied in four randomized, vehicle-controlled studies (n = 567). The mean age of the population was 68 years (range 35 to 87 years); 59% were female, and 83% were white. Forty-seven percent had brown iris color and 30% had blue iris color. The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%); intraocular pressure increased (6%); visual acuity reduced (2%); cystoid macular edema (1%); corneal edema (1%); eye pain (1%) and conjunctival hyperemia (1%).

The most common non-ocular adverse reaction that occurred in patients treated with DEXTENZA was headache (1%).

#### 8. USE IN SPECIFIC POPULATIONS

##### 8.1 Pregnancy

**Risk Summary**

There are no adequate or well-controlled studies with DEXTENZA in pregnant women to inform a drug-associated risk for major birth defects and miscarriage. In animal reproduction studies, administration of topical ocular dexamethasone to pregnant mice and rabbits during organogenesis produced embryofetal lethality, cleft palate and multiple visceral malformations [see Animal Data].

**Data**

Animal Data

Topical ocular administration of 0.15% dexamethasone (0.75 mg/kg/day) on gestational days 10 to 13 produced embryofetal lethality and a high incidence of cleft palate in a mouse study. A daily dose of 0.75 mg/kg/day in the mouse is approximately 5 times lower than the maximum recommended human dose of dexamethasone in the DEXTENZA product, on a mg/m² basis. In a rabbit study, topical ocular administration of 0.1% dexamethasone throughout organogenesis (0.36 mg/day, on gestational day 6 followed by 0.24 mg/day on gestational days 7–18) produced intestinal anomalies, intestinal atresia, aplasia, gastrochisis and hypoplastic kidneys. A daily dose of 0.24 mg/day is approximately 6 times the entire dose of dexamethasone in the DEXTENZA product, on a mg/m² basis.

##### 8.2 Lactation

Systemically administered corticosteroids appear in human milk and could suppress growth and interfere with endogenous corticosteroid production; however the systemic concentration of dexamethasone following administration of DEXTENZA is low [see Clinical Pharmacology (12.3)]. There is no information regarding the presence of DEXTENZA in human milk, the effects of the drug on the breastfed infant or the effects of the drug on milk production to inform risk of DEXTENZA to an infant during lactation. The developmental and long-term effects of breastfeeding should be considered along with the mother’s clinical need for DEXTENZA and any potential adverse effects on the breastfed child from DEXTENZA.

##### 8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

##### 8.5 Geriatric Use

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

### 17. PATIENT COUNSELING INFORMATION

Advise patients to consult their surgeon if pain, redness, or itching develops.

**MANUFACTURED FOR:**

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