

Join the UCSF Ophthalmology and Proctor Foundation Faculty from October 14th – 18th at the American Academy of Ophthalmology annual meeting in Chicago, "[AAO 2016 - Innovate](#)". Faculty presentations and contributions for this year's annual event are listed below.

The Department of Ophthalmology, the Francis I. Proctor Foundation, That Man May See and the [Frederick C. Cordes Eye Society](#) are hosting the annual Alumni Cocktail Reception at the Art Institute of Chicago on Saturday, October 19th beginning at 6 PM. ([RSVP](#)) requested.

Friday, October 14
Subspecialty Day

8:00AM – 8:07AM **Peter Ryg, MD** Presenter
PRES Ocular Microbiology & Immunology Group
"The Utility of Repeat Cultures in Corneal Ulcer Management"
AR99/Westin Michigan Avenue

10:15AM – 10:22AM **John Gonzales, MD** Presenter
PRES Ocular Microbiology & Immunology Group
"Signs of Sjögren's Syndrome and Symptoms of Dry Eye: Which Predict
Depression"
AR99/Westin Michigan Avenue

10:50AM
PRES **Jessica Shantha, MD** Presenter
Pan-American Ocular Inflammatory Diseases Society
"When You Wish Upon a Macular Star"
AR182/Hyatt Regency McCormick Place

3:05PM – 4:32PM **Julie M. Schallhorn, MD** Presenter
PRES Section VI: JRS Hot, Hotter, Hottest – Late Breaking News
REF09/E354

Saturday, October 15
Subspecialty Day

8:02AM – 9:08AM **Jeremy D. Keenan, MD, MPH** Presenter
PRES **Jennifer R. Rose-Nussbaumer, MD** Presenter
Section I: Corneal Infections – Challenges in Diagnosis and Update on
Management
COR02/E354

8:05AM – 8:39AM **Jacque L. Duncan, MD** Presenter
PRES Section XII: Imaging

RET16/North Hall B

8:06AM – 9:05AM

PRES

Shan C. Lin, MD

Presenter

Section I: Is it Progression? Is it Glaucoma?
GLA02/Grand Ballroom S100AB

9:05AM – 10:35AM

PRES

Nisha Acharya, MD

Presenter

Section II: Anterior Uveitis
UVE03/Grand Ballroom S100C

2:00PM – 3:30PM

SYM

Richard L. Abbott, MD

Symposium, Chair

What Is Needed to Finally Conquer Cataracts as the Leading Cause of Blindness
in the World?
SYM03/S405

Cosponsored by the Academy's Global Education and Outreach Committee

According to the latest World Health Organization estimates, unoperated senile cataract causes half of global blindness. In some communities, the major challenge limiting current efforts to substantially reduce the prevalence of blindness due to cataract is insufficient access to affordable high-quality cataract surgical services. This symposium will share best practices and experience to date in (1) improving critically needed access through the development of human resources required for provision of high-quality eye care, (2) innovative financing schemes, (3) appropriate surgical techniques and consumables, (4) international collaboration, and (5) how eye care professionals can personally get involved.

2:00PM – 3:30PM

PRES

John A. Gonzales, MD

Presenter

Section V: Panuveitis
"They're Back...The Mosquitos are Back" (Sarcoidosis)
UVE06/Grand Ballroom S100C

3:30PM – 5:02PM

PRES

Robert C. Kersten, MD

Presenter

Section IV: Trauma
OCU05/S406A

Sunday, October 16

10:00AM – 2:00PM

PRES

Stephen D. McLeod, MD

Presenter

YO Program
SPE13/S101AB

Young ophthalmologists (YOs) face a unique set of challenges in their transition from training to practice. Here, members of the YO Committee along with leading consultants and experts, present an interactive, program addressing topics vital to members-in-training (MITs) and YOs in their first few years of practice.

10:30AM – 12:15PM

SYM

Thomas M. Lietman, MD

Symposium/Presenter

Corneal Infections and Contact Lens Wear: An Evidence-Based Approach to Navigating the Risks and Complications
“Evidence-Based Practices in the Diagnosis and Management of Corneal Infections”
SYM26/E350

Joint Session with the American Academy of Optometry

Despite advances in contact lens design and disinfection, contact lens wear remains the most significant risk for corneal infection and inflammation in most developed countries, yet the vast majority of contact lens wearers never experience such complications. Detailing the complex interaction of microbes, contact lenses and the corneal surface will provide attendees with an understanding both of why infectious keratitis occurs and of the ways to prevent and treat it. Numerous studies on the associated behaviors and practices which can potentially increase or decrease the risk of keratitis for individual users will be discussed in depth. New developments in diagnosis and management can also significantly improve the prognosis of patients who develop corneal infections. Differences in nomenclature among and between ophthalmologists and optometrists will highlight differences in perspective concerning contact lens-related inflammatory disorders and improve communication among clinicians and researchers.

12:30PM – 2:00PM

POSTER

Shan C. Lin, MD

Co-Author/Scientific Poster

Rebecca I. Chen- Presenting Author

Marisse Masis-Solano, MD – Co-Author

Anterior Chamber Depth Predicts Postoperative IOP Reduction
PO090/Hall A

***Purpose** To investigate the relationship of anterior chamber depth (ACD) with IOP reduction after phacoemulsification (phaco). **Methods** In this retrospective study of patients who underwent phaco at Northern California Kaiser Permanente in 2009-2015, the relationship of ACD with 6 months-postoperative IOP reduction was assessed using mixed effects linear models, correcting for age, sex, glaucoma status, preoperative IOP, and the use of both eyes in the same subject. **Results** The sample included 54,070 eyes of 34,036 patients and was 59% female with mean age of 75.5 ± 9.9 years. Mean ACD and IOP reduction were 3.11 ± 0.44 mm and 1.53 ± 3.07 mmHg, respectively. ACD was associated with postoperative IOP reduction in univariate ($b = -0.329, P < .001$) and multivariate ($b = -0.178, P < .001$) analyses. After adjusting for AL, ACD remains a predictor of IOP reduction ($b = -0.066, P = .051$). **Conclusion** Shallow anterior chambers are associated with greater IOP reduction after phaco.*

12:30PM – 2:00PM

POSTER

Daniel Schwartz, MD

Presenting Author/Scientific Poster

Effect of Bevacizumab, Ranibizumab, and Aflibercept Injections on Retinal Nerve Fiber Layer Thickness in Patients With Diabetes and Macular Edema
PO276/Hall A

***Purpose** To determine if intravitreal anti-VEGF agents reduce retinal nerve fiber layer (RNFL) thickness or ganglion cell layer (GCL) volume. **Methods** A prospective cohort study was used to analyze the OCT of patients with DME at months 0, 1, 6, 12, 18, and 24 after starting intravitreal anti-VEGF treatment. Repeated measures ANOVA was used to compare RNFL and GCL changes over time, and regression modeling was performed. **Results** Bevacizumab (B), ranibizumab (R), and aflibercept (A) were used in 21, 26, and 29 eyes, respectively. The mean reduction in RNFL thickness in microns was significant for each agent at 24 months: 12.3 ± 9.8 (B), 14.5 ± 6.6 (R), and 13.2 ± 10.2 (A); $P < .05$. Eyes receiving ≥ 6 injections were 9.7 times more likely to lose ≥ 15 microns of RNFL thickness if receiving B. A nonsignificant loss in GCL volume was observed in each arm, ranging from 4% to 7% ($P = .73$). **Conclusion** Anti-VEGF intravitreal injections significantly reduce RNFL thickness in a dose-response manner but have an insignificant effect on GCL volume.*

12:45PM – 1:45PM

SYM

Richard L. Abbott, MD

Symposium, Chair/Presenter

Safety in the Clinic and OR: Improving Patient Care and Staying Out of Trouble
“AAO Patient Safety Initiative; Medical Malpractice Data Related to Patient Safety”

Bertil E. Damato, MD, PhD

Symposium/Presenter

“Empowering Patients *Through a Bill of Rights*”
SYM07/E350

Cosponsored by the Academy's Global Education and Outreach Committee

The World Health Organization, recognizing that health care errors impact one in every ten patients around the world, has identified patient safety as an endemic concern. Although ophthalmology is generally considered to be one of the safest specialties, far too many patients still suffer the consequences of preventable medical errors. Over the years, the Academy has developed and promulgated a series of Patient Safety Statements and measures; however, it has been difficult to actively engage practitioners in adopting these measures. Refocusing our attention onto these issues on a global basis provides an opportunity for continued dialogue and action in reducing the incidence of medical error. Our goal with this symposium is to increase awareness about the growing importance of patient safety issues in ophthalmology and to create the groundwork for building a culture of patient safety in our specialty. Specific steps will be presented and discussed by each of the speakers to help accomplish this goal.

2:00PM – 3:30PM

COURSE

Robert B. Bhisitkul, MD

Skills Transfer, Course Instructor

Management of the Vitreous for the Anterior Segment Surgeon
LAB016A/N228

Synopsis This Skills Transfer course will present management of the vitreous during complicated anterior segment surgery. A variety of vitrectomy techniques will be discussed. Topics will include anterior vitrectomy, pars plana access to the anterior vitreous, and effective use of small-gauge instrumentation. Objective This course is designed to enhance participants' technical skills in handling vitreous during complicated anterior segment surgery.

3:45PM – 5:15PM

SYM

Richard L. Abbott, MD

Symposium, Panelist

Ophthalmic Premier League: A Team Video Competition on Managing Cataract Complications - Introduction of the OPL
SYM19/North Hall B

Every year the four teams of the Ophthalmic Premier League (OPL) battle it out in this exciting symposium. Each team will showcase videos of their most challenging cataract cases, after which the audience will vote for their favorites and the judges will decide on the winners. The categories are best entertainer, best video, and best team. The winning team will be awarded the OPL trophy.

3:45PM – 5:15PM

LECTURE

Thomas M. Lietman, MD

Symposium, Jones/Smolin Lecture

Rethinking the Ophthalmologist's Approach to Inflammatory Diseases of the Ocular Surface
“Trachoma, From Control to Eradication”

Nisha Acharya, MD

Symposium/Presenter

Rethinking the Ophthalmologist's Approach to Inflammatory Diseases of the Ocular Surface
“The Role of Inflammation, Microbes, and Their Interaction in Scleritis”
SYM18/E450

7:00PM – 11PM

PRO CHAIR

Nisha Acharya, MD

Program Chair

American Uveitis Society Fall Meeting
AR28/Chicago Downtown Marriott

9:18PM – 9:27PM

PRES

Thuy Doan, MD

Presenter

American Uveitis Society Fall Meeting
“Metagenomic DNA Sequencing for the Diagnosis of Intraocular Infections”
AR28/Chicago Marriott Downtown

Monday, October 17

8:15AM – 12:15PM

PRES

Richard L. Abbott, MD

Spotlight Session, Presenter

Spotlight on Cataract: Complicated Phaco Cases – My Top 5 Pearls
“Unhappy Cataract Patients: Medicolegal Considerations”

Nisha Acharya, MD

Presenter

“Phaco with Uveitis”
SP02/North Hall B

This dynamic format will feature rapid-fire talks in which 16 different experts present their top five pearls for managing complicated cataract cases or situations in 7 minutes or less. A shot clock timer will assure concise and well organized presentations, forcing presenters to “beat the clock”. An international panel will add their own pearls and the audience will express their opinions on management issues using response pads. The symposium will conclude with the 12th annual Kelman Lecture.

8:30AM – 11:00AM

SYM

Richard L. Abbott, MD

Symposium, Presenter

Global Forum: Increased Access to Eye Care Through Technology, People and Partnerships
“Developing Leaders in Ophthalmology”
SYM27/S101AB

*Cosponsored by the Academy’s Global Education and Outreach Committee
Panelists will discuss the creative use of technologies and partnerships and the importance of leadership in resource-poor countries. Presentations will highlight the use and adaptations of western technologies and training resources.*

9:00AM – 11:15AM

COURSE

Bertil E. Damato, MD, PhD

Instruction Course, Instructor

Controversies in Ocular Oncology
415/N136

***Synopsis** There has been a paradigm shift in the management of tumors of the eye and adnexa in the recent past. Newer targeted therapies and multimodal protocols are gradually replacing the conventional gold standard management modalities. Amidst this rapid revolution in evolution, controversies abound. This course aims to compare conventional strategies with emerging modalities using available evidence and to create ground for common understanding. **Objective** At the end of the course, audience members will be able to categorize their patients with common tumors of the eye and adnexa for conventional management vs. emerging modalities aimed at optimizing life, eye, and vision salvage with minimum treatment-related morbidity.*

Course received an overall course grade within the top 10% of its subject area based on 2015 attendee evaluation data.

10:15AM – 11:15AM

SYM

Jay M. Stewart, MD

Symposium, Presenter

Best of Retina Society Meetings 2016

“Secondary Ocular Hypertension and the Need for Glaucoma Surgery After Dexamethasone Intravitreal Implant in Routine Clinical Practice”

SYM42/E450

Best Papers from the ASRS, Macula Society, Retina Society, and American Uveitis Society meetings.

10:30AM – 12:00PM

COURSE

Robert B. Bhisitkul, MD

Skills Transfer, Course Instructor

Management of the Vitreous for the Anterior Segment Surgeon

LAB106B/N228

***Synopsis** This Skills Transfer course will present management of the vitreous during complicated anterior segment surgery. A variety of vitrectomy techniques will be discussed. Topics will include anterior vitrectomy, pars plana access to the anterior vitreous, and effective use of small-gauge instrumentation. **Objective** This course is designed to enhance participants' technical skills in handling vitreous during complicated anterior segment surgery.*

12:30PM – 2:00PM

POSTER

Shan C. Lin, MD

Scientific Poster, Co-Author

Marisse Masis-Solano, MD – Presenting Author

Needle Tunneling Technique for Ahmed Valve Implantation: A New Graft-Free Variation of a Classic Technique

PO396/Hall A

***Purpose** To assess the outcomes after 5 years of follow-up of the needle tunneling technique for Ahmed valve implantation. **Methods** A retrospective study, 5 year follow-up, of patients who underwent Ahmed valve implantation with a 5-mm tunnel from the limbus, made with a 23-gauge needle without graft use. **Results** 139 eyes of 139 patients with different types of glaucoma who underwent the graft-free Ahmed valve technique with a maximum follow-up of 5 years. At the end of follow-up qualified success, IOP < 21 mmHg with or without topical treatment, was achieved in 74.40% of the causes. Tube extrusion was reported in 3.6% of cases, and 4.3% of cases had endothelial contact of the tube. Four cases of hypotony were reported. **Conclusion** The needle tunneling technique is a potential useful alternative to traditional surgery, with no superior rate of complications compared to the existing data.*

2:00PM – 2:07PM

PAPER

Shan C. Lin, MD

Paper, Co-Author

Marisse Masis-Solano, MD – Presenting Author

Rebecca I Chen – Co-Author

Paul Coh – Co-Author

Differences in Trabecular Meshwork Height in Primary Open-Angle Glaucoma and Primary Angle-Closure Glaucoma

PA052/S405

***Purpose** To determine if trabecular meshwork (TM) height differs between different glaucoma subtypes: primary open-angle glaucoma (POAG) and primary angle-closure glaucoma (PACG). **Methods** Prospective cross-sectional study. TM height was assessed by spectral domain OCT (Cirrus OCT, Carl Zeiss Meditec Inc.). Univariate and multivariate linear mixed models were used to assess the relationship between TM height and glaucoma subtype. **Results** 260 eyes from 161 subjects. The POAG group contained 199 eyes from 123 patients. The PACG group contained 61 eyes from 38 patients. Mean TM height in the POAG and PACG groups was 812 ± 184 mm and 744 ± 215 mm, respectively ($P = .005$). TM height was significantly different between POAG and PACG groups in univariate ($B = 73.5$; $P = .027$) and multivariate analyses ($B = 88.7$; $P = .006$). African American*

ethnicity was the only significant confounder. **Conclusion** TM height is shorter in PACG patients than in POAG patients.

2:00PM – 2:50PM

PAPER

Armin R. Afshar, MD, MBA Original Paper Session/Presenter
Oculoplastics Original Papers: Ocular Tumors and Pathology
“PA069 Next-Generation Sequencing of Uveal Melanoma”
OP06/S404

2:00PM – 3:30PM

SYM

John A. Gonzales, MD Symposium/Presenter
Using Investigations to Diagnose Systemic Diseases Associated With
Uveitis or Scleritis
“Investigating for Nonrheumatologic Systemic Inflammatory Diseases: When to
Order Tests, Which Tests to Order, and How to Interpret the Results”
SYM37/S406a

2:00PM – 4:15PM

COURSE

Shan C. Lin, MD Instruction Course/Instructor
iGlaucoma: The Latest Innovations in Glaucoma Therapy
497/N427A

Synopsis Treatment of glaucoma has expanded with a variety of mechanisms of action for medications, laser, and even surgery. Rationalizing therapy can require the combination of appropriate modes of action that are complimentary and have specific characteristics, such as lowering IOP at night. Thinking of glaucoma in terms of treatment modalities allows the patient's care to be both personalized and rational. **Objective** At the conclusion of this course, the attendees will be able to describe the latest medical, laser, and surgical treatments, as well as promising and upcoming therapies, and apply them to their clinical practice.

2:00PM – 4:15PM

LAB

Robert C. Kersten, MD Skills Transfer/Instructor
Blepharoplasty
LEC145/E353B

Synopsis This course will cover the latest techniques in upper and lower eyelid blepharoplasty. Basic and advanced surgical techniques, eyelid anatomy, patient selection, preoperative evaluation, and avoidance of complications will be discussed. A course handbook with illustrations outlining the surgical techniques will be provided. **Objective** This course will provide participants with the techniques required to perform successful upper and lower eyelid blepharoplasties. Note: This is also the lecture portion of a Skills Transfer lab. To enroll in the lab, see the Skills Transfer section.

2:12PM – 2:19PM

PAPER

Armin R. Afshar, MD, MBA Paper/Presenting Author
Jay M. Stewart, MD – Co-Author
Bertil E. Damato, MD, PhD – Co-Author
Next-Generation Sequencing of Uveal Melanoma
PA069/S404

Purpose To investigate next-generation sequencing (NGS) clinically in uveal melanoma and to compare with gene expression profiling (GEP). *Methods* Sixty-one samples were obtained by fine needle aspiration, vitrector-assisted biopsy, or after enucleation and sent for cytopathology (UCSF), GEP (Castle Biosciences), and NGS (UCSF). Following extraction, NGS library preparation was performed; target regions spanned ~1.8 Mb and included exonic, intronic, and untranslated regions of 538 cancer genes. *Results* Tumors: 28 GEP Class 1A, 14 Class 1B, and 19 Class 2. High concordance between Class 2 and Chromosome 3 (C3) loss and BAP1 mutation, and high concordance between Class 1A and reassuring genetic features (t test, $P < .05$). Four (14%) Class 1A and 4 (28%) Class 1B tumors had C3 loss and BAP 1 mutation. GNAQ/11 mutations in 55 (90%)

patients. Conclusion NGS identified C3 loss in some Class 1A and Class 1B uveal melanomas. All Class 2 tumors showed C3 loss, showing concordance between GEP and NGS in highest metastatic risk tumors.

2:30PM – 5:00PM

LAB

M. Reza Vagefi, MD

Skills Transfer/Instructor

Optimizing Aesthetic Results After Enucleation and Evisceration

LAB146/N226

Synopsis This skills-oriented course provides an enriching experience focused on optimizing aesthetic outcomes from enucleation and evisceration surgery, with hands-on practical training and video demonstrations. A variety of orbital implants will be available for attendees to use. **Objective** By the completion of this course, attendees will be able to (1) describe preoperative aesthetic considerations for balancing the anophthalmic socket and prosthesis, (2) anticipate anesthesia requirements and create an instrument set before surgery, (3) perform the steps of enucleation and evisceration surgeries, (4) develop and implement a framework for deciding which procedures to choose and when, (5) gain facility with orbital implants currently available and know their advantages, (6) apply various strategies for avoiding early and late postoperative complications and managing postenucleation socket syndrome, and (7) identify methods and refine various techniques to maximize the postoperative aesthetic outcome of the anophthalmic socket.

3:30PM – 5:30PM

LAB

Michele Bloomer, MD

Skills Transfer/Instructor

Ayman Naseri, MD

Skills Transfer/Instructor

Advanced Refractive Cataract Surgery and Anterior Segment Reconstruction

LAB111A/N228

Synopsis This course is designed for surgeons who (1) want to achieve better emmetropic results and greater spectacle independence through the use of bioptics, limbal relaxing incisions, and toric, multifocal, and accommodative IOLs and (2) want to expand their armamentarium for dealing with difficult cataract cases, dislocated IOLs, and traumatized eyes. **Objectives** This course will cover iris and scleral suture and sutureless fixation techniques for IOLs, chopping techniques, capsular tension rings and stabilization devices, pupil expanders, pupilloplasty and primary closure for iris defects, pars plana vitrectomy, and strategies for dealing with challenging cases.

3:40PM – 3:47PM

PAPER

Shan C. Lin

Paper/Co-Author

Paul Coh – Presenting Author

Marisse Masis-Solano, MD – Co-Author

Kelly Babic, COA, MS – Co-Author

Micropulse Transscleral Diode Laser Cyclophotocoagulation: Short-Term Results And Anatomical Effects

PA060/S405

Purpose To evaluate the short-term results of micropulse transscleral diode laser cyclophotocoagulation (MP-TCP) and its functional and anatomical safety profile. **Methods** MP-TCP (Iridex; Mountain View, CA) was performed in 30 patients. Exposure was 80 seconds for each 180° with 2000 mW power. Ultrasound biomicroscopy (UBM) and anterior segment OCT (AS-OCT) were performed before and 7 days after treatment. IOP was monitored. **Results** Success was defined as IOP lowering ≥ 20% with medications and was achieved in 52% of the cases, with a mean follow-up of 185 days. Diagnoses included primary open-angle glaucoma and pigmentary, pseudoexfoliation, steroid-induced, neovascular, and normal-tension glaucoma. UBM and AS-OCT showed no structural change or damage to the angle, iris, or ciliary body structures. No suprachoroidal fluid was observed. No significant complications or change in visual acuity were noted. **Conclusion** MP-TCP is effective at lowering IOP in the majority of patients and appears safe without major complications.

3:52PM – 3:59PM

PAPER

Robert L. Stamper, MD

Paper/Co-Author

Tsontcho Ianchulev, MD

Paper/Co-Author

Minimally Invasive Supraciliary Microstent for IOP Control In Combined Primary Open-Angle Glaucoma-Cataract Surgery: Two-Year COMPASS Randomized

Controlled Trial Results
PA061/S405

Purpose To evaluate 2-year safety and efficacy of a supraciliary microstent (CyPass) for reducing IOP in primary open-angle glaucoma (POAG) subjects having cataract surgery. **Methods** POAG subjects qualified for cataract surgery (N = 505) had unmedicated IOP measured prior to randomization to supraciliary stenting + phaco (Stent, n = 131) or phaco (Control, n = 374) groups (3:1 ratio). Efficacy and safety were evaluated for 24 postoperative months. **Results** Stent and Control group respective baseline mean IOPs were 24.4 ± 2.77 and 24.5 ± 2.95 mmHg; 72.5% and 58.0% achieved $\geq 20\%$ IOP reduction; 98.6% and 98.4% achieved 20/40 or better BCVA at 24 months. No serious adverse events occurred. **Conclusion** This first supraciliary microstenting randomized controlled trial demonstrated satisfactory safety and significant IOP reduction in POAG patients having cataract surgery.

4:00PM – 5:00PM

PANELIST

Nisha Acharya, MD Panelist
Intraocular Inflammation, Uveitis Original Papers
OP09/S404

4:30PM – 5:30PM

COURSE

Jennifer Rose-Nussbaumer, MD Instruction Course/Instructor
Cataract Surgery and Uveitis: Controlling Inflammation, Difficult Pupils, and Distorted Anatomy
526/E451A

4:36PM – 4:48PM

PAPER

Jessica G. Shantha, MD Paper
Intraocular Inflammation, Uveitis Original Papers
“Ophthalmic Manifestations in Ebola Virus Disease Survivors in Liberia”
PA087/S404

Purpose To report the ophthalmic manifestations in a Liberian cohort of Ebola virus disease (EVD) survivors. **Methods** A retrospective review of EVD survivors examined at the ELWA Hospital in Liberia was performed. Visual acuity (VA) impairment and associated ocular complications were assessed. **Results** Ninety-six EVD survivors were examined. Twenty-one patients developed an EVD-associated uveitis, and 4 patients developed an EVD-associated optic neuropathy. VA was severely impaired (20/200-20/400) or blind (VA > 20/400) in 4% and 33% of eyes with uveitis, respectively. Anatomic subtypes of uveitis included anterior, posterior, and panuveitis in 2, 13, and 6 patients, respectively. Exam findings associated with at least moderate visual impairment (VA < 20/60) included keratic precipitates (P < .01), posterior synechiae (P < .02), and vitritis (P < .01). **Conclusion** EVD survivors are at risk for uveitis, which may lead to secondary structural complications, visual impairment, and blindness.

Tuesday, October 18

9:00AM – 10:00AM

COURSE

Robert C. Kersten, MD Instruction Course/Senior Instructor
Oculoplastic Procedures for the General Ophthalmologist
621/E353C

Synopsis This course will describe basic and effective procedures for the treatment of involutional ectropion and entropion, tarsorrhaphy, marginal eyelid lesions, dermatochalasis, and aponeurogenic involutional ptosis. **Objective** At the conclusion of this course, the attendee will be able to select and perform the appropriate surgical technique for the treatment of common eyelid problems encountered in a general ophthalmology practice.

9:00AM – 10:00AM

M. Reza Vagefi, MD Instruction Course/Instructor

COURSE**Diagnosis and Management of Essential Blepharospasm and Hemifacial Spasm
625/S102D**

Synopsis Patients with eyelid and facial spasms frequently present to ophthalmologists for evaluation or management. The diagnosis and treatment of essential blepharospasm and hemifacial spasm is straightforward and gratifying. Through lectures, video, and panel discussions, participants will learn to manage these patients confidently. **Objective** This course will familiarize participants with the diagnostic features and current treatment options for essential blepharospasm, hemifacial spasm, and related facial dystonias.

10:15AM – 12:30PM

COURSE**David G. Hwang, MD, FACS** Instruction Course/Senior Instructor
**Top 10 Hot Corneal Surgical Tips for 2016
636/S403B**

Synopsis A global panel of experienced corneal surgeons presents its annual survey of the hottest advances and tips in corneal surgery. Each surgical tip has been carefully selected for novelty and maximum potential impact on clinical practice. Annually updated topics include time-saving techniques (eg, office amniotic membrane grafting), refinements of common operations (eg, ultrathin Descemet-stripping automated endothelial keratoplasty, glued IOL), and pearls for cutting-edge surgical procedures (eg, Descemet membrane EK, deep anterior lamellar keratoplasty, simple limbal epithelial transplantation, KPro, femtosecond-assisted keratoplasty, ocular surface reconstruction). A rapid-fire format with expert panel commentary and audience Q&A promotes lively discussion, and annual refreshing of topics and guest faculty ensures that material remains fresh and of interest to repeat attendees. **Objective** Through step-by-step instructions, surgical video, and detailed handouts, the practitioner will gain practical, specific, and immediately applicable knowledge of improved techniques and approaches for common and challenging corneal surgical problems.

11:00AM – 1:00PM

LAB**Robert C. Kersten, MD** Skills Transfer/Instructor
**Blepharoplasty
LAB145A/N229**

Synopsis This course is designed to provide hands-on laboratory experience with the techniques used in upper and lower eyelid blepharoplasty. Videos of techniques will be presented, along with personal assistance with cadaver dissection. **Objective** Participants will be shown the clinically relevant anatomy as it relates to performing upper and lower eyelid blepharoplasties. **Note:** Participants are required to bring surgical loupes. Participants are also required to sign an infectious disease transmission waiver / release form.

12:45PM – 3:00PM

COURSE**Jay M. Stewart, MD** Instruction Course/Instructor
**Challenging Cases in Neovascular AMD
678/S103D**

Cosponsored by the Academy's Annual Meeting Program Committee and The Retina Society
Synopsis Currently, the treatment of neovascular AMD with pharmacologic agents has been well established, and new intravitreal drugs have been developed to control the disease. Nevertheless, the precise mechanism of the disease and the reasons for treatment failure in some cases are yet unknown. This course will offer an interactive discussion into unresponsive, atypical, and recalcitrant cases of neovascular AMD by international experts in this field. **Objective** This session will provide an outline of some intricate neovascular AMD cases, rationale of such complexity, and appropriate treatment strategies. At the conclusion of this panel, the attendee will be able to understand possible mechanisms for these neovascular AMD cases related to poor prognosis and outline a suitable treatment strategy for each presented case.

2:00PM – 4:15PM

COURSE**Shan C. Lin, MD** Instruction Course/Instructor
**Evidence-Based Guidelines in the Management of Glaucoma
688/S106A**

Synopsis Early detection and treatment of glaucoma are of paramount importance in reducing the burden of blindness and its economic impact on society. At present, our treatment strategies are directed at reducing IOP, with either medical therapy, laser surgery, or incisional surgery. Two important questions often confront a glaucoma specialist when initiating therapy: Who needs to be treated? And how should a patient be treated? This course will address the evidence-based guidelines for treating glaucoma and review the invaluable information from major clinical trials that have enhanced our understanding of the risk factors and treatment strategies at various stages of the disease. Representative clinical cases will also be presented. **Objectives** At the conclusion of the course, the attendee will be knowledgeable about when and how to treat glaucoma patients, based on evidence including many of the major clinical trials that have guided clinical decision making in glaucoma practice.

Designated as self-assessment credit and is pre-approved by the ABO for the Maintenance of Certification (MOC) Part II CME requirements.

2:00PM – 4:15PM

COURSE

Jacque L. Duncan, MD

Instruction Course/Instructor

A Genetic Approach to Inherited Retinal Dystrophies: Clinical Classification of Common Retinal Dystrophies, Genotyping, and Gene Therapy
692/S102ABC

Synopsis In this course, we will discuss inherited retinal dystrophies and updates in the field of retinal gene therapy, providing a lecture and Q&A session with a faculty of international leaders in this field, several of whom are actively involved in gene therapy trials. **Objectives** To (1) provide an overview of common inherited retinal dystrophies, reviewing clinical appearance / prevalence / natural history of these disorders, (2) describe methodologies for characterizing these patients in the clinic (discuss imaging, including OCT and adaptive optics OCT, visual perimetry, electrophysiology), (3) explain the logistics of genotyping patients at Clinical Laboratory Improvement Amendments-certified genetic testing laboratories, (4) provide an introduction to gene therapy, explaining the use of viral vectors (with a focus on both adeno-associated virus and lentivirus), and (5) discuss previous, current, and forthcoming clinical gene therapy trials.