

#### **Education Mission Statement**

We are committed to advancing the highest standards of eye care through continuing education activities. The CSFP Semi-annual Scientific Education Programs are dedicated to improving and protecting our patient's vision and eye health by presenting advances in the diagnosis and treatment of eye disease. Our target audience includes ophthalmologists and their staff, including office managers and technicians. Activities range from didactic lectures to participatory activities, and whenever possible are approved for CME credit. We expect that our audience will incorporate best practices, as presented, into their daily practice. Specific competency, performance and patient outcome goals that will result from the program will be proposed by the presenters and evaluated by the participants.

-Revised 1/13/12



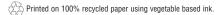
#### Welcome to

ANNUAL SCIENTIFIC EDUCATION PROGRAM
with Special AAO Twinning with
Guest Speakers from Australia

Physicians - Management - Technicians

June 8,2012

Aqua Turf
Plantsville, Connecticut





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### 8:30 Everything I Think I Know About Correcting Astigmatism

- Robert Osher, M.D.

Objective: To review the historical and contemporary approach to correcting astigmatism at the time of cataract surgery. This will include the current and future technology for the pre-operative selection of the optimal toric lens and the intra-operative alignment method.

## 9:15 The Link Between Risk Management and Quality of Care: What Have We Learned? How Can we Improve?

- Richard Abbott, M.D.

Objective: Understand how the analysis of ophthalmic claims data can lead to risk management recommendations and improvement in quality of care for patients.

#### 10:00 Interesting Masquerade Cases for the Ophthalmologist

- Jerry Shields, M.D.

Objective: At the end of this lecture the attendees will be able to better recognize ocular tumors and be able to differentiate them from benign conditions that resemble cancers.

#### 10:30 Coffee Break-Vendor Expo Area

#### 11:00 Adrenalized Eye Cases

- Robert Osher, M.D.

Objective: A series of videos will showcase challenging cases and intra-operative complications. Surgical strategies for archieving successful outcomes will be demonstrated.

### 11:30 Who Has a Right to Sight? Vision 2020 and What I Should do in My Own Practice?

- Hugh Taylor, M.D., A.C.

Objective: For practitioners to be aware of the problem of preventable blindness worldwide and the global initiatives to address this. For practitioners to understand what they should do in their own practice to reduce the amount of unnecessary vision loss in their own community.

#### 12:15 Lunch - National Politics and Medicine – Update 2012 - Legislative Awards

#### 1:15 Patients and Pioneers: A Photographic History of the Advance of Ophthalmology

- Stanley Burns, M.D.

Objectives: General; To show how ophthalmologists

working with the technology and knowledge of their time met the challenges of eye disease, diagnosis and treatment.-- The point that what we know and believe to be 'gospel' today may prove erroneous.

#### 1:45 Ophthalmologists as Global Citizens: Opportunities in Leadership

- Catherine Green, M.D., MBChB, FRANZ CO. MMedSC

Objective: To provide an update on global collaboraion initiatives in ophthalmic leadership; highlight opportunities for the future

### 2:15 Clinical Pearls in the Management of Corneal Lacerations

- Richard Abbott, M.D.

Objective: To understand the principles for suturing corneal lacerations and how to minimize induced corneal astigmatism.

#### 2:45 Coffee Break - Vendor Expo Area - Poster Awards

#### 3:15 Recent Innovations Regarding Malignant Ocular Tumors

- Jerry Shields, M.D.

Objective: Upon completion of this presentation the attendees should have better knowledge of intraocular

tumors and pseudotumors to apply to their practices and provide better patient care.

## 3:45 Transforming Glaucoma Care: Can We Make the Leap to the Future?

- Catherine Green, M.D., MBChB, FRANZ CO. MMedSC

Objectives: Highlight the challenges we face in provision of future glaucoma care; present results of an alternative collaborative model of glaucoma care in the setting of a tertiary referral eye hospital and training centre.

#### 4:15 CME Certificates and Door Prizes

The Connecticut Society of Eye Physicians designates this educational activity for a maximum of 6.5 AMA PRA Category I Credit(s)™.

Physicians should only claim credit commensurate with the extent of their participation in the activity. The Connecticut Society of Eye Physicians is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.



#### RICHARD ABBOTT, M.D.

After completing his Bachelor of Science degree at Tufts University in Boston, Dr. Abbott earned his medical degree at the George Washington University School of Medicine in Washington, DC. He performed his residency at the California Pacific Medical Center in

San Francisco and was a Heed and Fight for Sight fellow at the Bascom Palmer Eye Institute in Miami. Dr Abbott currently is the Thomas W. Boyden Health Sciences Professor of Clinical Ophthalmology at the University of California San Francisco and Research Associate at the Francis I. Proctor Foundation.

Dr. Abbott has served on the editorial boards of several ophthalmic journals and continues to lecture and publish on a variety of topics focusing primarily on corneal and external diseases of the eye, as well as quality of care, clinical practice guidelines, and medicolegal issues. He has authored or co-authored 88 publications and 32 book chapters and has delivered over 650 invited lectures and 19 named lectures. Dr. Abbott has received numerous honors, including the prestigious U.S. President's 25 year Volunteer Service Award, the International Distinguished Golden Service Award from the Chinese Academy of Ophthalmology, the Jose Rizal Medal for International Service to the Asia Pacific region, the AE Maumenee Pan American Medal for Distinguished

Service to Latin America, and the American Academy of Ophthalmology's Lifetime Achievement Award.

Dr. Abbott is the immediate Past President of the American Academy of Ophthalmology and the Past President of both the Pan American Association of Ophthalmology and the Pan American Ophthalmological Foundation. He is immediate past Chairman of the Board of OMIC and a former Director of the American Board of Ophthalmology, Dr Abbott is a Board Director for the International Council of Ophthalmology and serves as Chairman of the Clinical Practice Guidelines Committee. He is a member of both the American Ophthalmological Society and Academia Ophthalmologica Internationalis. He lives in Mill Valley, California, with his wife, Cecilia. They have three children and five grandchildren.



#### STANLEY BURNS. M.D.

Stanley B. Burns, MD,FACS a New York City ophthalmologist and Clinical Professor of Medicine at NYU Langone Medical Center is an internationally distinguished author, curator, historian, collector, and archivist. His photographic collection established in 1975 consists of over one million vintage prints from

1840-1960, including about 70,000 medical photographs. It is considered the most comprehensive private early historic

photograph collection in the world. The emphasis of the collection is rare and unique photographs. In 1977 he began his writing career and founded The Burns Archive to share his photographic discoveries. From his collection he has written 43 photo-historical texts including 31 texts on medical subjects with a four volume series on Dermatology 1850-1950. He has been past president and curator of several medical historic institutions such as the Museum of the Foundation of the American Academy of Ophthalmology, Medical Archivists of New York, and the International Society of Physician Historians. He has curated over 50 exhibitions, written and produced a documentary on death & memorial practices, and his photographs have been used by Hollywood producers and directors in numerous films from Jacob's Ladder to The Others. The historic dermatoloay photographs have been used in exhibitions and texts worldwide from the Finnish military medical manual to an exhibition at Paris' Musee d'Orsay.



### CATHERINE GREEN, M.D., MBCHB, FRANZCO, MMEDSC

Dr. Catherine Green is an ophthalmologist in Melbourne with a subspecialty interest in glaucoma. She undertook her ophthalmology training at the Royal Victorian Eye and Ear Hospital (RVEEH), Melbourne, and com-

pleted a Glaucoma Fellowship at the Western Eye Hospital, London in 2001, before working as a Consultant in the Glaucoma Unit at Moorfields Eye Hospital. She returned to Melbourne in late 2002, and since then, has worked in private practice and in the Glaucoma Clinic at the RVEEH. Her other professional interests include medicolegal aspects of medicine, risk management, medical education and ophthalmology in developing countries. She has worked in Nepal, Myanmar, Timor Leste, and most recently in Fiji, where she where she will continue to contribute as a member of the visiting teaching faculty at the Pacific Eye Institute.

Cathy is extensively involved in the activities of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). She has been an examiner for the College since 2004, and became Chair of the Ophthalmic Sciences Court of Examiners in 2009. Having served as the Treasurer and Chair of the Victorian Branch of RANZCO, and as a Councillor for several years, she was appointed to the Board of Directors of RANZCO last year. She has also recently been appointed to the Board of Directors of the Centre for Eye Research Australia (CERA). In addition to her clinical practice, she is the Deputy Medical Executive for Invivo, one of Australia's five medical indemnity companies.

As a graduate of the inaugural APAO Leadership

Development Program 2009-2010, Cathy has been instrumental in the continuation of the program as Program Director.



#### ROBERT OSHER, M.D.

Robert H. Osher, M.D. is Professor of Ophthalmology at the College of Medicine of the University of Cincinnati and Medical Director Emeritus of the Cincinnati Eye Institute. His practice is limited to cataract and implant surgery by

#### referral.

Dr. Osher served his residency at the Bascom Palmer Eye Institute and completed three fellowships in Miami and at the Wills Eye Hospital in Philadelphia. He has received the Heed Ophthalmic Fellowship Award, the Maumenee Award, the Sheets Award, the Rayner Award from England, the Canon Award from Japan, the Senior Academy Honor Award and the Lifetime Achievement Award from AAO, the Lim Award from China, the Gold Medal Award from Australia, the Mooney Award from Ireland, the Nordan Lifetime Achievement Award, the Kelman Award from Greece, the Excellence Award from Canada and a lectureship bearing his name in Argentina. The American Society of Cataract and Refractive Surgery has given Dr. Osher its

two highest honors, the prestigious Binkhorst Medal and the Innovator's Award. He also has received the Kelman Award, the highest honor given to a cataract surgeon by the American Academy of Ophthalmology.

Dr. Osher has achieved worldwide recognition in cataract surgery. He has designed many of the contemporary intraocular lenses and instruments used in cataract surgery, in addition to developing new techniques in this subspecialty.Dr. Osher's surgical videos have won more than 25 first-prize honors at the American, European, Asian and South American Cataract Societies including 3 Grand Prizes at ASCRS and ESCRS. His lectures have been presented to implant societies in more than 35 countries and he has co-authored several textbooks in his subspecialty. He serves as editor of the Video Journal of Cataract and Refractive Surgery, the Video Textbook of Viscosurgery, and International Advances in Phacoemulsification and has published more than 250 videos and peerreviewed articles. He has served on the executive committee of the Outpatient Surgery Society and as the international editor of the Brazilian journal FOCO.He is a Reviewer for the Journal of Cataract

and Refractive Surgery and serves on the editorial boards of six additional Journals.

Besides his interest in cataract surgery, Dr. Osher has been a proud coach of more than 70 youth baseball and basketball teams reaching the National Championships in each sport. He served as the ophthalmic consultant for the Cincinnati Reds during the 1990's. Dr. Osher has also published 17 children's stories raising money with the proceeds for charitable organizations.



#### JERRY A. SHIELDS. M.D.

Jerry A. Shields, M.D. is director of the Oncology Service at Wills Eye Institute and Professor of Ophthalmology Thomas Jefferson University in Philadelphia. He was a resident at Wills Eye Hospital and completed fellowships in ophthalmic pathology and retinal surgery. For more than 30 years,

he has been active in the care of patients with ocular tumors and in clinical research related to tumors of the eyelids, conjunctiva, intraocular structures, and orbit.

He has authored or co-authored more than 1200 articles in scientific journals and more than 500 textbook chapters for a total of more than 1700 scientific publications. He has authored or co-authored 13 major textbooks and has given 1500 national and international lectures, including 66

named lectures. He has also received 28 national and international academic awards for his contributions.

Dr. Shields has served on the editorial boards of 13 journals. He was the organizer and first president of the international Society of Ocular Oncology, president of the Ophthalmic Club of Philadelphia, and president of the Wills Eye Medical Staff, and president of the Macula Society in 2009. Dr. Shields is married to Dr. Carol Shields also practices on the Oncology Service of Wills Eye Institute and has made many similar contributions. They have 7 children ranging from ages 23 to 11 years of age.



PROFESSOR HUGH R. TAYLOR A.C., M.D., FRANZCO

Melbourne Laureate Professor Hugh Taylor is the Harold Mitchell Professor of Indigenous Eye Health at the University of Melbourne. Previously he was Head of the Department of Ophthalmology at the University of Melbourne and the Founding Director of the Centre for Eye Research Australia. Prior

to that, he was a Professor of Ophthalmology at the Wilmer Institute at the Johns Hopkins University in Baltimore with joint appointments in the Departments of Epidemiology and International Health.

Professor Taylor's research interests include blindness prevention strategies, infectious causes of blindness and the relationship between medicine, public health and health

economics. His current work particularly focuses on Aboriginal eye health and trachoma.

Professor Taylor has written 23 books and reports including a recent book on trachoma, and more than 600 scientific papers. He has received multiple international awards and prizes including 13 named lectures.

In 2001, he was made a Companion in the Order of Australia.

He is Vice President of the International Agency for the Prevention of Blindness, Treasurer of the International Council of Ophthalmology and Deputy Chairman of Vision 2020 Australia.

#### Connecticut Society of Eye Physicians Financial Interest Disclosure Report 6-8-12

Speaker	Financial Interest Received
Richard Abbott, M.D.	None
Stanley Burns, M.D	None
Catherine Green, M.D.	None
Robert Osher, M.D.	Alcon, AMO, Bausch & Lomb, BVI, Clarity, Haag-Streit, SMI, Zeiss
Jerry Shields, M.D.	None
Professor Hugh Taylor, A.C.	None

#### **CSEP AWARDS**

#### **David Parke Leadership**

Joyce Lagnese, Esq.; Michael Rigg, Esq.; Frank Santoro, Esq.

#### Star Awards

Senator Edward Meyer

Senator Anthony J. Musto

Senator Terry B. Gerratana

Representative Prasad Srinivasan, M.D.

Representative Peter Tercyak

Representative Pat Widlitz

Andrew J. Packer, M.D.

David Emmel, M.D.

#### Vision Awards

Robert H. Osher, M.D. for innovation and scientific contributions to ophthalmology

Hugh Taylor, M.D.

for glaucoma research including Vision 2020 and the eradication of preventable blindness worldwide

#### **David Parke Award Recipients**



#### JOYCE A. LAGNESE

Ms. Lagnese is one of the founding principals of the Hartford Law firm of DanaherLagnese, PC, where she serves as head of the Medical Malpractice Defense Unit. She is a high honors graduate from the State University of New York and obtained her law degree with honors in

1980 from Hofstra University School of Law. Her practice concentration is high exposure medical practice defense litigation. For over three decades, she has defended medical malpractice cases throughout Connecticut on behalf of physicians from every medical specialty, and has successfully tried to verdict a large number of medical malpractice cases including claims of wrongful death and permanent injury. Her practice also incudes representation of medical practitioners and institutions in administrative proceedings before the Connecticut Department of Public Health.

Ms. Lagnese has been an invited lecturer and Keynote Speaker to various local and regional medical societies, physicians organizations and hospitals on medico-legal topics and is co-author of a textbook on Connecticut Medical Malpractice. She has also been an advocate in the Connecticut State Legislature for malpractice tort reform.



MICHAEL G. Rigg has been practicing law in Connecticut since 1996. For the first six years of his career, Michael worked in a law firm representing plaintiffs in personal injury cases and criminal defendants in both state and federal court. In 2002, Michael joined the law firm of O'Brien, Tanski & Young, LLP, and

has focused his practice almost exclusively on representing physicians and hospitals who have sued for medical malpractice. His practice also includes representing clients in appeals before the Appellate and Supreme Courts of Connecticut.



#### FRANK SANTORO

For the past 23 years, Frank has been a member of DanaherLagnese law firm where he specializes primarily in appellate practice. He has been counsel of record in approximately 100 reported cases. He is the coauthor (with Joyce Lagnese and Cal

Anderson) of Connecticut Medical Malpractice.

Prior to the Danaher firm, Frank was an Army Officer and an Assistant United States Attorney.

Frank is a graduate of Georgetown and the University of London. He lives in Deep River. He is married to Jane Cavanaugh and has a son Christopher.

#### CSEP Business Agenda Luncheon June 8, 2012

- I Call to Order 12:30 David Emmel, M.D.
- II Approval of the Jan 13, 2012 Minutes
- III President's Report David Emmel, M.D.
  - a. Special Guest Recognition
  - b. New Members Recognition
  - c. CSEP Special Positions
    - 1. AAO Councilor- Jeff Sandler, M.D.
    - CAC for National Government Services -Beth Rocco, M.D.
    - CSEP Legislative Chairs- Steven Thornquist, M.D. and Bill Ehlers, M.D.
    - CSEP Education Chairs- Vincent deLuise, M.D. and James Weisz, M.D.
    - 5. CSEP Membership Chair David Emmel, M.D.
- IV Election of Officers
  - a. President Edward Lim, M.D.
  - b. President-Elect Ron Adelman, M.D.

- c. Secretary David McCullough, M.D.
- d. Treasurer Seth Meskin, M.D.
- e. Vice Chair of Exec Committee Jim Tsai, M.D.
- f. Immediate Past President David Emmel, M.D.
- V Legislative Report (in packet)
  - a. Certificate of Merit Bill Malitsky
- VI Awards
  - a. David Parke Leadership Award
  - b. Star Awards
- VII Education Update
  - a. Vision Awards
  - b. Next Meeting Date January 11, 2013
    - 1. Speakers
    - 2. Topics
  - c. Poster Exhibit
- VIII Treasurer's Report available September 1,2012
- IX Adjournment
- X Introduction of Keynote Speaker

#### MANAGEMENT PROGRAM

8:00	Registration – Continental Breakfast in
	Vendor Expo

## 8:30 Making the Computer Cool Again with Free and Bargain Tech Tools that Your Office Needs Today

- Beth Ziesenis- Author of "The Best Free & Low-Cost Online Tools and Apps for Medical Practices."

- 10:00 Coffee Break
- 10:30 The Best Free & Low-Cost Online Tools and Apps for Medical Practices
  - Beth 7iesenis
- 12:00 Lunch- Wagon Room Keynote speaker
  - 1:15 The Medico-Legal Climate in CT The Road to Sanity
    - Joyce Lagnese, Esq., partner Danaher Lagnese, PC

#### MANAGEMENT PROGRAM

1:35	The Danger of Social Media in the Work
	Place

- Wendy Kroll, J.D., June Sullivan, J.D., Halloran & Saae, LLP
- 2:00 Lessons Learned from Malpractice Claims
   Paul Weber, J. D., V. P. Risk Management,
  OMIC
- 2:30 Coffee Break
- 3:00 How to Get Your M.D.s Involved in Leadership Roles
  - Edward Lim, M.D., Catherine Green, M.D.
- 3:30 Major Issues in Medical Practice Integration with Hospitals: Taking the Big Step
  - Kennedy Hudner, J.D., Murtha Culina
- 4:30 Certificates and Door Prizes

#### **TECHNICIANS PROGRAM**

8:00	Registration/Continental Breakfast/Vision Expo	
	Clinical Challenges in Glaucoma	
8:30	Introductions & Case Presentations	
8:40	David Hill, M.D.	
9:00	Hugh Taylor, M.D.	
9:20	Catherine Green, M.D.	
9:40	Panel Discussion with Questions and Answers	
10:00	Organic Tea, Coffee and Muffin Break	
Clinical Challenges in Cornea		
10:30	Introductions & Case Presentations	
10:40	Richard Abbott, M.D.	
11:00	Peter Shriver, M.D.	
11:20	Seth Meskin, M.D.	

#### **TECHNICIANS PROGRAM**

11:40	Panel Discussion with Questions and Answers	
2:00	Lunch	
	Clinical Challenges in Retina	
1:00	Introductions	
1:10	Ron Margolis, M.D.	
1:30	Jerry Shields,M.D.	
2:10	Panel Discussion with Questions and Answers	
Challenging Surgical Cases in Ophthalmology		
2:30	Robert Osher, M.D.	
3:10	Questions and Answers	
3:20	Coffee Break	

#### Global Challenges in Ophthalmology

- 3:50 Bill Ehlers, M.D.
- 4:30 Questions and Answers
- 4:40 Overall Assessment and Final Review
- 5:00 Certificates Door Prizes

This course has been awarded 6.5 JCAHPO CE Credits, AOC 6.50 CEC Credits and OPS pending.



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Indications and Usage: RESTASIS\*
Ophthehinic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with feeralcoorijunctivity sicca. Increased tear production was not seen in pridents currently taking topical anti-inflammationy drugs or using punchal pluss.

Important Safety Information.
Contraindications, RESTASIS\* is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity so any of the ingredients in the formulation.

Warning: RESTASIS\* has not been studied in patients with a history of herpes keratitis.

Precautions: The entails for more individual single-serval fall to be used immediately after opening for administration to one or both syet, and the remaining contents should be discarded immediately after administration. De not allow the typical after administration, De not allow the typical serval in the content of the value of the value to but his eye or any surface, as this may containing the enrollution RESSIASI's should not be administrated white warring contain the ense. Ill contact the review are wern, they should be removed or for to the administration of the enrollution.

Adverse Reactions: The most common adverse event was ocular burning (upon instillation)—17%. Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation pruntus, stinging, and visual disturbance (most often blurring). Please see brief Prescribing Information

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#### RESTASIS®

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#### WARNING

RESTASIS® controlmic emulsion has not been studied in patients with a history of hernes keratifis.

#### **PRECAUTIONS**

General: For ophthalmic use only.

#### Information for Patients

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® conthalmic emulsion.

#### Carcinogenesis, Mutagenesis, and Impairment of Fertility

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 molko/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hecatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 molkolday, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 uL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test. the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-regain test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by dydosporine using human lymphocytes in vitro gave indication of a positive effect (i.e., induction of SCE1.

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

#### Pregnancy-Teratopenic Effects

Pregnancy category C.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving gral doses of cyclosogrine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 u.L.) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mo/ko/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/dav), cyclosporine oral solution. USP, was embryo- and fetotoxic as indicated by increased ore- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These closes are 30,000 and 100,000 times coaster, respectively than the daily human dose of one-drop (28 uL) of 0.06% RESTASIS® BID into each eve of a 60 km person. (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of emphyofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mo/ko/ day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 cost cartum, a maternally toxic level, exhibited an increase in costnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0,001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

#### **Mursing Mothers**

Oxclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after tooical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® polythalmic emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

#### Pediatric Use

The safety and efficacy of **RESTASIS®** ophthalmic emulsion have not been established in pediatric patients below the age of 16.

#### Geriatric Use

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

#### ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often bluming).



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## SAVE THE DATE Friday January 11, 2013



**PAUL S. KOCH, M.D.** Cataract and Lens Implant Surgery, Refractive Surgery Dr. Koch is a Founder and the Medical Director of Koch Eye Associates. His specialty is Cataract, Lens Implantation, and Refractive Surgery.



#### CYNTHIA MATTOX, M.D.

Dr. Mattox is an Associate Professor and Vice-Chair of the Department of Ophthalmology at Tufts University School of Medicine, where she is the Director of the Glaucoma and Cataract Service at the New England Eye Center in Boston, MA.

**RICH MOLTEN** author, golf pro and speaker to discuss Motivation, Focus and How Not to Burn Out of Ophthalmology.



MICHAEL E. SNYDER, M.D. specializes in diseases and surgery of the front of the eye, including small-incision, topical anesthesia cataract surgery. His special interests include traumatic cataract surgery, iris repair, corneal transplantation, and refractive surgery.



#### SUNIL K. SRIVASTAVA, M.D.

Dr. Srivastava did his Fellowship at Duke University Medical Center Vitreo-retinal Surgery Durham, NC and in 2005 completed another fellowship at the National Institutes of Health Uveitis/ Medical Retina Bethesda, MD. Dr. Srivastava is currently a staff physician

at the Cole Eye Institute Cleveland Clinic, in Cleveland, OH



MICHAEL WALL, M.D. is a professor of Neurology and Ophthalmology at the University of lowa. His undergraduate and medical school education was at Tulane University; his neurology residency at Washington University in St. Louis and fellowship at Massachusetts Eye and Ear infirmary. As a neuro-ophthalmologist he is

involved in patient care, teaching and research.



PAUL WEBER, J.D. is a lawyer/risk manager and currently serves as Ophthalmic Mutual Insurance Company's (OMIC) Vice President Risk Management/Legal. OMIC is the sponsored professional liability carrier of the American Academy of Ophthalmology and provides medical professional liability insurance to over

4,400 ophthalmologists. Mr. Weber guides the development of risk management and loss prevention services and is also responsible for planning and directing the overall development of the legal and regulatory functions of OMIC.



**RUTH D. WILLIAMS, M.D.** Is President of the American Academy of Ophthalmology. She served a term as the Secretary for Member Services and a term as trustee-at-large on the Academy's Board of Trustees. She led the Academy's programs for Young Ophthalmologists and Senior Ophthalmologists.

The CSEP Annual Scientific Education Programs are an opportunity for ophthalmologists to identify and discuss critical issues facing their profession. These programs are designed to present recent advances in the diagnosis and treatment of eye disease, offering symposia, scientific papers and videos. The CSEP programs are designed to meet the clinical and educational needs of its members and the objectives set forth by the CSEP education committee.

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#### Notes:

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